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

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November 13, 2012

Jonathan Blum
Deputy Administrator and Director
Center for Medicare
Centers for Medicare and Medicaid Services
7500 Security Boulevard
Baltimore, MD 21244-1850

Subject: RUC Recommendations for Consideration for CMS Requests

Dear Mr. Blum:

The American Medical Association (AMA)/Specialty Society RVS Update Committee (RUC) submits the enclosed recommendations for work and direct practice expense inputs to the Centers for Medicare and Medicaid Services (CMS). The RUC is a committee of physician volunteers exercising its first amendment right to petition CMS to consider a number of improvements to the Resource-Based Relative Value Scale (RBRVS). These recommendations are a component of the RUC's consideration of services that were identified as potentially misvalued. The RUC is fully committed to this ongoing effort to improve relativity in the work, practice expense, and professional liability insurance values.

The enclosed recommendations result from the RUC's review of physicians' services from the October 4-7, 2012 meeting and include:

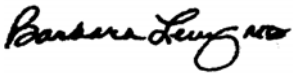
- *CMS High Expenditure Procedural Codes* – In the *Final Rule* for the 2012 Medicare Physician Payment Schedule, CMS requested review of 70 high PFS expenditure procedural codes representing services furnished by an array of specialties. CMS selected these codes since they had not been reviewed for at least 6 years, and in many cases the last review occurred more than 10 years ago. The RUC submitted recommendations on half of these services for 2013, is submitting recommendations for 16 of these codes in this submission and will submit the remaining recommendations by May 2013 for the 2014 Physician Payment Schedule.

- *Multi-Specialty Points of Comparison (MPC) List* – In the *Final Rule* for the 2011 Medicare Physician Payment Schedule, CMS requested that the RUC review high volume services included on the RUC's Multi-Specialty Points of Comparison (MPC) List. The RUC recently completed a comprehensive review of the MPC, reconstructing the document to ensure that it includes true cross-specialty services. In September 2011, several esophagoscopy codes were identified through the CMS Multi-Specialty Points of Comparison (MPC) List screen as potentially misvalued. The specialties agreed to survey the entire family of codes (43200-43232). The specialties also added the dilation of esophagus family of services (43450-43458) to ensure a comprehensive review of all the services is conducted. The RUC is submitting recommendations for the dilation of esophagus family of services with this submission and will submit the esophagoscopy family of services recommendations by May 2013 for the 2014 Physician Payment Schedule.

- *Practice Expense Subcommittee* – The attached materials include direct practice expense input (clinical staff time, supplies and equipment) recommendations for each code reviewed. In addition to recommendations related to the specific CPT codes under review, the RUC is submitting a recommendation regarding pre-service time services with a 000-day global period in the facility setting. A workgroup of the PE Subcommittee was formed to review the 000-day global pre-service clinical staff time standards, as well as review prior RUC PE recommendations to CMS and modify time if necessary. The Workgroup identified that 48 of the 615 000-day global codes that are assigned pre-service time in the facility exceed the maximum pre-service time of 30 minutes. The RUC is submitting recommendations for time modifications to these 48 codes. The recommendation is included in this submission as well as background information regarding the PE Subcommittee's review and revision of pre-service time standards for services with 000-day and 010-day global periods in the facility setting.

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

Sincerely,



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RUC Participants

RUC Recommendations for Existing Codes

CPT Code	Descriptor	RUC Recommendation	High Volume Growth	CMS/Other Source - Utilization over 500,000	Harvard Valued - Utilization over 100,000	Codes Reported Together	MPC List	CMS High Expediture Procedural Codes
27236	Open treatment of femoral fracture, proximal end, neck, internal fixation or prosthetic replacement	17.61						X
43450	Dilation of esophagus, by unguided sound or bougie, single or multiple passes	1.38					X	
43453	Dilation of esophagus, over guide wire	1.51					X	
43456	Dilation of esophagus, by balloon or dilator, retrograde	Refer to CPT					X	
43458	Dilation of esophagus with balloon (30 mm diameter or larger) for achalasia	Refer to CPT					X	
62310	Injection(s), of diagnostic or therapeutic substance(s) (including anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, includes contrast for localization when performed, epidural or subarachnoid; cervical or thoracic	1.68						X
62311	Injection(s), of diagnostic or therapeutic substance(s) (including anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, includes contrast for localization when performed, epidural or subarachnoid; lumbar or sacral (caudal)	1.54						X
62318	Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (including anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, includes contrast for localization when performed, epidural or subarachnoid; cervical or thoracic	2.04						X
62319	Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (including anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, includes contrast for localization when performed, epidural or subarachnoid; lumbar or sacral (caudal)	1.87						X
70450	Computed tomography, head or brain; without contrast material	0.85		X				X
70460	Computed tomography, head or brain; with contrast material(s)	1.13						X
93000	Electrocardiogram, routine ECG with at least 12 leads; with interpretation and report	0.17						X
93005	Electrocardiogram, routine ECG with at least 12 leads; tracing only, without interpretation and report	0.00	X					X

RUC Recommendations for Existing Codes

CPT Code	Descriptor	RUC Recommendation	High Volume Growth	CMS/Other Source - Utilization over 500,000	Harvard Valued - Utilization over 100,000	Codes Reported Together	MPC List	CMS High Expediture Procedural Codes
93010	Electrocardiogram, routine ECG with at least 12 leads; interpretation and report only	0.17					X	X
93880	Duplex scan of extracranial arteries; complete bilateral study	0.80				X		X
93882	Duplex scan of extracranial arteries; unilateral or limited study	0.50						X
95816	Electroencephalogram (EEG); including recording awake and drowsy	1.08						X
95819	Electroencephalogram (EEG); including recording awake and asleep	1.08						X
95822	Electroencephalogram (EEG); recording in coma or sleep only	1.08						X

RUC Recommendations for Existing Codes

CPT Code	Descriptor	RUC Recommendation	High Volume Growth	CMS/Other Source - Utilization over 500,000	Harvard Valued - Utilization over 100,000	Codes Reported Together	MPC List	CMS High Expediture Procedural Codes

Physician Time from RUC Meeting:																			
October 2012 (CPT 2014)																			
CPT Code	Pre-Service Evaluation	Pre-Service Positioning	Pre-Service Scrub Dress & Wait	Intra-Service	Immediate Post Service	99204	99211	99212	99213	99214	99215	99231	99232	99233	99238	99239	99291	99292	Total Time
27236	40	15	20	90	30			1	3			1	2		1				418.00
43453	19	3	5	20	15														62.00
43450	19	3	5	15	14														56.00
62310	10	5	5	11	10														41.00
62311	10	5	5	10	10														40.00
62318	10	5	5	15	15														50.00
62319	10	5	5	15	15														50.00
70450	4	0	0	10	5														19.00
70460	5	0	0	12	5														22.00
93010	0	0	0	5	1														6.00
93880	5	0	0	12	5														22.00
93882	5	0	0	10	5														20.00
95816	5	0	0	15	6														26.00
95819	5	0	0	15	6														26.00
95822	5	0	0	18	10														33.00
98940	4	0	0	7	4														15.00
98941	5	0	0	10	5														20.00
98942	6	0	0	12	5														23.00
98943	4	0	0	8	4														16.00

Status Report: CMS Requests and Relativity Assessment Issues

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

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

Most Recent RUC Meeting: February 2008 **Tab** S **Specialty Developing Recommendation:** ASA **First Identified:** February 2008 **2010 Medicare Utilization Data:** 17,975

2007 Work RVU: 0.00 **2012 Work RVU:** 0
2007 NF PE RVU: 0 **2012 NF PE RVU:** 0.00
2007 Fac PE RVU 0 **2012 Fac PE RVU:** 0.00

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

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

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

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

Most Recent RUC Meeting: February 2009 **Tab** 38 **Specialty Developing Recommendation:** ACR, SIR, CAP, ACR, ASC **First Identified:** October 2008 **2010 Medicare Utilization Data:** 156,225

2007 Work RVU: 1.27 **2012 Work RVU:** 1.27
2007 NF PE RVU: 2.41 **2012 NF PE RVU:** 2.61
2007 Fac PE RVU 0.40 **2012 Fac PE RVU:** 0.49

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

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

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

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

Most Recent RUC Meeting: October 2010 **Tab** 07 **Specialty Developing Recommendation:** APMA **First Identified:** February 2010 **2010 Medicare Utilization Data:** 526,284

2007 Work RVU: 1.19 **2012 Work RVU:** 1.22
2007 NF PE RVU: 1.29 **2012 NF PE RVU:** 1.98
2007 Fac PE RVU 0.97 **2012 Fac PE RVU:** 1.43

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

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

Status Report: CMS Requests and Relativity Assessment Issues

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

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

Most Recent RUC Meeting: October 2010 **Tab** 07 **Specialty Developing Recommendation:** APMA **First Identified:** October 2009 **2010 Medicare Utilization Data:** 185,693

2007 Work RVU: 2.42 **2012 Work RVU:** 2.45
2007 NF PE RVU: 1.89 **2012 NF PE RVU:** 3.06
2007 Fac PE RVU 1.51 **2012 Fac PE RVU:** 2.34

RUC Recommendation: 2.45 **CPT Action (if applicable):** **Result:** Maintain
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 **2010 Medicare Utilization Data:** 41,220

2007 Work RVU: 1.23 **2012 Work RVU:** 1.25
2007 NF PE RVU: 2.12 **2012 NF PE RVU:** 2.69
2007 Fac PE RVU 0.97 **2012 Fac PE RVU:** 1.31

RUC Recommendation: 1.25 **CPT Action (if applicable):** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

11040 **Deleted from CPT**

Global: 000 **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 **2010 Medicare Utilization Data:** 775,290

2007 Work RVU: 0.50 **2012 Work RVU:**
2007 NF PE RVU: 0.56 **2012 NF PE RVU:**
2007 Fac PE RVU 0.20 **2012 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** October 2009 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

11041 **Deleted from CPT**

Global: 000 **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 **2010 Medicare Utilization Data:** 700,327

2007 Work RVU: 0.60 **2012 Work RVU:**
2007 NF PE RVU: 0.68 **2012 NF PE RVU:**
2007 Fac PE RVU 0.30 **2012 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** October 2009 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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

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

Most Recent RUC Meeting: February 2010 **Tab** 04 **Specialty Developing Recommendation:** APMA, APTA **First Identified:** September 2007 **2010 Medicare Utilization Data:** 1,290,599

2007 Work RVU: 0.80 **2012 Work RVU:** 1.01
2007 NF PE RVU: 0.97 **2012 NF PE RVU:** 2.04
2007 Fac PE RVU 0.39 **2012 Fac PE RVU:**0.61

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

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

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

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

Most Recent RUC Meeting: February 2010 **Tab** 04 **Specialty Developing Recommendation:** APMA, APTA **First Identified:** September 2007 **2010 Medicare Utilization Data:** 192,920

2007 Work RVU: 3.04 **2012 Work RVU:** 2.7
2007 NF PE RVU: 3.45 **2012 NF PE RVU:** 3.65
2007 Fac PE RVU 2.62 **2012 Fac PE RVU:**1.50

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

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

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

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

Most Recent RUC Meeting: February 2010 **Tab** 04 **Specialty Developing Recommendation:** APMA, APTA **First Identified:** September 2007 **2010 Medicare Utilization Data:** 53,754

2007 Work RVU: 4.11 **2012 Work RVU:** 4.1
2007 NF PE RVU: 4.58 **2012 NF PE RVU:** 4.59
2007 Fac PE RVU 3.73 **2012 Fac PE RVU:**2.13

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

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

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

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

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

2007 Work RVU: **2012 Work RVU:** 0.5
2007 NF PE RVU: **2012 NF PE RVU:** 0.59
2007 Fac PE RVU **2012 Fac PE RVU:**0.18

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

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

Status Report: CMS Requests and Relativity Assessment Issues

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

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

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

2007 Work RVU: **2012 Work RVU:** 1.03
2007 NF PE RVU: **2012 NF PE RVU:** 0.90
2007 Fac PE RVU **2012 Fac PE RVU:** 0.41

RUC Recommendation: 1.29 **CPT Action (if applicable):** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

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

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

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

2007 Work RVU: **2012 Work RVU:** 1.8
2007 NF PE RVU: **2012 NF PE RVU:** 1.43
2007 Fac PE RVU **2012 Fac PE RVU:** 0.74

RUC Recommendation: 2.00 **CPT Action (if applicable):** **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

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

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

Most Recent RUC Meeting: January 2012 **Tab** 30 **Specialty Developing Recommendation:** **First Identified:** November 2011 **2010 Medicare Utilization Data:** 827,969

2007 Work RVU: 0.43 **2012 Work RVU:** 0.43
2007 NF PE RVU: 0.63 **2012 NF PE RVU:** 1.00
2007 Fac PE RVU 0.16 **2012 Fac PE RVU:** 0.13

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

Status Report: CMS Requests and Relativity Assessment Issues

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

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

Most Recent RUC Meeting: January 2012 **Tab** 53 **Specialty Developing Recommendation:** APMA **First Identified:** October 2010 **2010 Medicare Utilization Data:** 1,767,424

2007 Work RVU: 0.61 **2012 Work RVU:** 0.5
2007 NF PE RVU: 0.7 **2012 NF PE RVU:** 1.11
2007 Fac PE RVU 0.22 **2012 Fac PE RVU:**0.15

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

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

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

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

Most Recent RUC Meeting: January 2012 **Tab** 30 **Specialty Developing Recommendation:** **First Identified:** November 2011 **2010 Medicare Utilization Data:** 362,420

2007 Work RVU: 0.79 **2012 Work RVU:** 0.79
2007 NF PE RVU: 0.81 **2012 NF PE RVU:** 1.21
2007 Fac PE RVU 0.28 **2012 Fac PE RVU:**0.23

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

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

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

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

Most Recent RUC Meeting: February 2011 **Tab** 41 **Specialty Developing Recommendation:** **First Identified:** October 2010 **2010 Medicare Utilization Data:** 2,702,008

2007 Work RVU: 0.81 **2012 Work RVU:** 0.81
2007 NF PE RVU: 1.41 **2012 NF PE RVU:** 2.13
2007 Fac PE RVU 0.38 **2012 Fac PE RVU:**0.53

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

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

Most Recent RUC Meeting: February 2011 **Tab** 41 **Specialty Developing Recommendation:** **First Identified:** October 2010 **2010 Medicare Utilization Data:** 1,173,566

2007 Work RVU: 0.41 **2012 Work RVU:** 0.41
2007 NF PE RVU: 0.35 **2012 NF PE RVU:** 0.50
2007 Fac PE RVU 0.20 **2012 Fac PE RVU:** 0.27

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

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

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

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

Most Recent RUC Meeting: April 2012 **Tab** 38 **Specialty Developing Recommendation:** AAD **First Identified:** January 2012 **2010 Medicare Utilization Data:** 88,442

2007 Work RVU: 0.51 **2012 Work RVU:** 0.51
2007 NF PE RVU: 1.04 **2012 NF PE RVU:** 1.47
2007 Fac PE RVU 0.21 **2012 Fac PE RVU:** 0.30

RUC Recommendation: 0.60 **CPT Action (if applicable):** **Result:** Increase

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

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

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

Most Recent RUC Meeting: April 2012 **Tab** 38 **Specialty Developing Recommendation:** AAD **First Identified:** January 2012 **2010 Medicare Utilization Data:** 176,259

2007 Work RVU: 0.85 **2012 Work RVU:** 0.85
2007 NF PE RVU: 1.21 **2012 NF PE RVU:** 1.78
2007 Fac PE RVU 0.38 **2012 Fac PE RVU:** 0.53

RUC Recommendation: 0.90 **CPT Action (if applicable):** **Result:** Increase

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

Status Report: CMS Requests and Relativity Assessment Issues

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

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

Most Recent RUC Meeting: April 2012 **Tab** 38 **Specialty Developing Recommendation:** AAD **First Identified:** January 2012 **2010 Medicare Utilization Data:** 107,174

2007 Work RVU: 1.05 **2012 Work RVU:** 1.05
2007 NF PE RVU: 1.42 **2012 NF PE RVU:** 2.08
2007 Fac PE RVU 0.47 **2012 Fac PE RVU:**0.66

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

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

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

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

Most Recent RUC Meeting: April 2012 **Tab** 38 **Specialty Developing Recommendation:** AAD **First Identified:** January 2012 **2010 Medicare Utilization Data:** 16,945

2007 Work RVU: 1.24 **2012 Work RVU:** 1.24
2007 NF PE RVU: 1.69 **2012 NF PE RVU:** 2.44
2007 Fac PE RVU 0.53 **2012 Fac PE RVU:**0.77

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

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

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

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

Most Recent RUC Meeting: April 2012 **Tab** 38 **Specialty Developing Recommendation:** AAD **First Identified:** January 2012 **2010 Medicare Utilization Data:** 115,473

2007 Work RVU: 0.67 **2012 Work RVU:** 0.67
2007 NF PE RVU: 0.91 **2012 NF PE RVU:** 1.32
2007 Fac PE RVU 0.26 **2012 Fac PE RVU:**0.25

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

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

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

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

Most Recent RUC Meeting: April 2012 **Tab** 38 **Specialty Developing Recommendation:** AAD **First Identified:** January 2012 **2010 Medicare Utilization Data:** 104,350

2007 Work RVU: 0.99 **2012 Work RVU:** 0.99
2007 NF PE RVU: 1.18 **2012 NF PE RVU:** 1.70
2007 Fac PE RVU 0.41 **2012 Fac PE RVU:**0.47

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

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

Status Report: CMS Requests and Relativity Assessment Issues

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

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

Most Recent RUC Meeting: April 2012 **Tab** 38 **Specialty Developing Recommendation:** AAD **First Identified:** January 2012 **2010 Medicare Utilization Data:** 49,955

2007 Work RVU: 1.14 **2012 Work RVU:** 1.14
2007 NF PE RVU: 1.4 **2012 NF PE RVU:** 2.01
2007 Fac PE RVU 0.49 **2012 Fac PE RVU:**0.60

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

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

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

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

Most Recent RUC Meeting: April 2012 **Tab** 38 **Specialty Developing Recommendation:** AAD **First Identified:** January 2012 **2010 Medicare Utilization Data:** 11,389

2007 Work RVU: 1.41 **2012 Work RVU:** 1.41
2007 NF PE RVU: 1.53 **2012 NF PE RVU:** 2.09
2007 Fac PE RVU 0.58 **2012 Fac PE RVU:**0.61

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

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

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

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

Most Recent RUC Meeting: April 2012 **Tab** 38 **Specialty Developing Recommendation:** AAD **First Identified:** January 2012 **2010 Medicare Utilization Data:** 85,938

2007 Work RVU: 0.73 **2012 Work RVU:** 0.73
2007 NF PE RVU: 1.18 **2012 NF PE RVU:** 1.68
2007 Fac PE RVU 0.32 **2012 Fac PE RVU:**0.44

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

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

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

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

Most Recent RUC Meeting: April 2012 **Tab** 38 **Specialty Developing Recommendation:** AAD **First Identified:** January 2012 **2010 Medicare Utilization Data:** 119,760

2007 Work RVU: 1.05 **2012 Work RVU:** 1.05
2007 NF PE RVU: 1.34 **2012 NF PE RVU:** 1.95
2007 Fac PE RVU 0.49 **2012 Fac PE RVU:**0.67

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

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

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

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

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

First Identified: January 2012

2010 Medicare Utilization Data: 52,616

2007 Work RVU: 1.20 **2012 Work RVU:** 1.2
2007 NF PE RVU: 1.55 **2012 NF PE RVU:** 2.26
2007 Fac PE RVU 0.56 **2012 Fac PE RVU:**0.77

RUC Recommendation: 1.80

CPT Action (if applicable):

Result: Increase

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

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

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

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

First Identified: January 2012

2010 Medicare Utilization Data: 7,226

2007 Work RVU: 1.62 **2012 Work RVU:** 1.62
2007 NF PE RVU: 1.9 **2012 NF PE RVU:** 2.66
2007 Fac PE RVU 0.73 **2012 Fac PE RVU:**1.01

RUC Recommendation: 2.00

CPT Action (if applicable):

Result: Increase

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

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

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

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

First Identified: October 2010

2010 Medicare Utilization Data: 1,488,242

2007 Work RVU: 0.17 **2012 Work RVU:** 0.17
2007 NF PE RVU: 0.28 **2012 NF PE RVU:** 0.47
2007 Fac PE RVU 0.07 **2012 Fac PE RVU:**0.05

RUC Recommendation: 0.17

CPT Action (if applicable):

Result: Maintain

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:

2010 Medicare Utilization Data: 2,188,616

2007 Work RVU: 0.32 **2012 Work RVU:** 0.32
2007 NF PE RVU: 0.37 **2012 NF PE RVU:** 0.57
2007 Fac PE RVU 0.11 **2012 Fac PE RVU:**0.09

RUC Recommendation: 0.32 (Interim)

CPT Action (if applicable):

Result: Maintain

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

Status Report: CMS Requests and Relativity Assessment Issues

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 **2010 Medicare Utilization Data:** 7,631,434

2007 Work RVU: 0.54 **2012 Work RVU:** 0.54
2007 NF PE RVU: 0.47 **2012 NF PE RVU:** 0.70
2007 Fac PE RVU 0.20 **2012 Fac PE RVU:**0.16

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

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

11900 **Injection, intralesional; up to and including 7 lesions** **Global:** 000 **Issue:** Skin Injection Services **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 31 **Specialty Developing Recommendation:** AAD **First Identified:** October 2009 **2010 Medicare Utilization Data:** 156,008

2007 Work RVU: 0.52 **2012 Work RVU:** 0.52
2007 NF PE RVU: 0.72 **2012 NF PE RVU:** 1.05
2007 Fac PE RVU 0.22 **2012 Fac PE RVU:**0.34

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

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 **2010 Medicare Utilization Data:** 52,713

2007 Work RVU: 0.80 **2012 Work RVU:** 0.8
2007 NF PE RVU: 0.75 **2012 NF PE RVU:** 1.15
2007 Fac PE RVU 0.37 **2012 Fac PE RVU:**0.53

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

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

11981 **Insertion, non-biodegradable drug delivery implant** **Global:** XXX **Issue:** Drug Implant **Screen:** High Volume Growth **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab** 57 **Specialty Developing Recommendation:** AUA **First Identified:** June 2008 **2010 Medicare Utilization Data:** 13,332

2007 Work RVU: 1.48 **2012 Work RVU:** 1.48
2007 NF PE RVU: 1.76 **2012 NF PE RVU:** 2.26
2007 Fac PE RVU 0.66 **2012 Fac PE RVU:**0.69

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

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

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

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

Most Recent RUC Meeting: April 2008 **Tab** 57 **Specialty Developing Recommendation:** AUA **First Identified:** February 2008 **2010 Medicare Utilization Data:** 3,385

2007 Work RVU: 1.78 **2012 Work RVU:** 1.78
2007 NF PE RVU: 1.97 **2012 NF PE RVU:** 2.45
2007 Fac PE RVU 0.81 **2012 Fac PE RVU:** 0.85

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

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

11983 **Removal with reinsertion, non-biodegradable drug delivery implant**

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

Most Recent RUC Meeting: April 2008 **Tab** 57 **Specialty Developing Recommendation:** AUA **First Identified:** June 2008 **2010 Medicare Utilization Data:** 6,099

2007 Work RVU: 3.30 **2012 Work RVU:** 3.3
2007 NF PE RVU: 2.38 **2012 NF PE RVU:** 2.70
2007 Fac PE RVU 1.44 **2012 Fac PE RVU:** 1.39

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

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

12001 **Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); 2.5 cm or less**

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

Most Recent RUC Meeting: April 2010 **Tab** 32 **Specialty Developing Recommendation:** ACEP, AAFP **First Identified:** October 2009 **2010 Medicare Utilization Data:** 179,272

2007 Work RVU: 1.72 **2012 Work RVU:** 0.84
2007 NF PE RVU: 1.92 **2012 NF PE RVU:** 1.77
2007 Fac PE RVU 0.76 **2012 Fac PE RVU:** 0.48

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

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

12002 **Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); 2.6 cm to 7.5 cm**

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

Most Recent RUC Meeting: April 2010 **Tab** 32 **Specialty Developing Recommendation:** ACEP, AAFP **First Identified:** October 2009 **2010 Medicare Utilization Data:** 139,131

2007 Work RVU: 1.88 **2012 Work RVU:** 1.14
2007 NF PE RVU: 1.98 **2012 NF PE RVU:** 1.95
2007 Fac PE RVU 0.89 **2012 Fac PE RVU:** 0.57

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

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

Status Report: CMS Requests and Relativity Assessment Issues

12004 **Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); 7.6 cm to 12.5 cm**

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

Most Recent RUC Meeting: April 2010 **Tab** 32 **Specialty Developing Recommendation:** ACEP, AAFP **First Identified:** **2010 Medicare Utilization Data:** 21,241

2007 Work RVU: 2.26 **2012 Work RVU:** 1.44
2007 NF PE RVU: 2.26 **2012 NF PE RVU:** 2.19
2007 Fac PE RVU 0.99 **2012 Fac PE RVU:**0.66

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

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

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

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

Most Recent RUC Meeting: April 2010 **Tab** 32 **Specialty Developing Recommendation:** ACEP, AAFP **First Identified:** **2010 Medicare Utilization Data:** 5,450

2007 Work RVU: 2.88 **2012 Work RVU:** 1.97
2007 NF PE RVU: 2.75 **2012 NF PE RVU:** 2.70
2007 Fac PE RVU 1.17 **2012 Fac PE RVU:**0.82

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

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

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

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

Most Recent RUC Meeting: April 2010 **Tab** 32 **Specialty Developing Recommendation:** ACEP, AAFP **First Identified:** **2010 Medicare Utilization Data:** 1,032

2007 Work RVU: 3.68 **2012 Work RVU:** 2.39
2007 NF PE RVU: 3.3 **2012 NF PE RVU:** 3.23
2007 Fac PE RVU 1.46 **2012 Fac PE RVU:**1.01

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

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:** **2010 Medicare Utilization Data:** 355

2007 Work RVU: 4.13 **2012 Work RVU:** 2.9
2007 NF PE RVU: 3.71 **2012 NF PE RVU:** 3.60
2007 Fac PE RVU 1.73 **2012 Fac PE RVU:**1.25

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

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

Status Report: CMS Requests and Relativity Assessment Issues

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

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

Most Recent RUC Meeting: April 2010 **Tab** 32 **Specialty Developing Recommendation:** ACEP, AAFP **First Identified:** **2010 Medicare Utilization Data:** 88,270

2007 Work RVU: 1.78 **2012 Work RVU:** 1.07
2007 NF PE RVU: 2.07 **2012 NF PE RVU:** 2.04
2007 Fac PE RVU 0.78 **2012 Fac PE RVU:**0.53

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

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:** **2010 Medicare Utilization Data:** 50,284

2007 Work RVU: 2.01 **2012 Work RVU:** 1.22
2007 NF PE RVU: 2.22 **2012 NF PE RVU:** 2.19
2007 Fac PE RVU 0.92 **2012 Fac PE RVU:**0.59

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

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

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

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

Most Recent RUC Meeting: April 2010 **Tab** 32 **Specialty Developing Recommendation:** ACEP, AAFP **First Identified:** **2010 Medicare Utilization Data:** 6,496

2007 Work RVU: 2.48 **2012 Work RVU:** 1.57
2007 NF PE RVU: 2.5 **2012 NF PE RVU:** 2.41
2007 Fac PE RVU 1.04 **2012 Fac PE RVU:**0.69

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

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:** **2010 Medicare Utilization Data:** 3,183

2007 Work RVU: 3.21 **2012 Work RVU:** 1.98
2007 NF PE RVU: 3.04 **2012 NF PE RVU:** 2.91
2007 Fac PE RVU 1.22 **2012 Fac PE RVU:**0.80

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

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

Status Report: CMS Requests and Relativity Assessment Issues

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:** **2010 Medicare Utilization Data:** 465

2007 Work RVU: 3.94 **2012 Work RVU:** 2.68
2007 NF PE RVU: 3.45 **2012 NF PE RVU:** 3.33
2007 Fac PE RVU 1.47 **2012 Fac PE RVU:**1.04

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

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:** **2010 Medicare Utilization Data:** 80

2007 Work RVU: 4.72 **2012 Work RVU:** 3.18
2007 NF PE RVU: NA **2012 NF PE RVU:** NA
2007 Fac PE RVU 1.79 **2012 Fac PE RVU:**1.05

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

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

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:** **2010 Medicare Utilization Data:** 32

2007 Work RVU: 5.54 **2012 Work RVU:** 3.61
2007 NF PE RVU: NA **2012 NF PE RVU:** NA
2007 Fac PE RVU 2.19 **2012 Fac PE RVU:**1.31

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

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

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

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

Most Recent RUC Meeting: October 2010 **Tab** 22 **Specialty Developing Recommendation:** AAO-HNS, AAD, AAP, ACEP, ASPS, AAFP, ACS, APMA **First Identified:** February 2010 **2010 Medicare Utilization Data:** 55,639

2007 Work RVU: 2.17 **2012 Work RVU:** 2
2007 NF PE RVU: 2.69 **2012 NF PE RVU:** 4.59
2007 Fac PE RVU 1.17 **2012 Fac PE RVU:** 2.18

RUC Recommendation: 2.00 **CPT Action (if applicable):** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

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

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

Most Recent RUC Meeting: October 2010 **Tab** 22 **Specialty Developing Recommendation:** AAO-HNS, AAD, AAP, ACEP, ASPS, AAFP, ACS, APMA **First Identified:** October 2009 **2010 Medicare Utilization Data:** 192,852

2007 Work RVU: 2.49 **2012 Work RVU:** 2.52
2007 NF PE RVU: 4.19 **2012 NF PE RVU:** 6.05
2007 Fac PE RVU 1.92 **2012 Fac PE RVU:** 2.87

RUC Recommendation: 2.52 **CPT Action (if applicable):** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

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

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

Most Recent RUC Meeting: October 2010 **Tab** 22 **Specialty Developing Recommendation:** AAO-HNS, AAD, AAP, ACEP, ASPS, AAFP, ACS, APMA **First Identified:** February 2010 **2010 Medicare Utilization Data:** 20,265

2007 Work RVU: 2.94 **2012 Work RVU:** 2.97
2007 NF PE RVU: 3.54 **2012 NF PE RVU:** 5.61
2007 Fac PE RVU 1.59 **2012 Fac PE RVU:** 2.59

RUC Recommendation: 2.97 **CPT Action (if applicable):** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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

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

Most Recent RUC Meeting: October 2010 **Tab** 22 **Specialty Developing Recommendation:** AAO-HNS, AAD, AAP, ACEP, ASPS, AAFP, ACS, APMA **First Identified:** February 2010 **2010 Medicare Utilization Data:** 4,867

2007 Work RVU: 3.44 **2012 Work RVU:** 3.5
2007 NF PE RVU: 5.21 **2012 NF PE RVU:** 6.96
2007 Fac PE RVU 2.14 **2012 Fac PE RVU:** 2.90

RUC Recommendation: 3.60 **CPT Action (if applicable):** **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

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

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

Most Recent RUC Meeting: October 2010 **Tab** 22 **Specialty Developing Recommendation:** AAO-HNS, AAD, AAP, ACEP, ASPS, AAFP, ACS, APMA **First Identified:** February 2010 **2010 Medicare Utilization Data:** 1,030

2007 Work RVU: 4.06 **2012 Work RVU:** 4.23
2007 NF PE RVU: 5.51 **2012 NF PE RVU:** 7.30
2007 Fac PE RVU 2.47 **2012 Fac PE RVU:** 3.22

RUC Recommendation: 4.50 **CPT Action (if applicable):** **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

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

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

Most Recent RUC Meeting: October 2010 **Tab** 22 **Specialty Developing Recommendation:** AAO-HNS, AAD, AAP, ACEP, ASPS, AAFP, ACS, APMA **First Identified:** February 2010 **2010 Medicare Utilization Data:** 599

2007 Work RVU: 4.68 **2012 Work RVU:** 5
2007 NF PE RVU: 6.05 **2012 NF PE RVU:** 7.89
2007 Fac PE RVU 2.88 **2012 Fac PE RVU:** 3.68

RUC Recommendation: 5.25 **CPT Action (if applicable):** **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

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12041 **Repair, intermediate, wounds of neck, hands, feet and/or external genitalia; 2.5 cm or less** **Global:** 010 **Issue:** Repair of Intermediate Wounds **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 22 **Specialty Developing Recommendation:** AAO-HNS, AAD, AAP, ACEP, ASPS, AAFP, ACS, APMA **First Identified:** February 2010 **2010 Medicare Utilization Data:** 18,713

2007 Work RVU: 2.39 **2012 Work RVU:** 2.1
2007 NF PE RVU: 2.87 **2012 NF PE RVU:** 4.63
2007 Fac PE RVU 1.29 **2012 Fac PE RVU:** 2.19

RUC Recommendation: 2.10 **CPT Action (if applicable):** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

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

Most Recent RUC Meeting: October 2010 **Tab** 22 **Specialty Developing Recommendation:** AAO-HNS, AAD, AAP, ACEP, ASPS, AAFP, ACS, APMA **First Identified:** February 2010 **2010 Medicare Utilization Data:** 42,162

2007 Work RVU: 2.76 **2012 Work RVU:** 2.79
2007 NF PE RVU: 3.57 **2012 NF PE RVU:** 5.29
2007 Fac PE RVU 1.63 **2012 Fac PE RVU:** 2.70

RUC Recommendation: 2.79 **CPT Action (if applicable):** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

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

Most Recent RUC Meeting: October 2010 **Tab** 22 **Specialty Developing Recommendation:** AAO-HNS, AAD, AAP, ACEP, ASPS, AAFP, ACS, APMA **First Identified:** February 2010 **2010 Medicare Utilization Data:** 2,175

2007 Work RVU: 3.16 **2012 Work RVU:** 3.19
2007 NF PE RVU: 3.74 **2012 NF PE RVU:** 6.65
2007 Fac PE RVU 1.69 **2012 Fac PE RVU:** 2.59

RUC Recommendation: 3.19 **CPT Action (if applicable):** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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

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

Most Recent RUC Meeting: October 2010 **Tab** 22 **Specialty Developing Recommendation:** AAO-HNS, AAD, AAP, ACEP, ASPS, AAFP, ACS, APMA **First Identified:** February 2010 **2010 Medicare Utilization Data:** 404

2007 Work RVU: 3.65 **2012 Work RVU:** 3.75
2007 NF PE RVU: 5.21 **2012 NF PE RVU:** 7.12
2007 Fac PE RVU 2.23 **2012 Fac PE RVU:** 3.38

RUC Recommendation: 3.90 **CPT Action (if applicable):** **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

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

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

Most Recent RUC Meeting: October 2010 **Tab** 22 **Specialty Developing Recommendation:** AAO-HNS, AAD, AAP, ACEP, ASPS, AAFP, ACS, APMA **First Identified:** February 2010 **2010 Medicare Utilization Data:** 80

2007 Work RVU: 4.26 **2012 Work RVU:** 4.3
2007 NF PE RVU: 6.28 **2012 NF PE RVU:** 8.02
2007 Fac PE RVU 2.64 **2012 Fac PE RVU:** 3.74

RUC Recommendation: 4.60 **CPT Action (if applicable):** **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

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

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

Most Recent RUC Meeting: October 2010 **Tab** 22 **Specialty Developing Recommendation:** AAO-HNS, AAD, AAP, ACEP, ASPS, AAFP, ACS, APMA **First Identified:** February 2010 **2010 Medicare Utilization Data:** 45

2007 Work RVU: 4.66 **2012 Work RVU:** 4.95
2007 NF PE RVU: 6.3 **2012 NF PE RVU:** 9.23
2007 Fac PE RVU 2.95 **2012 Fac PE RVU:** 4.07

RUC Recommendation: 5.50 **CPT Action (if applicable):** **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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

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

Most Recent RUC Meeting: October 2010 **Tab** 22 **Specialty Developing Recommendation:** AAO-HNS, AAD, AAP, ACEP, ASPS, AAFP, ACS, APMA **First Identified:** February 2010 **2010 Medicare Utilization Data:** 58,514

2007 Work RVU: 2.49 **2012 Work RVU:** 2.33
2007 NF PE RVU: 3.48 **2012 NF PE RVU:** 4.93
2007 Fac PE RVU 1.57 **2012 Fac PE RVU:** 2.40

RUC Recommendation: 2.33 **CPT Action (if applicable):** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

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

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

Most Recent RUC Meeting: April 2010 **Tab** 45 **Specialty Developing Recommendation:** AAO-HNS, AAD, AAP, ACEP, ASPS, AAFP, ACS, APMA **First Identified:** February 2010 **2010 Medicare Utilization Data:** 75,927

2007 Work RVU: 2.81 **2012 Work RVU:** 2.87
2007 NF PE RVU: 3.64 **2012 NF PE RVU:** 5.43
2007 Fac PE RVU 1.72 **2012 Fac PE RVU:** 2.81

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

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

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

Most Recent RUC Meeting: October 2010 **Tab** 22 **Specialty Developing Recommendation:** AAO-HNS, AAD, AAP, ACEP, ASPS, AAFP, ACS, APMA **First Identified:** February 2010 **2010 Medicare Utilization Data:** 9,021

2007 Work RVU: 3.14 **2012 Work RVU:** 3.17
2007 NF PE RVU: 3.77 **2012 NF PE RVU:** 6.41
2007 Fac PE RVU 1.68 **2012 Fac PE RVU:** 2.74

RUC Recommendation: 3.17 **CPT Action (if applicable):** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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

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

Most Recent RUC Meeting: October 2010 **Tab** 22 **Specialty Developing Recommendation:** AAO-HNS, AAD, AAP, ACEP, ASPS, AAFP, ACS, APMA **First Identified:** February 2010 **2010 Medicare Utilization Data:** 3,113

2007 Work RVU: 3.47 **2012 Work RVU:** 3.5
2007 NF PE RVU: 4.02 **2012 NF PE RVU:** 6.63
2007 Fac PE RVU 1.74 **2012 Fac PE RVU:** 2.65

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

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

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

Most Recent RUC Meeting: October 2010 **Tab** 22 **Specialty Developing Recommendation:** AAO-HNS, AAD, AAP, ACEP, ASPS, AAFP, ACS, APMA **First Identified:** February 2010 **2010 Medicare Utilization Data:** 414

2007 Work RVU: 4.44 **2012 Work RVU:** 4.5
2007 NF PE RVU: 4.87 **2012 NF PE RVU:** 8.38
2007 Fac PE RVU 2.13 **2012 Fac PE RVU:** 3.49

RUC Recommendation: 4.65 **CPT Action (if applicable):** **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

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

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

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

2007 Work RVU: 5.25 **2012 Work RVU:** 5.3
2007 NF PE RVU: 6.62 **2012 NF PE RVU:** 9.88
2007 Fac PE RVU 2.89 **2012 Fac PE RVU:** 4.92

RUC Recommendation: 5.50 **CPT Action (if applicable):** **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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

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

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

2007 Work RVU: 5.97 **2012 Work RVU:** 6
2007 NF PE RVU: 6.47 **2012 NF PE RVU:** 11.40
2007 Fac PE RVU 3.53 **2012 Fac PE RVU:** 5.06

RUC Recommendation: 6.28 **CPT Action (if applicable):** **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

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

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

Most Recent RUC Meeting: April 2012 **Tab** 37 **Specialty Developing Recommendation:** AAD, AAO-HNS, ASPS **First Identified:** **2010 Medicare Utilization Data:** 5,175

2007 Work RVU: 3.14 **2012 Work RVU:** 3.17
2007 NF PE RVU: 4.15 **2012 NF PE RVU:** 5.53
2007 Fac PE RVU 2.35 **2012 Fac PE RVU:** 3.24

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

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

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

Most Recent RUC Meeting: April 2012 **Tab** 37 **Specialty Developing Recommendation:** AAD, AAO-HNS, ASPS **First Identified:** **2010 Medicare Utilization Data:** 59,565

2007 Work RVU: 3.93 **2012 Work RVU:** 3.96
2007 NF PE RVU: 4.99 **2012 NF PE RVU:** 7.10
2007 Fac PE RVU 2.77 **2012 Fac PE RVU:** 3.82

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

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

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

Most Recent RUC Meeting: April 2012 **Tab** 37 **Specialty Developing Recommendation:** AAD, AAO-HNS, ASPS **First Identified:** **2010 Medicare Utilization Data:**

2007 Work RVU: 1.24 **2012 Work RVU:**
2007 NF PE RVU: 1.22 **2012 NF PE RVU:**
2007 Fac PE RVU 0.57 **2012 Fac PE RVU:**

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

Status Report: CMS Requests and Relativity Assessment Issues

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

Most Recent RUC Meeting: April 2012 **Tab** 37 **Specialty Developing Recommendation:** AAD, AAO-HNS, ASPS **First Identified:** October 2008 **2010 Medicare Utilization Data:** 7,851

2007 Work RVU: 3.32 **2012 Work RVU:** 3.35
2007 NF PE RVU: 4.26 **2012 NF PE RVU:** 5.69
2007 Fac PE RVU 2.41 **2012 Fac PE RVU:** 3.37

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

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

Most Recent RUC Meeting: April 2012 **Tab** 37 **Specialty Developing Recommendation:** AAD, AAO-HNS, ASPS **First Identified:** October 2008 **2010 Medicare Utilization Data:** 97,197

2007 Work RVU: 4.36 **2012 Work RVU:** 4.42
2007 NF PE RVU: 5.32 **2012 NF PE RVU:** 7.95
2007 Fac PE RVU 3.02 **2012 Fac PE RVU:** 4.58

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

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

Most Recent RUC Meeting: April 2012 **Tab** 37 **Specialty Developing Recommendation:** AAD, AAO-HNS, ASPS **First Identified:** October 2008 **2010 Medicare Utilization Data:** 16,519

2007 Work RVU: 1.44 **2012 Work RVU:** 1.44
2007 NF PE RVU: 1.48 **2012 NF PE RVU:** 1.81
2007 Fac PE RVU 0.63 **2012 Fac PE RVU:** 0.84

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

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 **2010 Medicare Utilization Data:** 32,877

2007 Work RVU: 3.80 **2012 Work RVU:** 3.83
2007 NF PE RVU: 4.53 **2012 NF PE RVU:** 6.12
2007 Fac PE RVU 2.74 **2012 Fac PE RVU:** 3.71

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

Status Report: CMS Requests and Relativity Assessment Issues

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 **2010 Medicare Utilization Data:** 188,152

2007 Work RVU: 6.48 **2012 Work RVU:** 6.58
2007 NF PE RVU: 6.42 **2012 NF PE RVU:** 9.49
2007 Fac PE RVU 4.38 **2012 Fac PE RVU:** 6.31

RUC Recommendation: 4.78 **CPT Action (if applicable):** **Result:** Decrease

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

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

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

Most Recent RUC Meeting: April 2012 **Tab** 37 **Specialty Developing Recommendation:** AAD, AAO-HNS, ASPS **First Identified:** September 2011 **2010 Medicare Utilization Data:** 11,022

2007 Work RVU: 2.19 **2012 Work RVU:** 2.19
2007 NF PE RVU: 1.72 **2012 NF PE RVU:** 2.40
2007 Fac PE RVU 1.02 **2012 Fac PE RVU:** 1.38

RUC Recommendation: 2.19 **CPT Action (if applicable):** **Result:** Maintain

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

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

Global: 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 **2010 Medicare Utilization Data:** 2,391

2007 Work RVU: 3.82 **2012 Work RVU:** 3.85
2007 NF PE RVU: 4.83 **2012 NF PE RVU:** 6.06
2007 Fac PE RVU 2.76 **2012 Fac PE RVU:** 3.66

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** October 2012 **Result:** Deleted from CPT

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

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

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

Most Recent RUC Meeting: April 2012 **Tab** 37 **Specialty Developing Recommendation:** AAD, AAO-HNS, ASPS **First Identified:** September 2011 **2010 Medicare Utilization Data:** 30,307

2007 Work RVU: 4.46 **2012 Work RVU:** 4.49
2007 NF PE RVU: 4.99 **2012 NF PE RVU:** 6.76
2007 Fac PE RVU 3.17 **2012 Fac PE RVU:** 4.20

RUC Recommendation: 4.34 **CPT Action (if applicable):** **Result:** Decrease

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

Status Report: CMS Requests and Relativity Assessment Issues

13152 **Repair, complex, eyelids, nose, ears and/or lips; 2.6 cm to 7.5 cm** **Global:** 010 **Issue:** Complex Wound Repair **Screen:** Harvard Valued - Utilization over 30,000 / Harvard-Valued with Annual Allowed Charges over $10 million **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 37 **Specialty Developing Recommendation:** AAD, AAO-HNS, ASPS **First Identified:** April 2011 **2010 Medicare Utilization Data:** 43,417

2007 Work RVU: 6.34 **2012 Work RVU:** 6.37
2007 NF PE RVU: 6.42 **2012 NF PE RVU:** 9.16
2007 Fac PE RVU 4.03 **2012 Fac PE RVU:** 5.19

RUC Recommendation: 5.34 **CPT Action (if applicable):** **Result:** Decrease
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:** **2010 Medicare Utilization Data:**

2007 Work RVU: 2.38 **2012 Work RVU:**
2007 NF PE RVU: 1.96 **2012 NF PE RVU:**
2007 Fac PE RVU 1.11 **2012 Fac PE RVU:**

RUC Recommendation: 2.38 **CPT Action (if applicable):** **Result:** Maintain
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 **2010 Medicare Utilization Data:** 10,319

2007 Work RVU: 6.83 **2012 Work RVU:** 6.37
2007 NF PE RVU: 8.14 **2012 NF PE RVU:** 10.93
2007 Fac PE RVU 5.63 **2012 Fac PE RVU:** 7.49

RUC Recommendation: 6.19 **CPT Action (if applicable):** **Result:** Decrease
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 **2010 Medicare Utilization Data:** 9,240

2007 Work RVU: 9.60 **2012 Work RVU:** 8.78
2007 NF PE RVU: 9.86 **2012 NF PE RVU:** 13.35
2007 Fac PE RVU 7.22 **2012 Fac PE RVU:** 9.23

RUC Recommendation: 8.58 **CPT Action (if applicable):** **Result:** Decrease
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 **2010 Medicare Utilization Data:** 23,697

2007 Work RVU: 7.66 **2012 Work RVU:** 7.22
2007 NF PE RVU: 8.98 **2012 NF PE RVU:** 12.24
2007 Fac PE RVU 6.64 **2012 Fac PE RVU:** 8.59

RUC Recommendation: 7.02 **CPT Action (if applicable):** **Result:** Decrease
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 **2010 Medicare Utilization Data:** 17,157

2007 Work RVU: 11.18 **2012 Work RVU:** 9.72
2007 NF PE RVU: 10.63 **2012 NF PE RVU:** 14.55
2007 Fac PE RVU 8.41 **2012 Fac PE RVU:** 10.30

RUC Recommendation: 9.52 **CPT Action (if applicable):** **Result:** Decrease
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 **2010 Medicare Utilization Data:** 81,330

2007 Work RVU: 8.44 **2012 Work RVU:** 8.6
2007 NF PE RVU: 9.17 **2012 NF PE RVU:** 12.73
2007 Fac PE RVU 7.17 **2012 Fac PE RVU:** 9.10

RUC Recommendation: 8.44 **CPT Action (if applicable):** **Result:** Maintain
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 **2010 Medicare Utilization Data:** 39,366

2007 Work RVU: 12.67 **2012 Work RVU:** 10.83
2007 NF PE RVU: 11.37 **2012 NF PE RVU:** 15.52
2007 Fac PE RVU 8.88 **2012 Fac PE RVU:** 10.89

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

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

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

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

Most Recent RUC Meeting: October 2008 **Tab** 9 **Specialty Developing Recommendation:** AAD, ASPS, AAO-HNS **First Identified:** April 2008 **2010 Medicare Utilization Data:** 96,958

2007 Work RVU: 9.07 **2012 Work RVU:** 9.23
2007 NF PE RVU: 9.02 **2012 NF PE RVU:** 12.34
2007 Fac PE RVU 7.39 **2012 Fac PE RVU:** 9.50

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

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

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

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

Most Recent RUC Meeting: October 2008 **Tab** 9 **Specialty Developing Recommendation:** AAD, ASPS, AAO-HNS **First Identified:** September 2007 **2010 Medicare Utilization Data:** 25,460

2007 Work RVU: 13.67 **2012 Work RVU:** 11.48
2007 NF PE RVU: 12.45 **2012 NF PE RVU:** 16.83
2007 Fac PE RVU 9.72 **2012 Fac PE RVU:** 11.73

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

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

14300 **Deleted from CPT**

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, AAD, ASPS, AAO-HNS **First Identified:** September 2007 **2010 Medicare Utilization Data:**

2007 Work RVU: 13.26 **2012 Work RVU:**
2007 NF PE RVU: 11.77 **2012 NF PE RVU:**
2007 Fac PE RVU 9.28 **2012 Fac PE RVU:**

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

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

Status Report: CMS Requests and Relativity Assessment Issues

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

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

Most Recent RUC Meeting: April 2009 **Tab** 04 **Specialty Developing Recommendation:** ACS, AAO-HNS, ASPS **First Identified:** September 2007 **2010 Medicare Utilization Data:** 20,197

2007 Work RVU: **2012 Work RVU:** 12.65
2007 NF PE RVU: **2012 NF PE RVU:** 17.44
2007 Fac PE RVU **2012 Fac PE RVU:** 11.84

RUC Recommendation: 12.47 **CPT Action (if applicable):** February 2009 **Result:** Decrease

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

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

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

Most Recent RUC Meeting: April 2009 **Tab** 04 **Specialty Developing Recommendation:** ACS, AAO-HNS, ASPS **First Identified:** September 2007 **2010 Medicare Utilization Data:** 10,750

2007 Work RVU: **2012 Work RVU:** 3.73
2007 NF PE RVU: **2012 NF PE RVU:** 2.29
2007 Fac PE RVU **2012 Fac PE RVU:** 2.29

RUC Recommendation: 3.73 **CPT Action (if applicable):** February 2009 **Result:** Decrease

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

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

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

Most Recent RUC Meeting: September 2007 **Tab** 16 **Specialty Developing Recommendation:** AAO-HNS, ASPS **First Identified:** September 2007 **2010 Medicare Utilization Data:** 11,166

2007 Work RVU: 10.96 **2012 Work RVU:** 10.15
2007 NF PE RVU: 10.87 **2012 NF PE RVU:** 13.62
2007 Fac PE RVU 7.71 **2012 Fac PE RVU:** 9.17

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

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

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

Most Recent RUC Meeting: February 2010 **Tab** 31 **Specialty Developing Recommendation:** APMA, ASPS **First Identified:** February 2010 **2010 Medicare Utilization Data:** 1,547

2007 Work RVU: 5.99 **2012 Work RVU:**
2007 NF PE RVU: 3.79 **2012 NF PE RVU:**
2007 Fac PE RVU 2.37 **2012 Fac PE RVU:**

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

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

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

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

Most Recent RUC Meeting: February 2010 **Tab** 31 **Specialty Developing Recommendation:** APMA, ASPS **First Identified:** February 2010 **2010 Medicare Utilization Data:** 1,438

2007 Work RVU: 1.55 **2012 Work RVU:**
2007 NF PE RVU: 0.68 **2012 NF PE RVU:**
2007 Fac PE RVU 0.60 **2012 Fac PE RVU:**

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

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

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

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

Most Recent RUC Meeting: February 2010 **Tab** 31 **Specialty Developing Recommendation:** APMA, ASPS **First Identified:** October 2009 **2010 Medicare Utilization Data:** 2,011

2007 Work RVU: 7.99 **2012 Work RVU:**
2007 NF PE RVU: 5.4 **2012 NF PE RVU:**
2007 Fac PE RVU 3.96 **2012 Fac PE RVU:**

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

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

Status Report: CMS Requests and Relativity Assessment Issues

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

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

Most Recent RUC Meeting: February 2010 **Tab** 31 **Specialty Developing Recommendation:** APMA, ASPS **First Identified:** February 2010 **2010 Medicare Utilization Data:** 239

2007 Work RVU: 2.45 **2012 Work RVU:**
2007 NF PE RVU: 1.1 **2012 NF PE RVU:**
2007 Fac PE RVU 0.95 **2012 Fac PE RVU:**

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

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

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

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

Most Recent RUC Meeting: September 2007 **Tab** 16 **Specialty Developing Recommendation:** AAO-HNS, ASPS **First Identified:** September 2007 **2010 Medicare Utilization Data:** 7,922

2007 Work RVU: 7.95 **2012 Work RVU:** 8.09
2007 NF PE RVU: 9.5 **2012 NF PE RVU:** 13.34
2007 Fac PE RVU 6.69 **2012 Fac PE RVU:** 8.90

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

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

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

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

Most Recent RUC Meeting: April 2011 **Tab** 04 **Specialty Developing Recommendation:** ACS, APMA, ASPS **First Identified:** April 2011 **2010 Medicare Utilization Data:**

2007 Work RVU: **2012 Work RVU:** 1.5
2007 NF PE RVU: **2012 NF PE RVU:** 2.49
2007 Fac PE RVU **2012 Fac PE RVU:** 0.83

RUC Recommendation: 1.50 **CPT Action (if applicable):** February 2011 **Result:** Decrease

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

Status Report: CMS Requests and Relativity Assessment Issues

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

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

Most Recent RUC Meeting: April 2011 **Tab** 04 **Specialty Developing Recommendation:** ACS, APMA, ASPS **First Identified:** April 2011 **2010 Medicare Utilization Data:**

2007 Work RVU: **2012 Work RVU:** 0.33
2007 NF PE RVU: **2012 NF PE RVU:** 0.43
2007 Fac PE RVU **2012 Fac PE RVU:** 0.14

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

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

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

Most Recent RUC Meeting: April 2011 **Tab** 04 **Specialty Developing Recommendation:** ACS, APMA, ASPS **First Identified:** April 2011 **2010 Medicare Utilization Data:**

2007 Work RVU: **2012 Work RVU:** 3.5
2007 NF PE RVU: **2012 NF PE RVU:** 4.59
2007 Fac PE RVU **2012 Fac PE RVU:** 2.03

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

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

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

Most Recent RUC Meeting: April 2011 **Tab** 04 **Specialty Developing Recommendation:** ACS, APMA, ASPS **First Identified:** April 2011 **2010 Medicare Utilization Data:**

2007 Work RVU: **2012 Work RVU:** 0.8
2007 NF PE RVU: **2012 NF PE RVU:** 1.15
2007 Fac PE RVU **2012 Fac PE RVU:** 0.40

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

Status Report: CMS Requests and Relativity Assessment Issues

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

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

Most Recent RUC Meeting: April 2011 **Tab** 04 **Specialty Developing Recommendation:** ACS, APMA, ASPS **First Identified:** April 2011 **2010 Medicare Utilization Data:**

2007 Work RVU: **2012 Work RVU:** 1.83
2007 NF PE RVU: **2012 NF PE RVU:** 2.41
2007 Fac PE RVU **2012 Fac PE RVU:** 0.85

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

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

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

Most Recent RUC Meeting: April 2011 **Tab** 04 **Specialty Developing Recommendation:** ACS, APMA, ASPS **First Identified:** April 2011 **2010 Medicare Utilization Data:**

2007 Work RVU: **2012 Work RVU:** 0.5
2007 NF PE RVU: **2012 NF PE RVU:** 0.43
2007 Fac PE RVU **2012 Fac PE RVU:** 0.17

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

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

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

Most Recent RUC Meeting: April 2011 **Tab** 04 **Specialty Developing Recommendation:** ACS, APMA, ASPS **First Identified:** April 2011 **2010 Medicare Utilization Data:**

2007 Work RVU: **2012 Work RVU:** 4
2007 NF PE RVU: **2012 NF PE RVU:** 4.17
2007 Fac PE RVU **2012 Fac PE RVU:** 1.76

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

Status Report: CMS Requests and Relativity Assessment Issues

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

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

Most Recent RUC Meeting: April 2011 **Tab** 04 **Specialty Developing Recommendation:** ACS, APMA, ASPS **First Identified:** April 2011 **2010 Medicare Utilization Data:**

2007 Work RVU: **2012 Work RVU:** 1
2007 NF PE RVU: **2012 NF PE RVU:** 1.28
2007 Fac PE RVU **2012 Fac PE RVU:** 0.48

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

15320 **Deleted from CPT**

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

Most Recent RUC Meeting: February 2010 **Tab** 31 **Specialty Developing Recommendation:** APMA, ASPS **First Identified:** October 2009 **2010 Medicare Utilization Data:** 2,098

2007 Work RVU: 5.36 **2012 Work RVU:**
2007 NF PE RVU: 3.66 **2012 NF PE RVU:**
2007 Fac PE RVU 2.49 **2012 Fac PE RVU:**

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

15321 **Deleted from CPT**

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

Most Recent RUC Meeting: February 2010 **Tab** 31 **Specialty Developing Recommendation:** APMA, ASPS **First Identified:** February 2010 **2010 Medicare Utilization Data:** 1,128

2007 Work RVU: 1.50 **2012 Work RVU:**
2007 NF PE RVU: 0.69 **2012 NF PE RVU:**
2007 Fac PE RVU 0.57 **2012 Fac PE RVU:**

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

Status Report: CMS Requests and Relativity Assessment Issues

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

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

Most Recent RUC Meeting: February 2008 **Tab** S **Specialty Developing Recommendation:** ASPS **First Identified:** February 2008 **2010 Medicare Utilization Data:** 3,696

2007 Work RVU: 3.99 **2012 Work RVU:**
2007 NF PE RVU: 3.18 **2012 NF PE RVU:**
2007 Fac PE RVU 2.15 **2012 Fac PE RVU:**

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

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

15331 **Deleted from CPT**

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

Most Recent RUC Meeting: February 2010 **Tab** 31 **Specialty Developing Recommendation:** AAO-HNS, APMA, ASPS **First Identified:** February 2010 **2010 Medicare Utilization Data:** 2,096

2007 Work RVU: 1.00 **2012 Work RVU:**
2007 NF PE RVU: 0.46 **2012 NF PE RVU:**
2007 Fac PE RVU 0.39 **2012 Fac PE RVU:**

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

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

15335 **Deleted from CPT**

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

Most Recent RUC Meeting: February 2010 **Tab** 31 **Specialty Developing Recommendation:** AAO-HNS, APMA, ASPS **First Identified:** October 2009 **2010 Medicare Utilization Data:** 1,754

2007 Work RVU: 4.50 **2012 Work RVU:**
2007 NF PE RVU: 3.46 **2012 NF PE RVU:**
2007 Fac PE RVU 2.35 **2012 Fac PE RVU:**

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

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

15336 **Deleted from CPT**

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

Most Recent RUC Meeting: February 2010 **Tab** 31 **Specialty Developing Recommendation:** AAO-HNS, APMA, ASPS **First Identified:** February 2010 **2010 Medicare Utilization Data:** 60

2007 Work RVU: 1.43 **2012 Work RVU:**
2007 NF PE RVU: 0.7 **2012 NF PE RVU:**
2007 Fac PE RVU 0.55 **2012 Fac PE RVU:**

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

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

Status Report: CMS Requests and Relativity Assessment Issues

15360 **Deleted from CPT**

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

Most Recent RUC Meeting: February 2010 **Tab** 31 **Specialty Developing Recommendation:** APMA, ASPS **First Identified:** February 2010 **2010 Medicare Utilization Data:** 899

2007 Work RVU: 3.93 **2012 Work RVU:**
2007 NF PE RVU: 4.47 **2012 NF PE RVU:**
2007 Fac PE RVU 3.13 **2012 Fac PE RVU:**

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

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

15361 **Deleted from CPT**

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

Most Recent RUC Meeting: February 2010 **Tab** 31 **Specialty Developing Recommendation:** APMA, ASPS **First Identified:** February 2010 **2010 Medicare Utilization Data:** 75

2007 Work RVU: 1.15 **2012 Work RVU:**
2007 NF PE RVU: 0.58 **2012 NF PE RVU:**
2007 Fac PE RVU 0.44 **2012 Fac PE RVU:**

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

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

15365 **Deleted from CPT**

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

Most Recent RUC Meeting: February 2010 **Tab** 31 **Specialty Developing Recommendation:** APMA, ASPS **First Identified:** October 2009 **2010 Medicare Utilization Data:** 37,408

2007 Work RVU: 4.21 **2012 Work RVU:**
2007 NF PE RVU: 4.5 **2012 NF PE RVU:**
2007 Fac PE RVU 3.2 **2012 Fac PE RVU:**

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

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

15366 **Deleted from CPT**

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

Most Recent RUC Meeting: February 2010 **Tab** 31 **Specialty Developing Recommendation:** APMA, ASPS **First Identified:** February 2010 **2010 Medicare Utilization Data:** 357

2007 Work RVU: 1.45 **2012 Work RVU:**
2007 NF PE RVU: 0.7 **2012 NF PE RVU:**
2007 Fac PE RVU 0.56 **2012 Fac PE RVU:**

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

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

Status Report: CMS Requests and Relativity Assessment Issues

15400 **Deleted from CPT** **Global:** 090 **Issue:** Xenograft **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: September 2007 **Tab** 16 **Specialty Developing Recommendation:** APMA, AAO-HNS, ASPS **First Identified:** September 2007 **2010 Medicare Utilization Data:** 4,220

2007 Work RVU: 4.38 **2012 Work RVU:**
2007 NF PE RVU: 4.25 **2012 NF PE RVU:**
2007 Fac PE RVU 3.95 **2012 Fac PE RVU:**

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

15401 **Deleted from CPT** **Global:** ZZZ **Issue:** Xenograft **Screen:** High Volume Growth **Complete?** Yes

Most Recent RUC Meeting: February 2008 **Tab** S **Specialty Developing Recommendation:** ACS, ASPS **First Identified:** February 2008 **2010 Medicare Utilization Data:** 6,008

2007 Work RVU: 1.00 **2012 Work RVU:**
2007 NF PE RVU: 1.67 **2012 NF PE RVU:**
2007 Fac PE RVU 0.42 **2012 Fac PE RVU:**

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

15420 **Deleted from CPT** **Global:** 090 **Issue:** Xenograft Skin **Screen:** Different Performing Specialty from Survey **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab** 31 **Specialty Developing Recommendation:** APMA, ASPS, AAD **First Identified:** October 2009 **2010 Medicare Utilization Data:** 4,836

2007 Work RVU: 4.89 **2012 Work RVU:**
2007 NF PE RVU: 4.86 **2012 NF PE RVU:**
2007 Fac PE RVU 3.83 **2012 Fac PE RVU:**

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

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

Most Recent RUC Meeting: February 2010 **Tab** 31 **Specialty Developing Recommendation:** APMA, ASPS, AAD **First Identified:** February 2010 **2010 Medicare Utilization Data:** 643

2007 Work RVU: 1.50 **2012 Work RVU:**
2007 NF PE RVU: 1.29 **2012 NF PE RVU:**
2007 Fac PE RVU 0.60 **2012 Fac PE RVU:**

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

Status Report: CMS Requests and Relativity Assessment Issues

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 **2010 Medicare Utilization Data:** 439

2007 Work RVU: 10.00 **2012 Work RVU:** 10.21
2007 NF PE RVU: 11.09 **2012 NF PE RVU:** 14.56
2007 Fac PE RVU 6.71 **2012 Fac PE RVU:** 9.47

RUC Recommendation: 10.00 **CPT Action (if applicable):** **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 **2010 Medicare Utilization Data:** 689

2007 Work RVU: 9.94 **2012 Work RVU:** 10.12
2007 NF PE RVU: 9.59 **2012 NF PE RVU:** 14.06
2007 Fac PE RVU 6.53 **2012 Fac PE RVU:** 10.06

RUC Recommendation: 9.94 **CPT Action (if applicable):** **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 **2010 Medicare Utilization Data:** 2,089

2007 Work RVU: 10.52 **2012 Work RVU:** 10.7
2007 NF PE RVU: 10.64 **2012 NF PE RVU:** 14.42
2007 Fac PE RVU 7.6 **2012 Fac PE RVU:** 10.24

RUC Recommendation: 10.52 **CPT Action (if applicable):** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

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 **2010 Medicare Utilization Data:** 3,935

2007 Work RVU: 9.24 **2012 Work RVU:** 9.37
2007 NF PE RVU: 9.74 **2012 NF PE RVU:** 12.96
2007 Fac PE RVU 6.81 **2012 Fac PE RVU:** 9.11

RUC Recommendation: 9.24 **CPT Action (if applicable):** **Result:** Maintain
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: 090 **Issue:** Muscle - Skin Graft **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 16 **Specialty Developing Recommendation:** ASPS, AAO-HNS **First Identified:** September 2007 **2010 Medicare Utilization Data:** 13,118

2007 Work RVU: 19.70 **2012 Work RVU:** 16.38
2007 NF PE RVU: 17.27 **2012 NF PE RVU:** 19.46
2007 Fac PE RVU 12.01 **2012 Fac PE RVU:** 14.71

RUC Recommendation: 19.83 **CPT Action (if applicable):** **Result:** Decrease

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

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

Global: 090 **Issue:** Dermatology and Plastic Surgery Procedures **Screen:** Site of Service Anomaly / CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab** 28 **Specialty Developing Recommendation:** AAD, ASPS **First Identified:** September 2007 **2010 Medicare Utilization Data:** 5,635

2007 Work RVU: 11.57 **2012 Work RVU:** 11.8
2007 NF PE RVU: 11.01 **2012 NF PE RVU:** 16.51
2007 Fac PE RVU 8.58 **2012 Fac PE RVU:** 11.97

RUC Recommendation: 11.57 **CPT Action (if applicable):** February 2009 & February 2012 **Result:** Maintain

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

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

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

Most Recent RUC Meeting: April 2011 **Tab** 04 **Specialty Developing Recommendation:** ACS, APMA, ASPS **First Identified:** April 2011 **2010 Medicare Utilization Data:**

2007 Work RVU: **2012 Work RVU:** 3.65
2007 NF PE RVU: **2012 NF PE RVU:** 1.87
2007 Fac PE RVU **2012 Fac PE RVU:** 1.87

RUC Recommendation: 3.65 **CPT Action (if applicable):** February 2011 **Result:** Decrease

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

Status Report: CMS Requests and Relativity Assessment Issues

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

Global: 090 **Issue:** Upper Eyelid Blepharoplasty **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 33 **Specialty Developing Recommendation:** AAO **First Identified:** October 2009 **2010 Medicare Utilization Data:** 103,401

2007 Work RVU: 8.12 **2012 Work RVU:** 6.81
2007 NF PE RVU: 7.8 **2012 NF PE RVU:** 10.05
2007 Fac PE RVU 6.41 **2012 Fac PE RVU:** 8.30

RUC Recommendation: 6.81 **CPT Action (if applicable):** **Result:** Decrease

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

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

Global: 000 **Issue:** Dressings/ Debridement of Partial-Thickness Burns **Screen:** Different Performing Specialty from Survey **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 08 **Specialty Developing Recommendation:** ASPS, AAFP, AAPMR, ACS, AAP **First Identified:** October 2009 **2010 Medicare Utilization Data:** 18,960

2007 Work RVU: 0.80 **2012 Work RVU:** 0.71
2007 NF PE RVU: 1.25 **2012 NF PE RVU:** 1.56
2007 Fac PE RVU 0.58 **2012 Fac PE RVU:** 0.77

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

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

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

Global: 000 **Issue:** Dressings/ Debridement of Partial-Thickness Burns **Screen:** Different Performing Specialty from Survey **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 08 **Specialty Developing Recommendation:** ASPS, AAFP, AAPMR, ACS, AAP **First Identified:** October 2009 **2010 Medicare Utilization Data:** 2,479

2007 Work RVU: 1.85 **2012 Work RVU:** 1.74
2007 NF PE RVU: 1.72 **2012 NF PE RVU:** 2.27
2007 Fac PE RVU 0.94 **2012 Fac PE RVU:** 1.26

RUC Recommendation: 1.85 **CPT Action (if applicable):** **Result:** Maintain

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

Status Report: CMS Requests and Relativity Assessment Issues

16030 **Dressings and/or debridement of partial-thickness burns, initial or subsequent; large (eg, more than 1 extremity, or greater than 10% total body surface area)**

Global: 000 **Issue:** Dressings/ Debridement of Partial-Thickness Burns **Screen:** Different Performing Specialty from Survey **Complete?** No

Most Recent RUC Meeting: April 2010 **Tab** 45 **Specialty Developing Recommendation:** ACEP, ASPS, AAFP, AAPMR, ACS, AAP **First Identified:** February 2010 **2010 Medicare Utilization Data:** 1,543

2007 Work RVU: 2.08 **2012 Work RVU:** 2.08
2007 NF PE RVU: 2.12 **2012 NF PE RVU:** 2.86
2007 Fac PE RVU 1.08 **2012 Fac PE RVU:** 1.45

RUC Recommendation: CPT Assistant article **CPT Action (if applicable):** **Result:**

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

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

Global: 010 **Issue:** **Screen:** MPC List **Complete?** No

Most Recent RUC Meeting: February 2011 **Tab** 41 **Specialty Developing Recommendation:** **First Identified:** October 2010 **2010 Medicare Utilization Data:** 4,800,111

2007 Work RVU: 0.62 **2012 Work RVU:** 0.65
2007 NF PE RVU: 1.08 **2012 NF PE RVU:** 1.65
2007 Fac PE RVU 0.59 **2012 Fac PE RVU:** 0.92

RUC Recommendation: Survey for work and PE for January 2013 RUC meeting. **CPT Action (if applicable):** **Result:** Maintain

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

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:** **Screen:** Low Value-Billed in Multiple Units / CMS High Expenditure Procedural Codes **Complete?** No

Most Recent RUC Meeting: February 2011 **Tab** 41 **Specialty Developing Recommendation:** **First Identified:** October 2010 **2010 Medicare Utilization Data:** 15,161,441

2007 Work RVU: 0.07 **2012 Work RVU:** 0.07
2007 NF PE RVU: 0.11 **2012 NF PE RVU:** 0.13
2007 Fac PE RVU 0.06 **2012 Fac PE RVU:** 0.05

RUC Recommendation: Survey for work and PE for January 2013 RUC meeting. **CPT Action (if applicable):** **Result:** Maintain

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

Status Report: CMS Requests and Relativity Assessment Issues

17004 **Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), premalignant lesions (eg, actinic keratoses), 15 or more lesions**

Global: 010 **Issue:** RAW review **Screen:** CMS High Expenditure Procedural Codes **Complete?** No

Most Recent RUC Meeting: January 2012 **Tab** 30 **Specialty Developing Recommendation:**

First Identified: September 2011 **2010 Medicare Utilization Data:** 740,858

2007 Work RVU: 1.82 **2012 Work RVU:** 1.85
2007 NF PE RVU: 2.33 **2012 NF PE RVU:** 2.93
2007 Fac PE RVU 1.54 **2012 Fac PE RVU:** 1.78

RUC Recommendation: Survey for work and PE for January 2013 RUC meeting.

CPT Action (if applicable):

Result:

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

17106 **Destruction of cutaneous vascular proliferative lesions (eg, laser technique); less than 10 sq cm**

Global: 090 **Issue:** Destruction of Skin Lesions **Screen:** High IWPUT **Complete?** Yes

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

First Identified: February 2008 **2010 Medicare Utilization Data:** 2,498

2007 Work RVU: 4.62 **2012 Work RVU:** 3.69
2007 NF PE RVU: 4.63 **2012 NF PE RVU:** 5.83
2007 Fac PE RVU 3.33 **2012 Fac PE RVU:** 3.90

RUC Recommendation: 3.61

CPT Action (if applicable):

Result: Decrease

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

17107 **Destruction of cutaneous vascular proliferative lesions (eg, laser technique); 10.0 to 50.0 sq cm**

Global: 090 **Issue:** Destruction of Skin Lesions **Screen:** High IWPUT **Complete?** Yes

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

First Identified: February 2008 **2010 Medicare Utilization Data:** 1,613

2007 Work RVU: 9.19 **2012 Work RVU:** 4.79
2007 NF PE RVU: 7.24 **2012 NF PE RVU:** 7.43
2007 Fac PE RVU 5.41 **2012 Fac PE RVU:** 4.89

RUC Recommendation: 4.68

CPT Action (if applicable):

Result: Decrease

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

Status Report: CMS Requests and Relativity Assessment Issues

17108 **Destruction of cutaneous vascular proliferative lesions (eg, laser technique); over 50.0 sq cm**

Global: 090 **Issue:** Destruction of Skin Lesions **Screen:** High IWPUT **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab** 11 **Specialty Developing Recommendation:** AAD **First Identified:** February 2008 **2010 Medicare Utilization Data:** 3,436

2007 Work RVU: 13.22 **2012 Work RVU:** 7.49
2007 NF PE RVU: 9.34 **2012 NF PE RVU:** 10.07
2007 Fac PE RVU 7.49 **2012 Fac PE RVU:** 6.74

RUC Recommendation: 6.37 **CPT Action (if applicable):** **Result:** Decrease

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

17261 **Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), trunk, arms or legs; lesion diameter 0.6 to 1.0 cm**

Global: 010 **Issue:** Destruction of Malignant Lesion **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 26 **Specialty Developing Recommendation:** AAD, AAFP **First Identified:** October 2009 **2010 Medicare Utilization Data:** 131,848

2007 Work RVU: 1.19 **2012 Work RVU:** 1.22
2007 NF PE RVU: 1.84 **2012 NF PE RVU:** 2.84
2007 Fac PE RVU 0.90 **2012 Fac PE RVU:** 1.32

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

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

17262 **Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), trunk, arms or legs; lesion diameter 1.1 to 2.0 cm**

Global: 010 **Issue:** Destruction of Malignant Lesion **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 26 **Specialty Developing Recommendation:** AAD, AAFP **First Identified:** February 2010 **2010 Medicare Utilization Data:** 202,301

2007 Work RVU: 1.60 **2012 Work RVU:** 1.63
2007 NF PE RVU: 2.13 **2012 NF PE RVU:** 3.29
2007 Fac PE RVU 1.09 **2012 Fac PE RVU:** 1.59

RUC Recommendation: 1.63 **CPT Action (if applicable):** **Result:** Maintain

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

Status Report: CMS Requests and Relativity Assessment Issues

17271 **Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), scalp, neck, hands, feet, genitalia; lesion diameter 0.6 to 1.0 cm**

Global: 010 **Issue:** Destruction of Malignant Lesion **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 26 **Specialty Developing Recommendation:** AAD, AAFP **First Identified:** February 2010 **2010 Medicare Utilization Data:** 57,313

2007 Work RVU: 1.51 **2012 Work RVU:** 1.54
2007 NF PE RVU: 2 **2012 NF PE RVU:** 3.05
2007 Fac PE RVU 1.05 **2012 Fac PE RVU:** 1.53

RUC Recommendation: 1.54 **CPT Action (if applicable):** **Result:** Maintain

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

17272 **Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), scalp, neck, hands, feet, genitalia; lesion diameter 1.1 to 2.0 cm**

Global: 010 **Issue:** Destruction of Malignant Lesion **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 26 **Specialty Developing Recommendation:** AAD, AAFP **First Identified:** February 2010 **2010 Medicare Utilization Data:** 71,623

2007 Work RVU: 1.79 **2012 Work RVU:** 1.82
2007 NF PE RVU: 2.24 **2012 NF PE RVU:** 3.41
2007 Fac PE RVU 1.18 **2012 Fac PE RVU:** 1.72

RUC Recommendation: 1.82 **CPT Action (if applicable):** **Result:** Maintain

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

17281 **Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 0.6 to 1.0 cm**

Global: 010 **Issue:** Destruction of Malignant Lesion **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 26 **Specialty Developing Recommendation:** AAD, AAFP **First Identified:** February 2010 **2010 Medicare Utilization Data:** 130,602

2007 Work RVU: 1.74 **2012 Work RVU:** 1.77
2007 NF PE RVU: 2.12 **2012 NF PE RVU:** 3.21
2007 Fac PE RVU 1.16 **2012 Fac PE RVU:** 1.68

RUC Recommendation: 1.77 **CPT Action (if applicable):** **Result:** Maintain

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

Status Report: CMS Requests and Relativity Assessment Issues

17282 **Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 1.1 to 2.0 cm**

Global: 010 **Issue:** Destruction of Malignant Lesion **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 26 **Specialty Developing Recommendation:** AAD, AAFP **First Identified:** October 2009 **2010 Medicare Utilization Data:** 107,468

2007 Work RVU: 2.06 **2012 Work RVU:** 2.09
2007 NF PE RVU: 2.41 **2012 NF PE RVU:** 3.63
2007 Fac PE RVU 1.31 **2012 Fac PE RVU:** 1.89

RUC Recommendation: 2.09 **CPT Action (if applicable):** **Result:** Maintain

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) (eg, hematoxylin and eosin, toluidine blue), head, neck, hands, feet, genitalia, or any location with surgery directly involving muscle, cartilage, bone, tendon, major nerves, or vessels; first stage, up to 5 tissue blocks**

Global: 000 **Issue:** RAW review **Screen:** CMS High Expenditure Procedural Codes **Complete?** No

Most Recent RUC Meeting: January 2012 **Tab** 30 **Specialty Developing Recommendation:** **First Identified:** September 2011 **2010 Medicare Utilization Data:** 514,703

2007 Work RVU: 6.20 **2012 Work RVU:** 6.2
2007 NF PE RVU: 10.79 **2012 NF PE RVU:** 12.43
2007 Fac PE RVU 3.16 **2012 Fac PE RVU:** 4.17

RUC Recommendation: Survey for work and PE for April 2013 RUC meeting. **CPT Action (if applicable):** **Result:**

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

17312 **Mohs micrographic technique, including removal of all gross tumor, surgical excision of tissue specimens, mapping, color coding of specimens, microscopic examination of specimens by the surgeon, and histopathologic preparation including routine stain(s) (eg, hematoxylin and eosin, toluidine blue), head, neck, hands, feet, genitalia, or any location with surgery directly involving muscle, cartilage, bone, tendon, major nerves, or vessels; each additional stage after the first stage, up to 5 tissue blocks (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** RAW review **Screen:** CMS High Expenditure Procedural Codes **Complete?** No

Most Recent RUC Meeting: January 2012 **Tab** 30 **Specialty Developing Recommendation:** **First Identified:** September 2011 **2010 Medicare Utilization Data:** 397,870

2007 Work RVU: 3.30 **2012 Work RVU:** 3.3
2007 NF PE RVU: 6.92 **2012 NF PE RVU:** 7.90
2007 Fac PE RVU 1.68 **2012 Fac PE RVU:** 2.22

RUC Recommendation: Survey for work and PE for April 2013 RUC meeting. **CPT Action (if applicable):** **Result:**

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

Status Report: CMS Requests and Relativity Assessment Issues

17313 **Mohs micrographic technique, including removal of all gross tumor, surgical excision of tissue specimens, mapping, color coding of specimens, microscopic examination of specimens by the surgeon, and histopathologic preparation including routine stain(s) (eg, hematoxylin and eosin, toluidine blue), of the trunk, arms, or legs; first stage, up to 5 tissue blocks**

Global: 000 **Issue:** RAW review **Screen:** CMS High Expenditure Procedural Codes **Complete?** No

Most Recent RUC Meeting: January 2012 **Tab** 30 **Specialty Developing Recommendation:** **First Identified:** January 2012 **2010 Medicare Utilization Data:** 77,795

2007 Work RVU: 5.56 **2012 Work RVU:** 5.56
2007 NF PE RVU: 9.95 **2012 NF PE RVU:** 11.45
2007 Fac PE RVU 2.83 **2012 Fac PE RVU:** 3.74

RUC Recommendation: Survey for work and PE for April 2013 RUC meeting. **CPT Action (if applicable):** **Result:**

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) (eg, hematoxylin and eosin, toluidine blue), of the trunk, arms, or legs; each additional stage after the first stage, up to 5 tissue blocks (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** RAW review **Screen:** CMS High Expenditure Procedural Codes **Complete?** No

Most Recent RUC Meeting: January 2012 **Tab** 30 **Specialty Developing Recommendation:** **First Identified:** January 2012 **2010 Medicare Utilization Data:** 42,948

2007 Work RVU: 3.06 **2012 Work RVU:** 3.06
2007 NF PE RVU: 6.41 **2012 NF PE RVU:** 7.32
2007 Fac PE RVU 1.55 **2012 Fac PE RVU:** 2.06

RUC Recommendation: Survey for work and PE for April 2013 RUC meeting. **CPT Action (if applicable):** **Result:**

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

17315 **Mohs micrographic technique, including removal of all gross tumor, surgical excision of tissue specimens, mapping, color coding of specimens, microscopic examination of specimens by the surgeon, and histopathologic preparation including routine stain(s) (eg, hematoxylin and eosin, toluidine blue), each additional block after the first 5 tissue blocks, any stage (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** RAW review **Screen:** CMS High Expenditure Procedural Codes **Complete?** No

Most Recent RUC Meeting: January 2012 **Tab** 30 **Specialty Developing Recommendation:** **First Identified:** January 2012 **2010 Medicare Utilization Data:** 22,459

2007 Work RVU: 0.87 **2012 Work RVU:** 0.87
2007 NF PE RVU: 1.15 **2012 NF PE RVU:** 1.35
2007 Fac PE RVU 0.44 **2012 Fac PE RVU:** 0.59

RUC Recommendation: Survey for work and PE for April 2013 RUC meeting. **CPT Action (if applicable):** **Result:**

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

Status Report: CMS Requests and Relativity Assessment Issues

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

Most Recent RUC Meeting: September 2007 **Tab** 16 **Specialty Developing Recommendation:** ACS **First Identified:** September 2007 **2010 Medicare Utilization Data:** 1,989

2007 Work RVU: 3.74 **2012 Work RVU:** 3.83
2007 NF PE RVU: 6.39 **2012 NF PE RVU:** 9.05
2007 Fac PE RVU 2.76 **2012 Fac PE RVU:** 4.24

RUC Recommendation: Reduce 99238 to 0.5, remove hospital visits **CPT Action (if applicable):** **Result:** PE Only
Referred to CPT Asst ☐ **Published in CPT Asst:**

19102 **Biopsy of breast; percutaneous, needle core, using imaging guidance** **Global:** 000 **Issue:** Breast Biopsy **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:** **First Identified:** January 2012 **2010 Medicare Utilization Data:**

2007 Work RVU: 2.00 **2012 Work RVU:**
2007 NF PE RVU: 3.68 **2012 NF PE RVU:**
2007 Fac PE RVU 0.64 **2012 Fac PE RVU:**

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

19103 **Biopsy of breast; percutaneous, automated vacuum assisted or rotating biopsy device, using imaging guidance** **Global:** 000 **Issue:** Breast Biopsy **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:** **First Identified:** January 2012 **2010 Medicare Utilization Data:**

2007 Work RVU: 3.69 **2012 Work RVU:**
2007 NF PE RVU: 11.01 **2012 NF PE RVU:**
2007 Fac PE RVU 1.18 **2012 Fac PE RVU:**

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

Status Report: CMS Requests and Relativity Assessment Issues

191XX1

Global: **Issue:** Breast Biopsy **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** No

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:** **First Identified:** January 2012 **2010 Medicare Utilization Data:**

2007 Work RVU: **2012 Work RVU:**
2007 NF PE RVU: **2012 NF PE RVU:**
2007 Fac PE RVU **2012 Fac PE RVU:**

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

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

191XX2

Global: **Issue:** Breast Biopsy **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** No

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:** **First Identified:** January 2012 **2010 Medicare Utilization Data:**

2007 Work RVU: **2012 Work RVU:**
2007 NF PE RVU: **2012 NF PE RVU:**
2007 Fac PE RVU **2012 Fac PE RVU:**

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

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

191XX3

Global: **Issue:** Breast Biopsy **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** No

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:** **First Identified:** January 2012 **2010 Medicare Utilization Data:**

2007 Work RVU: **2012 Work RVU:**
2007 NF PE RVU: **2012 NF PE RVU:**
2007 Fac PE RVU **2012 Fac PE RVU:**

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

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

Status Report: CMS Requests and Relativity Assessment Issues

191XX4

Global: **Issue:** Breast Biopsy **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** No

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:** **First Identified:** January 2012 **2010 Medicare Utilization Data:**

2007 Work RVU: **2012 Work RVU:**
2007 NF PE RVU: **2012 NF PE RVU:**
2007 Fac PE RVU **2012 Fac PE RVU:**

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

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

191XX5

Global: **Issue:** Breast Biopsy **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** No

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:** **First Identified:** January 2012 **2010 Medicare Utilization Data:**

2007 Work RVU: **2012 Work RVU:**
2007 NF PE RVU: **2012 NF PE RVU:**
2007 Fac PE RVU **2012 Fac PE RVU:**

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

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

191XX6

Global: **Issue:** Breast Biopsy **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** No

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:** **First Identified:** January 2012 **2010 Medicare Utilization Data:**

2007 Work RVU: **2012 Work RVU:**
2007 NF PE RVU: **2012 NF PE RVU:**
2007 Fac PE RVU **2012 Fac PE RVU:**

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

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:** 000 **Issue:** Breast Biopsy **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:** **First Identified:** January 2012 **2010 Medicare Utilization Data:**

2007 Work RVU: 1.27 **2012 Work RVU:**
2007 NF PE RVU: 2.81 **2012 NF PE RVU:**
2007 Fac PE RVU 0.41 **2012 Fac PE RVU:**

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

19291 **Preoperative placement of needle localization wire, breast; each additional lesion (List separately in addition to code for primary procedure)** **Global:** ZZZ **Issue:** Breast Biopsy **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:** **First Identified:** January 2012 **2010 Medicare Utilization Data:**

2007 Work RVU: 0.63 **2012 Work RVU:**
2007 NF PE RVU: 1.17 **2012 NF PE RVU:**
2007 Fac PE RVU 0.20 **2012 Fac PE RVU:**

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

19295 **Image guided placement, metallic localization clip, percutaneous, during breast biopsy/aspiration (List separately in addition to code for primary procedure)** **Global:** ZZZ **Issue:** Breast Biopsy **Screen:** CMS Fastest Growing / Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** **Specialty Developing Recommendation:** **First Identified:** October 2008 **2010 Medicare Utilization Data:** 131,626

2007 Work RVU: 0.00 **2012 Work RVU:** 0
2007 NF PE RVU: 2.57 **2012 NF PE RVU:** 2.67
2007 Fac PE RVU 2.02 **2012 Fac PE RVU:** NA

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

Status Report: CMS Requests and Relativity Assessment Issues

L929XX1

Global: **Issue:** Breast Biopsy **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** No

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:** **First Identified:** January 2012 **2010 Medicare Utilization Data:**

2007 Work RVU: **2012 Work RVU:**
2007 NF PE RVU: **2012 NF PE RVU:**
2007 Fac PE RVU **2012 Fac PE RVU:**

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

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

L929XX2

Global: **Issue:** Breast Biopsy **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** No

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:** **First Identified:** January 2012 **2010 Medicare Utilization Data:**

2007 Work RVU: **2012 Work RVU:**
2007 NF PE RVU: **2012 NF PE RVU:**
2007 Fac PE RVU **2012 Fac PE RVU:**

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

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

L929XX3

Global: **Issue:** Breast Biopsy **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** No

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:** **First Identified:** January 2012 **2010 Medicare Utilization Data:**

2007 Work RVU: **2012 Work RVU:**
2007 NF PE RVU: **2012 NF PE RVU:**
2007 Fac PE RVU **2012 Fac PE RVU:**

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

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

Status Report: CMS Requests and Relativity Assessment Issues

L929XX4

Global: **Issue:** Breast Biopsy **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** No

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:** **First Identified:** January 2012 **2010 Medicare Utilization Data:**

2007 Work RVU: **2012 Work RVU:**
2007 NF PE RVU: **2012 NF PE RVU:**
2007 Fac PE RVU **2012 Fac PE RVU:**

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

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

L929XX5

Global: **Issue:** Breast Biopsy **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** No

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:** **First Identified:** January 2012 **2010 Medicare Utilization Data:**

2007 Work RVU: **2012 Work RVU:**
2007 NF PE RVU: **2012 NF PE RVU:**
2007 Fac PE RVU **2012 Fac PE RVU:**

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

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

L929XX6

Global: **Issue:** Breast Biopsy **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** No

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:** **First Identified:** January 2012 **2010 Medicare Utilization Data:**

2007 Work RVU: **2012 Work RVU:**
2007 NF PE RVU: **2012 NF PE RVU:**
2007 Fac PE RVU **2012 Fac PE RVU:**

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

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

Status Report: CMS Requests and Relativity Assessment Issues

L929XX7

Global: **Issue:** Breast Biopsy **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** No

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:** **First Identified:** January 2012 **2010 Medicare Utilization Data:**

2007 Work RVU: **2012 Work RVU:**
2007 NF PE RVU: **2012 NF PE RVU:**
2007 Fac PE RVU **2012 Fac PE RVU:**

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

L929XX8

Global: **Issue:** Breast Biopsy **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** No

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:** **First Identified:** January 2012 **2010 Medicare Utilization Data:**

2007 Work RVU: **2012 Work RVU:**
2007 NF PE RVU: **2012 NF PE RVU:**
2007 Fac PE RVU **2012 Fac PE RVU:**

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

19318 **Reduction mammaplasty**

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

Most Recent RUC Meeting: September 2007 **Tab** 16 **Specialty Developing Recommendation:** ASPS **First Identified:** September 2007 **2010 Medicare Utilization Data:** 6,937

2007 Work RVU: 15.91 **2012 Work RVU:** 16.03
2007 NF PE RVU: NA **2012 NF PE RVU:** NA
2007 Fac PE RVU 10.94 **2012 Fac PE RVU:** 14.04

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

Status Report: CMS Requests and Relativity Assessment Issues

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

Global: 090 **Issue:** Insertion of Breast Prosthesis **Screen:** CMS Request **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 10 **Specialty Developing Recommendation:** ASPS **First Identified:** **2010 Medicare Utilization Data:** 2,623

2007 Work RVU: 6.32 **2012 Work RVU:** 13.99
2007 NF PE RVU: NA **2012 NF PE RVU:** NA
2007 Fac PE RVU 3.07 **2012 Fac PE RVU:** 11.36

RUC Recommendation: 13.99 **CPT Action (if applicable):** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

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

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

Most Recent RUC Meeting: February 2010 **Tab** 20 **Specialty Developing Recommendation:** ASPS **First Identified:** September 2007 **2010 Medicare Utilization Data:** 5,976

2007 Work RVU: 20.57 **2012 Work RVU:** 18.5
2007 NF PE RVU: NA **2012 NF PE RVU:** NA
2007 Fac PE RVU 15.69 **2012 Fac PE RVU:** 22.67

RUC Recommendation: 18.50 **CPT Action (if applicable):** October 2009 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

20000 **Deleted from CPT**

Global: 010 **Issue:** Incision of Abcess **Screen:** Site of Service Anomaly (99238-Only) **Complete?** Yes

Most Recent RUC Meeting: September 2007 **Tab** 16 **Specialty Developing Recommendation:** APMA, AAOS **First Identified:** September 2007 **2010 Medicare Utilization Data:** 5,753

2007 Work RVU: 2.14 **2012 Work RVU:**
2007 NF PE RVU: 2.71 **2012 NF PE RVU:**
2007 Fac PE RVU 1.68 **2012 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** June 2009 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

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

Global: 010 **Issue:** Incision of Deep Abscess **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: September 2007 **Tab** 16 **Specialty Developing Recommendation:** ACS, AAO-HNS **First Identified:** September 2007 **2010 Medicare Utilization Data:** 4,262

2007 Work RVU: 3.55 **2012 Work RVU:** 3.58
2007 NF PE RVU: 3.54 **2012 NF PE RVU:** 4.66
2007 Fac PE RVU 2.2 **2012 Fac PE RVU:** 2.62

RUC Recommendation: 3.55 **CPT Action (if applicable):** June 2009 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

20525 **Removal of foreign body in muscle or tendon sheath; deep or complicated** **Global:** 010 **Issue:** Removal of Foreign Body **Screen:** Site of Service Anomaly (99238-Only) **Complete?** Yes

Most Recent RUC Meeting: September 2007 **Tab** 16 **Specialty Developing Recommendation:** ACS, AAOS **First Identified:** September 2007 **2010 Medicare Utilization Data:** 1,815

2007 Work RVU: 3.51 **2012 Work RVU:** 3.54
2007 NF PE RVU: 8.62 **2012 NF PE RVU:** 10.01
2007 Fac PE RVU 2.52 **2012 Fac PE RVU:**3.17

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

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

20550 **Injection(s); single tendon sheath, or ligament, aponeurosis (eg, plantar "fascia")** **Global:** 000 **Issue:** Tendon Injections **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 38 **Specialty Developing Recommendation:** APMA, AAPM, AAOS **First Identified:** October 2008 **2010 Medicare Utilization Data:** 769,185

2007 Work RVU: 0.75 **2012 Work RVU:** 0.75
2007 NF PE RVU: 0.69 **2012 NF PE RVU:** 0.85
2007 Fac PE RVU 0.25 **2012 Fac PE RVU:**0.37

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

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

20551 **Injection(s); single tendon origin/insertion** **Global:** 000 **Issue:** RAW **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab** 51 **Specialty Developing Recommendation:** APMA, AAPM, AAOS **First Identified:** October 2008 **2010 Medicare Utilization Data:** 152,826

2007 Work RVU: 0.75 **2012 Work RVU:** 0.75
2007 NF PE RVU: 0.67 **2012 NF PE RVU:** 0.89
2007 Fac PE RVU 0.32 **2012 Fac PE RVU:**0.41

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

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

Status Report: CMS Requests and Relativity Assessment Issues

20600 **Arthrocentesis, aspiration and/or injection; small joint or bursa (eg, fingers, toes)**

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

Most Recent RUC Meeting: October 2010 **Tab** 09 **Specialty Developing Recommendation:** AAOS, ACRh, APMA, ASSH, AOFAS **First Identified:** February 2010 **2010 Medicare Utilization Data:** 396,910

2007 Work RVU: 0.66 **2012 Work RVU:** 0.66
2007 NF PE RVU: 0.66 **2012 NF PE RVU:** 0.86
2007 Fac PE RVU 0.34 **2012 Fac PE RVU:**0.40

RUC Recommendation: 0.66 and new PE inputs **CPT Action (if applicable):** **Result:** Maintain

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

20605 **Arthrocentesis, aspiration and/or injection; intermediate joint or bursa (eg, temporomandibular, acromioclavicular, wrist, elbow or ankle, olecranon bursa)**

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

Most Recent RUC Meeting: October 2010 **Tab** 09 **Specialty Developing Recommendation:** AAOS, ACRh, APMA, ASSH, AOFAS **First Identified:** October 2009 **2010 Medicare Utilization Data:** 499,253

2007 Work RVU: 0.68 **2012 Work RVU:** 0.68
2007 NF PE RVU: 0.76 **2012 NF PE RVU:** 0.92
2007 Fac PE RVU 0.35 **2012 Fac PE RVU:**0.43

RUC Recommendation: 0.68 and new PE inputs **CPT Action (if applicable):** **Result:** Maintain

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

20610 **Arthrocentesis, aspiration and/or injection; major joint or bursa (eg, shoulder, hip, knee joint, subacromial bursa)**

Global: 000 **Issue:** Arthrocentesis **Screen:** Harvard Valued - Utilization over 100,000 / MPC List / CMS High Expenditure Procedural Codes **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 39 **Specialty Developing Recommendation:** AAOS **First Identified:** February 2010 **2010 Medicare Utilization Data:** 5,973,805

2007 Work RVU: 0.79 **2012 Work RVU:** 0.79
2007 NF PE RVU: 0.98 **2012 NF PE RVU:** 1.14
2007 Fac PE RVU 0.42 **2012 Fac PE RVU:**0.55

RUC Recommendation: 0.79 and new PE inputs **CPT Action (if applicable):** **Result:** Maintain

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

Status Report: CMS Requests and Relativity Assessment Issues

20694 **Removal, under anesthesia, of external fixation system**

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

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

First Identified: September 2007 **2010 Medicare Utilization Data:** 5,351

2007 Work RVU: 4.20 **2012 Work RVU:** 4.28
2007 NF PE RVU: 6.69 **2012 NF PE RVU:** 7.42
2007 Fac PE RVU 3.92 **2012 Fac PE RVU:** 4.86

RUC Recommendation: Reduce 99238 to 0.5

CPT Action (if applicable):

Result: PE Only

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

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

Global: 000 **Issue:** Bone Graft Procedures **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab** 29 **Specialty Developing Recommendation:** AOFAS, AAOS

First Identified: September 2007 **2010 Medicare Utilization Data:** 3,008

2007 Work RVU: 5.77 **2012 Work RVU:** 3
2007 NF PE RVU: 8.65 **2012 NF PE RVU:** 8.83
2007 Fac PE RVU 5.5 **2012 Fac PE RVU:** 2.94

RUC Recommendation: 3.00

CPT Action (if applicable):

Result: Decrease

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

20902 **Bone graft, any donor area; major or large**

Global: 000 **Issue:** Bone Graft Procedures **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab** 29 **Specialty Developing Recommendation:** AOFAS, AAOS

First Identified: April 2008 **2010 Medicare Utilization Data:** 3,879

2007 Work RVU: 7.98 **2012 Work RVU:** 4.58
2007 NF PE RVU: NA **2012 NF PE RVU:** NA
2007 Fac PE RVU 6.63 **2012 Fac PE RVU:** 3.86

RUC Recommendation: 4.58

CPT Action (if applicable):

Result: Decrease

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

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

Global: 090 **Issue:** Tissue Grafts **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab** 31 **Specialty Developing Recommendation:** AAOS, AAO-HNS, AANS

First Identified: October 2008 **2010 Medicare Utilization Data:** 14,944

2007 Work RVU: 5.70 **2012 Work RVU:** 5.79
2007 NF PE RVU: NA **2012 NF PE RVU:** NA
2007 Fac PE RVU 4.67 **2012 Fac PE RVU:** 5.93

RUC Recommendation: Remove from screen

CPT Action (if applicable): October 2009

Result: Remove from Screen

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

Status Report: CMS Requests and Relativity Assessment Issues

21015 **Radical resection of tumor (eg, malignant neoplasm), soft tissue of face or scalp; less than 2 cm**

Global: 090 **Issue:** Radical Resection of Soft Tissue Tumor **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 6 **Specialty Developing Recommendation:** ACS, AAOS, AAO-HNS, ASPS **First Identified:** September 2007 **2010 Medicare Utilization Data:** 2,322

2007 Work RVU: 5.59 **2012 Work RVU:** 9.89
2007 NF PE RVU: NA **2012 NF PE RVU:** NA
2007 Fac PE RVU 4.85 **2012 Fac PE RVU:** 8.57

RUC Recommendation: 9.71 **CPT Action (if applicable):** June 2008 **Result:** Increase

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

21025 **Excision of bone (eg, for osteomyelitis or bone abscess); mandible**

Global: 090 **Issue:** Excision of Bone – Mandible **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 61 **Specialty Developing Recommendation:** AAOMS **First Identified:** September 2007 **2010 Medicare Utilization Data:** 1,407

2007 Work RVU: 11.07 **2012 Work RVU:** 10.03
2007 NF PE RVU: 12.32 **2012 NF PE RVU:** 14.64
2007 Fac PE RVU 9.21 **2012 Fac PE RVU:** 10.56

RUC Recommendation: 10.03 **CPT Action (if applicable):** **Result:** Decrease

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

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

Global: 090 **Issue:** Radical Resection of Soft Tissue Tumor **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 6 **Specialty Developing Recommendation:** ACS, AAOS **First Identified:** September 2007 **2010 Medicare Utilization Data:** 1,211

2007 Work RVU: 8.91 **2012 Work RVU:** 14.75
2007 NF PE RVU: NA **2012 NF PE RVU:** NA
2007 Fac PE RVU 5.13 **2012 Fac PE RVU:** 9.86

RUC Recommendation: 14.57 **CPT Action (if applicable):** June 2008 **Result:** Decrease

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

21935 **Radical resection of tumor (eg, malignant neoplasm), soft tissue of back or flank; less than 5 cm**

Global: 090 **Issue:** Radical Resection of Soft Tissue Tumor **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 6 **Specialty Developing Recommendation:** ACS, AAOS **First Identified:** September 2007 **2010 Medicare Utilization Data:** 822

2007 Work RVU: 18.38 **2012 Work RVU:** 15.72
2007 NF PE RVU: NA **2012 NF PE RVU:** NA
2007 Fac PE RVU 9.37 **2012 Fac PE RVU:** 11.43

RUC Recommendation: 15.54 **CPT Action (if applicable):** June 2008 **Result:** Decrease

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:** RAW **Screen:** CMS Fastest Growing **Complete?** No

Most Recent RUC Meeting: September 2011 **Tab** 51 **Specialty Developing Recommendation:** AAOS, NASS, AANS/CNS **First Identified:** October 2008 **2010 Medicare Utilization Data:** 2,051

2007 Work RVU: 20.77 **2012 Work RVU:** 21.02
2007 NF PE RVU: NA **2012 NF PE RVU:** NA
2007 Fac PE RVU 13.53 **2012 Fac PE RVU:** 17.45

RUC Recommendation: Review September 2014 **CPT Action (if applicable):** **Result:**
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: 010 **Issue:** Moderate Sedation PE Inputs **Screen:** CMS Request - Practice Expense Review / Codes Reported Together 75% or More-Part2 **Complete?** No

Most Recent RUC Meeting: February 2009 **Tab** 33 **Specialty Developing Recommendation:** ACR, NASS, ASNR, SIR, ASIPP, AANS/CNS **First Identified:** February 2009 **2010 Medicare Utilization Data:** 11,422

2007 Work RVU: 9.17 **2012 Work RVU:** 9.22
2007 NF PE RVU: 56.83 **2012 NF PE RVU:** 55.91
2007 Fac PE RVU 4.84 **2012 Fac PE RVU:** 4.78

RUC Recommendation: Refer to CPT to bundle. **CPT Action (if applicable):** CPT 2015 cycle **Result:**
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: 010 **Issue:** Moderate Sedation PE Inputs **Screen:** Site of Service Anomaly (99238-Only); CMS Request - PE Inputs / Codes Reported Together 75% or More-Part2 **Complete?** No

Most Recent RUC Meeting: February 2009 **Tab** 33 **Specialty Developing Recommendation:** ACR, ASNR, NASS, SIR **First Identified:** September 2007 **2010 Medicare Utilization Data:** 12,100

2007 Work RVU: 8.60 **2012 Work RVU:** 8.65
2007 NF PE RVU: 52.87 **2012 NF PE RVU:** 56.22
2007 Fac PE RVU 4.69 **2012 Fac PE RVU:** 4.67

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

Status Report: CMS Requests and Relativity Assessment Issues

22523 **Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device, 1 vertebral body, unilateral or bilateral cannulation (eg, kyphoplasty); thoracic**

Global: 010 **Issue:** Kyphoplasty **Screen:** CMS Request: PE Review **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab** 47 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** September 2011 **2010 Medicare Utilization Data:** 21,675

2007 Work RVU: 9.21 **2012 Work RVU:** 9.04
2007 NF PE RVU: NA **2012 NF PE RVU:** 214.36
2007 Fac PE RVU 5.6 **2012 Fac PE RVU:** 5.97

RUC Recommendation: New PE inputs **CPT Action (if applicable):** **Result:** PE Only

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: 010 **Issue:** Kyphoplasty **Screen:** CMS Request: PE Review **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab** 47 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** September 2011 **2010 Medicare Utilization Data:** 24,197

2007 Work RVU: 8.81 **2012 Work RVU:** 8.54
2007 NF PE RVU: NA **2012 NF PE RVU:** 213.19
2007 Fac PE RVU 5.4 **2012 Fac PE RVU:** 5.73

RUC Recommendation: New PE inputs **CPT Action (if applicable):** **Result:** PE Only

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

22525 **Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device, 1 vertebral body, unilateral or bilateral cannulation (eg, kyphoplasty); each additional thoracic or lumbar vertebral body (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Kyphoplasty **Screen:** CMS Request: PE Review **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab** 47 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** September 2011 **2010 Medicare Utilization Data:** 12,010

2007 Work RVU: 4.47 **2012 Work RVU:** 4.47
2007 NF PE RVU: NA **2012 NF PE RVU:** 134.31
2007 Fac PE RVU 2.12 **2012 Fac PE RVU:** 2.23

RUC Recommendation: New PE inputs **CPT Action (if applicable):** **Result:** PE Only

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

Status Report: CMS Requests and Relativity Assessment Issues

22533 **Arthrodesis, lateral extracavitary technique, including minimal discectomy to prepare interspace (other than for decompression); lumbar**

Global: 090 **Issue:** Arthrodesis **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab** 51 **Specialty Developing Recommendation:** AAOS, NASS, AANS/CNS **First Identified:** October 2008 **2010 Medicare Utilization Data:** 941

2007 Work RVU: 24.61 **2012 Work RVU:** 24.79
2007 NF PE RVU: NA **2012 NF PE RVU:** NA
2007 Fac PE RVU 13.57 **2012 Fac PE RVU:** 18.39

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

CPT Action (if applicable):

Result: Remove from Screen

Referred to CPT Asst ☑ **Published in CPT Asst:** Oct 2009

22551 **Arthrodesis, anterior interbody, including disc space preparation, discectomy, 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:** **2010 Medicare Utilization Data:**

2007 Work RVU: **2012 Work RVU:** 25
2007 NF PE RVU: **2012 NF PE RVU:** NA
2007 Fac PE RVU **2012 Fac PE RVU:** 18.46

RUC Recommendation: 24.50

CPT Action (if applicable): October 2009

Result: Decrease

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

22552 **Arthrodesis, anterior interbody, including disc space preparation, discectomy, osteophytectomy and decompression of spinal cord and/or nerve roots; cervical below C2, each additional interspace (List separately in addition to code for separate procedure)**

Global: ZZZ **Issue:** Arthrodesis **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab** 05 **Specialty Developing Recommendation:** NASS, AANS/CNS, AAOS **First Identified:** **2010 Medicare Utilization Data:**

2007 Work RVU: **2012 Work RVU:** 6.5
2007 NF PE RVU: **2012 NF PE RVU:** NA
2007 Fac PE RVU **2012 Fac PE RVU:** 3.41

RUC Recommendation: 6.50

CPT Action (if applicable): October 2009

Result: Maintain

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

Status Report: CMS Requests and Relativity Assessment Issues

22554 **Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); cervical below C2**

Global: 090 **Issue:** Arthrodesis **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab** 5 **Specialty Developing Recommendation:** NASS, AANS/CNS **First Identified:** February 2008 **2010 Medicare Utilization Data:** 34,259

2007 Work RVU: 17.54 **2012 Work RVU:** 17.69
2007 NF PE RVU: NA **2012 NF PE RVU:** NA
2007 Fac PE RVU 11.97 **2012 Fac PE RVU:**14.58

RUC Recommendation: 4.04 **CPT Action (if applicable):** October 2009 **Result:** Maintain

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

22585 **Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); each additional interspace (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Arthrodesis **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab** 05 **Specialty Developing Recommendation:** NASS, AANS/CNS **First Identified:** **2010 Medicare Utilization Data:** 36,908

2007 Work RVU: 5.52 **2012 Work RVU:** 5.52
2007 NF PE RVU: NA **2012 NF PE RVU:** NA
2007 Fac PE RVU 2.62 **2012 Fac PE RVU:**2.90

RUC Recommendation: Remove from screen **CPT Action (if applicable):** October 2009 **Result:** Maintain

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

22612 **Arthrodesis, posterior or posterolateral technique, single level; lumbar (with lateral transverse technique, when performed)**

Global: 090 **Issue:** Lumbar Arthrodesis **Screen:** Codes Reported Together 75% or More-Part1 / CMS High Expenditure Procedural Codes **Complete?** No

Most Recent RUC Meeting: January 2012 **Tab** 30 **Specialty Developing Recommendation:** AANS/CNS, AAOS, NASS **First Identified:** February 2010 **2010 Medicare Utilization Data:** 65,834

2007 Work RVU: 23.38 **2012 Work RVU:** 23.53
2007 NF PE RVU: NA **2012 NF PE RVU:** NA
2007 Fac PE RVU 13.83 **2012 Fac PE RVU:**17.38

RUC Recommendation: Review 3/4 2012 utilization data at the RAW in January 2013. The specialty socieites ability to survey will change as surgeons are able to understand correct coding. 23.53 **CPT Action (if applicable):** October 2010 **Result:** Maintain

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

Status Report: CMS Requests and Relativity Assessment Issues

22614 **Arthrodesis, posterior or posterolateral technique, single level; each additional vertebral segment (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Lumbar Arthrodesis **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 04 **Specialty Developing Recommendation:** AANS/CNS, AAOS, NASS **First Identified:** February 2010 **2010 Medicare Utilization Data:** 99,337

2007 Work RVU: 6.43 **2012 Work RVU:** 6.43
2007 NF PE RVU: NA **2012 NF PE RVU:** NA
2007 Fac PE RVU 3.15 **2012 Fac PE RVU:** 3.45

RUC Recommendation: 6.43 **CPT Action (if applicable):** **Result:** Decrease

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 **2010 Medicare Utilization Data:** 30,901

2007 Work RVU: 21.89 **2012 Work RVU:** 22.09
2007 NF PE RVU: NA **2012 NF PE RVU:** NA
2007 Fac PE RVU 13.39 **2012 Fac PE RVU:** 17.26

RUC Recommendation: 22.09 **CPT Action (if applicable):** October 2010 **Result:** Maintain

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; each additional interspace (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Lumbar Arthrodesis **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 04 **Specialty Developing Recommendation:** AANS/CNS, AAOS, NASS **First Identified:** February 2010 **2010 Medicare Utilization Data:** 11,473

2007 Work RVU: 5.22 **2012 Work RVU:** 5.22
2007 NF PE RVU: NA **2012 NF PE RVU:** NA
2007 Fac PE RVU 2.51 **2012 Fac PE RVU:** 2.79

RUC Recommendation: 5.22 **CPT Action (if applicable):** **Result:** Decrease

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 and segment; lumbar**

Global: 090 **Issue:** Lumbar Arthrodesis **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 04 **Specialty Developing Recommendation:** AANS/CNS, AAOS, NASS **First Identified:** February 2010 **2010 Medicare Utilization Data:**

2007 Work RVU: **2012 Work RVU:** 27.75
2007 NF PE RVU: **2012 NF PE RVU:** NA
2007 Fac PE RVU **2012 Fac PE RVU:** 19.69

RUC Recommendation: 27.75 **CPT Action (if applicable):** October 2010 **Result:** Decrease
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 and segment; each additional interspace and segment (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Lumbar Arthrodesis **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 04 **Specialty Developing Recommendation:** AANS/CNS, AAOS, NASS **First Identified:** February 2010 **2010 Medicare Utilization Data:**

2007 Work RVU: **2012 Work RVU:** 8.16
2007 NF PE RVU: **2012 NF PE RVU:** NA
2007 Fac PE RVU **2012 Fac PE RVU:** 4.37

RUC Recommendation: 8.16 **CPT Action (if applicable):** October 2010 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

22843 **Posterior segmental instrumentation (eg, pedicle fixation, dual rods with multiple hooks and sublaminar wires); 7 to 12 vertebral segments (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Spine Fixation Device **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 38 **Specialty Developing Recommendation:** AAOS, NASS, AANS **First Identified:** October 2008 **2010 Medicare Utilization Data:** 4,101

2007 Work RVU: 13.44 **2012 Work RVU:** 13.44
2007 NF PE RVU: NA **2012 NF PE RVU:** NA
2007 Fac PE RVU 6.28 **2012 Fac PE RVU:** 7.21

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

Status Report: CMS Requests and Relativity Assessment Issues

22849 **Reinsertion of spinal fixation device** **Global:** 090 **Issue:** Spinal Fixation **Screen:** CMS Fastest Growing **Complete?** No

Most Recent RUC Meeting: September 2011 **Tab** 51 **Specialty Developing Recommendation:** AAOS, NASS, AANS/CNS **First Identified:** October 2008 **2010 Medicare Utilization Data:** 3,836

2007 Work RVU: 19.08 **2012 Work RVU:** 19.17
2007 NF PE RVU: NA **2012 NF PE RVU:** NA
2007 Fac PE RVU 11.39 **2012 Fac PE RVU:** 14.16

RUC Recommendation: Review September 2014 **CPT Action (if applicable):** June 2010 **Result:**
Referred to CPT Asst ☐ **Published in CPT Asst:**

22851 **Application of intervertebral biomechanical device(s) (eg, synthetic cage(s), methylmethacrylate) to vertebral defect or interspace (List separately in addition to code for primary procedure)** **Global:** ZZZ **Issue:** Intervertebral Device **Screen:** CMS Fastest Growing / CMS High Expenditure Procedural Codes **Complete?** No

Most Recent RUC Meeting: January 2012 **Tab** 30 **Specialty Developing Recommendation:** NASS, AANS **First Identified:** October 2008 **2010 Medicare Utilization Data:** 93,182

2007 Work RVU: 6.70 **2012 Work RVU:** 6.7
2007 NF PE RVU: NA **2012 NF PE RVU:** NA
2007 Fac PE RVU 3.18 **2012 Fac PE RVU:** 3.57

RUC Recommendation: Review utilization October 2014. **CPT Action (if applicable):** October 2009 **Result:**
Referred to CPT Asst ☐ **Published in CPT Asst:**

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

Most Recent RUC Meeting: February 2009 **Tab** 5 **Specialty Developing Recommendation:** ACS, AAOS **First Identified:** September 2007 **2010 Medicare Utilization Data:** 1,471

2007 Work RVU: 6.14 **2012 Work RVU:** 8.32
2007 NF PE RVU: NA **2012 NF PE RVU:** NA
2007 Fac PE RVU 3.3 **2012 Fac PE RVU:** 6.07

RUC Recommendation: 8.21 **CPT Action (if applicable):** June 2008 **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

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

Most Recent RUC Meeting: February 2009 **Tab** 5 **Specialty Developing Recommendation:** ACS, AAOS **First Identified:** September 2007 **2010 Medicare Utilization Data:** 1,009

2007 Work RVU: 7.77 **2012 Work RVU:** 7.41
2007 NF PE RVU: NA **2012 NF PE RVU:** NA
2007 Fac PE RVU 5.5 **2012 Fac PE RVU:** 6.99

RUC Recommendation: 7.28 **CPT Action (if applicable):** June 2008 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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 **2010 Medicare Utilization Data:** 12,943

2007 Work RVU: 7.23 **2012 Work RVU:** 7.39
2007 NF PE RVU: NA **2012 NF PE RVU:** NA
2007 Fac PE RVU 6.22 **2012 Fac PE RVU:** 8.28

RUC Recommendation: 7.23 **CPT Action (if applicable):** **Result:** Maintain

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 **2010 Medicare Utilization Data:** 5,827

2007 Work RVU: 7.63 **2012 Work RVU:** 7.77
2007 NF PE RVU: NA **2012 NF PE RVU:** NA
2007 Fac PE RVU 6.88 **2012 Fac PE RVU:** 8.52

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

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

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

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

2007 Work RVU: 1.00 **2012 Work RVU:** 1
2007 NF PE RVU: 3.23 **2012 NF PE RVU:** 3.23
2007 Fac PE RVU 0.32 **2012 Fac PE RVU:** 0.39

RUC Recommendation: 1.00 **CPT Action (if applicable):** **Result:** Maintain

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

2007 Work RVU: 8.43 **2012 Work RVU:** 8.54
2007 NF PE RVU: NA **2012 NF PE RVU:** NA
2007 Fac PE RVU 6.69 **2012 Fac PE RVU:** 8.25

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

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

Status Report: CMS Requests and Relativity Assessment Issues

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

Most Recent RUC Meeting: February 2008 **Tab** 12 **Specialty Developing Recommendation:** AAOS **First Identified:** September 2007 **2010 Medicare Utilization Data:** 4,930

2007 Work RVU: 12.63 **2012 Work RVU:** 11.39
2007 NF PE RVU: NA **2012 NF PE RVU:** NA
2007 Fac PE RVU 9.02 **2012 Fac PE RVU:** 10.56

RUC Recommendation: 11.23 **CPT Action (if applicable):** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

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

Most Recent RUC Meeting: February 2008 **Tab** 12 **Specialty Developing Recommendation:** AAOS **First Identified:** September 2007 **2010 Medicare Utilization Data:** 22,578

2007 Work RVU: 13.55 **2012 Work RVU:** 11.93
2007 NF PE RVU: NA **2012 NF PE RVU:** NA
2007 Fac PE RVU 9.49 **2012 Fac PE RVU:** 10.87

RUC Recommendation: 11.77 **CPT Action (if applicable):** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

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

Most Recent RUC Meeting: October 2010 **Tab** 62 **Specialty Developing Recommendation:** AAOS **First Identified:** September 2007 **2010 Medicare Utilization Data:** 1,236

2007 Work RVU: 10.09 **2012 Work RVU:** 9.23
2007 NF PE RVU: NA **2012 NF PE RVU:** NA
2007 Fac PE RVU 7.65 **2012 Fac PE RVU:** 9.35

RUC Recommendation: 9.23 **CPT Action (if applicable):** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

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

Most Recent RUC Meeting: February 2008 **Tab** 12 **Specialty Developing Recommendation:** AAOS **First Identified:** September 2007 **2010 Medicare Utilization Data:** 9,620

2007 Work RVU: 14.75 **2012 Work RVU:** 13.54
2007 NF PE RVU: NA **2012 NF PE RVU:** NA
2007 Fac PE RVU 10.59 **2012 Fac PE RVU:** 12.31

RUC Recommendation: 13.35 **CPT Action (if applicable):** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

23430 **Tenodesis of long tendon of biceps** **Global:** 090 **Issue:** Tenodesis **Screen:** CMS Fastest Growing, Site of Service Anomaly (99238-Only) **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 12 **Specialty Developing Recommendation:** AAOS **First Identified:** September 2007 **2010 Medicare Utilization Data:** 8,515

2007 Work RVU: 10.05 **2012 Work RVU:** 10.17
2007 NF PE RVU: NA **2012 NF PE RVU:** NA
2007 Fac PE RVU 7.78 **2012 Fac PE RVU:** 9.78

RUC Recommendation: 10.17 **CPT Action (if applicable):** **Result:** Maintain

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

23440 **Resection or transplantation of long tendon of biceps** **Global:** 090 **Issue:** Tendon Transfer **Screen:** Site of Service Anomaly (99238-Only) **Complete?** Yes

Most Recent RUC Meeting: September 2007 **Tab** 16 **Specialty Developing Recommendation:** AAOS **First Identified:** September 2007 **2010 Medicare Utilization Data:** 1,849

2007 Work RVU: 10.53 **2012 Work RVU:** 10.64
2007 NF PE RVU: NA **2012 NF PE RVU:** NA
2007 Fac PE RVU 7.91 **2012 Fac PE RVU:** 9.51

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

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

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

Most Recent RUC Meeting: October 2008 **Tab** 26 **Specialty Developing Recommendation:** AAOS **First Identified:** October 2008 **2010 Medicare Utilization Data:** 24,416

2007 Work RVU: 22.47 **2012 Work RVU:** 22.65
2007 NF PE RVU: NA **2012 NF PE RVU:** NA
2007 Fac PE RVU 13.89 **2012 Fac PE RVU:** 16.97

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

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

Status Report: CMS Requests and Relativity Assessment Issues

23600 **Closed treatment of proximal humeral (surgical or anatomical neck) fracture; without manipulation**

Global: 090 **Issue:** Treatment of Humerus Fracture **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab** 14 **Specialty Developing Recommendation:** AAOS **First Identified:** April 2011 **2010 Medicare Utilization Data:** 36,584

2007 Work RVU: 3.00 **2012 Work RVU:** 3.11
2007 NF PE RVU: 4.43 **2012 NF PE RVU:** 5.72
2007 Fac PE RVU 3.58 **2012 Fac PE RVU:** 5.09

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

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

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

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

Most Recent RUC Meeting: October 2010 **Tab** 63 **Specialty Developing Recommendation:** ASSH, AAOS, ASPS **First Identified:** September 2007 **2010 Medicare Utilization Data:** 1,040

2007 Work RVU: 7.38 **2012 Work RVU:** 7.56
2007 NF PE RVU: NA **2012 NF PE RVU:** NA
2007 Fac PE RVU 12.13 **2012 Fac PE RVU:** 9.15

RUC Recommendation: 7.56 **CPT Action (if applicable):** **Result:** Maintain

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

25210 **Carpectomy; 1 bone**

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

Most Recent RUC Meeting: September 2007 **Tab** 16 **Specialty Developing Recommendation:** AAOS **First Identified:** September 2007 **2010 Medicare Utilization Data:** 1,707

2007 Work RVU: 6.01 **2012 Work RVU:** 6.12
2007 NF PE RVU: NA **2012 NF PE RVU:** NA
2007 Fac PE RVU 6.49 **2012 Fac PE RVU:** 7.19

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

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

Status Report: CMS Requests and Relativity Assessment Issues

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

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

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

2007 Work RVU: 7.89 **2012 Work RVU:** 8.04
2007 NF PE RVU: NA **2012 NF PE RVU:** NA
2007 Fac PE RVU 12.30 **2012 Fac PE RVU:** 9.43

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

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

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

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

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

2007 Work RVU: 7.28 **2012 Work RVU:** 7.39
2007 NF PE RVU: NA **2012 NF PE RVU:** NA
2007 Fac PE RVU 11.6 **2012 Fac PE RVU:** 8.32

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

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

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

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

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

2007 Work RVU: 8.26 **2012 Work RVU:** 8.08
2007 NF PE RVU: NA **2012 NF PE RVU:** NA
2007 Fac PE RVU 11.99 **2012 Fac PE RVU:** 9.12

RUC Recommendation: 7.94 **CPT Action (if applicable):** **Result:** Decrease

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

26080 **Arthrotomy, with exploration, drainage, or removal of loose or foreign body; interphalangeal joint, each**

Global: 090 **Issue:** RAW **Screen:** Site of Service Anomaly **Complete?** No

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

2007 Work RVU: 4.36 **2012 Work RVU:** 4.47
2007 NF PE RVU: NA **2012 NF PE RVU:** NA
2007 Fac PE RVU 4.73 **2012 Fac PE RVU:** 6.11

RUC Recommendation: Re-review October 2014. **CPT Action (if applicable):** **Result:**

Referred to CPT Asst ☑ **Published in CPT Asst:** Published Sept 201

Status Report: CMS Requests and Relativity Assessment Issues

26356 **Repair or advancement, flexor tendon, in zone 2 digital flexor tendon sheath (eg, no man's land); primary, without free graft, each tendon**

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

Most Recent RUC Meeting: September 2007 **Tab** 16 **Specialty Developing Recommendation:** AAOS **First Identified:** September 2007 **2010 Medicare Utilization Data:** 1,138

2007 Work RVU: 10.22 **2012 Work RVU:** 10.62
2007 NF PE RVU: NA **2012 NF PE RVU:** NA
2007 Fac PE RVU 17.22 **2012 Fac PE RVU:** 19.40

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

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

26480 **Transfer or transplant of tendon, carpometacarpal area or dorsum of hand; without free graft, each tendon**

Global: 090 **Issue:** Tendon Transfer **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 26 **Specialty Developing Recommendation:** AAOS, ASSH **First Identified:** October 2008 **2010 Medicare Utilization Data:** 4,614

2007 Work RVU: 6.76 **2012 Work RVU:** 6.9
2007 NF PE RVU: NA **2012 NF PE RVU:** NA
2007 Fac PE RVU 13.68 **2012 Fac PE RVU:** 13.91

RUC Recommendation: 6.76 **CPT Action (if applicable):** **Result:** Maintain

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

27048 **Excision, tumor, soft tissue of pelvis and hip area, subfascial (eg, intramuscular); less than 5 cm**

Global: 090 **Issue:** Excision of Subfascial Soft Tissue Tumor Codes **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 05 **Specialty Developing Recommendation:** ACS, AAOS **First Identified:** September 2007 **2010 Medicare Utilization Data:** 579

2007 Work RVU: 6.44 **2012 Work RVU:** 8.85
2007 NF PE RVU: NA **2012 NF PE RVU:** NA
2007 Fac PE RVU 4.76 **2012 Fac PE RVU:** 7.03

RUC Recommendation: 8.74 **CPT Action (if applicable):** June 2008 **Result:** Increase

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

27062 **Excision; trochanteric bursa or calcification**

Global: 090 **Issue:** Trochanteric Bursa Excision **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab** 32 **Specialty Developing Recommendation:** AAOS **First Identified:** September 2007 **2010 Medicare Utilization Data:** 1,297

2007 Work RVU: 5.66 **2012 Work RVU:** 5.75
2007 NF PE RVU: NA **2012 NF PE RVU:** NA
2007 Fac PE RVU 5.05 **2012 Fac PE RVU:** 6.45

RUC Recommendation: 5.66 **CPT Action (if applicable):** **Result:** Maintain

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

Status Report: CMS Requests and Relativity Assessment Issues

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

Most Recent RUC Meeting: April 2011 **Tab** 06 **Specialty Developing Recommendation:** AAPM, AAPMR, ASA, ASIPP, ISIS, NASS **First Identified:** October 2009 **2010 Medicare Utilization Data:** 301,238

2007 Work RVU: 1.40 **2012 Work RVU:** 1.48
2007 NF PE RVU: 3.88 **2012 NF PE RVU:** 3.43
2007 Fac PE RVU 0.33 **2012 Fac PE RVU:**0.80

RUC Recommendation: 1.48 **CPT Action (if applicable):** February 2011 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

27130 **Arthroplasty, acetabular and proximal femoral prosthetic replacement (total hip arthroplasty), with or without autograft or allograft** **Global:** 090 **Issue:** RAW review **Screen:** CMS High Expenditure Procedural Codes **Complete?** No

Most Recent RUC Meeting: January 2012 **Tab** 30 **Specialty Developing Recommendation:** **First Identified:** September 2011 **2010 Medicare Utilization Data:** 113,828

2007 Work RVU: 21.61 **2012 Work RVU:** 21.79
2007 NF PE RVU: NA **2012 NF PE RVU:** NA
2007 Fac PE RVU 12.96 **2012 Fac PE RVU:**16.39

RUC Recommendation: Survey for work and PE for the January 2013 RUC meeting. **CPT Action (if applicable):** **Result:**
Referred to CPT Asst ☐ **Published in CPT Asst:**

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

Most Recent RUC Meeting: October 2012 **Tab** 16 **Specialty Developing Recommendation:** AAOS **First Identified:** September 2011 **2010 Medicare Utilization Data:** 66,351

2007 Work RVU: 17.43 **2012 Work RVU:** 17.61
2007 NF PE RVU: NA **2012 NF PE RVU:** NA
2007 Fac PE RVU 10.85 **2012 Fac PE RVU:**14.10

RUC Recommendation: 17.61 **CPT Action (if applicable):** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

27244 **Treatment of intertrochanteric, peritrochanteric, or subtrochanteric femoral fracture; with plate/screw type implant, with or without cerclage**

Global: 090 **Issue:** Treat Thigh Fracture **Screen:** High IWPUT **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab** 12 **Specialty Developing Recommendation:** AAOS **First Identified:** April 2008 **2010 Medicare Utilization Data:** 21,789

2007 Work RVU: 17.08 **2012 Work RVU:** 18.18
2007 NF PE RVU: NA **2012 NF PE RVU:** NA
2007 Fac PE RVU 10.91 **2012 Fac PE RVU:** 14.43

RUC Recommendation: 18.00 **CPT Action (if applicable):** **Result:** Increase

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 **2010 Medicare Utilization Data:** 71,936

2007 Work RVU: 21.09 **2012 Work RVU:** 18.18
2007 NF PE RVU: NA **2012 NF PE RVU:** NA
2007 Fac PE RVU 13.19 **2012 Fac PE RVU:** 14.63

RUC Recommendation: 18.00 **CPT Action (if applicable):** **Result:** Decrease

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 **2010 Medicare Utilization Data:** 3,120

2007 Work RVU: 7.21 **2012 Work RVU:** 3.82
2007 NF PE RVU: NA **2012 NF PE RVU:** NA
2007 Fac PE RVU 4.54 **2012 Fac PE RVU:** 1.19

RUC Recommendation: 3.82 **CPT Action (if applicable):** **Result:** Decrease

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

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

Global: 090 **Issue:** Soft Tissue Biopsy **Screen:** Site of Service Anomaly (99238-Only) **Complete?** Yes

Most Recent RUC Meeting: September 2007 **Tab** 16 **Specialty Developing Recommendation:** ACS, AAOS **First Identified:** September 2007 **2010 Medicare Utilization Data:** 931

2007 Work RVU: 4.95 **2012 Work RVU:** 5.04
2007 NF PE RVU: NA **2012 NF PE RVU:** NA
2007 Fac PE RVU 4.1 **2012 Fac PE RVU:** 5.37

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

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

Status Report: CMS Requests and Relativity Assessment Issues

27370 **Injection procedure for knee arthrography** **Global:** 000 **Issue:** Injection for Knee Arthrography **Screen:** High Volume Growth / CMS Fastest Growing **Complete?** No

Most Recent RUC Meeting: October 2009 **Tab** 40 **Specialty Developing Recommendation:** AAOS, ACR **First Identified:** February 2008 **2010 Medicare Utilization Data:** 21,440

2007 Work RVU: 0.96 **2012 Work RVU:** 0.96
2007 NF PE RVU: 3.47 **2012 NF PE RVU:** 3.97
2007 Fac PE RVU 0.32 **2012 Fac PE RVU:**0.46

RUC Recommendation: CPT Assistant Article **CPT Action (if applicable):** **Result:**

Referred to CPT Asst ☑ **Published in CPT Asst:** ACR clinical examp

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27446 **Arthroplasty, knee, condyle and plateau; medial OR lateral compartment** **Global:** 090 **Issue:** **Screen:** CMS High Expenditure Procedural Codes / Harvard-Valued with Annual Allowed Charges Greater than $10 million **Complete?** No

Most Recent RUC Meeting: January 2012 **Tab** 30 **Specialty Developing Recommendation:** **First Identified:** September 2011 **2010 Medicare Utilization Data:**

2007 Work RVU: 16.26 **2012 Work RVU:**
2007 NF PE RVU: NA **2012 NF PE RVU:**
2007 Fac PE RVU 10.81 **2012 Fac PE RVU:**

RUC Recommendation: Survey for work and PE for the January 2013 RUC meeting. **CPT Action (if applicable):** **Result:**

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:** RAW review **Screen:** CMS High Expenditure Procedural Codes **Complete?** No

Most Recent RUC Meeting: January 2012 **Tab** 30 **Specialty Developing Recommendation:** **First Identified:** September 2011 **2010 Medicare Utilization Data:** 270,073

2007 Work RVU: 23.04 **2012 Work RVU:** 23.25
2007 NF PE RVU: NA **2012 NF PE RVU:** NA
2007 Fac PE RVU 14.14 **2012 Fac PE RVU:**17.55

RUC Recommendation: Survey for work and PE for the January 2013 RUC meeting. **CPT Action (if applicable):** **Result:**

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

Status Report: CMS Requests and Relativity Assessment Issues

27615 **Radical resection of tumor (eg, malignant neoplasm), 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 **2010 Medicare Utilization Data:** 694

2007 Work RVU: 12.93 **2012 Work RVU:** 15.72
2007 NF PE RVU: NA **2012 NF PE RVU:** NA
2007 Fac PE RVU 9.07 **2012 Fac PE RVU:** 11.28

RUC Recommendation: 15.54 **CPT Action (if applicable):** June 2008 **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

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

Most Recent RUC Meeting: February 2009 **Tab** 5 **Specialty Developing Recommendation:** ACS, AAOS **First Identified:** September 2007 **2010 Medicare Utilization Data:** 799

2007 Work RVU: 8.47 **2012 Work RVU:** 6.91
2007 NF PE RVU: 9.65 **2012 NF PE RVU:** NA
2007 Fac PE RVU 5.79 **2012 Fac PE RVU:** 6.21

RUC Recommendation: 6.80 **CPT Action (if applicable):** June 2008 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

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

Most Recent RUC Meeting: February 2008 **Tab** 19 **Specialty Developing Recommendation:** AOFAS, AAOS **First Identified:** September 2007 **2010 Medicare Utilization Data:** 1,499

2007 Work RVU: 12.10 **2012 Work RVU:** 12.24
2007 NF PE RVU: NA **2012 NF PE RVU:** NA
2007 Fac PE RVU 9.79 **2012 Fac PE RVU:** 10.32

RUC Recommendation: 12.10 **CPT Action (if applicable):** June 2008 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

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

Most Recent RUC Meeting: February 2008 **Tab** 19 **Specialty Developing Recommendation:** AOFAS, AAOS **First Identified:** February 2008 **2010 Medicare Utilization Data:** 821

2007 Work RVU: 9.73 **2012 Work RVU:** 9.84
2007 NF PE RVU: NA **2012 NF PE RVU:** NA
2007 Fac PE RVU 7.96 **2012 Fac PE RVU:** 8.29

RUC Recommendation: 9.72 **CPT Action (if applicable):** June 2008 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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

Most Recent RUC Meeting: February 2008 **Tab** 20 **Specialty Developing Recommendation:** AAOS, AOFAS, APMA **First Identified:** September 2007 **2010 Medicare Utilization Data:** 1,901

2007 Work RVU: 9.94 **2012 Work RVU:** 9.21
2007 NF PE RVU: NA **2012 NF PE RVU:** NA
2007 Fac PE RVU 7.22 **2012 Fac PE RVU:** 8.91

RUC Recommendation: 9.00 **CPT Action (if applicable):** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

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

Most Recent RUC Meeting: April 2008 **Tab** 33 **Specialty Developing Recommendation:** AOFAS, APMA, AAOS **First Identified:** September 2007 **2010 Medicare Utilization Data:** 1,663

2007 Work RVU: 10.32 **2012 Work RVU:** 10.53
2007 NF PE RVU: NA **2012 NF PE RVU:** NA
2007 Fac PE RVU 6.86 **2012 Fac PE RVU:** 8.82

RUC Recommendation: 10.32 **CPT Action (if applicable):** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

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

Most Recent RUC Meeting: September 2007 **Tab** 16 **Specialty Developing Recommendation:** AAOS **First Identified:** September 2007 **2010 Medicare Utilization Data:** 3,481

2007 Work RVU: 6.57 **2012 Work RVU:** 6.69
2007 NF PE RVU: 7.68 **2012 NF PE RVU:** 11.62
2007 Fac PE RVU 5.26 **2012 Fac PE RVU:** 6.07

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

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

Most Recent RUC Meeting: September 2007 **Tab** 16 **Specialty Developing Recommendation:** AAOS **First Identified:** September 2007 **2010 Medicare Utilization Data:** 3,762

2007 Work RVU: 6.30 **2012 Work RVU:** 6.41
2007 NF PE RVU: NA **2012 NF PE RVU:** NA
2007 Fac PE RVU 5.12 **2012 Fac PE RVU:** 6.05

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

Status Report: CMS Requests and Relativity Assessment Issues

27690 **Transfer or transplant of single tendon (with muscle redirection or rerouting); superficial (eg, anterior tibial extensors into midfoot)**

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

Most Recent RUC Meeting: April 2008 **Tab** 34 **Specialty Developing Recommendation:** AOFAS, APMA, AAOS **First Identified:** September 2007 **2010 Medicare Utilization Data:** 1,847

2007 Work RVU: 8.96 **2012 Work RVU:** 9.17
2007 NF PE RVU: NA **2012 NF PE RVU:** NA
2007 Fac PE RVU 6.15 **2012 Fac PE RVU:** 8.11

RUC Recommendation: 8.96 **CPT Action (if applicable):** **Result:** Maintain

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

27691 **Transfer or transplant of single tendon (with muscle redirection or rerouting); deep (eg, anterior tibial or posterior tibial through interosseous space, flexor digitorum longus, flexor hallucis longus, or peroneal tendon to midfoot or hindfoot)**

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

Most Recent RUC Meeting: April 2008 **Tab** 34 **Specialty Developing Recommendation:** AOFAS, APMA, AAOS **First Identified:** September 2007 **2010 Medicare Utilization Data:** 3,022

2007 Work RVU: 10.28 **2012 Work RVU:** 10.49
2007 NF PE RVU: NA **2012 NF PE RVU:** NA
2007 Fac PE RVU 7.51 **2012 Fac PE RVU:** 9.80

RUC Recommendation: 10.28 **CPT Action (if applicable):** **Result:** Maintain

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

27792 **Open treatment of distal fibular fracture (lateral malleolus), includes internal fixation, when performed**

Global: 090 **Issue:** Treatment of Ankle Fracture **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 18 **Specialty Developing Recommendation:** AAOS, AOFAS, **First Identified:** June 2010 **2010 Medicare Utilization Data:** 6,387

2007 Work RVU: 7.91 **2012 Work RVU:** 8.75
2007 NF PE RVU: NA **2012 NF PE RVU:** NA
2007 Fac PE RVU 6.71 **2012 Fac PE RVU:** 8.88

RUC Recommendation: 9.71 **CPT Action (if applicable):** **Result:** Maintain

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

Status Report: CMS Requests and Relativity Assessment Issues

27818 **Closed treatment of trimalleolar ankle fracture; with manipulation**

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

Most Recent RUC Meeting: September 2007 **Tab** 16 **Specialty Developing Recommendation:** AAOS **First Identified:** September 2007 **2010 Medicare Utilization Data:** 2,091

2007 Work RVU: 5.57 **2012 Work RVU:** 5.69
2007 NF PE RVU: 6.14 **2012 NF PE RVU:** 7.47
2007 Fac PE RVU 5 **2012 Fac PE RVU:** 6.06

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

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 **2010 Medicare Utilization Data:** 1,002

2007 Work RVU: 5.06 **2012 Work RVU:** 5.15
2007 NF PE RVU: 6.55 **2012 NF PE RVU:** 9.05
2007 Fac PE RVU 3.58 **2012 Fac PE RVU:** 4.06

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

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

28118 **Ostectomy, calcaneus;**

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

Most Recent RUC Meeting: September 2007 **Tab** 16 **Specialty Developing Recommendation:** APMA, AAOS **First Identified:** September 2007 **2010 Medicare Utilization Data:** 1,951

2007 Work RVU: 6.02 **2012 Work RVU:** 6.13
2007 NF PE RVU: 6.68 **2012 NF PE RVU:** 10.35
2007 Fac PE RVU 4.28 **2012 Fac PE RVU:** 5.24

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

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

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

Global: 090 **Issue:** Removal of Foot Bone **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 19 **Specialty Developing Recommendation:** AOFAS, APMA, AAOS **First Identified:** September 2007 **2010 Medicare Utilization Data:** 4,402

2007 Work RVU: 5.64 **2012 Work RVU:** 7.31
2007 NF PE RVU: 7.5 **2012 NF PE RVU:** 11.30
2007 Fac PE RVU 4.31 **2012 Fac PE RVU:** 6.09

RUC Recommendation: 8.27 **CPT Action (if applicable):** **Result:** Increase

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

Status Report: CMS Requests and Relativity Assessment Issues

28122 **Partial excision (craterization, saucerization, sequestrectomy, or diaphysectomy) bone (eg, osteomyelitis or bossing); tarsal or metatarsal bone, except talus or calcaneus**

Global: 090 **Issue:** Removal of Foot Bone **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 19 **Specialty Developing Recommendation:** AOFAS, APMA, AAOS **First Identified:** September 2007 **2010 Medicare Utilization Data:** 11,673

2007 Work RVU: 7.56 **2012 Work RVU:** 6.76
2007 NF PE RVU: 7.27 **2012 NF PE RVU:** 10.27
2007 Fac PE RVU 5.17 **2012 Fac PE RVU:** 5.69

RUC Recommendation: 7.72 **CPT Action (if applicable):** **Result:** Maintain

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

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

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

Most Recent RUC Meeting: September 2007 **Tab** 16 **Specialty Developing Recommendation:** APMA, AAOS **First Identified:** September 2007 **2010 Medicare Utilization Data:** 14,081

2007 Work RVU: 4.88 **2012 Work RVU:** 5
2007 NF PE RVU: 5.46 **2012 NF PE RVU:** 8.44
2007 Fac PE RVU 3.62 **2012 Fac PE RVU:** 4.28

RUC Recommendation: Remove 99238 **CPT Action (if applicable):** **Result:** PE Only

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

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

Global: 090 **Issue:** Orthopaedic Surgery/Podiatry **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 31 **Specialty Developing Recommendation:** AAOS, AOFAS, APMA **First Identified:** February 2010 **2010 Medicare Utilization Data:** 85,690

2007 Work RVU: 4.65 **2012 Work RVU:** 5.62
2007 NF PE RVU: 5.34 **2012 NF PE RVU:** 9.16
2007 Fac PE RVU 3.42 **2012 Fac PE RVU:** 4.73

RUC Recommendation: 5.62 **CPT Action (if applicable):** **Result:** Increase

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

28296 **Correction, hallux valgus (bunion), with or without sesamoidectomy; with metatarsal osteotomy (eg, Mitchell, Chevron, or concentric type procedures)**

Global: 090 **Issue:** Hallus Valgus Correction **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2008 **Tab** 23 **Specialty Developing Recommendation:** AAOS, AOFAS, APMA **First Identified:** September 2007 **2010 Medicare Utilization Data:** 17,220

2007 Work RVU: 9.31 **2012 Work RVU:** 8.35
2007 NF PE RVU: 8.54 **2012 NF PE RVU:** 11.81
2007 Fac PE RVU 5.29 **2012 Fac PE RVU:** 6.26

RUC Recommendation: 8.16 **CPT Action (if applicable):** **Result:** Decrease

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

Status Report: CMS Requests and Relativity Assessment Issues

28298 **Correction, hallux valgus (bunion), with or without sesamoidectomy; by phalanx osteotomy**

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

Most Recent RUC Meeting: September 2007 **Tab** 16 **Specialty Developing Recommendation:** APMA, AAOS **First Identified:** September 2007 **2010 Medicare Utilization Data:** 2,409

2007 Work RVU: 8.01 **2012 Work RVU:** 8.13
2007 NF PE RVU: 7.74 **2012 NF PE RVU:** 11.94
2007 Fac PE RVU 4.91 **2012 Fac PE RVU:** 5.83

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

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 **2010 Medicare Utilization Data:** 2,263

2007 Work RVU: 9.61 **2012 Work RVU:** 9.73
2007 NF PE RVU: NA **2012 NF PE RVU:** NA
2007 Fac PE RVU 6.81 **2012 Fac PE RVU:** 8.08

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

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

28310 **Osteotomy, shortening, angular or rotational correction; proximal phalanx, first toe (separate procedure)**

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

Most Recent RUC Meeting: September 2007 **Tab** 16 **Specialty Developing Recommendation:** APMA, AAOS **First Identified:** September 2007 **2010 Medicare Utilization Data:** 2,214

2007 Work RVU: 5.48 **2012 Work RVU:** 5.57
2007 NF PE RVU: 6.2 **2012 NF PE RVU:** 9.59
2007 Fac PE RVU 3.53 **2012 Fac PE RVU:** 4.28

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

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

28470 **Closed treatment of metatarsal fracture; without manipulation, each**

Global: 090 **Issue:** Treatment of Metatarsal Fracture **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab** 15 **Specialty Developing Recommendation:** AAOS, APMA, AOFAS **First Identified:** April 2011 **2010 Medicare Utilization Data:** 39,926

2007 Work RVU: 1.99 **2012 Work RVU:** 2.03
2007 NF PE RVU: 3.05 **2012 NF PE RVU:** 3.85
2007 Fac PE RVU 2.43 **2012 Fac PE RVU:** 3.23

RUC Recommendation: 2.03 **CPT Action (if applicable):** **Result:** Maintain

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

Status Report: CMS Requests and Relativity Assessment Issues

28725 **Arthrodesis; subtalar** **Global:** 090 **Issue:** Foot Arthrodesis **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 20 **Specialty Developing Recommendation:** AOFAS, APMA, AAOS **First Identified:** September 2007 **2010 Medicare Utilization Data:** 2,928

2007 Work RVU: 11.97 **2012 Work RVU:** 11.22
2007 NF PE RVU: NA **2012 NF PE RVU:** NA
2007 Fac PE RVU 7.93 **2012 Fac PE RVU:** 9.70

RUC Recommendation: 12.18 **CPT Action (if applicable):** **Result:** Maintain
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 **2010 Medicare Utilization Data:** 1,985

2007 Work RVU: 12.21 **2012 Work RVU:** 10.7
2007 NF PE RVU: NA **2012 NF PE RVU:** NA
2007 Fac PE RVU 8.32 **2012 Fac PE RVU:** 9.52

RUC Recommendation: 12.42 **CPT Action (if applicable):** **Result:** Maintain
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 **2010 Medicare Utilization Data:** 2,366

2007 Work RVU: 9.09 **2012 Work RVU:** 9.29
2007 NF PE RVU: 10.89 **2012 NF PE RVU:** 14.44
2007 Fac PE RVU 6.37 **2012 Fac PE RVU:** 7.86

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

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

Most Recent RUC Meeting: February 2011 **Tab** 21 **Specialty Developing Recommendation:** AOFAS, ACS, APMA, AAOS, SVS **First Identified:** September 2007 **2010 Medicare Utilization Data:** 9,855

2007 Work RVU: 3.71 **2012 Work RVU:** 5.37
2007 NF PE RVU: 7.04 **2012 NF PE RVU:** 10.06
2007 Fac PE RVU 3.4 **2012 Fac PE RVU:** 5.00

RUC Recommendation: 6.01 **CPT Action (if applicable):** **Result:** Increase
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 **2010 Medicare Utilization Data:** 72,132

2007 Work RVU: 0.77 **2012 Work RVU:** 0.77
2007 NF PE RVU: 1.25 **2012 NF PE RVU:** 1.72
2007 Fac PE RVU 0.68 **2012 Fac PE RVU:** 0.92

RUC Recommendation: 0.77 **CPT Action (if applicable):** **Result:** Maintain

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

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

Most Recent RUC Meeting: April 2008 **Tab** 57 **Specialty Developing Recommendation:** AAFP **First Identified:** February 2008 **2010 Medicare Utilization Data:**

2007 Work RVU: 0.64 **2012 Work RVU:**
2007 NF PE RVU: 0.69 **2012 NF PE RVU:**
2007 Fac PE RVU 0.38 **2012 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** October 2008 **Result:** Deleted from CPT

Referred to CPT Asst ☑ **Published in CPT Asst:** Deleted from CPT,

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

Most Recent RUC Meeting: April 2010 **Tab** 34 **Specialty Developing Recommendation:** APMA **First Identified:** October 2009 **2010 Medicare Utilization Data:** 301,288

2007 Work RVU: 0.51 **2012 Work RVU:** 0.39
2007 NF PE RVU: 0.45 **2012 NF PE RVU:** 0.65
2007 Fac PE RVU 0.31 **2012 Fac PE RVU:** 0.35

RUC Recommendation: 0.39 **CPT Action (if applicable):** **Result:** Decrease

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

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

Most Recent RUC Meeting: April 2010 **Tab** 34 **Specialty Developing Recommendation:** APMA **First Identified:** February 2010 **2010 Medicare Utilization Data:** 83,230

2007 Work RVU: 0.47 **2012 Work RVU:** 0.25
2007 NF PE RVU: 0.46 **2012 NF PE RVU:** 0.64
2007 Fac PE RVU 0.29 **2012 Fac PE RVU:** 0.32

RUC Recommendation: 0.25 **CPT Action (if applicable):** **Result:** Decrease

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

Status Report: CMS Requests and Relativity Assessment Issues

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

Most Recent RUC Meeting: April 2012 **Tab** 07 **Specialty Developing Recommendation:** APMA **First Identified:** February 2010 **2010 Medicare Utilization Data:** 2,932

2007 Work RVU: 0.76 **2012 Work RVU:** 0.76
2007 NF PE RVU: 0.54 **2012 NF PE RVU:** 0.73
2007 Fac PE RVU 0.29 **2012 Fac PE RVU:**0.30

RUC Recommendation: Refer to CPT for deletion **CPT Action (if applicable):** 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 **2010 Medicare Utilization Data:** 889

2007 Work RVU: 5.94 **2012 Work RVU:** 6.03
2007 NF PE RVU: NA **2012 NF PE RVU:** NA
2007 Fac PE RVU 5.44 **2012 Fac PE RVU:**6.63

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

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

Most Recent RUC Meeting: February 2009 **Tab** 26 **Specialty Developing Recommendation:** AAOS **First Identified:** October 2008 **2010 Medicare Utilization Data:** 10,580

2007 Work RVU: 7.49 **2012 Work RVU:** 7.6
2007 NF PE RVU: NA **2012 NF PE RVU:** NA
2007 Fac PE RVU 6.43 **2012 Fac PE RVU:**7.82

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

29823 **Arthroscopy, shoulder, surgical; debridement, extensive** **Global:** 090 **Issue:** **Screen:** Harvard-Valued Annual Allowed Charges Greater than $10 million **Complete?** No

Most Recent RUC Meeting: October 2012 **Tab** 27 **Specialty Developing Recommendation:** **First Identified:** Octobwer 2012 **2010 Medicare Utilization Data:**

2007 Work RVU: 8.24 **2012 Work RVU:** 8.36
2007 NF PE RVU: NA **2012 NF PE RVU:**
2007 Fac PE RVU 6.94 **2012 Fac PE RVU:**8.49

RUC Recommendation: Survey for April 2013. **CPT Action (if applicable):** **Result:**
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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

Global: 090 **Issue:** Arthroscopy **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab** 45 **Specialty Developing Recommendation:** AAOS **First Identified:** February 2010 **2010 Medicare Utilization Data:** 35,576

2007 Work RVU: 8.82 **2012 Work RVU:** 8.98
2007 NF PE RVU: NA **2012 NF PE RVU:** NA
2007 Fac PE RVU 7.3 **2012 Fac PE RVU:** 9.16

RUC Recommendation: 8.82 **CPT Action (if applicable):** **Result:** Maintain
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:** Arthroscopy **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 07 **Specialty Developing Recommendation:** AAOS **First Identified:** February 2010 **2010 Medicare Utilization Data:** 77,344

2007 Work RVU: 9.05 **2012 Work RVU:** 3
2007 NF PE RVU: NA **2012 NF PE RVU:** NA
2007 Fac PE RVU 7.21 **2012 Fac PE RVU:** 1.65

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

29827 **Arthroscopy, shoulder, surgical; with rotator cuff repair**

Global: 090 **Issue:** Arthroscopy **Screen:** CMS Fastest Growing/ Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab** 45 **Specialty Developing Recommendation:** AAOS **First Identified:** October 2008 **2010 Medicare Utilization Data:** 47,064

2007 Work RVU: 15.44 **2012 Work RVU:** 15.59
2007 NF PE RVU: NA **2012 NF PE RVU:** NA
2007 Fac PE RVU 11.01 **2012 Fac PE RVU:** 13.06

RUC Recommendation: 15.59 **CPT Action (if applicable):** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

29828 **Arthroscopy, shoulder, surgical; biceps tenodesis**

Global: 090 **Issue:** Arthroscopy **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab** 45 **Specialty Developing Recommendation:** AAOS **First Identified:** February 2010 **2010 Medicare Utilization Data:** 6,927

2007 Work RVU: **2012 Work RVU:** 13.16
2007 NF PE RVU: **2012 NF PE RVU:** NA
2007 Fac PE RVU **2012 Fac PE RVU:** 11.38

RUC Recommendation: 13.16 **CPT Action (if applicable):** **Result:** Maintain

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 **2010 Medicare Utilization Data:** 94

2007 Work RVU: 5.80 **2012 Work RVU:** 5.88
2007 NF PE RVU: NA **2012 NF PE RVU:** NA
2007 Fac PE RVU 5.14 **2012 Fac PE RVU:** 6.29

RUC Recommendation: No NF PE inputs **CPT Action (if applicable):** **Result:** PE Only

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

29840 **Arthroscopy, wrist, diagnostic, with or without synovial biopsy (separate procedure)**

Global: 090 **Issue:** Arthroscopy **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab** 51 **Specialty Developing Recommendation:** AAOS **First Identified:** NA **2010 Medicare Utilization Data:** 115

2007 Work RVU: 5.59 **2012 Work RVU:** 5.68
2007 NF PE RVU: NA **2012 NF PE RVU:** NA
2007 Fac PE RVU 5.16 **2012 Fac PE RVU:** 6.55

RUC Recommendation: No NF PE inputs **CPT Action (if applicable):** **Result:** PE Only

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

Status Report: CMS Requests and Relativity Assessment Issues

29870 **Arthroscopy, knee, diagnostic, with or without synovial biopsy (separate procedure)**

Global: 090 **Issue:** Arthroscopy **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 13 **Specialty Developing Recommendation:** AAOS **First Identified:** NA **2010 Medicare Utilization Data:** 1,783

2007 Work RVU: 5.11 **2012 Work RVU:** 5.19
2007 NF PE RVU: NA **2012 NF PE RVU:** 11.16
2007 Fac PE RVU 4.72 **2012 Fac PE RVU:**5.88

RUC Recommendation: New PE non-facility inputs **CPT Action (if applicable):**

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

Result: PE Only

29888 **Arthroscopically aided anterior cruciate ligament repair/augmentation or reconstruction**

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

Most Recent RUC Meeting: April 2008 **Tab** 38 **Specialty Developing Recommendation:** AAOS **First Identified:** September 2007 **2010 Medicare Utilization Data:** 1,699

2007 Work RVU: 14.14 **2012 Work RVU:** 14.3
2007 NF PE RVU: NA **2012 NF PE RVU:** NA
2007 Fac PE RVU 9.75 **2012 Fac PE RVU:**12.03

RUC Recommendation: 14.14 **CPT Action (if applicable):**

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

Result: Maintain

29900 **Arthroscopy, metacarpophalangeal joint, diagnostic, includes synovial biopsy**

Global: 090 **Issue:** Arthroscopy **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab** 51 **Specialty Developing Recommendation:** AAOS **First Identified:** NA **2010 Medicare Utilization Data:** 3

2007 Work RVU: 5.74 **2012 Work RVU:** 5.88
2007 NF PE RVU: NA **2012 NF PE RVU:** NA
2007 Fac PE RVU 5.6 **2012 Fac PE RVU:**7.49

RUC Recommendation: No NF PE inputs **CPT Action (if applicable):**

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

Result: PE Only

30465 **Repair of nasal vestibular stenosis (eg, spreader grafting, lateral nasal wall reconstruction)**

Global: 090 **Issue:** Repair Nasal Stenosis **Screen:** Site of Service Anomaly (99238-Only) **Complete?** Yes

Most Recent RUC Meeting: September 2007 **Tab** 16 **Specialty Developing Recommendation:** AAO-HNS **First Identified:** September 2007 **2010 Medicare Utilization Data:** 1,582

2007 Work RVU: 12.20 **2012 Work RVU:** 12.36
2007 NF PE RVU: NA **2012 NF PE RVU:** NA
2007 Fac PE RVU 11.58 **2012 Fac PE RVU:**15.21

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

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

Result: PE Only

Status Report: CMS Requests and Relativity Assessment Issues

30901 **Control nasal hemorrhage, anterior, simple (limited cautery and/or packing) any method** **Global:** 000 **Issue:** Control Nasal Hemorrhage **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 35 **Specialty Developing Recommendation:** AAO-HNS **First Identified:** October 2009 **2010 Medicare Utilization Data:** 115,779

2007 Work RVU: 1.21 **2012 Work RVU:** 1.1
2007 NF PE RVU: 1.32 **2012 NF PE RVU:** 1.60
2007 Fac PE RVU 0.31 **2012 Fac PE RVU:** 0.42

RUC Recommendation: 1.21 **CPT Action (if applicable):** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

31231 **Nasal endoscopy, diagnostic, unilateral or bilateral (separate procedure)** **Global:** 000 **Issue:** Diagnostic Nasal Endoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 19 **Specialty Developing Recommendation:** AAO-HNS **First Identified:** October 2010 **2010 Medicare Utilization Data:** 390,494

2007 Work RVU: 1.10 **2012 Work RVU:** 1.1
2007 NF PE RVU: 3.37 **2012 NF PE RVU:** 4.57
2007 Fac PE RVU 0.84 **2012 Fac PE RVU:** 1.07

RUC Recommendation: 1.10 **CPT Action (if applicable):** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

31237 **Nasal/sinus endoscopy, surgical; with biopsy, polypectomy or debridement (separate procedure)** **Global:** 000 **Issue:** RAW review **Screen:** CMS High Expenditure Procedural Codes **Complete?** No

Most Recent RUC Meeting: January 2012 **Tab** 30 **Specialty Developing Recommendation:** **First Identified:** September 2011 **2010 Medicare Utilization Data:** 87,501

2007 Work RVU: 2.98 **2012 Work RVU:** 2.98
2007 NF PE RVU: 5.03 **2012 NF PE RVU:** 6.42
2007 Fac PE RVU 1.72 **2012 Fac PE RVU:** 2.06

RUC Recommendation: Survey for work and PE for April 2013 RUC meeting. **CPT Action (if applicable):** **Result:**
Referred to CPT Asst ☐ **Published in CPT Asst:**

31238 **Nasal/sinus endoscopy, surgical; with control of nasal hemorrhage** **Global:** 000 **Issue:** **Screen:** CMS High Expenditure Procedural Codes **Complete?** No

Most Recent RUC Meeting: January 2012 **Tab** 30 **Specialty Developing Recommendation:** **First Identified:** January 2012 **2010 Medicare Utilization Data:** 25,127

2007 Work RVU: 3.26 **2012 Work RVU:** 3.26
2007 NF PE RVU: 5.04 **2012 NF PE RVU:** 6.37
2007 Fac PE RVU 1.90 **2012 Fac PE RVU:** 2.21

RUC Recommendation: Survey for work and PE for April 2013 RUC meeting. **CPT Action (if applicable):** **Result:**
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

31239 **Nasal/sinus endoscopy, surgical; with dacryocystorhinostomy**

Global: 010 **Issue:** **Screen:** CMS High Expenditure Procedural Codes **Complete?** No

Most Recent RUC Meeting: January 2012 **Tab** 30 **Specialty Developing Recommendation:**

First Identified: January 2012 **2010 Medicare Utilization Data:** 1,081

2007 Work RVU: 9.23 **2012 Work RVU:** 9.33
2007 NF PE RVU: NA **2012 NF PE RVU:** NA
2007 Fac PE RVU 7.59 **2012 Fac PE RVU:** 9.63

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

CPT Action (if applicable):

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

Result:

31240 **Nasal/sinus endoscopy, surgical; with concha bullosa resection**

Global: 000 **Issue:** **Screen:** CMS High Expenditure Procedural Codes **Complete?** No

Most Recent RUC Meeting: January 2012 **Tab** 30 **Specialty Developing Recommendation:**

First Identified: January 2012 **2010 Medicare Utilization Data:** 3,554

2007 Work RVU: 2.61 **2012 Work RVU:** 2.61
2007 NF PE RVU: NA **2012 NF PE RVU:** NA
2007 Fac PE RVU 1.59 **2012 Fac PE RVU:** 1.87

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

CPT Action (if applicable):

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

Result:

31571 **Laryngoscopy, direct, with injection into vocal cord(s), therapeutic; with operating microscope or telescope**

Global: 000 **Issue:** Laryngoscopy **Screen:** Site of Service Anomaly (99238-Only) **Complete?** Yes

Most Recent RUC Meeting: September 2007 **Tab** 16 **Specialty Developing Recommendation:** AAO-HNS

First Identified: September 2007 **2010 Medicare Utilization Data:** 3,323

2007 Work RVU: 4.26 **2012 Work RVU:** 4.26
2007 NF PE RVU: NA **2012 NF PE RVU:** NA
2007 Fac PE RVU 2.36 **2012 Fac PE RVU:** 2.72

RUC Recommendation: Reduce 99238 to 0.5

CPT Action (if applicable):

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

Result: PE Only

31575 **Laryngoscopy, flexible fiberoptic; diagnostic**

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

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

First Identified: October 2010 **2010 Medicare Utilization Data:** 576,744

2007 Work RVU: 1.10 **2012 Work RVU:** 1.1
2007 NF PE RVU: 1.82 **2012 NF PE RVU:** 2.22
2007 Fac PE RVU 0.84 **2012 Fac PE RVU:** 1.06

RUC Recommendation: Reaffirmed RUC recommendation

CPT Action (if applicable):

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

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

31579 **Laryngoscopy, flexible or rigid fiberoptic, with stroboscopy** **Global:** 000 **Issue:** Laryngoscopy **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab** 26 **Specialty Developing Recommendation:** AAO-HNS **First Identified:** October 2008 **2010 Medicare Utilization Data:** 52,389

2007 Work RVU: 2.26 **2012 Work RVU:** 2.26
2007 NF PE RVU: 3.5 **2012 NF PE RVU:** 3.85
2007 Fac PE RVU 1.37 **2012 Fac PE RVU:** 1.68

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

31611 **Construction of tracheoesophageal fistula and subsequent insertion of an alaryngeal speech prosthesis (eg, voice button, Blom-Singer prosthesis)** **Global:** 090 **Issue:** Speech Prosthesis **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2008 **Tab** S **Specialty Developing Recommendation:** AAO-HNS **First Identified:** September 2007 **2010 Medicare Utilization Data:** 887

2007 Work RVU: 5.92 **2012 Work RVU:** 6
2007 NF PE RVU: NA **2012 NF PE RVU:** NA
2007 Fac PE RVU 6.92 **2012 Fac PE RVU:** 9.45

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

32201 **Pneumonostomy; with percutaneous drainage of abscess or cyst** **Global:** 000 **Issue:** Drainage of Abscess **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:** **First Identified:** January 2012 **2010 Medicare Utilization Data:**

2007 Work RVU: 3.99 **2012 Work RVU:**
2007 NF PE RVU: 20.21 **2012 NF PE RVU:**
2007 Fac PE RVU 1.26 **2012 Fac PE RVU:**

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

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

Most Recent RUC Meeting: September 2011 **Tab** 17 **Specialty Developing Recommendation:** ACCP, ACR, ATS, SIR, SCCM, STS **First Identified:** September 2011 **2010 Medicare Utilization Data:** 409

2007 Work RVU: 2.18 **2012 Work RVU:** 2.18
2007 NF PE RVU: NA **2012 NF PE RVU:** NA
2007 Fac PE RVU 0.66 **2012 Fac PE RVU:** 0.81

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

Status Report: CMS Requests and Relativity Assessment Issues

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

Global: 000 **Issue:** Thoracentesis with Tube Insertion **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab** 17 **Specialty Developing Recommendation:** ACCP, ACR, ATS, SIR, SCCM, STS **First Identified:** September 2011 **2010 Medicare Utilization Data:** 100,681

2007 Work RVU: **2012 Work RVU:** 1.54
2007 NF PE RVU: **2012 NF PE RVU:** 2.83
2007 Fac PE RVU **2012 Fac PE RVU:** 0.56

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

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

Global: 000 **Issue:** Thoracentesis with Tube Insertion **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab** 17 **Specialty Developing Recommendation:** ACCP, ACR, ATS, SIR, SCCM, STS **First Identified:** April 2011 **2010 Medicare Utilization Data:** 123,629

2007 Work RVU: **2012 Work RVU:** 2.19
2007 NF PE RVU: **2012 NF PE RVU:** 3.30
2007 Fac PE RVU **2012 Fac PE RVU:** 1.20

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

32440 **Removal of lung, pneumonectomy;**

Global: 090 **Issue:** RAW Review **Screen:** CMS Request to Re-Review Families of Recently Reviewed CPT Codes **Complete?** No

Most Recent RUC Meeting: January 2012 **Tab** 30 **Specialty Developing Recommendation:** **First Identified:** November 2011 **2010 Medicare Utilization Data:** 713

2007 Work RVU: 27.17 **2012 Work RVU:** 27.28
2007 NF PE RVU: NA **2012 NF PE RVU:** NA
2007 Fac PE RVU 12.44 **2012 Fac PE RVU:** 13.68

RUC Recommendation: Request further information from CMS **CPT Action (if applicable):** **Result:**
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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 **Complete?** No

Most Recent RUC Meeting: January 2012 **Tab** 30 **Specialty Developing Recommendation:**

First Identified: November 2011 **2010 Medicare Utilization Data:** 11,086

2007 Work RVU: 25.71 **2012 Work RVU:** 25.82
2007 NF PE RVU: NA **2012 NF PE RVU:** NA
2007 Fac PE RVU 11.63 **2012 Fac PE RVU:** 12.87

RUC Recommendation: Request further information from CMS

CPT Action (if applicable):

Result:

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

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 **Complete?** No

Most Recent RUC Meeting: January 2012 **Tab** 30 **Specialty Developing Recommendation:**

First Identified: November 2011 **2010 Medicare Utilization Data:** 788

2007 Work RVU: 27.28 **2012 Work RVU:** 27.44
2007 NF PE RVU: NA **2012 NF PE RVU:** NA
2007 Fac PE RVU 12.48 **2012 Fac PE RVU:** 14.02

RUC Recommendation: Request further information from CMS

CPT Action (if applicable):

Result:

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?** No

Most Recent RUC Meeting: January 2012 **Tab** 30 **Specialty Developing Recommendation:**

First Identified: November 2011 **2010 Medicare Utilization Data:** 97

2007 Work RVU: 25.09 **2012 Work RVU:** 25.24
2007 NF PE RVU: NA **2012 NF PE RVU:** NA
2007 Fac PE RVU 12.13 **2012 Fac PE RVU:** 13.41

RUC Recommendation: Request further information from CMS

CPT Action (if applicable):

Result:

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

Status Report: CMS Requests and Relativity Assessment Issues

32551 **Tube thoracostomy, includes connection to drainage system (eg, water seal), when performed, open (separate procedure)**

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

Most Recent RUC Meeting: April 2012 **Tab** 10 **Specialty Developing Recommendation:** ACCP, ATS, ACR, ACS, SIR, SCCM, STS **First Identified:** April 2011 **2010 Medicare Utilization Data:** 63,483

2007 Work RVU: **2012 Work RVU:** 3.29
2007 NF PE RVU: **2012 NF PE RVU:** NA
2007 Fac PE RVU **2012 Fac PE RVU:** 1.25

RUC Recommendation: 3.50 **CPT Action (if applicable):** February 2012 **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

32554 **Thoracentesis, needle or catheter, aspiration of the pleural space; without imaging guidance**

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

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

2007 Work RVU: **2012 Work RVU:**
2007 NF PE RVU: **2012 NF PE RVU:**
2007 Fac PE RVU **2012 Fac PE RVU:**

RUC Recommendation: 1.82 **CPT Action (if applicable):** February 2012 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

32555 **Thoracentesis, needle or catheter, aspiration of the pleural space; with imaging guidance**

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

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

2007 Work RVU: **2012 Work RVU:**
2007 NF PE RVU: **2012 NF PE RVU:**
2007 Fac PE RVU **2012 Fac PE RVU:**

RUC Recommendation: 2.27 **CPT Action (if applicable):** February 2012 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

32556 **Pleural drainage, percutaneous, with insertion of indwelling catheter; without imaging guidance**

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

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

2007 Work RVU: **2012 Work RVU:**
2007 NF PE RVU: **2012 NF PE RVU:**
2007 Fac PE RVU **2012 Fac PE RVU:**

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

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

32557 **Pleural drainage, percutaneous, with insertion of indwelling catheter; with imaging guidance**

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

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

2007 Work RVU: **2012 Work RVU:**
2007 NF PE RVU: **2012 NF PE RVU:**
2007 Fac PE RVU **2012 Fac PE RVU:**

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

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

32663 **Thoracoscopy, surgical; with lobectomy (single lobe)**

Global: 090 **Issue:** Thoracoscopy **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab** 26 **Specialty Developing Recommendation:** STS **First Identified:** October 2008 **2010 Medicare Utilization Data:** 4,969

2007 Work RVU: 24.56 **2012 Work RVU:** 24.64
2007 NF PE RVU: NA **2012 NF PE RVU:** NA
2007 Fac PE RVU 10.44 **2012 Fac PE RVU:** 11.90

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

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

33207 **Insertion of new or replacement of permanent pacemaker with transvenous electrode(s); ventricular**

Global: 090 **Issue:** Pacemaker or Pacing Carioverter - Defibrillator **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 10 **Specialty Developing Recommendation:** ACC **First Identified:** February 2010 **2010 Medicare Utilization Data:** 24,763

2007 Work RVU: 9.05 **2012 Work RVU:** 8.05
2007 NF PE RVU: NA **2012 NF PE RVU:** NA
2007 Fac PE RVU 4.95 **2012 Fac PE RVU:** 4.77

RUC Recommendation: 8.05 **CPT Action (if applicable):** February 2011 **Result:** Maintain

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 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 **2010 Medicare Utilization Data:** 119,990

2007 Work RVU: 8.12 **2012 Work RVU:** 8.77
2007 NF PE RVU: NA **2012 NF PE RVU:** NA
2007 Fac PE RVU 4.95 **2012 Fac PE RVU:** 5.07

RUC Recommendation: 8.77 **CPT Action (if applicable):** February 2011 **Result:** Maintain
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 Carioverter - Defibrillator **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab** 04 **Specialty Developing Recommendation:** ACC **First Identified:** February 2010 **2010 Medicare Utilization Data:** 11,161

2007 Work RVU: 5.51 **2012 Work RVU:** 5.26
2007 NF PE RVU: NA **2012 NF PE RVU:** NA
2007 Fac PE RVU 3.46 **2012 Fac PE RVU:** 3.56

RUC Recommendation: 5.26 **CPT Action (if applicable):** February 2011 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

33213 **Insertion of pacemaker pulse generator only; with existing dual leads**

Global: 090 **Issue:** Pacemaker or Pacing Carioverter - Defibrillator **Screen:** CMS Fastest Growing / Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab** 04 **Specialty Developing Recommendation:** ACC **First Identified:** October 2008 **2010 Medicare Utilization Data:** 47,249

2007 Work RVU: 6.36 **2012 Work RVU:** 5.53
2007 NF PE RVU: NA **2012 NF PE RVU:** NA
2007 Fac PE RVU 3.87 **2012 Fac PE RVU:** 3.76

RUC Recommendation: 5.53 **CPT Action (if applicable):** February 2011 **Result:** Decrease
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 **2010 Medicare Utilization Data:**

2007 Work RVU: **2012 Work RVU:** 5.8
2007 NF PE RVU: **2012 NF PE RVU:** NA
2007 Fac PE RVU **2012 Fac PE RVU:** 3.43

RUC Recommendation: 5.80 **CPT Action (if applicable):** February 2011 **Result:** Decrease
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 **2010 Medicare Utilization Data:**

2007 Work RVU: **2012 Work RVU:** 5.5
2007 NF PE RVU: **2012 NF PE RVU:** NA
2007 Fac PE RVU **2012 Fac PE RVU:** 3.31

RUC Recommendation: 5.50 **CPT Action (if applicable):** February 2011 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

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

Global: 090 **Issue:** Pacemaker or Pacing Carioverter - Defibrillator **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab** 04 **Specialty Developing Recommendation:** ACC **First Identified:** April 2011 **2010 Medicare Utilization Data:**

2007 Work RVU: **2012 Work RVU:** 5.77
2007 NF PE RVU: **2012 NF PE RVU:** NA
2007 Fac PE RVU **2012 Fac PE RVU:** 3.41

RUC Recommendation: 5.77 **CPT Action (if applicable):** February 2011 **Result:** Decrease
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 **2010 Medicare Utilization Data:**

2007 Work RVU: **2012 Work RVU:** 6.04
2007 NF PE RVU: **2012 NF PE RVU:** NA
2007 Fac PE RVU **2012 Fac PE RVU:** 3.51

RUC Recommendation: 6.04 **CPT Action (if applicable):** February 2011 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

33230 **Insertion of pacing cardioverter-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 **2010 Medicare Utilization Data:**

2007 Work RVU: **2012 Work RVU:** 6.32
2007 NF PE RVU: **2012 NF PE RVU:** NA
2007 Fac PE RVU **2012 Fac PE RVU:** 3.59

RUC Recommendation: 6.32 **CPT Action (if applicable):** February 2011 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

33231 **Insertion of pacing cardioverter-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 **2010 Medicare Utilization Data:**

2007 Work RVU: **2012 Work RVU:** 6.59
2007 NF PE RVU: **2012 NF PE RVU:** NA
2007 Fac PE RVU **2012 Fac PE RVU:** 3.69

RUC Recommendation: 6.59 **CPT Action (if applicable):** February 2011 **Result:** Decrease
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 **2010 Medicare Utilization Data:** 62,644

2007 Work RVU: 3.33 **2012 Work RVU:** 3.39
2007 NF PE RVU: NA **2012 NF PE RVU:** NA
2007 Fac PE RVU 3.29 **2012 Fac PE RVU:** 3.03

RUC Recommendation: 3.39 **CPT Action (if applicable):** February 2011 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

33240 **Insertion of pacing cardioverter-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 **2010 Medicare Utilization Data:** 39,134

2007 Work RVU: 7.61 **2012 Work RVU:** 6.05
2007 NF PE RVU: NA **2012 NF PE RVU:** NA
2007 Fac PE RVU 4.79 **2012 Fac PE RVU:** 4.17

RUC Recommendation: 6.06 **CPT Action (if applicable):** February 2011 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

33241 **Removal of pacing cardioverter-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 **2010 Medicare Utilization Data:** 46,631

2007 Work RVU: 3.26 **2012 Work RVU:** 3.29
2007 NF PE RVU: NA **2012 NF PE RVU:** NA
2007 Fac PE RVU 2.99 **2012 Fac PE RVU:** 2.71

RUC Recommendation: 3.29 **CPT Action (if applicable):** February 2011 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

33249 **Insertion or replacement of permanent pacing cardioverter-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 **2010 Medicare Utilization Data:** 59,749

2007 Work RVU: 15.02 **2012 Work RVU:** 15.17
2007 NF PE RVU: NA **2012 NF PE RVU:** NA
2007 Fac PE RVU 8.89 **2012 Fac PE RVU:** 8.70

RUC Recommendation: 15.17 **CPT Action (if applicable):** February 2011 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

33262 **Removal of pacing cardioverter-defibrillator pulse generator with replacement of pacing cardioverter-defibrillator pulse generator; single lead system**

Global: 090 **Issue:** Pacemaker or Pacing Carioverter - Defibrillator **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab** 04 **Specialty Developing Recommendation:** ACC **First Identified:** April 2011 **2010 Medicare Utilization Data:**

2007 Work RVU: **2012 Work RVU:** 6.06
2007 NF PE RVU: **2012 NF PE RVU:** NA
2007 Fac PE RVU **2012 Fac PE RVU:** 3.50

RUC Recommendation: 6.06 **CPT Action (if applicable):** February 2011 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

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

Global: 090 **Issue:** Pacemaker or Pacing Carioverter - Defibrillator **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab** 04 **Specialty Developing Recommendation:** ACC **First Identified:** April 2011 **2010 Medicare Utilization Data:**

2007 Work RVU: **2012 Work RVU:** 6.33
2007 NF PE RVU: **2012 NF PE RVU:** NA
2007 Fac PE RVU **2012 Fac PE RVU:** 3.60

RUC Recommendation: 6.33 **CPT Action (if applicable):** February 2011 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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

Global: 090 **Issue:** Pacemaker or Pacing Carioverter - Defibrillator **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab** 04 **Specialty Developing Recommendation:** ACC **First Identified:** April 2011 **2010 Medicare Utilization Data:**

2007 Work RVU: **2012 Work RVU:** 6.6
2007 NF PE RVU: **2012 NF PE RVU:** NA
2007 Fac PE RVU **2012 Fac PE RVU:** 3.70

RUC Recommendation: 6.60 **CPT Action (if applicable):** February 2011 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

33282 **Implantation of patient-activated cardiac event recorder**

Global: 090 **Issue:** RAW **Screen:** Public Comment Requests NPRM for 2013 **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 27 **Specialty Developing Recommendation:** **First Identified:** October 2012 **2010 Medicare Utilization Data:**

2007 Work RVU: 4.70 **2012 Work RVU:** 4.8
2007 NF PE RVU: NA **2012 NF PE RVU:**
2007 Fac PE RVU 4.1 **2012 Fac PE RVU:** 3.82

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

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

Global: 090 **Issue:** RAW **Screen:** Public Comment Requests NPRM for 2013 **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 27 **Specialty Developing Recommendation:** **First Identified:** October 2012 **2010 Medicare Utilization Data:**

2007 Work RVU: 3.04 **2012 Work RVU:** 3.14
2007 NF PE RVU: NA **2012 NF PE RVU:**
2007 Fac PE RVU 3.50 **2012 Fac PE RVU:** 3.13

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

Status Report: CMS Requests and Relativity Assessment Issues

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

Global: 090 **Issue:** Valve Replacement and CABG Procedures **Screen:** CMS High Expenditure Procedural Codes **Complete?** Yes

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

First Identified: September 2011 **2010 Medicare Utilization Data:** 31,095

2007 Work RVU: 41.19 **2012 Work RVU:** 41.32
2007 NF PE RVU: NA **2012 NF PE RVU:** NA
2007 Fac PE RVU 17.58 **2012 Fac PE RVU:** 18.47

RUC Recommendation: 41.32

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

Result: Maintain

33430 **Replacement, mitral valve, with cardiopulmonary bypass**

Global: 090 **Issue:** Valve Replacement and CABG Procedures **Screen:** High IWPUT / CMS High Expenditure Procedural Codes **Complete?** Yes

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

First Identified: February 2008 **2010 Medicare Utilization Data:** 8,309

2007 Work RVU: 50.75 **2012 Work RVU:** 50.93
2007 NF PE RVU: NA **2012 NF PE RVU:** NA
2007 Fac PE RVU 17.71 **2012 Fac PE RVU:** 22.27

RUC Recommendation: 50.93

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

Result: Maintain

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

Global: 090 **Issue:** Valve Replacement and CABG Procedures **Screen:** CMS High Expenditure Procedural Codes **Complete?** Yes

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

First Identified: September 2011 **2010 Medicare Utilization Data:** 74,561

2007 Work RVU: 33.64 **2012 Work RVU:** 33.75
2007 NF PE RVU: NA **2012 NF PE RVU:** NA
2007 Fac PE RVU 15.55 **2012 Fac PE RVU:** 15.42

RUC Recommendation: 34.98

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

Result: Increase

Status Report: CMS Requests and Relativity Assessment Issues

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 **2010 Medicare Utilization Data:** 1,605

2007 Work RVU: 58.71 **2012 Work RVU:** 58.79
2007 NF PE RVU: NA **2012 NF PE RVU:** NA
2007 Fac PE RVU 19.01 **2012 Fac PE RVU:** 23.06

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

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

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

Global: 090 **Issue:** RAW review **Screen:** CMS High Expenditure Procedural Codes **Complete?** No

Most Recent RUC Meeting: January 2012 **Tab** 30 **Specialty Developing Recommendation:** **First Identified:** September 2011 **2010 Medicare Utilization Data:** 56,899

2007 Work RVU: 19.53 **2012 Work RVU:** 19.61
2007 NF PE RVU: NA **2012 NF PE RVU:** NA
2007 Fac PE RVU 8.04 **2012 Fac PE RVU:** 8.51

RUC Recommendation: Survey for work and PE for the January 2013 RUC meeting. **CPT Action (if applicable):** **Result:**

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

35454 **Deleted from CPT**

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

Most Recent RUC Meeting: April 2010 **Tab** 07 **Specialty Developing Recommendation:** ACC, ACR, SIR, SVS **First Identified:** **2010 Medicare Utilization Data:** 2,140

2007 Work RVU: 6.03 **2012 Work RVU:**
2007 NF PE RVU: NA **2012 NF PE RVU:**
2007 Fac PE RVU 2.19 **2012 Fac PE RVU:**

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

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

35456 **Deleted from CPT**

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

Most Recent RUC Meeting: April 2010 **Tab** 07 **Specialty Developing Recommendation:** ACC, ACR, SIR, SVS **First Identified:** **2010 Medicare Utilization Data:** 2,506

2007 Work RVU: 7.34 **2012 Work RVU:**
2007 NF PE RVU: NA **2012 NF PE RVU:**
2007 Fac PE RVU 2.64 **2012 Fac PE RVU:**

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

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

Status Report: CMS Requests and Relativity Assessment Issues

35459 **Deleted from CPT**

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

Most Recent RUC Meeting: April 2010 **Tab** 07 **Specialty Developing Recommendation:** ACC, ACR, SIR, SVS **First Identified:** **2010 Medicare Utilization Data:** 927

2007 Work RVU: 8.62 **2012 Work RVU:**
2007 NF PE RVU: NA **2012 NF PE RVU:**
2007 Fac PE RVU 3.01 **2012 Fac PE RVU:**

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

35470 **Deleted from CPT**

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

Most Recent RUC Meeting: April 2010 **Tab** 07 **Specialty Developing Recommendation:** ACC, ACR, SIR, SVS **First Identified:** October 2008 **2010 Medicare Utilization Data:** 37,451

2007 Work RVU: 8.62 **2012 Work RVU:**
2007 NF PE RVU: 81.78 **2012 NF PE RVU:**
2007 Fac PE RVU 3.37 **2012 Fac PE RVU:**

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

35471 **Transluminal balloon angioplasty, percutaneous; renal or visceral artery**

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

Most Recent RUC Meeting: October 2009 **Tab** 40 **Specialty Developing Recommendation:** ACC, ACR, SIR, SVS **First Identified:** **2010 Medicare Utilization Data:** 10,417

2007 Work RVU: 10.05 **2012 Work RVU:** 10.05
2007 NF PE RVU: 91.6 **2012 NF PE RVU:** 70.27
2007 Fac PE RVU 4.13 **2012 Fac PE RVU:** 4.17

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

35472 **Transluminal balloon angioplasty, percutaneous; aortic**

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

Most Recent RUC Meeting: October 2009 **Tab** 40 **Specialty Developing Recommendation:** ACC, ACR, SIR, SVS **First Identified:** **2010 Medicare Utilization Data:** 901

2007 Work RVU: 6.90 **2012 Work RVU:** 6.9
2007 NF PE RVU: 60.05 **2012 NF PE RVU:** 52.86
2007 Fac PE RVU 2.75 **2012 Fac PE RVU:** 2.79

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

Status Report: CMS Requests and Relativity Assessment Issues

35473 **Deleted from CPT**

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

Most Recent RUC Meeting: April 2010 **Tab** 07 **Specialty Developing Recommendation:** ACC, ACR, SIR, SVS **First Identified:** **2010 Medicare Utilization Data:** 27,510

2007 Work RVU: 6.03 **2012 Work RVU:**
2007 NF PE RVU: 56.4 **2012 NF PE RVU:**
2007 Fac PE RVU 2.43 **2012 Fac PE RVU:**

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

35474 **Deleted from CPT**

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

Most Recent RUC Meeting: April 2010 **Tab** 07 **Specialty Developing Recommendation:** ACC, ACR, SIR, SVS **First Identified:** October 2008 **2010 Medicare Utilization Data:** 78,966

2007 Work RVU: 7.35 **2012 Work RVU:**
2007 NF PE RVU: 80.7 **2012 NF PE RVU:**
2007 Fac PE RVU 2.9 **2012 Fac PE RVU:**

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

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

Global: 000 **Issue:** Repair of Arterial and Venous Blockage **Screen:** CMS Fastest Growing / CMS High Expenditure Procedural Codes **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 41 **Specialty Developing Recommendation:** ACR, RPA, SIR **First Identified:** September 2011 **2010 Medicare Utilization Data:** 34,402

2007 Work RVU: 9.48 **2012 Work RVU:** 9.48
2007 NF PE RVU: 53.95 **2012 NF PE RVU:** 57.92
2007 Fac PE RVU 3.48 **2012 Fac PE RVU:** 3.74

RUC Recommendation: 6.60 **CPT Action (if applicable):** Removed from CPT referral **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

35476 **Transluminal balloon angioplasty, percutaneous; venous**

Global: 000 **Issue:** Repair of Arterial and Venous Blockage **Screen:** CMS Fastest Growing / CMS High Expenditure Procedural Codes **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 41 **Specialty Developing Recommendation:** ACR, RPA, SIR **First Identified:** **2010 Medicare Utilization Data:** 262,150

2007 Work RVU: 6.03 **2012 Work RVU:** 6.03
2007 NF PE RVU: 42.45 **2012 NF PE RVU:** 45.31
2007 Fac PE RVU 2.26 **2012 Fac PE RVU:** 2.49

RUC Recommendation: 5.10 **CPT Action (if applicable):** Removed from CPT referral **Result:** Decrease

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

35490 **Deleted from CPT**

Global: 000 **Issue:** Endovascular Revascularization **Screen:** High Volume Growth **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 07 **Specialty Developing Recommendation:** SIR, ACR, SVS **First Identified:** April 2008 **2010 Medicare Utilization Data:** 84

2007 Work RVU: 11.06 **2012 Work RVU:**
2007 NF PE RVU: NA **2012 NF PE RVU:**
2007 Fac PE RVU 5.11 **2012 Fac PE RVU:**

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

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

35491 **Deleted from CPT**

Global: 000 **Issue:** Endovascular Revascularization **Screen:** High Volume Growth **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 07 **Specialty Developing Recommendation:** SIR, ACR, SVS **First Identified:** April 2008 **2010 Medicare Utilization Data:** 26

2007 Work RVU: 7.60 **2012 Work RVU:**
2007 NF PE RVU: NA **2012 NF PE RVU:**
2007 Fac PE RVU 3.46 **2012 Fac PE RVU:**

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

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

35492 **Deleted from CPT**

Global: 000 **Issue:** Endovascular Revascularization **Screen:** High Volume Growth **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 07 **Specialty Developing Recommendation:** SIR, ACR, SVS **First Identified:** April 2008 **2010 Medicare Utilization Data:** 918

2007 Work RVU: 6.64 **2012 Work RVU:**
2007 NF PE RVU: NA **2012 NF PE RVU:**
2007 Fac PE RVU 3.3 **2012 Fac PE RVU:**

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

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

Status Report: CMS Requests and Relativity Assessment Issues

35493 **Deleted from CPT**

Global: 000 **Issue:** Endovascular Revascularization **Screen:** High Volume Growth **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 07 **Specialty Developing Recommendation:** SIR, ACR, SVS **First Identified:** February 2008 **2010 Medicare Utilization Data:** 25,710

2007 Work RVU: 8.09 **2012 Work RVU:**
2007 NF PE RVU: NA **2012 NF PE RVU:**
2007 Fac PE RVU 3.89 **2012 Fac PE RVU:**

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

35494 **Deleted from CPT**

Global: 000 **Issue:** Endovascular Revascularization **Screen:** High Volume Growth **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 07 **Specialty Developing Recommendation:** SIR, ACR, SVS **First Identified:** April 2008 **2010 Medicare Utilization Data:** 464

2007 Work RVU: 10.42 **2012 Work RVU:**
2007 NF PE RVU: NA **2012 NF PE RVU:**
2007 Fac PE RVU 4.64 **2012 Fac PE RVU:**

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

35495 **Deleted from CPT**

Global: 000 **Issue:** Endovascular Revascularization **Screen:** High Volume Growth **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 07 **Specialty Developing Recommendation:** SIR, ACR, SVS **First Identified:** February 2008 **2010 Medicare Utilization Data:** 11,542

2007 Work RVU: 9.48 **2012 Work RVU:**
2007 NF PE RVU: NA **2012 NF PE RVU:**
2007 Fac PE RVU 4.45 **2012 Fac PE RVU:**

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

36000 **Introduction of needle or intracatheter, vein**

Global: XXX **Issue:** Introduction of Needle or Intracatheter **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 45 **Specialty Developing Recommendation:** ACC, AUR, AAP, AAFP, ACRh **First Identified:** October 2009 **2010 Medicare Utilization Data:** 208,841

2007 Work RVU: 0.18 **2012 Work RVU:** 0.18
2007 NF PE RVU: 0.54 **2012 NF PE RVU:** 0.55
2007 Fac PE RVU 0.05 **2012 Fac PE RVU:** 0.08

RUC Recommendation: CMS consider a bundled status for this code **CPT Action (if applicable):** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

36010 **Introduction of catheter, superior or inferior vena cava**

Global: XXX **Issue:** Introduction of Catheter **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** No

Most Recent RUC Meeting: September 2011 **Tab** 46 **Specialty Developing Recommendation:** ACR, SIR, SVS **First Identified:** February 2010 **2010 Medicare Utilization Data:** 74,985

2007 Work RVU: 2.43 **2012 Work RVU:** 2.43
2007 NF PE RVU: 17.17 **2012 NF PE RVU:** 13.35
2007 Fac PE RVU 0.77 **2012 Fac PE RVU:** 0.87

RUC Recommendation: Review September 2013 **CPT Action (if applicable):** February 2011 **Result:**

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

36140 **Introduction of needle or intracatheter; extremity artery**

Global: XXX **Issue:** Introduction of Needle or Intracatheter **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** No

Most Recent RUC Meeting: September 2011 **Tab** 19 **Specialty Developing Recommendation:** SVS, SIR, ACR, ACRO **First Identified:** April 2011 **2010 Medicare Utilization Data:** 31,233

2007 Work RVU: 2.01 **2012 Work RVU:** 2.01
2007 NF PE RVU: 12.15 **2012 NF PE RVU:** 11.63
2007 Fac PE RVU 0.65 **2012 Fac PE RVU:** 0.72

RUC Recommendation: Review September 2013 **CPT Action (if applicable):** **Result:**

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

36145 **Deleted from CPT**

Global: XXX **Issue:** Arteriovenous Shunt Imaging **Screen:** Codes Reported Together 95% or More / Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 9 **Specialty Developing Recommendation:** **First Identified:** February 2008 **2010 Medicare Utilization Data:**

2007 Work RVU: 2.01 **2012 Work RVU:**
2007 NF PE RVU: 11.87 **2012 NF PE RVU:**
2007 Fac PE RVU 0.64 **2012 Fac PE RVU:**

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

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

Status Report: CMS Requests and Relativity Assessment Issues

36147 **Introduction of needle and/or catheter, arteriovenous shunt created for dialysis (graft/fistula); initial access with complete radiological evaluation of dialysis access, including fluoroscopy, image documentation and report (includes access of shunt, injection[s] of contrast, and all necessary imaging from the arterial anastomosis and adjacent artery through entire venous outflow including the inferior or superior vena cava)**

Global: XXX **Issue:** Arteriovenous Shunt Imaging **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 09 **Specialty Developing Recommendation:** SVS, SIR, ACR **First Identified:** February 2008 **2010 Medicare Utilization Data:** 280,065

2007 Work RVU: **2012 Work RVU:** 3.72
2007 NF PE RVU: **2012 NF PE RVU:** 21.55
2007 Fac PE RVU **2012 Fac PE RVU:** 1.33

RUC Recommendation: 3.72 **CPT Action (if applicable):** October 2008 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

36148 **Introduction of needle and/or catheter, arteriovenous shunt created for dialysis (graft/fistula); additional access for therapeutic intervention (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Arteriovenous Shunt Imaging **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 09 **Specialty Developing Recommendation:** SVS, SIR, ACR **First Identified:** February 2008 **2010 Medicare Utilization Data:** 64,456

2007 Work RVU: **2012 Work RVU:** 1
2007 NF PE RVU: **2012 NF PE RVU:** 6.81
2007 Fac PE RVU **2012 Fac PE RVU:** 0.34

RUC Recommendation: 1.00 **CPT Action (if applicable):** October 2008 **Result:** Decrease
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: XXX **Issue:** RAW **Screen:** Codes Reported Together 75% or More-Part1 / Harvard-Valued Annual Allowed Charges Greater than $10 million **Complete?** No

Most Recent RUC Meeting: October 2012 **Tab** 27 **Specialty Developing Recommendation:** ACC, ACR, ASNR, AUR, SIR, SVS **First Identified:** February 2010 **2010 Medicare Utilization Data:** 79,039

2007 Work RVU: 4.67 **2012 Work RVU:** 4.67
2007 NF PE RVU: 26.59 **2012 NF PE RVU:** 29.03
2007 Fac PE RVU 1.65 **2012 Fac PE RVU:** 1.84

RUC Recommendation: Review in October 2015 **CPT Action (if applicable):** **Result:**
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

36216 **Selective catheter placement, arterial system; initial second order thoracic or brachiocephalic branch, within a vascular family**

Global: XXX **Issue:** RAW **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 27 **Specialty Developing Recommendation:** ACC, ACR, ASNR, AUR, SIR, SVS **First Identified:** February 2010 **2010 Medicare Utilization Data:** 61,980

2007 Work RVU: 5.27 **2012 Work RVU:** 5.27
2007 NF PE RVU: 28.57 **2012 NF PE RVU:** 32.16
2007 Fac PE RVU 1.82 **2012 Fac PE RVU:** 2.12

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

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

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

Most Recent RUC Meeting: October 2012 **Tab** 27 **Specialty Developing Recommendation:** SVS, AUR, ACR, ASNR, SIR **First Identified:** April 2011 **2010 Medicare Utilization Data:** 30,078

2007 Work RVU: 6.29 **2012 Work RVU:** 6.29
2007 NF PE RVU: 52.65 **2012 NF PE RVU:** 56.09
2007 Fac PE RVU 2.17 **2012 Fac PE RVU:** 2.55

RUC Recommendation: Remove from screen **CPT Action (if applicable):** **Result:** Remove from Screen
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 cervicocerebral arch, when performed**

Global: **Issue:** Cervicocerebral Angiography **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 14 **Specialty Developing Recommendation:** AAN, AANS, ACC, ACR, ASN, CNS, SIR, SVS **First Identified:** February 2010 **2010 Medicare Utilization Data:**

2007 Work RVU: **2012 Work RVU:**
2007 NF PE RVU: **2012 NF PE RVU:**
2007 Fac PE RVU **2012 Fac PE RVU:**

RUC Recommendation: 4.51 **CPT Action (if applicable):** February 2012 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

36222 **Selective catheter placement, common carotid or innominate artery, unilateral, any approach, with angiography of the ipsilateral extracranial carotid circulation and all associated radiological supervision and interpretation, includes angiography of the cervicocerebral arch, when performed**

Global: **Issue:** Cervicocerebral Angiography **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 14 **Specialty Developing Recommendation:** AAN, AANS, ACC, ACR, ASN, CNS, SIR, SVS **First Identified:** February 2010 **2010 Medicare Utilization Data:**

2007 Work RVU: **2012 Work RVU:**
2007 NF PE RVU: **2012 NF PE RVU:**
2007 Fac PE RVU **2012 Fac PE RVU:**

RUC Recommendation: 6.00 **CPT Action (if applicable):** February 2012 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

36223 **Selective catheter placement, common carotid or innominate artery, unilateral, any approach, with angiography of the ipsilateral intracranial carotid circulation and all associated radiological supervision and interpretation, includes angiography of the extracranial carotid and cervicocerebral arch, when performed**

Global: **Issue:** Cervicocerebral Angiography **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 14 **Specialty Developing Recommendation:** AAN, AANS, ACC, ACR, ASN, CNS, SIR, SVS **First Identified:** February 2010 **2010 Medicare Utilization Data:**

2007 Work RVU: **2012 Work RVU:**
2007 NF PE RVU: **2012 NF PE RVU:**
2007 Fac PE RVU **2012 Fac PE RVU:**

RUC Recommendation: 6.50 **CPT Action (if applicable):** February 2012 **Result:** Decrease
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 cervicocerebral arch, when performed**

Global: **Issue:** Cervicocerebral Angiography **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 14 **Specialty Developing Recommendation:** AAN, AANS, ACC, ACR, ASN, CNS, SIR, SVS **First Identified:** February 2010 **2010 Medicare Utilization Data:**

2007 Work RVU: **2012 Work RVU:**
2007 NF PE RVU: **2012 NF PE RVU:**
2007 Fac PE RVU **2012 Fac PE RVU:**

RUC Recommendation: 7.55 **CPT Action (if applicable):** February 2012 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

36225 **Selective catheter placement, subclavian or innominate artery, unilateral, with angiography of the ipsilateral vertebral circulation and all associated radiological supervision and interpretation, includes angiography of the cervicocerebral arch, when performed**

Global: **Issue:** Cervicocerebral Angiography **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 14 **Specialty Developing Recommendation:** AAN, AANS, ACC, ACR, ASN, CNS, SIR, SVS **First Identified:** February 2010 **2010 Medicare Utilization Data:**

2007 Work RVU: **2012 Work RVU:**
2007 NF PE RVU: **2012 NF PE RVU:**
2007 Fac PE RVU **2012 Fac PE RVU:**

RUC Recommendation: 6.50 **CPT Action (if applicable):** February 2012 **Result:** Decrease
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: **Issue:** Cervicocerebral Angiography **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 14 **Specialty Developing Recommendation:** AAN, AANS, ACC, ACR, ASN, CNS, SIR, SVS **First Identified:** February 2010 **2010 Medicare Utilization Data:**

2007 Work RVU: **2012 Work RVU:**
2007 NF PE RVU: **2012 NF PE RVU:**
2007 Fac PE RVU **2012 Fac PE RVU:**

RUC Recommendation: 7.55 **CPT Action (if applicable):** February 2012 **Result:** Decrease
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: **Issue:** Cervicocerebral Angiography **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 14 **Specialty Developing Recommendation:** AAN, AANS, ACC, ACR, ASN, CNS, SIR, SVS **First Identified:** February 2010 **2010 Medicare Utilization Data:**

2007 Work RVU: **2012 Work RVU:**
2007 NF PE RVU: **2012 NF PE RVU:**
2007 Fac PE RVU **2012 Fac PE RVU:**

RUC Recommendation: 2.32 **CPT Action (if applicable):** February 2012 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

36228 **Selective catheter placement, each intracranial branch of the internal carotid or vertebral arteries, unilateral, with angiography of the selected vessel circulation and all associated radiological supervision and interpretation (eg, middle cerebral artery, posterior inferior cerebellar artery) (List separately in addition to code for primary procedure)**

Global: **Issue:** Cervicocerebral Angiography **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 14 **Specialty Developing Recommendation:** AAN, AANS, ACC, ACR, ASN, CNS, SIR, SVS **First Identified:** February 2010 **2010 Medicare Utilization Data:**

2007 Work RVU: **2012 Work RVU:**
2007 NF PE RVU: **2012 NF PE RVU:**
2007 Fac PE RVU **2012 Fac PE RVU:**

RUC Recommendation: 4.25 **CPT Action (if applicable):** February 2012 **Result:** Decrease

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

36245 **Selective catheter placement, arterial system; each first order abdominal, pelvic, or lower extremity artery branch, within a vascular family**

Global: XXX **Issue:** Renal Angiography **Screen:** Harvard Valued - Utilization over 100,000 / Codes Reported Together 75% or More-Part1 / Harvard-Valued Annual Allowed Charges Greater than $10 million **Complete?** No

Most Recent RUC Meeting: October 2012 **Tab** 27 **Specialty Developing Recommendation:** ACC, ACR, ASNR, AUR, SIR, SVS **First Identified:** October 2009 **2010 Medicare Utilization Data:** 136,677

2007 Work RVU: 4.67 **2012 Work RVU:** 4.67
2007 NF PE RVU: 31.17 **2012 NF PE RVU:** 27.65
2007 Fac PE RVU 1.78 **2012 Fac PE RVU:** 1.87

RUC Recommendation: Survey for January 2013. **CPT Action (if applicable):** February 2010 and February 2011 **Result:**

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 **2010 Medicare Utilization Data:** 62,692

2007 Work RVU: 5.27 **2012 Work RVU:** 5.27
2007 NF PE RVU: 29.18 **2012 NF PE RVU:** 24.28
2007 Fac PE RVU 1.84 **2012 Fac PE RVU:** 1.95

RUC Recommendation: 5.27 **CPT Action (if applicable):** **Result:** Maintain

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

Status Report: CMS Requests and Relativity Assessment Issues

36247 **Selective catheter placement, arterial system; initial third order or more selective abdominal, pelvic, or lower extremity artery branch, within a vascular family**

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

Most Recent RUC Meeting: October 2012 **Tab** 27 **Specialty Developing Recommendation:** SVS, SIR, ACR, ACC **First Identified:** February 2010 **2010 Medicare Utilization Data:** 119,644

2007 Work RVU: 6.29 **2012 Work RVU:** 6.29
2007 NF PE RVU: 48.22 **2012 NF PE RVU:** 44.07
2007 Fac PE RVU 2.17 **2012 Fac PE RVU:** 2.30

RUC Recommendation: 7.00 **CPT Action (if applicable):** **Result:** Increase

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 appropriate)**

Global: ZZZ **Issue:** Catheter Placement **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 40 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** October 2008 **2010 Medicare Utilization Data:** 31,623

2007 Work RVU: 1.01 **2012 Work RVU:** 1.01
2007 NF PE RVU: 3.81 **2012 NF PE RVU:** 3.53
2007 Fac PE RVU 0.35 **2012 Fac PE RVU:** 0.37

RUC Recommendation: Remove from screen **CPT Action (if applicable):** February 2010 **Result:** Remove from Screen

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

36251 **Selective catheter placement (first-order), main renal artery and any accessory renal artery(s) for renal angiography, including arterial puncture and catheter placement(s), fluoroscopy, contrast injection(s), image postprocessing, permanent recording of images, and radiological supervision and interpretation, including pressure gradient measurements when performed, and flush aortogram when performed; unilateral**

Global: 000 **Issue:** Renal Angiography **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 11 **Specialty Developing Recommendation:** **First Identified:** **2010 Medicare Utilization Data:**

2007 Work RVU: **2012 Work RVU:** 5.35
2007 NF PE RVU: **2012 NF PE RVU:** 36.85
2007 Fac PE RVU **2012 Fac PE RVU:** 1.95

RUC Recommendation: 5.45 **CPT Action (if applicable):** **Result:** Decrease

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

Status Report: CMS Requests and Relativity Assessment Issues

36252 **Selective catheter placement (first-order), main renal artery and any accessory renal artery(s) for renal angiography, including arterial puncture and catheter placement(s), fluoroscopy, contrast injection(s), image postprocessing, permanent recording of images, and radiological supervision and interpretation, including pressure gradient measurements when performed, and flush aortogram when performed; bilateral**

Global: 000 **Issue:** Renal Angiography **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 11 **Specialty Developing Recommendation:** **First Identified:** **2010 Medicare Utilization Data:**

2007 Work RVU: **2012 Work RVU:** 6.99
2007 NF PE RVU: **2012 NF PE RVU:** 39.13
2007 Fac PE RVU **2012 Fac PE RVU:** 2.52

RUC Recommendation: 7.38 **CPT Action (if applicable):** **Result:** Decrease
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 postprocessing, permanent recording of images, and radiological supervision and interpretation, including pressure gradient measurements when performed, and flush aortogram when performed; unilateral**

Global: 000 **Issue:** Renal Angiography **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 11 **Specialty Developing Recommendation:** **First Identified:** **2010 Medicare Utilization Data:**

2007 Work RVU: **2012 Work RVU:** 7.55
2007 NF PE RVU: **2012 NF PE RVU:** 57.13
2007 Fac PE RVU **2012 Fac PE RVU:** 2.59

RUC Recommendation: 7.55 **CPT Action (if applicable):** **Result:** Decrease
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 postprocessing, permanent recording of images, and radiological supervision and interpretation, including pressure gradient measurements when performed, and flush aortogram when performed; bilateral**

Global: 000 **Issue:** Renal Angiography **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 11 **Specialty Developing Recommendation:** **First Identified:** **2010 Medicare Utilization Data:**

2007 Work RVU: **2012 Work RVU:** 8.15
2007 NF PE RVU: **2012 NF PE RVU:** 59.09
2007 Fac PE RVU **2012 Fac PE RVU:** 2.79

RUC Recommendation: 8.15 **CPT Action (if applicable):** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

36410 **Venipuncture, age 3 years or older, necessitating the skill of a physician or other qualified health care professional (separate procedure), for diagnostic or therapeutic purposes (not to be used for routine venipuncture)**

Global: XXX **Issue:** Venipunture **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 36 **Specialty Developing Recommendation:** ACP **First Identified:** October 2009 **2010 Medicare Utilization Data:** 249,192

2007 Work RVU: 0.18 **2012 Work RVU:** 0.18
2007 NF PE RVU: 0.3 **2012 NF PE RVU:** 0.31
2007 Fac PE RVU 0.05 **2012 Fac PE RVU:** 0.07

RUC Recommendation: 0.18 **CPT Action (if applicable):** **Result:** Maintain

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

36481 **Percutaneous portal vein catheterization by any method**

Global: 000 **Issue:** Interventional Radiology Procedures **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 21 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** NA **2010 Medicare Utilization Data:** 971

2007 Work RVU: 6.98 **2012 Work RVU:** 6.98
2007 NF PE RVU: NA **2012 NF PE RVU:** 42.95
2007 Fac PE RVU 2.46 **2012 Fac PE RVU:** 2.80

RUC Recommendation: New PE Inputs **CPT Action (if applicable):** **Result:** PE Only

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

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

Global: 000 **Issue:** Therapeutic Apheresis **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab** 51 **Specialty Developing Recommendation:** CAP **First Identified:** October 2008 **2010 Medicare Utilization Data:** 1,475

2007 Work RVU: 1.22 **2012 Work RVU:** 1.22
2007 NF PE RVU: 75.37 **2012 NF PE RVU:** 60.36
2007 Fac PE RVU 0.46 **2012 Fac PE RVU:** 0.51

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

Referred to CPT Asst ☑ **Published in CPT Asst:** Sep 2009

36820 **Arteriovenous anastomosis, open; by forearm vein transposition**

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

Most Recent RUC Meeting: February 2008 **Tab** 27 **Specialty Developing Recommendation:** SVS, ACS **First Identified:** September 2007 **2010 Medicare Utilization Data:** 2,993

2007 Work RVU: 14.39 **2012 Work RVU:** 14.47
2007 NF PE RVU: NA **2012 NF PE RVU:** NA
2007 Fac PE RVU 6.11 **2012 Fac PE RVU:** 6.98

RUC Recommendation: 14.39 **CPT Action (if applicable):** **Result:** Maintain

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

Status Report: CMS Requests and Relativity Assessment Issues

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

Global: 090 **Issue:** Open Arterioventous Anastomosis **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 26 **Specialty Developing Recommendation:** ACS, SVS

First Identified: September 2007 **2010 Medicare Utilization Data:** 37,185

2007 Work RVU: 9.15 **2012 Work RVU:** 12.11
2007 NF PE RVU: NA **2012 NF PE RVU:** NA
2007 Fac PE RVU 4.49 **2012 Fac PE RVU:** 6.37

RUC Recommendation: 12.11

CPT Action (if applicable):

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

Result: Decrease

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

Global: 090 **Issue:** Open Arterioventous Anastomosis **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 26 **Specialty Developing Recommendation:** ACS, SVS

First Identified: September 2007 **2010 Medicare Utilization Data:** 4,019

2007 Work RVU: 10.00 **2012 Work RVU:** 14.17
2007 NF PE RVU: NA **2012 NF PE RVU:** NA
2007 Fac PE RVU 4.87 **2012 Fac PE RVU:** 6.68

RUC Recommendation: 15.13

CPT Action (if applicable):

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

Result: Decrease

36834 **Deleted from CPT**

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

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

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

2007 Work RVU: 11.11 **2012 Work RVU:**
2007 NF PE RVU: NA **2012 NF PE RVU:**
2007 Fac PE RVU 4.68 **2012 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

CPT Action (if applicable): February 2009

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

Result: Deleted from CPT

Status Report: CMS Requests and Relativity Assessment Issues

36870 **Thrombectomy, percutaneous, arteriovenous fistula, autogenous or nonautogenous graft (includes mechanical thrombus extraction and intra-graft thrombolysis)**

Global: 090 **Issue:** Thrombectomy **Screen:** Site of Service Anomaly (99238-Only) / CMS High Expenditure Procedural Codes **Complete?** No

Most Recent RUC Meeting: January 2012 **Tab** 30 **Specialty Developing Recommendation:** SIR **First Identified:** September 2007 **2010 Medicare Utilization Data:** 60,952

2007 Work RVU: 5.17 **2012 Work RVU:** 5.2
2007 NF PE RVU: 49.54 **2012 NF PE RVU:** 51.16
2007 Fac PE RVU 2.99 **2012 Fac PE RVU:** 3.19

RUC Recommendation: Survey for work and PE for the January 2013 RUC meeting. Reduced 99238 to 0.5

CPT Action (if applicable):

Result: PE Only

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 recanulization/dilatation, stent placement and all associated imaging guidance and documentation)**

Global: 000 **Issue:** Interventional Radiology Procedures **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 21 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** NA **2010 Medicare Utilization Data:** 610

2007 Work RVU: 7.99 **2012 Work RVU:** 7.99
2007 NF PE RVU: NA **2012 NF PE RVU:** 160.15
2007 Fac PE RVU 2.89 **2012 Fac PE RVU:** 3.13

RUC Recommendation: New PE inputs

CPT Action (if applicable):

Result: PE Only

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

37191 **Insertion of intravascular vena cava filter, endovascular approach including vascular access, vessel selection, and radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance (ultrasound and fluoroscopy), when performed**

Global: 000 **Issue:** IVC Transcatheter Procedure **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 12 **Specialty Developing Recommendation:** ACR, SIR, SVS **First Identified:** **2010 Medicare Utilization Data:**

2007 Work RVU: **2012 Work RVU:** 4.71
2007 NF PE RVU: **2012 NF PE RVU:** 73.13
2007 Fac PE RVU **2012 Fac PE RVU:** 1.68

RUC Recommendation: 4.71

CPT Action (if applicable): February 2011

Result: Decrease

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

Status Report: CMS Requests and Relativity Assessment Issues

37192 **Repositioning of intravascular vena cava filter, endovascular approach including vascular access, vessel selection, and radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance (ultrasound and fluoroscopy), when performed**

Global: 000 **Issue:** IVC Transcatheter Procedure **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 12 **Specialty Developing Recommendation:** ACR, SIR, SVS **First Identified:** **2010 Medicare Utilization Data:**

2007 Work RVU: **2012 Work RVU:** 7.35
2007 NF PE RVU: **2012 NF PE RVU:** 44.24
2007 Fac PE RVU **2012 Fac PE RVU:** 2.53

RUC Recommendation: 8.00 **CPT Action (if applicable):** February 2011 **Result:** Decrease
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 performed**

Global: 000 **Issue:** IVC Transcatheter Procedure **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 12 **Specialty Developing Recommendation:** ACR, SIR, SVS **First Identified:** **2010 Medicare Utilization Data:**

2007 Work RVU: **2012 Work RVU:** 7.35
2007 NF PE RVU: **2012 NF PE RVU:** 41.84
2007 Fac PE RVU **2012 Fac PE RVU:** 2.52

RUC Recommendation: 8.00 **CPT Action (if applicable):** February 2011 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

37201 **Transcatheter therapy, infusion for thrombolysis other than coronary**

Global: 000 **Issue:** Bundle Thrombolysis **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 15 **Specialty Developing Recommendation:** ACR, SIR, SVS **First Identified:** February 2010 **2010 Medicare Utilization Data:** 13,436

2007 Work RVU: 4.99 **2012 Work RVU:** 4.99
2007 NF PE RVU: NA **2012 NF PE RVU:** NA
2007 Fac PE RVU 2.43 **2012 Fac PE RVU:** 2.53

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** October 2011 **Result:** Deleted from CPT
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: 000 **Issue:** Transcatheter Procedures **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 45 **Specialty Developing Recommendation:** ACC, ACR, SIR, SVS **First Identified:** February 2010 **2010 Medicare Utilization Data:** 4,316

2007 Work RVU: 5.02 **2012 Work RVU:** 5.02
2007 NF PE RVU: 31.87 **2012 NF PE RVU:** 34.04
2007 Fac PE RVU 1.98 **2012 Fac PE RVU:** 2.12

RUC Recommendation: Maintain. Editorially revised.

CPT Action (if applicable): June 2011 **Result:** Maintain

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: 000 **Issue:** Transcatheter Procedures **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** No

Most Recent RUC Meeting: April 2010 **Tab** 45 **Specialty Developing Recommendation:** ACC, ACR, SIR, SVS **First Identified:** February 2010 **2010 Medicare Utilization Data:** 28,334

2007 Work RVU: 18.11 **2012 Work RVU:** 18.11
2007 NF PE RVU: NA **2012 NF PE RVU:** NA
2007 Fac PE RVU 5.75 **2012 Fac PE RVU:** 6.54

RUC Recommendation: Refer to CPT

CPT Action (if applicable): February 2013 **Result:**

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: 000 **Issue:** Endovascular Revascularization **Screen:** High Volume Growth / Codes Reported Together 75% or More-Part1 **Complete?** No

Most Recent RUC Meeting: April 2010 **Tab** 07 **Specialty Developing Recommendation:** SVS, ACS, SIR, ACR, ACC **First Identified:** February 2010 **2010 Medicare Utilization Data:** 116,843

2007 Work RVU: 8.27 **2012 Work RVU:** 8.27
2007 NF PE RVU: NA **2012 NF PE RVU:** 117.83
2007 Fac PE RVU 3.77 **2012 Fac PE RVU:** 3.15

RUC Recommendation: Refer to CPT

CPT Action (if applicable): February 2013 **Result:**

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

Status Report: CMS Requests and Relativity Assessment Issues

37206 **Transcatheter placement of an intravascular stent(s) (except coronary, carotid, vertebral, iliac, and lower extremity arteries), percutaneous; each additional vessel (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Endovascular Revascularization **Screen:** High Volume Growth **Complete?** No

Most Recent RUC Meeting: April 2010 **Tab** 07 **Specialty Developing Recommendation:** SVS, ACS, SIR, ACR, ACC **First Identified:** February 2010 **2010 Medicare Utilization Data:** 29,503

2007 Work RVU: 4.12 **2012 Work RVU:** 4.12
2007 NF PE RVU: NA **2012 NF PE RVU:** 71.39
2007 Fac PE RVU 1.46 **2012 Fac PE RVU:** 1.49

RUC Recommendation: Refer to CPT **CPT Action (if applicable):** February 2013 **Result:** Maintain
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: 000 **Issue:** Endovascular Revascularization **Screen:** High Volume Growth **Complete?** No

Most Recent RUC Meeting: April 2010 **Tab** 07 **Specialty Developing Recommendation:** SVS, ACS, SIR, ACR, ACC **First Identified:** February 2010 **2010 Medicare Utilization Data:** 4,829

2007 Work RVU: 8.27 **2012 Work RVU:** 8.27
2007 NF PE RVU: NA **2012 NF PE RVU:** NA
2007 Fac PE RVU 2.98 **2012 Fac PE RVU:** 2.98

RUC Recommendation: Refer to CPT **CPT Action (if applicable):** February 2013 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

37208 **Transcatheter placement of an intravascular stent(s) (except coronary, carotid, vertebral, iliac and lower extremity arteries), open; each additional vessel (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Endovascular Revascularization **Screen:** High Volume Growth **Complete?** No

Most Recent RUC Meeting: April 2010 **Tab** 07 **Specialty Developing Recommendation:** SVS, ACS, SIR, ACR, ACC **First Identified:** February 2010 **2010 Medicare Utilization Data:** 1,350

2007 Work RVU: 4.12 **2012 Work RVU:** 4.12
2007 NF PE RVU: NA **2012 NF PE RVU:** NA
2007 Fac PE RVU 1.30 **2012 Fac PE RVU:** 1.28

RUC Recommendation: Refer to CPT **CPT Action (if applicable):** February 2013 **Result:** Maintain
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: 000 **Issue:** Bundle Thrombolysis **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 15 **Specialty Developing Recommendation:** ACR, SIR, SVS **First Identified:** February 2010 **2010 Medicare Utilization Data:**

2007 Work RVU: 2.27 **2012 Work RVU:**
2007 NF PE RVU: NA **2012 NF PE RVU:**
2007 Fac PE RVU 0.72 **2012 Fac PE RVU:**

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

37211 **Transcatheter therapy, arterial infusion for thrombolysis other than coronary, any method, including radiological supervision and interpretation, initial treatment day**

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 **2010 Medicare Utilization Data:**

2007 Work RVU: **2012 Work RVU:**
2007 NF PE RVU: **2012 NF PE RVU:**
2007 Fac PE RVU **2012 Fac PE RVU:**

RUC Recommendation: 8.00 **CPT Action (if applicable):** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

37212 **Transcatheter therapy, venous infusion for thrombolysis, any method, including radiological supervision and interpretation, initial treatment day**

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 **2010 Medicare Utilization Data:**

2007 Work RVU: **2012 Work RVU:**
2007 NF PE RVU: **2012 NF PE RVU:**
2007 Fac PE RVU **2012 Fac PE RVU:**

RUC Recommendation: 7.06 **CPT Action (if applicable):** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

37213 **Transcatheter therapy, arterial or venous infusion for thrombolysis other than coronary, any method, including radiological supervision and interpretation, continued treatment on subsequent day during course of thrombolytic therapy, including follow-up catheter contrast injection, position change, or exchange, when performed;**

Global: **Issue:** Bundle Thrombolysis **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 15 **Specialty Developing Recommendation:** ACR, SIR, SVS **First Identified:** February 2010 **2010 Medicare Utilization Data:**

2007 Work RVU: **2012 Work RVU:**
2007 NF PE RVU: **2012 NF PE RVU:**
2007 Fac PE RVU **2012 Fac PE RVU:**

RUC Recommendation: 5.00 **CPT Action (if applicable):** **Result:** Decrease

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 catheter contrast injection, position change, or exchange, when performed; cessation of thrombolysis including removal of catheter and vessel closure by any method**

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 **2010 Medicare Utilization Data:**

2007 Work RVU: **2012 Work RVU:**
2007 NF PE RVU: **2012 NF PE RVU:**
2007 Fac PE RVU **2012 Fac PE RVU:**

RUC Recommendation: 3.04 **CPT Action (if applicable):** **Result:** Decrease

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

37220 **Revascularization, endovascular, open or percutaneous, iliac artery, unilateral, initial vessel; with transluminal angioplasty**

Global: 000 **Issue:** Endovascular Revascularization **Screen:** High Volume Growth **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 07 **Specialty Developing Recommendation:** SVS, ACS, SIR, ACR, ACC **First Identified:** February 2010 **2010 Medicare Utilization Data:**

2007 Work RVU: **2012 Work RVU:** 8.15
2007 NF PE RVU: **2012 NF PE RVU:** 87.12
2007 Fac PE RVU **2012 Fac PE RVU:** 2.75

RUC Recommendation: 8.15 **CPT Action (if applicable):** February 2010 **Result:** Decrease

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

Status Report: CMS Requests and Relativity Assessment Issues

37221 **Revascularization, endovascular, open or percutaneous, iliac artery, unilateral, initial vessel; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed**

Global: 000 **Issue:** Endovascular Revascularization **Screen:** High Volume Growth **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 07 **Specialty Developing Recommendation:** SVS, ACS, SIR, ACR, ACC **First Identified:** February 2010 **2010 Medicare Utilization Data:**

2007 Work RVU: **2012 Work RVU:** 10
2007 NF PE RVU: **2012 NF PE RVU:** 132.89
2007 Fac PE RVU **2012 Fac PE RVU:** 3.42

RUC Recommendation: 10.00 **CPT Action (if applicable):** February 2010 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

37222 **Revascularization, endovascular, open or percutaneous, iliac artery, each additional ipsilateral iliac vessel; with transluminal angioplasty (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Endovascular Revascularization **Screen:** High Volume Growth **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 07 **Specialty Developing Recommendation:** SVS, ACS, SIR, ACR, ACC **First Identified:** February 2010 **2010 Medicare Utilization Data:**

2007 Work RVU: **2012 Work RVU:** 3.73
2007 NF PE RVU: **2012 NF PE RVU:** 23.32
2007 Fac PE RVU **2012 Fac PE RVU:** 1.21

RUC Recommendation: 3.73 **CPT Action (if applicable):** February 2010 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

37223 **Revascularization, endovascular, open or percutaneous, iliac artery, each additional ipsilateral iliac vessel; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Endovascular Revascularization **Screen:** High Volume Growth **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 07 **Specialty Developing Recommendation:** SVS, ACS, SIR, ACR, ACC **First Identified:** February 2010 **2010 Medicare Utilization Data:**

2007 Work RVU: **2012 Work RVU:** 4.25
2007 NF PE RVU: **2012 NF PE RVU:** 74.25
2007 Fac PE RVU **2012 Fac PE RVU:** 1.38

RUC Recommendation: 4.25 **CPT Action (if applicable):** February 2010 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

37224 **Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with transluminal angioplasty**

Global: 000 **Issue:** Endovascular Revascularization **Screen:** High Volume Growth **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 07 **Specialty Developing Recommendation:** SVS, ACS, SIR, ACR, ACC **First Identified:** February 2010 **2010 Medicare Utilization Data:**

2007 Work RVU: **2012 Work RVU:** 9
2007 NF PE RVU: **2012 NF PE RVU:** 105.79
2007 Fac PE RVU **2012 Fac PE RVU:** 3.03

RUC Recommendation: 9.00 **CPT Action (if applicable):** February 2010 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

37225 **Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with atherectomy, includes angioplasty within the same vessel, when performed**

Global: 000 **Issue:** Endovascular Revascularization **Screen:** High Volume Growth **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 07 **Specialty Developing Recommendation:** SVS, ACS, SIR, ACR, ACC **First Identified:** February 2010 **2010 Medicare Utilization Data:**

2007 Work RVU: **2012 Work RVU:** 12
2007 NF PE RVU: **2012 NF PE RVU:** 316.59
2007 Fac PE RVU **2012 Fac PE RVU:** 4.18

RUC Recommendation: 12.00 **CPT Action (if applicable):** February 2010 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

37226 **Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed**

Global: 000 **Issue:** Endovascular Revascularization **Screen:** High Volume Growth **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 07 **Specialty Developing Recommendation:** SVS, ACS, SIR, ACR, ACC **First Identified:** February 2010 **2010 Medicare Utilization Data:**

2007 Work RVU: **2012 Work RVU:** 10.49
2007 NF PE RVU: **2012 NF PE RVU:** 267.55
2007 Fac PE RVU **2012 Fac PE RVU:** 3.59

RUC Recommendation: 10.49 **CPT Action (if applicable):** February 2010 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

37227 **Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with transluminal stent placement(s) and atherectomy, includes angioplasty within the same vessel, when performed**

Global: 000 **Issue:** Endovascular Revascularization **Screen:** High Volume Growth **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 07 **Specialty Developing Recommendation:** SVS, ACS, SIR, ACR, ACC **First Identified:** February 2010 **2010 Medicare Utilization Data:**

2007 Work RVU: **2012 Work RVU:** 14.5
2007 NF PE RVU: **2012 NF PE RVU:** 430.29
2007 Fac PE RVU **2012 Fac PE RVU:** 5.03

RUC Recommendation: 14.50 **CPT Action (if applicable):** February 2010 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

37228 **Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with transluminal angioplasty**

Global: 000 **Issue:** Endovascular Revascularization **Screen:** High Volume Growth **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 07 **Specialty Developing Recommendation:** SVS, ACS, SIR, ACR, ACC **First Identified:** February 2010 **2010 Medicare Utilization Data:**

2007 Work RVU: **2012 Work RVU:** 11
2007 NF PE RVU: **2012 NF PE RVU:** 153.37
2007 Fac PE RVU **2012 Fac PE RVU:** 3.67

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

37229 **Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with atherectomy, includes angioplasty within the same vessel, when performed**

Global: 000 **Issue:** Endovascular Revascularization **Screen:** High Volume Growth **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 07 **Specialty Developing Recommendation:** SVS, ACS, SIR, ACR, ACC **First Identified:** February 2010 **2010 Medicare Utilization Data:**

2007 Work RVU: **2012 Work RVU:** 14.05
2007 NF PE RVU: **2012 NF PE RVU:** 310.42
2007 Fac PE RVU **2012 Fac PE RVU:** 4.85

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

Status Report: CMS Requests and Relativity Assessment Issues

37230 **Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed**

Global: 000 **Issue:** Endovascular Revascularization **Screen:** High Volume Growth **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 07 **Specialty Developing Recommendation:** SVS, ACS, SIR, ACR, ACC **First Identified:** February 2010 **2010 Medicare Utilization Data:**

2007 Work RVU: **2012 Work RVU:** 13.8
2007 NF PE RVU: **2012 NF PE RVU:** 243.00
2007 Fac PE RVU **2012 Fac PE RVU:** 4.69

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

37231 **Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with transluminal stent placement(s) and atherectomy, includes angioplasty within the same vessel, when performed**

Global: 000 **Issue:** Endovascular Revascularization **Screen:** High Volume Growth **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 07 **Specialty Developing Recommendation:** SVS, ACS, SIR, ACR, ACC **First Identified:** February 2010 **2010 Medicare Utilization Data:**

2007 Work RVU: **2012 Work RVU:** 15
2007 NF PE RVU: **2012 NF PE RVU:** 399.23
2007 Fac PE RVU **2012 Fac PE RVU:** 5.09

RUC Recommendation: 15.00 **CPT Action (if applicable):** February 2010 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

37232 **Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with transluminal angioplasty (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Endovascular Revascularization **Screen:** High Volume Growth **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 07 **Specialty Developing Recommendation:** SVS, ACS, SIR, ACR, ACC **First Identified:** February 2010 **2010 Medicare Utilization Data:**

2007 Work RVU: **2012 Work RVU:** 4
2007 NF PE RVU: **2012 NF PE RVU:** 32.44
2007 Fac PE RVU **2012 Fac PE RVU:** 1.30

RUC Recommendation: 4.00 **CPT Action (if applicable):** February 2010 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

37233 **Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with atherectomy, includes angioplasty within the same vessel, when performed (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Endovascular Revascularization **Screen:** High Volume Growth **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 07 **Specialty Developing Recommendation:** SVS, ACS, SIR, ACR, ACC **First Identified:** February 2010 **2010 Medicare Utilization Data:**

2007 Work RVU: **2012 Work RVU:** 6.5
2007 NF PE RVU: **2012 NF PE RVU:** 37.36
2007 Fac PE RVU **2012 Fac PE RVU:** 2.20

RUC Recommendation: 6.50 **CPT Action (if applicable):** February 2010 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

37234 **Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Endovascular Revascularization **Screen:** High Volume Growth **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 07 **Specialty Developing Recommendation:** SVS, ACS, SIR, ACR, ACC **First Identified:** February 2010 **2010 Medicare Utilization Data:**

2007 Work RVU: **2012 Work RVU:** 5.5
2007 NF PE RVU: **2012 NF PE RVU:** 112.75
2007 Fac PE RVU **2012 Fac PE RVU:** 1.79

RUC Recommendation: 5.50 **CPT Action (if applicable):** February 2010 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

37235 **Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with transluminal stent placement(s) and atherectomy, includes angioplasty within the same vessel, when performed (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Endovascular Revascularization **Screen:** High Volume Growth **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 07 **Specialty Developing Recommendation:** SVS, ACS, SIR, ACR, ACC **First Identified:** February 2010 **2010 Medicare Utilization Data:**

2007 Work RVU: **2012 Work RVU:** 7.8
2007 NF PE RVU: **2012 NF PE RVU:** 117.95
2007 Fac PE RVU **2012 Fac PE RVU:** 2.54

RUC Recommendation: 7.80 **CPT Action (if applicable):** February 2010 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

37609 **Ligation or biopsy, temporal artery**

Global: 010 **Issue:** Ligation **Screen:** Site of Service Anomaly (99238-Only) **Complete?** Yes

Most Recent RUC Meeting: September 2007 **Tab** 16 **Specialty Developing Recommendation:** SVS, ACS **First Identified:** September 2007 **2010 Medicare Utilization Data:** 19,766

2007 Work RVU: 3.02 **2012 Work RVU:** 3.05
2007 NF PE RVU: 4.43 **2012 NF PE RVU:** 5.65
2007 Fac PE RVU 1.93 **2012 Fac PE RVU:** 2.56

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

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

37619 **Ligation of inferior vena cava**

Global: 090 **Issue:** Ligation of Inferior Vena Cava **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 13 **Specialty Developing Recommendation:** ACS, SVS **First Identified:** **2010 Medicare Utilization Data:**

2007 Work RVU: **2012 Work RVU:** 30
2007 NF PE RVU: **2012 NF PE RVU:** NA
2007 Fac PE RVU **2012 Fac PE RVU:** 11.90

RUC Recommendation: 37.60 **CPT Action (if applicable):** February 2011 **Result:** Increase

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: 090 **Issue:** Major Vein Revision **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 45 **Specialty Developing Recommendation:** ACR, SIR, SVS **First Identified:** February 2010 **2010 Medicare Utilization Data:** 64,594

2007 Work RVU: 11.49 **2012 Work RVU:**
2007 NF PE RVU: NA **2012 NF PE RVU:**
2007 Fac PE RVU 5.52 **2012 Fac PE RVU:**

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

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

Status Report: CMS Requests and Relativity Assessment Issues

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

Global: 090 **Issue:** Perorator Vein Ligation **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 10 **Specialty Developing Recommendation:** SVS, ACS **First Identified:** September 2007 **2010 Medicare Utilization Data:** 1,221

2007 Work RVU: 10.69 **2012 Work RVU:** 10.78
2007 NF PE RVU: NA **2012 NF PE RVU:** NA
2007 Fac PE RVU 5.14 **2012 Fac PE RVU:** 6.11

RUC Recommendation: 10.69 **CPT Action (if applicable):** February 2009 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

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

Global: 090 **Issue:** Perforator Vein Ligation **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 10 **Specialty Developing Recommendation:** SVS, ACS **First Identified:** **2010 Medicare Utilization Data:** 508

2007 Work RVU: **2012 Work RVU:** 9.13
2007 NF PE RVU: **2012 NF PE RVU:** NA
2007 Fac PE RVU **2012 Fac PE RVU:** 5.79

RUC Recommendation: 9.00 **CPT Action (if applicable):** **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

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

Global: 090 **Issue:** Stab Phlebectomy of Varicose Veins **Screen:** High Volume Growth / CMS Fastest Growing **Complete?** No

Most Recent RUC Meeting: February 2010 **Tab** 21 **Specialty Developing Recommendation:** ACS **First Identified:** February 2008 **2010 Medicare Utilization Data:** 13,974

2007 Work RVU: 7.63 **2012 Work RVU:** 7.71
2007 NF PE RVU: NA **2012 NF PE RVU:** 10.86
2007 Fac PE RVU 4.36 **2012 Fac PE RVU:** 4.60

RUC Recommendation: Review September 2013. Non-Facility PE Inputs. **CPT Action (if applicable):** **Result:** PE Only
Referred to CPT Asst ☐ **Published in CPT Asst:**

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

Global: 090 **Issue:** Stab Phlebectomy of Varicose Veins **Screen:** High Volume Growth / CMS Fastest Growing **Complete?** No

Most Recent RUC Meeting: February 2010 **Tab** 21 **Specialty Developing Recommendation:** ACS **First Identified:** February 2008 **2010 Medicare Utilization Data:** 9,141

2007 Work RVU: 9.58 **2012 Work RVU:** 9.66
2007 NF PE RVU: NA **2012 NF PE RVU:** 12.15
2007 Fac PE RVU 5.01 **2012 Fac PE RVU:** 5.28

RUC Recommendation: Review September 2013. Non-Facility PE Inputs. **CPT Action (if applicable):** **Result:** PE Only
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

37785 **Ligation, division, and/or excision of varicose vein cluster(s), 1 leg** **Global:** 090 **Issue:** Ligation **Screen:** Site of Service Anomaly (99238-Only) **Complete?** Yes

Most Recent RUC Meeting: September 2007 **Tab** 16 **Specialty Developing Recommendation:** APMA, SVS, ACS **First Identified:** September 2007 **2010 Medicare Utilization Data:** 2,608

2007 Work RVU: 3.87 **2012 Work RVU:** 3.93
2007 NF PE RVU: 5.12 **2012 NF PE RVU:** 6.08
2007 Fac PE RVU 2.69 **2012 Fac PE RVU:**3.23

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

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 **2010 Medicare Utilization Data:** 924

2007 Work RVU: 6.08 **2012 Work RVU:** 7.95
2007 NF PE RVU: NA **2012 NF PE RVU:** NA
2007 Fac PE RVU 4.3 **2012 Fac PE RVU:**6.09

RUC Recommendation: 7.85 **CPT Action (if applicable):** **Result:** Increase

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

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

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

2007 Work RVU: 14.70 **2012 Work RVU:** 14.76
2007 NF PE RVU: NA **2012 NF PE RVU:** NA
2007 Fac PE RVU 5.97 **2012 Fac PE RVU:**7.15

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

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

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

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

2007 Work RVU: 1.22 **2012 Work RVU:** 1.22
2007 NF PE RVU: 1.75 **2012 NF PE RVU:** 2.42
2007 Fac PE RVU 0.61 **2012 Fac PE RVU:**0.80

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

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

Status Report: CMS Requests and Relativity Assessment Issues

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

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

2007 Work RVU: 9.63 **2012 Work RVU:** 9.78
2007 NF PE RVU: NA **2012 NF PE RVU:** NA
2007 Fac PE RVU 7.33 **2012 Fac PE RVU:** 10.24

RUC Recommendation: 9.63 **CPT Action (if applicable):** **Result:** Maintain

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

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

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

2007 Work RVU: 17.99 **2012 Work RVU:** 17.16
2007 NF PE RVU: NA **2012 NF PE RVU:** NA
2007 Fac PE RVU 10.11 **2012 Fac PE RVU:** 12.43

RUC Recommendation: 18.12 **CPT Action (if applicable):** **Result:** Maintain

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

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

Most Recent RUC Meeting: February 2011 **Tab** 27 **Specialty Developing Recommendation:** ACS, AAO-HNS **First Identified:** September 2007 **2010 Medicare Utilization Data:** 1,567

2007 Work RVU: 20.87 **2012 Work RVU:** 19.53
2007 NF PE RVU: NA **2012 NF PE RVU:** NA
2007 Fac PE RVU 11.46 **2012 Fac PE RVU:** 13.71

RUC Recommendation: 21.00 **CPT Action (if applicable):** **Result:** Maintain

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 **2010 Medicare Utilization Data:** 2,098

2007 Work RVU: 7.05 **2012 Work RVU:** 6.14
2007 NF PE RVU: NA **2012 NF PE RVU:** NA
2007 Fac PE RVU 4.48 **2012 Fac PE RVU:** 5.56

RUC Recommendation: 7.13 **CPT Action (if applicable):** **Result:** Maintain

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

Status Report: CMS Requests and Relativity Assessment Issues

4319X1

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

Most Recent RUC Meeting: October 2012 **Tab** 10 **Specialty Developing Recommendation:** AAO-HNS, ASGE, SAGES **First Identified:** September 2011 **2010 Medicare Utilization Data:**

2007 Work RVU: **2012 Work RVU:**
2007 NF PE RVU: **2012 NF PE RVU:**
2007 Fac PE RVU **2012 Fac PE RVU:**

RUC Recommendation: 2.78 **CPT Action (if applicable):** **Result:** Increase

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

4319X2

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

Most Recent RUC Meeting: October 2012 **Tab** 10 **Specialty Developing Recommendation:** AAO-HNS, ASGE, SAGES **First Identified:** September 2011 **2010 Medicare Utilization Data:**

2007 Work RVU: **2012 Work RVU:**
2007 NF PE RVU: **2012 NF PE RVU:**
2007 Fac PE RVU **2012 Fac PE RVU:**

RUC Recommendation: 3.21 **CPT Action (if applicable):** **Result:** Increase

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

4319X3

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

Most Recent RUC Meeting: October 2012 **Tab** 10 **Specialty Developing Recommendation:** AAO-HNS, ASGE, SAGES **First Identified:** September 2011 **2010 Medicare Utilization Data:**

2007 Work RVU: **2012 Work RVU:**
2007 NF PE RVU: **2012 NF PE RVU:**
2007 Fac PE RVU **2012 Fac PE RVU:**

RUC Recommendation: 3.36 **CPT Action (if applicable):** **Result:** Increase

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

4319X4

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

Most Recent RUC Meeting: October 2012 **Tab** 10 **Specialty Developing Recommendation:** AAO-HNS, ASGE, SAGES **First Identified:** September 2011 **2010 Medicare Utilization Data:**

2007 Work RVU: **2012 Work RVU:**
2007 NF PE RVU: **2012 NF PE RVU:**
2007 Fac PE RVU **2012 Fac PE RVU:**

RUC Recommendation: 3.99 **CPT Action (if applicable):** **Result:** Increase

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

Status Report: CMS Requests and Relativity Assessment Issues

4319X5

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

Most Recent RUC Meeting: October 2012 **Tab** 10 **Specialty Developing Recommendation:** AAO-HNS, ASGE, SAGES **First Identified:** September 2011 **2010 Medicare Utilization Data:**

2007 Work RVU: **2012 Work RVU:**
2007 NF PE RVU: **2012 NF PE RVU:**
2007 Fac PE RVU **2012 Fac PE RVU:**

RUC Recommendation: 3.21 **CPT Action (if applicable):** **Result:** Increase

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

4319X6

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

Most Recent RUC Meeting: October 2012 **Tab** 10 **Specialty Developing Recommendation:** AAO-HNS, ASGE, SAGES **First Identified:** September 2011 **2010 Medicare Utilization Data:**

2007 Work RVU: **2012 Work RVU:**
2007 NF PE RVU: **2012 NF PE RVU:**
2007 Fac PE RVU **2012 Fac PE RVU:**

RUC Recommendation: 3.36 **CPT Action (if applicable):** **Result:** Increase

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

4319X7

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

Most Recent RUC Meeting: October 2012 **Tab** 10 **Specialty Developing Recommendation:** AAO-HNS, ASGE, SAGES, AGA **First Identified:** September 2011 **2010 Medicare Utilization Data:**

2007 Work RVU: **2012 Work RVU:**
2007 NF PE RVU: **2012 NF PE RVU:**
2007 Fac PE RVU **2012 Fac PE RVU:**

RUC Recommendation: 1.59 **CPT Action (if applicable):** **Result:** Maintain

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

4319X8

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

Most Recent RUC Meeting: October 2012 **Tab** 10 **Specialty Developing Recommendation:** AAO-HNS, ASGE, SAGES, AGA **First Identified:** September 2011 **2010 Medicare Utilization Data:**

2007 Work RVU: **2012 Work RVU:**
2007 NF PE RVU: **2012 NF PE RVU:**
2007 Fac PE RVU **2012 Fac PE RVU:**

RUC Recommendation: 1.89 **CPT Action (if applicable):** **Result:** Maintain

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

Status Report: CMS Requests and Relativity Assessment Issues

43200 **Esophagoscopy, rigid or flexible; diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure)**

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

Most Recent RUC Meeting: October 2012 **Tab** 10 **Specialty Developing Recommendation:** AAO-HNS, AGA, ASGE, SAGES **First Identified:** September 2011 **2010 Medicare Utilization Data:** 15,082

2007 Work RVU: 1.59 **2012 Work RVU:** 1.59
2007 NF PE RVU: 3.98 **2012 NF PE RVU:** 4.71
2007 Fac PE RVU 1.04 **2012 Fac PE RVU:** 1.32

RUC Recommendation: 1.59 **CPT Action (if applicable):** May 2012 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

43201 **Esophagoscopy, rigid or flexible; with directed submucosal injection(s), any substance**

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

Most Recent RUC Meeting: October 2012 **Tab** 10 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2010 Medicare Utilization Data:** 441

2007 Work RVU: 2.09 **2012 Work RVU:** 2.09
2007 NF PE RVU: 4.86 **2012 NF PE RVU:** 6.88
2007 Fac PE RVU 1.12 **2012 Fac PE RVU:** 1.45

RUC Recommendation: 1.90 **CPT Action (if applicable):** May 2012 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

43202 **Esophagoscopy, rigid or flexible; with biopsy, single or multiple**

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

Most Recent RUC Meeting: October 2012 **Tab** 10 **Specialty Developing Recommendation:** AAO-HNS, AGA, ASGE, SAGES **First Identified:** September 2011 **2010 Medicare Utilization Data:** 4,123

2007 Work RVU: 1.89 **2012 Work RVU:** 1.89
2007 NF PE RVU: 5.44 **2012 NF PE RVU:** 6.42
2007 Fac PE RVU 0.95 **2012 Fac PE RVU:** 1.28

RUC Recommendation: 1.89 **CPT Action (if applicable):** May 2012 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

43204 **Esophagoscopy, rigid or flexible; with injection sclerosis of esophageal varices**

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

Most Recent RUC Meeting: October 2012 **Tab** 10 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2010 Medicare Utilization Data:** 110

2007 Work RVU: 3.76 **2012 Work RVU:** 3.76
2007 NF PE RVU: NA **2012 NF PE RVU:** NA
2007 Fac PE RVU 1.63 **2012 Fac PE RVU:** 2.22

RUC Recommendation: 2.89 **CPT Action (if applicable):** May 2012 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

43205 **Esophagoscopy, rigid or flexible; with band ligation of esophageal varices** **Global:** 000 **Issue:** Esophagoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 10 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2010 Medicare Utilization Data:** 247

2007 Work RVU: 3.78 **2012 Work RVU:** 3.78
2007 NF PE RVU: NA **2012 NF PE RVU:** NA
2007 Fac PE RVU 1.66 **2012 Fac PE RVU:** 2.37

RUC Recommendation: 3.00 **CPT Action (if applicable):** May 2012 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

43206 **Esophagoscopy, rigid or flexible; with optical endomicroscopy** **Global:** **Issue:** Esophagoscopy **Screen:** MPC List **Complete?** No

Most Recent RUC Meeting: October 2012 **Tab** 10 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2010 Medicare Utilization Data:**

2007 Work RVU: **2012 Work RVU:**
2007 NF PE RVU: **2012 NF PE RVU:**
2007 Fac PE RVU **2012 Fac PE RVU:**

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

43215 **Esophagoscopy, rigid or flexible; with removal of foreign body** **Global:** 000 **Issue:** Esophagoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 10 **Specialty Developing Recommendation:** AAO-HNS, AGA, ASGE, SAGES **First Identified:** September 2011 **2010 Medicare Utilization Data:** 1,671

2007 Work RVU: 2.60 **2012 Work RVU:** 2.6
2007 NF PE RVU: NA **2012 NF PE RVU:** NA
2007 Fac PE RVU 1.22 **2012 Fac PE RVU:** 1.62

RUC Recommendation: 2.60 **CPT Action (if applicable):** May 2012 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

43216 **Esophagoscopy, rigid or flexible; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or bipolar cautery** **Global:** 000 **Issue:** Esophagoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 10 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2010 Medicare Utilization Data:** 106

2007 Work RVU: 2.40 **2012 Work RVU:** 2.4
2007 NF PE RVU: 1.55 **2012 NF PE RVU:** 3.65
2007 Fac PE RVU 1.10 **2012 Fac PE RVU:** 1.57

RUC Recommendation: 2.40 **CPT Action (if applicable):** May 2012 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

43217 **Esophagoscopy, rigid or flexible; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique**

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

Most Recent RUC Meeting: October 2012 **Tab** 10 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2010 Medicare Utilization Data:** 273

2007 Work RVU: 2.90 **2012 Work RVU:** 2.9
2007 NF PE RVU: 6.85 **2012 NF PE RVU:** 8.08
2007 Fac PE RVU 1.25 **2012 Fac PE RVU:** 1.72

RUC Recommendation: 2.90 **CPT Action (if applicable):** May 2012 **Result:** Maintain

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

43219 **Esophagoscopy, rigid or flexible; with insertion of plastic tube or stent**

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

Most Recent RUC Meeting: October 2012 **Tab** 10 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2010 Medicare Utilization Data:** 716

2007 Work RVU: 2.80 **2012 Work RVU:** 2.8
2007 NF PE RVU: NA **2012 NF PE RVU:** NA
2007 Fac PE RVU 1.40 **2012 Fac PE RVU:** 1.85

RUC Recommendation: 2.80 **CPT Action (if applicable):** May 2012 **Result:** Maintain

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

4321X1

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

Most Recent RUC Meeting: October 2012 **Tab** 10 **Specialty Developing Recommendation:** **First Identified:** September 2011 **2010 Medicare Utilization Data:**

2007 Work RVU: **2012 Work RVU:**
2007 NF PE RVU: **2012 NF PE RVU:**
2007 Fac PE RVU **2012 Fac PE RVU:**

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

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

43220 **Esophagoscopy, rigid or flexible; with balloon dilation (less than 30 mm diameter)**

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

Most Recent RUC Meeting: October 2012 **Tab** 10 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2010 Medicare Utilization Data:** 2,954

2007 Work RVU: 2.10 **2012 Work RVU:** 2.1
2007 NF PE RVU: NA **2012 NF PE RVU:** NA
2007 Fac PE RVU 1.01 **2012 Fac PE RVU:** 1.39

RUC Recommendation: 2.10 **CPT Action (if applicable):** May 2012 **Result:** Maintain

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

Status Report: CMS Requests and Relativity Assessment Issues

43226 **Esophagoscopy, rigid or flexible; with insertion of guide wire followed by dilation over guide wire**

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

Most Recent RUC Meeting: October 2012 **Tab** 10 **Specialty Developing Recommendation:** AAO-HNS, AGA, ASGE, SAGES **First Identified:** September 2011 **2010 Medicare Utilization Data:** 2,554

2007 Work RVU: 2.34 **2012 Work RVU:** 2.34
2007 NF PE RVU: NA **2012 NF PE RVU:** NA
2007 Fac PE RVU 1.10 **2012 Fac PE RVU:** 1.52

RUC Recommendation: 2.34 **CPT Action (if applicable):** May 2012 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

43227 **Esophagoscopy, rigid or flexible; with control of bleeding (eg, injection, bipolar cautery, unipolar cautery, laser, heater probe, stapler, plasma coagulator)**

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

Most Recent RUC Meeting: October 2012 **Tab** 10 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2010 Medicare Utilization Data:** 664

2007 Work RVU: 3.59 **2012 Work RVU:** 3.59
2007 NF PE RVU: NA **2012 NF PE RVU:** NA
2007 Fac PE RVU 1.55 **2012 Fac PE RVU:** 2.18

RUC Recommendation: 3.26 **CPT Action (if applicable):** May 2012 **Result:** Decrease
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: 000 **Issue:** Esophagoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 10 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2010 Medicare Utilization Data:** 4,153

2007 Work RVU: 3.76 **2012 Work RVU:** 3.76
2007 NF PE RVU: NA **2012 NF PE RVU:** NA
2007 Fac PE RVU 1.63 **2012 Fac PE RVU:** 2.32

RUC Recommendation: 3.25 **CPT Action (if applicable):** May 2012 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

43231 **Esophagoscopy, rigid or flexible; with endoscopic ultrasound examination**

Global: 000 **Issue:** Esophagoscopy **Screen:** MPC List **Complete?** No

Most Recent RUC Meeting: October 2012 **Tab** 10 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2010 Medicare Utilization Data:** 423

2007 Work RVU: 3.19 **2012 Work RVU:** 3.19
2007 NF PE RVU: NA **2012 NF PE RVU:** NA
2007 Fac PE RVU 1.42 **2012 Fac PE RVU:** 2.03

RUC Recommendation: Resurvey for January 2013 **CPT Action (if applicable):** May 2012 **Result:**
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

43232 **Esophagoscopy, rigid or flexible; with transendoscopic ultrasound-guided intramural or transmural fine needle aspiration/biopsy(s)**

Global: 000 **Issue:** Esophagoscopy **Screen:** MPC List **Complete?** No

Most Recent RUC Meeting: October 2012 **Tab** 10 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2010 Medicare Utilization Data:** 366

2007 Work RVU: 4.47 **2012 Work RVU:** 4.47
2007 NF PE RVU: NA **2012 NF PE RVU:** NA
2007 Fac PE RVU 1.96 **2012 Fac PE RVU:** 2.63

RUC Recommendation: Resurvey for January 2013 **CPT Action (if applicable):** May 2012 **Result:**

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

43234 **Upper gastrointestinal endoscopy, simple primary examination (eg, with small diameter flexible endoscope) (separate procedure)**

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

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:** **First Identified:** September 2011 **2010 Medicare Utilization Data:** 2,005

2007 Work RVU: 2.01 **2012 Work RVU:** 2.01
2007 NF PE RVU: 5.23 **2012 NF PE RVU:** 6.16
2007 Fac PE RVU 0.91 **2012 Fac PE RVU:** 1.27

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** February 2012 **Result:** Deleted from CPT

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

43235 **Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure)**

Global: 000 **Issue:** **Screen:** MPC List / CMS High Expenditure Procedural Codes **Complete?** No

Most Recent RUC Meeting: February 2011 **Tab** 41 **Specialty Developing Recommendation:** **First Identified:** October 2010 **2010 Medicare Utilization Data:** 399,111

2007 Work RVU: 2.39 **2012 Work RVU:** 2.39
2007 NF PE RVU: 5.19 **2012 NF PE RVU:** 6.19
2007 Fac PE RVU 1.11 **2012 Fac PE RVU:** 1.59

RUC Recommendation: Specialty intends on resurveying entire GI endoscopy family. **CPT Action (if applicable):** October 2012 **Result:** Maintain

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

Status Report: CMS Requests and Relativity Assessment Issues

43236 **Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with directed submucosal injection(s), any substance**

Global: 000 **Issue:** Gastrointestinal Endoscopy **Screen:** CMS Fastest Growing / MPC List **Complete?** No

Most Recent RUC Meeting: September 2011 **Tab** 51 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** October 2008 **2010 Medicare Utilization Data:** 13,502

2007 Work RVU: 2.92 **2012 Work RVU:** 2.92
2007 NF PE RVU: 6.47 **2012 NF PE RVU:** 8.04
2007 Fac PE RVU 1.33 **2012 Fac PE RVU:** 1.90

RUC Recommendation: Specialty intends on resurveying entire GI endoscopy family. CPT Assistant article published.

CPT Action (if applicable): February 2012 **Result:**

Referred to CPT Asst ☑ **Published in CPT Asst:** Apr 2009 and Jun

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43237 **Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with endoscopic ultrasound examination limited to the esophagus**

Global: 000 **Issue:** **Screen:** MPC List **Complete?** No

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:** **First Identified:** September 2011 **2010 Medicare Utilization Data:** 827

2007 Work RVU: 3.98 **2012 Work RVU:** 3.98
2007 NF PE RVU: NA **2012 NF PE RVU:** NA
2007 Fac PE RVU 1.74 **2012 Fac PE RVU:** 2.42

RUC Recommendation: Specialty intends on resurveying entire GI endoscopy family.

CPT Action (if applicable): October 2012 **Result:**

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

43238 **Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with transendoscopic ultrasound-guided intramural or transmural fine needle aspiration/biopsy(s), esophagus (includes endoscopic ultrasound examination limited to the esophagus)**

Global: 000 **Issue:** **Screen:** MPC List **Complete?** No

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:** **First Identified:** September 2011 **2010 Medicare Utilization Data:** 676

2007 Work RVU: 5.02 **2012 Work RVU:** 5.02
2007 NF PE RVU: NA **2012 NF PE RVU:** NA
2007 Fac PE RVU 2.11 **2012 Fac PE RVU:** 2.97

RUC Recommendation: Specialty intends on resurveying entire GI endoscopy family.

CPT Action (if applicable): October 2012 **Result:**

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

Status Report: CMS Requests and Relativity Assessment Issues

43239 **Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with biopsy, single or multiple**

Global: 000 **Issue:** Upper GI Endoscopy Biopsy **Screen:** MPC List **Complete?** No

Most Recent RUC Meeting: September 2011 **Tab** 42 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** October 2010 **2010 Medicare Utilization Data:** 1,440,278

2007 Work RVU: 2.87 **2012 Work RVU:** 2.87
2007 NF PE RVU: 5.79 **2012 NF PE RVU:** 7.04
2007 Fac PE RVU 1.29 **2012 Fac PE RVU:** 1.84

RUC Recommendation: Specialty intends on resurveying entire GI endoscopy family. Remove from MPC List

CPT Action (if applicable): February 2012 **Result:**

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

43240 **Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with transmural drainage of pseudocyst**

Global: 000 **Issue:** **Screen:** MPC List **Complete?** No

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:** **First Identified:** September 2011 **2010 Medicare Utilization Data:** 265

2007 Work RVU: 6.85 **2012 Work RVU:** 6.85
2007 NF PE RVU: NA **2012 NF PE RVU:** NA
2007 Fac PE RVU 2.82 **2012 Fac PE RVU:** 3.96

RUC Recommendation: Specialty intends on resurveying entire GI endoscopy family.

CPT Action (if applicable): October 2012 **Result:**

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

43241 **Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with transendoscopic intraluminal tube or catheter placement**

Global: 000 **Issue:** **Screen:** MPC List **Complete?** No

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:** **First Identified:** September 2011 **2010 Medicare Utilization Data:** 2,889

2007 Work RVU: 2.59 **2012 Work RVU:** 2.59
2007 NF PE RVU: NA **2012 NF PE RVU:** NA
2007 Fac PE RVU 1.18 **2012 Fac PE RVU:** 1.68

RUC Recommendation: Specialty intends on resurveying entire GI endoscopy family.

CPT Action (if applicable): October 2012 **Result:**

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

Status Report: CMS Requests and Relativity Assessment Issues

43242 **Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with transendoscopic ultrasound-guided intramural or transmural fine needle aspiration/biopsy(s) (includes endoscopic ultrasound examination of the esophagus, stomach, and either the duodenum and/or jejunum as appropriate)**

Global: 000 **Issue:** Gastrointestinal Endoscopy **Screen:** CMS Fastest Growing / MPC List **Complete?** No

Most Recent RUC Meeting: September 2011 **Tab** 51 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** October 2008 **2010 Medicare Utilization Data:** 22,973

2007 Work RVU: 7.30 **2012 Work RVU:** 7.3
2007 NF PE RVU: NA **2012 NF PE RVU:** NA
2007 Fac PE RVU 2.98 **2012 Fac PE RVU:** 4.25

RUC Recommendation: Specialty intends on resurveying entire GI endoscopy family. CPT Assistant article published.

CPT Action (if applicable): October 2012 **Result:**

Referred to CPT Asst ☑ **Published in CPT Asst:** Mar 2009

43243 **Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with injection sclerosis of esophageal and/or gastric varices**

Global: 000 **Issue:** **Screen:** MPC List **Complete?** No

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:** **First Identified:** September 2011 **2010 Medicare Utilization Data:** 2,504

2007 Work RVU: 4.56 **2012 Work RVU:** 4.56
2007 NF PE RVU: NA **2012 NF PE RVU:** NA
2007 Fac PE RVU 1.94 **2012 Fac PE RVU:** 2.74

RUC Recommendation: Specialty intends on resurveying entire GI endoscopy family.

CPT Action (if applicable): October 2012 **Result:**

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

43244 **Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with band ligation of esophageal and/or gastric varices**

Global: 000 **Issue:** **Screen:** MPC List **Complete?** No

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:** **First Identified:** September 2011 **2010 Medicare Utilization Data:** 14,560

2007 Work RVU: 5.04 **2012 Work RVU:** 5.04
2007 NF PE RVU: NA **2012 NF PE RVU:** NA
2007 Fac PE RVU 2.14 **2012 Fac PE RVU:** 3.04

RUC Recommendation: Specialty intends on resurveying entire GI endoscopy family.

CPT Action (if applicable): October 2012 **Result:**

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

Status Report: CMS Requests and Relativity Assessment Issues

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

Global: 000 **Issue:** **Screen:** MPC List **Complete?** No

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:**

First Identified: September 2011 **2010 Medicare Utilization Data:** 12,873

2007 Work RVU: 3.18 **2012 Work RVU:** 3.18
2007 NF PE RVU: NA **2012 NF PE RVU:** NA
2007 Fac PE RVU 1.39 **2012 Fac PE RVU:** 1.94

RUC Recommendation: Specialty intends on resurveying entire GI endoscopy family.

CPT Action (if applicable): October 2012 **Result:**

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

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

Global: 000 **Issue:** **Screen:** MPC List **Complete?** No

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:**

First Identified: September 2011 **2010 Medicare Utilization Data:** 122,884

2007 Work RVU: 4.32 **2012 Work RVU:** 4.32
2007 NF PE RVU: NA **2012 NF PE RVU:** NA
2007 Fac PE RVU 1.80 **2012 Fac PE RVU:** 2.51

RUC Recommendation: Specialty intends on resurveying entire GI endoscopy family.

CPT Action (if applicable): October 2012 **Result:**

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

43247 **Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with removal of foreign body**

Global: 000 **Issue:** **Screen:** MPC List **Complete?** No

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:**

First Identified: September 2011 **2010 Medicare Utilization Data:** 27,419

2007 Work RVU: 3.38 **2012 Work RVU:** 3.38
2007 NF PE RVU: NA **2012 NF PE RVU:** NA
2007 Fac PE RVU 1.48 **2012 Fac PE RVU:** 2.09

RUC Recommendation: Specialty intends on resurveying entire GI endoscopy family.

CPT Action (if applicable): October 2012 **Result:**

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

Status Report: CMS Requests and Relativity Assessment Issues

43248 **Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with insertion of guide wire followed by dilation of esophagus over guide wire**

Global: 000 **Issue:** **Screen:** MPC List **Complete?** No

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:**

First Identified: September 2011 **2010 Medicare Utilization Data:** 99,050

2007 Work RVU: 3.15 **2012 Work RVU:** 3.15
2007 NF PE RVU: NA **2012 NF PE RVU:** NA
2007 Fac PE RVU 1.43 **2012 Fac PE RVU:** 2.03

RUC Recommendation: Specialty intends on resurveying entire GI endoscopy family.

CPT Action (if applicable): October 2012 **Result:**

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

43249 **Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with balloon dilation of esophagus (less than 30 mm diameter)**

Global: 000 **Issue:** **Screen:** MPC List **Complete?** No

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:**

First Identified: September 2011 **2010 Medicare Utilization Data:** 86,888

2007 Work RVU: 2.90 **2012 Work RVU:** 2.9
2007 NF PE RVU: NA **2012 NF PE RVU:** NA
2007 Fac PE RVU 1.32 **2012 Fac PE RVU:** 1.87

RUC Recommendation: Specialty intends on resurveying entire GI endoscopy family.

CPT Action (if applicable): October 2012 **Result:**

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

43250 **Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or bipolar cautery**

Global: 000 **Issue:** **Screen:** MPC List **Complete?** No

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:**

First Identified: September 2011 **2010 Medicare Utilization Data:** 6,942

2007 Work RVU: 3.20 **2012 Work RVU:** 3.2
2007 NF PE RVU: NA **2012 NF PE RVU:** NA
2007 Fac PE RVU 1.40 **2012 Fac PE RVU:** 1.93

RUC Recommendation: Specialty intends on resurveying entire GI endoscopy family.

CPT Action (if applicable): October 2012 **Result:**

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

Status Report: CMS Requests and Relativity Assessment Issues

43251 **Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique**

Global: 000 **Issue:** **Screen:** MPC List **Complete?** No

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:** **First Identified:** September 2011 **2010 Medicare Utilization Data:** 26,727

2007 Work RVU: 3.69 **2012 Work RVU:** 3.69
2007 NF PE RVU: NA **2012 NF PE RVU:** NA
2007 Fac PE RVU 1.60 **2012 Fac PE RVU:** 2.27

RUC Recommendation: Specialty intends on resurveying entire GI endoscopy family.

CPT Action (if applicable): October 2012 **Result:**

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

43252 **Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with optical endomicroscopy**

Global: **Issue:** Optical Endomicroscopy **Screen:** MPC List **Complete?** No

Most Recent RUC Meeting: April 2012 **Tab** 17 **Specialty Developing Recommendation:** AGA, ASGE, CAP **First Identified:** September 2011 **2010 Medicare Utilization Data:**

2007 Work RVU: **2012 Work RVU:**
2007 NF PE RVU: **2012 NF PE RVU:**
2007 Fac PE RVU **2012 Fac PE RVU:**

RUC Recommendation: Carrier Price

CPT Action (if applicable): **Result:** Carrier Price

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

43255 **Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with control of bleeding, any method**

Global: 000 **Issue:** **Screen:** MPC List **Complete?** No

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:** **First Identified:** September 2011 **2010 Medicare Utilization Data:** 52,824

2007 Work RVU: 4.81 **2012 Work RVU:** 4.81
2007 NF PE RVU: NA **2012 NF PE RVU:** NA
2007 Fac PE RVU 2.05 **2012 Fac PE RVU:** 2.91

RUC Recommendation: Specialty intends on resurveying entire GI endoscopy family.

CPT Action (if applicable): October 2012 **Result:**

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

Status Report: CMS Requests and Relativity Assessment Issues

43256 **Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with transendoscopic stent placement (includes predilation)**

Global: 000 **Issue:** **Screen:** MPC List **Complete?** No

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:**

First Identified: September 2011 **2010 Medicare Utilization Data:** 3,536

2007 Work RVU: 4.34 **2012 Work RVU:** 4.34
2007 NF PE RVU: NA **2012 NF PE RVU:** NA
2007 Fac PE RVU 1.85 **2012 Fac PE RVU:** 2.57

RUC Recommendation: Specialty intends on resurveyng entire GI endoscopy family.

CPT Action (if applicable): October 2012 **Result:**

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

43257 **Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with delivery of thermal energy to the muscle of lower esophageal sphincter and/or gastric cardia, for treatment of gastroesophageal reflux disease**

Global: 000 **Issue:** **Screen:** MPC List **Complete?** No

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:**

First Identified: September 2011 **2010 Medicare Utilization Data:** 43

2007 Work RVU: 5.50 **2012 Work RVU:** 5.5
2007 NF PE RVU: NA **2012 NF PE RVU:** NA
2007 Fac PE RVU 2.16 **2012 Fac PE RVU:** 3.28

RUC Recommendation: Specialty intends on resurveying entire GI endoscopy family.

CPT Action (if applicable): October 2012 **Result:**

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

43258 **Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with ablation of tumor(s), polyp(s), or other lesion(s) not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique**

Global: 000 **Issue:** **Screen:** MPC List **Complete?** No

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:**

First Identified: September 2011 **2010 Medicare Utilization Data:** 15,303

2007 Work RVU: 4.54 **2012 Work RVU:** 4.54
2007 NF PE RVU: NA **2012 NF PE RVU:** NA
2007 Fac PE RVU 1.94 **2012 Fac PE RVU:** 2.75

RUC Recommendation: Deleted from CPT

CPT Action (if applicable): October 2012 **Result:**

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

Status Report: CMS Requests and Relativity Assessment Issues

43259 **Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with endoscopic ultrasound examination, including the esophagus, stomach, and either the duodenum and/or jejunum as appropriate**

Global: 000 **Issue:** Gastrointestinal Endoscopy **Screen:** CMS Fastest Growing **Complete?** No

Most Recent RUC Meeting: September 2011 **Tab** 51 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** October 2008 **2010 Medicare Utilization Data:** 32,330

2007 Work RVU: 5.19 **2012 Work RVU:** 5.19
2007 NF PE RVU: NA **2012 NF PE RVU:** NA
2007 Fac PE RVU 2.17 **2012 Fac PE RVU:** 3.12

RUC Recommendation: Specialty intends on resurveying entire GI endoscopy family.

CPT Action (if applicable): October 2012 **Result:**

Referred to CPT Asst ☑ **Published in CPT Asst:** Mar 2009

4325X3

Global: **Issue:** EGD **Screen:** MPC List **Complete?** No

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:** **First Identified:** **2010 Medicare Utilization Data:**

2007 Work RVU: **2012 Work RVU:**
2007 NF PE RVU: **2012 NF PE RVU:**
2007 Fac PE RVU **2012 Fac PE RVU:**

RUC Recommendation:

CPT Action (if applicable): October 2012 **Result:**

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

4325X4

Global: **Issue:** EGD **Screen:** MPC List **Complete?** No

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:** **First Identified:** **2010 Medicare Utilization Data:**

2007 Work RVU: **2012 Work RVU:**
2007 NF PE RVU: **2012 NF PE RVU:**
2007 Fac PE RVU **2012 Fac PE RVU:**

RUC Recommendation:

CPT Action (if applicable): October 2012 **Result:**

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

Status Report: CMS Requests and Relativity Assessment Issues

43260 **Endoscopic retrograde cholangiopancreatography (ERCP); diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure)**

Global: 000 **Issue:** ERCP **Screen:** MPC List **Complete?** No

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:**

First Identified: September 2011 **2010 Medicare Utilization Data:** 12,299

2007 Work RVU: 5.95 **2012 Work RVU:** 5.95
2007 NF PE RVU: NA **2012 NF PE RVU:** NA
2007 Fac PE RVU 2.49 **2012 Fac PE RVU:** 3.52

RUC Recommendation: Specialty intends on resurveying entire GI endoscopy family.

CPT Action (if applicable): January 2013 **Result:**

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

43261 **Endoscopic retrograde cholangiopancreatography (ERCP); with biopsy, single or multiple**

Global: 000 **Issue:** ERCP **Screen:** MPC List **Complete?** No

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:**

First Identified: September 2011 **2010 Medicare Utilization Data:** 1,567

2007 Work RVU: 6.26 **2012 Work RVU:** 6.26
2007 NF PE RVU: NA **2012 NF PE RVU:** NA
2007 Fac PE RVU 2.61 **2012 Fac PE RVU:** 3.69

RUC Recommendation: Specialty intends on resurveying entire GI endoscopy family.

CPT Action (if applicable): January 2013 **Result:**

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

43262 **Endoscopic retrograde cholangiopancreatography (ERCP); with sphincterotomy/papillotomy**

Global: 000 **Issue:** ERCP **Screen:** MPC List **Complete?** No

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:**

First Identified: September 2011 **2010 Medicare Utilization Data:** 57,558

2007 Work RVU: 7.38 **2012 Work RVU:** 7.38
2007 NF PE RVU: NA **2012 NF PE RVU:** NA
2007 Fac PE RVU 3.03 **2012 Fac PE RVU:** 4.29

RUC Recommendation: Specialty intends on resurveying entire GI endoscopy family.

CPT Action (if applicable): January 2013 **Result:**

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

Status Report: CMS Requests and Relativity Assessment Issues

43263 **Endoscopic retrograde cholangiopancreatography (ERCP); with pressure measurement of sphincter of Oddi (pancreatic duct or common bile duct)**

Global: 000 **Issue:** ERCP **Screen:** MPC List **Complete?** No

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:** **First Identified:** September 2011 **2010 Medicare Utilization Data:** 804

2007 Work RVU: 7.28 **2012 Work RVU:** 7.28
2007 NF PE RVU: NA **2012 NF PE RVU:** NA
2007 Fac PE RVU 3.02 **2012 Fac PE RVU:** 4.24

RUC Recommendation: Specialty intends on resurveying entire GI endoscopy family.

CPT Action (if applicable): January 2013 **Result:**

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

43264 **Endoscopic retrograde cholangiopancreatography (ERCP); with endoscopic retrograde removal of calculus/calculi from biliary and/or pancreatic ducts**

Global: 000 **Issue:** ERCP **Screen:** Harvard Valued - Utilization over 30,000 / MPC List / Harvard-Valued Annual Allowed Charges Greater than $10 million **Complete?** No

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** April 2011 **2010 Medicare Utilization Data:** 44,428

2007 Work RVU: 8.89 **2012 Work RVU:** 8.89
2007 NF PE RVU: NA **2012 NF PE RVU:** NA
2007 Fac PE RVU 3.61 **2012 Fac PE RVU:** 5.11

RUC Recommendation: Specialty intends on resurveying entire GI endoscopy family.

CPT Action (if applicable): January 2013 **Result:**

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

43265 **Endoscopic retrograde cholangiopancreatography (ERCP); with endoscopic retrograde destruction, lithotripsy of calculus/calculi, any method**

Global: 000 **Issue:** ERCP **Screen:** MPC List **Complete?** No

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:** **First Identified:** September 2011 **2010 Medicare Utilization Data:** 2,730

2007 Work RVU: 10.00 **2012 Work RVU:** 10
2007 NF PE RVU: NA **2012 NF PE RVU:** NA
2007 Fac PE RVU 4.03 **2012 Fac PE RVU:** 5.69

RUC Recommendation: Specialty intends on resurveying entire GI endoscopy family.

CPT Action (if applicable): January 2013 **Result:**

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

Status Report: CMS Requests and Relativity Assessment Issues

43267 **Endoscopic retrograde cholangiopancreatography (ERCP); with endoscopic retrograde insertion of nasobiliary or nasopancreatic drainage tube**

Global: 000 **Issue:** ERCP **Screen:** MPC List **Complete?** No

Most Recent RUC Meeting:
Tab
Specialty Developing Recommendation:
First Identified: September 2011
2010 Medicare Utilization Data: 311

2007 Work RVU: 7.38 **2012 Work RVU:** 7.38
2007 NF PE RVU: NA **2012 NF PE RVU:** NA
2007 Fac PE RVU 3.01 **2012 Fac PE RVU:** 4.24

RUC Recommendation: Specialty intends on resurveying entire GI endoscopy family.

CPT Action (if applicable): January 2013
Result:

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

43268 **Endoscopic retrograde cholangiopancreatography (ERCP); with endoscopic retrograde insertion of tube or stent into bile or pancreatic duct**

Global: 000 **Issue:** ERCP **Screen:** Harvard Valued - Utilization over 30,000 / MPC List **Complete?** No

Most Recent RUC Meeting:
Tab
Specialty Developing Recommendation: AGA, ASGE, SAGES
First Identified: April 2011
2010 Medicare Utilization Data: 35,681

2007 Work RVU: 7.38 **2012 Work RVU:** 7.38
2007 NF PE RVU: NA **2012 NF PE RVU:** NA
2007 Fac PE RVU 3.15 **2012 Fac PE RVU:** 4.47

RUC Recommendation: Specialty intends on resurveying entire GI endoscopy family.

CPT Action (if applicable): January 2013
Result:

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

43269 **Endoscopic retrograde cholangiopancreatography (ERCP); with endoscopic retrograde removal of foreign body and/or change of tube or stent**

Global: 000 **Issue:** ERCP **Screen:** MPC List **Complete?** No

Most Recent RUC Meeting:
Tab
Specialty Developing Recommendation:
First Identified: September 2011
2010 Medicare Utilization Data: 19,975

2007 Work RVU: 8.20 **2012 Work RVU:** 8.2
2007 NF PE RVU: NA **2012 NF PE RVU:** NA
2007 Fac PE RVU 3.35 **2012 Fac PE RVU:** 4.73

RUC Recommendation: Specialty intends on resurveying entire GI endoscopy family.

CPT Action (if applicable): January 2013
Result:

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

Status Report: CMS Requests and Relativity Assessment Issues

4326X7 **Global:** **Issue:** EGD **Screen:** MPC List **Complete?** No

Most Recent RUC Meeting:	**Tab**	**Specialty Developing Recommendation:**	**First Identified:**	**2010 Medicare Utilization Data:**	**2007 Work RVU:**	**2012 Work RVU:**
					2007 NF PE RVU:	**2012 NF PE RVU:**
					2007 Fac PE RVU	**2012 Fac PE RVU:**
RUC Recommendation:			**CPT Action (if applicable):** October 2012		**Result:**	
			Referred to CPT Asst ☐	**Published in CPT Asst:**		

4326X8 **Global:** **Issue:** EGD **Screen:** MPC List **Complete?** No

Most Recent RUC Meeting:	**Tab**	**Specialty Developing Recommendation:**	**First Identified:**	**2010 Medicare Utilization Data:**	**2007 Work RVU:**	**2012 Work RVU:**
					2007 NF PE RVU:	**2012 NF PE RVU:**
					2007 Fac PE RVU	**2012 Fac PE RVU:**
RUC Recommendation:			**CPT Action (if applicable):** October 2012		**Result:**	
			Referred to CPT Asst ☐	**Published in CPT Asst:**		

4326X9 **Global:** **Issue:** EGD **Screen:** MPC List **Complete?** No

Most Recent RUC Meeting:	**Tab**	**Specialty Developing Recommendation:**	**First Identified:**	**2010 Medicare Utilization Data:**	**2007 Work RVU:**	**2012 Work RVU:**
					2007 NF PE RVU:	**2012 NF PE RVU:**
					2007 Fac PE RVU	**2012 Fac PE RVU:**
RUC Recommendation:			**CPT Action (if applicable):** October 2012		**Result:**	
			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:** 000 **Issue:** ERCP **Screen:** MPC List **Complete?** No

Most Recent RUC Meeting:	**Tab**	**Specialty Developing Recommendation:**	**First Identified:** September 2011	**2010 Medicare Utilization Data:** 11,625	**2007 Work RVU:** 7.38	**2012 Work RVU:** 7.38
					2007 NF PE RVU: NA	**2012 NF PE RVU:** NA
					2007 Fac PE RVU 3.03	**2012 Fac PE RVU:** 4.28
RUC Recommendation: Specialty intends on resurveying entire GI endoscopy family.			**CPT Action (if applicable):** January 2013		**Result:**	
			Referred to CPT Asst ☐	**Published in CPT Asst:**		

Status Report: CMS Requests and Relativity Assessment Issues

43272 **Endoscopic retrograde cholangiopancreatography (ERCP); with ablation of tumor(s), polyp(s), or other lesion(s) not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique**

Global: 000 **Issue:** ERCP **Screen:** MPC List **Complete?** No

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:**

First Identified: September 2011 **2010 Medicare Utilization Data:** 376

2007 Work RVU: 7.38 **2012 Work RVU:** 7.38
2007 NF PE RVU: NA **2012 NF PE RVU:** NA
2007 Fac PE RVU 3.05 **2012 Fac PE RVU:** 4.29

RUC Recommendation: Specialty intends on resurveying entire GI endoscopy family.

CPT Action (if applicable): January 2013 **Result:**

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

43273 **Endoscopic cannulation of papilla with direct visualization of common bile duct(s) and/or pancreatic duct(s) (List separately in addition to code(s) for primary procedure)**

Global: ZZZ **Issue:** ERCP **Screen:** MPC List **Complete?** No

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:**

First Identified: September 2011 **2010 Medicare Utilization Data:** 3,548

2007 Work RVU: **2012 Work RVU:** 2.24
2007 NF PE RVU: **2012 NF PE RVU:** NA
2007 Fac PE RVU **2012 Fac PE RVU:** 1.22

RUC Recommendation: Specialty intends on resurveying entire GI endoscopy family.

CPT Action (if applicable): January 2013 **Result:**

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

43450 **Dilation of esophagus, by unguided sound or bougie, single or multiple passes**

Global: 000 **Issue:** Dilation of Esophagus **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 17 **Specialty Developing Recommendation:** AGA, ASGE, SAGES, AAO-HNS

First Identified: September 2011 **2010 Medicare Utilization Data:**

2007 Work RVU: 1.38 **2012 Work RVU:** 1.38
2007 NF PE RVU: 2.64 **2012 NF PE RVU:**
2007 Fac PE RVU 0.75 **2012 Fac PE RVU:**

RUC Recommendation: 1.30

CPT Action (if applicable): **Result:** Decrease

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

Status Report: CMS Requests and Relativity Assessment Issues

43453 **Dilation of esophagus, over guide wire** **Global:** 000 **Issue:** Dilation of Esophagus **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 17 **Specialty Developing Recommendation:** AGA, ASGE, SAGES, AAO-HNS **First Identified:** September 2011 **2010 Medicare Utilization Data:** 3,573

2007 Work RVU: 1.51 **2012 Work RVU:** 1.51
2007 NF PE RVU: 6.12 **2012 NF PE RVU:** 7.15
2007 Fac PE RVU 0.8 **2012 Fac PE RVU:** 1.14

RUC Recommendation: 1.51 **CPT Action (if applicable):** May 2012 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

43456 **Dilation of esophagus, by balloon or dilator, retrograde** **Global:** 000 **Issue:** Dilation of Esophagus **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 17 **Specialty Developing Recommendation:** AGA, ASGE, SAGES, AAO-HNS **First Identified:** September 2011 **2010 Medicare Utilization Data:** 1,776

2007 Work RVU: 2.57 **2012 Work RVU:** 2.57
2007 NF PE RVU: 13.55 **2012 NF PE RVU:** 15.10
2007 Fac PE RVU 1.20 **2012 Fac PE RVU:** 1.68

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

43458 **Dilation of esophagus with balloon (30 mm diameter or larger) for achalasia** **Global:** 000 **Issue:** Dilation of Esophagus **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 17 **Specialty Developing Recommendation:** AGA, ASGE, SAGES, AAO-HNS **First Identified:** September 2011 **2010 Medicare Utilization Data:** 1,446

2007 Work RVU: 3.06 **2012 Work RVU:** 3.06
2007 NF PE RVU: 6.72 **2012 NF PE RVU:** 8.13
2007 Fac PE RVU 1.37 **2012 Fac PE RVU:** 1.90

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** October 2012 **Result:** Deleted from 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: October 2008 **Tab** 26 **Specialty Developing Recommendation:** ACS, ASCRS **First Identified:** October 2008 **2010 Medicare Utilization Data:** 9,431

2007 Work RVU: 22.86 **2012 Work RVU:** 22.95
2007 NF PE RVU: NA **2012 NF PE RVU:** NA
2007 Fac PE RVU 8.6 **2012 Fac PE RVU:** 11.75

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

Status Report: CMS Requests and Relativity Assessment Issues

44207 **Laparoscopy, surgical; colectomy, partial, with anastomosis, with coloproctostomy (low pelvic anastomosis)**

Global: 090 **Issue:** Laproscopic Procedures **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab** 26 **Specialty Developing Recommendation:** ACS, ASCRS **First Identified:** February 2008 **2010 Medicare Utilization Data:** 6,071

2007 Work RVU: 31.79 **2012 Work RVU:** 31.92
2007 NF PE RVU: NA **2012 NF PE RVU:** NA
2007 Fac PE RVU 11.17 **2012 Fac PE RVU:** 15.43

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

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

44360 **Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, not including ileum; diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure)**

Global: 000 **Issue:** Enteroscopy **Screen:** MPC List **Complete?** No

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:** **First Identified:** September 2011 **2010 Medicare Utilization Data:** 5,761

2007 Work RVU: 2.59 **2012 Work RVU:** 2.59
2007 NF PE RVU: NA **2012 NF PE RVU:** NA
2007 Fac PE RVU 1.21 **2012 Fac PE RVU:** 1.73

RUC Recommendation: Specialty intends on resurveying entire GI endoscopy family. **CPT Action (if applicable):** January 2013 **Result:**

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

44361 **Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, not including ileum; with biopsy, single or multiple**

Global: 000 **Issue:** Enteroscopy **Screen:** MPC List **Complete?** No

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:** **First Identified:** September 2011 **2010 Medicare Utilization Data:** 15,229

2007 Work RVU: 2.87 **2012 Work RVU:** 2.87
2007 NF PE RVU: NA **2012 NF PE RVU:** NA
2007 Fac PE RVU 1.32 **2012 Fac PE RVU:** 1.89

RUC Recommendation: Specialty intends on resurveying entire GI endoscopy family. **CPT Action (if applicable):** January 2013 **Result:**

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

Status Report: CMS Requests and Relativity Assessment Issues

44363 **Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, not including ileum; with removal of foreign body**

Global: 000 **Issue:** Enteroscopy **Screen:** MPC List **Complete?** No

Most Recent RUC Meeting:
Tab
Specialty Developing Recommendation:
First Identified: September 2011
2010 Medicare Utilization Data: 140

2007 Work RVU: 3.49 **2012 Work RVU:** 3.49
2007 NF PE RVU: NA **2012 NF PE RVU:** NA
2007 Fac PE RVU 1.53 **2012 Fac PE RVU:** 2.17

RUC Recommendation: Specialty intends on resurveying entire GI endoscopy family.

CPT Action (if applicable): January 2013
Result:

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

44364 **Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, not including ileum; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique**

Global: 000 **Issue:** Enteroscopy **Screen:** MPC List **Complete?** No

Most Recent RUC Meeting:
Tab
Specialty Developing Recommendation:
First Identified: September 2011
2010 Medicare Utilization Data: 290

2007 Work RVU: 3.73 **2012 Work RVU:** 3.73
2007 NF PE RVU: NA **2012 NF PE RVU:** NA
2007 Fac PE RVU 1.63 **2012 Fac PE RVU:** 2.33

RUC Recommendation: Specialty intends on resurveying entire GI endoscopy family.

CPT Action (if applicable): January 2013
Result:

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

44365 **Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, not including ileum; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or bipolar cautery**

Global: 000 **Issue:** Enteroscopy **Screen:** MPC List **Complete?** No

Most Recent RUC Meeting:
Tab
Specialty Developing Recommendation:
First Identified: September 2011
2010 Medicare Utilization Data: 203

2007 Work RVU: 3.31 **2012 Work RVU:** 3.31
2007 NF PE RVU: NA **2012 NF PE RVU:** NA
2007 Fac PE RVU 1.47 **2012 Fac PE RVU:** 2.11

RUC Recommendation: Specialty intends on resurveying entire GI endoscopy family.

CPT Action (if applicable): January 2013
Result:

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

Status Report: CMS Requests and Relativity Assessment Issues

44366 **Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, not including ileum; with control of bleeding (eg, injection, bipolar cautery, unipolar cautery, laser, heater probe, stapler, plasma coagulator)**

Global: 000 **Issue:** Enteroscopy **Screen:** MPC List **Complete?** No

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:**

First Identified: September 2011 **2010 Medicare Utilization Data:** 2,865

2007 Work RVU: 4.40 **2012 Work RVU:** 4.4
2007 NF PE RVU: NA **2012 NF PE RVU:** NA
2007 Fac PE RVU 1.90 **2012 Fac PE RVU:** 2.71

RUC Recommendation: Specialty intends on resurveying entire GI endoscopy family.

CPT Action (if applicable): January 2013 **Result:**

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

44369 **Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, not including ileum; with ablation of tumor(s), polyp(s), or other lesion(s) not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique**

Global: 000 **Issue:** Enteroscopy **Screen:** MPC List **Complete?** No

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:**

First Identified: September 2011 **2010 Medicare Utilization Data:** 1,261

2007 Work RVU: 4.51 **2012 Work RVU:** 4.51
2007 NF PE RVU: NA **2012 NF PE RVU:** NA
2007 Fac PE RVU 1.91 **2012 Fac PE RVU:** 2.77

RUC Recommendation: Specialty intends on resurveying entire GI endoscopy family.

CPT Action (if applicable): January 2013 **Result:**

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

44370 **Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, not including ileum; with transendoscopic stent placement (includes predilation)**

Global: 000 **Issue:** Enteroscopy **Screen:** MPC List **Complete?** No

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:**

First Identified: September 2011 **2010 Medicare Utilization Data:** 112

2007 Work RVU: 4.79 **2012 Work RVU:** 4.79
2007 NF PE RVU: NA **2012 NF PE RVU:** NA
2007 Fac PE RVU 2.12 **2012 Fac PE RVU:** 3.07

RUC Recommendation: Specialty intends on resurveying entire GI endoscopy family.

CPT Action (if applicable): January 2013 **Result:**

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

Status Report: CMS Requests and Relativity Assessment Issues

44372 **Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, not including ileum; with placement of percutaneous jejunostomy tube**

Global: 000 **Issue:** Enteroscopy **Screen:** MPC List **Complete?** No

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:**

First Identified: September 2011 **2010 Medicare Utilization Data:** 1,361

2007 Work RVU: 4.40 **2012 Work RVU:** 4.4
2007 NF PE RVU: NA **2012 NF PE RVU:** NA
2007 Fac PE RVU 1.84 **2012 Fac PE RVU:** 2.55

RUC Recommendation: Specialty intends on resurveying entire GI endoscopy family.

CPT Action (if applicable): January 2013 **Result:**

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

44373 **Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, not including ileum; with conversion of percutaneous gastrostomy tube to percutaneous jejunostomy tube**

Global: 000 **Issue:** Enteroscopy **Screen:** MPC List **Complete?** No

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:**

First Identified: September 2011 **2010 Medicare Utilization Data:** 1,541

2007 Work RVU: 3.49 **2012 Work RVU:** 3.49
2007 NF PE RVU: NA **2012 NF PE RVU:** NA
2007 Fac PE RVU 1.5 **2012 Fac PE RVU:** 2.13

RUC Recommendation: Specialty intends on resurveying entire GI endoscopy family.

CPT Action (if applicable): January 2013 **Result:**

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

44376 **Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, including ileum; diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure)**

Global: 000 **Issue:** Enteroscopy to Ileum **Screen:** MPC List **Complete?** No

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:**

First Identified: September 2011 **2010 Medicare Utilization Data:** 2,012

2007 Work RVU: 5.25 **2012 Work RVU:** 5.25
2007 NF PE RVU: NA **2012 NF PE RVU:** NA
2007 Fac PE RVU 2.14 **2012 Fac PE RVU:** 3.00

RUC Recommendation: Specialty intends on resurveying entire GI endoscopy family.

CPT Action (if applicable): January 2013 **Result:**

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

Status Report: CMS Requests and Relativity Assessment Issues

44377 **Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, including ileum; with biopsy, single or multiple**

Global: 000 **Issue:** Enteroscopy to Ileum **Screen:** MPC List **Complete?** No

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:**

First Identified: September 2011 **2010 Medicare Utilization Data:** 1,620

2007 Work RVU: 5.52 **2012 Work RVU:** 5.52
2007 NF PE RVU: NA **2012 NF PE RVU:** NA
2007 Fac PE RVU 2.31 **2012 Fac PE RVU:** 3.25

RUC Recommendation: Specialty intends on resurveying entire GI endoscopy family.

CPT Action (if applicable): January 2013 **Result:**

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

44378 **Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, including ileum; with control of bleeding (eg, injection, bipolar cautery, unipolar cautery, laser, heater probe, stapler, plasma coagulator)**

Global: 000 **Issue:** Enteroscopy to Ileum **Screen:** MPC List **Complete?** No

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:**

First Identified: September 2011 **2010 Medicare Utilization Data:** 933

2007 Work RVU: 7.12 **2012 Work RVU:** 7.12
2007 NF PE RVU: NA **2012 NF PE RVU:** NA
2007 Fac PE RVU 2.92 **2012 Fac PE RVU:** 4.13

RUC Recommendation: Specialty intends on resurveying entire GI endoscopy family.

CPT Action (if applicable): January 2013 **Result:**

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

44379 **Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, including ileum; with transendoscopic stent placement (includes predilation)**

Global: 000 **Issue:** Enteroscopy to Ileum **Screen:** MPC List **Complete?** No

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:**

First Identified: September 2011 **2010 Medicare Utilization Data:** 20

2007 Work RVU: 7.46 **2012 Work RVU:** 7.46
2007 NF PE RVU: NA **2012 NF PE RVU:** NA
2007 Fac PE RVU 3.02 **2012 Fac PE RVU:** 4.53

RUC Recommendation: Specialty intends on resurveying entire GI endoscopy family.

CPT Action (if applicable): January 2013 **Result:**

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

Status Report: CMS Requests and Relativity Assessment Issues

44380 **Ileoscopy, through stoma; diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure)**

Global: 000 **Issue:** Ileoscopy Ileoscopy **Screen:** MPC List **Complete?** No

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:**

First Identified: September 2011 **2010 Medicare Utilization Data:** 2,048

2007 Work RVU: 1.05 **2012 Work RVU:** 1.05
2007 NF PE RVU: NA **2012 NF PE RVU:** NA
2007 Fac PE RVU 0.60 **2012 Fac PE RVU:** 0.85

RUC Recommendation: Specialty intends on resurveying entire GI endoscopy family.

CPT Action (if applicable): May 2013 **Result:**

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

44382 **Ileoscopy, through stoma; with biopsy, single or multiple**

Global: 000 **Issue:** Ileoscopy Ileoscopy Ileoscopy Ileoscopy **Screen:** MPC List **Complete?** No

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:**

First Identified: September 2011 **2010 Medicare Utilization Data:** 1,343

2007 Work RVU: 1.27 **2012 Work RVU:** 1.27
2007 NF PE RVU: NA **2012 NF PE RVU:** NA
2007 Fac PE RVU 0.67 **2012 Fac PE RVU:** 0.99

RUC Recommendation: Specialty intends on resurveying entire GI endoscopy family.

CPT Action (if applicable): May 2013 **Result:**

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

44383 **Ileoscopy, through stoma; with transendoscopic stent placement (includes predilation)**

Global: 000 **Issue:** Ileoscopy **Screen:** MPC List **Complete?** No

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:**

First Identified: September 2011 **2010 Medicare Utilization Data:** 270

2007 Work RVU: 2.94 **2012 Work RVU:** 2.94
2007 NF PE RVU: NA **2012 NF PE RVU:** NA
2007 Fac PE RVU 1.36 **2012 Fac PE RVU:** 1.64

RUC Recommendation: Specialty intends on resurveying entire GI endoscopy family.

CPT Action (if applicable): May 2013 **Result:**

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

Status Report: CMS Requests and Relativity Assessment Issues

44385 **Endoscopic evaluation of small intestinal (abdominal or pelvic) pouch; diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure)**

Global: 000 **Issue:** Ileoscopy **Screen:** MPC List **Complete?** No

Most Recent RUC Meeting:

Tab

Specialty Developing Recommendation:

First Identified: September 2011

2010 Medicare Utilization Data: 923

2007 Work RVU: 1.82 **2012 Work RVU:** 1.82

2007 NF PE RVU: 3.73 **2012 NF PE RVU:** 5.66

2007 Fac PE RVU 0.79 **2012 Fac PE RVU:** 1.08

RUC Recommendation: Specialty intends on resurveying entire GI endoscopy family.

CPT Action (if applicable): May 2013

Result:

Referred to CPT Asst ☐

Published in CPT Asst:

44386 **Endoscopic evaluation of small intestinal (abdominal or pelvic) pouch; with biopsy, single or multiple**

Global: 000 **Issue:** Ileoscopy **Screen:** MPC List **Complete?** No

Most Recent RUC Meeting:

Tab

Specialty Developing Recommendation:

First Identified: September 2011

2010 Medicare Utilization Data: 753

2007 Work RVU: 2.12 **2012 Work RVU:** 2.12

2007 NF PE RVU: 6.66 **2012 NF PE RVU:** 8.16

2007 Fac PE RVU 0.93 **2012 Fac PE RVU:** 1.33

RUC Recommendation: Specialty intends on resurveying entire GI endoscopy family.

CPT Action (if applicable): May 2013

Result:

Referred to CPT Asst ☐

Published in CPT Asst:

44388 **Colonoscopy through stoma; diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure)**

Global: 000 **Issue:** Colonoscopy via stoma **Screen:** MPC List **Complete?** No

Most Recent RUC Meeting:

Tab

Specialty Developing Recommendation:

First Identified: September 2011

2010 Medicare Utilization Data: 5,073

2007 Work RVU: 2.82 **2012 Work RVU:** 2.82

2007 NF PE RVU: 5.34 **2012 NF PE RVU:** 7.33

2007 Fac PE RVU 1.21 **2012 Fac PE RVU:** 1.69

RUC Recommendation: Specialty intends on resurveying entire GI endoscopy family.

CPT Action (if applicable): October 2013

Result:

Referred to CPT Asst ☐

Published in CPT Asst:

Status Report: CMS Requests and Relativity Assessment Issues

44389 **Colonoscopy through stoma; with biopsy, single or multiple**

Global: 000 **Issue:** Colonoscopy via stoma **Screen:** MPC List **Complete?** No

Most Recent RUC Meeting:

Tab

Specialty Developing Recommendation:

First Identified: September 2011

2010 Medicare Utilization Data: 1,944

2007 Work RVU: 3.13 **2012 Work RVU:** 3.13

2007 NF PE RVU: 6.73 **2012 NF PE RVU:** 8.43

2007 Fac PE RVU 1.35 **2012 Fac PE RVU:** 1.91

RUC Recommendation: Specialty intends on resurveying entire GI endoscopy family.

CPT Action (if applicable): October 2013

Result:

Referred to CPT Asst ☐

Published in CPT Asst:

44390 **Colonoscopy through stoma; with removal of foreign body**

Global: 000 **Issue:** Colonoscopy via stoma **Screen:** MPC List **Complete?** No

Most Recent RUC Meeting:

Tab

Specialty Developing Recommendation:

First Identified: September 2011

2010 Medicare Utilization Data: 47

2007 Work RVU: 3.82 **2012 Work RVU:** 3.82

2007 NF PE RVU: 7.32 **2012 NF PE RVU:** 9.17

2007 Fac PE RVU 1.57 **2012 Fac PE RVU:** 2.13

RUC Recommendation: Specialty intends on resurveying entire GI endoscopy family.

CPT Action (if applicable): October 2013

Result:

Referred to CPT Asst ☐

Published in CPT Asst:

44391 **Colonoscopy through stoma; with control of bleeding (eg, injection, bipolar cautery, unipolar cautery, laser, heater probe, stapler, plasma coagulator)**

Global: 000 **Issue:** Colonoscopy via stoma **Screen:** MPC List **Complete?** No

Most Recent RUC Meeting:

Tab

Specialty Developing Recommendation:

First Identified: September 2011

2010 Medicare Utilization Data: 190

2007 Work RVU: 4.31 **2012 Work RVU:** 4.31

2007 NF PE RVU: 8.78 **2012 NF PE RVU:** 10.25

2007 Fac PE RVU 1.83 **2012 Fac PE RVU:** 2.53

RUC Recommendation: Specialty intends on resurveying entire GI endoscopy family.

CPT Action (if applicable): October 2013

Result:

Referred to CPT Asst ☐

Published in CPT Asst:

Status Report: CMS Requests and Relativity Assessment Issues

44392 **Colonoscopy through stoma; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or bipolar cautery**

Global: 000 **Issue:** Colonoscopy via stoma **Screen:** MPC List **Complete?** No

Most Recent RUC Meeting:
Tab
Specialty Developing Recommendation:
First Identified: September 2011
2010 Medicare Utilization Data: 739

2007 Work RVU: 3.81 **2012 Work RVU:** 3.81
2007 NF PE RVU: 6.78 **2012 NF PE RVU:** 8.85
2007 Fac PE RVU 1.55 **2012 Fac PE RVU:** 2.11

RUC Recommendation: Specialty intends on resurveying entire GI endoscopy family.

CPT Action (if applicable): October 2013
Result:

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

44393 **Colonoscopy through stoma; with ablation of tumor(s), polyp(s), or other lesion(s) not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique**

Global: 000 **Issue:** Colonoscopy via stoma **Screen:** MPC List **Complete?** No

Most Recent RUC Meeting:
Tab
Specialty Developing Recommendation:
First Identified: September 2011
2010 Medicare Utilization Data: 241

2007 Work RVU: 4.83 **2012 Work RVU:** 4.83
2007 NF PE RVU: 7.14 **2012 NF PE RVU:** 9.67
2007 Fac PE RVU 1.91 **2012 Fac PE RVU:** 2.70

RUC Recommendation: Specialty intends on resurveying entire GI endoscopy family.

CPT Action (if applicable): October 2013
Result:

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

44394 **Colonoscopy through stoma; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique**

Global: 000 **Issue:** Colonoscopy via stoma **Screen:** MPC List **Complete?** No

Most Recent RUC Meeting:
Tab
Specialty Developing Recommendation:
First Identified: September 2011
2010 Medicare Utilization Data: 1,182

2007 Work RVU: 4.42 **2012 Work RVU:** 4.42
2007 NF PE RVU: 7.97 **2012 NF PE RVU:** 10.00
2007 Fac PE RVU 1.81 **2012 Fac PE RVU:** 2.53

RUC Recommendation: Specialty intends on resurveying entire GI endoscopy family.

CPT Action (if applicable): October 2013
Result:

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

Status Report: CMS Requests and Relativity Assessment Issues

44397 **Colonoscopy through stoma; with transendoscopic stent placement (includes predilation)** **Global:** 000 **Issue:** Colonoscopy via stoma **Screen:** MPC List **Complete?** No

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:** **First Identified:** September 2011 **2010 Medicare Utilization Data:** 14

2007 Work RVU: 4.70 **2012 Work RVU:** 4.7
2007 NF PE RVU: NA **2012 NF PE RVU:** NA
2007 Fac PE RVU 1.93 **2012 Fac PE RVU:** 2.84

RUC Recommendation: Specialty intends on resurveying entire GI endoscopy family.

CPT Action (if applicable): October 2013 **Result:**

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

44901 **Incision and drainage of appendiceal abscess; percutaneous** **Global:** 000 **Issue:** Drainage of Abscess **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:** **First Identified:** January 2012 **2010 Medicare Utilization Data:**

2007 Work RVU: 3.37 **2012 Work RVU:**
2007 NF PE RVU: 25.61 **2012 NF PE RVU:**
2007 Fac PE RVU 1.07 **2012 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

CPT Action (if applicable): October 2012 **Result:** Deleted from CPT

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

44970 **Laparoscopy, surgical, appendectomy** **Global:** 090 **Issue:** Laproscopic Procedures **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab** 26 **Specialty Developing Recommendation:** ACS **First Identified:** October 2008 **2010 Medicare Utilization Data:** 16,807

2007 Work RVU: 9.35 **2012 Work RVU:** 9.45
2007 NF PE RVU: NA **2012 NF PE RVU:** NA
2007 Fac PE RVU 4.11 **2012 Fac PE RVU:** 6.06

RUC Recommendation: Remove from screen

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

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

45170 **Deleted from CPT** **Global:** 090 **Issue:** Rectal Tumor Excision **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 11 **Specialty Developing Recommendation:** ACS, ASCRS, ASGS **First Identified:** September 2007 **2010 Medicare Utilization Data:**

2007 Work RVU: 12.48 **2012 Work RVU:**
2007 NF PE RVU: NA **2012 NF PE RVU:**
2007 Fac PE RVU 5.28 **2012 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

CPT Action (if applicable): October 2008 **Result:** Deleted from CPT

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

Status Report: CMS Requests and Relativity Assessment Issues

45171 **Excision of rectal tumor, transanal approach; not including muscularis propria (ie, partial thickness)** **Global:** 090 **Issue:** Rectal Tumor Excision **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 11 **Specialty Developing Recommendation:** ACS, ASCRS, ASGS **First Identified:** September 2007 **2010 Medicare Utilization Data:** 3,422

2007 Work RVU: **2012 Work RVU:** 8.13
2007 NF PE RVU: **2012 NF PE RVU:** NA
2007 Fac PE RVU **2012 Fac PE RVU:** 8.21

RUC Recommendation: 8.00 **CPT Action (if applicable):** **Result:** Decrease

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 **2010 Medicare Utilization Data:** 2,066

2007 Work RVU: **2012 Work RVU:** 12.13
2007 NF PE RVU: **2012 NF PE RVU:** NA
2007 Fac PE RVU **2012 Fac PE RVU:** 9.77

RUC Recommendation: 12.00 **CPT Action (if applicable):** **Result:** Decrease

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

45330 **Sigmoidoscopy, flexible; diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure)** **Global:** 000 **Issue:** Diagnostic Sigmoidoscopy **Screen:** Harvard Valued - Utilization over 30,000 / MPC List **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab** 22 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** April 2011 **2010 Medicare Utilization Data:** 69,122

2007 Work RVU: 0.96 **2012 Work RVU:** 0.96
2007 NF PE RVU: 2.33 **2012 NF PE RVU:** 3.10
2007 Fac PE RVU 0.53 **2012 Fac PE RVU:** 0.79

RUC Recommendation: Specialty intends on revising entire GI endoscopy family. 0.96 **CPT Action (if applicable):** May 2013 **Result:** Maintain

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

Status Report: CMS Requests and Relativity Assessment Issues

45331 **Sigmoidoscopy, flexible; with biopsy, single or multiple**

Global: 000 **Issue:** Flexible Sigmoidoscopy **Screen:** MPC List **Complete?** No

Most Recent RUC Meeting:

Tab

Specialty Developing Recommendation:

First Identified: September 2011

2010 Medicare Utilization Data: 37,285

2007 Work RVU: 1.15 **2012 Work RVU:** 1.15

2007 NF PE RVU: 3.11 **2012 NF PE RVU:** 3.70

2007 Fac PE RVU 0.64 **2012 Fac PE RVU:** 0.94

RUC Recommendation: Specialty intends on resurveying entire GI endoscopy family.

CPT Action (if applicable): May 2013

Result:

Referred to CPT Asst ☐

Published in CPT Asst:

45332 **Sigmoidoscopy, flexible; with removal of foreign body**

Global: 000 **Issue:** Flexible Sigmoidoscopy **Screen:** MPC List **Complete?** No

Most Recent RUC Meeting:

Tab

Specialty Developing Recommendation:

First Identified: September 2011

2010 Medicare Utilization Data: 271

2007 Work RVU: 1.79 **2012 Work RVU:** 1.79

2007 NF PE RVU: 5.15 **2012 NF PE RVU:** 6.73

2007 Fac PE RVU 0.86 **2012 Fac PE RVU:** 1.24

RUC Recommendation: Specialty intends on resurveying entire GI endoscopy family.

CPT Action (if applicable): May 2013

Result:

Referred to CPT Asst ☐

Published in CPT Asst:

45333 **Sigmoidoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or bipolar cautery**

Global: 000 **Issue:** Flexible Sigmoidoscopy **Screen:** MPC List **Complete?** No

Most Recent RUC Meeting:

Tab

Specialty Developing Recommendation:

First Identified: September 2011

2010 Medicare Utilization Data: 2,104

2007 Work RVU: 1.79 **2012 Work RVU:** 1.79

2007 NF PE RVU: 5.06 **2012 NF PE RVU:** 6.85

2007 Fac PE RVU 0.85 **2012 Fac PE RVU:** 1.21

RUC Recommendation: Specialty intends on resurveying entire GI endoscopy family.

CPT Action (if applicable): May 2013

Result:

Referred to CPT Asst ☐

Published in CPT Asst:

Status Report: CMS Requests and Relativity Assessment Issues

45334 **Sigmoidoscopy, flexible; with control of bleeding (eg, injection, bipolar cautery, unipolar cautery, laser, heater probe, stapler, plasma coagulator)** **Global:** 000 **Issue:** Flexible Sigmoidoscopy **Screen:** MPC List **Complete?** No

Most Recent RUC Meeting:
Tab
Specialty Developing Recommendation:
First Identified: September 2011
2010 Medicare Utilization Data: 3,323

2007 Work RVU: 2.73 **2012 Work RVU:** 2.73
2007 NF PE RVU: NA **2012 NF PE RVU:** NA
2007 Fac PE RVU 1.24 **2012 Fac PE RVU:** 1.77

RUC Recommendation: Specialty intends on resurveying entire GI endoscopy family.

CPT Action (if applicable): May 2013
Result:

Referred to CPT Asst ☐
Published in CPT Asst:

45335 **Sigmoidoscopy, flexible; with directed submucosal injection(s), any substance** **Global:** 000 **Issue:** Flexible Sigmoidoscopy **Screen:** MPC List **Complete?** No

Most Recent RUC Meeting:
Tab
Specialty Developing Recommendation:
First Identified: September 2011
2010 Medicare Utilization Data: 2,450

2007 Work RVU: 1.46 **2012 Work RVU:** 1.46
2007 NF PE RVU: 3.74 **2012 NF PE RVU:** 6.45
2007 Fac PE RVU 0.75 **2012 Fac PE RVU:** 1.07

RUC Recommendation: Specialty intends on resurveying entire GI endoscopy family.

CPT Action (if applicable): May 2013
Result:

Referred to CPT Asst ☐
Published in CPT Asst:

45337 **Sigmoidoscopy, flexible; with decompression of volvulus, any method** **Global:** 000 **Issue:** Flexible Sigmoidoscopy **Screen:** MPC List **Complete?** No

Most Recent RUC Meeting:
Tab
Specialty Developing Recommendation:
First Identified: September 2011
2010 Medicare Utilization Data: 943

2007 Work RVU: 2.36 **2012 Work RVU:** 2.36
2007 NF PE RVU: NA **2012 NF PE RVU:** NA
2007 Fac PE RVU 1.06 **2012 Fac PE RVU:** 1.50

RUC Recommendation: Specialty intends on resurveying entire GI endoscopy family.

CPT Action (if applicable): May 2013
Result:

Referred to CPT Asst ☐
Published in CPT Asst:

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?** No

Most Recent RUC Meeting:
Tab
Specialty Developing Recommendation:
First Identified: September 2011
2010 Medicare Utilization Data: 4,583

2007 Work RVU: 2.34 **2012 Work RVU:** 2.34
2007 NF PE RVU: 5.37 **2012 NF PE RVU:** 6.96
2007 Fac PE RVU 1.07 **2012 Fac PE RVU:** 1.53

RUC Recommendation: Specialty intends on resurveying entire GI endoscopy family.

CPT Action (if applicable): May 2013
Result:

Referred to CPT Asst ☐
Published in CPT Asst:

45339 **Sigmoidoscopy, flexible; with ablation of tumor(s), polyp(s), or other lesion(s) not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique**

Global: 000 **Issue:** Flexible Sigmoidoscopy **Screen:** MPC List **Complete?** No

Most Recent RUC Meeting:
Tab
Specialty Developing Recommendation:
First Identified: September 2011
2010 Medicare Utilization Data: 1,665

2007 Work RVU: 3.14 **2012 Work RVU:** 3.14
2007 NF PE RVU: 4.03 **2012 NF PE RVU:** 6.60
2007 Fac PE RVU 1.38 **2012 Fac PE RVU:** 1.94

RUC Recommendation: Specialty intends on resurveying entire GI endoscopy family.

CPT Action (if applicable): May 2013
Result:

Referred to CPT Asst ☐
Published in CPT Asst:

45340 **Sigmoidoscopy, flexible; with dilation by balloon, 1 or more strictures**

Global: 000 **Issue:** Flexible Sigmoidoscopy **Screen:** MPC List **Complete?** No

Most Recent RUC Meeting:
Tab
Specialty Developing Recommendation:
First Identified: September 2011
2010 Medicare Utilization Data: 1,038

2007 Work RVU: 1.89 **2012 Work RVU:** 1.89
2007 NF PE RVU: 7.18 **2012 NF PE RVU:** 12.30
2007 Fac PE RVU 0.89 **2012 Fac PE RVU:** 1.28

RUC Recommendation: Specialty intends on resurveying entire GI endoscopy family.

CPT Action (if applicable): May 2013
Result:

Referred to CPT Asst ☐
Published in CPT Asst:

Status Report: CMS Requests and Relativity Assessment Issues

45341 **Sigmoidoscopy, flexible; with endoscopic ultrasound examination** **Global:** 000 **Issue:** Flexible Sigmoidoscopy **Screen:** MPC List **Complete?** No

Most Recent RUC Meeting:
Tab
Specialty Developing Recommendation:
First Identified: September 2011
2010 Medicare Utilization Data: 3,354
2007 Work RVU: 2.60 **2012 Work RVU:** 2.6
2007 NF PE RVU: NA **2012 NF PE RVU:** NA
2007 Fac PE RVU 1.17 **2012 Fac PE RVU:** 1.70

RUC Recommendation: Specialty intends on resurveying entire GI endoscopy family.
CPT Action (if applicable): May 2013
Result:
Referred to CPT Asst ☐ **Published in CPT Asst:**

45342 **Sigmoidoscopy, flexible; with transendoscopic ultrasound guided intramural or transmural fine needle aspiration/biopsy(s)** **Global:** 000 **Issue:** Flexible Sigmoidoscopy **Screen:** MPC List **Complete?** No

Most Recent RUC Meeting:
Tab
Specialty Developing Recommendation:
First Identified: September 2011
2010 Medicare Utilization Data: 326
2007 Work RVU: 4.05 **2012 Work RVU:** 4.05
2007 NF PE RVU: NA **2012 NF PE RVU:** NA
2007 Fac PE RVU 1.71 **2012 Fac PE RVU:** 2.50

RUC Recommendation: Specialty intends on resurveying entire GI endoscopy family.
CPT Action (if applicable): May 2013
Result:
Referred to CPT Asst ☐ **Published in CPT Asst:**

45345 **Sigmoidoscopy, flexible; with transendoscopic stent placement (includes predilation)** **Global:** 000 **Issue:** Flexible Sigmoidoscopy **Screen:** MPC List **Complete?** No

Most Recent RUC Meeting:
Tab
Specialty Developing Recommendation:
First Identified: September 2011
2010 Medicare Utilization Data: 467
2007 Work RVU: 2.92 **2012 Work RVU:** 2.92
2007 NF PE RVU: NA **2012 NF PE RVU:** NA
2007 Fac PE RVU 1.26 **2012 Fac PE RVU:** 1.83

RUC Recommendation: Specialty intends on resurveying entire GI endoscopy family.
CPT Action (if applicable): May 2013
Result:
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

45355 **Colonoscopy, rigid or flexible, transabdominal via colotomy, single or multiple** **Global:** 000 **Issue:** Colonoscopy via stoma **Screen:** MPC List **Complete?** No

Most Recent RUC Meeting:
Tab
Specialty Developing Recommendation:
First Identified: September 2011
2010 Medicare Utilization Data: 750
2007 Work RVU: 3.51 **2012 Work RVU:** 3.51
2007 NF PE RVU: NA **2012 NF PE RVU:** NA
2007 Fac PE RVU 1.43 **2012 Fac PE RVU:** 1.99
RUC Recommendation: Specialty intends on resurveying entire GI endoscopy family.
CPT Action (if applicable): October 2013
Result:
Referred to CPT Asst ☐
Published in CPT Asst:

45378 **Colonoscopy, flexible, proximal to splenic flexure; diagnostic, with or without collection of specimen(s) by brushing or washing, with or without colon decompression (separate procedure)** **Global:** 000 **Issue:** Flexible Colonoscopy **Screen:** CMS High Expenditure Procedural Codes / MPC List **Complete?** No

Most Recent RUC Meeting:
Tab
Specialty Developing Recommendation:
First Identified: September 2011
2010 Medicare Utilization Data: 758,466
2007 Work RVU: 3.69 **2012 Work RVU:** 3.69
2007 NF PE RVU: 6.2 **2012 NF PE RVU:** 7.55
2007 Fac PE RVU 1.57 **2012 Fac PE RVU:** 2.20
RUC Recommendation: Specialty intends on resurveying entire GI endoscopy family.
CPT Action (if applicable): October 2013
Result:
Referred to CPT Asst ☐
Published in CPT Asst:

45379 **Colonoscopy, flexible, proximal to splenic flexure; with removal of foreign body** **Global:** 000 **Issue:** **Screen:** MPC List **Complete?** No

Most Recent RUC Meeting:
Tab
Specialty Developing Recommendation:
First Identified: September 2011
2010 Medicare Utilization Data: 852
2007 Work RVU: 4.68 **2012 Work RVU:** 4.68
2007 NF PE RVU: 7.78 **2012 NF PE RVU:** 9.72
2007 Fac PE RVU 1.92 **2012 Fac PE RVU:** 2.70
RUC Recommendation: Specialty intends on resurveying entire GI endoscopy family.
CPT Action (if applicable): October 2013
Result:
Referred to CPT Asst ☐
Published in CPT Asst:

Status Report: CMS Requests and Relativity Assessment Issues

45380 **Colonoscopy, flexible, proximal to splenic flexure; with biopsy, single or multiple**

Global: 000 **Issue:** Colonoscopy **Screen:** MPC List **Complete?** No

Most Recent RUC Meeting: September 2011 **Tab** 34 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** October 2010 **2010 Medicare Utilization Data:** 829,160

2007 Work RVU: 4.43 **2012 Work RVU:** 4.43
2007 NF PE RVU: 7.33 **2012 NF PE RVU:** 9.02
2007 Fac PE RVU 1.87 **2012 Fac PE RVU:** 2.65

RUC Recommendation: Specialty intends on resurveying entire GI endoscopy family. Remove from MPC List.

CPT Action (if applicable): October 2013 **Result:**

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

45381 **Colonoscopy, flexible, proximal to splenic flexure; with directed submucosal injection(s), any substance**

Global: 000 **Issue:** Colonoscopy **Screen:** CMS Fastest Growing / MPC List **Complete?** No

Most Recent RUC Meeting: September 2011 **Tab** 51 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** October 2008 **2010 Medicare Utilization Data:** 54,862

2007 Work RVU: 4.19 **2012 Work RVU:** 4.19
2007 NF PE RVU: 7.26 **2012 NF PE RVU:** 9.26
2007 Fac PE RVU 1.79 **2012 Fac PE RVU:** 2.53

RUC Recommendation: Specialty intends on resurveying entire GI endoscopy family. Review September 2013 if not addressed in entire review. CPT Assistant article published.

CPT Action (if applicable): October 2013 **Result:**

Referred to CPT Asst ☑ **Published in CPT Asst:** Mar 2009

45382 **Colonoscopy, flexible, proximal to splenic flexure; with control of bleeding (eg, injection, bipolar cautery, unipolar cautery, laser, heater probe, stapler, plasma coagulator)**

Global: 000 **Issue:** **Screen:** MPC List **Complete?** No

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:** **First Identified:** September 2011 **2010 Medicare Utilization Data:** 21,136

2007 Work RVU: 5.68 **2012 Work RVU:** 5.68
2007 NF PE RVU: 10.04 **2012 NF PE RVU:** 11.92
2007 Fac PE RVU 2.37 **2012 Fac PE RVU:** 3.35

RUC Recommendation: Specialty intends on resurveying entire GI endoscopy family.

CPT Action (if applicable): October 2013 **Result:**

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

Status Report: CMS Requests and Relativity Assessment Issues

45383 **Colonoscopy, flexible, proximal to splenic flexure; with ablation of tumor(s), polyp(s), or other lesion(s) not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique**

Global: 000 **Issue:** **Screen:** MPC List **Complete?** No

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:** **First Identified:** September 2011 **2010 Medicare Utilization Data:** 56,440

2007 Work RVU: 5.86 **2012 Work RVU:** 5.86
2007 NF PE RVU: 8.08 **2012 NF PE RVU:** 10.24
2007 Fac PE RVU 2.34 **2012 Fac PE RVU:** 3.25

RUC Recommendation: Specialty intends on resurveying entire GI endoscopy family.

CPT Action (if applicable): October 2013 **Result:**

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

45384 **Colonoscopy, flexible, proximal to splenic flexure; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or bipolar cautery**

Global: 000 **Issue:** **Screen:** MPC List **Complete?** No

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:** **First Identified:** September 2011 **2010 Medicare Utilization Data:** 179,190

2007 Work RVU: 4.69 **2012 Work RVU:** 4.69
2007 NF PE RVU: 6.9 **2012 NF PE RVU:** 8.59
2007 Fac PE RVU 1.93 **2012 Fac PE RVU:** 2.66

RUC Recommendation: Specialty intends on resurveying entire GI endoscopy family.

CPT Action (if applicable): October 2013 **Result:**

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

45385 **Colonoscopy, flexible, proximal to splenic flexure; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique**

Global: 000 **Issue:** Colonoscopy **Screen:** MPC List **Complete?** No

Most Recent RUC Meeting: September 2011 **Tab** 34 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** October 2010 **2010 Medicare Utilization Data:** 640,634

2007 Work RVU: 5.30 **2012 Work RVU:** 5.3
2007 NF PE RVU: 7.94 **2012 NF PE RVU:** 9.79
2007 Fac PE RVU 2.18 **2012 Fac PE RVU:** 3.09

RUC Recommendation: Specialty intends on resurveying entire GI endoscopy family. Remove from MPC List.

CPT Action (if applicable): October 2013 **Result:**

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

Status Report: CMS Requests and Relativity Assessment Issues

45386 **Colonoscopy, flexible, proximal to splenic flexure; with dilation by balloon, 1 or more strictures** **Global:** 000 **Issue:** **Screen:** MPC List **Complete?** No

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:** **First Identified:** September 2011 **2010 Medicare Utilization Data:** 2,152

2007 Work RVU: 4.57 **2012 Work RVU:** 4.57
2007 NF PE RVU: 12.37 **2012 NF PE RVU:** 14.94
2007 Fac PE RVU 1.89 **2012 Fac PE RVU:** 2.65

RUC Recommendation: Specialty intends on resurveying entire GI endoscopy family.

CPT Action (if applicable): October 2013 **Result:**

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

45387 **Colonoscopy, flexible, proximal to splenic flexure; with transendoscopic stent placement (includes predilation)** **Global:** 000 **Issue:** **Screen:** MPC List **Complete?** No

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:** **First Identified:** September 2011 **2010 Medicare Utilization Data:** 655

2007 Work RVU: 5.90 **2012 Work RVU:** 5.9
2007 NF PE RVU: NA **2012 NF PE RVU:** NA
2007 Fac PE RVU 2.49 **2012 Fac PE RVU:** 3.52

RUC Recommendation: Specialty intends on resurveying entire GI endoscopy family.

CPT Action (if applicable): October 2013 **Result:**

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

45391 **Colonoscopy, flexible, proximal to splenic flexure; with endoscopic ultrasound examination** **Global:** 000 **Issue:** **Screen:** MPC List **Complete?** No

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:** **First Identified:** September 2011 **2010 Medicare Utilization Data:** 577

2007 Work RVU: 5.09 **2012 Work RVU:** 5.09
2007 NF PE RVU: NA **2012 NF PE RVU:** NA
2007 Fac PE RVU 2.13 **2012 Fac PE RVU:** 2.99

RUC Recommendation: Specialty intends on resurveying entire GI endoscopy family.

CPT Action (if applicable): October 2013 **Result:**

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

Status Report: CMS Requests and Relativity Assessment Issues

45392 **Colonoscopy, flexible, proximal to splenic flexure; with transendoscopic ultrasound guided intramural or transmural fine needle aspiration/biopsy(s)**

Global: 000 **Issue:** **Screen:** MPC List **Complete?** No

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:**

First Identified: September 2011 **2010 Medicare Utilization Data:** 137

2007 Work RVU: 6.54 **2012 Work RVU:** 6.54
2007 NF PE RVU: NA **2012 NF PE RVU:** NA
2007 Fac PE RVU 2.65 **2012 Fac PE RVU:** 3.78

RUC Recommendation: Specialty intends on resurveying entire GI endoscopy family.

CPT Action (if applicable): October 2013 **Result:**

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

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 **2010 Medicare Utilization Data:** 1,640

2007 Work RVU: 3.48 **2012 Work RVU:** 3.59
2007 NF PE RVU: 4.46 **2012 NF PE RVU:** 8.47
2007 Fac PE RVU 3.08 **2012 Fac PE RVU:** 5.17

RUC Recommendation: Reduce 99238 to 0.5

CPT Action (if applicable): **Result:** PE Only

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

47011 **Hepatotomy; for percutaneous drainage of abscess or cyst, 1 or 2 stages**

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

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:**

First Identified: January 2012 **2010 Medicare Utilization Data:**

2007 Work RVU: 3.69 **2012 Work RVU:**
2007 NF PE RVU: NA **2012 NF PE RVU:**
2007 Fac PE RVU 1.17 **2012 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

CPT Action (if applicable): October 2012 **Result:** Deleted from CPT

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

Status Report: CMS Requests and Relativity Assessment Issues

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 **2010 Medicare Utilization Data:** 1,601

2007 Work RVU: 15.19 **2012 Work RVU:** 15.22
2007 NF PE RVU: NA **2012 NF PE RVU:** 127.66
2007 Fac PE RVU 5.83 **2012 Fac PE RVU:** 6.40

RUC Recommendation: New PE Inputs **CPT Action (if applicable):** **Result:** PE Only

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

47490 **Cholecystostomy, percutaneous, complete procedure, including imaging guidance, catheter placement, cholecystogram when performed, and radiological supervision and interpretation**

Global: 010 **Issue:** Cholecystostomy **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 04 **Specialty Developing Recommendation:** ACR **First Identified:** October 2008 **2010 Medicare Utilization Data:** 7,223

2007 Work RVU: 8.05 **2012 Work RVU:** 4.76
2007 NF PE RVU: NA **2012 NF PE RVU:** NA
2007 Fac PE RVU 5.32 **2012 Fac PE RVU:** 4.97

RUC Recommendation: 4.76 **CPT Action (if applicable):** June 2009 **Result:** Decrease

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

47500 **Injection procedure for percutaneous transhepatic cholangiography**

Global: 000 **Issue:** Introduction of Liver X-ray with Radiological S&I **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** No

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:** ACR, SIR **First Identified:** **2010 Medicare Utilization Data:**

2007 Work RVU: 1.96 **2012 Work RVU:**
2007 NF PE RVU: NA **2012 NF PE RVU:**
2007 Fac PE RVU 0.62 **2012 Fac PE RVU:**

RUC Recommendation: Refer to CPT to bundle. **CPT Action (if applicable):** CPT 2016 cycle **Result:**

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

Status Report: CMS Requests and Relativity Assessment Issues

47505 **Injection procedure for cholangiography through an existing catheter (eg, percutaneous transhepatic or T-tube)** **Global:** 000 **Issue:** Introduction of Liver X-ray with Radiological S&I **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** No

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:** ACR, SIR **First Identified:** **2010 Medicare Utilization Data:**

2007 Work RVU: 0.76 **2012 Work RVU:**
2007 NF PE RVU: NA **2012 NF PE RVU:**
2007 Fac PE RVU 0.24 **2012 Fac PE RVU:**

RUC Recommendation: Refer to CPT to bundle. **CPT Action (if applicable):** CPT 2016 cycle **Result:**
Referred to CPT Asst ☐ **Published in CPT Asst:**

47510 **Introduction of percutaneous transhepatic catheter for biliary drainage** **Global:** 090 **Issue:** Introduction of Liver X-ray with Radiological S&I **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** No

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:** ACR, SIR **First Identified:** **2010 Medicare Utilization Data:**

2007 Work RVU: 7.94 **2012 Work RVU:**
2007 NF PE RVU: NA **2012 NF PE RVU:**
2007 Fac PE RVU 4.76 **2012 Fac PE RVU:**

RUC Recommendation: Refer to CPT to bundle. **CPT Action (if applicable):** CPT 2016 cycle **Result:**
Referred to CPT Asst ☐ **Published in CPT Asst:**

47511 **Introduction of percutaneous transhepatic stent for internal and external biliary drainage** **Global:** 090 **Issue:** Introduction of Liver X-ray with Radiological S&I **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** No

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:** ACR, SIR **First Identified:** **2010 Medicare Utilization Data:**

2007 Work RVU: 10.74 **2012 Work RVU:**
2007 NF PE RVU: NA **2012 NF PE RVU:**
2007 Fac PE RVU 4.87 **2012 Fac PE RVU:**

RUC Recommendation: Refer to CPT to bundle. **CPT Action (if applicable):** CPT 2016 cycle **Result:**
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

47525 **Change of percutaneous biliary drainage catheter**

Global: 000 **Issue:** Change Biliary Drainage Catheter **Screen:** High IWPUT **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab** 14 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** February 2008 **2010 Medicare Utilization Data:** 10,725

2007 Work RVU: 5.55 **2012 Work RVU:** 1.54
2007 NF PE RVU: 14.8 **2012 NF PE RVU:** 13.42
2007 Fac PE RVU 2.67 **2012 Fac PE RVU:** 0.99

RUC Recommendation: 1.54 **CPT Action (if applicable):** **Result:** Decrease

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

47562 **Laparoscopy, surgical; cholecystectomy**

Global: 090 **Issue:** RAW review **Screen:** CMS High Expenditure Procedural Codes **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 30 **Specialty Developing Recommendation:** **First Identified:** September 2011 **2010 Medicare Utilization Data:** 116,094

2007 Work RVU: 11.63 **2012 Work RVU:** 11.76
2007 NF PE RVU: NA **2012 NF PE RVU:** NA
2007 Fac PE RVU 5.06 **2012 Fac PE RVU:** 7.61

RUC Recommendation: Reaffirmed **CPT Action (if applicable):** **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 Codes **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 30 **Specialty Developing Recommendation:** **First Identified:** September 2011 **2010 Medicare Utilization Data:** 59,873

2007 Work RVU: 12.03 **2012 Work RVU:** 11.47
2007 NF PE RVU: NA **2012 NF PE RVU:** NA
2007 Fac PE RVU 5.24 **2012 Fac PE RVU:** 7.03

RUC Recommendation: 12.11 **CPT Action (if applicable):** **Result:** Maintain

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

47600 **Cholecystectomy;**

Global: 090 **Issue:** Cholecystectomy **Screen:** CMS Request - NPRM for 2012 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 36 **Specialty Developing Recommendation:** ACS, SAGES **First Identified:** September 2011 **2010 Medicare Utilization Data:** 17,084

2007 Work RVU: 17.35 **2012 Work RVU:** 17.48
2007 NF PE RVU: NA **2012 NF PE RVU:** NA
2007 Fac PE RVU 6.4 **2012 Fac PE RVU:** 10.36

RUC Recommendation: 20.00 **CPT Action (if applicable):** **Result:** Increase

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

Status Report: CMS Requests and Relativity Assessment Issues

47605 **Cholecystectomy; with cholangiography**

Global: 090 **Issue:** Cholecystectomy **Screen:** CMS Request - NPRM for 2012 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 36 **Specialty Developing Recommendation:** ACS, SAGES **First Identified:** September 2011 **2010 Medicare Utilization Data:** 4,202

2007 Work RVU: 15.90 **2012 Work RVU:** 15.98
2007 NF PE RVU: NA **2012 NF PE RVU:** NA
2007 Fac PE RVU 6.47 **2012 Fac PE RVU:** 9.26

RUC Recommendation: 21.00 **CPT Action (if applicable):** **Result:** Increase

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 **2010 Medicare Utilization Data:** 2,518

2007 Work RVU: 4.68 **2012 Work RVU:** 4.7
2007 NF PE RVU: 8.21 **2012 NF PE RVU:** 10.84
2007 Fac PE RVU 1.85 **2012 Fac PE RVU:** 2.03

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

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

48511 **External drainage, pseudocyst of pancreas; percutaneous**

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

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:** **First Identified:** January 2012 **2010 Medicare Utilization Data:**

2007 Work RVU: 3.99 **2012 Work RVU:**
2007 NF PE RVU: 20.43 **2012 NF PE RVU:**
2007 Fac PE RVU 1.27 **2012 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** October 2012 **Result:** Deleted from CPT

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

Status Report: CMS Requests and Relativity Assessment Issues

4900X1

Global: **Issue:** Drainage of Abscess **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** No

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:** **First Identified:** January 2012 **2010 Medicare Utilization Data:**

2007 Work RVU: **2012 Work RVU:**
2007 NF PE RVU: **2012 NF PE RVU:**
2007 Fac PE RVU **2012 Fac PE RVU:**

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

Referred to CPT Asst ☐ **Published in CPT Asst:**

4900X2

Global: **Issue:** Drainage of Abscess **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** No

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:** **First Identified:** January 2012 **2010 Medicare Utilization Data:**

2007 Work RVU: **2012 Work RVU:**
2007 NF PE RVU: **2012 NF PE RVU:**
2007 Fac PE RVU **2012 Fac PE RVU:**

RUC Recommendation: **CPT Action (if applicable):** October 2012 **Result:**

Referred to CPT Asst ☐ **Published in CPT Asst:**

4900X3

Global: **Issue:** Drainage of Abscess **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** No

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:** **First Identified:** January 2012 **2010 Medicare Utilization Data:**

2007 Work RVU: **2012 Work RVU:**
2007 NF PE RVU: **2012 NF PE RVU:**
2007 Fac PE RVU **2012 Fac PE RVU:**

RUC Recommendation: **CPT Action (if applicable):** October 2012 **Result:**

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

4900X4

Global: **Issue:** Drainage of Abscess **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** No

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:** **First Identified:** January 2012 **2010 Medicare Utilization Data:**

2007 Work RVU: **2012 Work RVU:**
2007 NF PE RVU: **2012 NF PE RVU:**
2007 Fac PE RVU **2012 Fac PE RVU:**

RUC Recommendation: **CPT Action (if applicable):** October 2012 **Result:**
Referred to CPT Asst ☐ **Published in CPT Asst:**

49021 **Drainage of peritoneal abscess or localized peritonitis, exclusive of appendiceal abscess; percutaneous**

Global: 000 **Issue:** Drainage of Abscess **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:** **First Identified:** January 2012 **2010 Medicare Utilization Data:**

2007 Work RVU: 3.37 **2012 Work RVU:**
2007 NF PE RVU: 20.43 **2012 NF PE RVU:**
2007 Fac PE RVU 1.07 **2012 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** October 2012 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

49041 **Drainage of subdiaphragmatic or subphrenic abscess; percutaneous**

Global: 000 **Issue:** Drainage of Abscess **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:** **First Identified:** January 2012 **2010 Medicare Utilization Data:**

2007 Work RVU: 3.99 **2012 Work RVU:**
2007 NF PE RVU: 19.33 **2012 NF PE RVU:**
2007 Fac PE RVU 1.27 **2012 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** October 2012 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

49061 **Drainage of retroperitoneal abscess; percutaneous** **Global:** 000 **Issue:** Drainage of Abscess **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:** **First Identified:** January 2012 **2010 Medicare Utilization Data:**

2007 Work RVU: 3.69 **2012 Work RVU:**
2007 NF PE RVU: 19.38 **2012 NF PE RVU:**
2007 Fac PE RVU 1.17 **2012 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** October 2012 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

49080 **Peritoneocentesis, abdominal paracentesis, or peritoneal lavage (diagnostic or therapeutic); initial** **Global:** 000 **Issue:** Peritoneocentesis **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 5 **Specialty Developing Recommendation:** ACR, AGA, ASGE, AUR, SIR **First Identified:** October 2009 **2010 Medicare Utilization Data:** 153,121

2007 Work RVU: 1.35 **2012 Work RVU:**
2007 NF PE RVU: 3.63 **2012 NF PE RVU:**
2007 Fac PE RVU 0.45 **2012 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** June 2010 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

49081 **Peritoneocentesis, abdominal paracentesis, or peritoneal lavage (diagnostic or therapeutic); subsequent** **Global:** 000 **Issue:** Peritoneocentesis **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 5 **Specialty Developing Recommendation:** **First Identified:** February 2010 **2010 Medicare Utilization Data:** 7,564

2007 Work RVU: 1.26 **2012 Work RVU:**
2007 NF PE RVU: 2.65 **2012 NF PE RVU:**
2007 Fac PE RVU 0.43 **2012 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** June 2010 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

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 **2010 Medicare Utilization Data:**

2007 Work RVU: **2012 Work RVU:** 1.24
2007 NF PE RVU: **2012 NF PE RVU:** 3.47
2007 Fac PE RVU **2012 Fac PE RVU:** 0.70

RUC Recommendation: 1.35 **CPT Action (if applicable):** June 2010 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

49083 **Abdominal paracentesis (diagnostic or therapeutic); with imaging guidance** **Global:** 000 **Issue:** Abdominal Paracentesis **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 05 **Specialty Developing Recommendation:** ACR, ACS, AGA, ASGE, SIR **First Identified:** February 2010 **2010 Medicare Utilization Data:**

2007 Work RVU: **2012 Work RVU:** 2
2007 NF PE RVU: **2012 NF PE RVU:** 6.91
2007 Fac PE RVU **2012 Fac PE RVU:** 0.98

RUC Recommendation: 2.00 **CPT Action (if applicable):** June 2010 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

49084 **Peritoneal lavage, including imaging guidance, when performed** **Global:** 000 **Issue:** Abdominal Paracentesis **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 05 **Specialty Developing Recommendation:** ACR, ACS, AGA, ASGE, SIR **First Identified:** February 2010 **2010 Medicare Utilization Data:**

2007 Work RVU: **2012 Work RVU:** 2
2007 NF PE RVU: **2012 NF PE RVU:** NA
2007 Fac PE RVU **2012 Fac PE RVU:** 0.71

RUC Recommendation: 2.50 **CPT Action (if applicable):** June 2010 **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

49418 **Insertion of tunneled intraperitoneal catheter (eg, dialysis, intraperitoneal chemotherapy instillation, management of ascites), complete procedure, including imaging guidance, catheter placement, contrast injection when performed, and radiological supervision and interpretation, percutaneous**

Global: 000 **Issue:** Intraperitoneal Catheter Codes **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 11 **Specialty Developing Recommendation:** ACS, ACR, SIR **First Identified:** **2010 Medicare Utilization Data:**

2007 Work RVU: **2012 Work RVU:** 4.21
2007 NF PE RVU: **2012 NF PE RVU:** 41.99
2007 Fac PE RVU **2012 Fac PE RVU:** 1.93

RUC Recommendation: 4.21 **CPT Action (if applicable):** February 2010 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

49420 **Deleted from CPT**

Global: 000 **Issue:** Insertion of Intraperitoneal Cannula or Catheter **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 40 **Specialty Developing Recommendation:** ACS **First Identified:** April 2008 **2010 Medicare Utilization Data:** 5,149

2007 Work RVU: 2.22 **2012 Work RVU:**
2007 NF PE RVU: NA **2012 NF PE RVU:**
2007 Fac PE RVU 1.11 **2012 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** February 2010 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

49421 **Insertion of tunneled intraperitoneal catheter for dialysis, open**

Global: 000 **Issue:** Intraperitoneal Catheter Codes **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 11 **Specialty Developing Recommendation:** ACS, ACR, SIR **First Identified:** September 2007 **2010 Medicare Utilization Data:** 6,572

2007 Work RVU: 5.87 **2012 Work RVU:** 4.21
2007 NF PE RVU: NA **2012 NF PE RVU:** NA
2007 Fac PE RVU 3.15 **2012 Fac PE RVU:** 2.30

RUC Recommendation: 4.21 **CPT Action (if applicable):** February 2010 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

49505 **Repair initial inguinal hernia, age 5 years or older; reducible** **Global:** 090 **Issue:** RAW review **Screen:** CMS High Expenditure Procedural Codes **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 30 **Specialty Developing Recommendation:** **First Identified:** September 2011 **2010 Medicare Utilization Data:** 80,558

2007 Work RVU: 7.88 **2012 Work RVU:** 7.96
2007 NF PE RVU: NA **2012 NF PE RVU:** NA
2007 Fac PE RVU 3.78 **2012 Fac PE RVU:** 5.53

RUC Recommendation: Reaffirmed **CPT Action (if applicable):** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

49507 **Repair initial inguinal hernia, age 5 years or older; incarcerated or strangulated** **Global:** 090 **Issue:** Hernia Repair **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 29 **Specialty Developing Recommendation:** ACS **First Identified:** September 2007 **2010 Medicare Utilization Data:** 12,065

2007 Work RVU: 9.97 **2012 Work RVU:** 9.09
2007 NF PE RVU: NA **2012 NF PE RVU:** NA
2007 Fac PE RVU 4.46 **2012 Fac PE RVU:** 6.13

RUC Recommendation: 10.05 **CPT Action (if applicable):** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

49521 **Repair recurrent inguinal hernia, any age; incarcerated or strangulated** **Global:** 090 **Issue:** Hernia Repair **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 29 **Specialty Developing Recommendation:** ACS **First Identified:** September 2007 **2010 Medicare Utilization Data:** 2,611

2007 Work RVU: 12.36 **2012 Work RVU:** 11.48
2007 NF PE RVU: NA **2012 NF PE RVU:** NA
2007 Fac PE RVU 5.18 **2012 Fac PE RVU:** 7.03

RUC Recommendation: 12.44 **CPT Action (if applicable):** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

49587 **Repair umbilical hernia, age 5 years or older; incarcerated or strangulated** **Global:** 090 **Issue:** Hernia Repair **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 29 **Specialty Developing Recommendation:** ACS **First Identified:** September 2007 **2010 Medicare Utilization Data:** 9,476

2007 Work RVU: 7.96 **2012 Work RVU:** 7.08
2007 NF PE RVU: NA **2012 NF PE RVU:** NA
2007 Fac PE RVU 3.77 **2012 Fac PE RVU:** 5.33

RUC Recommendation: 8.04 **CPT Action (if applicable):** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

49652 **Laparoscopy, surgical, repair, ventral, umbilical, spigelian or epigastric hernia (includes mesh insertion, when performed); reducible** **Global:** 090 **Issue:** Laparoscopic Hernia Repair **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 30 **Specialty Developing Recommendation:** ACS **First Identified:** June 2010 **2010 Medicare Utilization Data:** 6,870

2007 Work RVU: **2012 Work RVU:** 11.92
2007 NF PE RVU: **2012 NF PE RVU:** NA
2007 Fac PE RVU **2012 Fac PE RVU:** 7.34

RUC Recommendation: 12.88 **CPT Action (if applicable):** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

49653 **Laparoscopy, surgical, repair, ventral, umbilical, spigelian or epigastric hernia (includes mesh insertion, when performed); incarcerated or strangulated** **Global:** 090 **Issue:** Laparoscopic Hernia Repair **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 30 **Specialty Developing Recommendation:** ACS **First Identified:** June 2010 **2010 Medicare Utilization Data:** 2,877

2007 Work RVU: **2012 Work RVU:** 14.94
2007 NF PE RVU: **2012 NF PE RVU:** NA
2007 Fac PE RVU **2012 Fac PE RVU:** 9.08

RUC Recommendation: 16.21 **CPT Action (if applicable):** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

49654 **Laparoscopy, surgical, repair, incisional hernia (includes mesh insertion, when performed); reducible** **Global:** 090 **Issue:** Laparoscopic Hernia Repair **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 30 **Specialty Developing Recommendation:** ACS **First Identified:** June 2010 **2010 Medicare Utilization Data:** 5,943

2007 Work RVU: **2012 Work RVU:** 13.76
2007 NF PE RVU: **2012 NF PE RVU:** NA
2007 Fac PE RVU **2012 Fac PE RVU:** 8.09

RUC Recommendation: 15.03 **CPT Action (if applicable):** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

49655 **Laparoscopy, surgical, repair, incisional hernia (includes mesh insertion, when performed); incarcerated or strangulated** **Global:** 090 **Issue:** Laparoscopic Hernia Repair **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 30 **Specialty Developing Recommendation:** ACS **First Identified:** June 2010 **2010 Medicare Utilization Data:** 2,673

2007 Work RVU: **2012 Work RVU:** 16.84
2007 NF PE RVU: **2012 NF PE RVU:** NA
2007 Fac PE RVU **2012 Fac PE RVU:** 9.83

RUC Recommendation: 18.11 **CPT Action (if applicable):** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

50021 **Drainage of perirenal or renal abscess; percutaneous** **Global:** 000 **Issue:** Drainage of Abscess **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:** **First Identified:** January 2012 **2010 Medicare Utilization Data:**

2007 Work RVU: 3.37 **2012 Work RVU:**
2007 NF PE RVU: 21.23 **2012 NF PE RVU:**
2007 Fac PE RVU 1.07 **2012 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** October 2012 **Result:** Deleted from CPT
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 **2010 Medicare Utilization Data:** 29,504

2007 Work RVU: 2.63 **2012 Work RVU:** 2.63
2007 NF PE RVU: NA **2012 NF PE RVU:** 14.87
2007 Fac PE RVU 1.24 **2012 Fac PE RVU:** 1.32

RUC Recommendation: New PE Inputs **CPT Action (if applicable):** **Result:** PE Only
Referred to CPT Asst ☐ **Published in CPT Asst:**

50360 **Renal allotransplantation, implantation of graft; without recipient nephrectomy** **Global:** 090 **Issue:** RAW **Screen:** Harvard-Valued Annual Allowed Charges Greater than $10 million **Complete?** No

Most Recent RUC Meeting: October 2012 **Tab** 27 **Specialty Developing Recommendation:** **First Identified:** **2010 Medicare Utilization Data:**

2007 Work RVU: 40.45 **2012 Work RVU:** 40.9
2007 NF PE RVU: NA **2012 NF PE RVU:** NA
2007 Fac PE RVU 16.32 **2012 Fac PE RVU:** 25.68

RUC Recommendation: Survey for January 2013. **CPT Action (if applicable):** **Result:**
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

50392 **Introduction of intracatheter or catheter into renal pelvis for drainage and/or injection, percutaneous**

Global: 000 **Issue:** Introduction of Catheter or Stent - Renal **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** No

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:** ACR, SIR **First Identified:** October 2012 **2010 Medicare Utilization Data:**

2007 Work RVU: 3.37 **2012 Work RVU:**
2007 NF PE RVU: NA **2012 NF PE RVU:**
2007 Fac PE RVU 1.46 **2012 Fac PE RVU:**

RUC Recommendation: Refer to CPT to bundle.

CPT Action (if applicable): CPT 2016 cycle **Result:**
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: 000 **Issue:** Introduction of Catheter or Stent - Renal **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** No

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:** ACR, SIR **First Identified:** October 2012 **2010 Medicare Utilization Data:**

2007 Work RVU: 4.15 **2012 Work RVU:**
2007 NF PE RVU: NA **2012 NF PE RVU:**
2007 Fac PE RVU 1.71 **2012 Fac PE RVU:**

RUC Recommendation: Refer to CPT to bundle.

CPT Action (if applicable): CPT 2016 cycle **Result:**
Referred to CPT Asst ☐ **Published in CPT Asst:**

50394 **Injection procedure for pyelography (as nephrostogram, pyelostogram, antegrade pyeloureterograms) through nephrostomy or pyelostomy tube, or indwelling ureteral catheter**

Global: 000 **Issue:** Introduction of Catheter or Stent - Renal **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** No

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:** ACR, SIR **First Identified:** October 2012 **2010 Medicare Utilization Data:**

2007 Work RVU: 0.76 **2012 Work RVU:**
2007 NF PE RVU: 2.45 **2012 NF PE RVU:**
2007 Fac PE RVU 0.63 **2012 Fac PE RVU:**

RUC Recommendation: Refer to CPT to bundle.

CPT Action (if applicable): CPT 2016 cycle **Result:**
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

50398 **Change of nephrostomy or pyelostomy tube**

Global: 000 **Issue:** Introduction of Catheter or Stent - Renal **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** No

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:** ACR, SIR **First Identified:** October 2012 **2010 Medicare Utilization Data:**

2007 Work RVU: 1.46 **2012 Work RVU:**
2007 NF PE RVU: 15.06 **2012 NF PE RVU:**
2007 Fac PE RVU 0.51 **2012 Fac PE RVU:**

RUC Recommendation: Refer to CPT to bundle.

CPT Action (if applicable): CPT 2016 cycle **Result:**

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 **2010 Medicare Utilization Data:** 784

2007 Work RVU: 21.18 **2012 Work RVU:** 21.36
2007 NF PE RVU: NA **2012 NF PE RVU:** NA
2007 Fac PE RVU 8.93 **2012 Fac PE RVU:** 11.09

RUC Recommendation: Remove from screen

CPT Action (if applicable): **Result:** Remove from Screen

Referred to CPT Asst ☐ **Published in CPT Asst:**

50548 **Laparoscopy, surgical; nephrectomy with total ureterectomy**

Global: 090 **Issue:** Laproscopic Procedures **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab** 26 **Specialty Developing Recommendation:** AUA **First Identified:** October 2008 **2010 Medicare Utilization Data:** 1,528

2007 Work RVU: 25.26 **2012 Work RVU:** 25.36
2007 NF PE RVU: NA **2012 NF PE RVU:** NA
2007 Fac PE RVU 9.99 **2012 Fac PE RVU:** 12.05

RUC Recommendation: Remove from screen

CPT Action (if applicable): **Result:** Remove from Screen

Referred to CPT Asst ☐ **Published in CPT Asst:**

50590 **Lithotripsy, extracorporeal shock wave**

Global: 090 **Issue:** Lithotripsy **Screen:** CMS High Expenditure Procedural Codes **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 42 **Specialty Developing Recommendation:** AUA **First Identified:** September 2011 **2010 Medicare Utilization Data:** 54,419

2007 Work RVU: 9.64 **2012 Work RVU:** 9.77
2007 NF PE RVU: 13.6 **2012 NF PE RVU:** 13.42
2007 Fac PE RVU 4.65 **2012 Fac PE RVU:** 6.02

RUC Recommendation: 9.77

CPT Action (if applicable): **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

50605 **Ureterotomy for insertion of indwelling stent, all types** **Global:** 090 **Issue:** Ureterotomy **Screen:** CMS Fastest Growing **Complete?** No

Most Recent RUC Meeting: September 2011 **Tab** 51 **Specialty Developing Recommendation:** AUA, SIR **First Identified:** October 2008 **2010 Medicare Utilization Data:** 3,584

2007 Work RVU: 16.66 **2012 Work RVU:** 16.79
2007 NF PE RVU: NA **2012 NF PE RVU:** NA
2007 Fac PE RVU 7.06 **2012 Fac PE RVU:** 9.29

RUC Recommendation: Review September 2014. CPT Assistant article published.

CPT Action (if applicable):

Result:

Referred to CPT Asst ☑ **Published in CPT Asst:** Dec 2009

51040 **Cystostomy, cystotomy with drainage** **Global:** 090 **Issue:** Cystostomy **Screen:** Site of Service Anomaly (99238-Only) **Complete?** Yes

Most Recent RUC Meeting: September 2007 **Tab** 16 **Specialty Developing Recommendation:** AUA **First Identified:** September 2007 **2010 Medicare Utilization Data:** 6,142

2007 Work RVU: 4.43 **2012 Work RVU:** 4.49
2007 NF PE RVU: NA **2012 NF PE RVU:** NA
2007 Fac PE RVU 3.01 **2012 Fac PE RVU:** 3.67

RUC Recommendation: Reduce 99238 to 0.5

CPT Action (if applicable):

Result: PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

51102 **Aspiration of bladder; with insertion of suprapubic catheter** **Global:** 000 **Issue:** Urological Procedures **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab** 45 **Specialty Developing Recommendation:** AUA **First Identified:** September 2007 **2010 Medicare Utilization Data:** 13,947

2007 Work RVU: **2012 Work RVU:** 2.7
2007 NF PE RVU: **2012 NF PE RVU:** 3.82
2007 Fac PE RVU **2012 Fac PE RVU:** 1.35

RUC Recommendation: 2.70

CPT Action (if applicable):

Result: Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

51726 **Complex cystometrogram (ie, calibrated electronic equipment);** **Global:** 000 **Issue:** Urodynamic Studies **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 16 **Specialty Developing Recommendation:** AUA, ACOG **First Identified:** February 2008 **2010 Medicare Utilization Data:** 25,230

2007 Work RVU: 1.71 **2012 Work RVU:** 1.71
2007 NF PE RVU: 7.41 **2012 NF PE RVU:** 6.73
2007 Fac PE RVU 7.41 **2012 Fac PE RVU:** NA

RUC Recommendation: 1.71

CPT Action (if applicable): February 2009

Result: Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

51727 **Complex cystometrogram (ie, calibrated electronic equipment); with urethral pressure profile studies (ie, urethral closure pressure profile), any technique**

Global: 000 **Issue:** Urodynamic Studies **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 16 **Specialty Developing Recommendation:** AUA, ACOG **First Identified:** **2010 Medicare Utilization Data:** 5,551

2007 Work RVU: **2012 Work RVU:** 2.11
2007 NF PE RVU: **2012 NF PE RVU:** 6.94
2007 Fac PE RVU **2012 Fac PE RVU:** NA

RUC Recommendation: 2.11 **CPT Action (if applicable):** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

51728 **Complex cystometrogram (ie, calibrated electronic equipment); with voiding pressure studies (ie, bladder voiding pressure), any technique**

Global: 000 **Issue:** Urodynamic Studies **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 16 **Specialty Developing Recommendation:** AUA, ACOG **First Identified:** **2010 Medicare Utilization Data:** 78,550

2007 Work RVU: **2012 Work RVU:** 2.11
2007 NF PE RVU: **2012 NF PE RVU:** 6.94
2007 Fac PE RVU **2012 Fac PE RVU:** NA

RUC Recommendation: 2.11 **CPT Action (if applicable):** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

51729 **Complex cystometrogram (ie, calibrated electronic equipment); with voiding pressure studies (ie, bladder voiding pressure) and urethral pressure profile studies (ie, urethral closure pressure profile), any technique**

Global: 000 **Issue:** Urodynamic Studies **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 16 **Specialty Developing Recommendation:** AUA, ACOG **First Identified:** **2010 Medicare Utilization Data:** 102,506

2007 Work RVU: **2012 Work RVU:** 2.51
2007 NF PE RVU: **2012 NF PE RVU:** 7.32
2007 Fac PE RVU **2012 Fac PE RVU:** NA

RUC Recommendation: 2.51 **CPT Action (if applicable):** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

51736 **Simple uroflowmetry (UFR) (eg, stop-watch flow rate, mechanical uroflowmeter)** **Global:** XXX **Issue:** Uroflowmetry **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 11 **Specialty Developing Recommendation:** AUA **First Identified:** February 2010 **2010 Medicare Utilization Data:** 10,546

2007 Work RVU: 0.61 **2012 Work RVU:** 0.17
2007 NF PE RVU: 0.67 **2012 NF PE RVU:** 0.45
2007 Fac PE RVU 0.67 **2012 Fac PE RVU:** NA

RUC Recommendation: 0.17 **CPT Action (if applicable):** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

51741 **Complex uroflowmetry (eg, calibrated electronic equipment)** **Global:** XXX **Issue:** Uroflowmetry **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 11 **Specialty Developing Recommendation:** AUA **First Identified:** October 2009 **2010 Medicare Utilization Data:** 631,519

2007 Work RVU: 1.14 **2012 Work RVU:** 0.17
2007 NF PE RVU: 0.91 **2012 NF PE RVU:** 0.55
2007 Fac PE RVU 0.91 **2012 Fac PE RVU:** NA

RUC Recommendation: 0.17 **CPT Action (if applicable):** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

51772 **Deleted from CPT** **Global:** 000 **Issue:** Urodynamic Studies **Screen:** Codes Reported Together 95% or More / CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 16 **Specialty Developing Recommendation:** AUA **First Identified:** February 2008 **2010 Medicare Utilization Data:**

2007 Work RVU: 1.61 **2012 Work RVU:**
2007 NF PE RVU: 5.44 **2012 NF PE RVU:**
2007 Fac PE RVU 5.44 **2012 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** February 2009 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

51784 **Electromyography studies (EMG) of anal or urethral sphincter, other than needle, any technique**

Global: 000 **Issue:** Urinary Reflex Studies with EMG **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** No

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:** AUA **First Identified:** October 2012 **2010 Medicare Utilization Data:**

2007 Work RVU: 1.53 **2012 Work RVU:**
2007 NF PE RVU: 3.95 **2012 NF PE RVU:**
2007 Fac PE RVU 3.95 **2012 Fac PE RVU:**

RUC Recommendation: Refer to CPT Editorial Panel to add parenthetical and develop CPT assistant article indicating that 51792 and 51784 should not be reported together.

CPT Action (if applicable): 2015 CPT cycle **Result:**

Referred to CPT Asst ☑ **Published in CPT Asst:**

51792 **Stimulus evoked response (eg, measurement of bulbocavernosus reflex latency time)**

Global: 000 **Issue:** Urinary Reflex Studies with EMG **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** No

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:** AUA **First Identified:** October 2012 **2010 Medicare Utilization Data:**

2007 Work RVU: 1.10 **2012 Work RVU:**
2007 NF PE RVU: 5.74 **2012 NF PE RVU:**
2007 Fac PE RVU 5.74 **2012 Fac PE RVU:**

RUC Recommendation: Refer to CPT Editorial Panel to add parenthetical and develop CPT assistant article indicating that 51792 and 51784 should not be reported together.

CPT Action (if applicable): 2015 CPT cycle **Result:**

Referred to CPT Asst ☑ **Published in CPT Asst:**

51795 **Deleted from CPT**

Global: 000 **Issue:** Urology Studies **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: February 2008 **Tab** S **Specialty Developing Recommendation:** **First Identified:** February 2008 **2010 Medicare Utilization Data:**

2007 Work RVU: 1.53 **2012 Work RVU:**
2007 NF PE RVU: 7.15 **2012 NF PE RVU:**
2007 Fac PE RVU 7.15 **2012 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

CPT Action (if applicable): February 2009 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

51797 **Voiding pressure studies, intra-abdominal (ie, rectal, gastric, intraperitoneal) (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Urology Studies **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: February 2008 **Tab** S **Specialty Developing Recommendation:**

First Identified: February 2008 **2010 Medicare Utilization Data:** 156,207

2007 Work RVU: 1.60 **2012 Work RVU:** 0.8
2007 NF PE RVU: 5.55 **2012 NF PE RVU:** 2.77
2007 Fac PE RVU 5.55 **2012 Fac PE RVU:** NA

RUC Recommendation: 0.80

CPT Action (if applicable): February 2009 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

52000 **Cystourethroscopy (separate procedure)**

Global: 000 **Issue:** **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 41 **Specialty Developing Recommendation:**

First Identified: October 2010 **2010 Medicare Utilization Data:** 908,545

2007 Work RVU: 2.23 **2012 Work RVU:** 2.23
2007 NF PE RVU: 3.4 **2012 NF PE RVU:** 3.63
2007 Fac PE RVU 0.91 **2012 Fac PE RVU:** 1.28

RUC Recommendation: Reaffirmed RUC recommendation

CPT Action (if applicable): **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

52214 **Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) of trigone, bladder neck, prostatic fossa, urethra, or periurethral glands**

Global: 000 **Issue:** Cystourethroscopy **Screen:** High Volume Growth **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 16 **Specialty Developing Recommendation:** AUA

First Identified: June 2008 **2010 Medicare Utilization Data:** 21,170

2007 Work RVU: 3.70 **2012 Work RVU:** 3.7
2007 NF PE RVU: 33.55 **2012 NF PE RVU:** 14.77
2007 Fac PE RVU 1.47 **2012 Fac PE RVU:** 1.96

RUC Recommendation: 3.50. CPT Assistant article published.

CPT Action (if applicable): **Result:** Decrease

Referred to CPT Asst ☑ **Published in CPT Asst:** Oct 2009

52224 **Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) or treatment of MINOR (less than 0.5 cm) lesion(s) with or without biopsy**

Global: 000 **Issue:** Cystourethroscopy **Screen:** High Volume Growth **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 16 **Specialty Developing Recommendation:** AUA

First Identified: February 2008 **2010 Medicare Utilization Data:** 54,400

2007 Work RVU: 3.14 **2012 Work RVU:** 3.14
2007 NF PE RVU: 32.11 **2012 NF PE RVU:** 16.50
2007 Fac PE RVU 1.28 **2012 Fac PE RVU:** 1.57

RUC Recommendation: 4.05. CPT Assistant article published.

CPT Action (if applicable): **Result:** Increase

Referred to CPT Asst ☑ **Published in CPT Asst:** Oct 2009

Status Report: CMS Requests and Relativity Assessment Issues

52234 **Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) and/or resection of; SMALL bladder tumor(s) (0.5 up to 2.0 cm)**

Global: 000 **Issue:** Cystourethroscopy and Ureteroscopy **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab** 23 **Specialty Developing Recommendation:** AUA **First Identified:** September 2011 **2010 Medicare Utilization Data:** 25,704

2007 Work RVU: 4.62 **2012 Work RVU:** 4.62
2007 NF PE RVU: NA **2012 NF PE RVU:** NA
2007 Fac PE RVU 1.83 **2012 Fac PE RVU:** 2.24

RUC Recommendation: 4.62 **CPT Action (if applicable):** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

52235 **Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) and/or resection of; MEDIUM bladder tumor(s) (2.0 to 5.0 cm)**

Global: 000 **Issue:** Cystourethroscopy and Ureteroscopy **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab** 23 **Specialty Developing Recommendation:** AUA **First Identified:** April 2011 **2010 Medicare Utilization Data:** 30,520

2007 Work RVU: 5.44 **2012 Work RVU:** 5.44
2007 NF PE RVU: NA **2012 NF PE RVU:** NA
2007 Fac PE RVU 2.13 **2012 Fac PE RVU:** 2.59

RUC Recommendation: 5.44 **CPT Action (if applicable):** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

52240 **Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) and/or resection of; LARGE bladder tumor(s)**

Global: 000 **Issue:** Cystourethroscopy and Ureteroscopy **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab** 23 **Specialty Developing Recommendation:** AUA **First Identified:** September 2011 **2010 Medicare Utilization Data:** 24,006

2007 Work RVU: 9.71 **2012 Work RVU:** 9.71
2007 NF PE RVU: NA **2012 NF PE RVU:** NA
2007 Fac PE RVU 3.6 **2012 Fac PE RVU:** 4.29

RUC Recommendation: 8.75 **CPT Action (if applicable):** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

52281 **Cystourethroscopy, with calibration and/or dilation of urethral stricture or stenosis, with or without meatotomy, with or without injection procedure for cystography, male or female**

Global: 000 **Issue:** Cystourethroscopy **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 38 **Specialty Developing Recommendation:** AUA **First Identified:** October 2009 **2010 Medicare Utilization Data:** 111,095

2007 Work RVU: 2.80 **2012 Work RVU:** 2.75
2007 NF PE RVU: 6.65 **2012 NF PE RVU:** 5.31
2007 Fac PE RVU 1.21 **2012 Fac PE RVU:** 1.50

RUC Recommendation: 2.80 **CPT Action (if applicable):** **Result:** Maintain

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?** No

Most Recent RUC Meeting: April 2010 **Tab** 38 **Specialty Developing Recommendation:** AUA **First Identified:** October 2009 **2010 Medicare Utilization Data:** 140,493

2007 Work RVU: 2.83 **2012 Work RVU:** 2.82
2007 NF PE RVU: 7.42 **2012 NF PE RVU:** 11.83
2007 Fac PE RVU 1.19 **2012 Fac PE RVU:** 1.52

RUC Recommendation: Refer to CPT to bundle 52332 and 52353 **CPT Action (if applicable):** CPT 2014 cycle **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

52341 **Cystourethroscopy; with treatment of ureteral stricture (eg, balloon dilation, laser, electrocautery, and incision)**

Global: 000 **Issue:** Urological Procedures **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 65 **Specialty Developing Recommendation:** AUA **First Identified:** April 2008 **2010 Medicare Utilization Data:** 2,325

2007 Work RVU: 6.11 **2012 Work RVU:** 5.35
2007 NF PE RVU: NA **2012 NF PE RVU:** NA
2007 Fac PE RVU 2.44 **2012 Fac PE RVU:** 2.72

RUC Recommendation: 5.35 **CPT Action (if applicable):** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

52342 **Cystourethroscopy; with treatment of ureteropelvic junction stricture (eg, balloon dilation, laser, electrocautery, and incision)** **Global:** 000 **Issue:** Urological Procedures **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 65 **Specialty Developing Recommendation:** AUA **First Identified:** April 2008 **2010 Medicare Utilization Data:** 297

2007 Work RVU: 6.61 **2012 Work RVU:** 5.85
2007 NF PE RVU: NA **2012 NF PE RVU:** NA
2007 Fac PE RVU 2.59 **2012 Fac PE RVU:** 2.92

RUC Recommendation: 5.85 **CPT Action (if applicable):** **Result:** Decrease

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 **2010 Medicare Utilization Data:** 33

2007 Work RVU: 7.31 **2012 Work RVU:** 6.55
2007 NF PE RVU: NA **2012 NF PE RVU:** NA
2007 Fac PE RVU 2.84 **2012 Fac PE RVU:** 3.20

RUC Recommendation: 6.55 **CPT Action (if applicable):** **Result:** Decrease

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 **2010 Medicare Utilization Data:** 2,654

2007 Work RVU: 7.81 **2012 Work RVU:** 7.05
2007 NF PE RVU: NA **2012 NF PE RVU:** NA
2007 Fac PE RVU 3.09 **2012 Fac PE RVU:** 3.56

RUC Recommendation: 7.05 **CPT Action (if applicable):** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

52345 **Cystourethroscopy with ureteroscopy; with treatment of ureteropelvic junction stricture (eg, balloon dilation, laser, electrocautery, and incision)** **Global:** 000 **Issue:** Urological Procedures **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 65 **Specialty Developing Recommendation:** AUA **First Identified:** April 2008 **2010 Medicare Utilization Data:** 487

2007 Work RVU: 8.31 **2012 Work RVU:** 7.55
2007 NF PE RVU: NA **2012 NF PE RVU:** NA
2007 Fac PE RVU 3.27 **2012 Fac PE RVU:** 3.76

RUC Recommendation: 7.55 **CPT Action (if applicable):** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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 **2010 Medicare Utilization Data:** 114

2007 Work RVU: 9.34 **2012 Work RVU:** 8.58
2007 NF PE RVU: NA **2012 NF PE RVU:** NA
2007 Fac PE RVU 3.62 **2012 Fac PE RVU:** 4.19

RUC Recommendation: 8.58 **CPT Action (if applicable):** **Result:** Decrease

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 **2010 Medicare Utilization Data:** 19,303

2007 Work RVU: 5.85 **2012 Work RVU:** 5.85
2007 NF PE RVU: NA **2012 NF PE RVU:** NA
2007 Fac PE RVU 2.36 **2012 Fac PE RVU:** 2.91

RUC Recommendation: 5.75 **CPT Action (if applicable):** **Result:** Decrease

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 **2010 Medicare Utilization Data:** 16,589

2007 Work RVU: 6.87 **2012 Work RVU:** 6.87
2007 NF PE RVU: NA **2012 NF PE RVU:** NA
2007 Fac PE RVU 2.77 **2012 Fac PE RVU:** 3.41

RUC Recommendation: 6.75 **CPT Action (if applicable):** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

52353 **Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with lithotripsy (ureteral catheterization is included)**

Global: 000 **Issue:** Cystourethroscopy and Ureteroscopy **Screen:** Harvard Valued - Utilization over 30,000 / Harvard-Valued Annual Allowed Charges Greater than $10 million / Codes Reported Together 75% or More-Part2 **Complete?** No

Most Recent RUC Meeting: September 2011 **Tab** 23 **Specialty Developing Recommendation:** AUA **First Identified:** April 2011 **2010 Medicare Utilization Data:** 35,333

2007 Work RVU: 7.96 **2012 Work RVU:** 7.96
2007 NF PE RVU: NA **2012 NF PE RVU:** NA
2007 Fac PE RVU 3.14 **2012 Fac PE RVU:** 3.84

RUC Recommendation: Refer to CPT to bundle 52332 and 52353 **CPT Action (if applicable):** CPT 2014 cycle **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

52354 **Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with biopsy and/or fulguration of ureteral or renal pelvic lesion**

Global: 000 **Issue:** Cystourethroscopy and Ureteroscopy **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab** 23 **Specialty Developing Recommendation:** AUA **First Identified:** September 2011 **2010 Medicare Utilization Data:** 6,876

2007 Work RVU: 7.33 **2012 Work RVU:** 7.33
2007 NF PE RVU: NA **2012 NF PE RVU:** NA
2007 Fac PE RVU 2.94 **2012 Fac PE RVU:** 3.59

RUC Recommendation: 8.58 **CPT Action (if applicable):** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

52355 **Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with resection of ureteral or renal pelvic tumor**

Global: 000 **Issue:** Cystourethroscopy and Ureteroscopy **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab** 23 **Specialty Developing Recommendation:** AUA **First Identified:** September 2011 **2010 Medicare Utilization Data:** 934

2007 Work RVU: 8.81 **2012 Work RVU:** 8.81
2007 NF PE RVU: NA **2012 NF PE RVU:** NA
2007 Fac PE RVU 3.44 **2012 Fac PE RVU:** 4.18

RUC Recommendation: 10.00 **CPT Action (if applicable):** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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 **2010 Medicare Utilization Data:** 491

2007 Work RVU: 10.06 **2012 Work RVU:** 8.69
2007 NF PE RVU: NA **2012 NF PE RVU:** NA
2007 Fac PE RVU 4.18 **2012 Fac PE RVU:** 4.67

RUC Recommendation: 8.69 **CPT Action (if applicable):** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

52500 **Transurethral resection of bladder neck (separate procedure)**

Global: 090 **Issue:** Urological Procedures **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 65 **Specialty Developing Recommendation:** AUA **First Identified:** September 2007 **2010 Medicare Utilization Data:** 4,914

2007 Work RVU: 9.39 **2012 Work RVU:** 8.14
2007 NF PE RVU: NA **2012 NF PE RVU:** NA
2007 Fac PE RVU 4.52 **2012 Fac PE RVU:** 5.55

RUC Recommendation: 8.14 **CPT Action (if applicable):** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

52640 **Transurethral resection; of postoperative bladder neck contracture**

Global: 090 **Issue:** Urological Procedures **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab** 45 **Specialty Developing Recommendation:** AUA **First Identified:** September 2007 **2010 Medicare Utilization Data:** 1,979

2007 Work RVU: 6.89 **2012 Work RVU:** 4.79
2007 NF PE RVU: NA **2012 NF PE RVU:** NA
2007 Fac PE RVU 3.35 **2012 Fac PE RVU:** 3.98

RUC Recommendation: 4.79 **CPT Action (if applicable):** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

52648 **Laser vaporization of prostate, including control of postoperative bleeding, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, internal urethrotomy and transurethral resection of prostate are included if performed)**

Global: 090 **Issue:** Laser Surgery of Prostate **Screen:** High Volume Growth **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab** 57 **Specialty Developing Recommendation:** AUA **First Identified:** February 2008 **2010 Medicare Utilization Data:** 30,107

2007 Work RVU: 12.00 **2012 Work RVU:** 12.15
2007 NF PE RVU: 66.1 **2012 NF PE RVU:** 44.70
2007 Fac PE RVU 5.44 **2012 Fac PE RVU:** 7.10

RUC Recommendation: Remove from screen **CPT Action (if applicable):** **Result:** Remove from Screen

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

53445 **Insertion of inflatable urethral/bladder neck sphincter, including placement of pump, reservoir, and cuff**

Global: 090 **Issue:** Urological Procedures **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 31 **Specialty Developing Recommendation:** AUA **First Identified:** September 2007 **2010 Medicare Utilization Data:** 1,915

2007 Work RVU: 15.21 **2012 Work RVU:** 13
2007 NF PE RVU: NA **2012 NF PE RVU:** NA
2007 Fac PE RVU 7.55 **2012 Fac PE RVU:** 8.39

RUC Recommendation: 13.00 **CPT Action (if applicable):** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

53850 **Transurethral destruction of prostate tissue; by microwave thermotherapy**

Global: 090 **Issue:** Transurethral Destruction of Prostate Tissue **Screen:** CMS High Expenditure Procedural Codes **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 43 **Specialty Developing Recommendation:** AUA **First Identified:** September 2011 **2010 Medicare Utilization Data:**

2007 Work RVU: 9.98 **2012 Work RVU:**
2007 NF PE RVU: 82.87 **2012 NF PE RVU:**
2007 Fac PE RVU 4.46 **2012 Fac PE RVU:**

RUC Recommendation: 10.08 **CPT Action (if applicable):** **Result:** Maintain

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 **2010 Medicare Utilization Data:** 5,328

2007 Work RVU: 14.39 **2012 Work RVU:** 14.52
2007 NF PE RVU: NA **2012 NF PE RVU:** NA
2007 Fac PE RVU 6.51 **2012 Fac PE RVU:** 8.03

RUC Recommendation: 14.39 **CPT Action (if applicable):** **Result:** Maintain

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 **2010 Medicare Utilization Data:** 1,269

2007 Work RVU: 16.48 **2012 Work RVU:** 15.18
2007 NF PE RVU: NA **2012 NF PE RVU:** NA
2007 Fac PE RVU 7.35 **2012 Fac PE RVU:** 8.83

RUC Recommendation: 15.18 **CPT Action (if applicable):** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

54520 **Orchiectomy, simple (including subcapsular), with or without testicular prosthesis, scrotal or inguinal approach**

Global: 090 **Issue:** Removal of Testical **Screen:** Site of Service Anomaly (99238-Only) **Complete?** Yes

Most Recent RUC Meeting: September 2007 **Tab** 16 **Specialty Developing Recommendation:** AUA

First Identified: September 2007 **2010 Medicare Utilization Data:** 4,208

2007 Work RVU: 5.25 **2012 Work RVU:** 5.3
2007 NF PE RVU: NA **2012 NF PE RVU:** NA
2007 Fac PE RVU 3.03 **2012 Fac PE RVU:** 3.80

RUC Recommendation: Reduce 99238 to 0.5

CPT Action (if applicable):

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: PE Only

54530 **Orchiectomy, radical, for tumor; inguinal approach**

Global: 090 **Issue:** Urological Procedures **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 65 **Specialty Developing Recommendation:** AUA

First Identified: September 2007 **2010 Medicare Utilization Data:** 1,285

2007 Work RVU: 9.31 **2012 Work RVU:** 8.46
2007 NF PE RVU: NA **2012 NF PE RVU:** NA
2007 Fac PE RVU 4.72 **2012 Fac PE RVU:** 5.68

RUC Recommendation: 8.46

CPT Action (if applicable):

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

55866 **Laparoscopy, surgical prostatectomy, retropubic radical, including nerve sparing, includes robotic assistance, when performed**

Global: 090 **Issue:** Lap Radical Prostatectomy **Screen:** New Technology / CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 14 **Specialty Developing Recommendation:** AUA

First Identified: September 2007 **2010 Medicare Utilization Data:** 12,665

2007 Work RVU: 32.25 **2012 Work RVU:** 32.06
2007 NF PE RVU: NA **2012 NF PE RVU:** NA
2007 Fac PE RVU 12.87 **2012 Fac PE RVU:** 16.13

RUC Recommendation: 32.06

CPT Action (if applicable):

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

55873 **Cryosurgical ablation of the prostate (includes ultrasonic guidance and monitoring)**

Global: 090 **Issue:** Cryoablation of Prostate **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 25 **Specialty Developing Recommendation:** AUA

First Identified: September 2007 **2010 Medicare Utilization Data:** 3,703

2007 Work RVU: 20.25 **2012 Work RVU:** 13.6
2007 NF PE RVU: NA **2012 NF PE RVU:** 182.22
2007 Fac PE RVU 9.59 **2012 Fac PE RVU:** 8.81

RUC Recommendation: 13.45

CPT Action (if applicable):

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

56515 **Destruction of lesion(s), vulva; extensive (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery)**

Global: 010 **Issue:** Destruction of Lesions **Screen:** Site of Service Anomaly (99238-Only) **Complete?** Yes

Most Recent RUC Meeting: September 2007 **Tab** 16 **Specialty Developing Recommendation:** ACOG

First Identified: September 2007 **2010 Medicare Utilization Data:** 1,864

2007 Work RVU: 3.03 **2012 Work RVU:** 3.08
2007 NF PE RVU: 2.5 **2012 NF PE RVU:** 3.10
2007 Fac PE RVU 1.79 **2012 Fac PE RVU:** 2.35

RUC Recommendation: Reduce 99238 to 0.5

CPT Action (if applicable):

Result: PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

56620 **Vulvectomy simple; partial**

Global: 090 **Issue:** Partial Removal of Vulva **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2008 **Tab** D **Specialty Developing Recommendation:** ACOG

First Identified: September 2007 **2010 Medicare Utilization Data:** 2,361

2007 Work RVU: 8.44 **2012 Work RVU:** 7.53
2007 NF PE RVU: NA **2012 NF PE RVU:** NA
2007 Fac PE RVU 4.7 **2012 Fac PE RVU:** 6.24

RUC Recommendation: 7.35

CPT Action (if applicable):

Result: Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

57155 **Insertion of uterine tandem and/or vaginal ovoids for clinical brachytherapy**

Global: 000 **Issue:** Vaginal Radiation Afterloading Apparatus for Clinical Brachytherapy **Screen:** Site of Service Anomaly / Different Performing Specialty from Survey **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab** 12 **Specialty Developing Recommendation:** ACOG, ASTRO

First Identified: September 2007 **2010 Medicare Utilization Data:** 5,266

2007 Work RVU: 6.79 **2012 Work RVU:** 5.4
2007 NF PE RVU: NA **2012 NF PE RVU:** 6.77
2007 Fac PE RVU 4.3 **2012 Fac PE RVU:** 2.32

RUC Recommendation: 5.40

CPT Action (if applicable): October 2009

Result: Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

57156 **Insertion of a vaginal radiation afterloading apparatus for clinical brachytherapy** **Global:** 000 **Issue:** Vaginal Radiation Afterloading Apparatus for Clinical Brachytherapy **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab** 12 **Specialty Developing Recommendation:** ACOG, ASTRO **First Identified:** September 2007 **2010 Medicare Utilization Data:**

2007 Work RVU: **2012 Work RVU:** 2.69
2007 NF PE RVU: **2012 NF PE RVU:** 2.67
2007 Fac PE RVU **2012 Fac PE RVU:** 1.24

RUC Recommendation: 2.69 **CPT Action (if applicable):** October 2009 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

57287 **Removal or revision of sling for stress incontinence (eg, fascia or synthetic)** **Global:** 090 **Issue:** Urological Procedures **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2008 **Tab** C **Specialty Developing Recommendation:** AUA **First Identified:** September 2007 **2010 Medicare Utilization Data:** 2,127

2007 Work RVU: 11.49 **2012 Work RVU:** 11.15
2007 NF PE RVU: NA **2012 NF PE RVU:** NA
2007 Fac PE RVU 5.73 **2012 Fac PE RVU:** 7.61

RUC Recommendation: 10.97 **CPT Action (if applicable):** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

57288 **Sling operation for stress incontinence (eg, fascia or synthetic)** **Global:** 090 **Issue:** Sling Operation for Stress Incontinence **Screen:** New Technology **Complete?** Yes

Most Recent RUC Meeting: February 2008 **Tab** O **Specialty Developing Recommendation:** ACOG, AUA **First Identified:** September 2007 **2010 Medicare Utilization Data:** 47,685

2007 Work RVU: 14.01 **2012 Work RVU:** 12.13
2007 NF PE RVU: NA **2012 NF PE RVU:** NA
2007 Fac PE RVU 6.21 **2012 Fac PE RVU:** 7.44

RUC Recommendation: 12.00 **CPT Action (if applicable):** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

58555 **Hysteroscopy, diagnostic (separate procedure)** **Global:** 000 **Issue:** Hysteroscopy **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 26 **Specialty Developing Recommendation:** ACOG **First Identified:** NA **2010 Medicare Utilization Data:** 1,906

2007 Work RVU: 3.33 **2012 Work RVU:** 3.33
2007 NF PE RVU: 2.32 **2012 NF PE RVU:** 4.67
2007 Fac PE RVU 1.47 **2012 Fac PE RVU:** 1.78

RUC Recommendation: New PE inputs **CPT Action (if applicable):** **Result:** PE Only
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

58558 **Hysteroscopy, surgical; with sampling (biopsy) of endometrium and/or polypectomy, with or without D & C**

Global: 000 **Issue:** Hysteroscopy **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 26 **Specialty Developing Recommendation:** ACOG **First Identified:** NA **2010 Medicare Utilization Data:** 38,647

2007 Work RVU: 4.74 **2012 Work RVU:** 4.74
2007 NF PE RVU: 2.52 **2012 NF PE RVU:** 5.73
2007 Fac PE RVU 2.05 **2012 Fac PE RVU:** 2.43

RUC Recommendation: New PE inputs **CPT Action (if applicable):** **Result:** PE Only

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 **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 26 **Specialty Developing Recommendation:** ACOG **First Identified:** NA **2010 Medicare Utilization Data:** 134

2007 Work RVU: 5.20 **2012 Work RVU:** 5.2
2007 NF PE RVU: 2.63 **2012 NF PE RVU:** 5.65
2007 Fac PE RVU 2.21 **2012 Fac PE RVU:** 2.59

RUC Recommendation: New PE inputs **CPT Action (if applicable):** **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

58563 **Hysteroscopy, surgical; with endometrial ablation (eg, endometrial resection, electrosurgical ablation, thermoablation)**

Global: 000 **Issue:** Hysteroscopy **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 26 **Specialty Developing Recommendation:** ACOG **First Identified:** NA **2010 Medicare Utilization Data:** 6,112

2007 Work RVU: 6.16 **2012 Work RVU:** 6.16
2007 NF PE RVU: 51.38 **2012 NF PE RVU:** 43.97
2007 Fac PE RVU 2.58 **2012 Fac PE RVU:** 3.04

RUC Recommendation: New PE inputs **CPT Action (if applicable):** **Result:** PE Only

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 **2010 Medicare Utilization Data:** 1,833

2007 Work RVU: 11.54 **2012 Work RVU:** 11.59
2007 NF PE RVU: NA **2012 NF PE RVU:** NA
2007 Fac PE RVU 5.07 **2012 Fac PE RVU:** 6.43

RUC Recommendation: Reduce 99238 to 0.5 **CPT Action (if applicable):** **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

58661 **Laparoscopy, surgical; with removal of adnexal structures (partial or total oophorectomy and/or salpingectomy)**

Global: 010 **Issue:** Laproscopic Procedures **Screen:** Site of Service Anomaly (99238-Only) **Complete?** Yes

Most Recent RUC Meeting: September 2007 **Tab** 16 **Specialty Developing Recommendation:** ACOG **First Identified:** September 2007 **2010 Medicare Utilization Data:** 9,974

2007 Work RVU: 11.30 **2012 Work RVU:** 11.35
2007 NF PE RVU: NA **2012 NF PE RVU:** NA
2007 Fac PE RVU 4.84 **2012 Fac PE RVU:** 5.92

RUC Recommendation: Reduce 99238 to 0.5 **CPT Action (if applicable):** **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

58823 **Drainage of pelvic abscess, transvaginal or transrectal approach, percutaneous (eg, ovarian, pericolic)**

Global: 000 **Issue:** Drainage of Abscess **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:** **First Identified:** January 2012 **2010 Medicare Utilization Data:**

2007 Work RVU: 3.37 **2012 Work RVU:**
2007 NF PE RVU: 20.75 **2012 NF PE RVU:**
2007 Fac PE RVU 1.08 **2012 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** October 2012 **Result:** Deleted from 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 **2010 Medicare Utilization Data:** 3,985

2007 Work RVU: 26.80 **2012 Work RVU:** 32.16
2007 NF PE RVU: NA **2012 NF PE RVU:** NA
2007 Fac PE RVU 15.06 **2012 Fac PE RVU:** 21.18

RUC Recommendation: 32.69 **CPT Action (if applicable):** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

59409 **Vaginal delivery only (with or without episiotomy and/or forceps);**

Global: MMM **Issue:** Obstetrical Care **Screen:** High IWPUT **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 15 **Specialty Developing Recommendation:** ACOG, AAFP **First Identified:** February 2008 **2010 Medicare Utilization Data:** 1,581

2007 Work RVU: 13.48 **2012 Work RVU:** 14.37
2007 NF PE RVU: NA **2012 NF PE RVU:** NA
2007 Fac PE RVU 4.91 **2012 Fac PE RVU:** 6.15

RUC Recommendation: 14.37 **CPT Action (if applicable):** **Result:** Increase

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: October 2009 **Tab** 15 **Specialty Developing Recommendation:** ACOG, AAFP **First Identified:** February 2008 **2010 Medicare Utilization Data:** 1,266

2007 Work RVU: 15.29 **2012 Work RVU:** 18.01
2007 NF PE RVU: NA **2012 NF PE RVU:** NA
2007 Fac PE RVU 5.96 **2012 Fac PE RVU:** 8.14

RUC Recommendation: 18.54 **CPT Action (if applicable):** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

59412 **External cephalic version, with or without tocolysis**

Global: MMM **Issue:** Obstetrical Care **Screen:** High IWPUT **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 15 **Specialty Developing Recommendation:** ACOG, AAFP **First Identified:** April 2008 **2010 Medicare Utilization Data:** 31

2007 Work RVU: 1.71 **2012 Work RVU:** 1.71
2007 NF PE RVU: NA **2012 NF PE RVU:** NA
2007 Fac PE RVU 0.77 **2012 Fac PE RVU:** 0.92

RUC Recommendation: 1.71 **CPT Action (if applicable):** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

59414 **Delivery of placenta (separate procedure)**

Global: MMM **Issue:** Obstetrical Care **Screen:** High IWPUT **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 15 **Specialty Developing Recommendation:** ACOG, AAFP **First Identified:** April 2008 **2010 Medicare Utilization Data:** 48

2007 Work RVU: 1.61 **2012 Work RVU:** 1.61
2007 NF PE RVU: NA **2012 NF PE RVU:** NA
2007 Fac PE RVU 0.59 **2012 Fac PE RVU:** 0.69

RUC Recommendation: 1.61 **CPT Action (if applicable):** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

59425 **Antepartum care only; 4-6 visits**

Global: MMM **Issue:** Obstetrical Care **Screen:** High IWPUT **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 15 **Specialty Developing Recommendation:** ACOG, AAFP **First Identified:** April 2008 **2010 Medicare Utilization Data:** 818

2007 Work RVU: 6.22 **2012 Work RVU:** 6.31
2007 NF PE RVU: 4.21 **2012 NF PE RVU:** 5.58
2007 Fac PE RVU 1.81 **2012 Fac PE RVU:** 2.66

RUC Recommendation: 6.31 **CPT Action (if applicable):** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

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 RUC Meeting: October 2009 **Tab** 15 **Specialty Developing Recommendation:** ACOG, AAFP **First Identified:** April 2008 **2010 Medicare Utilization Data:** 856

2007 Work RVU: 11.04 **2012 Work RVU:** 11.16
2007 NF PE RVU: 7.6 **2012 NF PE RVU:** 10.21
2007 Fac PE RVU 3.17 **2012 Fac PE RVU:** 4.72

RUC Recommendation: 11.16 **CPT Action (if applicable):** **Result:** Decrease

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 RUC Meeting: October 2009 **Tab** 15 **Specialty Developing Recommendation:** ACOG, AAFP **First Identified:** April 2008 **2010 Medicare Utilization Data:** 1,459

2007 Work RVU: 2.13 **2012 Work RVU:** 2.47
2007 NF PE RVU: 1.19 **2012 NF PE RVU:** 2.18
2007 Fac PE RVU 0.88 **2012 Fac PE RVU:** 1.07

RUC Recommendation: 2.47 **CPT Action (if applicable):** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

59510 **Routine obstetric care including antepartum care, cesarean delivery, and postpartum care** **Global:** MMM **Issue:** Obstetrical Care **Screen:** High IWPUT **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 15 **Specialty Developing Recommendation:** ACOG, AAFP **First Identified:** February 2008 **2010 Medicare Utilization Data:** 3,242

2007 Work RVU: 30.34 **2012 Work RVU:** 35.64
2007 NF PE RVU: NA **2012 NF PE RVU:** NA
2007 Fac PE RVU 16.92 **2012 Fac PE RVU:** 23.29

RUC Recommendation: 36.17 **CPT Action (if applicable):** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

59514 **Cesarean delivery only;** **Global:** MMM **Issue:** Obstetrical Care **Screen:** High IWPUT **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 15 **Specialty Developing Recommendation:** ACOG, AAFP **First Identified:** **2010 Medicare Utilization Data:** 1,205

2007 Work RVU: 15.95 **2012 Work RVU:** 16.13
2007 NF PE RVU: NA **2012 NF PE RVU:** NA
2007 Fac PE RVU 5.78 **2012 Fac PE RVU:** 6.97

RUC Recommendation: 16.13 **CPT Action (if applicable):** **Result:** Increase

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 **2010 Medicare Utilization Data:** 1,204

2007 Work RVU: 18.26 **2012 Work RVU:** 21.47
2007 NF PE RVU: NA **2012 NF PE RVU:** NA
2007 Fac PE RVU 7.43 **2012 Fac PE RVU:** 10.16

RUC Recommendation: 22.00 **CPT Action (if applicable):** **Result:** Increase
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 **2010 Medicare Utilization Data:** 91

2007 Work RVU: 28.21 **2012 Work RVU:** 33.87
2007 NF PE RVU: NA **2012 NF PE RVU:** NA
2007 Fac PE RVU 15.52 **2012 Fac PE RVU:** 21.84

RUC Recommendation: 34.40 **CPT Action (if applicable):** **Result:** Increase
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 **2010 Medicare Utilization Data:** 29

2007 Work RVU: 15.04 **2012 Work RVU:** 16.09
2007 NF PE RVU: NA **2012 NF PE RVU:** NA
2007 Fac PE RVU 5.6 **2012 Fac PE RVU:** 6.86

RUC Recommendation: 16.09 **CPT Action (if applicable):** **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

59614 **Vaginal delivery only, after previous cesarean delivery (with or without episiotomy and/or forceps); including postpartum care** **Global:** MMM **Issue:** Obstetrical Care **Screen:** High IWPUT **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 15 **Specialty Developing Recommendation:** ACOG, AAFP **First Identified:** April 2008 **2010 Medicare Utilization Data:** 29

2007 Work RVU: 16.59 **2012 Work RVU:** 19.73
2007 NF PE RVU: NA **2012 NF PE RVU:** NA
2007 Fac PE RVU 6.49 **2012 Fac PE RVU:** 8.72

RUC Recommendation: 20.26 **CPT Action (if applicable):** **Result:** Increase
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 **2010 Medicare Utilization Data:** 34

2007 Work RVU: 31.78 **2012 Work RVU:** 36.16
2007 NF PE RVU: NA **2012 NF PE RVU:** NA
2007 Fac PE RVU 17.74 **2012 Fac PE RVU:** 23.63

RUC Recommendation: 36.69 **CPT Action (if applicable):** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

59620 **Cesarean delivery only, following attempted vaginal delivery after previous cesarean delivery;**

Global: MMM **Issue:** Obstetrical Care **Screen:** High IWPUT **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 15 **Specialty Developing Recommendation:** ACOG, AAFP **First Identified:** April 2008 **2010 Medicare Utilization Data:** 23

2007 Work RVU: 17.50 **2012 Work RVU:** 16.66
2007 NF PE RVU: NA **2012 NF PE RVU:** NA
2007 Fac PE RVU 6.27 **2012 Fac PE RVU:** 7.27

RUC Recommendation: 16.66 **CPT Action (if applicable):** **Result:** Decrease

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 **2010 Medicare Utilization Data:** 5

2007 Work RVU: 19.70 **2012 Work RVU:** 22
2007 NF PE RVU: NA **2012 NF PE RVU:** NA
2007 Fac PE RVU 8.14 **2012 Fac PE RVU:** 10.57

RUC Recommendation: 22.53 **CPT Action (if applicable):** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

60220 **Total thyroid lobectomy, unilateral; with or without isthmusectomy**

Global: 090 **Issue:** Total Thyroid Lobectomy **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab** 46 **Specialty Developing Recommendation:** ACS, AAO-HNS **First Identified:** September 2007 **2010 Medicare Utilization Data:** 8,652

2007 Work RVU: 12.29 **2012 Work RVU:** 11.19
2007 NF PE RVU: NA **2012 NF PE RVU:** NA
2007 Fac PE RVU 5.96 **2012 Fac PE RVU:** 7.89

RUC Recommendation: 12.29 **CPT Action (if applicable):** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

60225 **Total thyroid lobectomy, unilateral; with contralateral subtotal lobectomy, including isthmusectomy**

Global: 090 **Issue:** Total Thyroid Lobectomy **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab** 46 **Specialty Developing Recommendation:** ACS, AAO-HNS **First Identified:** September 2007 **2010 Medicare Utilization Data:** 792

2007 Work RVU: 14.67 **2012 Work RVU:** 14.79
2007 NF PE RVU: NA **2012 NF PE RVU:** NA
2007 Fac PE RVU 7.22 **2012 Fac PE RVU:** 10.02

RUC Recommendation: 14.67 **CPT Action (if applicable):** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

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 **Complete?** No

Most Recent RUC Meeting: January 2012 **Tab** 30 **Specialty Developing Recommendation:** **First Identified:** November 2011 **2010 Medicare Utilization Data:** 305

2007 Work RVU: 17.07 **2012 Work RVU:** 17.16
2007 NF PE RVU: NA **2012 NF PE RVU:** NA
2007 Fac PE RVU 7.95 **2012 Fac PE RVU:** 9.82

RUC Recommendation: Request further information from CMS **CPT Action (if applicable):** **Result:**

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 **Complete?** No

Most Recent RUC Meeting: January 2012 **Tab** 30 **Specialty Developing Recommendation:** **First Identified:** November 2011 **2010 Medicare Utilization Data:** 334

2007 Work RVU: 19.11 **2012 Work RVU:** 19.18
2007 NF PE RVU: NA **2012 NF PE RVU:** NA
2007 Fac PE RVU 9.22 **2012 Fac PE RVU:** 10.20

RUC Recommendation: Request further information from CMS **CPT Action (if applicable):** **Result:**

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 **Complete?** No

Most Recent RUC Meeting: January 2012 **Tab** 30 **Specialty Developing Recommendation:** **First Identified:** November 2011 **2010 Medicare Utilization Data:** 131

2007 Work RVU: 23.37 **2012 Work RVU:** 23.48
2007 NF PE RVU: NA **2012 NF PE RVU:** NA
2007 Fac PE RVU 10.89 **2012 Fac PE RVU:** 12.29

RUC Recommendation: Request further information from CMS **CPT Action (if applicable):** **Result:**
Referred to CPT Asst ☐ **Published in CPT Asst:**

61781 **Stereotactic computer-assisted (navigational) procedure; cranial, intradural (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Stereotactic Computer-Assisted Volumetric Navigational Procedures **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab** 13 **Specialty Developing Recommendation:** NASS, AANS/CNS **First Identified:** **2010 Medicare Utilization Data:**

2007 Work RVU: **2012 Work RVU:** 3.75
2007 NF PE RVU: **2012 NF PE RVU:** NA
2007 Fac PE RVU **2012 Fac PE RVU:** 1.98

RUC Recommendation: 3.75 **CPT Action (if applicable):** October 2009 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

61782 **Stereotactic computer-assisted (navigational) procedure; cranial, extradural (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Stereotactic Computer-Assisted Volumetric Navigational Procedures **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab** 13 **Specialty Developing Recommendation:** NASS, AANS/CNS, AAO-HNS **First Identified:** **2010 Medicare Utilization Data:**

2007 Work RVU: **2012 Work RVU:** 3.18
2007 NF PE RVU: **2012 NF PE RVU:** NA
2007 Fac PE RVU **2012 Fac PE RVU:** 1.68

RUC Recommendation: 3.18 **CPT Action (if applicable):** October 2009 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

61783 **Stereotactic computer-assisted (navigational) procedure; spinal (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Stereotactic Computer-Assisted Volumetric Navigational Procedures **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab** 13 **Specialty Developing Recommendation:** NASS, AANS/CNS **First Identified:** **2010 Medicare Utilization Data:**

2007 Work RVU: **2012 Work RVU:** 3.75
2007 NF PE RVU: **2012 NF PE RVU:** NA
2007 Fac PE RVU **2012 Fac PE RVU:** 1.98

RUC Recommendation: 3.75 **CPT Action (if applicable):** October 2009 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

61793 **Deleted from CPT**

Global: 090 **Issue:** Stereotactic Radiosurgery **Screen:** CMS Fastest Growing, Site of Service Anomaly (99238-Only) **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab** 26 **Specialty Developing Recommendation:** AANS **First Identified:** September 2007 **2010 Medicare Utilization Data:**

2007 Work RVU: 17.75 **2012 Work RVU:**
2007 NF PE RVU: NA **2012 NF PE RVU:**
2007 Fac PE RVU 10.08 **2012 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** February 2008 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

61795 **Deleted from CPT**

Global: ZZZ **Issue:** Stereotactic Radiosurgery **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 38 **Specialty Developing Recommendation:** NASS, AAO-HNS, AANS **First Identified:** October 2008 **2010 Medicare Utilization Data:** 22,554

2007 Work RVU: 4.03 **2012 Work RVU:**
2007 NF PE RVU: NA **2012 NF PE RVU:**
2007 Fac PE RVU 1.87 **2012 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** October 2009 **Result:** Deleted from CPT
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

2010 Medicare Utilization Data: 4,956

2007 Work RVU: **2012 Work RVU:** 13.93

2007 NF PE RVU: **2012 NF PE RVU:** NA

2007 Fac PE RVU **2012 Fac PE RVU:** 10.69

RUC Recommendation: 15.50

CPT Action (if applicable):

Result: Decrease

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

2010 Medicare Utilization Data: 3,509

2007 Work RVU: **2012 Work RVU:** 3.48

2007 NF PE RVU: **2012 NF PE RVU:** NA

2007 Fac PE RVU **2012 Fac PE RVU:** 1.79

RUC Recommendation: 3.48

CPT Action (if applicable):

Result: Decrease

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

2010 Medicare Utilization Data: 3,157

2007 Work RVU: **2012 Work RVU:** 19.85

2007 NF PE RVU: **2012 NF PE RVU:** NA

2007 Fac PE RVU **2012 Fac PE RVU:** 12.98

RUC Recommendation: 19.75

CPT Action (if applicable):

Result: Decrease

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 **2010 Medicare Utilization Data:** 588

2007 Work RVU: **2012 Work RVU:** 4.81
2007 NF PE RVU: **2012 NF PE RVU:** NA
2007 Fac PE RVU **2012 Fac PE RVU:** 2.48

RUC Recommendation: 4.81 **CPT Action (if applicable):** **Result:** Decrease

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: **2010 Medicare Utilization Data:** 5,082

2007 Work RVU: **2012 Work RVU:** 2.25
2007 NF PE RVU: **2012 NF PE RVU:** NA
2007 Fac PE RVU **2012 Fac PE RVU:** 1.51

RUC Recommendation: 2.25 **CPT Action (if applicable):** **Result:** Decrease

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 **2010 Medicare Utilization Data:** 5,020

2007 Work RVU: 7.37 **2012 Work RVU:** 6.05
2007 NF PE RVU: NA **2012 NF PE RVU:** NA
2007 Fac PE RVU 5.85 **2012 Fac PE RVU:** 7.57

RUC Recommendation: 6.44 **CPT Action (if applicable):** October 2009 **Result:** Decrease

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:** Epidual Lysis **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 66 **Specialty Developing Recommendation:** AAPM, AANS/CNS, ASA, NASS **First Identified:** September 2007 **2010 Medicare Utilization Data:** 1,023

2007 Work RVU: 6.41 **2012 Work RVU:** 5
2007 NF PE RVU: 11.78 **2012 NF PE RVU:** 14.68
2007 Fac PE RVU 3.11 **2012 Fac PE RVU:** 4.61

RUC Recommendation: 6.54 **CPT Action (if applicable):** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

62281 **Injection/infusion of neurolytic substance (eg, alcohol, phenol, iced saline solutions), with or without other therapeutic substance; epidural, cervical or thoracic**

Global: 010 **Issue:** Injection of Neurolytic Agent **Screen:** Site of Service Anomaly (99238-Only) **Complete?** Yes

Most Recent RUC Meeting: September 2007 **Tab** 16 **Specialty Developing Recommendation:** ASA **First Identified:** September 2007 **2010 Medicare Utilization Data:** 625

2007 Work RVU: 2.66 **2012 Work RVU:** 2.66
2007 NF PE RVU: 5.16 **2012 NF PE RVU:** 4.43
2007 Fac PE RVU 0.89 **2012 Fac PE RVU:** 1.56

RUC Recommendation: Remove 99238 **CPT Action (if applicable):** **Result:** PE Only

Referred to CPT Asst ☑ **Published in CPT Asst:** Q&A May 2010

62284 **Injection procedure for myelography and/or computed tomography, spinal (other than C1-C2 and posterior fossa)**

Global: 000 **Issue:** Myelography with Injection **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** No

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** October 2012 **2010 Medicare Utilization Data:**

2007 Work RVU: 1.54 **2012 Work RVU:**
2007 NF PE RVU: 4.62 **2012 NF PE RVU:**
2007 Fac PE RVU 0.67 **2012 Fac PE RVU:**

RUC Recommendation: Refer to CPT to bundle. **CPT Action (if applicable):** CPT 2015 cycle **Result:**

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

62287 **Decompression procedure, percutaneous, of nucleus pulposus of intervertebral disc, any method utilizing needle based technique to remove disc material under fluoroscopic imaging or other form of indirect visualization, with the use of an endoscope, with discography and/or epidural injection(s) at the treated level(s), when performed, single or multiple levels, lumbar**

Global: 090 **Issue:** Percutaneous Diskectomy **Screen:** Site of Service Anomaly (99238-Only) **Complete?** Yes

Most Recent RUC Meeting: September 2007 **Tab** 16 **Specialty Developing Recommendation:** ASA **First Identified:** September 2007 **2010 Medicare Utilization Data:** 744

2007 Work RVU: 8.88 **2012 Work RVU:** 9.03
2007 NF PE RVU: NA **2012 NF PE RVU:** NA
2007 Fac PE RVU 5.18 **2012 Fac PE RVU:** 6.61

RUC Recommendation: Reduce 99238 to 0.5 **CPT Action (if applicable):** **Result:** PE Only
Referred to CPT Asst ☐ **Published in CPT Asst:**

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 **2010 Medicare Utilization Data:** 19,379

2007 Work RVU: 3.00 **2012 Work RVU:** 3
2007 NF PE RVU: 6.43 **2012 NF PE RVU:** 6.81
2007 Fac PE RVU 1.31 **2012 Fac PE RVU:** 1.78

RUC Recommendation: 3.00, CPT Assistant article published. **CPT Action (if applicable):** **Result:** Maintain
Referred to CPT Asst ☑ **Published in CPT Asst:** Mar 2011

62310 **Injection(s), of diagnostic or therapeutic substance(s) (including anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, includes contrast for localization when performed, epidural or subarachnoid; cervical or thoracic**

Global: 000 **Issue:** Spine Injections **Screen:** CMS High Expenditure Procedural Codes **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 18 **Specialty Developing Recommendation:** AAPM, AAPMR, ASA, ISIS, NASS, ASNR, ASIPP **First Identified:** January 2012 **2010 Medicare Utilization Data:** 184,739

2007 Work RVU: 1.91 **2012 Work RVU:** 1.91
2007 NF PE RVU: 4.35 **2012 NF PE RVU:** 5.18
2007 Fac PE RVU 0.63 **2012 Fac PE RVU:** 1.08

RUC Recommendation: 1.68 **CPT Action (if applicable):** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

62311 **Injection(s), of diagnostic or therapeutic substance(s) (including anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, includes contrast for localization when performed, epidural or subarachnoid; lumbar or sacral (caudal)**

Global: 000 **Issue:** Spine Injections **Screen:** CMS High Expenditure Procedural Codes **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 18 **Specialty Developing Recommendation:** AAPM, AAPMR, ASA, ISIS, NASS, ASNR, ASIPP **First Identified:** September 2011 **2010 Medicare Utilization Data:** 888,396

2007 Work RVU: 1.54 **2012 Work RVU:** 1.54
2007 NF PE RVU: 4.35 **2012 NF PE RVU:** 4.48
2007 Fac PE RVU 0.58 **2012 Fac PE RVU:** 0.92

RUC Recommendation: 1.54 **CPT Action (if applicable):** **Result:** Maintain
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, includes contrast for localization when performed, epidural or subarachnoid; cervical or thoracic**

Global: 000 **Issue:** Spine Injections **Screen:** CMS High Expenditure Procedural Codes **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 18 **Specialty Developing Recommendation:** AAPM, AAPMR, ASA, ISIS, NASS, ASNR, ASIPP **First Identified:** January 2012 **2010 Medicare Utilization Data:** 43,417

2007 Work RVU: 2.04 **2012 Work RVU:** 2.04
2007 NF PE RVU: 5.09 **2012 NF PE RVU:** 5.18
2007 Fac PE RVU 0.61 **2012 Fac PE RVU:** 0.79

RUC Recommendation: 2.04 **CPT Action (if applicable):** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

62319 **Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (including anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, includes contrast for localization when performed, epidural or subarachnoid; lumbar or sacral (caudal)**

Global: 000 **Issue:** Spine Injections **Screen:** CMS High Expenditure Procedural Codes **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 18 **Specialty Developing Recommendation:** AAPM, AAPMR, ASA, ISIS, NASS, ASNR, ASIPP **First Identified:** January 2012 **2010 Medicare Utilization Data:** 39,785

2007 Work RVU: 1.87 **2012 Work RVU:** 1.87
2007 NF PE RVU: 4.45 **2012 NF PE RVU:** 3.41
2007 Fac PE RVU 0.58 **2012 Fac PE RVU:** 0.82

RUC Recommendation: 1.87 **CPT Action (if applicable):** **Result:** Maintain
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 RUC Meeting: October 2010 **Tab** 67 **Specialty Developing Recommendation:** AAPM, AANS/CNS, ASA, ISIS, NASS **First Identified:** September 2007 **2010 Medicare Utilization Data:** 6,433

2007 Work RVU: 8.04 **2012 Work RVU:** 6.05
2007 NF PE RVU: NA **2012 NF PE RVU:** NA
2007 Fac PE RVU 4 **2012 Fac PE RVU:** 4.63

RUC Recommendation: 6.05 **CPT Action (if applicable):** **Result:** Decrease
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 RUC Meeting: October 2010 **Tab** 67 **Specialty Developing Recommendation:** AAPM, AANS/CNS, ASA, ISIS, NASS **First Identified:** September 2007 **2010 Medicare Utilization Data:** 1,269

2007 Work RVU: 6.60 **2012 Work RVU:** 3.55
2007 NF PE RVU: NA **2012 NF PE RVU:** NA
2007 Fac PE RVU 3.27 **2012 Fac PE RVU:** 3.52

RUC Recommendation: 4.35 **CPT Action (if applicable):** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

62360 **Implantation or replacement of device for intrathecal or epidural drug infusion; subcutaneous reservoir** **Global:** 010 **Issue:** Intrathecal Epidural Catheters & Pumps **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 67 **Specialty Developing Recommendation:** AAPMR, ASA, NASS, AAPM, AANS/CNS **First Identified:** April 2008 **2010 Medicare Utilization Data:** 516

2007 Work RVU: 3.68 **2012 Work RVU:** 4.33
2007 NF PE RVU: NA **2012 NF PE RVU:** NA
2007 Fac PE RVU 2.87 **2012 Fac PE RVU:** 3.89

RUC Recommendation: 4.33 **CPT Action (if applicable):** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

62361 **Implantation or replacement of device for intrathecal or epidural drug infusion; nonprogrammable pump** **Global:** 010 **Issue:** Intrathecal Epidural Catheters & Pumps **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 67 **Specialty Developing Recommendation:** AAPM, AANS/CNS, ASA, ISIS, NASS **First Identified:** April 2008 **2010 Medicare Utilization Data:** 146

2007 Work RVU: 6.59 **2012 Work RVU:** 5
2007 NF PE RVU: NA **2012 NF PE RVU:** NA
2007 Fac PE RVU 3.94 **2012 Fac PE RVU:** 4.32

RUC Recommendation: 5.65 **CPT Action (if applicable):** **Result:** Decrease
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 **2010 Medicare Utilization Data:** 6,268

2007 Work RVU: 8.58 **2012 Work RVU:** 5.6
2007 NF PE RVU: NA **2012 NF PE RVU:** NA
2007 Fac PE RVU 4.46 **2012 Fac PE RVU:** 4.72

RUC Recommendation: 6.10 **CPT Action (if applicable):** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

62365 **Removal of subcutaneous reservoir or pump, previously implanted for intrathecal or epidural infusion**

Global: 010 **Issue:** Intrathecal Epidural Catheters & Pumps **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 67 **Specialty Developing Recommendation:** AAPMR, ASA, NASS, AAPM, AANS/CNS **First Identified:** September 2007 **2010 Medicare Utilization Data:** 1,190

2007 Work RVU: 6.57 **2012 Work RVU:** 3.93
2007 NF PE RVU: NA **2012 NF PE RVU:** NA
2007 Fac PE RVU 3.65 **2012 Fac PE RVU:** 3.98

RUC Recommendation: 4.65 **CPT Action (if applicable):** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

62367 **Electronic analysis of programmable, implanted pump for intrathecal or epidural drug infusion (includes evaluation of reservoir status, alarm status, drug prescription status); without reprogramming or refill**

Global: XXX **Issue:** Electronic Analysis Implanted Pump **Screen:** Different Performing Specialty from Survey **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 07 **Specialty Developing Recommendation:** ASA, AAPM, NASS, AAMP&R, AANS/CNS, ISIS **First Identified:** October 2009 **2010 Medicare Utilization Data:** 12,783

2007 Work RVU: 0.48 **2012 Work RVU:** 0.48
2007 NF PE RVU: 0.56 **2012 NF PE RVU:** 0.67
2007 Fac PE RVU 0.10 **2012 Fac PE RVU:** 0.20

RUC Recommendation: 0.48 **CPT Action (if applicable):** October 2010 **Result:** Maintain
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 **Screen:** Different Performing Specialty from Survey / Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 07 **Specialty Developing Recommendation:** ASA, AAPM, NASS, AAMP&R, AANS/CNS, ISIS **First Identified:** October 2009 **2010 Medicare Utilization Data:** 186,812

2007 Work RVU: 0.75 **2012 Work RVU:** 0.67
2007 NF PE RVU: 0.67 **2012 NF PE RVU:** 0.91
2007 Fac PE RVU 0.17 **2012 Fac PE RVU:** 0.29

RUC Recommendation: 0.67 **CPT Action (if applicable):** October 2010 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

62369 **Electronic analysis of programmable, implanted pump for intrathecal or epidural drug infusion (includes evaluation of reservoir status, alarm status, drug prescription status); with reprogramming and refill**

Global: XXX **Issue:** Electronic Analysis Implanted Pump **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 07 **Specialty Developing Recommendation:** ASA, AAPM, NASS, AAMP&R, AANS/CNS, ISIS **First Identified:** **2010 Medicare Utilization Data:**

2007 Work RVU: **2012 Work RVU:** 0.67
2007 NF PE RVU: **2012 NF PE RVU:** 2.95
2007 Fac PE RVU **2012 Fac PE RVU:** 0.32

RUC Recommendation: 0.67 **CPT Action (if applicable):** October 2010 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

62370 **Electronic analysis of programmable, implanted pump for intrathecal or epidural drug infusion (includes evaluation of reservoir status, alarm status, drug prescription status); with reprogramming and refill (requiring skill of a physician or other qualified health care professional)**

Global: XXX **Issue:** Electronic Analysis Implanted Pump **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 07 **Specialty Developing Recommendation:** ASA, AAPM, NASS, AAMP&R, AANS/CNS, ISIS **First Identified:** **2010 Medicare Utilization Data:**

2007 Work RVU: **2012 Work RVU:** 0.9
2007 NF PE RVU: **2012 NF PE RVU:** 2.87
2007 Fac PE RVU **2012 Fac PE RVU:** 0.42

RUC Recommendation: 1.10 **CPT Action (if applicable):** October 2010 **Result:** Decrease
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:** RAW Review **Screen:** CMS High Expenditure Procedural Codes **Complete?** No

Most Recent RUC Meeting: January 2012 **Tab** 30 **Specialty Developing Recommendation:** **First Identified:** September 2011 **2010 Medicare Utilization Data:** 81,701

2007 Work RVU: 15.22 **2012 Work RVU:** 15.37
2007 NF PE RVU: NA **2012 NF PE RVU:** NA
2007 Fac PE RVU 9.79 **2012 Fac PE RVU:** 12.83

RUC Recommendation: Survey for physician work only (no PE) for the January 2013 RUC meeting. **CPT Action (if applicable):** **Result:**
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 segment, cervical, thoracic, or lumbar (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** **Screen:** CMS High Expenditure Procedural Codes **Complete?** No

Most Recent RUC Meeting: January 2012 **Tab** 30 **Specialty Developing Recommendation:** **First Identified:** January 2012 **2010 Medicare Utilization Data:** 121,058

2007 Work RVU: 3.47 **2012 Work RVU:** 3.47
2007 NF PE RVU: NA **2012 NF PE RVU:** NA
2007 Fac PE RVU 1.58 **2012 Fac PE RVU:** 1.84

RUC Recommendation: Survey for physician work only (no PE) for the January 2013 RUC meeting.

CPT Action (if applicable): **Result:**

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 **Complete?** No

Most Recent RUC Meeting: October 2012 **Tab** 27 **Specialty Developing Recommendation:** NASS, AANS **First Identified:** October 2008 **2010 Medicare Utilization Data:** 7,343

2007 Work RVU: 21.73 **2012 Work RVU:** 21.86
2007 NF PE RVU: NA **2012 NF PE RVU:** NA
2007 Fac PE RVU 12.31 **2012 Fac PE RVU:** 15.75

RUC Recommendation: Review in October 2014.

CPT Action (if applicable): February 2010 **Result:**

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 **2010 Medicare Utilization Data:** 28,905

2007 Work RVU: 19.47 **2012 Work RVU:** 19.6
2007 NF PE RVU: NA **2012 NF PE RVU:** NA
2007 Fac PE RVU 11.87 **2012 Fac PE RVU:** 15.02

RUC Recommendation: 17.69

CPT Action (if applicable): October 2009 **Result:** Maintain

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 osteophytectomy; cervical, each additional interspace (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Arthrodesis Including Discectomy **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab** 5 **Specialty Developing Recommendation:** NASS, AANS/CNS **First Identified:** **2010 Medicare Utilization Data:** 22,851

2007 Work RVU: 4.04 **2012 Work RVU:** 4.04
2007 NF PE RVU: NA **2012 NF PE RVU:** NA
2007 Fac PE RVU 1.93 **2012 Fac PE RVU:** 2.14

RUC Recommendation: 19.60 **CPT Action (if applicable):** October 2009 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

63620 **Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); 1 spinal lesion**

Global: 090 **Issue:** Stereotactic Radiosurgery **Screen:** CMS Request - 2009 Final Rule **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 38 **Specialty Developing Recommendation:** **First Identified:** NA **2010 Medicare Utilization Data:** 418

2007 Work RVU: **2012 Work RVU:** 15.6
2007 NF PE RVU: **2012 NF PE RVU:** NA
2007 Fac PE RVU **2012 Fac PE RVU:** 11.32

RUC Recommendation: 15.50 **CPT Action (if applicable):** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

63621 **Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); each additional spinal lesion (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Stereotactic Radiosurgery **Screen:** CMS Request - 2009 Final Rule **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 38 **Specialty Developing Recommendation:** **First Identified:** NA **2010 Medicare Utilization Data:** 81

2007 Work RVU: **2012 Work RVU:** 4
2007 NF PE RVU: **2012 NF PE RVU:** NA
2007 Fac PE RVU **2012 Fac PE RVU:** 2.06

RUC Recommendation: 4.00 **CPT Action (if applicable):** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

63650 **Percutaneous implantation of neurostimulator electrode array, epidural** **Global:** 010 **Issue:** Neurostimulators **Screen:** Site of Service Anomaly / CMS Fastest Growing / Public Comment Requests NPRM for 2013 **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 27 **Specialty Developing Recommendation:** AAPM, AANS/CNS, ASA, ISIS, NASS **First Identified:** September 2007 **2010 Medicare Utilization Data:** 40,421

2007 Work RVU: 7.57 **2012 Work RVU:** 7.15
2007 NF PE RVU: NA **2012 NF PE RVU:** NA
2007 Fac PE RVU 3.11 **2012 Fac PE RVU:** 4.76

RUC Recommendation: 7.20. Review PE by April 2013 **CPT Action (if applicable):** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

63655 **Laminectomy for implantation of neurostimulator electrodes, plate/paddle, epidural** **Global:** 090 **Issue:** Neurostimulator (Spinal) **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 17 **Specialty Developing Recommendation:** NASS, AANS **First Identified:** October 2008 **2010 Medicare Utilization Data:** 5,338

2007 Work RVU: 11.43 **2012 Work RVU:** 10.92
2007 NF PE RVU: NA **2012 NF PE RVU:** NA
2007 Fac PE RVU 7.15 **2012 Fac PE RVU:** 10.15

RUC Recommendation: 11.43 **CPT Action (if applicable):** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

63660 **Deleted from CPT** **Global:** 090 **Issue:** Neurostimulator (Spinal) **Screen:** Site of Service Anomaly / CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 17 **Specialty Developing Recommendation:** AAPM, AANS/CNS, ASA, ISIS, NASS **First Identified:** September 2007 **2010 Medicare Utilization Data:**

2007 Work RVU: 6.87 **2012 Work RVU:**
2007 NF PE RVU: NA **2012 NF PE RVU:**
2007 Fac PE RVU 3.54 **2012 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** October 2008 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

63661 **Removal of spinal neurostimulator electrode percutaneous array(s), including fluoroscopy, when performed**

Global: 010 **Issue:** Neurostimulator (Spinal) **Screen:** Site of Service Anomaly / CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 17 **Specialty Developing Recommendation:** ISIS, NASS, AANS/CNS, ASA, AAPM **First Identified:** **2010 Medicare Utilization Data:** 4,207

2007 Work RVU: **2012 Work RVU:** 5.08
2007 NF PE RVU: **2012 NF PE RVU:** 11.88
2007 Fac PE RVU **2012 Fac PE RVU:** 3.77

RUC Recommendation: 5.02 **CPT Action (if applicable):** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

63662 **Removal of spinal neurostimulator electrode plate/paddle(s) placed via laminotomy or laminectomy, including fluoroscopy, when performed**

Global: 090 **Issue:** Neurostimulator (Spinal) **Screen:** Site of Service Anomaly / CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 17 **Specialty Developing Recommendation:** ISIS, NASS, AANS/CNS, ASA, AAPM **First Identified:** **2010 Medicare Utilization Data:** 911

2007 Work RVU: **2012 Work RVU:** 11
2007 NF PE RVU: **2012 NF PE RVU:** NA
2007 Fac PE RVU **2012 Fac PE RVU:** 10.57

RUC Recommendation: 10.84 **CPT Action (if applicable):** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

63663 **Revision including replacement, when performed, of spinal neurostimulator electrode percutaneous array(s), including fluoroscopy, when performed**

Global: 010 **Issue:** Neurostimulator (Spinal) **Screen:** Site of Service Anomaly / CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 17 **Specialty Developing Recommendation:** ISIS, NASS, AANS/CNS, ASA, AAPM **First Identified:** **2010 Medicare Utilization Data:** 1,173

2007 Work RVU: **2012 Work RVU:** 7.75
2007 NF PE RVU: **2012 NF PE RVU:** 16.29
2007 Fac PE RVU **2012 Fac PE RVU:** 5.11

RUC Recommendation: 7.68 **CPT Action (if applicable):** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

63664 **Revision including replacement, when performed, of spinal neurostimulator electrode plate/paddle(s) placed via laminotomy or laminectomy, including fluoroscopy, when performed**

Global: 090 **Issue:** Neurostimulator (Spinal) **Screen:** Site of Service Anomaly / CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 17 **Specialty Developing Recommendation:** ISIS, NASS, AANS/CNS, ASA, AAPM **First Identified:** **2010 Medicare Utilization Data:** 579

2007 Work RVU: **2012 Work RVU:** 11.52
2007 NF PE RVU: **2012 NF PE RVU:** NA
2007 Fac PE RVU **2012 Fac PE RVU:** 10.54

RUC Recommendation: 11.34 **CPT Action (if applicable):** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

63685 **Insertion or replacement of spinal neurostimulator pulse generator or receiver, direct or inductive coupling**

Global: 010 **Issue:** Neurostimulators **Screen:** Site of Service Anomaly / CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 68 **Specialty Developing Recommendation:** AAPM, AANS/CNS, ASA, ISIS, NASS **First Identified:** September 2007 **2010 Medicare Utilization Data:** 12,177

2007 Work RVU: 7.87 **2012 Work RVU:** 5.19
2007 NF PE RVU: NA **2012 NF PE RVU:** NA
2007 Fac PE RVU 4.03 **2012 Fac PE RVU:** 4.54

RUC Recommendation: 6.05 **CPT Action (if applicable):** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

63688 **Revision or removal of implanted spinal neurostimulator pulse generator or receiver**

Global: 010 **Issue:** Neurostimulators **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2008 **Tab** I **Specialty Developing Recommendation:** AAPM, AANS/CNS, ASA, ISIS, NASS **First Identified:** September 2007 **2010 Medicare Utilization Data:** 4,540

2007 Work RVU: 6.10 **2012 Work RVU:** 5.3
2007 NF PE RVU: NA **2012 NF PE RVU:** NA
2007 Fac PE RVU 3.56 **2012 Fac PE RVU:** 4.51

RUC Recommendation: 5.25 **CPT Action (if applicable):** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

64415 **Injection, anesthetic agent; brachial plexus, single** **Global:** 000 **Issue:** RAW **Screen:** CMS Fastest Growing **Complete?** No

Most Recent RUC Meeting: October 2012 **Tab** 27 **Specialty Developing Recommendation:** AAPM, ASA **First Identified:** October 2008 **2010 Medicare Utilization Data:** 108,601

2007 Work RVU: 1.48 **2012 Work RVU:** 1.48
2007 NF PE RVU: 2.47 **2012 NF PE RVU:** 2.06
2007 Fac PE RVU 0.43 **2012 Fac PE RVU:**0.37

RUC Recommendation: 1.48, Review in October 2014 **CPT Action (if applicable):** **Result:**
Referred to CPT Asst ☑ **Published in CPT Asst:** Dec 2011 & Apr 20

64416 **Injection, anesthetic agent; brachial plexus, continuous infusion by catheter (including catheter placement)** **Global:** 000 **Issue:** Anesthetic Agent Nerve Injection **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab** 19 **Specialty Developing Recommendation:** ASA **First Identified:** September 2007 **2010 Medicare Utilization Data:** 11,164

2007 Work RVU: 3.85 **2012 Work RVU:** 1.81
2007 NF PE RVU: NA **2012 NF PE RVU:** NA
2007 Fac PE RVU 0.74 **2012 Fac PE RVU:**0.43

RUC Recommendation: 1.81 **CPT Action (if applicable):** February 2008 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

64445 **Injection, anesthetic agent; sciatic nerve, single** **Global:** 000 **Issue:** RAW **Screen:** CMS Fastest Growing **Complete?** No

Most Recent RUC Meeting: October 2012 **Tab** 27 **Specialty Developing Recommendation:** AAPM, ASA **First Identified:** October 2008 **2010 Medicare Utilization Data:** 100,047

2007 Work RVU: 1.48 **2012 Work RVU:** 1.48
2007 NF PE RVU: 2.42 **2012 NF PE RVU:** 2.36
2007 Fac PE RVU 0.51 **2012 Fac PE RVU:**0.54

RUC Recommendation: 1.48, Review in October 2014. **CPT Action (if applicable):** **Result:**
Referred to CPT Asst ☑ **Published in CPT Asst:** Dec 2011 & Apr 20

64446 **Injection, anesthetic agent; sciatic nerve, continuous infusion by catheter (including catheter placement)** **Global:** 000 **Issue:** Anesthetic Agent Nerve Injection **Screen:** Site of Service Anomaly / High Volume Growth **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab** 19 **Specialty Developing Recommendation:** ASA **First Identified:** February 2008 **2010 Medicare Utilization Data:** 6,887

2007 Work RVU: 3.61 **2012 Work RVU:** 1.81
2007 NF PE RVU: NA **2012 NF PE RVU:** NA
2007 Fac PE RVU 0.90 **2012 Fac PE RVU:**0.45

RUC Recommendation: 1.81 **CPT Action (if applicable):** February 2008 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

64447 **Injection, anesthetic agent; femoral nerve, single** **Global:** 000 **Issue:** RAW **Screen:** CMS Fastest Growing **Complete?** No

Most Recent RUC Meeting: October 2012 **Tab** 27 **Specialty Developing Recommendation:** AAPM, ASA **First Identified:** October 2008 **2010 Medicare Utilization Data:** 104,974

2007 Work RVU: 1.50 **2012 Work RVU:** 1.5
2007 NF PE RVU: NA **2012 NF PE RVU:** 2.04
2007 Fac PE RVU 0.38 **2012 Fac PE RVU:**0.34

RUC Recommendation: 1.50, Review October 2014.

CPT Action (if applicable):
Result:
Referred to CPT Asst ☑ **Published in CPT Asst:** Dec 2011 & Apr 20

64448 **Injection, anesthetic agent; femoral nerve, continuous infusion by catheter (including catheter placement)** **Global:** 000 **Issue:** Anesthetic Agent Nerve Injection **Screen:** Site of Service Anomaly / High Volume Growth / CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab** 19 **Specialty Developing Recommendation:** ASA **First Identified:** February 2008 **2010 Medicare Utilization Data:** 66,283

2007 Work RVU: 3.36 **2012 Work RVU:** 1.63
2007 NF PE RVU: NA **2012 NF PE RVU:** NA
2007 Fac PE RVU 0.73 **2012 Fac PE RVU:**0.39

RUC Recommendation: 1.63

CPT Action (if applicable): February 2008
Result: Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

64449 **Injection, anesthetic agent; lumbar plexus, posterior approach, continuous infusion by catheter (including catheter placement)** **Global:** 000 **Issue:** Anesthetic Agent Nerve Injection **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab** 19 **Specialty Developing Recommendation:** ASA **First Identified:** September 2007 **2010 Medicare Utilization Data:** 5,416

2007 Work RVU: 3.24 **2012 Work RVU:** 1.81
2007 NF PE RVU: NA **2012 NF PE RVU:** NA
2007 Fac PE RVU 0.84 **2012 Fac PE RVU:**0.53

RUC Recommendation: 1.81

CPT Action (if applicable): February 2008
Result: Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

64450 **Injection, anesthetic agent; other peripheral nerve or branch** **Global:** 000 **Issue:** Injection - Anesthetic Agent **Screen:** Harvard Valued - Utilization over 100,000 / Harvard-Valued Annual Allowed Charges Greater than $10 million **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab** 24 **Specialty Developing Recommendation:** ASA, AAPM, APMA, ASIPP **First Identified:** October 2009 **2010 Medicare Utilization Data:** 268,828

2007 Work RVU: 1.27 **2012 Work RVU:** 1.27
2007 NF PE RVU: 1.25 **2012 NF PE RVU:** 1.72
2007 Fac PE RVU 0.49 **2012 Fac PE RVU:** 0.65

RUC Recommendation: 0.75 **CPT Action (if applicable):** **Result:** Decrease
Referred to CPT Asst ☑ **Published in CPT Asst:** SS submitted articl

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64470 **Deleted from CPT** **Global:** 000 **Issue:** Injection Anesthetic Agent **Screen:** High Volume Growth **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab** 57 **Specialty Developing Recommendation:** ASA, NASS, AAPM **First Identified:** April 2008 **2010 Medicare Utilization Data:**

2007 Work RVU: 1.85 **2012 Work RVU:**
2007 NF PE RVU: 6.37 **2012 NF PE RVU:**
2007 Fac PE RVU 0.71 **2012 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** February 2009 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

64472 **Deleted from CPT** **Global:** ZZZ **Issue:** Injection Anesthetic Agent **Screen:** High Volume Growth **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab** 57 **Specialty Developing Recommendation:** ASA, NASS, AAPM **First Identified:** February 2008 **2010 Medicare Utilization Data:**

2007 Work RVU: 1.29 **2012 Work RVU:**
2007 NF PE RVU: 2.05 **2012 NF PE RVU:**
2007 Fac PE RVU 0.34 **2012 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** February 2009 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

64475 **Deleted from CPT** **Global:** 000 **Issue:** Injection Anesthetic Agent **Screen:** High Volume Growth **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab** 57 **Specialty Developing Recommendation:** ASA, NASS, AAPM **First Identified:** April 2008 **2010 Medicare Utilization Data:**

2007 Work RVU: 1.41 **2012 Work RVU:**
2007 NF PE RVU: 6.07 **2012 NF PE RVU:**
2007 Fac PE RVU 0.62 **2012 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** February 2009 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

64476 **Deleted from CPT** **Global:** ZZZ **Issue:** Injection Anesthetic Agent **Screen:** High Volume Growth **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab** 57 **Specialty Developing Recommendation:** ASA, NASS, AAPM **First Identified:** April 2008 **2010 Medicare Utilization Data:**

2007 Work RVU: 0.98 **2012 Work RVU:**
2007 NF PE RVU: 1.86 **2012 NF PE RVU:**
2007 Fac PE RVU 0.24 **2012 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** February 2009 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

64479 **Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); cervical or thoracic, single level** **Global:** 000 **Issue:** Injection Anesthetic Agent **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 05 **Specialty Developing Recommendation:** AAPM, ISIS, ASA, NASS, AAPMR **First Identified:** October 2008 **2010 Medicare Utilization Data:** 43,666

2007 Work RVU: 2.20 **2012 Work RVU:** 2.29
2007 NF PE RVU: 6.55 **2012 NF PE RVU:** 5.10
2007 Fac PE RVU 0.87 **2012 Fac PE RVU:** 1.38

RUC Recommendation: 2.29 **CPT Action (if applicable):** June 2009 **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

64480 **Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); cervical or thoracic, each additional level (List separately in addition to code for primary procedure)** **Global:** ZZZ **Issue:** Injection Anesthetic Agent **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 05 **Specialty Developing Recommendation:** AAPM, ISIS, ASA, NASS, AAPMR **First Identified:** October 2008 **2010 Medicare Utilization Data:** 32,822

2007 Work RVU: 1.54 **2012 Work RVU:** 1.2
2007 NF PE RVU: 2.5 **2012 NF PE RVU:** 2.29
2007 Fac PE RVU 0.45 **2012 Fac PE RVU:** 0.58

RUC Recommendation: 1.20 **CPT Action (if applicable):** June 2009 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

64483 **Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); lumbar or sacral, single level** **Global:** 000 **Issue:** Injection of Anesthetic Agent **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 05 **Specialty Developing Recommendation:** AAPM, ISIS, ASA, NASS, AAPMR **First Identified:** October 2008 **2010 Medicare Utilization Data:** 803,663

2007 Work RVU: 1.90 **2012 Work RVU:** 1.9
2007 NF PE RVU: 6.86 **2012 NF PE RVU:** 5.05
2007 Fac PE RVU 0.81 **2012 Fac PE RVU:** 1.23

RUC Recommendation: 1.90 **CPT Action (if applicable):** June 2009 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

64484 **Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); lumbar or sacral, each additional level (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Injection of Anesthetic Agent **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 05 **Specialty Developing Recommendation:** AAPM, ISIS, ASA, NASS, AAPMR **First Identified:** October 2008 **2010 Medicare Utilization Data:** 422,276

2007 Work RVU: 1.33 **2012 Work RVU:** 1
2007 NF PE RVU: 2.86 **2012 NF PE RVU:** 1.86
2007 Fac PE RVU 0.36 **2012 Fac PE RVU:** 0.47

RUC Recommendation: 1.00 **CPT Action (if applicable):** June 2009 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

64490 **Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), cervical or thoracic; single level**

Global: 000 **Issue:** Facet Joint Injections **Screen:** High Volume Growth **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 18 **Specialty Developing Recommendation:** ASA, NASS, ASNR, AAPMR, AANS/CNS, AAPM, ISIS **First Identified:** **2010 Medicare Utilization Data:** 156,447

2007 Work RVU: **2012 Work RVU:** 1.82
2007 NF PE RVU: **2012 NF PE RVU:** 3.92
2007 Fac PE RVU **2012 Fac PE RVU:** 1.24

RUC Recommendation: 1.82 **CPT Action (if applicable):** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

64491 **Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), cervical or thoracic; second level (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Facet Joint Injections **Screen:** High Volume Growth **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 18 **Specialty Developing Recommendation:** ASA, NASS, ASNR, AAPMR, AANS/CNS, AAPM, ISIS **First Identified:** **2010 Medicare Utilization Data:** 139,473

2007 Work RVU: **2012 Work RVU:** 1.16
2007 NF PE RVU: **2012 NF PE RVU:** 1.62
2007 Fac PE RVU **2012 Fac PE RVU:** 0.55

RUC Recommendation: 1.16 **CPT Action (if applicable):** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

64492 **Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), cervical or thoracic; third and any additional level(s) (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Facet Joint Injections **Screen:** High Volume Growth **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 18 **Specialty Developing Recommendation:** ASA, NASS, ASNR, AAPMR, AANS/CNS, AAPM, ISIS **First Identified:** **2010 Medicare Utilization Data:** 99,009

2007 Work RVU: **2012 Work RVU:** 1.16
2007 NF PE RVU: **2012 NF PE RVU:** 1.64
2007 Fac PE RVU **2012 Fac PE RVU:** 0.57

RUC Recommendation: 1.16 **CPT Action (if applicable):** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

64493 **Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; single level**

Global: 000 **Issue:** Facet Joint Injections **Screen:** High Volume Growth **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 18 **Specialty Developing Recommendation:** ASA, NASS, ASNR, AAPMR, AANS/CNS, AAPM, ISIS **First Identified:** **2010 Medicare Utilization Data:** 565,603

2007 Work RVU: **2012 Work RVU:** 1.52
2007 NF PE RVU: **2012 NF PE RVU:** 3.66
2007 Fac PE RVU **2012 Fac PE RVU:** 1.08

RUC Recommendation: 1.52 **CPT Action (if applicable):** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

64494 **Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; second level (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Facet Joint Injections **Screen:** High Volume Growth **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 18 **Specialty Developing Recommendation:** ASA, NASS, ASNR, AAPMR, AANS/CNS, AAPM, ISIS **First Identified:** **2010 Medicare Utilization Data:** 496,403

2007 Work RVU: **2012 Work RVU:** 1
2007 NF PE RVU: **2012 NF PE RVU:** 1.56
2007 Fac PE RVU **2012 Fac PE RVU:** 0.46

RUC Recommendation: 1.00 **CPT Action (if applicable):** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

64495 **Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; third and any additional level(s) (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Facet Joint Injections **Screen:** High Volume Growth **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 18 **Specialty Developing Recommendation:** ASA, NASS, ASNR, AAPMR, AANS/CNS, AAPM, ISIS **First Identified:** **2010 Medicare Utilization Data:** 312,363

2007 Work RVU: **2012 Work RVU:** 1
2007 NF PE RVU: **2012 NF PE RVU:** 1.58
2007 Fac PE RVU **2012 Fac PE RVU:** 0.49

RUC Recommendation: 1.00 **CPT Action (if applicable):** **Result:** Decrease
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: April 2009 **Tab** 27 **Specialty Developing Recommendation:** ASA, ISIS, AAPM, APM&R **First Identified:** April 2009 **2010 Medicare Utilization Data:** 7,923

2007 Work RVU: 1.22 **2012 Work RVU:** 1.22
2007 NF PE RVU: 3.06 **2012 NF PE RVU:** 2.65
2007 Fac PE RVU 0.49 **2012 Fac PE RVU:** 0.81

RUC Recommendation: New PE inputs **CPT Action (if applicable):** **Result:** PE Only
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: April 2009 **Tab** 27 **Specialty Developing Recommendation:** ASA, ISIS, AAPM, APM&R **First Identified:** April 2009 **2010 Medicare Utilization Data:** 20,104

2007 Work RVU: 1.35 **2012 Work RVU:** 1.35
2007 NF PE RVU: 4.5 **2012 NF PE RVU:** 4.35
2007 Fac PE RVU 0.54 **2012 Fac PE RVU:** 0.90

RUC Recommendation: PE Review - no change **CPT Action (if applicable):** **Result:** PE Only
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

64555 **Percutaneous implantation of neurostimulator electrode array; peripheral nerve (excludes sacral nerve)** **Global:** 010 **Issue:** Neurostimulators **Screen:** High Volume Growth / CMS Fastest Growing **Complete?** No

Most Recent RUC Meeting: September 2011 **Tab** 51 **Specialty Developing Recommendation:** ASA, AAPM, ASIPP **First Identified:** February 2008 **2010 Medicare Utilization Data:** 40,366

2007 Work RVU: 2.29 **2012 Work RVU:** 2.32
2007 NF PE RVU: 2.96 **2012 NF PE RVU:** 3.23
2007 Fac PE RVU 1.23 **2012 Fac PE RVU:**1.75

RUC Recommendation: Review September 2014. CPT Assistant article published.

CPT Action (if applicable):

Result:

Referred to CPT Asst ☑ **Published in CPT Asst:** Aug 2009

64561 **Percutaneous implantation of neurostimulator electrode array; sacral nerve (transforaminal placement) including image guidance, if performed** **Global:** 010 **Issue:** Neurostimulators **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab** 26 **Specialty Developing Recommendation:** ISIS, AUA **First Identified:** October 2008 **2010 Medicare Utilization Data:** 14,811

2007 Work RVU: 7.07 **2012 Work RVU:** 7.15
2007 NF PE RVU: 27.51 **2012 NF PE RVU:** 18.25
2007 Fac PE RVU 3.05 **2012 Fac PE RVU:**3.90

RUC Recommendation: Remove from screen

CPT Action (if applicable):

Result: Remove from Screen

Referred to CPT Asst ☐ **Published in CPT Asst:**

64568 **Incision for implantation of cranial nerve (eg, vagus nerve) neurostimulator electrode array and pulse generator** **Global:** 090 **Issue:** Vagus Nerve Stimulator **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab** 14 **Specialty Developing Recommendation:** AANS/CNS **First Identified:** **2010 Medicare Utilization Data:**

2007 Work RVU: **2012 Work RVU:** 9
2007 NF PE RVU: **2012 NF PE RVU:** NA
2007 Fac PE RVU **2012 Fac PE RVU:**8.50

RUC Recommendation: 11.19

CPT Action (if applicable): October 2009

Result: Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

64573 **Deleted from CPT** **Global:** 090 **Issue:** Neurosurgical Procedures **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 28 **Specialty Developing Recommendation:** AANS/CNS **First Identified:** September 2007 **2010 Medicare Utilization Data:** 695

2007 Work RVU: 8.15 **2012 Work RVU:**
2007 NF PE RVU: NA **2012 NF PE RVU:**
2007 Fac PE RVU 5.31 **2012 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

CPT Action (if applicable): October 2009

Result: Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

64581 **Incision for implantation of neurostimulator electrode array; sacral nerve (transforaminal placement)**

Global: 090 **Issue:** Urological Procedures **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 17 **Specialty Developing Recommendation:** AUA **First Identified:** September 2007 **2010 Medicare Utilization Data:** 8,199

2007 Work RVU: 14.15 **2012 Work RVU:** 12.2
2007 NF PE RVU: NA **2012 NF PE RVU:** NA
2007 Fac PE RVU 5.73 **2012 Fac PE RVU:** 6.32

RUC Recommendation: 12.20 **CPT Action (if applicable):** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

64590 **Insertion or replacement of peripheral or gastric neurostimulator pulse generator or receiver, direct or inductive coupling**

Global: 010 **Issue:** RAW **Screen:** Harvard-Valued Annual Allowed Charges Greater than $10 million **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 27 **Specialty Developing Recommendation:** **First Identified:** October 2012 **2010 Medicare Utilization Data:**

2007 Work RVU: 2.42 **2012 Work RVU:** 2.45
2007 NF PE RVU: 6.95 **2012 NF PE RVU:** 5.37
2007 Fac PE RVU 2.33 **2012 Fac PE RVU:** 2.09

RUC Recommendation: Remove from screen **CPT Action (if applicable):** **Result:** Remove from Screen

Referred to CPT Asst ☐ **Published in CPT Asst:**

64622 **Destruction by neurolytic agent, paravertebral facet joint nerve; lumbar or sacral, single level**

Global: 010 **Issue:** Fluroscopy **Screen:** CMS Request - Practice Expense Review, High Volume Growth / CMS Fastest Growing, Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 27 **Specialty Developing Recommendation:** ASA, ISIS, AAPM, APM&R **First Identified:** April 2008 **2010 Medicare Utilization Data:** 137,642

2007 Work RVU: 3.02 **2012 Work RVU:**
2007 NF PE RVU: 6.82 **2012 NF PE RVU:**
2007 Fac PE RVU 1.34 **2012 Fac PE RVU:**

RUC Recommendation: PE Review - no change **CPT Action (if applicable):** June 2008 and Feb 2011 **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

64623 **Destruction by neurolytic agent, paravertebral facet joint nerve; lumbar or sacral, each additional level (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Destruction by Neurolytic Agent **Screen:** High Volume Growth, Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab** 57 **Specialty Developing Recommendation:** ASA, NASS, AAPM **First Identified:** February 2008 **2010 Medicare Utilization Data:** 296,544

2007 Work RVU: 0.99 **2012 Work RVU:**
2007 NF PE RVU: 2.62 **2012 NF PE RVU:**
2007 Fac PE RVU 0.22 **2012 Fac PE RVU:**

RUC Recommendation: 0.99 **CPT Action (if applicable):** June 2008 and Feb 2011 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

64626 **Destruction by neurolytic agent, paravertebral facet joint nerve; cervical or thoracic, single level**

Global: 010 **Issue:** Fluroscopy **Screen:** CMS Request - Practice Expense Review, High Volume Growth / CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 27 **Specialty Developing Recommendation:** ASA, ISIS, AAPM, APM&R **First Identified:** April 2008 **2010 Medicare Utilization Data:** 30,245

2007 Work RVU: 3.82 **2012 Work RVU:**
2007 NF PE RVU: 6.99 **2012 NF PE RVU:**
2007 Fac PE RVU 1.93 **2012 Fac PE RVU:**

RUC Recommendation: PE Review - no change **CPT Action (if applicable):** June 2008 and Feb 2011 **Result:** PE Only

Referred to CPT Asst ☐ **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: ZZZ **Issue:** Destruction by Neurolytic Agent **Screen:** High Volume Growth / CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab** 57 **Specialty Developing Recommendation:** ASA, NASS, AAPM **First Identified:** April 2008 **2010 Medicare Utilization Data:** 65,215

2007 Work RVU: 1.16 **2012 Work RVU:**
2007 NF PE RVU: 3.98 **2012 NF PE RVU:**
2007 Fac PE RVU 0.26 **2012 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** June 2008 and Feb 2011 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

64640 **Destruction by neurolytic agent; other peripheral nerve or branch** **Global:** 010 **Issue:** Injection Treatment of Nerve **Screen:** Site of Service Anomaly (99238-Only) / Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab** 25 **Specialty Developing Recommendation:** ASAM AAPM, APMA, ASIPP **First Identified:** September 2007 **2010 Medicare Utilization Data:** 71,836

2007 Work RVU: 2.78 **2012 Work RVU:** 2.81
2007 NF PE RVU: 3.75 **2012 NF PE RVU:** 3.41
2007 Fac PE RVU 1.75 **2012 Fac PE RVU:** 1.94

RUC Recommendation: 1.23. Remove 99238. **CPT Action (if applicable):** **Result:** Decrease
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 **2010 Medicare Utilization Data:** 3,279

2007 Work RVU: 6.22 **2012 Work RVU:** 6.36
2007 NF PE RVU: NA **2012 NF PE RVU:** NA
2007 Fac PE RVU 4.73 **2012 Fac PE RVU:** 7.02

RUC Recommendation: 6.36 **CPT Action (if applicable):** **Result:** Maintain
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 **2010 Medicare Utilization Data:** 795

2007 Work RVU: 7.98 **2012 Work RVU:** 8.07
2007 NF PE RVU: NA **2012 NF PE RVU:** NA
2007 Fac PE RVU 4.86 **2012 Fac PE RVU:** 6.99

RUC Recommendation: Remove from screen **CPT Action (if applicable):** February 2010 **Result:** Remove from Screen
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 **2010 Medicare Utilization Data:** 996

2007 Work RVU: 10.23 **2012 Work RVU:** 9.16
2007 NF PE RVU: NA **2012 NF PE RVU:** NA
2007 Fac PE RVU 7 **2012 Fac PE RVU:** 9.36

RUC Recommendation: 9.16 **CPT Action (if applicable):** **Result:** Decrease
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 **2010 Medicare Utilization Data:** 907

2007 Work RVU: 9.70 **2012 Work RVU:** 9.93
2007 NF PE RVU: NA **2012 NF PE RVU:** NA
2007 Fac PE RVU 10.13 **2012 Fac PE RVU:** 13.28

RUC Recommendation: Reduce 99238 to 0.5

CPT Action (if applicable):

Result: PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

65222 **Removal of foreign body, external eye; corneal, with slit lamp**

Global: 000 **Issue:** Removal of Foreign Body **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab** 26 **Specialty Developing Recommendation:** AAO, AOA (optometric)

First Identified: April 2011 **2010 Medicare Utilization Data:** 32,848

2007 Work RVU: 0.93 **2012 Work RVU:** 0.93
2007 NF PE RVU: 0.87 **2012 NF PE RVU:** 1.14
2007 Fac PE RVU 0.40 **2012 Fac PE RVU:** 0.64

RUC Recommendation: 0.93

CPT Action (if applicable):

Result: Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

65285 **Repair of laceration; cornea and/or sclera, perforating, with reposition or resection of uveal tissue**

Global: 090 **Issue:** Repair of Eye Wound **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 8 **Specialty Developing Recommendation:** AAO

First Identified: September 2007 **2010 Medicare Utilization Data:** 971

2007 Work RVU: 14.43 **2012 Work RVU:** 15.36
2007 NF PE RVU: NA **2012 NF PE RVU:** NA
2007 Fac PE RVU 9.12 **2012 Fac PE RVU:** 14.48

RUC Recommendation: 16.00

CPT Action (if applicable):

Result: Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

65780 **Ocular surface reconstruction; amniotic membrane transplantation, multiple layers**

Global: 090 **Issue:** Ophthalmological Procedures **Screen:** CMS Fastest Growing **Complete?** No

Most Recent RUC Meeting: September 2011 **Tab** 51 **Specialty Developing Recommendation:** AAO

First Identified: October 2008 **2010 Medicare Utilization Data:** 3,062

2007 Work RVU: 10.43 **2012 Work RVU:** 10.73
2007 NF PE RVU: NA **2012 NF PE RVU:** NA
2007 Fac PE RVU 10.04 **2012 Fac PE RVU:** 13.59

RUC Recommendation: Add to new technology list and review in 3 years (Sept 2014). CPT Assistant article published.

CPT Action (if applicable):

Result:

Referred to CPT Asst ☑ **Published in CPT Asst:** Jun 2009

Status Report: CMS Requests and Relativity Assessment Issues

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 **2010 Medicare Utilization Data:** 2,783

2007 Work RVU: 1.91 **2012 Work RVU:** 1.91
2007 NF PE RVU: 1.71 **2012 NF PE RVU:** 2.16
2007 Fac PE RVU 1.16 **2012 Fac PE RVU:**1.64

RUC Recommendation: 1.53 **CPT Action (if applicable):** October 2011 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

65805 **Paracentesis of anterior chamber of eye (separate procedure); with therapeutic release of aqueous** **Global:** 000 **Issue:** Paracentesis of the Eye **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 21 **Specialty Developing Recommendation:** AAO **First Identified:** April 2011 **2010 Medicare Utilization Data:** 36,275

2007 Work RVU: 1.91 **2012 Work RVU:** 1.91
2007 NF PE RVU: 2.07 **2012 NF PE RVU:** 2.56
2007 Fac PE RVU 1.16 **2012 Fac PE RVU:**1.64

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** October 2011 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

66180 **Aqueous shunt to extraocular reservoir (eg, Molteno, Schocket, Denver-Krupin)** **Global:** 090 **Issue:** RAW **Screen:** Harvard-Valued Annual Allowed Charges Greater than $10 million **Complete?** No

Most Recent RUC Meeting: October 2012 **Tab** 27 **Specialty Developing Recommendation:** **First Identified:** October 2012 **2010 Medicare Utilization Data:**

2007 Work RVU: 16.02 **2012 Work RVU:** 16.3
2007 NF PE RVU: NA **2012 NF PE RVU:**
2007 Fac PE RVU 10.62 **2012 Fac PE RVU:**15.35

RUC Recommendation: Survey for January 2013. **CPT Action (if applicable):** **Result:**
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

66185 **Revision of aqueous shunt to extraocular reservoir**

Global: 090 **Issue:** RAW **Screen:** Harvard-Valued Annual Allowed Charges Greater than $10 million **Complete?** No

Most Recent RUC Meeting: October 2012 **Tab** 27 **Specialty Developing Recommendation:**

First Identified: October 2012 **2010 Medicare Utilization Data:**

2007 Work RVU: 9.35 **2012 Work RVU:** 9.58
2007 NF PE RVU: NA **2012 NF PE RVU:** 10.83
2007 Fac PE RVU 7.37 **2012 Fac PE RVU:** NA

RUC Recommendation: Survey for January 2013.

CPT Action (if applicable): **Result:**

Referred to CPT Asst ☐ **Published in CPT Asst:**

66761 **Iridotomy/iridectomy by laser surgery (eg, for glaucoma) (per session)**

Global: 010 **Issue:** Iridotomy **Screen:** High IWPUT **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 14 **Specialty Developing Recommendation:** AAO

First Identified: February 2008 **2010 Medicare Utilization Data:** 79,902

2007 Work RVU: 4.87 **2012 Work RVU:** 3
2007 NF PE RVU: 5.49 **2012 NF PE RVU:** 5.62
2007 Fac PE RVU 4.32 **2012 Fac PE RVU:** 4.03

RUC Recommendation: 3.00

CPT Action (if applicable): February 2010 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

66821 **Discission of secondary membranous cataract (opacified posterior lens capsule and/or anterior hyaloid); laser surgery (eg, YAG laser) (1 or more stages)**

Global: 090 **Issue:** **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 41 **Specialty Developing Recommendation:**

First Identified: October 2010 **2010 Medicare Utilization Data:** 549,620

2007 Work RVU: 3.32 **2012 Work RVU:** 3.42
2007 NF PE RVU: 4.05 **2012 NF PE RVU:** 5.63
2007 Fac PE RVU 3.6 **2012 Fac PE RVU:** 5.09

RUC Recommendation: Reaffirmed RUC recommendation

CPT Action (if applicable): **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

66982 **Extracapsular cataract removal with insertion of intraocular lens prosthesis (1-stage procedure), manual or mechanical technique (eg, irrigation and aspiration or phacoemulsification), complex, requiring devices or techniques not generally used in routine cataract surgery (eg, iris expansion device, suture support for intraocular lens, or primary posterior capsulorrhexis) or performed on patients in the amblyogenic developmental stage**

Global: 090 **Issue:** Cataract Surgery **Screen:** High IWPUT / CMS Fastest Growing, Site of Service Anomaly (99238-Only) / CMS High Expenditure Procedural Codes **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 17 **Specialty Developing Recommendation:** AAO **First Identified:** September 2007 **2010 Medicare Utilization Data:** 149,455

2007 Work RVU: 14.83 **2012 Work RVU:** 15.02
2007 NF PE RVU: NA **2012 NF PE RVU:** NA
2007 Fac PE RVU 9.75 **2012 Fac PE RVU:** 13.63

RUC Recommendation: 11.08. CPT Assistant article published; Reduce to 2x99213 & 3x99212 **CPT Action (if applicable):** **Result:** Decrease

Referred to CPT Asst ☑ **Published in CPT Asst:** Sep 2009

66984 **Extracapsular cataract removal with insertion of intraocular lens prosthesis (1 stage procedure), manual or mechanical technique (eg, irrigation and aspiration or phacoemulsification)**

Global: 090 **Issue:** Cataract Surgery **Screen:** High IWPUT / MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 17 **Specialty Developing Recommendation:** AAO **First Identified:** February 2008 **2010 Medicare Utilization Data:** 1,636,937

2007 Work RVU: 10.36 **2012 Work RVU:** 10.52
2007 NF PE RVU: NA **2012 NF PE RVU:** NA
2007 Fac PE RVU 7.24 **2012 Fac PE RVU:** 10.18

RUC Recommendation: 8.52 **CPT Action (if applicable):** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

67028 **Intravitreal injection of a pharmacologic agent (separate procedure)**

Global: 000 **Issue:** Treatment of Retinal Lesion **Screen:** High Volume Growth / CMS Fastest Growing, Harvard Valued - Utilization over 100,000 / CMS High Expenditure Procedural Codes **Complete?** Yes

Most Recent RUC Meeting: Jan11, Oct09 **Tab** 30 **Specialty Developing Recommendation:** AAO **First Identified:** February 2008 **2010 Medicare Utilization Data:** 1,649,893

2007 Work RVU: 2.52 **2012 Work RVU:** 1.44
2007 NF PE RVU: 2.59 **2012 NF PE RVU:** 1.76
2007 Fac PE RVU 1.42 **2012 Fac PE RVU:** 1.42

RUC Recommendation: 1.44 **CPT Action (if applicable):** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

67036 **Vitrectomy, mechanical, pars plana approach;**

Global: 090 **Issue:** RAW **Screen:** Harvard-Valued Annual Allowed Charges Greater than $10 million **Complete?** No

Most Recent RUC Meeting: October 2012 **Tab** 27 **Specialty Developing Recommendation:**

First Identified: October 2012 **2010 Medicare Utilization Data:**

2007 Work RVU: 13.09 **2012 Work RVU:** 13.32
2007 NF PE RVU: NA **2012 NF PE RVU:**
2007 Fac PE RVU 8.96 **2012 Fac PE RVU:** 12.74

RUC Recommendation: Survey for October 2013.

CPT Action (if applicable):
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result:

67038 **Deleted from CPT**

Global: 090 **Issue:** Ophthalmological Procedures **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: September 2007 **Tab** 16 **Specialty Developing Recommendation:** AAO

First Identified: September 2007 **2010 Medicare Utilization Data:**

2007 Work RVU: 23.30 **2012 Work RVU:**
2007 NF PE RVU: NA **2012 NF PE RVU:**
2007 Fac PE RVU 15.16 **2012 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

CPT Action (if applicable): February 2007
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

67039 **Vitrectomy, mechanical, pars plana approach; with focal endolaser photocoagulation**

Global: 090 **Issue:** Vitrectomy **Screen:** Site of Service Anomaly (99238-Only) / Harvard-Valued Annual Allowed Charges Greater than $10 million **Complete?** No

Most Recent RUC Meeting: September 2007 **Tab** 16 **Specialty Developing Recommendation:** AAO

First Identified: September 2007 **2010 Medicare Utilization Data:** 1,859

2007 Work RVU: 16.39 **2012 Work RVU:** 16.74
2007 NF PE RVU: NA **2012 NF PE RVU:** NA
2007 Fac PE RVU 11.94 **2012 Fac PE RVU:** 16.83

RUC Recommendation: Reduce 99238 to 0.5

CPT Action (if applicable):
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: PE Only

Status Report: CMS Requests and Relativity Assessment Issues

67040 **Vitrectomy, mechanical, pars plana approach; with endolaser panretinal photocoagulation**

Global: 090 **Issue:** Vitrectomy **Screen:** Site of Service Anomaly (99238-Only) / Harvard-Valued Annual Allowed Charges Greater than $10 million **Complete?** No

Most Recent RUC Meeting: September 2007 **Tab** 16 **Specialty Developing Recommendation:** AAO **First Identified:** September 2007 **2010 Medicare Utilization Data:** 11,485

2007 Work RVU: 19.23 **2012 Work RVU:** 19.61
2007 NF PE RVU: NA **2012 NF PE RVU:** NA
2007 Fac PE RVU 13.41 **2012 Fac PE RVU:** 18.99

RUC Recommendation: Reduce 99238 to 0.5 **CPT Action (if applicable):** **Result:** PE Only
Referred to CPT Asst ☐ **Published in CPT Asst:**

67041 **Vitrectomy, mechanical, pars plana approach; with removal of preretinal cellular membrane (eg, macular pucker)**

Global: **Issue:** RAW **Screen:** Harvard-Valued Annual Allowed Charges Greater than $10 million **Complete?** No

Most Recent RUC Meeting: October 2012 **Tab** 27 **Specialty Developing Recommendation:** **First Identified:** October 2012 **2010 Medicare Utilization Data:**

2007 Work RVU: **2012 Work RVU:**
2007 NF PE RVU: **2012 NF PE RVU:**
2007 Fac PE RVU **2012 Fac PE RVU:**

RUC Recommendation: Survey for October 2013. **CPT Action (if applicable):** **Result:**
Referred to CPT Asst ☐ **Published in CPT Asst:**

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: **Issue:** RAW **Screen:** Harvard-Valued Annual Allowed Charges Greater than $10 million **Complete?** No

Most Recent RUC Meeting: October 2012 **Tab** 27 **Specialty Developing Recommendation:** **First Identified:** October 2012 **2010 Medicare Utilization Data:**

2007 Work RVU: **2012 Work RVU:**
2007 NF PE RVU: **2012 NF PE RVU:**
2007 Fac PE RVU **2012 Fac PE RVU:**

RUC Recommendation: Survey for October 2013. **CPT Action (if applicable):** **Result:**
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

67043 **Vitrectomy, mechanical, pars plana approach; with removal of subretinal membrane (eg, choroidal neovascularization), includes, if performed, intraocular tamponade (ie, air, gas or silicone oil) and laser photocoagulation**

Global: **Issue:** RAW **Screen:** Harvard-Valued Annual Allowed Charges Greater than $10 million **Complete?** No

Most Recent RUC Meeting: October 2012 **Tab** 27 **Specialty Developing Recommendation:** **First Identified:** October 2012 **2010 Medicare Utilization Data:**

2007 Work RVU: **2012 Work RVU:**
2007 NF PE RVU: **2012 NF PE RVU:**
2007 Fac PE RVU **2012 Fac PE RVU:**

RUC Recommendation: Survey for October 2013.

CPT Action (if applicable):
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result:

67107 **Repair of retinal detachment; scleral buckling (such as lamellar scleral dissection, imbrication or encircling procedure), with or without implant, with or without cryotherapy, photocoagulation, and drainage of subretinal fluid**

Global: 090 **Issue:** Retinal Detachment **Screen:** Site of Service Anomaly (99238-Only) **Complete?** Yes

Most Recent RUC Meeting: September 2007 **Tab** 16 **Specialty Developing Recommendation:** AAO **First Identified:** September 2007 **2010 Medicare Utilization Data:** 1,626

2007 Work RVU: 16.35 **2012 Work RVU:** 16.71
2007 NF PE RVU: NA **2012 NF PE RVU:** NA
2007 Fac PE RVU 11.19 **2012 Fac PE RVU:** 16.31

RUC Recommendation: Reduce 99238 to 0.5

CPT Action (if applicable):
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: PE Only

67108 **Repair of retinal detachment; with vitrectomy, any method, with or without air or gas tamponade, focal endolaser photocoagulation, cryotherapy, drainage of subretinal fluid, scleral buckling, and/or removal of lens by same technique**

Global: 090 **Issue:** Retinal Detachment **Screen:** Site of Service Anomaly (99238-Only) **Complete?** Yes

Most Recent RUC Meeting: September 2007 **Tab** 16 **Specialty Developing Recommendation:** AAO **First Identified:** September 2007 **2010 Medicare Utilization Data:** 12,244

2007 Work RVU: 22.49 **2012 Work RVU:** 22.89
2007 NF PE RVU: NA **2012 NF PE RVU:** NA
2007 Fac PE RVU 14.22 **2012 Fac PE RVU:** 20.67

RUC Recommendation: Reduce 99238 to 0.5

CPT Action (if applicable):
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: PE Only

Status Report: CMS Requests and Relativity Assessment Issues

67110 **Repair of retinal detachment; by injection of air or other gas (eg, pneumatic retinopexy)**

Global: 090 **Issue:** Retinal Detachment **Screen:** Site of Service Anomaly (99238-Only) **Complete?** Yes

Most Recent RUC Meeting: September 2007 **Tab** 16 **Specialty Developing Recommendation:** AAO **First Identified:** September 2007 **2010 Medicare Utilization Data:** 3,061

2007 Work RVU: 10.02 **2012 Work RVU:** 10.25
2007 NF PE RVU: 9.99 **2012 NF PE RVU:** 13.51
2007 Fac PE RVU 7.37 **2012 Fac PE RVU:** 10.82

RUC Recommendation: Remove 99238 **CPT Action (if applicable):** **Result:** PE Only

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 **2010 Medicare Utilization Data:** 119,485

2007 Work RVU: 9.35 **2012 Work RVU:** 6.36
2007 NF PE RVU: 6.48 **2012 NF PE RVU:** 8.09
2007 Fac PE RVU 5.84 **2012 Fac PE RVU:** 7.51

RUC Recommendation: 6.36 **CPT Action (if applicable):** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

67220 **Destruction of localized lesion of choroid (eg, choroidal neovascularization); photocoagulation (eg, laser), 1 or more sessions**

Global: 090 **Issue:** Treatment of Retinal Lesion or Choroid **Screen:** High IWPUT **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 13 **Specialty Developing Recommendation:** AAO **First Identified:** February 2008 **2010 Medicare Utilization Data:** 11,521

2007 Work RVU: 14.19 **2012 Work RVU:** 6.36
2007 NF PE RVU: 10.23 **2012 NF PE RVU:** 9.54
2007 Fac PE RVU 8.9 **2012 Fac PE RVU:** 8.40

RUC Recommendation: 6.36 **CPT Action (if applicable):** **Result:** Decrease

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 **2010 Medicare Utilization Data:** 532

2007 Work RVU: 0.47 **2012 Work RVU:** 0.47
2007 NF PE RVU: 0.25 **2012 NF PE RVU:** 0.34
2007 Fac PE RVU 0.20 **2012 Fac PE RVU:** 0.29

RUC Recommendation: 0.47 **CPT Action (if applicable):** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

67228 **Treatment of extensive or progressive retinopathy, 1 or more sessions; (eg, diabetic retinopathy), photocoagulation**

Global: 090 **Issue:** Treatment of Retinal Lesion or Choroid **Screen:** High IWPUT **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 40 **Specialty Developing Recommendation:** AAO **First Identified:** February 2008 **2010 Medicare Utilization Data:** 84,696

2007 Work RVU: 13.67 **2012 Work RVU:** 13.82
2007 NF PE RVU: 11.2 **2012 NF PE RVU:** 14.69
2007 Fac PE RVU 8.43 **2012 Fac PE RVU:** 12.51

RUC Recommendation: Remove from screen **CPT Action (if applicable):**
Referred to CPT Asst ☐ **Published in CPT Asst:**
Result: Remove from Screen

67914 **Repair of ectropion; suture**

Global: 090 **Issue:** RAW **Screen:** Harvard-Valued Annual Allowed Charges Greater than $10 million **Complete?** No

Most Recent RUC Meeting: October 2012 **Tab** 27 **Specialty Developing Recommendation:** **First Identified:** October 2012 **2010 Medicare Utilization Data:**

2007 Work RVU: 3.70 **2012 Work RVU:**
2007 NF PE RVU: 5.98 **2012 NF PE RVU:**
2007 Fac PE RVU 2.99 **2012 Fac PE RVU:**

RUC Recommendation: Survey for April 2013. **CPT Action (if applicable):**
Referred to CPT Asst ☐ **Published in CPT Asst:**
Result:

67915 **Repair of ectropion; thermocauterization**

Global: 090 **Issue:** RAW **Screen:** Harvard-Valued Annual Allowed Charges Greater than $10 million **Complete?** No

Most Recent RUC Meeting: October 2012 **Tab** 27 **Specialty Developing Recommendation:** **First Identified:** October 2012 **2010 Medicare Utilization Data:**

2007 Work RVU: 3.21 **2012 Work RVU:**
2007 NF PE RVU: 5.62 **2012 NF PE RVU:**
2007 Fac PE RVU 2.75 **2012 Fac PE RVU:**

RUC Recommendation: Survey for April 2013. **CPT Action (if applicable):**
Referred to CPT Asst ☐ **Published in CPT Asst:**
Result:

Status Report: CMS Requests and Relativity Assessment Issues

67916 **Repair of ectropion; excision tarsal wedge**

Global: 090 **Issue:** RAW **Screen:** Harvard-Valued Annual Allowed Charges Greater than $10 million **Complete?** No

Most Recent RUC Meeting: October 2012 **Tab** 27 **Specialty Developing Recommendation:**

First Identified: October 2012 **2010 Medicare Utilization Data:**

2007 Work RVU: 5.37 **2012 Work RVU:**
2007 NF PE RVU: 7.68 **2012 NF PE RVU:**
2007 Fac PE RVU 4.65 **2012 Fac PE RVU:**

RUC Recommendation: Survey for April 2013.

CPT Action (if applicable): **Result:**

Referred to CPT Asst ☐ **Published in CPT Asst:**

67917 **Repair of ectropion; extensive (eg, tarsal strip operations)**

Global: 090 **Issue:** RAW **Screen:** Harvard-Valued Annual Allowed Charges Greater than $10 million **Complete?** No

Most Recent RUC Meeting: October 2012 **Tab** 27 **Specialty Developing Recommendation:**

First Identified: October 2012 **2010 Medicare Utilization Data:**

2007 Work RVU: 6.08 **2012 Work RVU:** 6.19
2007 NF PE RVU: 8.08 **2012 NF PE RVU:** 9.94
2007 Fac PE RVU 4.95 **2012 Fac PE RVU:** 6.77

RUC Recommendation: Survey for April 2013.

CPT Action (if applicable): **Result:**

Referred to CPT Asst ☐ **Published in CPT Asst:**

67921 **Repair of entropion; suture**

Global: 090 **Issue:** RAW **Screen:** Harvard-Valued Annual Allowed Charges Greater than $10 million **Complete?** No

Most Recent RUC Meeting: October 2012 **Tab** 27 **Specialty Developing Recommendation:**

First Identified: October 2012 **2010 Medicare Utilization Data:**

2007 Work RVU: 3.42 **2012 Work RVU:**
2007 NF PE RVU: 5.83 **2012 NF PE RVU:**
2007 Fac PE RVU 2.84 **2012 Fac PE RVU:**

RUC Recommendation: Survey for April 2013.

CPT Action (if applicable): **Result:**

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

67922 **Repair of entropion; thermocauterization**

Global: 090 **Issue:** RAW **Screen:** Harvard-Valued Annual Allowed Charges Greater than $10 million **Complete?** No

Most Recent RUC Meeting: October 2012 **Tab** 27 **Specialty Developing Recommendation:** **First Identified:** October 2012 **2010 Medicare Utilization Data:**

2007 Work RVU: 3.09 **2012 Work RVU:**
2007 NF PE RVU: 5.55 **2012 NF PE RVU:**
2007 Fac PE RVU 2.7 **2012 Fac PE RVU:**

RUC Recommendation: Survey for April 2013.

CPT Action (if applicable):
Result:
Referred to CPT Asst ☐ **Published in CPT Asst:**

67923 **Repair of entropion; excision tarsal wedge**

Global: 090 **Issue:** RAW **Screen:** Harvard-Valued Annual Allowed Charges Greater than $10 million **Complete?** No

Most Recent RUC Meeting: October 2012 **Tab** 27 **Specialty Developing Recommendation:** **First Identified:** October 2012 **2010 Medicare Utilization Data:**

2007 Work RVU: 5.94 **2012 Work RVU:**
2007 NF PE RVU: 7.76 **2012 NF PE RVU:**
2007 Fac PE RVU 4.86 **2012 Fac PE RVU:**

RUC Recommendation: Survey for April 2013.

CPT Action (if applicable):
Result:
Referred to CPT Asst ☐ **Published in CPT Asst:**

67924 **Repair of entropion; extensive (eg, tarsal strip or capsulopalpebral fascia repairs operation)**

Global: 090 **Issue:** RAW **Screen:** Harvard-Valued Annual Allowed Charges Greater than $10 million **Complete?** No

Most Recent RUC Meeting: October 2012 **Tab** 27 **Specialty Developing Recommendation:** **First Identified:** October 2012 **2010 Medicare Utilization Data:**

2007 Work RVU: 5.84 **2012 Work RVU:**
2007 NF PE RVU: 8.48 **2012 NF PE RVU:**
2007 Fac PE RVU 4.57 **2012 Fac PE RVU:**

RUC Recommendation: Survey for April 2013.

CPT Action (if applicable):
Result:
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

68040 **Expression of conjunctival follicles (eg, for trachoma)**

Global: 000 **Issue:** Treatment of Eyelid Lesions **Screen:** High Volume Growth **Complete?** No

Most Recent RUC Meeting: September 2011 **Tab** 51 **Specialty Developing Recommendation:** AAO

First Identified: February 2008 **2010 Medicare Utilization Data:** 6,184

2007 Work RVU: 0.85 **2012 Work RVU:** 0.85
2007 NF PE RVU: 0.69 **2012 NF PE RVU:** 0.92
2007 Fac PE RVU 0.42 **2012 Fac PE RVU:**0.58

RUC Recommendation: Refer to CPT

CPT Action (if applicable):

Result:

Referred to CPT Asst ☐ **Published in CPT Asst:**

68200 **Subconjunctival injection**

Global: 000 **Issue:** Subconjunctival Injection **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** No

Most Recent RUC Meeting: September 2011 **Tab** 28 **Specialty Developing Recommendation:** AAO

First Identified: April 2011 **2010 Medicare Utilization Data:** 26,392

2007 Work RVU: 0.49 **2012 Work RVU:** 0.49
2007 NF PE RVU: 0.52 **2012 NF PE RVU:** 0.67
2007 Fac PE RVU 0.32 **2012 Fac PE RVU:**0.46

RUC Recommendation: 0.49 and Review Sept 2013.

CPT Action (if applicable):

Result: Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

68810 **Probing of nasolacrimal duct, with or without irrigation;**

Global: 010 **Issue:** Ophthalmological Procedures **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2008 **Tab** L **Specialty Developing Recommendation:** AAO

First Identified: September 2007 **2010 Medicare Utilization Data:** 32,031

2007 Work RVU: 2.63 **2012 Work RVU:** 2.15
2007 NF PE RVU: 3.62 **2012 NF PE RVU:** 4.54
2007 Fac PE RVU 2.7 **2012 Fac PE RVU:**3.02

RUC Recommendation: 2.09

CPT Action (if applicable):

Result: Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

69100 **Biopsy external ear**

Global: 000 **Issue:** Biopsy of Ear **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 28 **Specialty Developing Recommendation:** AAD

First Identified: October 2008 **2010 Medicare Utilization Data:** 99,482

2007 Work RVU: 0.81 **2012 Work RVU:** 0.81
2007 NF PE RVU: 1.75 **2012 NF PE RVU:** 2.10
2007 Fac PE RVU 0.40 **2012 Fac PE RVU:**0.54

RUC Recommendation: 0.81

CPT Action (if applicable):

Result: Maintain

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 **2010 Medicare Utilization Data:** 34,838

2007 Work RVU: 0.77 **2012 Work RVU:** 0.77
2007 NF PE RVU: 2.29 **2012 NF PE RVU:** 2.87
2007 Fac PE RVU 0.56 **2012 Fac PE RVU:** 0.85

RUC Recommendation: 0.77 **CPT Action (if applicable):** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

69210 **Removal impacted cerumen (separate procedure), 1 or both ears** **Global:** 000 **Issue:** RAW review **Screen:** CMS High Expenditure Procedural Codes **Complete?** No

Most Recent RUC Meeting: January 2012 **Tab** 30 **Specialty Developing Recommendation:** **First Identified:** September 2011 **2010 Medicare Utilization Data:** 1,412,292

2007 Work RVU: 0.61 **2012 Work RVU:** 0.61
2007 NF PE RVU: 0.61 **2012 NF PE RVU:** 0.83
2007 Fac PE RVU 0.21 **2012 Fac PE RVU:** 0.28

RUC Recommendation: Refer to CPT **CPT Action (if applicable):** October 2012 **Result:**

Referred to CPT Asst ☐ **Published in CPT Asst:**

69433 **Tympanostomy (requiring insertion of ventilating tube), local or topical anesthesia** **Global:** 010 **Issue:** Tympanostomy **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab** 30 **Specialty Developing Recommendation:** AAO-HNS **First Identified:** April 2011 **2010 Medicare Utilization Data:** 42,826

2007 Work RVU: 1.54 **2012 Work RVU:** 1.57
2007 NF PE RVU: 3.09 **2012 NF PE RVU:** 4.28
2007 Fac PE RVU 1.60 **2012 Fac PE RVU:** 2.15

RUC Recommendation: 1.57 **CPT Action (if applicable):** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

69801 **Labyrinthotomy, with perfusion of vestibuloactive drug(s); transcanal** **Global:** 000 **Issue:** Labyrinthotomy **Screen:** CMS Fastest Growing, Site of Service Anomaly (99238-Only) **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 16 **Specialty Developing Recommendation:** AAO-HNS **First Identified:** September 2007 **2010 Medicare Utilization Data:** 6,140

2007 Work RVU: 8.61 **2012 Work RVU:** 2.06
2007 NF PE RVU: NA **2012 NF PE RVU:** 3.66
2007 Fac PE RVU 9.31 **2012 Fac PE RVU:** 4.00

RUC Recommendation: 2.06 **CPT Action (if applicable):** Feb 2010 **Result:** Decrease
Referred to CPT Asst ☑ **Published in CPT Asst:** May 2011

69802 **Labyrinthotomy, with perfusion of vestibuloactive drug(s); with mastoidectomy** **Global:** 090 **Issue:** Labryinthotomy **Screen:** CMS Fastest Growing, Site of Service Anomaly (99238-Only) **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 16 **Specialty Developing Recommendation:** AAO-HNS **First Identified:** **2010 Medicare Utilization Data:** 9

2007 Work RVU: 13.39 **2012 Work RVU:**
2007 NF PE RVU: NA **2012 NF PE RVU:**
2007 Fac PE RVU 11.91 **2012 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** Feburary 2011 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

69930 **Cochlear device implantation, with or without mastoidectomy** **Global:** 090 **Issue:** Cochlear Device Implantation **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2008 **Tab** M **Specialty Developing Recommendation:** AAO-HNS **First Identified:** September 2007 **2010 Medicare Utilization Data:** 1,930

2007 Work RVU: 17.60 **2012 Work RVU:** 17.73
2007 NF PE RVU: NA **2012 NF PE RVU:** NA
2007 Fac PE RVU 14.06 **2012 Fac PE RVU:** 16.91

RUC Recommendation: 17.60 **CPT Action (if applicable):** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

70371 **Complex dynamic pharyngeal and speech evaluation by cine or video recording** **Global:** XXX **Issue:** Laryngography **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** No

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:** ACR, AAFP **First Identified:** October 2012 **2010 Medicare Utilization Data:**

2007 Work RVU: 0.84 **2012 Work RVU:**
2007 NF PE RVU: 2.14 **2012 NF PE RVU:**
2007 Fac PE RVU NA **2012 Fac PE RVU:**

RUC Recommendation: Develop CPT Assistant article.

CPT Action (if applicable):
Referred to CPT Asst ☑ **Published in CPT Asst:**

Result:

70373 **Laryngography, contrast, radiological supervision and interpretation** **Global:** XXX **Issue:** Laryngography **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** No

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:** ACR, AAFP **First Identified:** October 2012 **2010 Medicare Utilization Data:**

2007 Work RVU: 0.44 **2012 Work RVU:**
2007 NF PE RVU: 1.83 **2012 NF PE RVU:**
2007 Fac PE RVU NA **2012 Fac PE RVU:**

RUC Recommendation: Develop CPT Assistant article.

CPT Action (if applicable):
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result:

70450 **Computed tomography, head or brain; without contrast material** **Global:** XXX **Issue:** CT Head/Brain **Screen:** CMS-Other - Utilization over 500,000 / CMS High Expenditure Procedural Codes **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 19 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** April 2011 **2010 Medicare Utilization Data:** 5,077,781

2007 Work RVU: 0.85 **2012 Work RVU:** 0.85
2007 NF PE RVU: 4.91 **2012 NF PE RVU:** 4.52
2007 Fac PE RVU NA **2012 Fac PE RVU:** NA

RUC Recommendation: 0.85

CPT Action (if applicable):
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

70460 **Computed tomography, head or brain; with contrast material(s)**

Global: XXX **Issue:** CT Head/Brain **Screen:** CMS High Expenditure Procedural Codes **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 19 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** **2010 Medicare Utilization Data:** 37,988

2007 Work RVU: 1.13 **2012 Work RVU:** 1.13
2007 NF PE RVU: 6.06 **2012 NF PE RVU:** 5.89
2007 Fac PE RVU NA **2012 Fac PE RVU:** NA

RUC Recommendation: 1.13 **CPT Action (if applicable):** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

70470 **Computed tomography, head or brain; without contrast material, followed by contrast material(s) and further sections**

Global: XXX **Issue:** CT Head/Brain **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 19 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** October 2009 **2010 Medicare Utilization Data:** 217,163

2007 Work RVU: 1.27 **2012 Work RVU:** 1.27
2007 NF PE RVU: 7.49 **2012 NF PE RVU:** 6.22
2007 Fac PE RVU NA **2012 Fac PE RVU:** NA

RUC Recommendation: 1.27. Survey for work and PE for April 2013 RUC meeting (Identified as part of 70450 family). **CPT Action (if applicable):** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

70496 **Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing**

Global: XXX **Issue:** CT Angiography **Screen:** High Volume Growth / CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab** 57 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** February 2008 **2010 Medicare Utilization Data:** 127,977

2007 Work RVU: 1.75 **2012 Work RVU:** 1.75
2007 NF PE RVU: 12.43 **2012 NF PE RVU:** 14.65
2007 Fac PE RVU NA **2012 Fac PE RVU:** NA

RUC Recommendation: Remove from Screen **CPT Action (if applicable):** **Result:** Remove from Screen

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

70498 **Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing**

Global: XXX **Issue:** CT Angiography **Screen:** High Volume Growth / CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab** 57 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** February 2008 **2010 Medicare Utilization Data:** 158,990

2007 Work RVU: 1.75 **2012 Work RVU:** 1.75
2007 NF PE RVU: 12.45 **2012 NF PE RVU:** 15.09
2007 Fac PE RVU NA **2012 Fac PE RVU:** NA

RUC Recommendation: Remove from Screen **CPT Action (if applicable):** **Result:** Remove from Screen

Referred to CPT Asst ☐ **Published in CPT Asst:**

70551 **Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material**

Global: XXX **Issue:** RAW review **Screen:** CMS High Expenditure Procedural Codes **Complete?** No

Most Recent RUC Meeting: January 2012 **Tab** 30 **Specialty Developing Recommendation:** **First Identified:** September 2011 **2010 Medicare Utilization Data:** 806,882

2007 Work RVU: 1.48 **2012 Work RVU:** 1.48
2007 NF PE RVU: 12.2 **2012 NF PE RVU:** 12.68
2007 Fac PE RVU NA **2012 Fac PE RVU:** NA

RUC Recommendation: Survey for work and PE for April 2013 RUC meeting. **CPT Action (if applicable):** **Result:**

Referred to CPT Asst ☐ **Published in CPT Asst:**

70552 **Magnetic resonance (eg, proton) imaging, brain (including brain stem); with contrast material(s)**

Global: XXX **Issue:** RAW review **Screen:** CMS High Expenditure Procedural Codes **Complete?** No

Most Recent RUC Meeting: January 2012 **Tab** 30 **Specialty Developing Recommendation:** **First Identified:** September 2011 **2010 Medicare Utilization Data:**

2007 Work RVU: **2012 Work RVU:**
2007 NF PE RVU: **2012 NF PE RVU:**
2007 Fac PE RVU **2012 Fac PE RVU:**

RUC Recommendation: Survey for work and PE for April 2013 RUC meeting. **CPT Action (if applicable):** **Result:**

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

70553 **Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material, followed by contrast material(s) and further sequences**

Global: XXX **Issue:** RAW review **Screen:** CMS-Other - Utilization over 500,000 / CMS High Expenditure Procedural Codes **Complete?** No

Most Recent RUC Meeting: January 2012 **Tab** 30 **Specialty Developing Recommendation:** AUR, ACR, ASNR **First Identified:** April 2011 **2010 Medicare Utilization Data:** 956,496

2007 Work RVU: 2.36 **2012 Work RVU:** 2.36
2007 NF PE RVU: 23.53 **2012 NF PE RVU:** 16.83
2007 Fac PE RVU NA **2012 Fac PE RVU:** NA
Result:

RUC Recommendation: Survey for work and PE for April 2013 RUC meeting.

CPT Action (if applicable):
Referred to CPT Asst ☐ **Published in CPT Asst:**

71010 **Radiologic examination, chest; single view, frontal**

Global: XXX **Issue:** **Screen:** Low Value-High Volume **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 41 **Specialty Developing Recommendation:** **First Identified:** October 2010 **2010 Medicare Utilization Data:** 18,956,128

2007 Work RVU: 0.18 **2012 Work RVU:** 0.18
2007 NF PE RVU: 0.5 **2012 NF PE RVU:** 0.50
2007 Fac PE RVU NA **2012 Fac PE RVU:** NA
Result: Maintain

RUC Recommendation: 0.18

CPT Action (if applicable):
Referred to CPT Asst ☐ **Published in CPT Asst:**

71020 **Radiologic examination, chest, 2 views, frontal and lateral;**

Global: XXX **Issue:** **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 41 **Specialty Developing Recommendation:** **First Identified:** October 2010 **2010 Medicare Utilization Data:** 13,329,285

2007 Work RVU: 0.22 **2012 Work RVU:** 0.22
2007 NF PE RVU: 0.66 **2012 NF PE RVU:** 0.67
2007 Fac PE RVU NA **2012 Fac PE RVU:** NA
Result: Maintain

RUC Recommendation: Reaffirmed RUC recommendation

CPT Action (if applicable):
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

71090 **Insertion pacemaker, fluoroscopy and radiography, radiological supervision and interpretation**

Global: XXX **Issue:** Insertion/Removal of Pacemeaker or Pacing Cardioverter-Defibrillator **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 10 **Specialty Developing Recommendation:** ACC **First Identified:** February 2010 **2010 Medicare Utilization Data:** 231,390

2007 Work RVU: 0.00 **2012 Work RVU:**
2007 NF PE RVU: NA **2012 NF PE RVU:**
2007 Fac PE RVU NA **2012 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** February 2011 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

71250 **Computed tomography, thorax; without contrast material**

Global: XXX **Issue:** CT Thorax **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 21 **Specialty Developing Recommendation:** ACR **First Identified:** October 2008 **2010 Medicare Utilization Data:** 1,371,357

2007 Work RVU: 1.16 **2012 Work RVU:** 1.02
2007 NF PE RVU: 6.24 **2012 NF PE RVU:** 5.85
2007 Fac PE RVU NA **2012 Fac PE RVU:**NA

RUC Recommendation: 1.16 **CPT Action (if applicable):** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

71275 **Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing**

Global: XXX **Issue:** CT Angiography **Screen:** CMS Fastest Growing / MPC List **Complete?** No

Most Recent RUC Meeting: September 2011 **Tab** 51 **Specialty Developing Recommendation:** ACR **First Identified:** October 2008 **2010 Medicare Utilization Data:** 592,398

2007 Work RVU: 1.92 **2012 Work RVU:** 1.92
2007 NF PE RVU: 12.53 **2012 NF PE RVU:** 11.08
2007 Fac PE RVU NA **2012 Fac PE RVU:**NA

RUC Recommendation: Review September 2013. CPT Assistant article published. **CPT Action (if applicable):** **Result:**

Referred to CPT Asst ☑ **Published in CPT Asst:** Jun 2009

Status Report: CMS Requests and Relativity Assessment Issues

72040 **Radiologic examination, spine, cervical; 3 views or less** **Global:** XXX **Issue:** X-ray of Cervical Spine **Screen:** Low Value-High Volume **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 09 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** October 2010 **2010 Medicare Utilization Data:** 571,186

2007 Work RVU: 0.22 **2012 Work RVU:** 0.22
2007 NF PE RVU: 0.69 **2012 NF PE RVU:** 0.93
2007 Fac PE RVU NA **2012 Fac PE RVU:** NA

RUC Recommendation: 0.22 **CPT Action (if applicable):** October 2011 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

72050 **Radiologic examination, spine, cervical; 4 or 5 views** **Global:** XXX **Issue:** **Screen:** Low Value-High Volume **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 09 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** **2010 Medicare Utilization Data:** 454,961

2007 Work RVU: 0.31 **2012 Work RVU:** 0.31
2007 NF PE RVU: 1 **2012 NF PE RVU:** 1.25
2007 Fac PE RVU NA **2012 Fac PE RVU:** NA

RUC Recommendation: 0.31 **CPT Action (if applicable):** October 2011 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

72052 **Radiologic examination, spine, cervical; 6 or more views** **Global:** XXX **Issue:** **Screen:** Low Value-High Volume **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 09 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** **2010 Medicare Utilization Data:** 96,026

2007 Work RVU: 0.36 **2012 Work RVU:** 0.36
2007 NF PE RVU: 1.27 **2012 NF PE RVU:** 1.65
2007 Fac PE RVU NA **2012 Fac PE RVU:** NA

RUC Recommendation: 0.36 **CPT Action (if applicable):** October 2011 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

72100 **Radiologic examination, spine, lumbosacral; 2 or 3 views** **Global:** XXX **Issue:** Radiologic Examination - Spine **Screen:** Harvard Valued - Utilization over 100,000 / Low Value-High Volume **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 09 **Specialty Developing Recommendation:** ACR, ASNR, AUR, NASS, AAFP, AAMP&R, ACRh, AAOS **First Identified:** February 2010 **2010 Medicare Utilization Data:** 1,824,867

2007 Work RVU: 0.22 **2012 Work RVU:** 0.22
2007 NF PE RVU: 0.75 **2012 NF PE RVU:** 0.85
2007 Fac PE RVU NA **2012 Fac PE RVU:** NA

RUC Recommendation: 0.22 **CPT Action (if applicable):** October 2010 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

72110 **Radiologic examination, spine, lumbosacral; minimum of 4 views** **Global:** XXX **Issue:** Radiologic Examination – Spine **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 09 **Specialty Developing Recommendation:** ACR, ASNR, AUR, NASS, AAFP, AAMP&R, ACRh, AAOS **First Identified:** October 2009 **2010 Medicare Utilization Data:** 912,604

2007 Work RVU: 0.31 **2012 Work RVU:** 0.31
2007 NF PE RVU: 1.03 **2012 NF PE RVU:** 1.16
2007 Fac PE RVU NA **2012 Fac PE RVU:** NA

RUC Recommendation: 0.31 **CPT Action (if applicable):** October 2010 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

72114 **Radiologic examination, spine, lumbosacral; complete, including bending views, minimum of 6 views** **Global:** XXX **Issue:** Radiologic Examination – Spine **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 09 **Specialty Developing Recommendation:** ACR, ASNR, AUR, NASS, AAFP, AAMP&R, ACRh, AAOS **First Identified:** February 2010 **2010 Medicare Utilization Data:** 98,452

2007 Work RVU: 0.36 **2012 Work RVU:** 0.32
2007 NF PE RVU: 1.36 **2012 NF PE RVU:** 1.61
2007 Fac PE RVU NA **2012 Fac PE RVU:** NA

RUC Recommendation: 0.32 **CPT Action (if applicable):** October 2010 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

72120 **Radiologic examination, spine, lumbosacral; bending views only, 2 or 3 views** **Global:** XXX **Issue:** Radiologic Examination – Spine **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 09 **Specialty Developing Recommendation:** ACR, ASNR, AUR, NASS, AAFP, AAMP&R, ACRh, AAOS **First Identified:** February 2010 **2010 Medicare Utilization Data:** 24,366

2007 Work RVU: 0.22 **2012 Work RVU:** 0.22
2007 NF PE RVU: 0.98 **2012 NF PE RVU:** 1.06
2007 Fac PE RVU NA **2012 Fac PE RVU:** NA

RUC Recommendation: 0.22 **CPT Action (if applicable):** October 2010 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

72125 **Computed tomography, cervical spine; without contrast material** **Global:** XXX **Issue:** CT Spine **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 22 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** October 2008 **2010 Medicare Utilization Data:** 662,933

2007 Work RVU: 1.16 **2012 Work RVU:** 1.07
2007 NF PE RVU: 6.24 **2012 NF PE RVU:** 5.91
2007 Fac PE RVU NA **2012 Fac PE RVU:** NA

RUC Recommendation: 1.16 **CPT Action (if applicable):** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

72126 **Computed tomography, cervical spine; with contrast material** **Global:** XXX **Issue:** CT Spine **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 40 **Specialty Developing Recommendation:** ACR **First Identified:** February 2009 **2010 Medicare Utilization Data:** 19,201

2007 Work RVU: 1.22 **2012 Work RVU:** 1.22
2007 NF PE RVU: 7.49 **2012 NF PE RVU:** 7.31
2007 Fac PE RVU NA **2012 Fac PE RVU:** NA

RUC Recommendation: Remove from screen **CPT Action (if applicable):** **Result:** Remove from Screen

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: October 2009 **Tab** 40 **Specialty Developing Recommendation:** ACR **First Identified:** February 2009 **2010 Medicare Utilization Data:** 1,908

2007 Work RVU: 1.27 **2012 Work RVU:** 1.27
2007 NF PE RVU: 9.3 **2012 NF PE RVU:** 8.98
2007 Fac PE RVU NA **2012 Fac PE RVU:** NA

RUC Recommendation: Remove from screen **CPT Action (if applicable):** **Result:** Remove from Screen

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: October 2009 **Tab** 22 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** October 2008 **2010 Medicare Utilization Data:** 94,885

2007 Work RVU: 1.16 **2012 Work RVU:** 1
2007 NF PE RVU: 6.24 **2012 NF PE RVU:** 5.87
2007 Fac PE RVU NA **2012 Fac PE RVU:** NA

RUC Recommendation: 1.16 **CPT Action (if applicable):** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

72129 **Computed tomography, thoracic spine; with contrast material** **Global:** XXX **Issue:** CT Spine **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 40 **Specialty Developing Recommendation:** ACR **First Identified:** February 2009 **2010 Medicare Utilization Data:** 11,365

2007 Work RVU: 1.22 **2012 Work RVU:** 1.22
2007 NF PE RVU: 7.49 **2012 NF PE RVU:** 7.31
2007 Fac PE RVU NA **2012 Fac PE RVU:** NA

RUC Recommendation: Remove from screen **CPT Action (if applicable):** **Result:** Remove from Screen

Referred to CPT Asst ☐ **Published in CPT Asst:**

72130 **Computed tomography, thoracic spine; without contrast material, followed by contrast material(s) and further sections** **Global:** XXX **Issue:** CT Spine **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 40 **Specialty Developing Recommendation:** ACR **First Identified:** February 2009 **2010 Medicare Utilization Data:** 1,107

2007 Work RVU: 1.27 **2012 Work RVU:** 1.27
2007 NF PE RVU: 9.29 **2012 NF PE RVU:** 9.06
2007 Fac PE RVU NA **2012 Fac PE RVU:** NA

RUC Recommendation: Remove from screen **CPT Action (if applicable):** **Result:** Remove from Screen

Referred to CPT Asst ☐ **Published in CPT Asst:**

72131 **Computed tomography, lumbar spine; without contrast material** **Global:** XXX **Issue:** CT Spine **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 22 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** February 2009 **2010 Medicare Utilization Data:** 323,319

2007 Work RVU: 1.16 **2012 Work RVU:** 1
2007 NF PE RVU: 6.24 **2012 NF PE RVU:** 5.85
2007 Fac PE RVU NA **2012 Fac PE RVU:** NA

RUC Recommendation: 1.16 **CPT Action (if applicable):** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

72132 **Computed tomography, lumbar spine; with contrast material** **Global:** XXX **Issue:** CT Spine **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 40 **Specialty Developing Recommendation:** ACR **First Identified:** February 2009 **2010 Medicare Utilization Data:** 54,055

2007 Work RVU: 1.22 **2012 Work RVU:** 1.22
2007 NF PE RVU: 7.49 **2012 NF PE RVU:** 7.29
2007 Fac PE RVU NA **2012 Fac PE RVU:** NA

RUC Recommendation: Remove from screen **CPT Action (if applicable):** **Result:** Remove from Screen

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

72133 **Computed tomography, lumbar spine; without contrast material, followed by contrast material(s) and further sections**

Global: XXX **Issue:** CT Spine **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 40 **Specialty Developing Recommendation:** ACR **First Identified:** February 2009 **2010 Medicare Utilization Data:** 4,156

2007 Work RVU: 1.27 **2012 Work RVU:** 1.27
2007 NF PE RVU: 9.34 **2012 NF PE RVU:** 9.04
2007 Fac PE RVU NA **2012 Fac PE RVU:** NA

RUC Recommendation: Remove from screen **CPT Action (if applicable):**
Referred to CPT Asst ☐ **Published in CPT Asst:**
Result: Remove from Screen

72141 **Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material**

Global: XXX **Issue:** RAW review **Screen:** CMS High Expenditure Procedural Codes **Complete?** No

Most Recent RUC Meeting: January 2012 **Tab** 30 **Specialty Developing Recommendation:** **First Identified:** September 2011 **2010 Medicare Utilization Data:** 486,590

2007 Work RVU: 1.60 **2012 Work RVU:** 1.6
2007 NF PE RVU: 11.76 **2012 NF PE RVU:** 11.05
2007 Fac PE RVU NA **2012 Fac PE RVU:** NA

RUC Recommendation: Survey for work and PE for April 2013 RUC meeting. **CPT Action (if applicable):**
Referred to CPT Asst ☐ **Published in CPT Asst:**
Result:

72148 **Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material**

Global: XXX **Issue:** RAW review **Screen:** CMS-Other - Utilization over 500,000 / CMS High Expenditure Procedural Codes **Complete?** No

Most Recent RUC Meeting: January 2012 **Tab** 30 **Specialty Developing Recommendation:** AAOS, AUR, ACR, NASS, ASNR **First Identified:** April 2011 **2010 Medicare Utilization Data:** 1,127,051

2007 Work RVU: 1.48 **2012 Work RVU:** 1.48
2007 NF PE RVU: 12.66 **2012 NF PE RVU:** 11.10
2007 Fac PE RVU NA **2012 Fac PE RVU:** NA

RUC Recommendation: Survey for work and PE for April 2013 RUC meeting. **CPT Action (if applicable):**
Referred to CPT Asst ☐ **Published in CPT Asst:**
Result:

Status Report: CMS Requests and Relativity Assessment Issues

72170 **Radiologic examination, pelvis; 1 or 2 views**

Global: XXX **Issue:** Radiologic Exam-Hip/Pelvis **Screen:** Low Value-High Volume / Codes Reported Together 75% or More-Part2 **Complete?** No

Most Recent RUC Meeting: April 2011 **Tab** 25 **Specialty Developing Recommendation:** ACR, AAOS **First Identified:** October 2010 **2010 Medicare Utilization Data:** 1,721,410

2007 Work RVU: 0.17 **2012 Work RVU:** 0.17
2007 NF PE RVU: 0.56 **2012 NF PE RVU:** 0.59
2007 Fac PE RVU NA **2012 Fac PE RVU:** NA

RUC Recommendation: Refer to CPT to bundle 73700 and 72170.

CPT Action (if applicable): February 2015 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

72191 **Computed tomographic angiography, pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing**

Global: XXX **Issue:** CT Angiography **Screen:** High Volume Growth / CMS Fastest Growing / Codes Reported Together 75% or More-Part1 / CMS Request to Re-Review Families of Recently Reviewed CPT Codes **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 49 **Specialty Developing Recommendation:** ACR **First Identified:** February 2008 **2010 Medicare Utilization Data:** 113,124

2007 Work RVU: 1.81 **2012 Work RVU:** 1.81
2007 NF PE RVU: 12.15 **2012 NF PE RVU:** 11.57
2007 Fac PE RVU NA **2012 Fac PE RVU:** NA

RUC Recommendation: 1.81 and PE inputs

CPT Action (if applicable): October 2010 **Result:** Maintain
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 - NPRM for 2012 **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab** 26 **Specialty Developing Recommendation:** ACR **First Identified:** October 2008 **2010 Medicare Utilization Data:** 1,925,530

2007 Work RVU: 1.09 **2012 Work RVU:** 1.09
2007 NF PE RVU: 6.12 **2012 NF PE RVU:** 5.54
2007 Fac PE RVU NA **2012 Fac PE RVU:** NA

RUC Recommendation: 1.09

CPT Action (if applicable): October 2009 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

72193 **Computed tomography, pelvis; with contrast material(s)**

Global: XXX **Issue:** CT Pelvis **Screen:** Codes Reported Together 95% or More / CMS Fastest Growing / CMS Request - NPRM for 2012 **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab** 26 **Specialty Developing Recommendation:** ACR **First Identified:** October 2008 **2010 Medicare Utilization Data:** 2,369,940

2007 Work RVU: 1.16 **2012 Work RVU:** 1.16
2007 NF PE RVU: 7.2 **2012 NF PE RVU:** 6.90
2007 Fac PE RVU NA **2012 Fac PE RVU:** NA

RUC Recommendation: 1.16 **CPT Action (if applicable):** October 2009 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

72194 **Computed tomography, pelvis; without contrast material, followed by contrast material(s) and further sections**

Global: XXX **Issue:** CT Pelvis **Screen:** Codes Reported Together 95% or More / CMS Fastest Growing / CMS Request - NPRM for 2012 **Complete?** Yes

Most Recent RUC Meeting: February 2008 **Tab** S **Specialty Developing Recommendation:** **First Identified:** February 2008 **2010 Medicare Utilization Data:** 442,330

2007 Work RVU: 1.22 **2012 Work RVU:** 1.22
2007 NF PE RVU: 9.06 **2012 NF PE RVU:** 9.14
2007 Fac PE RVU NA **2012 Fac PE RVU:** NA

RUC Recommendation: 1.22 **CPT Action (if applicable):** October 2009 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

72240 **Myelography, cervical, radiological supervision and interpretation**

Global: XXX **Issue:** Myelography with Injection **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** No

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** October 2012 **2010 Medicare Utilization Data:**

2007 Work RVU: 0.91 **2012 Work RVU:**
2007 NF PE RVU: 4.37 **2012 NF PE RVU:**
2007 Fac PE RVU NA **2012 Fac PE RVU:**

RUC Recommendation: Refer to CPT to bundle. **CPT Action (if applicable):** CPT 2015 cycle **Result:**
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

72265 **Myelography, lumbosacral, radiological supervision and interpretation**

Global: XXX **Issue:** Myelography with Injection **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** No

Most Recent RUC Meeting:
Tab
Specialty Developing Recommendation: ACR, ASNR
First Identified: October 2012
2010 Medicare Utilization Data:
2007 Work RVU: 0.83 **2012 Work RVU:**
2007 NF PE RVU: 3.83 **2012 NF PE RVU:**
2007 Fac PE RVU NA **2012 Fac PE RVU:**

RUC Recommendation: Refer to CPT to bundle.
CPT Action (if applicable): CPT 2015 cycle
Result:
Referred to CPT Asst ☐
Published in CPT Asst:

72270 **Myelography, 2 or more regions (eg, lumbar/thoracic, cervical/thoracic, lumbar/cervical, lumbar/thoracic/cervical), radiological supervision and interpretation**

Global: XXX **Issue:** Myelography with Injection **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** No

Most Recent RUC Meeting:
Tab
Specialty Developing Recommendation: ACR, ASNR
First Identified: October 2012
2010 Medicare Utilization Data:
2007 Work RVU: 1.33 **2012 Work RVU:**
2007 NF PE RVU: 5.81 **2012 NF PE RVU:**
2007 Fac PE RVU NA **2012 Fac PE RVU:**

RUC Recommendation: Refer to CPT to bundle.
CPT Action (if applicable): CPT 2015 cycle
Result:
Referred to CPT Asst ☐
Published in CPT Asst:

72275 **Epidurography, radiological supervision and interpretation**

Global: XXX **Issue:** Epidurography **Screen:** Different Performing Specialty from Survey **Complete?** Yes

Most Recent RUC Meeting: February 2010
Tab 31
Specialty Developing Recommendation: ASA, AAPM, AAMPR, NASS
First Identified: October 2009
2010 Medicare Utilization Data: 87,042
2007 Work RVU: 0.76 **2012 Work RVU:** 0.76
2007 NF PE RVU: 2.15 **2012 NF PE RVU:** 2.73
2007 Fac PE RVU NA **2012 Fac PE RVU:** NA

RUC Recommendation: 0.76, CPT Assistant article published.
CPT Action (if applicable):
Result: Maintain
Referred to CPT Asst ☑
Published in CPT Asst: Oct 2009 and Q&A

Status Report: CMS Requests and Relativity Assessment Issues

72291 **Radiological supervision and interpretation, percutaneous vertebroplasty, vertebral augmentation, or sacral augmentation (sacroplasty), including cavity creation, per vertebral body or sacrum; under fluoroscopic guidance**

Global: XXX **Issue:** Percutaneous Vertebroplasty with Radiological S&I **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** No

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:** **First Identified:** October 2012 **2010 Medicare Utilization Data:**

2007 Work RVU: **2012 Work RVU:**
2007 NF PE RVU: **2012 NF PE RVU:**
2007 Fac PE RVU 0 **2012 Fac PE RVU:**

RUC Recommendation: Refer to CPT to bundle.

CPT Action (if applicable): CPT 2015 cycle
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result:

72291 **Radiological supervision and interpretation, percutaneous vertebroplasty, vertebral augmentation, or sacral augmentation (sacroplasty), including cavity creation, per vertebral body or sacrum; under fluoroscopic guidance**

Global: XXX **Issue:** Percutaneous Vertebroplasty with Radiological S&I **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** No

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:** **First Identified:** October 2012 **2010 Medicare Utilization Data:**

2007 Work RVU: **2012 Work RVU:**
2007 NF PE RVU: **2012 NF PE RVU:**
2007 Fac PE RVU 0 **2012 Fac PE RVU:**

RUC Recommendation: Refer to CPT to bundle.

CPT Action (if applicable): CPT 2015 cycle
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result:

73030 **Radiologic examination, shoulder; complete, minimum of 2 views**

Global: XXX **Issue:** X-Ray Exam of Shoulder **Screen:** Low Value-High Volume **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 26 **Specialty Developing Recommendation:** ACR, AAOS **First Identified:** October 2010 **2010 Medicare Utilization Data:** 2,172,106

2007 Work RVU: 0.18 **2012 Work RVU:** 0.18
2007 NF PE RVU: 0.61 **2012 NF PE RVU:** 0.71
2007 Fac PE RVU NA **2012 Fac PE RVU:** NA

RUC Recommendation: 0.18

CPT Action (if applicable):
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

73080 **Radiologic examination, elbow; complete, minimum of 3 views** **Global:** XXX **Issue:** Radiologic Examination **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 39 **Specialty Developing Recommendation:** AAOS, ACR **First Identified:** October 2009 **2010 Medicare Utilization Data:** 292,588

2007 Work RVU: 0.17 **2012 Work RVU:** 0.17
2007 NF PE RVU: 0.66 **2012 NF PE RVU:** 0.83
2007 Fac PE RVU NA **2012 Fac PE RVU:** NA
Result: Maintain

RUC Recommendation: 0.17 **CPT Action (if applicable):**
Referred to CPT Asst ☐ **Published in CPT Asst:**

73110 **Radiologic examination, wrist; complete, minimum of 3 views** **Global:** XXX **Issue:** **Screen:** Low Value-High Volume **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 41 **Specialty Developing Recommendation:** **First Identified:** October 2010 **2010 Medicare Utilization Data:** 876,970

2007 Work RVU: 0.17 **2012 Work RVU:** 0.17
2007 NF PE RVU: 0.63 **2012 NF PE RVU:** 0.93
2007 Fac PE RVU NA **2012 Fac PE RVU:** NA
Result: Maintain

RUC Recommendation: Reaffirmed RUC recommendation **CPT Action (if applicable):**
Referred to CPT Asst ☐ **Published in CPT Asst:**

73130 **Radiologic examination, hand; minimum of 3 views** **Global:** XXX **Issue:** **Screen:** Low Value-High Volume **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 41 **Specialty Developing Recommendation:** **First Identified:** October 2010 **2010 Medicare Utilization Data:** 916,888

2007 Work RVU: 0.17 **2012 Work RVU:** 0.17
2007 NF PE RVU: 0.6 **2012 NF PE RVU:** 0.78
2007 Fac PE RVU NA **2012 Fac PE RVU:** NA
Result: Maintain

RUC Recommendation: Reaffirmed RUC recommendation **CPT Action (if applicable):**
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 **2010 Medicare Utilization Data:** 69,732

2007 Work RVU: 1.09 **2012 Work RVU:** 1
2007 NF PE RVU: 5.5 **2012 NF PE RVU:** 5.74
2007 Fac PE RVU NA **2012 Fac PE RVU:** NA
Result: Maintain

RUC Recommendation: 1.09 **CPT Action (if applicable):**
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 **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 40 **Specialty Developing Recommendation:** ACR **First Identified:** February 2009 **2010 Medicare Utilization Data:** 9,665

2007 Work RVU: 1.16 **2012 Work RVU:** 1.16
2007 NF PE RVU: 6.58 **2012 NF PE RVU:** 7.12
2007 Fac PE RVU NA **2012 Fac PE RVU:** NA

RUC Recommendation: Remove from screen **CPT Action (if applicable):** **Result:** Remove from Screen
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 **2010 Medicare Utilization Data:** 1,638

2007 Work RVU: 1.22 **2012 Work RVU:** 1.22
2007 NF PE RVU: 8.38 **2012 NF PE RVU:** 9.43
2007 Fac PE RVU NA **2012 Fac PE RVU:** NA

RUC Recommendation: Remove from screen **CPT Action (if applicable):** **Result:** Remove from Screen
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?** No

Most Recent RUC Meeting: September 2011 **Tab** 51 **Specialty Developing Recommendation:** ACR **First Identified:** October 2008 **2010 Medicare Utilization Data:** 29,137

2007 Work RVU: 1.35 **2012 Work RVU:** 1.35
2007 NF PE RVU: 12.24 **2012 NF PE RVU:** 12.61
2007 Fac PE RVU NA **2012 Fac PE RVU:** NA

RUC Recommendation: Review September 2013. CPT Assistant published. **CPT Action (if applicable):** **Result:**
Referred to CPT Asst ☑ **Published in CPT Asst:** Feb 2011

73221 **Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)** **Global:** XXX **Issue:** MRI **Screen:** CMS Fastest Growing / CMS High Expenditure Procedural Codes **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 20 **Specialty Developing Recommendation:** ACR **First Identified:** October 2008 **2010 Medicare Utilization Data:** 411,261

2007 Work RVU: 1.35 **2012 Work RVU:** 1.35
2007 NF PE RVU: 11.98 **2012 NF PE RVU:** 11.92
2007 Fac PE RVU NA **2012 Fac PE RVU:** NA

RUC Recommendation: 1.35 **CPT Action (if applicable):** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

73500 **Radiologic examination, hip, unilateral; 1 view** **Global:** XXX **Issue:** Radiologic Exam-Hip/Pelvis **Screen:** CMS-Other - Utilization over 500,000 / Codes Reported Together 75% or More-Part2 **Complete?** No

Most Recent RUC Meeting: January 2012 **Tab** 30 **Specialty Developing Recommendation:** AAOS, ACR **First Identified:** April 2011 **2010 Medicare Utilization Data:** 504,197

2007 Work RVU: 0.17 **2012 Work RVU:** 0.17
2007 NF PE RVU: 0.52 **2012 NF PE RVU:** 0.61
2007 Fac PE RVU NA **2012 Fac PE RVU:** NA

RUC Recommendation: Refer to CPT to bundle **CPT Action (if applicable):** February 2015 **Result:**
Referred to CPT Asst ☐ **Published in CPT Asst:**

73510 **Radiologic examination, hip, unilateral; complete, minimum of 2 views** **Global:** XXX **Issue:** Radiologic Examination **Screen:** Top 9 Harvard / Low Value-High Volume **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 24 **Specialty Developing Recommendation:** ACR, AAOS, APMA, AOFAS **First Identified:** October 2008 **2010 Medicare Utilization Data:** 2,445,177

2007 Work RVU: 0.21 **2012 Work RVU:** 0.21
2007 NF PE RVU: 0.67 **2012 NF PE RVU:** 0.93
2007 Fac PE RVU NA **2012 Fac PE RVU:** NA

RUC Recommendation: 0.21 **CPT Action (if applicable):** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

73542 **Radiological examination, sacroiliac joint arthrography, radiological supervision and interpretation** **Global:** XXX **Issue:** Sacroiliac Joint Arthrography **Screen:** Different Performing Specialty from Survey **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 45 **Specialty Developing Recommendation:** ASA, AAPM, AAMPR, NASS, ACR, AUR, ISIS, ASNR **First Identified:** October 2009 **2010 Medicare Utilization Data:** 25,145

2007 Work RVU: 0.59 **2012 Work RVU:**
2007 NF PE RVU: 1.98 **2012 NF PE RVU:**
2007 Fac PE RVU NA **2012 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** February 2011 **Result:** Deleted from CPT
Referred to CPT Asst ☑ **Published in CPT Asst:** Deleted from CPT

Status Report: CMS Requests and Relativity Assessment Issues

73550 **Radiologic examination, femur, 2 views**

Global: XXX **Issue:** RAW review **Screen:** CMS-Other - Utilization over 500,000 **Complete?** No

Most Recent RUC Meeting: January 2012 **Tab** 30 **Specialty Developing Recommendation:** AAOS, ACR **First Identified:** April 2011 **2010 Medicare Utilization Data:** 531,186

2007 Work RVU: 0.17 **2012 Work RVU:** 0.17
2007 NF PE RVU: 0.61 **2012 NF PE RVU:** 0.65
2007 Fac PE RVU NA **2012 Fac PE RVU:** NA

RUC Recommendation: Refer to CPT **CPT Action (if applicable):** February 2015 **Result:**
Referred to CPT Asst ☐ **Published in CPT Asst:**

73560 **Radiologic examination, knee; 1 or 2 views**

Global: XXX **Issue:** **Screen:** Low Value-High Volume **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 41 **Specialty Developing Recommendation:** **First Identified:** October 2010 **2010 Medicare Utilization Data:** 2,120,952

2007 Work RVU: 0.17 **2012 Work RVU:** 0.17
2007 NF PE RVU: 0.58 **2012 NF PE RVU:** 0.73
2007 Fac PE RVU NA **2012 Fac PE RVU:** NA

RUC Recommendation: Reaffirmed RUC recommendation **CPT Action (if applicable):** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

73562 **Radiologic examination, knee; 3 views**

Global: XXX **Issue:** **Screen:** Low Value-High Volume **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 41 **Specialty Developing Recommendation:** **First Identified:** October 2010 **2010 Medicare Utilization Data:** 1,813,102

2007 Work RVU: 0.18 **2012 Work RVU:** 0.18
2007 NF PE RVU: 0.65 **2012 NF PE RVU:** 0.90
2007 Fac PE RVU NA **2012 Fac PE RVU:** NA

RUC Recommendation: Reaffirmed RUC recommendation **CPT Action (if applicable):** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

73564 **Radiologic examination, knee; complete, 4 or more views**

Global: XXX **Issue:** **Screen:** Low Value-High Volume **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 41 **Specialty Developing Recommendation:** **First Identified:** October 2010 **2010 Medicare Utilization Data:** 1,064,370

2007 Work RVU: 0.22 **2012 Work RVU:** 0.22
2007 NF PE RVU: 0.73 **2012 NF PE RVU:** 1.05
2007 Fac PE RVU NA **2012 Fac PE RVU:** NA

RUC Recommendation: Reaffirmed RUC recommendation **CPT Action (if applicable):** **Result:** Maintain
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 Growth / CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 40 **Specialty Developing Recommendation:** AAOS **First Identified:** February 2008 **2010 Medicare Utilization Data:** 17,989

2007 Work RVU: 0.54 **2012 Work RVU:** 0.54
2007 NF PE RVU: 2.67 **2012 NF PE RVU:** 3.47
2007 Fac PE RVU NA **2012 Fac PE RVU:** NA

RUC Recommendation: CPT Assistant Article published June 2012.

CPT Action (if applicable):

Result: Maintain

Referred to CPT Asst ☑ **Published in CPT Asst:** Jun 2012

73610 **Radiologic examination, ankle; complete, minimum of 3 views**

Global: XXX **Issue:** Radiologic Examination **Screen:** Top 9 Harvard / Low Value-High Volume **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 24 **Specialty Developing Recommendation:** ACR, AAOS, APMA, AOFAS **First Identified:** October 2008 **2010 Medicare Utilization Data:** 1,155,261

2007 Work RVU: 0.17 **2012 Work RVU:** 0.17
2007 NF PE RVU: 0.61 **2012 NF PE RVU:** 0.81
2007 Fac PE RVU NA **2012 Fac PE RVU:** NA

RUC Recommendation: 0.17

CPT Action (if applicable):

Result: Maintain

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 **2010 Medicare Utilization Data:** 838,983

2007 Work RVU: 0.16 **2012 Work RVU:** 0.16
2007 NF PE RVU: 0.54 **2012 NF PE RVU:** 0.64
2007 Fac PE RVU NA **2012 Fac PE RVU:** NA

RUC Recommendation: 0.16

CPT Action (if applicable):

Result: Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

73630 **Radiologic examination, foot; complete, minimum of 3 views**

Global: XXX **Issue:** Radiologic Examination **Screen:** Top 9 Harvard / Low Value-High Volume **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 24 **Specialty Developing Recommendation:** ACR, AAOS, APMA, AOFAS **First Identified:** October 2008 **2010 Medicare Utilization Data:** 2,164,170

2007 Work RVU: 0.17 **2012 Work RVU:** 0.17
2007 NF PE RVU: 0.6 **2012 NF PE RVU:** 0.76
2007 Fac PE RVU NA **2012 Fac PE RVU:** NA

RUC Recommendation: 0.17

CPT Action (if applicable):

Result: Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

73700 **Computed tomography, lower extremity; without contrast material** **Global:** XXX **Issue:** CT Lower Extremity **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 25 **Specialty Developing Recommendation:** ACR **First Identified:** October 2008 **2010 Medicare Utilization Data:** 183,803

2007 Work RVU: 1.09 **2012 Work RVU:** 1
2007 NF PE RVU: 5.5 **2012 NF PE RVU:** 5.75
2007 Fac PE RVU NA **2012 Fac PE RVU:** NA

RUC Recommendation: 1.09 **CPT Action (if applicable):** **Result:** Maintain
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 Growth **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 40 **Specialty Developing Recommendation:** ACR **First Identified:** February 2009 **2010 Medicare Utilization Data:** 37,207

2007 Work RVU: 1.16 **2012 Work RVU:** 1.16
2007 NF PE RVU: 6.6 **2012 NF PE RVU:** 7.21
2007 Fac PE RVU NA **2012 Fac PE RVU:** NA

RUC Recommendation: Remove from screen **CPT Action (if applicable):** **Result:** Remove from Screen
Referred to CPT Asst ☐ **Published in CPT Asst:**

73702 **Computed tomography, lower extremity; without contrast material, followed by contrast material(s) and further sections** **Global:** XXX **Issue:** CT Lower Extremity **Screen:** High Volume Growth **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 40 **Specialty Developing Recommendation:** ACR **First Identified:** February 2009 **2010 Medicare Utilization Data:** 4,147

2007 Work RVU: 1.22 **2012 Work RVU:** 1.22
2007 NF PE RVU: 8.4 **2012 NF PE RVU:** 9.43
2007 Fac PE RVU NA **2012 Fac PE RVU:** NA

RUC Recommendation: Remove from screen **CPT Action (if applicable):** **Result:** Remove from Screen
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 Lower Extremity **Screen:** High Volume Growth **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 40 **Specialty Developing Recommendation:** ACR **First Identified:** February 2008 **2010 Medicare Utilization Data:** 16,643

2007 Work RVU: 1.90 **2012 Work RVU:** 1.9
2007 NF PE RVU: 11.61 **2012 NF PE RVU:** 11.22
2007 Fac PE RVU NA **2012 Fac PE RVU:** NA

RUC Recommendation: Remove from screen **CPT Action (if applicable):** **Result:** Remove from Screen
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

73721 **Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material**

Global: XXX **Issue:** MRI of Lower Extremity Joint **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 20 **Specialty Developing Recommendation:** ACR **First Identified:** October 2010 **2010 Medicare Utilization Data:** 599,170

2007 Work RVU: 1.35 **2012 Work RVU:** 1.35
2007 NF PE RVU: 12.05 **2012 NF PE RVU:** 12.22
2007 Fac PE RVU NA **2012 Fac PE RVU:** NA

RUC Recommendation: 1.35 **CPT Action (if applicable):** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

74000 **Radiologic examination, abdomen; single anteroposterior view**

Global: XXX **Issue:** **Screen:** Low Value-High Volume **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 41 **Specialty Developing Recommendation:** **First Identified:** October 2010 **2010 Medicare Utilization Data:** 1,941,697

2007 Work RVU: 0.18 **2012 Work RVU:** 0.18
2007 NF PE RVU: 0.55 **2012 NF PE RVU:** 0.54
2007 Fac PE RVU NA **2012 Fac PE RVU:** NA

RUC Recommendation: Reaffirmed RUC recommendation **CPT Action (if applicable):** **Result:** Maintain

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 - NPRM for 2012 **Complete?** Yes

Most Recent RUC Meeting: February 2008 **Tab** S **Specialty Developing Recommendation:** ACR **First Identified:** February 2008 **2010 Medicare Utilization Data:** 1,936,054

2007 Work RVU: 1.19 **2012 Work RVU:** 1.19
2007 NF PE RVU: 5.97 **2012 NF PE RVU:** 5.56
2007 Fac PE RVU NA **2012 Fac PE RVU:** NA

RUC Recommendation: 0.35 **CPT Action (if applicable):** October 2009 **Result:** Maintain

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 **Screen:** Codes Reported Together 95% or More / MPC List / CMS Request - NPRM for 2012 **Complete?** Yes

Most Recent RUC Meeting: February 2008 **Tab** S **Specialty Developing Recommendation:** ACR **First Identified:** February 2008 **2010 Medicare Utilization Data:** 2,236,657

2007 Work RVU: 1.27 **2012 Work RVU:** 1.27
2007 NF PE RVU: 7.53 **2012 NF PE RVU:** 7.95
2007 Fac PE RVU NA **2012 Fac PE RVU:** NA

RUC Recommendation: 0.42 **CPT Action (if applicable):** October 2009 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

74170 **Computed tomography, abdomen; without contrast material, followed by contrast material(s) and further sections**

Global: XXX **Issue:** CT Abdomen **Screen:** Codes Reported Together 95% or More / CMS-Other - Utilization over 500,000 / CMS Request - NPRM for 2012 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 34 **Specialty Developing Recommendation:** ACR **First Identified:** February 2008 **2010 Medicare Utilization Data:** 859,320

2007 Work RVU: 1.40 **2012 Work RVU:** 1.4
2007 NF PE RVU: 9.6 **2012 NF PE RVU:** 10.83
2007 Fac PE RVU NA **2012 Fac PE RVU:** NA

RUC Recommendation: 1.40 **CPT Action (if applicable):** October 2009 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

74174 **Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing**

Global: XXX **Issue:** CT Angiography-Abdomen and Pelvis **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 10 **Specialty Developing Recommendation:** ACR **First Identified:** **2010 Medicare Utilization Data:**

2007 Work RVU: **2012 Work RVU:** 2.2
2007 NF PE RVU: **2012 NF PE RVU:** 14.17
2007 Fac PE RVU **2012 Fac PE RVU:** NA

RUC Recommendation: 2.20 **CPT Action (if applicable):** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

74175 **Computed tomographic angiography, abdomen, with contrast material(s), including noncontrast images, if performed, and image postprocessing**

Global: XXX **Issue:** CT Angiography **Screen:** CMS Fastest Growing / Codes Reported Together 75% or More-Part1 / CMS Request to Re-Review Families of Recently Reviewed CPT Codes **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 49 **Specialty Developing Recommendation:** ACR **First Identified:** October 2008 **2010 Medicare Utilization Data:** 168,170

2007 Work RVU: 1.90 **2012 Work RVU:** 1.9
2007 NF PE RVU: 12.39 **2012 NF PE RVU:** 12.33
2007 Fac PE RVU NA **2012 Fac PE RVU:** NA

RUC Recommendation: 1.90 and PE inputs **CPT Action (if applicable):** October 2010 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

74176 **Computed tomography, abdomen and pelvis; without contrast material**

Global: XXX **Issue:** CT Abdomen/CT Pelvis **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab** 16 **Specialty Developing Recommendation:** ACR **First Identified:** **2010 Medicare Utilization Data:**

2007 Work RVU: **2012 Work RVU:** 1.74
2007 NF PE RVU: **2012 NF PE RVU:** 4.80
2007 Fac PE RVU **2012 Fac PE RVU:** NA

RUC Recommendation: 1.74 **CPT Action (if applicable):** October 2009 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

74177 **Computed tomography, abdomen and pelvis; with contrast material(s)**

Global: XXX **Issue:** CT Abdomen/CT Pelvis **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab** 16 **Specialty Developing Recommendation:** ACR **First Identified:** **2010 Medicare Utilization Data:**

2007 Work RVU: **2012 Work RVU:** 1.82
2007 NF PE RVU: **2012 NF PE RVU:** 8.58
2007 Fac PE RVU **2012 Fac PE RVU:** NA

RUC Recommendation: 1.82 **CPT Action (if applicable):** October 2009 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

74178 **Computed tomography, abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions**

Global: XXX **Issue:** CT Abdomen/CT Pelvis **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab** 16 **Specialty Developing Recommendation:** ACR **First Identified:** **2010 Medicare Utilization Data:**

2007 Work RVU: **2012 Work RVU:** 2.01
2007 NF PE RVU: **2012 NF PE RVU:** 11.21
2007 Fac PE RVU **2012 Fac PE RVU:** NA

RUC Recommendation: 2.01 **CPT Action (if applicable):** October 2009 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

74247 **Radiological examination, gastrointestinal tract, upper, air contrast, with specific high density barium, effervescent agent, with or without glucagon; with or without delayed films, with KUB**

Global: XXX **Issue:** Contrast X-Ray Exams **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab** 31 **Specialty Developing Recommendation:** ACR **First Identified:** April 2011 **2010 Medicare Utilization Data:** 33,487

2007 Work RVU: 0.69 **2012 Work RVU:** 0.69
2007 NF PE RVU: 2.18 **2012 NF PE RVU:** 3.54
2007 Fac PE RVU NA **2012 Fac PE RVU:** NA

RUC Recommendation: 0.69 **CPT Action (if applicable):** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

74280 **Radiologic examination, colon; air contrast with specific high density barium, with or without glucagon**

Global: XXX **Issue:** Contrast X-Ray Exams **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab** 31 **Specialty Developing Recommendation:** ACR **First Identified:** April 2011 **2010 Medicare Utilization Data:** 30,104

2007 Work RVU: 0.99 **2012 Work RVU:** 0.99
2007 NF PE RVU: 3.07 **2012 NF PE RVU:** 5.43
2007 Fac PE RVU NA **2012 Fac PE RVU:** NA

RUC Recommendation: 0.99 **CPT Action (if applicable):** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

74305 **Cholangiography and/or pancreatography; through existing catheter, radiological supervision and interpretation**

Global: XXX **Issue:** Introduction of Liver X-ray with Radiological S&I **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** No

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:** ACR, SIR **First Identified:** **2010 Medicare Utilization Data:**

2007 Work RVU: **2012 Work RVU:**
2007 NF PE RVU: NA **2012 NF PE RVU:**
2007 Fac PE RVU NA **2012 Fac PE RVU:**

RUC Recommendation: Refer to CPT to bundle.

CPT Action (if applicable): CPT 2016 cycle **Result:**
Referred to CPT Asst ☐ **Published in CPT Asst:**

74320 **Cholangiography, percutaneous, transhepatic, radiological supervision and interpretation**

Global: XXX **Issue:** Introduction of Liver X-ray with Radiological S&I **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** No

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:** ACR, SIR **First Identified:** **2010 Medicare Utilization Data:**

2007 Work RVU: 0.54 **2012 Work RVU:**
2007 NF PE RVU: 3 **2012 NF PE RVU:**
2007 Fac PE RVU NA **2012 Fac PE RVU:**

RUC Recommendation: Refer to CPT to bundle.

CPT Action (if applicable): CPT 2016 cycle **Result:**
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 **2010 Medicare Utilization Data:** 29,266

2007 Work RVU: 0.49 **2012 Work RVU:** 0.49
2007 NF PE RVU: 2 **2012 NF PE RVU:** 2.84
2007 Fac PE RVU NA **2012 Fac PE RVU:** NA

RUC Recommendation: 0.49

CPT Action (if applicable): **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

74425 **Urography, antegrade (pyelostogram, nephrostogram, loopogram), radiological supervision and interpretation**

Global: XXX **Issue:** Introduction of Catheter or Stent - Renal **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** No

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:** ACR, SIR **First Identified:** October 2012 **2010 Medicare Utilization Data:**

2007 Work RVU: **2012 Work RVU:**
2007 NF PE RVU: NA **2012 NF PE RVU:**
2007 Fac PE RVU NA **2012 Fac PE RVU:**

RUC Recommendation: Refer to CPT to bundle.

CPT Action (if applicable): CPT 2016 cycle **Result:**
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: XXX **Issue:** Introduction of Catheter or Stent - Renal **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** No

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:** ACR, SIR **First Identified:** October 2012 **2010 Medicare Utilization Data:**

2007 Work RVU: 0.54 **2012 Work RVU:**
2007 NF PE RVU: 3.69 **2012 NF PE RVU:**
2007 Fac PE RVU NA **2012 Fac PE RVU:**

RUC Recommendation: Refer to CPT to bundle.

CPT Action (if applicable): CPT 2016 cycle **Result:**
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: XXX **Issue:** Introduction of Catheter or Stent - Renal **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** No

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:** ACR, SIR **First Identified:** October 2012 **2010 Medicare Utilization Data:**

2007 Work RVU: 0.54 **2012 Work RVU:**
2007 NF PE RVU: 3.69 **2012 NF PE RVU:**
2007 Fac PE RVU NA **2012 Fac PE RVU:**

RUC Recommendation: Refer to CPT to bundle.

CPT Action (if applicable): CPT 2016 cycle **Result:**
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

75635 **Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s), including noncontrast images, if performed, and image postprocessing**

Global: XXX **Issue:** CT Angiography **Screen:** High Volume Growth **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 10 **Specialty Developing Recommendation:** ACR **First Identified:** February 2008 **2010 Medicare Utilization Data:** 86,448

2007 Work RVU: 2.40 **2012 Work RVU:** 2.4
2007 NF PE RVU: 15.56 **2012 NF PE RVU:** 12.22
2007 Fac PE RVU NA **2012 Fac PE RVU:** NA

RUC Recommendation: Remove from Screen **CPT Action (if applicable):** **Result:** Remove from Screen

Referred to CPT Asst ☐ **Published in CPT Asst:**

75650 **Angiography, cervicocerebral, catheter, including vessel origin, radiological supervision and interpretation**

Global: XXX **Issue:** Carotid Angiography **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 45 **Specialty Developing Recommendation:** ACC, ACR, ASNR, AUR, SIR, SVS **First Identified:** February 2010 **2010 Medicare Utilization Data:** 32,018

2007 Work RVU: 1.49 **2012 Work RVU:** 1.49
2007 NF PE RVU: 10.66 **2012 NF PE RVU:** 4.49
2007 Fac PE RVU NA **2012 Fac PE RVU:** NA

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** February 2012 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

75671 **Angiography, carotid, cerebral, bilateral, radiological supervision and interpretation**

Global: XXX **Issue:** Carotid Angiography **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 45 **Specialty Developing Recommendation:** AANS/CNS, ACC, ACR, ASNR, AUR, SIR, SVS **First Identified:** February 2010 **2010 Medicare Utilization Data:** 33,250

2007 Work RVU: 1.66 **2012 Work RVU:** 1.66
2007 NF PE RVU: 11.08 **2012 NF PE RVU:** 6.37
2007 Fac PE RVU NA **2012 Fac PE RVU:** NA

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** February 2012 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

75680 **Angiography, carotid, cervical, bilateral, radiological supervision and interpretation**

Global: XXX **Issue:** Carotid Angiography **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 45 **Specialty Developing Recommendation:** AANS/CNS, ACC, ACR, ASNR, AUR, SIR, SVS **First Identified:** February 2010 **2010 Medicare Utilization Data:** 36,443

2007 Work RVU: 1.66 **2012 Work RVU:** 1.66
2007 NF PE RVU: 10.96 **2012 NF PE RVU:** 5.69
2007 Fac PE RVU NA **2012 Fac PE RVU:** NA

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** February 2012 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

75722 **Angiography, renal, unilateral, selective (including flush aortogram), radiological supervision and interpretation**

Global: XXX **Issue:** Renal Angiography **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 45 **Specialty Developing Recommendation:** ACC, ACR, ASNR, AUR, SIR, SVS **First Identified:** February 2010 **2010 Medicare Utilization Data:** 9,347

2007 Work RVU: 1.14 **2012 Work RVU:**
2007 NF PE RVU: 10.7 **2012 NF PE RVU:**
2007 Fac PE RVU NA **2012 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** February 2011 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

75724 **Angiography, renal, bilateral, selective (including flush aortogram), radiological supervision and interpretation**

Global: XXX **Issue:** Renal Angiography **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 45 **Specialty Developing Recommendation:** ACC, ACR, ASNR, AUR, SIR, SVS **First Identified:** February 2010 **2010 Medicare Utilization Data:** 33,533

2007 Work RVU: 1.49 **2012 Work RVU:**
2007 NF PE RVU: 11.15 **2012 NF PE RVU:**
2007 Fac PE RVU NA **2012 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** February 2011 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

75790 **Deleted from CPT**

Global: XXX **Issue:** Arteriovenous Shunt Imaging **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 9 **Specialty Developing Recommendation:** SVS, SIR, ACR **First Identified:** February 2008 **2010 Medicare Utilization Data:**

2007 Work RVU: 1.84 **2012 Work RVU:**
2007 NF PE RVU: 2.2 **2012 NF PE RVU:**
2007 Fac PE RVU NA **2012 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** February 2009 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

75791 **Angiography, arteriovenous shunt (eg, dialysis patient fistula/graft), complete evaluation of dialysis access, including fluoroscopy, image documentation and report (includes injections of contrast and all necessary imaging from the arterial anastomosis and adjacent artery through entire venous outflow including the inferior or superior vena cava), radiological supervision and interpretation**

Global: XXX **Issue:** Arteriovenous Shunt Imaging **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 9 **Specialty Developing Recommendation:** SVS, SIR, ACR **First Identified:** **2010 Medicare Utilization Data:** 26,526

2007 Work RVU: **2012 Work RVU:** 1.71
2007 NF PE RVU: **2012 NF PE RVU:** 8.18
2007 Fac PE RVU **2012 Fac PE RVU:** NA

RUC Recommendation: 1.71 **CPT Action (if applicable):** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

75885 **Percutaneous transhepatic portography with hemodynamic evaluation, radiological supervision and interpretation**

Global: XXX **Issue:** Interventional Radiology Procedures **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 21 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** NA **2010 Medicare Utilization Data:** 320

2007 Work RVU: 1.44 **2012 Work RVU:** 1.44
2007 NF PE RVU: 10.54 **2012 NF PE RVU:** 4.31
2007 Fac PE RVU NA **2012 Fac PE RVU:** NA

RUC Recommendation: New PE inputs **CPT Action (if applicable):** **Result:** PE Only
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

75887 **Percutaneous transhepatic portography without hemodynamic evaluation, radiological supervision and interpretation**

Global: XXX **Issue:** Interventional Radiology Procedures **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 21 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** NA **2010 Medicare Utilization Data:** 310

2007 Work RVU: 1.44 **2012 Work RVU:** 1.44
2007 NF PE RVU: 10.6 **2012 NF PE RVU:** 4.34
2007 Fac PE RVU NA **2012 Fac PE RVU:** NA

RUC Recommendation: New PE inputs **CPT Action (if applicable):** **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

75894 **Transcatheter therapy, embolization, any method, radiological supervision and interpretation**

Global: XXX **Issue:** Transcatheter Procedures **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** No

Most Recent RUC Meeting: April 2010 **Tab** 45 **Specialty Developing Recommendation:** ACC, ACR, SIR, SVS **First Identified:** February 2010 **2010 Medicare Utilization Data:** 33,134

2007 Work RVU: 0.00 **2012 Work RVU:** 0
2007 NF PE RVU: NA **2012 NF PE RVU:** 0.00
2007 Fac PE RVU NA **2012 Fac PE RVU:** NA

RUC Recommendation: Refer to CPT **CPT Action (if applicable):** October 2012 **Result:**

Referred to CPT Asst ☐ **Published in CPT Asst:**

75896 **Transcatheter therapy, infusion, other than for thrombolysis, radiological supervision and interpretation**

Global: XXX **Issue:** Bundle Thrombolysis **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** No

Most Recent RUC Meeting: October 2012 **Tab** 07 **Specialty Developing Recommendation:** **First Identified:** February 2010 **2010 Medicare Utilization Data:** 18,190

2007 Work RVU: 0.00 **2012 Work RVU:** 0
2007 NF PE RVU: NA **2012 NF PE RVU:** 0.00
2007 Fac PE RVU NA **2012 Fac PE RVU:** NA

RUC Recommendation: Carrier Price. Refer to CPT **CPT Action (if applicable):** February 2013 **Result:** Carrier Price

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

75898 **Angiography through existing catheter for follow-up study for transcatheter therapy, embolization or infusion, other than for thrombolysis**

Global: XXX **Issue:** Bundle Thrombolysis **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** No

Most Recent RUC Meeting: October 2012 **Tab** 07 **Specialty Developing Recommendation:** **First Identified:** February 2010 **2010 Medicare Utilization Data:**

2007 Work RVU: **2012 Work RVU:**
2007 NF PE RVU: NA **2012 NF PE RVU:**
2007 Fac PE RVU NA **2012 Fac PE RVU:**

RUC Recommendation: Carrier Price. Refer to CPT **CPT Action (if applicable):** February 2013 **Result:** Carrier Price
Referred to CPT Asst ☐ **Published in CPT Asst:**

75940 **Percutaneous placement of IVC filter, radiological supervision and interpretation**

Global: XXX **Issue:** Major Vein Revision **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 45 **Specialty Developing Recommendation:** ACR, SIR, SVS **First Identified:** February 2010 **2010 Medicare Utilization Data:** 61,120

2007 Work RVU: 0.00 **2012 Work RVU:**
2007 NF PE RVU: NA **2012 NF PE RVU:**
2007 Fac PE RVU NA **2012 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** February 2011 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

75960 **Transcatheter introduction of intravascular stent(s) (except coronary, carotid, vertebral, iliac, and lower extremity artery), percutaneous and/or open, radiological supervision and interpretation, each vessel**

Global: XXX **Issue:** RAW **Screen:** High Volume Growth / Codes Reported Together 75% or More-Part1 **Complete?** No

Most Recent RUC Meeting: October 2012 **Tab** 27 **Specialty Developing Recommendation:** ACC, ACR, SIR, SVS **First Identified:** **2010 Medicare Utilization Data:** 142,149

2007 Work RVU: 0.00 **2012 Work RVU:** 0.82
2007 NF PE RVU: NA **2012 NF PE RVU:** 3.85
2007 Fac PE RVU NA **2012 Fac PE RVU:** NA

RUC Recommendation: Refer to CPT **CPT Action (if applicable):** February 2013 **Result:**
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: XXX **Issue:** Transcatheter Procedures **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 45 **Specialty Developing Recommendation:** ACC, ACR, SIR, SVS **First Identified:** February 2010 **2010 Medicare Utilization Data:** 4,343

2007 Work RVU: 4.24 **2012 Work RVU:** 4.24
2007 NF PE RVU: 9.99 **2012 NF PE RVU:** 5.63
2007 Fac PE RVU NA **2012 Fac PE RVU:** NA

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** June 2011 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

75962 **Transluminal balloon angioplasty, peripheral artery other than renal, or other visceral artery, iliac or lower extremity, radiological supervision and interpretation**

Global: XXX **Issue:** RAW **Screen:** High Volume Growth **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 27 **Specialty Developing Recommendation:** ACC, ACR, SIR, SVS **First Identified:** **2010 Medicare Utilization Data:** 133,823

2007 Work RVU: 0.54 **2012 Work RVU:** 0.54
2007 NF PE RVU: 12.8 **2012 NF PE RVU:** 4.69
2007 Fac PE RVU NA **2012 Fac PE RVU:** NA

RUC Recommendation: Remove from screen **CPT Action (if applicable):** **Result:** Maintain

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: ZZZ **Issue:** Endovascular Revascularization **Screen:** High Volume Growth **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 07 **Specialty Developing Recommendation:** ACC, ACR, SIR, SVS **First Identified:** **2010 Medicare Utilization Data:** 43,837

2007 Work RVU: 0.36 **2012 Work RVU:** 0.36
2007 NF PE RVU: 6.96 **2012 NF PE RVU:** 3.00
2007 Fac PE RVU 6.96 **2012 Fac PE RVU:** NA

RUC Recommendation: Remove from screen **CPT Action (if applicable):** **Result:** Maintain

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: XXX **Issue:** Introduction of Liver X-ray with Radiological S&I **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** No

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:** ACR, SIR **First Identified:** **2010 Medicare Utilization Data:**

2007 Work RVU: **2012 Work RVU:**
2007 NF PE RVU: NA **2012 NF PE RVU:**
2007 Fac PE RVU NA **2012 Fac PE RVU:**

RUC Recommendation: Refer to CPT to bundle.

CPT Action (if applicable): CPT 2016 cycle **Result:**
Referred to CPT Asst ☐ **Published in CPT Asst:**

75982 **Percutaneous placement of drainage catheter for combined internal and external biliary drainage or of a drainage stent for internal biliary drainage in patients with an inoperable mechanical biliary obstruction, radiological supervision and interpretation**

Global: XXX **Issue:** Introduction of Liver X-ray with Radiological S&I **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** No

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:** ACR, SIR **First Identified:** **2010 Medicare Utilization Data:**

2007 Work RVU: **2012 Work RVU:**
2007 NF PE RVU: **2012 NF PE RVU:**
2007 Fac PE RVU 0 **2012 Fac PE RVU:**

RUC Recommendation: Refer to CPT to bundle.

CPT Action (if applicable): CPT 2016 cycle **Result:**
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 - Renal **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** No

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:** ACR, SIR **First Identified:** October 2012 **2010 Medicare Utilization Data:**

2007 Work RVU: 0.72 **2012 Work RVU:**
2007 NF PE RVU: 2.18 **2012 NF PE RVU:**
2007 Fac PE RVU NA **2012 Fac PE RVU:**

RUC Recommendation: Refer to CPT to bundle.

CPT Action (if applicable): CPT 2016 cycle **Result:**
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

75992 **Deleted from CPT** **Global:** XXX **Issue:** Transluminal Arthrectomy **Screen:** High Volume Growth **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab** 57 **Specialty Developing Recommendation:** SIR, ACR, SVS **First Identified:** February 2008 **2010 Medicare Utilization Data:** 27,603

2007 Work RVU: 0.00 **2012 Work RVU:**
2007 NF PE RVU: NA **2012 NF PE RVU:**
2007 Fac PE RVU NA **2012 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** February 2010 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

75993 **Deleted from CPT** **Global:** ZZZ **Issue:** Transluminal Arthrectomy **Screen:** High Volume Growth **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab** 57 **Specialty Developing Recommendation:** SIR, ACR, SVS **First Identified:** February 2008 **2010 Medicare Utilization Data:** 9,724

2007 Work RVU: 0.00 **2012 Work RVU:**
2007 NF PE RVU: 0 **2012 NF PE RVU:**
2007 Fac PE RVU 0 **2012 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** February 2010 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

75994 **Revised to Category III** **Global:** XXX **Issue:** Transluminal Arthrectomy **Screen:** High Volume Growth **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab** 57 **Specialty Developing Recommendation:** SIR, ACR, SVS **First Identified:** April 2008 **2010 Medicare Utilization Data:** 277

2007 Work RVU: 0.00 **2012 Work RVU:**
2007 NF PE RVU: 0 **2012 NF PE RVU:**
2007 Fac PE RVU 0 **2012 Fac PE RVU:**

RUC Recommendation: Remove from screen **CPT Action (if applicable):** February 2010 **Result:** Remove from Screen
Referred to CPT Asst ☐ **Published in CPT Asst:**

75995 **Revised to Category III** **Global:** XXX **Issue:** Transluminal Arthrectomy **Screen:** High Volume Growth **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab** 57 **Specialty Developing Recommendation:** SIR, ACR, SVS **First Identified:** April 2008 **2010 Medicare Utilization Data:** 43

2007 Work RVU: 0.00 **2012 Work RVU:**
2007 NF PE RVU: 0 **2012 NF PE RVU:**
2007 Fac PE RVU 0 **2012 Fac PE RVU:**

RUC Recommendation: Remove from screen **CPT Action (if applicable):** February 2010 **Result:** Remove from Screen
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

75996 **Revised to Category III** **Global:** ZZZ **Issue:** Transluminal Arthrectomy **Screen:** High Volume Growth **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab** 57 **Specialty Developing Recommendation:** SIR, ACR, SVS **First Identified:** April 2008 **2010 Medicare Utilization Data:** 12

2007 Work RVU: 0.00 **2012 Work RVU:**
2007 NF PE RVU: 0 **2012 NF PE RVU:**
2007 Fac PE RVU 0 **2012 Fac PE RVU:**

RUC Recommendation: Remove from screen **CPT Action (if applicable):** February 2010 **Result:** Remove from Screen
Referred to CPT Asst ☐ **Published in CPT Asst:**

76000 **Fluoroscopy (separate procedure), up to 1 hour physician or other qualified health care professional time, other than 71023 or 71034 (eg, cardiac fluoroscopy)** **Global:** XXX **Issue:** **Screen:** Low Value-Billed in Multiple Units **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 73 **Specialty Developing Recommendation:** **First Identified:** October 2010 **2010 Medicare Utilization Data:** 136,840

2007 Work RVU: 0.17 **2012 Work RVU:** 0.17
2007 NF PE RVU: 1.68 **2012 NF PE RVU:** 1.74
2007 Fac PE RVU NA **2012 Fac PE RVU:** NA

RUC Recommendation: Maintain **CPT Action (if applicable):** **Result:** Maintain
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 **2010 Medicare Utilization Data:** 5,315

2007 Work RVU: 0.58 **2012 Work RVU:** 0.58
2007 NF PE RVU: 1.93 **2012 NF PE RVU:** 2.71
2007 Fac PE RVU NA **2012 Fac PE RVU:** NA

RUC Recommendation: New PE inputs **CPT Action (if applicable):** **Result:** PE Only
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 **2010 Medicare Utilization Data:** 583

2007 Work RVU: 0.58 **2012 Work RVU:** 0.58
2007 NF PE RVU: 2.5 **2012 NF PE RVU:** 4.25
2007 Fac PE RVU NA **2012 Fac PE RVU:** NA

RUC Recommendation: New PE inputs **CPT Action (if applicable):** **Result:** PE Only
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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 **2010 Medicare Utilization Data:** 702

2007 Work RVU: 0.58 **2012 Work RVU:** 0.58
2007 NF PE RVU: 3.35 **2012 NF PE RVU:** 5.95
2007 Fac PE RVU NA **2012 Fac PE RVU:** NA

RUC Recommendation: New PE inputs **CPT Action (if applicable):** **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

76513 **Ophthalmic ultrasound, diagnostic; anterior segment ultrasound, immersion (water bath) B-scan or high resolution biomicroscopy**

Global: XXX **Issue:** Ophthalmic Ultrasound **Screen:** High Volume Growth **Complete?** No

Most Recent RUC Meeting: September 2011 **Tab** 51 **Specialty Developing Recommendation:** AAO, AOA (optometric) **First Identified:** February 2008 **2010 Medicare Utilization Data:** 19,128

2007 Work RVU: 0.66 **2012 Work RVU:** 0.66
2007 NF PE RVU: 1.75 **2012 NF PE RVU:** 2.02
2007 Fac PE RVU NA **2012 Fac PE RVU:** NA

RUC Recommendation: CPT Assistant Article and 0.66. **CPT Action (if applicable):** May 2008 **Result:** Maintain

Referred to CPT Asst ☑ **Published in CPT Asst:** SS submitted articl

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76536 **Ultrasound, soft tissues of head and neck (eg, thyroid, parathyroid, parotid), real time with image documentation**

Global: XXX **Issue:** Soft Tissue Ultrasound **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 29 **Specialty Developing Recommendation:** ACR, ASNR, TES, AACE **First Identified:** October 2008 **2010 Medicare Utilization Data:** 592,261

2007 Work RVU: 0.56 **2012 Work RVU:** 0.56
2007 NF PE RVU: 1.83 **2012 NF PE RVU:** 3.02
2007 Fac PE RVU NA **2012 Fac PE RVU:** NA

RUC Recommendation: 0.56 **CPT Action (if applicable):** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

76645 **Ultrasound, breast(s) (unilateral or bilateral), real time with image documentation**

Global: XXX **Issue:** RAW review **Screen:** CMS-Other - Utilization over 500,000 **Complete?** No

Most Recent RUC Meeting: January 2012 **Tab** 30 **Specialty Developing Recommendation:** ACR, ASBS **First Identified:** April 2011 **2010 Medicare Utilization Data:** 790,811

2007 Work RVU: 0.54 **2012 Work RVU:** 0.54
2007 NF PE RVU: 1.41 **2012 NF PE RVU:** 2.33
2007 Fac PE RVU NA **2012 Fac PE RVU:** NA

RUC Recommendation: Refer to Research Subcommittee **CPT Action (if applicable):** **Result:**

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:** **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 41 **Specialty Developing Recommendation:** **First Identified:** October 2010 **2010 Medicare Utilization Data:** 1,040,905

2007 Work RVU: 0.81 **2012 Work RVU:** 0.81
2007 NF PE RVU: 2.39 **2012 NF PE RVU:** 3.36
2007 Fac PE RVU NA **2012 Fac PE RVU:** NA

RUC Recommendation: Reaffirmed RUC recommendation **CPT Action (if applicable):** **Result:** Maintain

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:** RAW review **Screen:** CMS-Other - Utilization over 500,000 **Complete?** No

Most Recent RUC Meeting: January 2012 **Tab** 30 **Specialty Developing Recommendation:** ACR, ASBS **First Identified:** April 2011 **2010 Medicare Utilization Data:** 957,502

2007 Work RVU: 0.59 **2012 Work RVU:** 0.59
2007 NF PE RVU: 1.77 **2012 NF PE RVU:** 2.60
2007 Fac PE RVU NA **2012 Fac PE RVU:** NA

RUC Recommendation: Refer to Research Subcommittee **CPT Action (if applicable):** **Result:**

Referred to CPT Asst ☐ **Published in CPT Asst:**

76770 **Ultrasound, retroperitoneal (eg, renal, aorta, nodes), real time with image documentation; complete** **Global:** XXX **Issue:** RAW review **Screen:** CMS-Other - Utilization over 500,000 **Complete?** No

Most Recent RUC Meeting: January 2012 **Tab** 30 **Specialty Developing Recommendation:** ACR, ASBS **First Identified:** April 2011 **2010 Medicare Utilization Data:** 1,087,261

2007 Work RVU: 0.74 **2012 Work RVU:** 0.74
2007 NF PE RVU: 2.36 **2012 NF PE RVU:** 3.21
2007 Fac PE RVU NA **2012 Fac PE RVU:** NA

RUC Recommendation: Refer to Research Subcommittee **CPT Action (if applicable):** **Result:**

Referred to CPT Asst ☐ **Published in CPT Asst:**

76775 **Ultrasound, retroperitoneal (eg, renal, aorta, nodes), real time with image documentation; limited** **Global:** XXX **Issue:** RAW review **Screen:** CMS-Other - Utilization over 500,000 **Complete?** No

Most Recent RUC Meeting: January 2012 **Tab** 30 **Specialty Developing Recommendation:** ACR, ASBS **First Identified:** April 2011 **2010 Medicare Utilization Data:** 716,487

2007 Work RVU: 0.58 **2012 Work RVU:** 0.58
2007 NF PE RVU: 1.81 **2012 NF PE RVU:** 2.68
2007 Fac PE RVU NA **2012 Fac PE RVU:** NA

RUC Recommendation: Refer to Research Subcommittee **CPT Action (if applicable):** **Result:**

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

76830 **Ultrasound, transvaginal**

Global: XXX **Issue:** Transvaginal and Transrectal Ultrasound **Screen:** CMS High Expenditure Procedural Codes **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 44 **Specialty Developing Recommendation:** ACOG, ACR, AUA **First Identified:** September 2011 **2010 Medicare Utilization Data:** 457,192

2007 Work RVU: 0.69 **2012 Work RVU:** 0.69
2007 NF PE RVU: 1.97 **2012 NF PE RVU:** 3.06
2007 Fac PE RVU NA **2012 Fac PE RVU:** NA

RUC Recommendation: 0.69 **CPT Action (if applicable):** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

76856 **Ultrasound, pelvic (nonobstetric), real time with image documentation; complete**

Global: XXX **Issue:** RAW review **Screen:** CMS-Other - Utilization over 500,000 **Complete?** No

Most Recent RUC Meeting: January 2012 **Tab** 30 **Specialty Developing Recommendation:** ACR, ASBS **First Identified:** April 2011 **2010 Medicare Utilization Data:** 545,291

2007 Work RVU: 0.69 **2012 Work RVU:** 0.69
2007 NF PE RVU: 1.99 **2012 NF PE RVU:** 3.02
2007 Fac PE RVU NA **2012 Fac PE RVU:** NA

RUC Recommendation: Refer to Research Subcommittee **CPT Action (if applicable):** **Result:**

Referred to CPT Asst ☐ **Published in CPT Asst:**

76872 **Ultrasound, transrectal;**

Global: XXX **Issue:** Transvaginal and Transrectal Ultrasound **Screen:** CMS High Expenditure Procedural Codes **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 44 **Specialty Developing Recommendation:** ACOG, ACR, AUA **First Identified:** September 2011 **2010 Medicare Utilization Data:** 261,922

2007 Work RVU: 0.69 **2012 Work RVU:** 0.69
2007 NF PE RVU: 2.52 **2012 NF PE RVU:** 3.35
2007 Fac PE RVU NA **2012 Fac PE RVU:** NA

RUC Recommendation: 0.69 **CPT Action (if applicable):** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

76880 **Deleted from CPT**

Global: XXX **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 **2010 Medicare Utilization Data:** 262,901

2007 Work RVU: 0.59 **2012 Work RVU:**
2007 NF PE RVU: 1.97 **2012 NF PE RVU:**
2007 Fac PE RVU NA **2012 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** February 2010 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

76881 **Ultrasound, extremity, nonvascular, real-time with image documentation; complete**

Global: XXX **Issue:** Ultrasound of Extremity **Screen:** CMS Fastest Growing **Complete?** No

Most Recent RUC Meeting: April 2010 **Tab** 17 **Specialty Developing Recommendation:** AAPMR, APMA, ACR **First Identified:** April 2010 **2010 Medicare Utilization Data:**

2007 Work RVU: **2012 Work RVU:** 0.63
2007 NF PE RVU: **2012 NF PE RVU:** 2.94
2007 Fac PE RVU **2012 Fac PE RVU:** NA

RUC Recommendation: Develop CPT Assistant article. 0.72 **CPT Action (if applicable):** February 2010 **Result:** Decrease
Referred to CPT Asst ☑ **Published in CPT Asst:** SS to develop CCP

76882 **Ultrasound, extremity, nonvascular, real-time with image documentation; limited, anatomic specific**

Global: XXX **Issue:** Ultrasound of Extremity **Screen:** CMS Fastest Growing **Complete?** No

Most Recent RUC Meeting: April 2010 **Tab** 17 **Specialty Developing Recommendation:** AAPMR, APMA, ACR **First Identified:** April 2010 **2010 Medicare Utilization Data:**

2007 Work RVU: **2012 Work RVU:** 0.49
2007 NF PE RVU: **2012 NF PE RVU:** 0.48
2007 Fac PE RVU **2012 Fac PE RVU:** NA

RUC Recommendation: Develop CPT Assistant article. 0.50 **CPT Action (if applicable):** February 2010 **Result:** Decrease
Referred to CPT Asst ☑ **Published in CPT Asst:** SS to develop CCP

76942 **Ultrasonic guidance for needle placement (eg, biopsy, aspiration, injection, localization device), imaging supervision and interpretation**

Global: XXX **Issue:** RAW review **Screen:** CMS-Other - Utilization over 500,000 **Complete?** No

Most Recent RUC Meeting: January 2012 **Tab** 30 **Specialty Developing Recommendation:** ACR, AACE, AAPM, AAOS, ASA, AUA, ACRh, ACRO, SIR, TES, ASIPP **First Identified:** April 2011 **2010 Medicare Utilization Data:** 1,261,256

2007 Work RVU: 0.67 **2012 Work RVU:** 0.67
2007 NF PE RVU: 3.43 **2012 NF PE RVU:** 5.35
2007 Fac PE RVU NA **2012 Fac PE RVU:** NA

RUC Recommendation: Action Plan **CPT Action (if applicable):** **Result:**
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

76950 **Ultrasonic guidance for placement of radiation therapy fields**

Global: XXX **Issue:** IMRT with Ultrasound Guidance **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 14 **Specialty Developing Recommendation:** ACRO, ASTRO

First Identified: February 2010 **2010 Medicare Utilization Data:** 68,736

2007 Work RVU: 0.58 **2012 Work RVU:** 0.58
2007 NF PE RVU: 1.43 **2012 NF PE RVU:** 1.00
2007 Fac PE RVU NA **2012 Fac PE RVU:** NA

RUC Recommendation: New PE Inputs

CPT Action (if applicable):

Result: PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

76970 **Ultrasound study follow-up (specify)**

Global: XXX **Issue:** IMRT with Ultrasound Guidance **Screen:** High Volume Growth **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 38 **Specialty Developing Recommendation:** ACS, ACR, AACE

First Identified: February 2008 **2010 Medicare Utilization Data:** 13,377

2007 Work RVU: 0.40 **2012 Work RVU:** 0.4
2007 NF PE RVU: 1.41 **2012 NF PE RVU:** 2.58
2007 Fac PE RVU NA **2012 Fac PE RVU:** NA

RUC Recommendation: Remove from screen - RUC articulated concerns regarding claims reporting to CMS

CPT Action (if applicable):

Result: Remove from Screen

Referred to CPT Asst ☐ **Published in CPT Asst:**

77001 **Fluoroscopic guidance for central venous access device placement, replacement (catheter only or complete), or removal (includes fluoroscopic guidance for vascular access and catheter manipulation, any necessary contrast injections through access site or catheter with related venography radiologic supervision and interpretation, and radiographic documentation of final catheter position) (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** RAW **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 27 **Specialty Developing Recommendation:**

First Identified: January 2012 **2010 Medicare Utilization Data:** 464,725

2007 Work RVU: 0.38 **2012 Work RVU:** 0.38
2007 NF PE RVU: 1.73 **2012 NF PE RVU:** 3.09
2007 Fac PE RVU NA **2012 Fac PE RVU:** NA

RUC Recommendation: Remove from screen

CPT Action (if applicable):

Result: Remove from Screen

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

77002 **Fluoroscopic guidance for needle placement (eg, biopsy, aspiration, injection, localization device)**

Global: XXX **Issue:** RAW **Screen:** MPC List **Complete?** No

Most Recent RUC Meeting: October 2012 **Tab** 27 **Specialty Developing Recommendation:** **First Identified:** January 2012 **2010 Medicare Utilization Data:** 220,148

2007 Work RVU: 0.54 **2012 Work RVU:** 0.54
2007 NF PE RVU: 1.4 **2012 NF PE RVU:** 1.72
2007 Fac PE RVU NA **2012 Fac PE RVU:** NA

RUC Recommendation: Review October 2016 **CPT Action (if applicable):** **Result:**
Referred to CPT Asst ☐ **Published in CPT Asst:**

77003 **Fluoroscopic guidance and localization of needle or catheter tip for spine or paraspinous diagnostic or therapeutic injection procedures (epidural or subarachnoid)**

Global: XXX **Issue:** Fluroscopic Guidance for Spine Injection **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 21 **Specialty Developing Recommendation:** AAPM, AAPMR, ASA, ASIPP, NASS, SIR **First Identified:** October 2010 **2010 Medicare Utilization Data:** 1,890,663

2007 Work RVU: 0.60 **2012 Work RVU:** 0.6
2007 NF PE RVU: 1.28 **2012 NF PE RVU:** 1.26
2007 Fac PE RVU NA **2012 Fac PE RVU:** NA

RUC Recommendation: 0.60 **CPT Action (if applicable):** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

77011 **Computed tomography guidance for stereotactic localization**

Global: XXX **Issue:** IMRT with CT Guidance **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 15 **Specialty Developing Recommendation:** ASTRO, ACRO **First Identified:** **2010 Medicare Utilization Data:** 5,807

2007 Work RVU: 1.21 **2012 Work RVU:** 1.21
2007 NF PE RVU: 11.38 **2012 NF PE RVU:** 9.35
2007 Fac PE RVU NA **2012 Fac PE RVU:** NA

RUC Recommendation: New PE inputs **CPT Action (if applicable):** **Result:** PE Only
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

77014 **Computed tomography guidance for placement of radiation therapy fields** **Global:** XXX **Issue:** IMRT with CT Guidance **Screen:** CMS Request - Practice Expense Review / CMS-Other - Utilization over 500,000 / CMS High Expenditure Procedural Codes **Complete?** No

Most Recent RUC Meeting: January 2012 **Tab** 30 **Specialty Developing Recommendation:** ASTRO, ACR **First Identified:** October 2010 **2010 Medicare Utilization Data:** 783,285

2007 Work RVU: 0.85 **2012 Work RVU:** 0.85
2007 NF PE RVU: 3.53 **2012 NF PE RVU:** 3.32
2007 Fac PE RVU NA **2012 Fac PE RVU:** NA

RUC Recommendation: Refer to CPT **CPT Action (if applicable):** February 2013 **Result:**
Referred to CPT Asst ☐ **Published in CPT Asst:**

77031 **Stereotactic localization guidance for breast biopsy or needle placement (eg, for wire localization or for injection), each lesion, radiological supervision and interpretation** **Global:** XXX **Issue:** Breast Biopsy **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:** **First Identified:** January 2012 **2010 Medicare Utilization Data:**

2007 Work RVU: 1.59 **2012 Work RVU:**
2007 NF PE RVU: 6.19 **2012 NF PE RVU:**
2007 Fac PE RVU NA **2012 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** October 2012 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

77032 **Mammographic guidance for needle placement, breast (eg, for wire localization or for injection), each lesion, radiological supervision and interpretation** **Global:** XXX **Issue:** Breast Biopsy **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:** **First Identified:** January 2012 **2010 Medicare Utilization Data:**

2007 Work RVU: 0.56 **2012 Work RVU:**
2007 NF PE RVU: 1.26 **2012 NF PE RVU:**
2007 Fac PE RVU NA **2012 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** October 2012 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

77052 **Computer-aided detection (computer algorithm analysis of digital image data for lesion detection) with further review for interpretation, with or without digitization of film radiographic images; screening mammography (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** **Screen:** Low Value-High Volume **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 41 **Specialty Developing Recommendation:** **First Identified:** October 2010 **2010 Medicare Utilization Data:** 4,790,060

2007 Work RVU: 0.06 **2012 Work RVU:** 0.06
2007 NF PE RVU: 0.38 **2012 NF PE RVU:** 0.24
2007 Fac PE RVU 0.38 **2012 Fac PE RVU:** NA

RUC Recommendation: Reaffirmed RUC recommendation **CPT Action (if applicable):** **Result:** Maintain

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: XXX **Issue:** CT Bone Density Study **Screen:** Different Performing Specialty from Survey **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab** 31 **Specialty Developing Recommendation:** ACR, AAFP, ACP **First Identified:** October 2009 **2010 Medicare Utilization Data:** 1,318

2007 Work RVU: 0.22 **2012 Work RVU:**
2007 NF PE RVU: 2.45 **2012 NF PE RVU:**
2007 Fac PE RVU NA **2012 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** October 2010 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

77080 **Dual-energy X-ray absorptiometry (DXA), bone density study, 1 or more sites; axial skeleton (eg, hips, pelvis, spine)**

Global: XXX **Issue:** Dual-energy X-ray Absorptiometry **Screen:** CMS Request - NPRM for 2012 / Codes Reported Together 75% or More-Part2 **Complete?** No

Most Recent RUC Meeting: January 2012 **Tab** 23 **Specialty Developing Recommendation:** AACE, ACR, ACRh, TES **First Identified:** September 2011 **2010 Medicare Utilization Data:** 2,479,421

2007 Work RVU: 0.20 **2012 Work RVU:** 0.23
2007 NF PE RVU: 2.59 **2012 NF PE RVU:** 2.50
2007 Fac PE RVU NA **2012 Fac PE RVU:** NA

RUC Recommendation: Refer to CPT to bundle (0.20) **CPT Action (if applicable):** 2015 CPT cycle **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

77082 **Dual-energy X-ray absorptiometry (DXA), bone density study, 1 or more sites; vertebral fracture assessment**

Global: XXX **Issue:** Dual-energy X-ray Absorptiometry **Screen:** CMS Request - NPRM for 2012 / Codes Reported Together 75% or More-Part2 **Complete?** No

Most Recent RUC Meeting: January 2012 **Tab** 23 **Specialty Developing Recommendation:** AACE, ACR, ACRh, TES **First Identified:** September 2011 **2010 Medicare Utilization Data:** 156,183

2007 Work RVU: 0.17 **2012 Work RVU:** 0.13
2007 NF PE RVU: 0.71 **2012 NF PE RVU:** 0.63
2007 Fac PE RVU NA **2012 Fac PE RVU:** NA

RUC Recommendation: Refer to CPT to bundle (0.17) **CPT Action (if applicable):** 2015 CPT cycle **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

77083 **Radiographic absorptiometry (eg, photodensitometry, radiogrammetry), 1 or more sites**

Global: XXX **Issue:** Radiographic Absorptiometry **Screen:** Different Performing Specialty from Survey **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab** 31 **Specialty Developing Recommendation:** ACR, ACP **First Identified:** October 2009 **2010 Medicare Utilization Data:** 1,112

2007 Work RVU: 0.20 **2012 Work RVU:**
2007 NF PE RVU: 0.71 **2012 NF PE RVU:**
2007 Fac PE RVU NA **2012 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** October 2010 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

77280 **Therapeutic radiology simulation-aided field setting; simple**

Global: XXX **Issue:** Set Radiation Therapy Field **Screen:** Harvard Valued - Utilization over 30,000 / PE Services with Stand-Alone Procedure Time **Complete?** No

Most Recent RUC Meeting: January 2012 **Tab** 25 **Specialty Developing Recommendation:** ASTRO **First Identified:** April 2011 **2010 Medicare Utilization Data:** 273,963

2007 Work RVU: 0.70 **2012 Work RVU:** 0.7
2007 NF PE RVU: 3.89 **2012 NF PE RVU:** 4.77
2007 Fac PE RVU NA **2012 Fac PE RVU:** NA

RUC Recommendation: Refer to CPT **CPT Action (if applicable):** October 2012 **Result:**
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

77285 **Therapeutic radiology simulation-aided field setting; intermediate**

Global: XXX **Issue:** Set Radiation Therapy Field **Screen:** Harvard Valued - Utilization over 30,000 / PE Services with Stand-Alone Procedure Time **Complete?** No

Most Recent RUC Meeting: January 2012 **Tab** 25 **Specialty Developing Recommendation:** ASTRO **First Identified:** September 2011 **2010 Medicare Utilization Data:** 4,634

2007 Work RVU: 1.05 **2012 Work RVU:** 1.05
2007 NF PE RVU: 6.45 **2012 NF PE RVU:** 8.62
2007 Fac PE RVU NA **2012 Fac PE RVU:** NA

RUC Recommendation: Refer to CPT **CPT Action (if applicable):** October 2012 **Result:**
Referred to CPT Asst ☐ **Published in CPT Asst:**

77290 **Therapeutic radiology simulation-aided field setting; complex**

Global: XXX **Issue:** Set Radiation Therapy Field **Screen:** MPC List / Harvard Valued - Utilization over 30,000 / PE Services with Stand-Alone Procedure Time **Complete?** No

Most Recent RUC Meeting: January 2012 **Tab** 25 **Specialty Developing Recommendation:** ASTRO **First Identified:** October 2010 **2010 Medicare Utilization Data:** 334,547

2007 Work RVU: 1.56 **2012 Work RVU:** 1.56
2007 NF PE RVU: 8.63 **2012 NF PE RVU:** 14.11
2007 Fac PE RVU NA **2012 Fac PE RVU:** NA

RUC Recommendation: Refer to CPT **CPT Action (if applicable):** October 2012 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

77295 **Therapeutic radiology simulation-aided field setting; 3-dimensional**

Global: XXX **Issue:** Set Radiation Therapy Field **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 25 **Specialty Developing Recommendation:** ASTRO **First Identified:** September 2011 **2010 Medicare Utilization Data:** 138,880

2007 Work RVU: 4.56 **2012 Work RVU:** 4.56
2007 NF PE RVU: 23.92 **2012 NF PE RVU:** 9.85
2007 Fac PE RVU NA **2012 Fac PE RVU:** NA

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** October 2012 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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Global: **Issue:** **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** No

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:** **First Identified:** **2010 Medicare Utilization Data:**

2007 Work RVU: **2012 Work RVU:**
2007 NF PE RVU: **2012 NF PE RVU:**
2007 Fac PE RVU **2012 Fac PE RVU:**

RUC Recommendation: **CPT Action (if applicable):** October 2012 **Result:**
Referred to CPT Asst ☐ **Published in CPT Asst:**

77300 **Basic radiation dosimetry calculation, central axis depth dose calculation, TDF, NSD, gap calculation, off axis factor, tissue inhomogeneity factors, calculation of non-ionizing radiation surface and depth dose, as required during course of treatment, only when prescribed by the treating physician**

Global: XXX **Issue:** Radiation Isodose Planning **Screen:** MPC List / Codes Reported Together 75% or More-Part2 **Complete?** No

Most Recent RUC Meeting: February 2011 **Tab** 41 **Specialty Developing Recommendation:** ASTRO **First Identified:** October 2010 **2010 Medicare Utilization Data:** 1,706,082

2007 Work RVU: 0.62 **2012 Work RVU:** 0.62
2007 NF PE RVU: 1.45 **2012 NF PE RVU:** 1.33
2007 Fac PE RVU NA **2012 Fac PE RVU:** NA

RUC Recommendation: Refer to CPT to bundle. **CPT Action (if applicable):** CPT 2015 cycle **Result:** Maintain
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:** Radiotherapy Dose Plan IMRT **Screen:** CMS Fastest Growing / CMS Request - Practice Expense Review / CMS High Expenditure Procedural Codes / PE Services with Stand-Alone Procedure Time **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 45 **Specialty Developing Recommendation:** ASTRO **First Identified:** October 2008 **2010 Medicare Utilization Data:** 90,639

2007 Work RVU: 7.99 **2012 Work RVU:** 7.99
2007 NF PE RVU: 37.25 **2012 NF PE RVU:** 49.69
2007 Fac PE RVU NA **2012 Fac PE RVU:** NA

RUC Recommendation: 7.99. CPT Assistant article published. **CPT Action (if applicable):** **Result:** Maintain
Referred to CPT Asst ☑ **Published in CPT Asst:** Nov 2009

Status Report: CMS Requests and Relativity Assessment Issues

77305 **Teletherapy, isodose plan (whether hand or computer calculated); simple (1 or 2 parallel opposed unmodified ports directed to a single area of interest)**

Global: XXX **Issue:** Radiation Isodose Planning **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** No

Most Recent RUC Meeting:
Tab
Specialty Developing Recommendation: ASTRO
First Identified:
2010 Medicare Utilization Data:
2007 Work RVU: 0.70 **2012 Work RVU:**
2007 NF PE RVU: 1.79 **2012 NF PE RVU:**
2007 Fac PE RVU NA **2012 Fac PE RVU:**

RUC Recommendation: Refer to CPT to bundle.
CPT Action (if applicable): 2015 CPT cycle
Result:
Referred to CPT Asst ☐ **Published in CPT Asst:**

77310 **Teletherapy, isodose plan (whether hand or computer calculated); intermediate (3 or more treatment ports directed to a single area of interest)**

Global: XXX **Issue:** Radiation Isodose Planning **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** No

Most Recent RUC Meeting:
Tab
Specialty Developing Recommendation: ASTRO
First Identified:
2010 Medicare Utilization Data:
2007 Work RVU: 1.05 **2012 Work RVU:**
2007 NF PE RVU: 2.32 **2012 NF PE RVU:**
2007 Fac PE RVU NA **2012 Fac PE RVU:**

RUC Recommendation: Refer to CPT to bundle.
CPT Action (if applicable): 2015 CPT cycle
Result:
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: XXX **Issue:** Radiation Isodose Planning **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** No

Most Recent RUC Meeting:
Tab
Specialty Developing Recommendation: ASTRO
First Identified:
2010 Medicare Utilization Data:
2007 Work RVU: 1.56 **2012 Work RVU:**
2007 NF PE RVU: 2.9 **2012 NF PE RVU:**
2007 Fac PE RVU NA **2012 Fac PE RVU:**

RUC Recommendation: Refer to CPT to bundle.
CPT Action (if applicable): 2015 CPT cycle
Result:
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: XXX **Issue:** Radiation Isodose Planning **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** No

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:** ASTRO **First Identified:** **2010 Medicare Utilization Data:**

2007 Work RVU: 1.39 **2012 Work RVU:**
2007 NF PE RVU: 3.97 **2012 NF PE RVU:**
2007 Fac PE RVU NA **2012 Fac PE RVU:**

RUC Recommendation: Refer to CPT to bundle.

CPT Action (if applicable): 2015 CPT cycle **Result:**
Referred to CPT Asst ☐ **Published in CPT Asst:**

77334 **Treatment devices, design and construction; complex (irregular blocks, special shields, compensators, wedges, molds or casts)**

Global: XXX **Issue:** **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 41 **Specialty Developing Recommendation:** **First Identified:** October 2010 **2010 Medicare Utilization Data:** 852,282

2007 Work RVU: 1.24 **2012 Work RVU:** 1.24
2007 NF PE RVU: 3.43 **2012 NF PE RVU:** 3.06
2007 Fac PE RVU NA **2012 Fac PE RVU:** NA

RUC Recommendation: Reaffirmed RUC recommendation

CPT Action (if applicable): **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

77336 **Continuing medical physics consultation, including assessment of treatment parameters, quality assurance of dose delivery, and review of patient treatment documentation in support of the radiation oncologist, reported per week of therapy**

Global: XXX **Issue:** Radiation Isodose Planning **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** No

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:** ASTRO **First Identified:** **2010 Medicare Utilization Data:**

2007 Work RVU: **2012 Work RVU:**
2007 NF PE RVU: 2.52 **2012 NF PE RVU:**
2007 Fac PE RVU NA **2012 Fac PE RVU:**

RUC Recommendation: Refer to CPT to bundle.

CPT Action (if applicable): 2015 CPT cycle **Result:**
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

77336 **Continuing medical physics consultation, including assessment of treatment parameters, quality assurance of dose delivery, and review of patient treatment documentation in support of the radiation oncologist, reported per week of therapy**

Global: XXX **Issue:** RAW **Screen:** Public Comment Requests NPRM for 2013 **Complete?** No

Most Recent RUC Meeting: October 2012 **Tab** 27 **Specialty Developing Recommendation:** **First Identified:** October 2012 **2010 Medicare Utilization Data:**

2007 Work RVU: **2012 Work RVU:** 0
2007 NF PE RVU: 2.52 **2012 NF PE RVU:** 1.36
2007 Fac PE RVU NA **2012 Fac PE RVU:**

RUC Recommendation: Review practice expense by April 2013.

CPT Action (if applicable):
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result:

77338 **Multi-leaf collimator (MLC) device(s) for intensity modulated radiation therapy (IMRT), design and construction per IMRT plan**

Global: XXX **Issue:** RAW **Screen:** PE Services with Stand-Alone Procedure Time **Complete?** No

Most Recent RUC Meeting: October 2012 **Tab** 27 **Specialty Developing Recommendation:** **First Identified:** October 2012 **2010 Medicare Utilization Data:**

2007 Work RVU: **2012 Work RVU:** 4.29
2007 NF PE RVU: **2012 NF PE RVU:** 9.88
2007 Fac PE RVU **2012 Fac PE RVU:** NA

RUC Recommendation: Review PE data at the January 2013 RAW meeting as provided by ASTRO.

CPT Action (if applicable):
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result:

77371 **Radiation treatment delivery, stereotactic radiosurgery (SRS), complete course of treatment of cranial lesion(s) consisting of 1 session; multi-source Cobalt 60 based**

Global: XXX **Issue:** Radiation Treatment Delivery, Stereotactic Radiosurgery **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 30 **Specialty Developing Recommendation:** ASTRO **First Identified:** NA **2010 Medicare Utilization Data:** 36

2007 Work RVU: 0.00 **2012 Work RVU:** 0
2007 NF PE RVU: 30.25 **2012 NF PE RVU:** 0.00
2007 Fac PE RVU NA **2012 Fac PE RVU:** 0.00

RUC Recommendation: New PE inputs

CPT Action (if applicable):
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: PE Only

Status Report: CMS Requests and Relativity Assessment Issues

77372 **Radiation treatment delivery, stereotactic radiosurgery (SRS), complete course of treatment of cranial lesion(s) consisting of 1 session; linear accelerator based**

Global: XXX **Issue:** RAW **Screen:** PE Services with Stand-Alone Procedure Time **Complete?** No

Most Recent RUC Meeting: October 2012 **Tab** 27 **Specialty Developing Recommendation:** **First Identified:** **2010 Medicare Utilization Data:**

2007 Work RVU: **2012 Work RVU:** 0
2007 NF PE RVU: 22.93 **2012 NF PE RVU:** 24.56
2007 Fac PE RVU NA **2012 Fac PE RVU:** NA

RUC Recommendation: Review PE by April 2013. **CPT Action (if applicable):** **Result:**
Referred to CPT Asst ☐ **Published in CPT Asst:**

77373 **Stereotactic body radiation therapy, treatment delivery, per fraction to 1 or more lesions, including image guidance, entire course not to exceed 5 fractions**

Global: XXX **Issue:** Radiation Treatment Delivery - PE Only **Screen:** NPRM for 2013 PE Services with Stand-Alone Procedure Time **Complete?** No

Most Recent RUC Meeting: October 2012 **Tab** 23 **Specialty Developing Recommendation:** ACR, ASTRO, ACRO **First Identified:** July 2012 **2010 Medicare Utilization Data:**

2007 Work RVU: **2012 Work RVU:**
2007 NF PE RVU: 42.87 **2012 NF PE RVU:**
2007 Fac PE RVU NA **2012 Fac PE RVU:**

RUC Recommendation: Review PE January 2013 **CPT Action (if applicable):** **Result:**
Referred to CPT Asst ☐ **Published in CPT Asst:**

773X2X

Global: **Issue:** **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** No

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:** **First Identified:** **2010 Medicare Utilization Data:**

2007 Work RVU: **2012 Work RVU:**
2007 NF PE RVU: **2012 NF PE RVU:**
2007 Fac PE RVU **2012 Fac PE RVU:**

RUC Recommendation: **CPT Action (if applicable):** October 2012 **Result:**
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

77402 **Radiation treatment delivery, single treatment area, single port or parallel opposed ports, simple blocks or no blocks; up to 5 MeV**

Global: XXX **Issue:** RAW **Screen:** PE Services with Stand-Alone Procedure Time **Complete?** No

Most Recent RUC Meeting: October 2012 **Tab** 27 **Specialty Developing Recommendation:** **First Identified:** October 2012 **2010 Medicare Utilization Data:**

2007 Work RVU: **2012 Work RVU:** 0
2007 NF PE RVU: 2.37 **2012 NF PE RVU:** 5.37
2007 Fac PE RVU NA **2012 Fac PE RVU:** NA

RUC Recommendation: Review PE by April 2013 **CPT Action (if applicable):** **Result:**

Referred to CPT Asst ☐ **Published in CPT Asst:**

77403 **Radiation treatment delivery, single treatment area, single port or parallel opposed ports, simple blocks or no blocks; 6-10 MeV**

Global: XXX **Issue:** RAW **Screen:** PE Services with Stand-Alone Procedure Time **Complete?** No

Most Recent RUC Meeting: October 2012 **Tab** 27 **Specialty Developing Recommendation:** **First Identified:** **2010 Medicare Utilization Data:**

2007 Work RVU: **2012 Work RVU:** 0
2007 NF PE RVU: 2.27 **2012 NF PE RVU:** 3.92
2007 Fac PE RVU NA **2012 Fac PE RVU:** NA

RUC Recommendation: Review PE by April 2013 **CPT Action (if applicable):** **Result:**

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: XXX **Issue:** RAW **Screen:** PE Services with Stand-Alone Procedure Time **Complete?** No

Most Recent RUC Meeting: October 2012 **Tab** 27 **Specialty Developing Recommendation:** **First Identified:** **2010 Medicare Utilization Data:**

2007 Work RVU: **2012 Work RVU:** 0
2007 NF PE RVU: 2.38 **2012 NF PE RVU:** 4.38
2007 Fac PE RVU NA **2012 Fac PE RVU:** NA

RUC Recommendation: Review PE by April 2013 **CPT Action (if applicable):** **Result:**

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: XXX **Issue:** RAW **Screen:** PE Services with Stand-Alone Procedure Time **Complete?** No

Most Recent RUC Meeting: October 2012 **Tab** 27 **Specialty Developing Recommendation:** **First Identified:** **2010 Medicare Utilization Data:**

2007 Work RVU: **2012 Work RVU:** 0
2007 NF PE RVU: 2.38 **2012 NF PE RVU:** 4.46
2007 Fac PE RVU NA **2012 Fac PE RVU:** NA

RUC Recommendation: Review PE by April 2013 **CPT Action (if applicable):** **Result:**

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

77407 **Radiation treatment delivery, 2 separate treatment areas, 3 or more ports on a single treatment area, use of multiple blocks; up to 5 MeV**

Global: XXX **Issue:** RAW **Screen:** PE Services with Stand-Alone Procedure Time **Complete?** No

Most Recent RUC Meeting: October 2012 **Tab** 27 **Specialty Developing Recommendation:** **First Identified:** **2010 Medicare Utilization Data:**

2007 Work RVU: **2012 Work RVU:** 0
2007 NF PE RVU: 2.93 **2012 NF PE RVU:** 7.42
2007 Fac PE RVU NA **2012 Fac PE RVU:** NA

RUC Recommendation: Review PE by April 2013 **CPT Action (if applicable):** **Result:**

Referred to CPT Asst ☐ **Published in CPT Asst:**

77408 **Radiation treatment delivery, 2 separate treatment areas, 3 or more ports on a single treatment area, use of multiple blocks; 6-10 MeV**

Global: XXX **Issue:** RAW **Screen:** PE Services with Stand-Alone Procedure Time **Complete?** No

Most Recent RUC Meeting: October 2012 **Tab** 27 **Specialty Developing Recommendation:** **First Identified:** **2010 Medicare Utilization Data:**

2007 Work RVU: **2012 Work RVU:** 0
2007 NF PE RVU: 2.87 **2012 NF PE RVU:** 5.37
2007 Fac PE RVU NA **2012 Fac PE RVU:** NA

RUC Recommendation: Review PE by April 2013 **CPT Action (if applicable):** **Result:**

Referred to CPT Asst ☐ **Published in CPT Asst:**

77409 **Radiation treatment delivery, 2 separate treatment areas, 3 or more ports on a single treatment area, use of multiple blocks; 11-19 MeV**

Global: XXX **Issue:** RAW **Screen:** PE Services with Stand-Alone Procedure Time **Complete?** No

Most Recent RUC Meeting: October 2012 **Tab** 27 **Specialty Developing Recommendation:** **First Identified:** **2010 Medicare Utilization Data:**

2007 Work RVU: **2012 Work RVU:** 0
2007 NF PE RVU: 3.02 **2012 NF PE RVU:** 5.98
2007 Fac PE RVU NA **2012 Fac PE RVU:** NA

RUC Recommendation: Review PE by April 2013 **CPT Action (if applicable):** **Result:**

Referred to CPT Asst ☐ **Published in CPT Asst:**

77411 **Radiation treatment delivery, 2 separate treatment areas, 3 or more ports on a single treatment area, use of multiple blocks; 20 MeV or greater**

Global: XXX **Issue:** RAW **Screen:** PE Services with Stand-Alone Procedure Time **Complete?** No

Most Recent RUC Meeting: October 2012 **Tab** 27 **Specialty Developing Recommendation:** **First Identified:** **2010 Medicare Utilization Data:**

2007 Work RVU: **2012 Work RVU:** 0
2007 NF PE RVU: 3.01 **2012 NF PE RVU:** 5.95
2007 Fac PE RVU NA **2012 Fac PE RVU:** NA

RUC Recommendation: Review PE by April 2013 **CPT Action (if applicable):** **Result:**

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

77412 **Radiation treatment delivery, 3 or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; up to 5 MeV**

Global: XXX **Issue:** RAW **Screen:** PE Services with Stand-Alone Procedure Time **Complete?** No

Most Recent RUC Meeting: October 2012 **Tab** 27 **Specialty Developing Recommendation:** **First Identified:** **2010 Medicare Utilization Data:**

2007 Work RVU: **2012 Work RVU:** 0
2007 NF PE RVU: 3.46 **2012 NF PE RVU:** 7.14
2007 Fac PE RVU NA **2012 Fac PE RVU:** NA

RUC Recommendation: Review PE by April 2013 **CPT Action (if applicable):** **Result:**

Referred to CPT Asst ☐ **Published in CPT Asst:**

77413 **Radiation treatment delivery, 3 or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; 6-10 MeV**

Global: XXX **Issue:** RAW **Screen:** PE Services with Stand-Alone Procedure Time **Complete?** No

Most Recent RUC Meeting: October 2012 **Tab** 27 **Specialty Developing Recommendation:** **First Identified:** **2010 Medicare Utilization Data:**

2007 Work RVU: **2012 Work RVU:** 0
2007 NF PE RVU: 3.46 **2012 NF PE RVU:** 7.07
2007 Fac PE RVU NA **2012 Fac PE RVU:** NA

RUC Recommendation: Review PE by April 2013 **CPT Action (if applicable):** **Result:**

Referred to CPT Asst ☐ **Published in CPT Asst:**

77414 **Radiation treatment delivery, 3 or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; 11-19 MeV**

Global: XXX **Issue:** RAW **Screen:** PE Services with Stand-Alone Procedure Time **Complete?** No

Most Recent RUC Meeting: October 2012 **Tab** 27 **Specialty Developing Recommendation:** **First Identified:** **2010 Medicare Utilization Data:**

2007 Work RVU: **2012 Work RVU:** 0
2007 NF PE RVU: 3.68 **2012 NF PE RVU:** 7.94
2007 Fac PE RVU NA **2012 Fac PE RVU:** NA

RUC Recommendation: Review PE by April 2013 **CPT Action (if applicable):** **Result:**

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

77416 **Radiation treatment delivery, 3 or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; 20 MeV or greater**

Global: XXX **Issue:** RAW **Screen:** PE Services with Stand-Alone Procedure Time **Complete?** No

Most Recent RUC Meeting: October 2012 **Tab** 27 **Specialty Developing Recommendation:** **First Identified:** **2010 Medicare Utilization Data:**

2007 Work RVU: **2012 Work RVU:** 0
2007 NF PE RVU: 3.68 **2012 NF PE RVU:** 7.97
2007 Fac PE RVU NA **2012 Fac PE RVU:** NA

RUC Recommendation: Review PE by April 2013 **CPT Action (if applicable):** **Result:**
Referred to CPT Asst ☐ **Published in CPT Asst:**

77417 **Therapeutic radiology port film(s)**

Global: XXX **Issue:** RAW **Screen:** PE Services with Stand-Alone Procedure Time **Complete?** No

Most Recent RUC Meeting: October 2012 **Tab** 27 **Specialty Developing Recommendation:** **First Identified:** **2010 Medicare Utilization Data:**

2007 Work RVU: **2012 Work RVU:** 0
2007 NF PE RVU: 0.53 **2012 NF PE RVU:** 0.41
2007 Fac PE RVU NA **2012 Fac PE RVU:** NA

RUC Recommendation: Review PE by April 2013 **CPT Action (if applicable):** **Result:**
Referred to CPT Asst ☐ **Published in CPT Asst:**

77418 **Intensity modulated treatment delivery, single or multiple fields/arcs, via narrow spatially and temporally modulated beams, binary, dynamic MLC, per treatment session**

Global: XXX **Issue:** **Screen:** CMS Fastest Growing / PE Services with Stand-Alone Procedure Time / Codes Reported Together 75% or More-Part1 **Complete?** No

Most Recent RUC Meeting: October 2012 **Tab** 23 **Specialty Developing Recommendation:** ACR, ASTRO, ACRO **First Identified:** October 2008 **2010 Medicare Utilization Data:** 1,366,399

2007 Work RVU: 0.00 **2012 Work RVU:** 0
2007 NF PE RVU: 16.8 **2012 NF PE RVU:** 13.97
2007 Fac PE RVU NA **2012 Fac PE RVU:** NA

RUC Recommendation: Review PE January 2013 **CPT Action (if applicable):** **Result:** PE Only
Referred to CPT Asst ☑ **Published in CPT Asst:** Nov 2009 and Q&A

Status Report: CMS Requests and Relativity Assessment Issues

77421 **Stereoscopic X-ray guidance for localization of target volume for the delivery of radiation therapy**

Global: XXX **Issue:** IMRT with Stereotopic X-ray Guidance **Screen:** Codes Reported Together 75% or More-Part1 / CMS High Expenditure Procedural Codes **Complete?** No

Most Recent RUC Meeting: January 2012 **Tab** 30 **Specialty Developing Recommendation:** ASTRO **First Identified:** February 2010 **2010 Medicare Utilization Data:** 1,140,462

2007 Work RVU: 0.39 **2012 Work RVU:** 0.39
2007 NF PE RVU: 3.11 **2012 NF PE RVU:** 2.13
2007 Fac PE RVU NA **2012 Fac PE RVU:** NA

RUC Recommendation: Refer to CPT. New PE inputs Feb 2010. **CPT Action (if applicable):** February 2013 **Result:** PE Only

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 **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 27 **Specialty Developing Recommendation:** ASTRO **First Identified:** September 2007 **2010 Medicare Utilization Data:** 1,194,406

2007 Work RVU: 3.70 **2012 Work RVU:** 3.37
2007 NF PE RVU: 1.15 **2012 NF PE RVU:** 1.56
2007 Fac PE RVU 1.15 **2012 Fac PE RVU:** 1.56

RUC Recommendation: 3.45 **CPT Action (if applicable):** June 2009 **Result:** Decrease

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:** RAW **Screen:** PE Services with Stand-Alone Procedure Time **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 27 **Specialty Developing Recommendation:** **First Identified:** October 2012 **2010 Medicare Utilization Data:**

2007 Work RVU: 1.56 **2012 Work RVU:** 1.56
2007 NF PE RVU: 5.09 **2012 NF PE RVU:** 10.58
2007 Fac PE RVU NA **2012 Fac PE RVU:** 0

RUC Recommendation: Remove from screen **CPT Action (if applicable):** **Result:** Remove from Screen

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

77778 **Interstitial radiation source application; complex**

Global: 090 **Issue:** Clinical Brachytherapy **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** No

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:** ASTRO **First Identified:** October 2012 **2010 Medicare Utilization Data:**

2007 Work RVU: 11.23 **2012 Work RVU:**
2007 NF PE RVU: 9.38 **2012 NF PE RVU:**
2007 Fac PE RVU 9.38 **2012 Fac PE RVU:**

RUC Recommendation: Refer to CPT **CPT Action (if applicable):** CPT 2015 cycle **Result:**
Referred to CPT Asst ☐ **Published in CPT Asst:**

77781 **Deleted from CPT**

Global: XXX **Issue:** Brachytherapy **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab** 26 **Specialty Developing Recommendation:** ASTRO **First Identified:** October 2008 **2010 Medicare Utilization Data:**

2007 Work RVU: 1.21 **2012 Work RVU:**
2007 NF PE RVU: 16.73 **2012 NF PE RVU:**
2007 Fac PE RVU NA **2012 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** February 2008 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

77782 **Deleted from CPT**

Global: XXX **Issue:** Brachytherapy **Screen:** High Volume Growth / CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: February 2008 **Tab** S **Specialty Developing Recommendation:** ASTRO **First Identified:** February 2008 **2010 Medicare Utilization Data:**

2007 Work RVU: 2.04 **2012 Work RVU:**
2007 NF PE RVU: 18.94 **2012 NF PE RVU:**
2007 Fac PE RVU NA **2012 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** February 2008 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

77784 **Deleted from CPT**

Global: XXX **Issue:** Brachytherapy **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: February 2008 **Tab** S **Specialty Developing Recommendation:** ASTRO **First Identified:** February 2008 **2010 Medicare Utilization Data:**

2007 Work RVU: 5.15 **2012 Work RVU:**
2007 NF PE RVU: 28.04 **2012 NF PE RVU:**
2007 Fac PE RVU NA **2012 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** February 2008 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

77785 **Remote afterloading high dose rate radionuclide brachytherapy; 1 channel** **Global:** XXX **Issue:** High Dose Rate Brachytherapy **Screen:** High Volume Growth / CMS Fastest Growing/CMS Request - Practice Expense / PE Services with Stand-Alone Procedure Time **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 27 **Specialty Developing Recommendation:** ASTRO **First Identified:** **2010 Medicare Utilization Data:** 26,938

2007 Work RVU: **2012 Work RVU:** 1.42
2007 NF PE RVU: **2012 NF PE RVU:** 5.34
2007 Fac PE RVU **2012 Fac PE RVU:** NA

RUC Recommendation: 1.42 and new PE inputs **CPT Action (if applicable):** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

77786 **Remote afterloading high dose rate radionuclide brachytherapy; 2-12 channels** **Global:** XXX **Issue:** High Dose Rate Brachytherapy **Screen:** High Volume Growth / CMS Fastest Growing/CMS Request - Practice Expense / PE Services with Stand-Alone Procedure Time **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 27 **Specialty Developing Recommendation:** ASTRO **First Identified:** **2010 Medicare Utilization Data:** 29,904

2007 Work RVU: **2012 Work RVU:** 3.25
2007 NF PE RVU: **2012 NF PE RVU:** 13.04
2007 Fac PE RVU **2012 Fac PE RVU:** NA

RUC Recommendation: 3.25 and new PE inputs **CPT Action (if applicable):** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

77787 **Remote afterloading high dose rate radionuclide brachytherapy; over 12 channels**

Global: XXX **Issue:** High Dose Rate Brachytherapy **Screen:** High Volume Growth / CMS Fastest Growing/CMS Request - Practice Expense / PE Services with Stand-Alone Procedure Time / Codes Reported Together 75% or More-Part2 **Complete?** No

Most Recent RUC Meeting: October 2012 **Tab** 27 **Specialty Developing Recommendation:** ASTRO **First Identified:** **2010 Medicare Utilization Data:** 6,907

2007 Work RVU: **2012 Work RVU:** 4.89
2007 NF PE RVU: **2012 NF PE RVU:** 22.12
2007 Fac PE RVU **2012 Fac PE RVU:** NA

RUC Recommendation: Refer to CPT to bundle.

CPT Action (if applicable): CPT 2015 cycle
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

77790 **Supervision, handling, loading of radiation source**

Global: XXX **Issue:** Clinical Brachytherapy **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** No

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:** ASTRO **First Identified:** October 2012 **2010 Medicare Utilization Data:**

2007 Work RVU: 1.05 **2012 Work RVU:**
2007 NF PE RVU: 1 **2012 NF PE RVU:**
2007 Fac PE RVU NA **2012 Fac PE RVU:**

RUC Recommendation: Refer to CPT

CPT Action (if applicable): CPT 2015 cycle
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result:

78000 **Thyroid uptake; single determination**

Global: XXX **Issue:** Thyroid Uptake/Imaging **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 22 **Specialty Developing Recommendation:** ACR, ACNM, SNM **First Identified:** **2010 Medicare Utilization Data:** 1,402

2007 Work RVU: 0.19 **2012 Work RVU:** 0.19
2007 NF PE RVU: 1.21 **2012 NF PE RVU:** 1.98
2007 Fac PE RVU NA **2012 Fac PE RVU:** NA

RUC Recommendation: Deleted from CPT

CPT Action (if applicable): February 2012
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

Status Report: CMS Requests and Relativity Assessment Issues

78001 **Thyroid uptake; multiple determinations** **Global:** XXX **Issue:** Thyroid Uptake/Imaging **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 22 **Specialty Developing Recommendation:** ACR, ACNM, SNM **First Identified:** **2010 Medicare Utilization Data:** 1,130

2007 Work RVU: 0.26 **2012 Work RVU:** 0.26
2007 NF PE RVU: 1.59 **2012 NF PE RVU:** 2.49
2007 Fac PE RVU NA **2012 Fac PE RVU:** NA

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** February 2012 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

78003 **Thyroid uptake; stimulation, suppression or discharge (not including initial uptake studies)** **Global:** XXX **Issue:** Thyroid Uptake/Imaging **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 22 **Specialty Developing Recommendation:** ACR, ACNM, SNM **First Identified:** **2010 Medicare Utilization Data:** 19

2007 Work RVU: 0.33 **2012 Work RVU:** 0.33
2007 NF PE RVU: 1.26 **2012 NF PE RVU:** 2.10
2007 Fac PE RVU NA **2012 Fac PE RVU:** NA

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** February 2012 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

78006 **Thyroid imaging, with uptake; single determination** **Global:** XXX **Issue:** Thyroid Uptake/Imaging **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 22 **Specialty Developing Recommendation:** ACR, ACNM, SNM **First Identified:** **2010 Medicare Utilization Data:** 20,307

2007 Work RVU: 0.49 **2012 Work RVU:** 0.49
2007 NF PE RVU: 3.38 **2012 NF PE RVU:** 6.69
2007 Fac PE RVU NA **2012 Fac PE RVU:** NA

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** February 2012 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

78007 **Thyroid imaging, with uptake; multiple determinations** **Global:** XXX **Issue:** Thyroid Uptake/Imaging **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 22 **Specialty Developing Recommendation:** ACR, ACNM, SNM **First Identified:** April 2011 **2010 Medicare Utilization Data:** 29,384

2007 Work RVU: 0.50 **2012 Work RVU:** 0.5
2007 NF PE RVU: 2.76 **2012 NF PE RVU:** 6.32
2007 Fac PE RVU NA **2012 Fac PE RVU:** NA

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** February 2012 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

78010 **Thyroid imaging; only**

Global: XXX **Issue:** Thyroid Uptake/Imaging **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 22 **Specialty Developing Recommendation:** ACR, ACNM, SNM **First Identified:** **2010 Medicare Utilization Data:** 6,404

2007 Work RVU: 0.39 **2012 Work RVU:** 0.39
2007 NF PE RVU: 2.45 **2012 NF PE RVU:** 4.59
2007 Fac PE RVU NA **2012 Fac PE RVU:** NA

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** February 2012 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

78011 **Thyroid imaging; with vascular flow**

Global: XXX **Issue:** Thyroid Uptake/Imaging **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 22 **Specialty Developing Recommendation:** ACR, ACNM, SNM **First Identified:** **2010 Medicare Utilization Data:** 188

2007 Work RVU: 0.45 **2012 Work RVU:** 0.45
2007 NF PE RVU: 2.99 **2012 NF PE RVU:** 4.86
2007 Fac PE RVU NA **2012 Fac PE RVU:** NA

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** February 2012 **Result:** Deleted from CPT
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: **Issue:** Thyroid Uptake/Imaging **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 22 **Specialty Developing Recommendation:** ACR, ACNM, SNM **First Identified:** **2010 Medicare Utilization Data:**

2007 Work RVU: **2012 Work RVU:**
2007 NF PE RVU: **2012 NF PE RVU:**
2007 Fac PE RVU **2012 Fac PE RVU:**

RUC Recommendation: 0.19 **CPT Action (if applicable):** February 2012 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

78013 **Thyroid imaging (including vascular flow, when performed);**

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:** **2010 Medicare Utilization Data:**

2007 Work RVU: **2012 Work RVU:**
2007 NF PE RVU: **2012 NF PE RVU:**
2007 Fac PE RVU **2012 Fac PE RVU:**

RUC Recommendation: 0.37 **CPT Action (if applicable):** February 2012 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

78014 **Thyroid imaging (including vascular flow, when performed); with single or multiple uptake(s) quantitative measurement(s) (including stimulation, suppression, or discharge, when performed)**

Global: **Issue:** Thyroid Uptake/Imaging **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 22 **Specialty Developing Recommendation:** ACR, ACNM, SNM **First Identified:** **2010 Medicare Utilization Data:**

2007 Work RVU: **2012 Work RVU:**
2007 NF PE RVU: **2012 NF PE RVU:**
2007 Fac PE RVU **2012 Fac PE RVU:**

RUC Recommendation: 0.50 **CPT Action (if applicable):** February 2012 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

78070 **Parathyroid planar imaging (including subtraction, when performed);**

Global: XXX **Issue:** Parathyroid Imaging **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 23 **Specialty Developing Recommendation:** ACR, ACNM, SNM **First Identified:** April 2011 **2010 Medicare Utilization Data:**

2007 Work RVU: 0.82 **2012 Work RVU:**
2007 NF PE RVU: 4.21 **2012 NF PE RVU:**
2007 Fac PE RVU NA **2012 Fac PE RVU:**

RUC Recommendation: 0.80 **CPT Action (if applicable):** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

78071 **Parathyroid planar imaging (including subtraction, when performed); with tomographic (SPECT)**

Global: **Issue:** Parathyroid Imaging **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 23 **Specialty Developing Recommendation:** ACR, ACNM, SNM **First Identified:** April 2011 **2010 Medicare Utilization Data:**

2007 Work RVU: **2012 Work RVU:**
2007 NF PE RVU: **2012 NF PE RVU:**
2007 Fac PE RVU **2012 Fac PE RVU:**

RUC Recommendation: 1.20 **CPT Action (if applicable):** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

78072 **Parathyroid planar imaging (including subtraction, when performed); with tomographic (SPECT), and concurrently acquired computed tomography (CT) for anatomical localization**

Global: **Issue:** Parathyroid Imaging **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 23 **Specialty Developing Recommendation:** ACR, ACNM, SNM **First Identified:** April 2011 **2010 Medicare Utilization Data:**

2007 Work RVU: **2012 Work RVU:**
2007 NF PE RVU: **2012 NF PE RVU:**
2007 Fac PE RVU **2012 Fac PE RVU:**

RUC Recommendation: 1.60 **CPT Action (if applicable):** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

78223 **Hepatobiliary ductal system imaging, including gallbladder, with or without pharmacologic intervention, with or without quantitative measurement of gallbladder function**

Global: XXX **Issue:** Hepatobiliary Ductal System Imaging **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 12 **Specialty Developing Recommendation:** ACR, SNM **First Identified:** October 2009 **2010 Medicare Utilization Data:** 179,697

2007 Work RVU: 0.84 **2012 Work RVU:**
2007 NF PE RVU: 4.95 **2012 NF PE RVU:**
2007 Fac PE RVU NA **2012 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** October 2010 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

78226 **Hepatobiliary system imaging, including gallbladder when present;**

Global: XXX **Issue:** Hepatobiliary System Imaging **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 12 **Specialty Developing Recommendation:** ACR, SNM, ACNM **First Identified:** **2010 Medicare Utilization Data:**

2007 Work RVU: **2012 Work RVU:** 0.74
2007 NF PE RVU: **2012 NF PE RVU:** 8.84
2007 Fac PE RVU **2012 Fac PE RVU:** NA

RUC Recommendation: 0.74 **CPT Action (if applicable):** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

78227 **Hepatobiliary system imaging, including gallbladder when present; with pharmacologic intervention, including quantitative measurement(s) when performed**

Global: XXX **Issue:** Hepatobiliary System Imaging **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 12 **Specialty Developing Recommendation:** ACR, SNM, ACNM **First Identified:** **2010 Medicare Utilization Data:**

2007 Work RVU: **2012 Work RVU:** 0.9
2007 NF PE RVU: **2012 NF PE RVU:** 12.23
2007 Fac PE RVU **2012 Fac PE RVU:** NA

RUC Recommendation: 0.90 **CPT Action (if applicable):** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

78278 **Acute gastrointestinal blood loss imaging**

Global: XXX **Issue:** Acute GI Blood Loss Imaging **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab** 34 **Specialty Developing Recommendation:** ACR, SNM, ACNM **First Identified:** April 2011 **2010 Medicare Utilization Data:** 38,195

2007 Work RVU: 0.99 **2012 Work RVU:** 0.99
2007 NF PE RVU: 5.92 **2012 NF PE RVU:** 9.38
2007 Fac PE RVU NA **2012 Fac PE RVU:** NA

RUC Recommendation: 0.99 **CPT Action (if applicable):** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

78451 **Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)**

Global: XXX **Issue:** Myocardial Perfusion Imaging **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 16 **Specialty Developing Recommendation:** SNM, ACR, ASNC, ACC **First Identified:** NA **2010 Medicare Utilization Data:** 71,735

2007 Work RVU: **2012 Work RVU:** 1.38
2007 NF PE RVU: **2012 NF PE RVU:** 9.14
2007 Fac PE RVU **2012 Fac PE RVU:** NA

RUC Recommendation: 1.40 **CPT Action (if applicable):** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

78452 **Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or stress (exercise or pharmacologic) and/or redistribution and/or rest reinjection**

Global: XXX **Issue:** Myocardial Perfusion Imaging **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 16 **Specialty Developing Recommendation:** SNM, ACR, ASNC, ACC **First Identified:** NA **2010 Medicare Utilization Data:** 2,547,580

2007 Work RVU: **2012 Work RVU:** 1.62
2007 NF PE RVU: **2012 NF PE RVU:** 13.08
2007 Fac PE RVU **2012 Fac PE RVU:** NA

RUC Recommendation: 1.75 **CPT Action (if applicable):** **Result:** Decrease

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 **2010 Medicare Utilization Data:** 3,586

2007 Work RVU: **2012 Work RVU:** 1
2007 NF PE RVU: **2012 NF PE RVU:** 8.06
2007 Fac PE RVU **2012 Fac PE RVU:** NA

RUC Recommendation: 1.00 **CPT Action (if applicable):** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

78454 **Myocardial perfusion imaging, planar (including qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or stress (exercise or pharmacologic) and/or redistribution and/or rest reinjection**

Global: XXX **Issue:** Myocardial Perfusion Imaging **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 16 **Specialty Developing Recommendation:** SNM, ACR, ASNC, ACC **First Identified:** NA **2010 Medicare Utilization Data:** 18,718

2007 Work RVU: **2012 Work RVU:** 1.34
2007 NF PE RVU: **2012 NF PE RVU:** 11.63
2007 Fac PE RVU **2012 Fac PE RVU:** NA

RUC Recommendation: 1.34 **CPT Action (if applicable):** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

78460 **Deleted from CPT**

Global: XXX **Issue:** Myocardial Perfusion Imaging **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 16 **Specialty Developing Recommendation:** SNM, ACR, ASNC, ACC **First Identified:** **2010 Medicare Utilization Data:**

2007 Work RVU: 0.86 **2012 Work RVU:**
2007 NF PE RVU: 3.1 **2012 NF PE RVU:**
2007 Fac PE RVU NA **2012 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** October 2008 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

78461 **Deleted from CPT**

Global: XXX **Issue:** Myocardial Perfusion Imaging **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 16 **Specialty Developing Recommendation:** SNM, ACR, ASNC, ACC **First Identified:** **2010 Medicare Utilization Data:**

2007 Work RVU: 1.23 **2012 Work RVU:**
2007 NF PE RVU: 4.81 **2012 NF PE RVU:**
2007 Fac PE RVU NA **2012 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** October 2008 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

78464 **Deleted from CPT**

Global: XXX **Issue:** Myocardial Perfusion Imaging **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 16 **Specialty Developing Recommendation:** SNM, ACR, ASNC, ACC **First Identified:** **2010 Medicare Utilization Data:**

2007 Work RVU: 1.09 **2012 Work RVU:**
2007 NF PE RVU: 7.03 **2012 NF PE RVU:**
2007 Fac PE RVU NA **2012 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** October 2008 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

78465 **Deleted from CPT**

Global: XXX **Issue:** Myocardial Perfusion Imaging **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 16 **Specialty Developing Recommendation:** SNM, ACR, ASNC, ACC **First Identified:** February 2008 **2010 Medicare Utilization Data:**

2007 Work RVU: 1.46 **2012 Work RVU:**
2007 NF PE RVU: 12.08 **2012 NF PE RVU:**
2007 Fac PE RVU NA **2012 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** October 2008 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

78472 **Cardiac blood pool imaging, gated equilibrium; planar, single study at rest or stress (exercise and/or pharmacologic), wall motion study plus ejection fraction, with or without additional quantitative processing**

Global: XXX **Issue:** Cardiac Blood Pool Imaging **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab** 35 **Specialty Developing Recommendation:** ACC, ACR, SNM, ACNM **First Identified:** April 2011 **2010 Medicare Utilization Data:** 51,453

2007 Work RVU: 0.98 **2012 Work RVU:** 0.98
2007 NF PE RVU: 5.87 **2012 NF PE RVU:** 6.24
2007 Fac PE RVU NA **2012 Fac PE RVU:** NA

RUC Recommendation: 0.98 **CPT Action (if applicable):** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

78478 **Deleted from CPT**

Global: XXX **Issue:** Myocardial Perfusion Imaging **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 16 **Specialty Developing Recommendation:** SNM, ACR, ASNC, ACC **First Identified:** February 2008 **2010 Medicare Utilization Data:**

2007 Work RVU: 0.50 **2012 Work RVU:**
2007 NF PE RVU: 1.54 **2012 NF PE RVU:**
2007 Fac PE RVU NA **2012 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** October 2008 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

78480 **Deleted from CPT**

Global: XXX **Issue:** Myocardial Perfusion Imaging **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 16 **Specialty Developing Recommendation:** SNM, ACR, ASNC, ACC **First Identified:** February 2008 **2010 Medicare Utilization Data:**

2007 Work RVU: 0.30 **2012 Work RVU:**
2007 NF PE RVU: 1.51 **2012 NF PE RVU:**
2007 Fac PE RVU NA **2012 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** October 2008 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

78579 **Pulmonary ventilation imaging (eg, aerosol or gas)** **Global:** XXX **Issue:** Pulmonary Imaging **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 13 **Specialty Developing Recommendation:** ACR, SNM **First Identified:** **2010 Medicare Utilization Data:**

2007 Work RVU: **2012 Work RVU:** 0.49
2007 NF PE RVU: **2012 NF PE RVU:** 4.59
2007 Fac PE RVU **2012 Fac PE RVU:** NA

RUC Recommendation: 0.49 **CPT Action (if applicable):** October 2010 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

78580 **Pulmonary perfusion imaging (eg, particulate)** **Global:** XXX **Issue:** Pulmonary Imaging **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 13 **Specialty Developing Recommendation:** SNM, ACR **First Identified:** February 2010 **2010 Medicare Utilization Data:** 28,385

2007 Work RVU: 0.74 **2012 Work RVU:** 0.74
2007 NF PE RVU: 3.97 **2012 NF PE RVU:** 5.82
2007 Fac PE RVU NA **2012 Fac PE RVU:** NA

RUC Recommendation: 0.74 **CPT Action (if applicable):** October 2010 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

78582 **Pulmonary ventilation (eg, aerosol or gas) and perfusion imaging** **Global:** XXX **Issue:** Pulmonary Imaging **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 13 **Specialty Developing Recommendation:** ACR, SNM **First Identified:** **2010 Medicare Utilization Data:**

2007 Work RVU: **2012 Work RVU:** 1.07
2007 NF PE RVU: **2012 NF PE RVU:** 8.31
2007 Fac PE RVU **2012 Fac PE RVU:** NA

RUC Recommendation: 1.07 **CPT Action (if applicable):** October 2010 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

78584 **Pulmonary perfusion imaging, particulate, with ventilation; single breath** **Global:** XXX **Issue:** Pulmonary Perfusion Imaging **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab** 31 **Specialty Developing Recommendation:** SNM, ACR **First Identified:** February 2010 **2010 Medicare Utilization Data:** 25,571

2007 Work RVU: 0.99 **2012 Work RVU:**
2007 NF PE RVU: 3.34 **2012 NF PE RVU:**
2007 Fac PE RVU NA **2012 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** October 2010 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

78585 **Pulmonary perfusion imaging, particulate, with ventilation; rebreathing and washout, with or without single breath**

Global: XXX **Issue:** Pulmonary Perfusion Imaging **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab** 31 **Specialty Developing Recommendation:** SNM, ACR

First Identified: October 2009 **2010 Medicare Utilization Data:** 117,066

2007 Work RVU: 1.09 **2012 Work RVU:**
2007 NF PE RVU: 6.53 **2012 NF PE RVU:**
2007 Fac PE RVU NA **2012 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

CPT Action (if applicable): October 2010 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

78586 **Pulmonary ventilation imaging, aerosol; single projection**

Global: XXX **Issue:** Pulmonary Perfusion Imaging **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab** 31 **Specialty Developing Recommendation:** SNM, ACR

First Identified: February 2010 **2010 Medicare Utilization Data:** 699

2007 Work RVU: 0.40 **2012 Work RVU:**
2007 NF PE RVU: 3.02 **2012 NF PE RVU:**
2007 Fac PE RVU NA **2012 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

CPT Action (if applicable): October 2010 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

78587 **Deleted from CPT**

Global: XXX **Issue:** Pulmonary Perfusion Imaging **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab** 31 **Specialty Developing Recommendation:** SNM, ACR

First Identified: February 2010 **2010 Medicare Utilization Data:** 2,402

2007 Work RVU: 0.49 **2012 Work RVU:**
2007 NF PE RVU: 3.51 **2012 NF PE RVU:**
2007 Fac PE RVU NA **2012 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

CPT Action (if applicable): October 2010 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

78588 **Deleted from CPT**

Global: XXX **Issue:** Pulmonary Perfusion Imaging **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab** 31 **Specialty Developing Recommendation:** SNM, ACR

First Identified: February 2010 **2010 Medicare Utilization Data:** 96,017

2007 Work RVU: 1.09 **2012 Work RVU:**
2007 NF PE RVU: 4.7 **2012 NF PE RVU:**
2007 Fac PE RVU NA **2012 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

CPT Action (if applicable): October 2010 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

78591 **Deleted from CPT**

Global: XXX **Issue:** Pulmonary Perfusion Imaging **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab** 31 **Specialty Developing Recommendation:** SNM, ACR **First Identified:** February 2010 **2010 Medicare Utilization Data:** 324

2007 Work RVU: 0.40 **2012 Work RVU:**
2007 NF PE RVU: 3.21 **2012 NF PE RVU:**
2007 Fac PE RVU NA **2012 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** October 2010 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

78593 **Deleted from CPT**

Global: XXX **Issue:** Pulmonary Perfusion Imaging **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab** 31 **Specialty Developing Recommendation:** SNM, ACR **First Identified:** February 2010 **2010 Medicare Utilization Data:** 3,801

2007 Work RVU: 0.49 **2012 Work RVU:**
2007 NF PE RVU: 3.84 **2012 NF PE RVU:**
2007 Fac PE RVU NA **2012 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** October 2010 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

78594 **Deleted from CPT**

Global: XXX **Issue:** Pulmonary Perfusion Imaging **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab** 31 **Specialty Developing Recommendation:** SNM, ACR **First Identified:** February 2010 **2010 Medicare Utilization Data:** 2,197

2007 Work RVU: 0.53 **2012 Work RVU:**
2007 NF PE RVU: 5.12 **2012 NF PE RVU:**
2007 Fac PE RVU NA **2012 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** October 2010 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

78596 **Deleted from CPT**

Global: XXX **Issue:** Pulmonary Perfusion Imaging **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab** 31 **Specialty Developing Recommendation:** SNM, ACR **First Identified:** February 2010 **2010 Medicare Utilization Data:** 7,700

2007 Work RVU: 1.27 **2012 Work RVU:**
2007 NF PE RVU: 7.7 **2012 NF PE RVU:**
2007 Fac PE RVU NA **2012 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** October 2010 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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:** **2010 Medicare Utilization Data:**

2007 Work RVU: **2012 Work RVU:** 0.75
2007 NF PE RVU: **2012 NF PE RVU:** 4.99
2007 Fac PE RVU **2012 Fac PE RVU:** NA

RUC Recommendation: 0.75 **CPT Action (if applicable):** October 2010 **Result:** Decrease
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:** **2010 Medicare Utilization Data:**

2007 Work RVU: **2012 Work RVU:** 0.85
2007 NF PE RVU: **2012 NF PE RVU:** 7.97
2007 Fac PE RVU **2012 Fac PE RVU:** NA

RUC Recommendation: 0.85 **CPT Action (if applicable):** October 2010 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

78815 **Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; skull base to mid-thigh**

Global: XXX **Issue:** **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 41 **Specialty Developing Recommendation:** ACR, SNM **First Identified:** October 2010 **2010 Medicare Utilization Data:** 495,289

2007 Work RVU: 0.00 **2012 Work RVU:** 0
2007 NF PE RVU: 0 **2012 NF PE RVU:** 0.00
2007 Fac PE RVU 0 **2012 Fac PE RVU:** NA

RUC Recommendation: Reaffirmed RUC recommendation **CPT Action (if applicable):** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

79101 **Radiopharmaceutical therapy, by intravenous administration**

Global: XXX **Issue:** Radiopharmaceutical Therapy **Screen:** Different Performing Specialty from Survey **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab** 31 **Specialty Developing Recommendation:** SNM, ACR **First Identified:** October 2009 **2010 Medicare Utilization Data:** 2,528

2007 Work RVU: 1.96 **2012 Work RVU:** 1.96
2007 NF PE RVU: 2.98 **2012 NF PE RVU:** 2.52
2007 Fac PE RVU NA **2012 Fac PE RVU:** NA

RUC Recommendation: Article published Feb 2012 **CPT Action (if applicable):** **Result:** Maintain

Referred to CPT Asst ☑ **Published in CPT Asst:** Feb 2012

88104 **Cytopathology, fluids, washings or brushings, except cervical or vaginal; smears with interpretation**

Global: XXX **Issue:** Cytopathology **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 17 **Specialty Developing Recommendation:** AUR, ASC, CAP **First Identified:** October 2009 **2010 Medicare Utilization Data:** 122,243

2007 Work RVU: 0.56 **2012 Work RVU:** 0.56
2007 NF PE RVU: 0.93 **2012 NF PE RVU:** 1.41
2007 Fac PE RVU NA **2012 Fac PE RVU:** NA

RUC Recommendation: 0.56 **CPT Action (if applicable):** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

88106 **Cytopathology, fluids, washings or brushings, except cervical or vaginal; simple filter method with interpretation**

Global: XXX **Issue:** Cytopathology **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 17 **Specialty Developing Recommendation:** AUR, ASC, CAP **First Identified:** February 2010 **2010 Medicare Utilization Data:** 7,603

2007 Work RVU: 0.56 **2012 Work RVU:** 0.37
2007 NF PE RVU: 1.39 **2012 NF PE RVU:** 1.75
2007 Fac PE RVU NA **2012 Fac PE RVU:** NA

RUC Recommendation: 0.56 **CPT Action (if applicable):** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

88107 **Deleted from CPT**

Global: XXX **Issue:** Cytopathology **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 17 **Specialty Developing Recommendation:** AUR, ASC, CAP **First Identified:** February 2010 **2010 Medicare Utilization Data:** 5,592

2007 Work RVU: 0.76 **2012 Work RVU:**
2007 NF PE RVU: 1.66 **2012 NF PE RVU:**
2007 Fac PE RVU NA **2012 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** October 2010 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

88108 **Cytopathology, concentration technique, smears and interpretation (eg, Saccomanno technique)**

Global: XXX **Issue:** Cytopathology **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 17 **Specialty Developing Recommendation:** AUR, ASC, CAP **First Identified:** February 2010 **2010 Medicare Utilization Data:** 321,955

2007 Work RVU: 0.56 **2012 Work RVU:** 0.44
2007 NF PE RVU: 1.27 **2012 NF PE RVU:** 1.62
2007 Fac PE RVU NA **2012 Fac PE RVU:** NA

RUC Recommendation: 0.56 **CPT Action (if applicable):** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

88112 **Cytopathology, selective cellular enhancement technique with interpretation (eg, liquid based slide preparation method), except cervical or vaginal**

Global: XXX **Issue:** RAW review **Screen:** CMS High Expenditure Procedural Codes **Complete?** No

Most Recent RUC Meeting: January 2012 **Tab** 30 **Specialty Developing Recommendation:** CAP **First Identified:** September 2011 **2010 Medicare Utilization Data:** 937,311

2007 Work RVU: 1.18 **2012 Work RVU:** 1.18
2007 NF PE RVU: 1.85 **2012 NF PE RVU:** 1.78
2007 Fac PE RVU NA **2012 Fac PE RVU:** NA

RUC Recommendation: Survey for April 2013 **CPT Action (if applicable):** **Result:**

Referred to CPT Asst ☐ **Published in CPT Asst:**

88300 **Level I - Surgical pathology, gross examination only**

Global: XXX **Issue:** Pathology Consultations **Screen:** Top 9 Harvard / Low Value-Billed in Multiple Units / CMS Request NPRM for 2012 **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 24 **Specialty Developing Recommendation:** AAD, AGA, CAP, ASGE **First Identified:** February 2009 **2010 Medicare Utilization Data:** 211,051

2007 Work RVU: 0.08 **2012 Work RVU:** 0.08
2007 NF PE RVU: 0.49 **2012 NF PE RVU:** 0.73
2007 Fac PE RVU NA **2012 Fac PE RVU:** NA

RUC Recommendation: 0.08 and new PE inputs **CPT Action (if applicable):** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

88302 **Level II - Surgical pathology, gross and microscopic examination Appendix, incidental Fallopian tube, sterilization Fingers/toes, amputation, traumatic Foreskin, newborn Hernia sac, any location Hydrocele sac Nerve Skin, plastic repair Sympathetic ganglion Testis, castration Vaginal mucosa, incidental Vas deferens, sterilization**

Global: XXX **Issue:** Pathology Consultations **Screen:** Top 9 Harvard / CMS Request NPRM for 2012 **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 24 **Specialty Developing Recommendation:** AAD, AGA, CAP, ASGE **First Identified:** February 2009 **2010 Medicare Utilization Data:** 105,697

2007 Work RVU: 0.13 **2012 Work RVU:** 0.13
2007 NF PE RVU: 1.1 **2012 NF PE RVU:** 1.49
2007 Fac PE RVU NA **2012 Fac PE RVU:** NA

RUC Recommendation: 0.13 and new PE inputs

CPT Action (if applicable):

Result: Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

88304 **Level III - Surgical pathology, gross and microscopic examination Abortion, induced Abscess Aneurysm - arterial/ventricular Anus, tag Appendix, other than incidental Artery, atheromatous plaque Bartholin's gland cyst Bone fragment(s), other than pathologic fracture Bursa/synovial cyst Carpal tunnel tissue Cartilage, shavings Cholesteatoma Colon, colostomy stoma Conjunctiva - biopsy/pterygium Cornea Diverticulum - esophagus/small intestine Dupuytren's contracture tissue Femoral head, other than fracture Fissure/fistula Foreskin, other than newborn Gallbladder Ganglion cyst Hematoma Hemorrhoids Hydatid of Morgagni Intervertebral disc Joint, loose body Meniscus Mucocele, salivary Neuroma - Morton's/traumatic Pilonidal cyst/sinus Polyps, inflammatory - nasal/sinusoidal Skin - cyst/tag/debridement Soft tissue, debridement Soft tissue, lipoma Spermatocele Tendon/tendon sheath Testicular appendage Thrombus or embolus Tonsil and/or adenoids Varicocele Vas deferens, other than sterilization Vein, varicosity**

Global: XXX **Issue:** Pathology Consultations **Screen:** Top 9 Harvard / Low Value-High Volume / CMS Request NPRM for 2012 **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 24 **Specialty Developing Recommendation:** AAD, AGA, CAP, ASGE **First Identified:** October 2008 **2010 Medicare Utilization Data:** 1,103,248

2007 Work RVU: 0.22 **2012 Work RVU:** 0.22
2007 NF PE RVU: 1.37 **2012 NF PE RVU:** 1.58
2007 Fac PE RVU NA **2012 Fac PE RVU:** NA

RUC Recommendation: 0.22 and new PE inputs

CPT Action (if applicable):

Result: Maintain

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 surgical margins Breast, reduction mammoplasty Bronchus, biopsy Cell block, any source Cervix, biopsy Colon, biopsy Duodenum, biopsy Endocervix, curettings/biopsy Endometrium, curettings/biopsy Esophagus, biopsy Extremity, amputation, traumatic Fallopian tube, biopsy Fallopian tube, ectopic pregnancy Femoral head, fracture Fingers/toes, amputation, non-traumatic Gingiva/oral mucosa, biopsy Heart valve Joint, resection Kidney, biopsy Larynx, biopsy Leiomyoma(s), uterine myomectomy - without uterus Lip, biopsy/wedge resection Lung, transbronchial biopsy Lymph node, biopsy Muscle, biopsy Nasal mucosa, biopsy Nasopharynx/oropharynx, biopsy Nerve, biopsy Odontogenic/dental cyst Omentum, biopsy Ovary with or without tube, non-neoplastic Ovary, biopsy/wedge resection Parathyroid gland Peritoneum, biopsy Pituitary tumor Placenta, other than third trimester Pleura/pericardium - biopsy/tissue Polyp, cervical/endometrial Polyp, colorectal Polyp, stomach/small intestine Prostate, needle biopsy Prostate, TUR Salivary gland, biopsy Sinus, paranasal biopsy Skin, other than cyst/tag/debridement/plastic repair Small intestine, biopsy Soft tissue, other than tumor/mass/lipoma/debridement Spleen Stomach, biopsy Synovium Testis, other than tumor/biopsy/castration Thyroglossal duct/brachial cleft cyst Tongue, biopsy Tonsil, biopsy Trachea, biopsy Ureter, biopsy Urethra, biopsy Urinary bladder, biopsy Uterus, with or without tubes and ovaries, for prolapse Vagina, biopsy Vulva/labia, biopsy**

Global: XXX **Issue:** Pathology Consultations **Screen:** Top 9 Harvard / CMS Request NPRM for 2012 **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 24 **Specialty Developing Recommendation:** AAD, AGA, CAP, ASGE **First Identified:** October 2008 **2010 Medicare Utilization Data:** 16,231,440

2007 Work RVU: 0.75 **2012 Work RVU:** 0.75
2007 NF PE RVU: 1.97 **2012 NF PE RVU:** 2.34
2007 Fac PE RVU NA **2012 Fac PE RVU:** NA

RUC Recommendation: 0.75 and new PE inputs

CPT Action (if applicable):
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

88307 **Level V - Surgical pathology, gross and microscopic examination Adrenal, resection Bone - biopsy/curettings Bone fragment(s), pathologic fracture Brain, biopsy Brain/meninges, tumor resection Breast, excision of lesion, requiring microscopic evaluation of surgical margins Breast, mastectomy - partial/simple Cervix, conization Colon, segmental resection, other than for tumor Extremity, amputation, non-traumatic Eye, enucleation Kidney, partial/total nephrectomy Larynx, partial/total resection Liver, biopsy - needle/wedge Liver, partial resection Lung, wedge biopsy Lymph nodes, regional resection Mediastinum, mass Myocardium, biopsy Odontogenic tumor Ovary with or without tube, neoplastic Pancreas, biopsy Placenta, third trimester Prostate, except radical resection Salivary gland Sentinel lymph node Small intestine, resection, other than for tumor Soft tissue mass (except lipoma) - biopsy/simple excision Stomach - subtotal/total resection, other than for tumor Testis, biopsy Thymus, tumor Thyroid, total/lobe Ureter, resection Urinary bladder, TUR Uterus, with or without tubes and ovaries, other than neoplastic/prolapse**

Global: XXX **Issue:** Pathology Consultations **Screen:** Top 9 Harvard / CMS Request NPRM for 2012 **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 24 **Specialty Developing Recommendation:** AAD, AGA, CAP, ASGE **First Identified:** February 2009 **2010 Medicare Utilization Data:** 865,568

2007 Work RVU: 1.59 **2012 Work RVU:** 1.59
2007 NF PE RVU: 3.48 **2012 NF PE RVU:** 5.25
2007 Fac PE RVU NA **2012 Fac PE RVU:** NA

RUC Recommendation: 1.59 and new PE inputs

CPT Action (if applicable):

Result: Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

88309 **Level VI - Surgical pathology, gross and microscopic examination Bone resection Breast, mastectomy - with regional lymph nodes Colon, segmental resection for tumor Colon, total resection Esophagus, partial/total resection Extremity, disarticulation Fetus, with dissection Larynx, partial/total resection - with regional lymph nodes Lung - total/lobe/segment resection Pancreas, total/subtotal resection Prostate, radical resection Small intestine, resection for tumor Soft tissue tumor, extensive resection Stomach - subtotal/total resection for tumor Testis, tumor Tongue/tonsil -resection for tumor Urinary bladder, partial/total resection Uterus, with or without tubes and ovaries, neoplastic Vulva, total/subtotal resection**

Global: XXX **Issue:** Pathology Services **Screen:** Top 9 Harvard / CMS Request NPRM for 2012 **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 24 **Specialty Developing Recommendation:** AAD, AGA, CAP, ASGE **First Identified:** February 2009 **2010 Medicare Utilization Data:** 164,583

2007 Work RVU: 2.80 **2012 Work RVU:** 2.8
2007 NF PE RVU: 4.86 **2012 NF PE RVU:** 7.53
2007 Fac PE RVU NA **2012 Fac PE RVU:** NA

RUC Recommendation: 2.80 and new PE inputs

CPT Action (if applicable):

Result: Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

88312 **Special stain including interpretation and report; Group I for microorganisms (eg, acid fast, methenamine silver)**

Global: XXX **Issue:** Special Stains **Screen:** Top 9 Harvard / CMS High Expenditure Procedural Codes **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 33 **Specialty Developing Recommendation:** CAP **First Identified:** October 2008 **2010 Medicare Utilization Data:** 1,366,477

2007 Work RVU: 0.54 **2012 Work RVU:** 0.54
2007 NF PE RVU: 1.76 **2012 NF PE RVU:** 2.19
2007 Fac PE RVU NA **2012 Fac PE RVU:** NA

RUC Recommendation: 0.54 **CPT Action (if applicable):** June 2010 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

88313 **Special stain including interpretation and report; Group II, all other (eg, iron, trichrome), except stain for microorganisms, stains for enzyme constituents, or immunocytochemistry and immunohistochemistry**

Global: XXX **Issue:** Special Stains **Screen:** Top 9 Harvard / Low Value-High Volume **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 33 **Specialty Developing Recommendation:** CAP **First Identified:** October 2008 **2010 Medicare Utilization Data:** 1,355,127

2007 Work RVU: 0.24 **2012 Work RVU:** 0.24
2007 NF PE RVU: 1.42 **2012 NF PE RVU:** 1.67
2007 Fac PE RVU NA **2012 Fac PE RVU:** NA

RUC Recommendation: 0.24 **CPT Action (if applicable):** June 2010 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

88314 **Special stain including interpretation and report; histochemical stain on frozen tissue block (List separately in addition to code for primary procedure)**

Global: XXX **Issue:** Special Stains **Screen:** Top 9 Harvard **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 33 **Specialty Developing Recommendation:** CAP **First Identified:** February 2009 **2010 Medicare Utilization Data:** 21,727

2007 Work RVU: 0.45 **2012 Work RVU:** 0.45
2007 NF PE RVU: 2.04 **2012 NF PE RVU:** 1.88
2007 Fac PE RVU NA **2012 Fac PE RVU:** NA

RUC Recommendation: 0.45 **CPT Action (if applicable):** June 2010 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

88318 **Deleted from CPT**

Global: XXX **Issue:** Special Stains **Screen:** Top 9 Harvard **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab** 22 **Specialty Developing Recommendation:** CAP, AAD **First Identified:** **2010 Medicare Utilization Data:** 779

2007 Work RVU: 0.42 **2012 Work RVU:**
2007 NF PE RVU: 1.98 **2012 NF PE RVU:**
2007 Fac PE RVU NA **2012 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** June 2010 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

88319 **Special stain including interpretation and report; Group III, for enzyme constituents**

Global: XXX **Issue:** Special Stains **Screen:** Top 9 Harvard **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 33 **Specialty Developing Recommendation:** CAP **First Identified:** **2010 Medicare Utilization Data:** 16,706

2007 Work RVU: 0.53 **2012 Work RVU:** 0.53
2007 NF PE RVU: 3.36 **2012 NF PE RVU:** 2.31
2007 Fac PE RVU NA **2012 Fac PE RVU:** NA

RUC Recommendation: 0.53 **CPT Action (if applicable):** June 2010 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

88329 **Pathology consultation during surgery;**

Global: XXX **Issue:** Pathology Consultation 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 **2010 Medicare Utilization Data:** 36,148

2007 Work RVU: 0.67 **2012 Work RVU:** 0.67
2007 NF PE RVU: 0.66 **2012 NF PE RVU:** 0.85
2007 Fac PE RVU 0.27 **2012 Fac PE RVU:** 0.30

RUC Recommendation: 0.67 **CPT Action (if applicable):** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

88331 **Pathology consultation during surgery; first tissue block, with frozen section(s), single specimen**

Global: XXX **Issue:** Pathology Consultation During Surgery **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 18 **Specialty Developing Recommendation:** CAP **First Identified:** October 2009 **2010 Medicare Utilization Data:** 559,730

2007 Work RVU: 1.19 **2012 Work RVU:** 1.19
2007 NF PE RVU: 1.14 **2012 NF PE RVU:** 1.51
2007 Fac PE RVU NA **2012 Fac PE RVU:** NA

RUC Recommendation: 1.19 **CPT Action (if applicable):** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

88332 **Pathology consultation during surgery; each additional tissue block with frozen section(s) (List separately in addition to code for primary procedure)**

Global: XXX **Issue:** Pathology Consultation During Surgery **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 18 **Specialty Developing Recommendation:** CAP **First Identified:** October 2009 **2010 Medicare Utilization Data:** 179,613

2007 Work RVU: 0.59 **2012 Work RVU:** 0.59
2007 NF PE RVU: 0.46 **2012 NF PE RVU:** 0.59
2007 Fac PE RVU NA **2012 Fac PE RVU:** NA

RUC Recommendation: 0.59 **CPT Action (if applicable):** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

88342 **Immunohistochemistry (including tissue immunoperoxidase), each antibody**

Global: XXX **Issue:** Immunohistochemistry **Screen:** CMS-Other - Utilization over 500,000 / CMS High Expenditure Procedural Codes **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 12 **Specialty Developing Recommendation:** CAP **First Identified:** April 2011 **2010 Medicare Utilization Data:** 3,471,757

2007 Work RVU: 0.85 **2012 Work RVU:** 0.85
2007 NF PE RVU: 1.6 **2012 NF PE RVU:** 2.21
2007 Fac PE RVU NA **2012 Fac PE RVU:** NA

RUC Recommendation: 0.60 **CPT Action (if applicable):** May 2012 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

88348 **Electron microscopy; diagnostic**

Global: XXX **Issue:** RAW **Screen:** PE Services with Stand-Alone Procedure Time **Complete?** No

Most Recent RUC Meeting: October 2012 **Tab** 27 **Specialty Developing Recommendation:** **First Identified:** October 2012 **2010 Medicare Utilization Data:**

2007 Work RVU: 1.51 **2012 Work RVU:** 1.51
2007 NF PE RVU: 11.48 **2012 NF PE RVU:** 19.03
2007 Fac PE RVU NA **2012 Fac PE RVU:** NA

RUC Recommendation: **CPT Action (if applicable):** **Result:**

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

88349 **Electron microscopy; scanning**

Global: XXX **Issue:** RAW **Screen:** PE Services with Stand-Alone Procedure Time **Complete?** No

Most Recent RUC Meeting: October 2012 **Tab** 27 **Specialty Developing Recommendation:**

First Identified: October 2012 **2010 Medicare Utilization Data:**

2007 Work RVU: 0.76 **2012 Work RVU:** 0.76
2007 NF PE RVU: 4.88 **2012 NF PE RVU:** 10.71
2007 Fac PE RVU NA **2012 Fac PE RVU:** NA

RUC Recommendation: Review PE at October 2013 meeting.

CPT Action (if applicable):

Result:

Referred to CPT Asst ☐ **Published in CPT Asst:**

8834XX

Global: **Issue:** Immunohistochemistry **Screen:** CMS High Expenditure Procedural Codes **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 12 **Specialty Developing Recommendation:** CAP

First Identified: **2010 Medicare Utilization Data:**

2007 Work RVU: **2012 Work RVU:**
2007 NF PE RVU: **2012 NF PE RVU:**
2007 Fac PE RVU **2012 Fac PE RVU:**

RUC Recommendation: 0.24

CPT Action (if applicable):

Result: Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

88365 **In situ hybridization (eg, FISH), each probe**

Global: XXX **Issue:** **Screen:** CMS Request - NPRM for 2012 **Complete?** No

Most Recent RUC Meeting: September 2011 **Tab** 51 **Specialty Developing Recommendation:** CAP

First Identified: September 2011 **2010 Medicare Utilization Data:** 39,017

2007 Work RVU: 1.20 **2012 Work RVU:** 1.2
2007 NF PE RVU: 2.32 **2012 NF PE RVU:** 3.63
2007 Fac PE RVU NA **2012 Fac PE RVU:** NA

RUC Recommendation: Review at the RAW

CPT Action (if applicable):

Result:

Referred to CPT Asst ☑ **Published in CPT Asst:**

88367 **Morphometric analysis, in situ hybridization (quantitative or semi-quantitative) each probe; using computer-assisted technology**

Global: XXX **Issue:** **Screen:** CMS Request - NPRM for 2012 **Complete?** No

Most Recent RUC Meeting: September 2011 **Tab** 51 **Specialty Developing Recommendation:** CAP

First Identified: September 2011 **2010 Medicare Utilization Data:** 503,924

2007 Work RVU: 1.30 **2012 Work RVU:** 1.3
2007 NF PE RVU: 4.31 **2012 NF PE RVU:** 6.40
2007 Fac PE RVU NA **2012 Fac PE RVU:** NA

RUC Recommendation: Review at the RAW

CPT Action (if applicable):

Result:

Referred to CPT Asst ☑ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

88368 **Morphometric analysis, in situ hybridization (quantitative or semi-quantitative) each probe; manual**

Global: XXX **Issue:** **Screen:** CMS Request - NPRM for 2012 **Complete?** No

Most Recent RUC Meeting: September 2011 **Tab** 51 **Specialty Developing Recommendation:** CAP **First Identified:** September 2011 **2010 Medicare Utilization Data:** 346,294

2007 Work RVU: 1.40 **2012 Work RVU:** 1.4
2007 NF PE RVU: 2.96 **2012 NF PE RVU:** 5.05
2007 Fac PE RVU NA **2012 Fac PE RVU:** NA

RUC Recommendation: Review at the RAW **CPT Action (if applicable):** **Result:**

Referred to CPT Asst ☑ **Published in CPT Asst:**

88375 **Optical endomicroscopic image(s), interpretation and report, real-time or referred, each endoscopic session**

Global: **Issue:** Optical Endomicroscopy **Screen:** MPC List **Complete?** No

Most Recent RUC Meeting: April 2012 **Tab** 17 **Specialty Developing Recommendation:** AGA, ASGE, CAP **First Identified:** September 2011 **2010 Medicare Utilization Data:**

2007 Work RVU: **2012 Work RVU:**
2007 NF PE RVU: **2012 NF PE RVU:**
2007 Fac PE RVU **2012 Fac PE RVU:**

RUC Recommendation: Carrier Price **CPT Action (if applicable):** **Result:** Carrier Price

Referred to CPT Asst ☐ **Published in CPT Asst:**

90465 **Deleted from CPT**

Global: XXX **Issue:** Immunization Administration **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: February 2008 **Tab** R **Specialty Developing Recommendation:** AAP **First Identified:** NA **2010 Medicare Utilization Data:** 99

2007 Work RVU: 0.17 **2012 Work RVU:**
2007 NF PE RVU: 0.35 **2012 NF PE RVU:**
2007 Fac PE RVU NA **2012 Fac PE RVU:**

RUC Recommendation: New PE inputs **CPT Action (if applicable):** **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

90467 **Deleted from CPT**

Global: XXX **Issue:** Immunization Administration **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: February 2008 **Tab** R **Specialty Developing Recommendation:** AAP **First Identified:** NA **2010 Medicare Utilization Data:** 1

2007 Work RVU: 0.17 **2012 Work RVU:**
2007 NF PE RVU: 0.17 **2012 NF PE RVU:**
2007 Fac PE RVU 0.09 **2012 Fac PE RVU:**

RUC Recommendation: New PE inputs **CPT Action (if applicable):** **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

90471 **Immunization administration (includes percutaneous, intradermal, subcutaneous, or intramuscular injections); 1 vaccine (single or combination vaccine/toxoid)**

Global: XXX **Issue:** Immunization Administration **Screen:** CMS Request - Practice Expense Review / CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: February 2008 **Tab** R **Specialty Developing Recommendation:** AAP **First Identified:** February 2008 **2010 Medicare Utilization Data:** 840,272

2007 Work RVU: 0.17 **2012 Work RVU:** 0.17
2007 NF PE RVU: 0.35 **2012 NF PE RVU:** 0.53
2007 Fac PE RVU NA **2012 Fac PE RVU:** NA

RUC Recommendation: New PE inputs **CPT Action (if applicable):** **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

90472 **Immunization administration (includes percutaneous, intradermal, subcutaneous, or intramuscular injections); each additional vaccine (single or combination vaccine/toxoid) (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Immunization Administration **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: February 2008 **Tab** R **Specialty Developing Recommendation:** AAP **First Identified:** February 2008 **2010 Medicare Utilization Data:** 33,327

2007 Work RVU: 0.15 **2012 Work RVU:** 0.15
2007 NF PE RVU: 0.13 **2012 NF PE RVU:** 0.19
2007 Fac PE RVU 0.11 **2012 Fac PE RVU:** NA

RUC Recommendation: New PE inputs **CPT Action (if applicable):** **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

90473 **Immunization administration by intranasal or oral route; 1 vaccine (single or combination vaccine/toxoid)**

Global: XXX **Issue:** Immunization Administration **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: February 2008 **Tab** R **Specialty Developing Recommendation:** AAP **First Identified:** NA **2010 Medicare Utilization Data:** 649

2007 Work RVU: 0.17 **2012 Work RVU:** 0.17
2007 NF PE RVU: 0.18 **2012 NF PE RVU:** 0.47
2007 Fac PE RVU 0.06 **2012 Fac PE RVU:** NA

RUC Recommendation: New PE inputs **CPT Action (if applicable):** **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

90474 **Immunization administration by intranasal or oral route; each additional vaccine (single or combination vaccine/toxoid) (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Immunization Administration **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: February 2008 **Tab** R **Specialty Developing Recommendation:** AAP **First Identified:** NA **2010 Medicare Utilization Data:** 67

2007 Work RVU: 0.15 **2012 Work RVU:** 0.15
2007 NF PE RVU: 0.09 **2012 NF PE RVU:** 0.18
2007 Fac PE RVU 0.05 **2012 Fac PE RVU:** NA

RUC Recommendation: New PE inputs **CPT Action (if applicable):** **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

90785 **Interactive complexity (List separately in addition to the code for primary procedure)**

Global: **Issue:** Psychotherapy **Screen:** CMS High Expenditure Procedural Codes **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 26 **Specialty Developing Recommendation:** APA, APA (HCPAC), NASW **First Identified:** **2010 Medicare Utilization Data:**

2007 Work RVU: **2012 Work RVU:**
2007 NF PE RVU: **2012 NF PE RVU:**
2007 Fac PE RVU **2012 Fac PE RVU:**

RUC Recommendation: Carrier Price **CPT Action (if applicable):** February 2012 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

90791 **Psychiatric diagnostic evaluation**

Global: **Issue:** Psychotherapy **Screen:** CMS High Expenditure Procedural Codes **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 26 **Specialty Developing Recommendation:** APA, APA (HCPAC), NASW **First Identified:** **2010 Medicare Utilization Data:**

2007 Work RVU: **2012 Work RVU:**
2007 NF PE RVU: **2012 NF PE RVU:**
2007 Fac PE RVU **2012 Fac PE RVU:**

RUC Recommendation: 3.00 **CPT Action (if applicable):** February 2012 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

90792 **Psychiatric diagnostic evaluation with medical services**

Global: **Issue:** Psychotherapy **Screen:** CMS High Expenditure Procedural Codes **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 26 **Specialty Developing Recommendation:** APA, APA (HCPAC), NASW **First Identified:** **2010 Medicare Utilization Data:**

2007 Work RVU: **2012 Work RVU:**
2007 NF PE RVU: **2012 NF PE RVU:**
2007 Fac PE RVU **2012 Fac PE RVU:**

RUC Recommendation: 3.25 **CPT Action (if applicable):** February 2012 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

90801 **Psychiatric diagnostic interview examination**

Global: XXX **Issue:** RAW review **Screen:** CMS High Expenditure Procedural Codes **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 30 **Specialty Developing Recommendation:** **First Identified:** September 2011 **2010 Medicare Utilization Data:** 1,503,165

2007 Work RVU: 2.80 **2012 Work RVU:** 2.8
2007 NF PE RVU: 1.25 **2012 NF PE RVU:** 1.57
2007 Fac PE RVU 0.85 **2012 Fac PE RVU:** 0.61

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** February 2012 **Result:** Deleted from CPT

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: XXX **Issue:** RAW review **Screen:** CMS High Expenditure Procedural Codes **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 30 **Specialty Developing Recommendation:** **First Identified:** September 2011 **2010 Medicare Utilization Data:** 1,504,700

2007 Work RVU: 1.37 **2012 Work RVU:** 1.37
2007 NF PE RVU: 0.53 **2012 NF PE RVU:** 0.69
2007 Fac PE RVU 0.38 **2012 Fac PE RVU:** 0.27

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** February 2012 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

90806 **Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an office or outpatient facility, approximately 45 to 50 minutes face-to-face with the patient;**

Global: XXX **Issue:** RAW review **Screen:** CMS High Expenditure Procedural Codes **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 30 **Specialty Developing Recommendation:**

First Identified: September 2011

2010 Medicare Utilization Data: 6,270,189

2007 Work RVU: 1.86 **2012 Work RVU:** 1.86
2007 NF PE RVU: 0.66 **2012 NF PE RVU:** 0.48
2007 Fac PE RVU 0.53 **2012 Fac PE RVU:** 0.27

RUC Recommendation: Deleted from CPT

CPT Action (if applicable): February 2012

Result: Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

90808 **Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an office or outpatient facility, approximately 75 to 80 minutes face-to-face with the patient;**

Global: XXX **Issue:** RAW review **Screen:** CMS High Expenditure Procedural Codes **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 30 **Specialty Developing Recommendation:**

First Identified: September 2011

2010 Medicare Utilization Data: 397,593

2007 Work RVU: 2.79 **2012 Work RVU:** 2.79
2007 NF PE RVU: 0.94 **2012 NF PE RVU:** 0.63
2007 Fac PE RVU 0.8 **2012 Fac PE RVU:** 0.42

RUC Recommendation: Deleted from CPT

CPT Action (if applicable): February 2012

Result: Deleted from CPT

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: XXX **Issue:** RAW review **Screen:** CMS High Expenditure Procedural Codes **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 30 **Specialty Developing Recommendation:**

First Identified: September 2011

2010 Medicare Utilization Data: 1,448,066

2007 Work RVU: 1.89 **2012 Work RVU:** 1.89
2007 NF PE RVU: NA **2012 NF PE RVU:** 0.30
2007 Fac PE RVU 0.63 **2012 Fac PE RVU:** 0.38

RUC Recommendation: Deleted from CPT

CPT Action (if applicable): February 2012

Result: Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

90832 **Psychotherapy, 30 minutes with patient and/or family member**

Global: **Issue:** Psychotherapy **Screen:** CMS High Expenditure Procedural Codes **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 26 **Specialty Developing Recommendation:** APA, APA (HCPAC), NASW **First Identified:** **2010 Medicare Utilization Data:**

2007 Work RVU: **2012 Work RVU:**
2007 NF PE RVU: **2012 NF PE RVU:**
2007 Fac PE RVU **2012 Fac PE RVU:**

RUC Recommendation: 1.50 **CPT Action (if applicable):** February 2012 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

90833 **Psychotherapy, 30 minutes with patient and/or family member when performed with an evaluation and management service (List separately in addition to the code for primary procedure)**

Global: **Issue:** Psychotherapy **Screen:** CMS High Expenditure Procedural Codes **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 26 **Specialty Developing Recommendation:** APA, APA (HCPAC), NASW **First Identified:** **2010 Medicare Utilization Data:**

2007 Work RVU: **2012 Work RVU:**
2007 NF PE RVU: **2012 NF PE RVU:**
2007 Fac PE RVU **2012 Fac PE RVU:**

RUC Recommendation: 1.50 **CPT Action (if applicable):** February 2012 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

90834 **Psychotherapy, 45 minutes with patient and/or family member**

Global: **Issue:** Psychotherapy **Screen:** CMS High Expenditure Procedural Codes **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 26 **Specialty Developing Recommendation:** APA, APA (HCPAC), NASW **First Identified:** **2010 Medicare Utilization Data:**

2007 Work RVU: **2012 Work RVU:**
2007 NF PE RVU: **2012 NF PE RVU:**
2007 Fac PE RVU **2012 Fac PE RVU:**

RUC Recommendation: 2.00 **CPT Action (if applicable):** February 2012 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

90836 **Psychotherapy, 45 minutes with patient and/or family member when performed with an evaluation and management service (List separately in addition to the code for primary procedure)**

Global: **Issue:** Psychotherapy **Screen:** CMS High Expenditure Procedural Codes **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 26 **Specialty Developing Recommendation:** APA, APA (HCPAC), NASW **First Identified:** **2010 Medicare Utilization Data:**

2007 Work RVU: **2012 Work RVU:**
2007 NF PE RVU: **2012 NF PE RVU:**
2007 Fac PE RVU **2012 Fac PE RVU:**

RUC Recommendation: 1.90 **CPT Action (if applicable):** February 2012 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

90837 **Psychotherapy, 60 minutes with patient and/or family member**

Global: **Issue:** Psychotherapy **Screen:** CMS High Expenditure Procedural Codes **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 26 **Specialty Developing Recommendation:** APA, APA (HCPAC), NASW **First Identified:** **2010 Medicare Utilization Data:**

2007 Work RVU: **2012 Work RVU:**
2007 NF PE RVU: **2012 NF PE RVU:**
2007 Fac PE RVU **2012 Fac PE RVU:**

RUC Recommendation: 3.00 **CPT Action (if applicable):** February 2012 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

90838 **Psychotherapy, 60 minutes with patient and/or family member when performed with an evaluation and management service (List separately in addition to the code for primary procedure)**

Global: **Issue:** Psychotherapy **Screen:** CMS High Expenditure Procedural Codes **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 26 **Specialty Developing Recommendation:** APA, APA (HCPAC), NASW **First Identified:** **2010 Medicare Utilization Data:**

2007 Work RVU: **2012 Work RVU:**
2007 NF PE RVU: **2012 NF PE RVU:**
2007 Fac PE RVU **2012 Fac PE RVU:**

RUC Recommendation: 2.50 **CPT Action (if applicable):** February 2012 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

90839 **Psychotherapy for crisis; first 60 minutes**

Global: **Issue:** Psychotherapy **Screen:** CMS High Expenditure Procedural Codes **Complete?** No

Most Recent RUC Meeting: April 2012 **Tab** 26 **Specialty Developing Recommendation:** APA, APA (HCPAC), NASW **First Identified:** **2010 Medicare Utilization Data:**

2007 Work RVU: **2012 Work RVU:**
2007 NF PE RVU: **2012 NF PE RVU:**
2007 Fac PE RVU **2012 Fac PE RVU:**

RUC Recommendation: Carrier Price **CPT Action (if applicable):** February 2012 **Result:** Carrier Price

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: **Issue:** Psychotherapy **Screen:** CMS High Expenditure Procedural Codes **Complete?** No

Most Recent RUC Meeting: April 2012 **Tab** 26 **Specialty Developing Recommendation:** APA, APA (HCPAC), NASW **First Identified:** **2010 Medicare Utilization Data:**

2007 Work RVU: **2012 Work RVU:**
2007 NF PE RVU: **2012 NF PE RVU:**
2007 Fac PE RVU **2012 Fac PE RVU:**

RUC Recommendation: Carrier Price **CPT Action (if applicable):** February 2012 **Result:** Carrier Price

Referred to CPT Asst ☐ **Published in CPT Asst:**

90845 **Psychoanalysis**

Global: XXX **Issue:** Psychotherapy **Screen:** CMS High Expenditure Procedural Codes **Complete?** Yes

Most Recent RUC Meeting: October 2011 **Tab** **Specialty Developing Recommendation:** **First Identified:** **2010 Medicare Utilization Data:**

2007 Work RVU: 1.79 **2012 Work RVU:**
2007 NF PE RVU: 0.53 **2012 NF PE RVU:**
2007 Fac PE RVU 0.49 **2012 Fac PE RVU:**

RUC Recommendation: 2.10 **CPT Action (if applicable):** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

90846 **Family psychotherapy (without the patient present)**

Global: XXX **Issue:** Psychotherapy **Screen:** CMS High Expenditure Procedural Codes **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 26 **Specialty Developing Recommendation:** APA, APA (HCPAC), NASW **First Identified:** **2010 Medicare Utilization Data:**

2007 Work RVU: 1.83 **2012 Work RVU:**
2007 NF PE RVU: 0.62 **2012 NF PE RVU:**
2007 Fac PE RVU 0.60 **2012 Fac PE RVU:**

RUC Recommendation: 2.40 **CPT Action (if applicable):** February 2012 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

90847 **Family psychotherapy (conjoint psychotherapy) (with patient present)** **Global:** XXX **Issue:** Psychotherapy **Screen:** CMS High Expenditure Procedural Codes **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 26 **Specialty Developing Recommendation:** APA, APA (HCPAC), NASW **First Identified:** **2010 Medicare Utilization Data:**

2007 Work RVU: 2.21 **2012 Work RVU:**
2007 NF PE RVU: 0.8 **2012 NF PE RVU:**
2007 Fac PE RVU 0.69 **2012 Fac PE RVU:**

RUC Recommendation: 2.50 **CPT Action (if applicable):** February 2012 **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

90853 **Group psychotherapy (other than of a multiple-family group)** **Global:** XXX **Issue:** Psychotherapy **Screen:** CMS High Expenditure Procedural Codes **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 26 **Specialty Developing Recommendation:** APA, APA (HCPAC), NASW **First Identified:** **2010 Medicare Utilization Data:**

2007 Work RVU: 0.59 **2012 Work RVU:**
2007 NF PE RVU: 0.26 **2012 NF PE RVU:**
2007 Fac PE RVU 0.22 **2012 Fac PE RVU:**

RUC Recommendation: 0.59 **CPT Action (if applicable):** February 2012 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

90862 **Pharmacologic management, including prescription, use, and review of medication with no more than minimal medical psychotherapy** **Global:** XXX **Issue:** RAW review **Screen:** CMS High Expenditure Procedural Codes **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 30 **Specialty Developing Recommendation:** **First Identified:** September 2011 **2010 Medicare Utilization Data:** 5,348,548

2007 Work RVU: 0.95 **2012 Work RVU:** 0.95
2007 NF PE RVU: 0.46 **2012 NF PE RVU:** 0.73
2007 Fac PE RVU 0.31 **2012 Fac PE RVU:**0.31

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** February 2012 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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: **Issue:** Pharmacologic Management with Psychotherapy **Screen:** CMS High Expenditure Procedural Codes **Complete?** No

Most Recent RUC Meeting: April 2012 **Tab** 55 **Specialty Developing Recommendation:** APA (HCPAC) **First Identified:** **2010 Medicare Utilization Data:**

2007 Work RVU: **2012 Work RVU:**
2007 NF PE RVU: **2012 NF PE RVU:**
2007 Fac PE RVU **2012 Fac PE RVU:**

RUC Recommendation: Carrier Price **CPT Action (if applicable):** February 2012 **Result:** Carrier Price
Referred to CPT Asst ☐ **Published in CPT Asst:**

90870 **Electroconvulsive therapy (includes necessary monitoring)**

Global: 000 **Issue:** Electroconvulsive Therapy **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 41 **Specialty Developing Recommendation:** APA **First Identified:** October 2009 **2010 Medicare Utilization Data:** 135,045

2007 Work RVU: 1.88 **2012 Work RVU:** 2.5
2007 NF PE RVU: 1.93 **2012 NF PE RVU:** 2.34
2007 Fac PE RVU 0.54 **2012 Fac PE RVU:** 0.52

RUC Recommendation: 2.50 **CPT Action (if applicable):** **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

90935 **Hemodialysis procedure with single evaluation by a physician or other qualified health care professional**

Global: 000 **Issue:** Hemodialysis-Dialysis Services **Screen:** Top 9 Harvard **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 30 **Specialty Developing Recommendation:** RPA **First Identified:** October 2008 **2010 Medicare Utilization Data:** 1,367,649

2007 Work RVU: 1.22 **2012 Work RVU:** 1.48
2007 NF PE RVU: NA **2012 NF PE RVU:** NA
2007 Fac PE RVU 0.64 **2012 Fac PE RVU:** 0.58

RUC Recommendation: 1.48 **CPT Action (if applicable):** **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

90937 **Hemodialysis procedure requiring repeated evaluation(s) with or without substantial revision of dialysis prescription**

Global: 000 **Issue:** Hemodialysis-Dialysis Services **Screen:** Top 9 Harvard **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 30 **Specialty Developing Recommendation:** RPA **First Identified:** February 2009 **2010 Medicare Utilization Data:** 90,344

2007 Work RVU: 2.11 **2012 Work RVU:** 2.11
2007 NF PE RVU: NA **2012 NF PE RVU:** NA
2007 Fac PE RVU 0.93 **2012 Fac PE RVU:** 0.83

RUC Recommendation: 2.11 **CPT Action (if applicable):** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

90945 **Dialysis procedure other than hemodialysis (eg, peritoneal dialysis, hemofiltration, or other continuous renal replacement therapies), with single evaluation by a physician or other qualified health care professional**

Global: 000 **Issue:** Hemodialysis-Dialysis Services **Screen:** Top 9 Harvard **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 30 **Specialty Developing Recommendation:** RPA **First Identified:** February 2009 **2010 Medicare Utilization Data:** 127,219

2007 Work RVU: 1.28 **2012 Work RVU:** 1.56
2007 NF PE RVU: NA **2012 NF PE RVU:** NA
2007 Fac PE RVU 0.66 **2012 Fac PE RVU:** 0.81

RUC Recommendation: 1.56 **CPT Action (if applicable):** **Result:** Increase

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 evaluation by a physician or other qualified health care professional, with or without substantial revision of dialysis prescription**

Global: 000 **Issue:** Hemodialysis-Dialysis Services **Screen:** Top 9 Harvard **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 30 **Specialty Developing Recommendation:** RPA **First Identified:** February 2009 **2010 Medicare Utilization Data:** 16,160

2007 Work RVU: 2.16 **2012 Work RVU:** 2.52
2007 NF PE RVU: NA **2012 NF PE RVU:** NA
2007 Fac PE RVU 0.94 **2012 Fac PE RVU:** 0.94

RUC Recommendation: 2.52 **CPT Action (if applicable):** **Result:** Increase

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 physician or other qualified health care professional per month**

Global: XXX **Issue:** End-Stage Renal Disease **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 29 **Specialty Developing Recommendation:** RPA **First Identified:** February 2009 **2010 Medicare Utilization Data:** 50

2007 Work RVU: **2012 Work RVU:** 18.46
2007 NF PE RVU: **2012 NF PE RVU:** 7.87
2007 Fac PE RVU **2012 Fac PE RVU:** 7.87

RUC Recommendation: RUC Recommended revised clinical staff time **CPT Action (if applicable):** **Result:** PE Only

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 physician or other qualified health care professional per month**

Global: XXX **Issue:** End-Stage Renal Disease **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 29 **Specialty Developing Recommendation:** RPA **First Identified:** February 2009 **2010 Medicare Utilization Data:** 9

2007 Work RVU: **2012 Work RVU:** 0
2007 NF PE RVU: **2012 NF PE RVU:** 0.00
2007 Fac PE RVU **2012 Fac PE RVU:** 0.00

RUC Recommendation: RUC Recommended revised clinical staff time **CPT Action (if applicable):** **Result:** PE Only
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 physician or other qualified health care professional per month**

Global: XXX **Issue:** End-Stage Renal Disease **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 29 **Specialty Developing Recommendation:** RPA **First Identified:** February 2009 **2010 Medicare Utilization Data:** 20

2007 Work RVU: **2012 Work RVU:** 0
2007 NF PE RVU: **2012 NF PE RVU:** 0.00
2007 Fac PE RVU **2012 Fac PE RVU:** 0.00

RUC Recommendation: RUC Recommended revised clinical staff time **CPT Action (if applicable):** **Result:** PE Only
Referred to CPT Asst ☐ **Published in CPT Asst:**

90954 **End-stage renal disease (ESRD) related services monthly, for patients 2-11 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 4 or more face-to-face visits by a physician or other qualified health care professional per month**

Global: XXX **Issue:** End-Stage Renal Disease **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 29 **Specialty Developing Recommendation:** RPA **First Identified:** February 2009 **2010 Medicare Utilization Data:** 448

2007 Work RVU: **2012 Work RVU:** 15.98
2007 NF PE RVU: **2012 NF PE RVU:** 6.45
2007 Fac PE RVU **2012 Fac PE RVU:** 6.45

RUC Recommendation: RUC Recommended revised clinical staff time **CPT Action (if applicable):** **Result:** PE Only
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 other qualified health care professional per month**

Global: XXX **Issue:** End-Stage Renal Disease **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 29 **Specialty Developing Recommendation:** RPA **First Identified:** February 2009 **2010 Medicare Utilization Data:** 96

2007 Work RVU: **2012 Work RVU:** 8.79
2007 NF PE RVU: **2012 NF PE RVU:** 3.91
2007 Fac PE RVU **2012 Fac PE RVU:** 3.91

RUC Recommendation: RUC Recommended revised clinical staff time **CPT Action (if applicable):** **Result:** PE Only
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 qualified health care professional per month**

Global: XXX **Issue:** End-Stage Renal Disease **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 29 **Specialty Developing Recommendation:** RPA **First Identified:** February 2009 **2010 Medicare Utilization Data:** 166

2007 Work RVU: **2012 Work RVU:** 5.95
2007 NF PE RVU: **2012 NF PE RVU:** 2.83
2007 Fac PE RVU **2012 Fac PE RVU:** 2.83

RUC Recommendation: RUC Recommended revised clinical staff time **CPT Action (if applicable):** **Result:** PE Only
Referred to CPT Asst ☐ **Published in CPT Asst:**

90957 **End-stage renal disease (ESRD) related services monthly, for patients 12-19 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 4 or more face-to-face visits by a physician or other qualified health care professional per month**

Global: XXX **Issue:** End-Stage Renal Disease **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 29 **Specialty Developing Recommendation:** RPA **First Identified:** February 2009 **2010 Medicare Utilization Data:** 3,087

2007 Work RVU: **2012 Work RVU:** 12.52
2007 NF PE RVU: **2012 NF PE RVU:** 5.41
2007 Fac PE RVU **2012 Fac PE RVU:** 5.41

RUC Recommendation: RUC Recommended revised clinical staff time **CPT Action (if applicable):** **Result:** PE Only
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 other qualified health care professional per month**

Global: XXX **Issue:** End-Stage Renal Disease **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 29 **Specialty Developing Recommendation:** RPA **First Identified:** February 2009 **2010 Medicare Utilization Data:** 931

2007 Work RVU: **2012 Work RVU:** 8.34
2007 NF PE RVU: **2012 NF PE RVU:** 3.82
2007 Fac PE RVU **2012 Fac PE RVU:** 3.82

RUC Recommendation: RUC Recommended revised clinical staff time **CPT Action (if applicable):** **Result:** PE Only

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 other qualified health care professional per month**

Global: XXX **Issue:** End-Stage Renal Disease **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 29 **Specialty Developing Recommendation:** RPA **First Identified:** February 2009 **2010 Medicare Utilization Data:** 592

2007 Work RVU: **2012 Work RVU:** 5.5
2007 NF PE RVU: **2012 NF PE RVU:** 2.68
2007 Fac PE RVU **2012 Fac PE RVU:** 2.68

RUC Recommendation: RUC Recommended revised clinical staff time **CPT Action (if applicable):** **Result:** PE Only

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 **2010 Medicare Utilization Data:** 2,094,884

2007 Work RVU: **2012 Work RVU:** 5.18
2007 NF PE RVU: **2012 NF PE RVU:** 2.80
2007 Fac PE RVU **2012 Fac PE RVU:** 2.80

RUC Recommendation: RUC Recommended revised physician and clinical staff time **CPT Action (if applicable):** **Result:** PE Only

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 **2010 Medicare Utilization Data:** 622,643

2007 Work RVU: **2012 Work RVU:** 4.26
2007 NF PE RVU: **2012 NF PE RVU:** 2.38
2007 Fac PE RVU **2012 Fac PE RVU:** 2.38

RUC Recommendation: RUC Recommended revised physician and clinical staff time

CPT Action (if applicable):

Result: PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

90962 **End-stage renal disease (ESRD) related services monthly, for patients 20 years of age and older; with 1 face-to-face visit by a physician or other qualified health care professional per month**

Global: XXX **Issue:** End-Stage Renal Disease **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 29 **Specialty Developing Recommendation:** RPA **First Identified:** February 2009 **2010 Medicare Utilization Data:** 187,916

2007 Work RVU: **2012 Work RVU:** 3.15
2007 NF PE RVU: **2012 NF PE RVU:** 1.90
2007 Fac PE RVU **2012 Fac PE RVU:** 1.90

RUC Recommendation: RUC Recommended revised clinical staff time

CPT Action (if applicable):

Result: PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

90963 **End-stage renal disease (ESRD) related services for home dialysis per full month, for patients younger than 2 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents**

Global: XXX **Issue:** End-Stage Renal Disease **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 29 **Specialty Developing Recommendation:** RPA **First Identified:** February 2009 **2010 Medicare Utilization Data:** 373

2007 Work RVU: **2012 Work RVU:** 10.56
2007 NF PE RVU: **2012 NF PE RVU:** 4.66
2007 Fac PE RVU **2012 Fac PE RVU:** 4.66

RUC Recommendation: RUC Recommended revised clinical staff time

CPT Action (if applicable):

Result: PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

90964 **End-stage renal disease (ESRD) related services for home dialysis per full month, for patients 2-11 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents**

Global: XXX **Issue:** End-Stage Renal Disease **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 29 **Specialty Developing Recommendation:** RPA **First Identified:** February 2009 **2010 Medicare Utilization Data:** 849

2007 Work RVU: **2012 Work RVU:** 9.14
2007 NF PE RVU: **2012 NF PE RVU:** 3.95
2007 Fac PE RVU **2012 Fac PE RVU:** 3.95

RUC Recommendation: RUC Recommended revised clinical staff time **CPT Action (if applicable):** **Result:** PE Only

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 **2010 Medicare Utilization Data:** 1,925

2007 Work RVU: **2012 Work RVU:** 8.69
2007 NF PE RVU: **2012 NF PE RVU:** 3.79
2007 Fac PE RVU **2012 Fac PE RVU:** 3.79

RUC Recommendation: RUC Recommended revised clinical staff time **CPT Action (if applicable):** **Result:** PE Only

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 **2010 Medicare Utilization Data:** 222,157

2007 Work RVU: **2012 Work RVU:** 4.26
2007 NF PE RVU: **2012 NF PE RVU:** 2.35
2007 Fac PE RVU **2012 Fac PE RVU:** 2.35

RUC Recommendation: RUC Recommended revised clinical staff time **CPT Action (if applicable):** **Result:** PE Only

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 **2010 Medicare Utilization Data:** 1,952

2007 Work RVU: 1.10 **2012 Work RVU:** 1.1
2007 NF PE RVU: 2.36 **2012 NF PE RVU:** 10.62
2007 Fac PE RVU 2.36 **2012 Fac PE RVU:** NA

RUC Recommendation: New PE Inputs **CPT Action (if applicable):** **Result:** PE Only

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:** **2010 Medicare Utilization Data:** 46

2007 Work RVU: 0.00 **2012 Work RVU:** 0.52
2007 NF PE RVU: 0 **2012 NF PE RVU:** 4.14
2007 Fac PE RVU 0 **2012 Fac PE RVU:** NA

RUC Recommendation: New PE Inputs **CPT Action (if applicable):** **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

91133 **Electrogastrography, diagnostic, transcutaneous; with provocative testing**

Global: XXX **Issue:** Electrogastrography **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab** 24 **Specialty Developing Recommendation:** AGA, ACG, ASGE **First Identified:** **2010 Medicare Utilization Data:** 43

2007 Work RVU: 0.00 **2012 Work RVU:** 0.66
2007 NF PE RVU: 0 **2012 NF PE RVU:** 4.75
2007 Fac PE RVU 0 **2012 Fac PE RVU:** NA

RUC Recommendation: New PE Inputs **CPT Action (if applicable):** **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

92081 **Visual field examination, unilateral or bilateral, with interpretation and report; limited examination (eg, tangent screen, Autoplot, arc perimeter, or single stimulus level automated test, such as Octopus 3 or 7 equivalent)**

Global: XXX **Issue:** Visual Field Examination **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 42 **Specialty Developing Recommendation:** AAO, AOA (optometric) **First Identified:** October 2009 **2010 Medicare Utilization Data:** 117,269

2007 Work RVU: 0.36 **2012 Work RVU:** 0.3
2007 NF PE RVU: 0.95 **2012 NF PE RVU:** 1.10
2007 Fac PE RVU NA **2012 Fac PE RVU:** NA

RUC Recommendation: 0.30 **CPT Action (if applicable):** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

92082 **Visual field examination, unilateral or bilateral, with interpretation and report; intermediate examination (eg, at least 2 isopters on Goldmann perimeter, or semiquantitative, automated suprathreshold screening program, Humphrey suprathreshold automatic diagnostic test, Octopus program 33)**

Global: XXX **Issue:** Visual Field Examination **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 42 **Specialty Developing Recommendation:** AAO, AOA (optometric) **First Identified:** October 2009 **2010 Medicare Utilization Data:** 176,773

2007 Work RVU: 0.44 **2012 Work RVU:** 0.4
2007 NF PE RVU: 1.26 **2012 NF PE RVU:** 1.60
2007 Fac PE RVU NA **2012 Fac PE RVU:** NA

RUC Recommendation: 0.40 **CPT Action (if applicable):** **Result:** Decrease

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 degrees or quantitative, automated threshold perimetry, Octopus program G-1, 32 or 42, Humphrey visual field analyzer full threshold programs 30-2, 24-2, or 30/60-2)**

Global: XXX **Issue:** Visual Field Examination **Screen:** MPC List / CMS High Expenditure Procedural Codes **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 46 **Specialty Developing Recommendation:** AAO, AOA (optometric) **First Identified:** October 2010 **2010 Medicare Utilization Data:** 2,608,270

2007 Work RVU: 0.50 **2012 Work RVU:** 0.5
2007 NF PE RVU: 1.46 **2012 NF PE RVU:** 2.09
2007 Fac PE RVU NA **2012 Fac PE RVU:** NA

RUC Recommendation: 0.50 **CPT Action (if applicable):** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

92100 **Serial tonometry (separate procedure) with multiple measurements of intraocular pressure over an extended time period with interpretation and report, same day (eg, diurnal curve or medical treatment of acute elevation of intraocular pressure)**

Global: XXX **Issue:** Serial Tonometry **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab** 36 **Specialty Developing Recommendation:** AAO, AOA (optometric) **First Identified:** April 2011 **2010 Medicare Utilization Data:** 34,069

2007 Work RVU: 0.92 **2012 Work RVU:** 0.92
2007 NF PE RVU: 1.33 **2012 NF PE RVU:** 1.81
2007 Fac PE RVU 0.35 **2012 Fac PE RVU:** 0.48

RUC Recommendation: 0.61 **CPT Action (if applicable):** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

92133 **Scanning computerized ophthalmic diagnostic imaging, posterior segment, with interpretation and report, unilateral or bilateral; optic nerve**

Global: XXX **Issue:** Computerized Scanning Ophthalmology Diagnostic Imaging **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 23 **Specialty Developing Recommendation:** AAO, AOA (eye) **First Identified:** **2010 Medicare Utilization Data:**

2007 Work RVU: **2012 Work RVU:** 0.5
2007 NF PE RVU: **2012 NF PE RVU:** 0.78
2007 Fac PE RVU **2012 Fac PE RVU:** NA

RUC Recommendation: 0.50 **CPT Action (if applicable):** October 2009 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

92134 **Scanning computerized ophthalmic diagnostic imaging, posterior segment, with interpretation and report, unilateral or bilateral; retina**

Global: XXX **Issue:** Computerized Scanning Ophthalmology Diagnostic Imaging **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 23 **Specialty Developing Recommendation:** AAO, AOA (eye) **First Identified:** **2010 Medicare Utilization Data:**

2007 Work RVU: **2012 Work RVU:** 0.5
2007 NF PE RVU: **2012 NF PE RVU:** 0.78
2007 Fac PE RVU **2012 Fac PE RVU:** NA

RUC Recommendation: 0.50 **CPT Action (if applicable):** October 2009 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

92135 **Deleted from CPT** **Global:** XXX **Issue:** Ophthalmic Diagnostic Imaging **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 31 **Specialty Developing Recommendation:** AAO, AOA **First Identified:** October 2008 **2010 Medicare Utilization Data:** 10,033,241

2007 Work RVU: 0.35 **2012 Work RVU:**
2007 NF PE RVU: 0.79 **2012 NF PE RVU:**
2007 Fac PE RVU NA **2012 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** October 2009 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

92136 **Ophthalmic biometry by partial coherence interferometry with intraocular lens power calculation** **Global:** XXX **Issue:** Ophthalmologic Procedures **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 38 **Specialty Developing Recommendation:** AAO, AOA, ASCRS **First Identified:** October 2008 **2010 Medicare Utilization Data:** 1,198,737

2007 Work RVU: 0.54 **2012 Work RVU:** 0.54
2007 NF PE RVU: 1.6 **2012 NF PE RVU:** 2.00
2007 Fac PE RVU NA **2012 Fac PE RVU:**NA

RUC Recommendation: Remove from screen **CPT Action (if applicable):** **Result:** Remove from Screen
Referred to CPT Asst ☐ **Published in CPT Asst:**

92235 **Fluorescein angiography (includes multiframe imaging) with interpretation and report** **Global:** XXX **Issue:** Fluorescein Angiography **Screen:** Harvard Valued - Utilization over 30,000 / CMS High Expenditure Procedural Codes **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 26 **Specialty Developing Recommendation:** AAO **First Identified:** April 2011 **2010 Medicare Utilization Data:** 1,472,186

2007 Work RVU: 0.81 **2012 Work RVU:** 0.81
2007 NF PE RVU: 2.54 **2012 NF PE RVU:** 3.18
2007 Fac PE RVU NA **2012 Fac PE RVU:**NA

RUC Recommendation: 0.81 **CPT Action (if applicable):** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

92250 **Fundus photography with interpretation and report** **Global:** XXX **Issue:** **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 41 **Specialty Developing Recommendation:** **First Identified:** October 2010 **2010 Medicare Utilization Data:** 2,162,922

2007 Work RVU: 0.44 **2012 Work RVU:** 0.44
2007 NF PE RVU: 1.48 **2012 NF PE RVU:** 1.79
2007 Fac PE RVU NA **2012 Fac PE RVU:**NA

RUC Recommendation: Reaffirmed RUC recommendation **CPT Action (if applicable):** **Result:** Maintain
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 Growth **Complete?** No

Most Recent RUC Meeting: September 2011 **Tab** 51 **Specialty Developing Recommendation:** AAO-HNS **First Identified:** February 2008 **2010 Medicare Utilization Data:** 15,917

2007 Work RVU: 0.81 **2012 Work RVU:** 0.81
2007 NF PE RVU: 1.5 **2012 NF PE RVU:** 1.85
2007 Fac PE RVU NA **2012 Fac PE RVU:** NA

RUC Recommendation: Review September 2013. CPT Assistant article published.

CPT Action (if applicable):

Result:

Referred to CPT Asst ☑ **Published in CPT Asst:** Aug 2008 and Q&A

92285 **External ocular photography with interpretation and report for documentation of medical progress (eg, close-up photography, slit lamp photography, 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 **2010 Medicare Utilization Data:** 305,350

2007 Work RVU: 0.20 **2012 Work RVU:** 0.05
2007 NF PE RVU: 0.95 **2012 NF PE RVU:** 0.65
2007 Fac PE RVU NA **2012 Fac PE RVU:** NA

RUC Recommendation: 0.05 and new PE inputs

CPT Action (if applicable): February 2010

Result: Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

92286 **Anterior segment imaging with interpretation and report; with specular microscopy and endothelial cell analysis**

Global: XXX **Issue:** Anterior Segment Imaging **Screen:** Harvard Valued - Utilization over 30,000 / Harvard-Valued Annual Allowed Charges Greater than $10 million **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 28 **Specialty Developing Recommendation:** AAO, AOA (optometric) **First Identified:** April 2011 **2010 Medicare Utilization Data:** 113,864

2007 Work RVU: 0.66 **2012 Work RVU:** 0.66
2007 NF PE RVU: 2.83 **2012 NF PE RVU:** 2.92
2007 Fac PE RVU NA **2012 Fac PE RVU:** NA

RUC Recommendation: 0.40

CPT Action (if applicable): October 2011

Result: Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

92287 **Anterior segment imaging with interpretation and report; with fluorescein angiography**

Global: XXX **Issue:** Anterior Segment Imaging **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** No

Most Recent RUC Meeting: April 2012 **Tab** 28 **Specialty Developing Recommendation:** AAO, AOA (optometric) **First Identified:** **2010 Medicare Utilization Data:** 2,958

2007 Work RVU: 0.81 **2012 Work RVU:** 0.81
2007 NF PE RVU: 2.28 **2012 NF PE RVU:** 2.73
2007 Fac PE RVU 0.31 **2012 Fac PE RVU:**0.49

RUC Recommendation: Refer to CPT Asst. **CPT Action (if applicable):** October 2011 **Result:**
Referred to CPT Asst ☑ **Published in CPT Asst:**

92504 **Binocular microscopy (separate diagnostic procedure)**

Global: XXX **Issue:** Binocular Microscopy **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 43 **Specialty Developing Recommendation:** AAO-HNS **First Identified:** October 2009 **2010 Medicare Utilization Data:** 178,730

2007 Work RVU: 0.18 **2012 Work RVU:** 0.18
2007 NF PE RVU: 0.51 **2012 NF PE RVU:** 0.72
2007 Fac PE RVU 0.08 **2012 Fac PE RVU:**0.09

RUC Recommendation: 0.18 **CPT Action (if applicable):** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

92506 **Evaluation of speech, language, voice, communication, and/or auditory processing**

Global: XXX **Issue:** Speech Language Pathology Services **Screen:** CMS Request/Speech Language Pathology Request **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab** 28 **Specialty Developing Recommendation:** ASHA **First Identified:** **2010 Medicare Utilization Data:** 20,249

2007 Work RVU: 0.86 **2012 Work RVU:** 0.86
2007 NF PE RVU: 2.76 **2012 NF PE RVU:** 3.95
2007 Fac PE RVU 0.36 **2012 Fac PE RVU:**NA

RUC Recommendation: Deleted from CPT. **CPT Action (if applicable):** October 2012 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

92507 **Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual**

Global: XXX **Issue:** Speech Language Pathology Services **Screen:** CMS Request/Speech Language Pathology Request **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab** 28 **Specialty Developing Recommendation:** ASHA **First Identified:** **2010 Medicare Utilization Data:** 82,310

2007 Work RVU: 0.52 **2012 Work RVU:** 1.3
2007 NF PE RVU: 1.13 **2012 NF PE RVU:** 0.83
2007 Fac PE RVU 0.21 **2012 Fac PE RVU:** NA

RUC Recommendation: 1.30 work RVU and clinical staff time removed **CPT Action (if applicable):** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

92508 **Treatment of speech, language, voice, communication, and/or auditory processing disorder; group, 2 or more individuals**

Global: XXX **Issue:** Speech Language Pathology Services **Screen:** CMS Request/Speech Language Pathology Request **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab** 28 **Specialty Developing Recommendation:** ASHA **First Identified:** **2010 Medicare Utilization Data:** 710

2007 Work RVU: 0.26 **2012 Work RVU:** 0.33
2007 NF PE RVU: 0.51 **2012 NF PE RVU:** 0.32
2007 Fac PE RVU 0.11 **2012 Fac PE RVU:** NA

RUC Recommendation: 0.43 work RVU and clinical staff time removed **CPT Action (if applicable):** **Result:** Decrease

Referred to CPT Asst ☐ **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 **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 39 **Specialty Developing Recommendation:** ASHA, AAO-HNS **First Identified:** NA **2010 Medicare Utilization Data:** 26,466

2007 Work RVU: 0.55 **2012 Work RVU:** 1.34
2007 NF PE RVU: 1.65 **2012 NF PE RVU:** 1.03
2007 Fac PE RVU 0.19 **2012 Fac PE RVU:** NA

RUC Recommendation: 1.34 work RVU and clinical staff time removed **CPT Action (if applicable):** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

92540 **Basic vestibular evaluation, includes spontaneous nystagmus test with eccentric gaze fixation nystagmus, with recording, positional nystagmus test, minimum of 4 positions, with recording, optokinetic nystagmus test, bidirectional foveal and peripheral stimulation, with recording, and oscillating tracking test, with recording**

Global: XXX **Issue:** Bundled Audiology Tests **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 22 **Specialty Developing Recommendation:** AAN, ASHA, AAO-HNS, AAA **First Identified:** **2010 Medicare Utilization Data:** 93,845

2007 Work RVU: **2012 Work RVU:** 1.5
2007 NF PE RVU: **2012 NF PE RVU:** 1.39
2007 Fac PE RVU **2012 Fac PE RVU:** NA

RUC Recommendation: 1.50 **CPT Action (if applicable):** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

92541 **Spontaneous nystagmus test, including gaze and fixation nystagmus, with recording**

Global: XXX **Issue:** Bundled Audiology Tests **Screen:** Codes Reported Together 95% or More / Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 22 **Specialty Developing Recommendation:** ASHA, AAO-HNS, AAN **First Identified:** February 2008 **2010 Medicare Utilization Data:** 38,587

2007 Work RVU: 0.40 **2012 Work RVU:** 0.4
2007 NF PE RVU: 1.05 **2012 NF PE RVU:** 0.68
2007 Fac PE RVU NA **2012 Fac PE RVU:** NA

RUC Recommendation: 0.40 work RVU and clinical staff time removed **CPT Action (if applicable):** February 2009 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

92542 **Positional nystagmus test, minimum of 4 positions, with recording**

Global: XXX **Issue:** Bundled Audiology Tests **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 22 **Specialty Developing Recommendation:** ASHA, AAO-HNS, AAN **First Identified:** February 2008 **2010 Medicare Utilization Data:** 18,687

2007 Work RVU: 0.33 **2012 Work RVU:** 0.33
2007 NF PE RVU: 1.16 **2012 NF PE RVU:** 0.71
2007 Fac PE RVU NA **2012 Fac PE RVU:** NA

RUC Recommendation: 0.33 work RVU and clinical staff time removed **CPT Action (if applicable):** February 2009 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

92543 **Caloric vestibular test, each irrigation (binaural, bithermal stimulation constitutes 4 tests), with recording**

Global: XXX **Issue:** Bundled Audiology Tests **Screen:** Codes Reported Together 95% or More / Low Value-High Volume **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 22 **Specialty Developing Recommendation:** ASHA, AAO-HNS, AAN **First Identified:** February 2008 **2010 Medicare Utilization Data:** 392,675

2007 Work RVU: 0.10 **2012 Work RVU:** 0.1
2007 NF PE RVU: 0.59 **2012 NF PE RVU:** 0.45
2007 Fac PE RVU NA **2012 Fac PE RVU:** NA

RUC Recommendation: 0.10 work RVU and clinical staff time removed

CPT Action (if applicable): February 2009 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

92544 **Optokinetic nystagmus test, bidirectional, foveal or peripheral stimulation, with recording**

Global: XXX **Issue:** Bundled Audiology Tests **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 22 **Specialty Developing Recommendation:** ASHA, AAO-HNS, AAN **First Identified:** February 2008 **2010 Medicare Utilization Data:** 5,133

2007 Work RVU: 0.26 **2012 Work RVU:** 0.26
2007 NF PE RVU: 0.93 **2012 NF PE RVU:** 0.60
2007 Fac PE RVU NA **2012 Fac PE RVU:** NA

RUC Recommendation: 0.26 work RVU and clinical staff time removed

CPT Action (if applicable): February 2009 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

92545 **Oscillating tracking test, with recording**

Global: XXX **Issue:** Bundled Audiology Tests **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 22 **Specialty Developing Recommendation:** ASHA, AAO-HNS, AAN **First Identified:** February 2008 **2010 Medicare Utilization Data:** 6,326

2007 Work RVU: 0.23 **2012 Work RVU:** 0.23
2007 NF PE RVU: 0.85 **2012 NF PE RVU:** 0.57
2007 Fac PE RVU NA **2012 Fac PE RVU:** NA

RUC Recommendation: 0.23 work RVU and clinical staff time removed

CPT Action (if applicable): February 2009 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

92550 **Tympanometry and reflex threshold measurements** **Global:** XXX **Issue:** Bundled Audiology Tests **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 22 **Specialty Developing Recommendation:** ASHA, AAO-HNS, AAA **First Identified:** **2010 Medicare Utilization Data:** 240,268

2007 Work RVU: **2012 Work RVU:** 0.35
2007 NF PE RVU: **2012 NF PE RVU:** 0.25
2007 Fac PE RVU **2012 Fac PE RVU:** NA

RUC Recommendation: 0.35 **CPT Action (if applicable):** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

92557 **Comprehensive audiometry threshold evaluation and speech recognition (92553 and 92556 combined)** **Global:** XXX **Issue:** Bundled Audiology Tests **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 22 **Specialty Developing Recommendation:** ASHA, AAO-HNS, AAN **First Identified:** February 2008 **2010 Medicare Utilization Data:** 1,090,191

2007 Work RVU: 0.00 **2012 Work RVU:** 0.6
2007 NF PE RVU: 1.21 **2012 NF PE RVU:** 0.52
2007 Fac PE RVU NA **2012 Fac PE RVU:** 0.38

RUC Recommendation: 0.60 work RVU and clinical staff time removed **CPT Action (if applicable):** February 2009 **Result:** Decrease

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:** **2010 Medicare Utilization Data:**

2007 Work RVU: **2012 Work RVU:** 0
2007 NF PE RVU: **2012 NF PE RVU:** 0.00
2007 Fac PE RVU **2012 Fac PE RVU:** 0.00

RUC Recommendation: 0.17 **CPT Action (if applicable):** February 2011 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

92567 **Tympanometry (impedance testing)** **Global:** XXX **Issue:** Bundled Audiology Tests **Screen:** Codes Reported Together 95% or More / Low Value-High Volume **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 22 **Specialty Developing Recommendation:** ASHA, AAO-HNS, AAN **First Identified:** February 2008 **2010 Medicare Utilization Data:** 654,991

2007 Work RVU: 0.00 **2012 Work RVU:** 0.2
2007 NF PE RVU: 0.51 **2012 NF PE RVU:** 0.23
2007 Fac PE RVU NA **2012 Fac PE RVU:** 0.13

RUC Recommendation: 0.20 work RVU and clinical staff time removed **CPT Action (if applicable):** February 2009 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

92568 **Acoustic reflex testing, threshold** **Global:** XXX **Issue:** Bundled Audiology Tests **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 22 **Specialty Developing Recommendation:** ASHA, AAO-HNS, AAN **First Identified:** February 2008 **2010 Medicare Utilization Data:** 73,776

2007 Work RVU: 0.00 **2012 Work RVU:** 0.29
2007 NF PE RVU: 0.32 **2012 NF PE RVU:** 0.17
2007 Fac PE RVU NA **2012 Fac PE RVU:** 0.17

RUC Recommendation: 0.29 work RVU and clinical staff time removed **CPT Action (if applicable):** February 2009 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

92569 **Deleted from CPT** **Global:** XXX **Issue:** Bundled Audiology Tests **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 22 **Specialty Developing Recommendation:** ASHA, AAO-HNS, AAN **First Identified:** February 2008 **2010 Medicare Utilization Data:**

2007 Work RVU: 0.00 **2012 Work RVU:**
2007 NF PE RVU: 0.35 **2012 NF PE RVU:**
2007 Fac PE RVU NA **2012 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** February 2009 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

92570 **Acoustic immittance testing, includes tympanometry (impedance testing), acoustic reflex threshold testing, and acoustic reflex decay testing**

Global: XXX **Issue:** Bundled Audiology Tests **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 22 **Specialty Developing Recommendation:** ASHA, AAO-HNS, AAA **First Identified:** **2010 Medicare Utilization Data:** 69,432

2007 Work RVU: **2012 Work RVU:** 0.55
2007 NF PE RVU: **2012 NF PE RVU:** 0.36
2007 Fac PE RVU **2012 Fac PE RVU:** 0.29

RUC Recommendation: 0.55 **CPT Action (if applicable):** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

92587 **Distortion product evoked otoacoustic emissions; limited evaluation (to confirm the presence or absence of hearing disorder, 3-6 frequencies) or transient evoked otoacoustic emissions, with interpretation and report**

Global: XXX **Issue:** Otoacoustic Emissions Measurement **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 35 **Specialty Developing Recommendation:** ASHA **First Identified:** October 2008 **2010 Medicare Utilization Data:** 62,488

2007 Work RVU: 0.13 **2012 Work RVU:** 0.35
2007 NF PE RVU: 1.19 **2012 NF PE RVU:** 0.44
2007 Fac PE RVU NA **2012 Fac PE RVU:** NA

RUC Recommendation: 0.45 **CPT Action (if applicable):** October 2010 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

92588 **Distortion product evoked otoacoustic emissions; comprehensive diagnostic evaluation (quantitative analysis of outer hair cell function by cochlear mapping, minimum of 12 frequencies), with interpretation and report**

Global: XXX **Issue:** Otoacoustic Emissions Measurement **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 35 **Specialty Developing Recommendation:** ASHA **First Identified:** **2010 Medicare Utilization Data:** 138,056

2007 Work RVU: 0.36 **2012 Work RVU:** 0.55
2007 NF PE RVU: 1.48 **2012 NF PE RVU:** 0.68
2007 Fac PE RVU NA **2012 Fac PE RVU:** NA

RUC Recommendation: 0.60 **CPT Action (if applicable):** February 2011 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

92597 **Evaluation for use and/or fitting of voice prosthetic device to supplement oral speech**

Global: XXX **Issue:** Speech Language Pathology Services (RUC) **Screen:** CMS Request/Speech Language Pathology Request **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 30 **Specialty Developing Recommendation:** ASHA **First Identified:** NA **2010 Medicare Utilization Data:** 2,619

2007 Work RVU: 0.86 **2012 Work RVU:** 1.26
2007 NF PE RVU: 1.69 **2012 NF PE RVU:** 1.11
2007 Fac PE RVU 0.4 **2012 Fac PE RVU:** NA

RUC Recommendation: 1.48 work RVU and clinical staff time removed **CPT Action (if applicable):** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

925X1

Global: **Issue:** Speech Evaluation **Screen:** CMS Request/Speech Language Pathology Request **Complete?** No

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:** **First Identified:** **2010 Medicare Utilization Data:**

2007 Work RVU: **2012 Work RVU:**
2007 NF PE RVU: **2012 NF PE RVU:**
2007 Fac PE RVU **2012 Fac PE RVU:**

RUC Recommendation: **CPT Action (if applicable):** October 2012 **Result:**

Referred to CPT Asst ☐ **Published in CPT Asst:**

925X2

Global: **Issue:** Speech Evaluation **Screen:** CMS Request/Speech Language Pathology Request **Complete?** No

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:** **First Identified:** **2010 Medicare Utilization Data:**

2007 Work RVU: **2012 Work RVU:**
2007 NF PE RVU: **2012 NF PE RVU:**
2007 Fac PE RVU **2012 Fac PE RVU:**

RUC Recommendation: **CPT Action (if applicable):** October 2012 **Result:**

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

925X3

Global: **Issue:** Speech Evaluation **Screen:** CMS Request/Speech Language Pathology Request **Complete?** No

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:** **First Identified:** **2010 Medicare Utilization Data:**

2007 Work RVU: **2012 Work RVU:**
2007 NF PE RVU: **2012 NF PE RVU:**
2007 Fac PE RVU **2012 Fac PE RVU:**

RUC Recommendation: **CPT Action (if applicable):** October 2012 **Result:**
Referred to CPT Asst ☐ **Published in CPT Asst:**

925X4

Global: **Issue:** Speech Evaluation **Screen:** CMS Request/Speech Language Pathology Request **Complete?** No

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:** **First Identified:** **2010 Medicare Utilization Data:**

2007 Work RVU: **2012 Work RVU:**
2007 NF PE RVU: **2012 NF PE RVU:**
2007 Fac PE RVU **2012 Fac PE RVU:**

RUC Recommendation: **CPT Action (if applicable):** October 2012 **Result:**
Referred to CPT Asst ☐ **Published in CPT Asst:**

92605 **Evaluation for prescription of non-speech-generating augmentative and alternative communication device, face-to-face with the patient; first hour**

Global: XXX **Issue:** Eval of Rx for Non-Speech Generating Device **Screen:** CMS Request/Speech Language Pathology Request **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 35 **Specialty Developing Recommendation:** ASHA **First Identified:** **2010 Medicare Utilization Data:**

2007 Work RVU: 0.00 **2012 Work RVU:** 1.75
2007 NF PE RVU: 0 **2012 NF PE RVU:** 0.83
2007 Fac PE RVU 0 **2012 Fac PE RVU:** 0.71

RUC Recommendation: 1.75 **CPT Action (if applicable):** February 2011 **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

92606 **Therapeutic service(s) for the use of non-speech-generating device, including programming and modification**

Global: XXX **Issue:** Speech Language Pathology Services **Screen:** CMS Request/Speech Language Pathology Request **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab** 28 **Specialty Developing Recommendation:** ASHA **First Identified:** **2010 Medicare Utilization Data:**

2007 Work RVU: 0.00 **2012 Work RVU:** 1.4
2007 NF PE RVU: 0 **2012 NF PE RVU:** 0.91
2007 Fac PE RVU 0 **2012 Fac PE RVU:** 0.57

RUC Recommendation: 1.40 work RVU and clinical staff time removed **CPT Action (if applicable):** **Result:** Decrease

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:** **2010 Medicare Utilization Data:** 362

2007 Work RVU: 0.00 **2012 Work RVU:** 1.85
2007 NF PE RVU: 3.38 **2012 NF PE RVU:** 2.24
2007 Fac PE RVU NA **2012 Fac PE RVU:** NA

RUC Recommendation: 1.85 work RVU and clinical staff time removed **CPT Action (if applicable):** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

92608 **Evaluation for prescription for speech-generating augmentative and alternative communication device, face-to-face with the patient; each additional 30 minutes (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Speech Language Pathology Services **Screen:** CMS Request/Speech Language Pathology Request **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab** 28 **Specialty Developing Recommendation:** ASHA **First Identified:** **2010 Medicare Utilization Data:** 140

2007 Work RVU: 0.00 **2012 Work RVU:** 0.7
2007 NF PE RVU: 0.63 **2012 NF PE RVU:** 0.61
2007 Fac PE RVU NA **2012 Fac PE RVU:** NA

RUC Recommendation: 0.70 work RVU and clinical staff time removed **CPT Action (if applicable):** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

92609 **Therapeutic services for the use of speech-generating device, including programming and modification**

Global: XXX **Issue:** Speech Language Pathology Services **Screen:** CMS Request/Speech Language Pathology Request **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab** 28 **Specialty Developing Recommendation:** ASHA **First Identified:** **2010 Medicare Utilization Data:** 2,844

2007 Work RVU: 0.00 **2012 Work RVU:** 1.5
2007 NF PE RVU: 1.77 **2012 NF PE RVU:** 1.40
2007 Fac PE RVU NA **2012 Fac PE RVU:** NA

RUC Recommendation: 1.50 work RVU and clinical staff time removed **CPT Action (if applicable):** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

92610 **Evaluation of oral and pharyngeal swallowing function**

Global: XXX **Issue:** Speech Language Pathology Services (RUC) **Screen:** CMS Request/Speech Language Pathology Request **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 30 **Specialty Developing Recommendation:** ASHA, AAO-HNS **First Identified:** NA **2010 Medicare Utilization Data:** 11,392

2007 Work RVU: 0.00 **2012 Work RVU:** 1.3
2007 NF PE RVU: 2.98 **2012 NF PE RVU:** 1.26
2007 Fac PE RVU NA **2012 Fac PE RVU:** 0.60

RUC Recommendation: 1.30 work RVU and clinical staff time removed **CPT Action (if applicable):** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

92611 **Motion fluoroscopic evaluation of swallowing function by cine or video recording**

Global: XXX **Issue:** Speech Language Pathology Services (HCPAC) **Screen:** CMS Request/Speech Language Pathology Request **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 39 **Specialty Developing Recommendation:** ASHA **First Identified:** NA **2010 Medicare Utilization Data:** 7,976

2007 Work RVU: 0.00 **2012 Work RVU:** 1.34
2007 NF PE RVU: 3.04 **2012 NF PE RVU:** 1.47
2007 Fac PE RVU NA **2012 Fac PE RVU:** NA

RUC Recommendation: 1.34 work RVU and clinical staff time removed **CPT Action (if applicable):** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

92618 **Evaluation for prescription of non-speech-generating augmentative and alternative communication device, face-to-face with the patient; each additional 30 minutes (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Eval of Rx for Non-Speech Generating Device **Screen:** CMS Request/Speech Language Pathology Request **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 35 **Specialty Developing Recommendation:** ASHA **First Identified:** **2010 Medicare Utilization Data:**

2007 Work RVU: **2012 Work RVU:** 0.65
2007 NF PE RVU: **2012 NF PE RVU:** 0.28
2007 Fac PE RVU **2012 Fac PE RVU:** 0.26

RUC Recommendation: 0.65 **CPT Action (if applicable):** February 2011 **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

92620 **Evaluation of central auditory function, with report; initial 60 minutes**

Global: XXX **Issue:** Audiology Services **Screen:** CMS Request - Audiology Services **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab** 17 **Specialty Developing Recommendation:** ASHA, AAO-HNS **First Identified:** NA **2010 Medicare Utilization Data:** 1,254

2007 Work RVU: 0.00 **2012 Work RVU:** 1.5
2007 NF PE RVU: 1.32 **2012 NF PE RVU:** 1.02
2007 Fac PE RVU NA **2012 Fac PE RVU:** 0.77

RUC Recommendation: 1.50 **CPT Action (if applicable):** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

92621 **Evaluation of central auditory function, with report; each additional 15 minutes (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Audiology Services **Screen:** CMS Request - Audiology Services **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab** 17 **Specialty Developing Recommendation:** ASHA, AAO-HNS **First Identified:** NA **2010 Medicare Utilization Data:** 38

2007 Work RVU: 0.00 **2012 Work RVU:** 0.35
2007 NF PE RVU: 0.29 **2012 NF PE RVU:** 0.26
2007 Fac PE RVU NA **2012 Fac PE RVU:** 0.17

RUC Recommendation: 0.35 **CPT Action (if applicable):** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

92625 **Assessment of tinnitus (includes pitch, loudness matching, and masking)** **Global:** XXX **Issue:** Audiology Services **Screen:** CMS Request - Audiology Services **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab** 17 **Specialty Developing Recommendation:** ASHA, AAO-HNS **First Identified:** NA **2010 Medicare Utilization Data:** 5,764

2007 Work RVU: 0.00 **2012 Work RVU:** 1.15
2007 NF PE RVU: 1.3 **2012 NF PE RVU:** 0.76
2007 Fac PE RVU 1.30 **2012 Fac PE RVU:**0.58

RUC Recommendation: 1.15 **CPT Action (if applicable):** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

92626 **Evaluation of auditory rehabilitation status; first hour** **Global:** XXX **Issue:** Audiology Services **Screen:** CMS Request - Audiology Services **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab** 17 **Specialty Developing Recommendation:** ASHA, AAO-HNS **First Identified:** NA **2010 Medicare Utilization Data:** 14,127

2007 Work RVU: 0.00 **2012 Work RVU:** 1.4
2007 NF PE RVU: 2.11 **2012 NF PE RVU:** 1.11
2007 Fac PE RVU NA **2012 Fac PE RVU:**0.78

RUC Recommendation: 1.40 **CPT Action (if applicable):** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

92627 **Evaluation of auditory rehabilitation status; each additional 15 minutes (List separately in addition to code for primary procedure)** **Global:** ZZZ **Issue:** Audiology Services **Screen:** CMS Request - Audiology Services **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab** 17 **Specialty Developing Recommendation:** ASHA, AAO-HNS **First Identified:** NA **2010 Medicare Utilization Data:** 3,366

2007 Work RVU: 0.00 **2012 Work RVU:** 0.33
2007 NF PE RVU: 0.52 **2012 NF PE RVU:** 0.30
2007 Fac PE RVU 0.52 **2012 Fac PE RVU:**0.19

RUC Recommendation: 0.33 **CPT Action (if applicable):** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

92640 **Diagnostic analysis with programming of auditory brainstem implant, per hour** **Global:** XXX **Issue:** Audiology Services **Screen:** CMS Request - Audiology Services **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab** 17 **Specialty Developing Recommendation:** ASHA, AAO-HNS **First Identified:** NA **2010 Medicare Utilization Data:** 14

2007 Work RVU: 0.00 **2012 Work RVU:** 1.76
2007 NF PE RVU: 1.4 **2012 NF PE RVU:** 1.20
2007 Fac PE RVU 1.40 **2012 Fac PE RVU:**0.78

RUC Recommendation: 1.76 **CPT Action (if applicable):** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

92920 **Percutaneous transluminal coronary angioplasty; single major coronary artery or branch**

Global: **Issue:** Percutaneous Coronary Intervention **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 10 **Specialty Developing Recommendation:** ACC **First Identified:** October 2010 **2010 Medicare Utilization Data:**

2007 Work RVU: **2012 Work RVU:**
2007 NF PE RVU: **2012 NF PE RVU:**
2007 Fac PE RVU **2012 Fac PE RVU:**

RUC Recommendation: 9.00 **CPT Action (if applicable):** October 2011 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

92921 **Percutaneous transluminal coronary angioplasty; each additional branch of a major coronary artery (List separately in addition to code for primary procedure)**

Global: **Issue:** Percutaneous Coronary Intervention **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 10 **Specialty Developing Recommendation:** ACC **First Identified:** October 2010 **2010 Medicare Utilization Data:**

2007 Work RVU: **2012 Work RVU:**
2007 NF PE RVU: **2012 NF PE RVU:**
2007 Fac PE RVU **2012 Fac PE RVU:**

RUC Recommendation: 4.00 **CPT Action (if applicable):** October 2011 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

92924 **Percutaneous transluminal coronary atherectomy, with coronary angioplasty when performed; single major coronary artery or branch**

Global: **Issue:** Percutaneous Coronary Intervention **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 10 **Specialty Developing Recommendation:** ACC **First Identified:** October 2010 **2010 Medicare Utilization Data:**

2007 Work RVU: **2012 Work RVU:**
2007 NF PE RVU: **2012 NF PE RVU:**
2007 Fac PE RVU **2012 Fac PE RVU:**

RUC Recommendation: 11.00 **CPT Action (if applicable):** October 2011 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

92925 **Percutaneous transluminal coronary atherectomy, with coronary angioplasty when performed; each additional branch of a major coronary artery (List separately in addition to code for primary procedure)**

Global: **Issue:** Percutaneous Coronary Intervention **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 10 **Specialty Developing Recommendation:** ACC **First Identified:** October 2010 **2010 Medicare Utilization Data:**

2007 Work RVU: **2012 Work RVU:**
2007 NF PE RVU: **2012 NF PE RVU:**
2007 Fac PE RVU **2012 Fac PE RVU:**

RUC Recommendation: 5.00 **CPT Action (if applicable):** October 2011 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

92928 **Percutaneous transcatheter placement of intracoronary stent(s), with coronary angioplasty when performed; single major coronary artery or branch**

Global: **Issue:** Percutaneous Coronary Intervention **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 10 **Specialty Developing Recommendation:** ACC **First Identified:** October 2010 **2010 Medicare Utilization Data:**

2007 Work RVU: **2012 Work RVU:**
2007 NF PE RVU: **2012 NF PE RVU:**
2007 Fac PE RVU **2012 Fac PE RVU:**

RUC Recommendation: 10.49 **CPT Action (if applicable):** October 2011 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

92929 **Percutaneous transcatheter placement of intracoronary stent(s), with coronary angioplasty when performed; each additional branch of a major coronary artery (List separately in addition to code for primary procedure)**

Global: **Issue:** Percutaneous Coronary Intervention **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 10 **Specialty Developing Recommendation:** ACC **First Identified:** October 2010 **2010 Medicare Utilization Data:**

2007 Work RVU: **2012 Work RVU:**
2007 NF PE RVU: **2012 NF PE RVU:**
2007 Fac PE RVU **2012 Fac PE RVU:**

RUC Recommendation: 4.44 **CPT Action (if applicable):** October 2011 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

92933 **Percutaneous transluminal coronary atherectomy, with intracoronary stent, with coronary angioplasty when performed; single major coronary artery or branch**

Global: **Issue:** Percutaneous Coronary Intervention **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 10 **Specialty Developing Recommendation:** ACC **First Identified:** October 2010 **2010 Medicare Utilization Data:**

2007 Work RVU: **2012 Work RVU:**
2007 NF PE RVU: **2012 NF PE RVU:**
2007 Fac PE RVU **2012 Fac PE RVU:**

RUC Recommendation: 12.32 **CPT Action (if applicable):** October 2011 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

92934 **Percutaneous transluminal coronary atherectomy, with intracoronary stent, with coronary angioplasty when performed; each additional branch of a major coronary artery (List separately in addition to code for primary procedure)**

Global: **Issue:** Percutaneous Coronary Intervention **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 10 **Specialty Developing Recommendation:** ACC **First Identified:** October 2010 **2010 Medicare Utilization Data:**

2007 Work RVU: **2012 Work RVU:**
2007 NF PE RVU: **2012 NF PE RVU:**
2007 Fac PE RVU **2012 Fac PE RVU:**

RUC Recommendation: 5.50 **CPT Action (if applicable):** October 2011 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

92937 **Percutaneous transluminal revascularization of or through coronary artery bypass graft (internal mammary, free arterial, venous), any combination of intracoronary stent, atherectomy and angioplasty, including distal protection when performed; single vessel**

Global: **Issue:** Percutaneous Coronary Intervention **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 10 **Specialty Developing Recommendation:** ACC **First Identified:** October 2010 **2010 Medicare Utilization Data:**

2007 Work RVU: **2012 Work RVU:**
2007 NF PE RVU: **2012 NF PE RVU:**
2007 Fac PE RVU **2012 Fac PE RVU:**

RUC Recommendation: 10.49 **CPT Action (if applicable):** October 2011 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

92938 **Percutaneous transluminal revascularization of or through coronary artery bypass graft (internal mammary, free arterial, venous), any combination of intracoronary stent, atherectomy and angioplasty, including distal protection when performed; each additional branch subtended by the bypass graft (List separately in addition to code for primary procedure)**

Global: **Issue:** Percutaneous Coronary Intervention **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 10 **Specialty Developing Recommendation:** ACC **First Identified:** October 2010 **2010 Medicare Utilization Data:**

2007 Work RVU: **2012 Work RVU:**
2007 NF PE RVU: **2012 NF PE RVU:**
2007 Fac PE RVU **2012 Fac PE RVU:**

RUC Recommendation: 6.00 **CPT Action (if applicable):** October 2011 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

92941 **Percutaneous transluminal revascularization of acute total/subtotal occlusion during acute myocardial infarction, coronary artery or coronary artery bypass graft, any combination of intracoronary stent, atherectomy and angioplasty, including aspiration thrombectomy when performed, single vessel**

Global: **Issue:** Percutaneous Coronary Intervention **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 10 **Specialty Developing Recommendation:** ACC **First Identified:** October 2010 **2010 Medicare Utilization Data:**

2007 Work RVU: **2012 Work RVU:**
2007 NF PE RVU: **2012 NF PE RVU:**
2007 Fac PE RVU **2012 Fac PE RVU:**

RUC Recommendation: 12.32 **CPT Action (if applicable):** October 2011 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

92943 **Percutaneous transluminal revascularization of chronic total occlusion, coronary artery, coronary artery branch, or coronary artery bypass graft, any combination of intracoronary stent, atherectomy and angioplasty; single vessel**

Global: **Issue:** Percutaneous Coronary Intervention **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 10 **Specialty Developing Recommendation:** ACC **First Identified:** October 2010 **2010 Medicare Utilization Data:**

2007 Work RVU: **2012 Work RVU:**
2007 NF PE RVU: **2012 NF PE RVU:**
2007 Fac PE RVU **2012 Fac PE RVU:**

RUC Recommendation: 12.32 **CPT Action (if applicable):** October 2011 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

92944 **Percutaneous transluminal revascularization of chronic total occlusion, coronary artery, coronary artery branch, or coronary artery bypass graft, any combination of intracoronary stent, atherectomy and angioplasty; each additional coronary artery, coronary artery branch, or bypass graft (List separately in addition to code for primary procedure)**

Global: **Issue:** Percutaneous Coronary Intervention **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 10 **Specialty Developing Recommendation:** ACC **First Identified:** October 2010 **2010 Medicare Utilization Data:**

2007 Work RVU: **2012 Work RVU:**
2007 NF PE RVU: **2012 NF PE RVU:**
2007 Fac PE RVU **2012 Fac PE RVU:**

RUC Recommendation: 6.00 **CPT Action (if applicable):** October 2011 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

92960 **Cardioversion, elective, electrical conversion of arrhythmia; external**

Global: 000 **Issue:** Cardioversion **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 19 **Specialty Developing Recommendation:** ACC

First Identified: October 2009

2010 Medicare Utilization Data: 135,541

2007 Work RVU: 2.25 **2012 Work RVU:** 2.25
2007 NF PE RVU: 5.83 **2012 NF PE RVU:** 4.02
2007 Fac PE RVU 1.25 **2012 Fac PE RVU:**1.24

RUC Recommendation: 2.25

CPT Action (if applicable):

Result: Maintain

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: 000 **Issue:** Percutaneous Coronary Intervention **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 10 **Specialty Developing Recommendation:** ACC

First Identified: October 2010

2010 Medicare Utilization Data: 322,682

2007 Work RVU: 14.82 **2012 Work RVU:** 14.82
2007 NF PE RVU: NA **2012 NF PE RVU:** NA
2007 Fac PE RVU 6.65 **2012 Fac PE RVU:**6.55

RUC Recommendation: Deleted from CPT

CPT Action (if applicable): October 2011

Result: Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

92981 **Transcatheter placement of an intracoronary stent(s), percutaneous, with or without other therapeutic intervention, any method; each additional vessel (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Percutaneous Coronary Intervention **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 10 **Specialty Developing Recommendation:** ACC

First Identified: October 2010

2010 Medicare Utilization Data: 38,315

2007 Work RVU: 4.16 **2012 Work RVU:** 4.16
2007 NF PE RVU: NA **2012 NF PE RVU:** NA
2007 Fac PE RVU 1.80 **2012 Fac PE RVU:**1.78

RUC Recommendation: Deleted from CPT

CPT Action (if applicable): October 2011

Result: Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

92982 **Percutaneous transluminal coronary balloon angioplasty; single vessel**

Global: 000 **Issue:** Percutaneous Coronary Intervention **Screen:** MPC List / Harvard-Valued Annual Allowed Charges Greater than $10 million **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 10 **Specialty Developing Recommendation:** ACC **First Identified:** October 2010 **2010 Medicare Utilization Data:** 26,848

2007 Work RVU: 10.96 **2012 Work RVU:** 10.96
2007 NF PE RVU: NA **2012 NF PE RVU:** NA
2007 Fac PE RVU 4.97 **2012 Fac PE RVU:** 4.90

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** October 2011 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

92984 **Percutaneous transluminal coronary balloon angioplasty; each additional vessel (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Percutaneous Coronary Intervention **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 10 **Specialty Developing Recommendation:** ACC **First Identified:** October 2010 **2010 Medicare Utilization Data:** 7,153

2007 Work RVU: 2.97 **2012 Work RVU:** 2.97
2007 NF PE RVU: NA **2012 NF PE RVU:** NA
2007 Fac PE RVU 1.28 **2012 Fac PE RVU:** 1.27

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** October 2011 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

92986 **Percutaneous balloon valvuloplasty; aortic valve**

Global: 090 **Issue:** Valvuloplasty **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab** 26 **Specialty Developing Recommendation:** ACC **First Identified:** October 2008 **2010 Medicare Utilization Data:** 2,744

2007 Work RVU: 22.70 **2012 Work RVU:** 22.85
2007 NF PE RVU: NA **2012 NF PE RVU:** NA
2007 Fac PE RVU 12.84 **2012 Fac PE RVU:** 12.91

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** **Result:** Remove from Screen
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

92995 **Percutaneous transluminal coronary atherectomy, by mechanical or other method, with or without balloon angioplasty; single vessel**

Global: 000 **Issue:** Percutaneous Coronary Intervention **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 10 **Specialty Developing Recommendation:** ACC **First Identified:** October 2010 **2010 Medicare Utilization Data:** 1,167

2007 Work RVU: 12.07 **2012 Work RVU:** 12.07
2007 NF PE RVU: NA **2012 NF PE RVU:** NA
2007 Fac PE RVU 5.45 **2012 Fac PE RVU:** 5.38

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** October 2011 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

92996 **Percutaneous transluminal coronary atherectomy, by mechanical or other method, with or without balloon angioplasty; each additional vessel (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Percutaneous Coronary Intervention **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 10 **Specialty Developing Recommendation:** ACC **First Identified:** October 2010 **2010 Medicare Utilization Data:** 231

2007 Work RVU: 3.26 **2012 Work RVU:** 3.26
2007 NF PE RVU: NA **2012 NF PE RVU:** NA
2007 Fac PE RVU 1.41 **2012 Fac PE RVU:** 1.39

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** October 2011 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

93000 **Electrocardiogram, routine ECG with at least 12 leads; with interpretation and report**

Global: XXX **Issue:** Electrocardiogram **Screen:** CMS High Expenditure Procedural Codes **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 20 **Specialty Developing Recommendation:** AAFP, ACC, ACP **First Identified:** September 2011 **2010 Medicare Utilization Data:** 11,783,610

2007 Work RVU: 0.17 **2012 Work RVU:** 0.17
2007 NF PE RVU: 0.47 **2012 NF PE RVU:** 0.37
2007 Fac PE RVU NA **2012 Fac PE RVU:** NA

RUC Recommendation: 0.17 **CPT Action (if applicable):** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93005 **Electrocardiogram, routine ECG with at least 12 leads; tracing only, without interpretation and report**

Global: XXX **Issue:** Electrocardiogram **Screen:** High Volume Growth / CMS High Expenditure Procedural Codes **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 20 **Specialty Developing Recommendation:** AAFP, ACC, ACP **First Identified:** February 2008 **2010 Medicare Utilization Data:** 701,492

2007 Work RVU: 0.00 **2012 Work RVU:** 0
2007 NF PE RVU: 0.41 **2012 NF PE RVU:** 0.30
2007 Fac PE RVU NA **2012 Fac PE RVU:** NA

RUC Recommendation: 0.00 **CPT Action (if applicable):** **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

93010 **Electrocardiogram, routine ECG with at least 12 leads; interpretation and report only**

Global: XXX **Issue:** Electrocardiogram **Screen:** MPC List / CMS High Expenditure Procedural Codes **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 20 **Specialty Developing Recommendation:** AAFP, ACC, ACP **First Identified:** October 2010 **2010 Medicare Utilization Data:** 19,647,347

2007 Work RVU: 0.17 **2012 Work RVU:** 0.17
2007 NF PE RVU: 0.06 **2012 NF PE RVU:** 0.07
2007 Fac PE RVU 0.06 **2012 Fac PE RVU:** 0.07

RUC Recommendation: 0.17 **CPT Action (if applicable):** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

93012 **Deleted from CPT**

Global: XXX **Issue:** External Cardiovascular Device Monitoring **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 25 **Specialty Developing Recommendation:** ACC **First Identified:** **2010 Medicare Utilization Data:** 9,372

2007 Work RVU: 0.00 **2012 Work RVU:**
2007 NF PE RVU: 5.55 **2012 NF PE RVU:**
2007 Fac PE RVU NA **2012 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** February 2010 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93014 **Deleted from CPT**

Global: XXX **Issue:** External Cardiovascular Device Monitoring **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 25 **Specialty Developing Recommendation:** ACC **First Identified:** **2010 Medicare Utilization Data:** 26,172

2007 Work RVU: 0.52 **2012 Work RVU:**
2007 NF PE RVU: 0.2 **2012 NF PE RVU:**
2007 Fac PE RVU 0.20 **2012 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** February 2010 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

93015 **Cardiovascular stress test using maximal or submaximal treadmill or bicycle exercise, continuous electrocardiographic monitoring, and/or pharmacological stress; with supervision, interpretation and report**

Global: XXX **Issue:** Cardiovascular Stress Tests **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 47 **Specialty Developing Recommendation:** ACC **First Identified:** February 2010 **2010 Medicare Utilization Data:** 1,711,584

2007 Work RVU: 0.75 **2012 Work RVU:** 0.75
2007 NF PE RVU: 1.95 **2012 NF PE RVU:** 1.82
2007 Fac PE RVU NA **2012 Fac PE RVU:** NA

RUC Recommendation: 0.75. CPT Assistant published. **CPT Action (if applicable):** October 2010 **Result:** Maintain

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 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 47 **Specialty Developing Recommendation:** ACC **First Identified:** February 2010 **2010 Medicare Utilization Data:** 1,122,304

2007 Work RVU: 0.45 **2012 Work RVU:** 0.45
2007 NF PE RVU: 0.19 **2012 NF PE RVU:** 0.19
2007 Fac PE RVU 0.19 **2012 Fac PE RVU:** 0.19

RUC Recommendation: 0.45 **CPT Action (if applicable):** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93017 **Cardiovascular stress test using maximal or submaximal treadmill or bicycle exercise, continuous electrocardiographic monitoring, and/or pharmacological stress; tracing only, without interpretation and report**

Global: XXX **Issue:** Cardiovascular Stress Tests **Screen:** High Volume Growth / CMS Request - Practice Expense Review / Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 45 **Specialty Developing Recommendation:** ACC **First Identified:** February 2008 **2010 Medicare Utilization Data:** 181,692

2007 Work RVU: 0.00 **2012 Work RVU:** 0
2007 NF PE RVU: 1.64 **2012 NF PE RVU:** 1.50
2007 Fac PE RVU NA **2012 Fac PE RVU:** NA

RUC Recommendation: New PE inputs **CPT Action (if applicable):** **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

93018 **Cardiovascular stress test using maximal or submaximal treadmill or bicycle exercise, continuous electrocardiographic monitoring, and/or pharmacological stress; interpretation and report only**

Global: XXX **Issue:** Cardiovascular Stress Tests and Echocardiography **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 47 **Specialty Developing Recommendation:** ACC **First Identified:** February 2010 **2010 Medicare Utilization Data:** 1,293,317

2007 Work RVU: 0.30 **2012 Work RVU:** 0.3
2007 NF PE RVU: 0.12 **2012 NF PE RVU:** 0.13
2007 Fac PE RVU 0.12 **2012 Fac PE RVU:** 0.13

RUC Recommendation: 0.30 **CPT Action (if applicable):** October 2010 **Result:** Maintain

Referred to CPT Asst ☑ **Published in CPT Asst:** Jan 2010

93025 **Microvolt T-wave alternans for assessment of ventricular arrhythmias**

Global: XXX **Issue:** Microvolt T-Wave Assessment **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab** 18 **Specialty Developing Recommendation:** ACC **First Identified:** NA **2010 Medicare Utilization Data:** 5,061

2007 Work RVU: 0.75 **2012 Work RVU:** 0.75
2007 NF PE RVU: 6.67 **2012 NF PE RVU:** 4.52
2007 Fac PE RVU NA **2012 Fac PE RVU:** NA

RUC Recommendation: New PE Inputs **CPT Action (if applicable):** **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93040 **Rhythm ECG, 1-3 leads; with interpretation and report** **Global:** XXX **Issue:** Rhythm EKG **Screen:** Top 9 Harvard **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 34 **Specialty Developing Recommendation:** ACC **First Identified:** February 2009 **2010 Medicare Utilization Data:** 152,998

2007 Work RVU: 0.16 **2012 Work RVU:** 0.15
2007 NF PE RVU: 0.2 **2012 NF PE RVU:** 0.21
2007 Fac PE RVU NA **2012 Fac PE RVU:** NA

RUC Recommendation: 0.15 **CPT Action (if applicable):** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

93041 **Rhythm ECG, 1-3 leads; tracing only without interpretation and report** **Global:** XXX **Issue:** Rhythm EKG **Screen:** Top 9 Harvard **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 34 **Specialty Developing Recommendation:** ACC **First Identified:** February 2009 **2010 Medicare Utilization Data:** 17,143

2007 Work RVU: 0.00 **2012 Work RVU:** 0
2007 NF PE RVU: 0.15 **2012 NF PE RVU:** 0.16
2007 Fac PE RVU NA **2012 Fac PE RVU:** NA

RUC Recommendation: 0.00 (PE only) **CPT Action (if applicable):** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

93042 **Rhythm ECG, 1-3 leads; interpretation and report only** **Global:** XXX **Issue:** Rhythm EKG **Screen:** Top 9 Harvard **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 34 **Specialty Developing Recommendation:** ACC, ACEP **First Identified:** October 2008 **2010 Medicare Utilization Data:** 878,371

2007 Work RVU: 0.16 **2012 Work RVU:** 0.15
2007 NF PE RVU: 0.05 **2012 NF PE RVU:** 0.05
2007 Fac PE RVU 0.05 **2012 Fac PE RVU:** 0.05

RUC Recommendation: 0.15 **CPT Action (if applicable):** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

93224 **External electrocardiographic recording up to 48 hours by continuous rhythm recording and storage; includes recording, scanning analysis with report, review and interpretation by a physician or other qualified health care professional** **Global:** XXX **Issue:** External Cardiovascular Device Monitoring **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 25 **Specialty Developing Recommendation:** ACC **First Identified:** October 2009 **2010 Medicare Utilization Data:** 221,981

2007 Work RVU: 0.52 **2012 Work RVU:** 0.52
2007 NF PE RVU: 3.29 **2012 NF PE RVU:** 2.36
2007 Fac PE RVU NA **2012 Fac PE RVU:** NA

RUC Recommendation: 0.52 **CPT Action (if applicable):** February 2010 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93225 **External electrocardiographic recording up to 48 hours by continuous rhythm recording and storage; recording (includes connection, recording, and disconnection)**

Global: XXX **Issue:** External Cardiovascular Device Monitoring **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 25 **Specialty Developing Recommendation:** ACC **First Identified:** **2010 Medicare Utilization Data:** 71,686

2007 Work RVU: 0.00 **2012 Work RVU:** 0
2007 NF PE RVU: 1.2 **2012 NF PE RVU:** 0.85
2007 Fac PE RVU NA **2012 Fac PE RVU:** NA

RUC Recommendation: N/A no physician work **CPT Action (if applicable):** February 2010 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

93226 **External electrocardiographic recording up to 48 hours by continuous rhythm recording and storage; scanning analysis with report**

Global: XXX **Issue:** External Cardiovascular Device Monitoring **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 25 **Specialty Developing Recommendation:** ACC **First Identified:** **2010 Medicare Utilization Data:** 65,865

2007 Work RVU: 0.00 **2012 Work RVU:** 0
2007 NF PE RVU: 1.88 **2012 NF PE RVU:** 1.26
2007 Fac PE RVU NA **2012 Fac PE RVU:** NA

RUC Recommendation: N/A no physician work **CPT Action (if applicable):** February 2010 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

93227 **External electrocardiographic recording up to 48 hours by continuous rhythm recording and storage; review and interpretation by a physician or other qualified health care professional**

Global: XXX **Issue:** External Cardiovascular Device Monitoring **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 25 **Specialty Developing Recommendation:** ACC **First Identified:** October 2009 **2010 Medicare Utilization Data:** 255,481

2007 Work RVU: 0.52 **2012 Work RVU:** 0.52
2007 NF PE RVU: 0.21 **2012 NF PE RVU:** 0.25
2007 Fac PE RVU 0.21 **2012 Fac PE RVU:** 0.25

RUC Recommendation: 0.52 **CPT Action (if applicable):** Feburary 2010 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93228 **External mobile cardiovascular telemetry with electrocardiographic recording, concurrent computerized real time data analysis and greater than 24 hours of accessible ECG data storage (retrievable with query) with ECG triggered and patient selected events transmitted to a remote attended surveillance center for up to 30 days; review and interpretation with report by a physician or other qualified health care professional**

Global: XXX **Issue:** External Cardiovascular Device Monitoring **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 25 **Specialty Developing Recommendation:** ACC **First Identified:** **2010 Medicare Utilization Data:** 56,041

2007 Work RVU: **2012 Work RVU:** 0.52
2007 NF PE RVU: **2012 NF PE RVU:** 0.20
2007 Fac PE RVU **2012 Fac PE RVU:** 0.20

RUC Recommendation: 0.52 **CPT Action (if applicable):** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

93229 **External mobile cardiovascular telemetry with electrocardiographic recording, concurrent computerized real time data analysis and greater than 24 hours of accessible ECG data storage (retrievable with query) with ECG triggered and patient selected events transmitted to a remote attended surveillance center for up to 30 days; technical support for connection and patient instructions for use, attended surveillance, analysis and transmission of daily and emergent data reports as prescribed by a physician or other qualified health care professional**

Global: XXX **Issue:** External Cardiovascular Device Monitoring **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 25 **Specialty Developing Recommendation:** ACC **First Identified:** **2010 Medicare Utilization Data:** 82,117

2007 Work RVU: **2012 Work RVU:** 0
2007 NF PE RVU: **2012 NF PE RVU:** 20.38
2007 Fac PE RVU **2012 Fac PE RVU:** NA

RUC Recommendation: Contractor Priced **CPT Action (if applicable):** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

93230 **Deleted from CPT**

Global: XXX **Issue:** Cardiac Device Monitoring **Screen:** CMS Request - 2009 Final Rule, Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 31 **Specialty Developing Recommendation:** ACC **First Identified:** NA **2010 Medicare Utilization Data:** 344,582

2007 Work RVU: 0.52 **2012 Work RVU:**
2007 NF PE RVU: 3.49 **2012 NF PE RVU:**
2007 Fac PE RVU NA **2012 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** February 2010 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93231 **Deleted from CPT**

Global: XXX **Issue:** External Cardiovascular Device Monitoring **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 25 **Specialty Developing Recommendation:**

First Identified:

2010 Medicare Utilization Data: 71,281

2007 Work RVU: 0.00 **2012 Work RVU:**

2007 NF PE RVU: 1.37 **2012 NF PE RVU:**

2007 Fac PE RVU NA **2012 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

CPT Action (if applicable): February 2010

Result: Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

93232 **Deleted from CPT**

Global: XXX **Issue:** External Cardiovascular Device Monitoring **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 25 **Specialty Developing Recommendation:**

First Identified:

2010 Medicare Utilization Data: 107,563

2007 Work RVU: 0.00 **2012 Work RVU:**

2007 NF PE RVU: 1.92 **2012 NF PE RVU:**

2007 Fac PE RVU NA **2012 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

CPT Action (if applicable): February 2010

Result: Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

93233 **Deleted from CPT**

Global: XXX **Issue:** Cardiac Device Monitoring **Screen:** CMS Request - 2009 Final Rule, Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 31 **Specialty Developing Recommendation:** ACC

First Identified: NA

2010 Medicare Utilization Data: 135,238

2007 Work RVU: 0.52 **2012 Work RVU:**

2007 NF PE RVU: 0.2 **2012 NF PE RVU:**

2007 Fac PE RVU 0.20 **2012 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

CPT Action (if applicable): February 2010

Result: Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93235 **Deleted from CPT**

Global: XXX **Issue:** External Cardiovascular Device Monitoring **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 25 **Specialty Developing Recommendation:**

First Identified:

2010 Medicare Utilization Data: 6,242

2007 Work RVU: 0.00 **2012 Work RVU:**

2007 NF PE RVU: 0 **2012 NF PE RVU:**

2007 Fac PE RVU NA **2012 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

CPT Action (if applicable): February 2010 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

93236 **Deleted from CPT**

Global: XXX **Issue:** Cardiovascular Stress Test **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 38 **Specialty Developing Recommendation:** ACC

First Identified: February 2008

2010 Medicare Utilization Data: 8,967

2007 Work RVU: 0.00 **2012 Work RVU:**

2007 NF PE RVU: 0 **2012 NF PE RVU:**

2007 Fac PE RVU NA **2012 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

CPT Action (if applicable): February 2010 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

93237 **Deleted from CPT**

Global: XXX **Issue:** Wearable Cardiac Device Monitoring **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab** 31 **Specialty Developing Recommendation:** ACC

First Identified: October 2009

2010 Medicare Utilization Data: 121,118

2007 Work RVU: 0.45 **2012 Work RVU:**

2007 NF PE RVU: 0.18 **2012 NF PE RVU:**

2007 Fac PE RVU 0.18 **2012 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

CPT Action (if applicable): February 2010 **Result:** Deleted from 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 interpretation by a physician or other qualified health care professional**

Global: XXX **Issue:** External Cardiovascular Device Monitoring **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 25 **Specialty Developing Recommendation:** ACC **First Identified:** **2010 Medicare Utilization Data:** 23,750

2007 Work RVU: 0.52 **2012 Work RVU:** 0.52
2007 NF PE RVU: 7.02 **2012 NF PE RVU:** 6.45
2007 Fac PE RVU NA **2012 Fac PE RVU:** NA

RUC Recommendation: 0.52 **CPT Action (if applicable):** February 2010 **Result:** Maintain
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, and disconnection)**

Global: XXX **Issue:** External Cardiovascular Device Monitoring **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 25 **Specialty Developing Recommendation:** ACC **First Identified:** **2010 Medicare Utilization Data:** 48,137

2007 Work RVU: 0.00 **2012 Work RVU:** 0
2007 NF PE RVU: 1 **2012 NF PE RVU:** 0.35
2007 Fac PE RVU NA **2012 Fac PE RVU:** NA

RUC Recommendation: New PE inputs **CPT Action (if applicable):** February 2010 **Result:** PE Only
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 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 25 **Specialty Developing Recommendation:** ACC **First Identified:** **2010 Medicare Utilization Data:** 57,902

2007 Work RVU: 0.00 **2012 Work RVU:** 0
2007 NF PE RVU: 5.82 **2012 NF PE RVU:** 5.90
2007 Fac PE RVU NA **2012 Fac PE RVU:** NA

RUC Recommendation: New PE inputs **CPT Action (if applicable):** February 2010 **Result:** PE Only
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 or other qualified health care professional**

Global: XXX **Issue:** External Cardiovascular Device Monitoring **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 25 **Specialty Developing Recommendation:** ACC **First Identified:** **2010 Medicare Utilization Data:** 75,071

2007 Work RVU: 0.52 **2012 Work RVU:** 0.52
2007 NF PE RVU: 0.2 **2012 NF PE RVU:** 0.20
2007 Fac PE RVU 0.20 **2012 Fac PE RVU:** 0.20

RUC Recommendation: 0.52 **CPT Action (if applicable):** February 2010 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

93307 **Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography**

Global: XXX **Issue:** Cardiology Services **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 31 **Specialty Developing Recommendation:** ACC **First Identified:** NA **2010 Medicare Utilization Data:** 93,293

2007 Work RVU: 0.92 **2012 Work RVU:** 0.92
2007 NF PE RVU: 4.1 **2012 NF PE RVU:** 2.93
2007 Fac PE RVU NA **2012 Fac PE RVU:** NA

RUC Recommendation: New PE inputs **CPT Action (if applicable):** **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

93308 **Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, follow-up or limited study**

Global: XXX **Issue:** Echocardiography **Screen:** CMS Fastest Growing, Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab** 26 **Specialty Developing Recommendation:** ACC **First Identified:** October 2008 **2010 Medicare Utilization Data:** 158,574

2007 Work RVU: 0.53 **2012 Work RVU:** 0.53
2007 NF PE RVU: 2.26 **2012 NF PE RVU:** 2.44
2007 Fac PE RVU NA **2012 Fac PE RVU:** NA

RUC Recommendation: Remove from screen **CPT Action (if applicable):** **Result:** Remove from Screen

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93308 **Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, follow-up or limited study**

Global: XXX **Issue:** Transthoracic Echocardiography **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab** 39 **Specialty Developing Recommendation:** ACC **First Identified:** April 2011 **2010 Medicare Utilization Data:** 158,574

2007 Work RVU: 0.53 **2012 Work RVU:** 0.53
2007 NF PE RVU: 2.26 **2012 NF PE RVU:** 2.44
2007 Fac PE RVU NA **2012 Fac PE RVU:** NA

RUC Recommendation: 0.53 **CPT Action (if applicable):** **Result:** Maintain

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:** Cardiology Services **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 31 **Specialty Developing Recommendation:** ACC **First Identified:** NA **2010 Medicare Utilization Data:** 354,057

2007 Work RVU: 0.38 **2012 Work RVU:** 0.38
2007 NF PE RVU: 1.82 **2012 NF PE RVU:** 1.19
2007 Fac PE RVU 1.82 **2012 Fac PE RVU:** NA

RUC Recommendation: New PE inputs **CPT Action (if applicable):** **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

93325 **Doppler echocardiography color flow velocity mapping (List separately in addition to codes for echocardiography)**

Global: ZZZ **Issue:** Cardiology Services **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 31 **Specialty Developing Recommendation:** ACC **First Identified:** NA **2010 Medicare Utilization Data:** 463,975

2007 Work RVU: 0.07 **2012 Work RVU:** 0.07
2007 NF PE RVU: 2.36 **2012 NF PE RVU:** 0.74
2007 Fac PE RVU 2.36 **2012 Fac PE RVU:** NA

RUC Recommendation: New PE inputs **CPT Action (if applicable):** **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93350 **Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;**

Global: XXX **Issue:** Stress Echo with ECG Monitoring **Screen:** Other - Identified by RUC / Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 45 **Specialty Developing Recommendation:** ACC **First Identified:** April 2008 **2010 Medicare Utilization Data:** 181,808

2007 Work RVU: 1.48 **2012 Work RVU:** 1.46
2007 NF PE RVU: 3.03 **2012 NF PE RVU:** 4.58
2007 Fac PE RVU NA **2012 Fac PE RVU:** NA

RUC Recommendation: 1.46; CPT Assistant article published **CPT Action (if applicable):** October 2010 **Result:** Decrease
Referred to CPT Asst ☑ **Published in CPT Asst:** Jan 2010

93451 **Right heart catheterization including measurement(s) of oxygen saturation and cardiac output, when performed**

Global: 000 **Issue:** Diagnostic Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 28 **Specialty Developing Recommendation:** ACC **First Identified:** **2010 Medicare Utilization Data:**

2007 Work RVU: **2012 Work RVU:** 2.72
2007 NF PE RVU: **2012 NF PE RVU:** 20.22
2007 Fac PE RVU **2012 Fac PE RVU:** NA

RUC Recommendation: 3.02 **CPT Action (if applicable):** October 2009 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

93452 **Left heart catheterization including intraprocedural injection(s) for left ventriculography, imaging supervision and interpretation, when performed**

Global: 000 **Issue:** Diagnostic Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 28 **Specialty Developing Recommendation:** ACC **First Identified:** **2010 Medicare Utilization Data:**

2007 Work RVU: **2012 Work RVU:** 4.75
2007 NF PE RVU: **2012 NF PE RVU:** 20.09
2007 Fac PE RVU **2012 Fac PE RVU:** NA

RUC Recommendation: 4.32 **CPT Action (if applicable):** October 2009 **Result:** Decrease
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:** **2010 Medicare Utilization Data:**

2007 Work RVU: **2012 Work RVU:** 6.24
2007 NF PE RVU: **2012 NF PE RVU:** 26.30
2007 Fac PE RVU **2012 Fac PE RVU:** NA

RUC Recommendation: 5.98 **CPT Action (if applicable):** October 2009 **Result:** Decrease
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:** **2010 Medicare Utilization Data:**

2007 Work RVU: **2012 Work RVU:** 4.79
2007 NF PE RVU: **2012 NF PE RVU:** 20.85
2007 Fac PE RVU **2012 Fac PE RVU:** NA

RUC Recommendation: 4.95 **CPT Action (if applicable):** October 2009 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

93455 **Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) including intraprocedural injection(s) for bypass graft angiography**

Global: 000 **Issue:** Diagnostic Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 28 **Specialty Developing Recommendation:** ACC **First Identified:** **2010 Medicare Utilization Data:**

2007 Work RVU: **2012 Work RVU:** 5.54
2007 NF PE RVU: **2012 NF PE RVU:** 24.42
2007 Fac PE RVU **2012 Fac PE RVU:** NA

RUC Recommendation: 6.15 **CPT Action (if applicable):** October 2009 **Result:** Decrease
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 **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 28 **Specialty Developing Recommendation:** ACC **First Identified:** **2010 Medicare Utilization Data:**

2007 Work RVU: **2012 Work RVU:** 6.15
2007 NF PE RVU: **2012 NF PE RVU:** 25.92
2007 Fac PE RVU **2012 Fac PE RVU:** NA

RUC Recommendation: 6.00 **CPT Action (if applicable):** October 2009 **Result:** Decrease
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, venous grafts) including intraprocedural injection(s) for bypass graft angiography and right heart catheterization**

Global: 000 **Issue:** Diagnostic Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 28 **Specialty Developing Recommendation:** ACC **First Identified:** **2010 Medicare Utilization Data:**

2007 Work RVU: **2012 Work RVU:** 6.89
2007 NF PE RVU: **2012 NF PE RVU:** 29.48
2007 Fac PE RVU **2012 Fac PE RVU:** NA

RUC Recommendation: 7.66 **CPT Action (if applicable):** October 2009 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

93458 **Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed**

Global: 000 **Issue:** Diagnostic Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 28 **Specialty Developing Recommendation:** ACC **First Identified:** **2010 Medicare Utilization Data:**

2007 Work RVU: **2012 Work RVU:** 5.85
2007 NF PE RVU: **2012 NF PE RVU:** 25.08
2007 Fac PE RVU **2012 Fac PE RVU:** NA

RUC Recommendation: 6.51 **CPT Action (if applicable):** October 2009 **Result:** Decrease
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 ventriculography, when performed, catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) with bypass graft angiography**

Global: 000 **Issue:** Diagnostic Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 28 **Specialty Developing Recommendation:** ACC **First Identified:** **2010 Medicare Utilization Data:**

2007 Work RVU: **2012 Work RVU:** 6.6
2007 NF PE RVU: **2012 NF PE RVU:** 27.55
2007 Fac PE RVU **2012 Fac PE RVU:** NA

RUC Recommendation: 7.34 **CPT Action (if applicable):** October 2009 **Result:** Decrease
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) for left ventriculography, when performed**

Global: 000 **Issue:** Diagnostic Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 28 **Specialty Developing Recommendation:** ACC **First Identified:** **2010 Medicare Utilization Data:**

2007 Work RVU: **2012 Work RVU:** 7.35
2007 NF PE RVU: **2012 NF PE RVU:** 29.10
2007 Fac PE RVU **2012 Fac PE RVU:** NA

RUC Recommendation: 7.88 **CPT Action (if applicable):** October 2009 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

93461 **Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with right and left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed, catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) with bypass graft angiography**

Global: 000 **Issue:** Diagnostic Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 28 **Specialty Developing Recommendation:** ACC **First Identified:** **2010 Medicare Utilization Data:**

2007 Work RVU: **2012 Work RVU:** 8.1
2007 NF PE RVU: **2012 NF PE RVU:** 33.76
2007 Fac PE RVU **2012 Fac PE RVU:** NA

RUC Recommendation: 9.00 **CPT Action (if applicable):** October 2009 **Result:** Decrease
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:** **2010 Medicare Utilization Data:**

2007 Work RVU: **2012 Work RVU:** 3.73
2007 NF PE RVU: **2012 NF PE RVU:** 1.39
2007 Fac PE RVU **2012 Fac PE RVU:** 1.39

RUC Recommendation: 3.73 **CPT Action (if applicable):** October 2009 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

93463 **Pharmacologic agent administration (eg, inhaled nitric oxide, intravenous infusion of nitroprusside, dobutamine, milrinone, or other agent) including assessing hemodynamic measurements before, during, after and repeat pharmacologic agent administration, when performed (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Diagnostic Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 28 **Specialty Developing Recommendation:** ACC **First Identified:** **2010 Medicare Utilization Data:**

2007 Work RVU: **2012 Work RVU:** 2
2007 NF PE RVU: **2012 NF PE RVU:** 0.74
2007 Fac PE RVU **2012 Fac PE RVU:** 0.74

RUC Recommendation: 2.00 **CPT Action (if applicable):** October 2009 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

93464 **Physiologic exercise study (eg, bicycle or arm ergometry) including assessing hemodynamic measurements before and after (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Diagnostic Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 28 **Specialty Developing Recommendation:** ACC **First Identified:** **2010 Medicare Utilization Data:**

2007 Work RVU: **2012 Work RVU:** 1.8
2007 NF PE RVU: **2012 NF PE RVU:** 5.68
2007 Fac PE RVU **2012 Fac PE RVU:** NA

RUC Recommendation: 1.80 **CPT Action (if applicable):** October 2009 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93501 **Deleted from CPT**

Global: 000 **Issue:** Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 26 **Specialty Developing Recommendation:** ACC

First Identified: February 2008 **2010 Medicare Utilization Data:** 32,786

2007 Work RVU: 0.00 **2012 Work RVU:**
2007 NF PE RVU: 0 **2012 NF PE RVU:**
2007 Fac PE RVU 0 **2012 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

CPT Action (if applicable): October 2009 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

93508 **Deleted from CPT**

Global: 000 **Issue:** Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 26 **Specialty Developing Recommendation:** ACC

First Identified: February 2008 **2010 Medicare Utilization Data:** 95,985

2007 Work RVU: 0.00 **2012 Work RVU:**
2007 NF PE RVU: 0 **2012 NF PE RVU:**
2007 Fac PE RVU 0 **2012 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

CPT Action (if applicable): October 2009 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

93510 **Deleted from CPT**

Global: 000 **Issue:** Cardiac Catheterization **Screen:** Codes Reported Together 95% or More/ CMS Request - Practice Expense Review, Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 31 **Specialty Developing Recommendation:** ACC

First Identified: February 2008 **2010 Medicare Utilization Data:** 799,914

2007 Work RVU: 0.00 **2012 Work RVU:**
2007 NF PE RVU: 0 **2012 NF PE RVU:**
2007 Fac PE RVU 0 **2012 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

CPT Action (if applicable): October 2009 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93511 **Deleted from CPT**

Global: 000 **Issue:** Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 26 **Specialty Developing Recommendation:** ACC

First Identified: February 2008 **2010 Medicare Utilization Data:** 189

2007 Work RVU: 0.00 **2012 Work RVU:**
2007 NF PE RVU: NA **2012 NF PE RVU:**
2007 Fac PE RVU 0 **2012 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

CPT Action (if applicable): October 2009 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

93514 **Deleted from CPT**

Global: 000 **Issue:** Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 26 **Specialty Developing Recommendation:** ACC

First Identified: February 2008 **2010 Medicare Utilization Data:** 163

2007 Work RVU: 0.00 **2012 Work RVU:**
2007 NF PE RVU: 0 **2012 NF PE RVU:**
2007 Fac PE RVU 0 **2012 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

CPT Action (if applicable): October 2009 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

93524 **Deleted from CPT**

Global: 000 **Issue:** Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 26 **Specialty Developing Recommendation:** ACC

First Identified: February 2008 **2010 Medicare Utilization Data:** 120

2007 Work RVU: 0.00 **2012 Work RVU:**
2007 NF PE RVU: NA **2012 NF PE RVU:**
2007 Fac PE RVU 0 **2012 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

CPT Action (if applicable): October 2009 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93526 **Deleted from CPT** **Global:** 000 **Issue:** Cardiac Catheterization **Screen:** Codes Reported Together 95% or More / Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: February 2008 **Tab** S **Specialty Developing Recommendation:** ACC **First Identified:** February 2008 **2010 Medicare Utilization Data:** 128,459

2007 Work RVU: 0.00 **2012 Work RVU:**
2007 NF PE RVU: 0 **2012 NF PE RVU:**
2007 Fac PE RVU 0 **2012 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** October 2009 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

93527 **Deleted from CPT** **Global:** 000 **Issue:** Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 26 **Specialty Developing Recommendation:** ACC **First Identified:** February 2008 **2010 Medicare Utilization Data:** 2,688

2007 Work RVU: 0.00 **2012 Work RVU:**
2007 NF PE RVU: NA **2012 NF PE RVU:**
2007 Fac PE RVU 0 **2012 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** October 2009 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

93528 **Deleted from CPT** **Global:** 000 **Issue:** Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 26 **Specialty Developing Recommendation:** ACC **First Identified:** February 2008 **2010 Medicare Utilization Data:** 80

2007 Work RVU: 0.00 **2012 Work RVU:**
2007 NF PE RVU: NA **2012 NF PE RVU:**
2007 Fac PE RVU 0 **2012 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** October 2009 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93529 **Deleted from CPT**

Global: 000 **Issue:** Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 26 **Specialty Developing Recommendation:** ACC **First Identified:** February 2008 **2010 Medicare Utilization Data:** 77

2007 Work RVU: 0.00 **2012 Work RVU:**
2007 NF PE RVU: NA **2012 NF PE RVU:**
2007 Fac PE RVU 0 **2012 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** October 2009 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

93539 **Deleted from CPT**

Global: 000 **Issue:** Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: February 2008 **Tab** S **Specialty Developing Recommendation:** ACC **First Identified:** February 2008 **2010 Medicare Utilization Data:** 165,924

2007 Work RVU: 0.00 **2012 Work RVU:**
2007 NF PE RVU: NA **2012 NF PE RVU:**
2007 Fac PE RVU 0 **2012 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** October 2009 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

93540 **Deleted from CPT**

Global: 000 **Issue:** Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: February 2008 **Tab** S **Specialty Developing Recommendation:** ACC **First Identified:** February 2008 **2010 Medicare Utilization Data:** 171,268

2007 Work RVU: 0.00 **2012 Work RVU:**
2007 NF PE RVU: NA **2012 NF PE RVU:**
2007 Fac PE RVU 0 **2012 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** October 2009 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

93541 **Deleted from CPT**

Global: 000 **Issue:** Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 26 **Specialty Developing Recommendation:** ACC **First Identified:** February 2008 **2010 Medicare Utilization Data:** 1,387

2007 Work RVU: 0.00 **2012 Work RVU:**
2007 NF PE RVU: NA **2012 NF PE RVU:**
2007 Fac PE RVU 0 **2012 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** October 2009 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93542 **Deleted from CPT**

Global: 000 **Issue:** Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 26 **Specialty Developing Recommendation:** ACC

First Identified: February 2008 **2010 Medicare Utilization Data:** 2,871

2007 Work RVU: 0.00 **2012 Work RVU:**
2007 NF PE RVU: NA **2012 NF PE RVU:**
2007 Fac PE RVU 0 **2012 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

CPT Action (if applicable): October 2009 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

93543 **Deleted from CPT**

Global: 000 **Issue:** Cardiac Catheterization **Screen:** Codes Reported Together 95% or More / CMS Request - Practice Expense Review, Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 31 **Specialty Developing Recommendation:** ACC

First Identified: February 2008 **2010 Medicare Utilization Data:** 830,740

2007 Work RVU: 0.00 **2012 Work RVU:**
2007 NF PE RVU: NA **2012 NF PE RVU:**
2007 Fac PE RVU 0 **2012 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

CPT Action (if applicable): October 2009 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

93544 **Deleted from CPT**

Global: 000 **Issue:** Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: February 2008 **Tab** S **Specialty Developing Recommendation:** ACC

First Identified: February 2008 **2010 Medicare Utilization Data:** 81,056

2007 Work RVU: 0.00 **2012 Work RVU:**
2007 NF PE RVU: NA **2012 NF PE RVU:**
2007 Fac PE RVU 0 **2012 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

CPT Action (if applicable): October 2009 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93545 **Deleted from CPT**

Global: 000 **Issue:** Cardiac Catheterization **Screen:** Codes Reported Together 95% or More / CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 31 **Specialty Developing Recommendation:** ACC **First Identified:** February 2008 **2010 Medicare Utilization Data:** 1,023,744

2007 Work RVU: 0.00 **2012 Work RVU:**
2007 NF PE RVU: NA **2012 NF PE RVU:**
2007 Fac PE RVU 0 **2012 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** October 2009 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

93555 **Deleted from CPT**

Global: XXX **Issue:** Cardiac Catheterization **Screen:** Codes Reported Together 95% or More / CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 31 **Specialty Developing Recommendation:** ACC **First Identified:** February 2008 **2010 Medicare Utilization Data:** 823,166

2007 Work RVU: 0.00 **2012 Work RVU:**
2007 NF PE RVU: 0 **2012 NF PE RVU:**
2007 Fac PE RVU NA **2012 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** October 2009 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

93556 **Deleted from CPT**

Global: XXX **Issue:** Cardiac Catheterization **Screen:** Codes Reported Together 95% or More / CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 31 **Specialty Developing Recommendation:** ACC **First Identified:** February 2008 **2010 Medicare Utilization Data:** 998,651

2007 Work RVU: 0.00 **2012 Work RVU:**
2007 NF PE RVU: 0 **2012 NF PE RVU:**
2007 Fac PE RVU NA **2012 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** October 2009 **Result:** Deleted from 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:** **2010 Medicare Utilization Data:**

2007 Work RVU: **2012 Work RVU:** 1.11
2007 NF PE RVU: **2012 NF PE RVU:** 0.41
2007 Fac PE RVU **2012 Fac PE RVU:** 0.41

RUC Recommendation: 2.00 **CPT Action (if applicable):** October 2009 **Result:** Decrease
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 mammary artery graft) to one or more coronary arteries and in situ arterial conduits (eg, internal mammary), whether native or used for bypass to one or more coronary arteries during congenital heart catheterization, when performed (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Diagnostic Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 28 **Specialty Developing Recommendation:** ACC **First Identified:** **2010 Medicare Utilization Data:**

2007 Work RVU: **2012 Work RVU:** 1.13
2007 NF PE RVU: **2012 NF PE RVU:** 0.42
2007 Fac PE RVU **2012 Fac PE RVU:** 0.42

RUC Recommendation: 2.10 **CPT Action (if applicable):** October 2009 **Result:** Decrease
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:** **2010 Medicare Utilization Data:**

2007 Work RVU: **2012 Work RVU:** 0.86
2007 NF PE RVU: **2012 NF PE RVU:** 0.32
2007 Fac PE RVU **2012 Fac PE RVU:** 0.32

RUC Recommendation: 1.90 **CPT Action (if applicable):** October 2009 **Result:** Decrease
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:** **2010 Medicare Utilization Data:**

2007 Work RVU: **2012 Work RVU:** 0.86
2007 NF PE RVU: **2012 NF PE RVU:** 4.34
2007 Fac PE RVU **2012 Fac PE RVU:** 0.31

RUC Recommendation: 0.96 **CPT Action (if applicable):** October 2009 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

93567 **Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for supravalvular aortography (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Diagnostic Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 28 **Specialty Developing Recommendation:** ACC **First Identified:** **2010 Medicare Utilization Data:**

2007 Work RVU: **2012 Work RVU:** 0.97
2007 NF PE RVU: **2012 NF PE RVU:** 3.21
2007 Fac PE RVU **2012 Fac PE RVU:** 0.36

RUC Recommendation: 0.97 **CPT Action (if applicable):** October 2009 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

93568 **Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for pulmonary angiography (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Diagnostic Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 28 **Specialty Developing Recommendation:** ACC **First Identified:** **2010 Medicare Utilization Data:**

2007 Work RVU: **2012 Work RVU:** 0.88
2007 NF PE RVU: **2012 NF PE RVU:** 3.82
2007 Fac PE RVU **2012 Fac PE RVU:** 0.33

RUC Recommendation: 0.98 **CPT Action (if applicable):** October 2009 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93613 **Intracardiac electrophysiologic 3-dimensional mapping (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Cardiology Services **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab** 26 **Specialty Developing Recommendation:** ACC **First Identified:** October 2008 **2010 Medicare Utilization Data:** 28,109

2007 Work RVU: 6.99 **2012 Work RVU:** 6.99
2007 NF PE RVU: NA **2012 NF PE RVU:** NA
2007 Fac PE RVU 3.03 **2012 Fac PE RVU:** 2.98

RUC Recommendation: Remove from screen **CPT Action (if applicable):** **Result:** Remove from Screen

Referred to CPT Asst ☐ **Published in CPT Asst:**

93620 **Comprehensive electrophysiologic evaluation including insertion and repositioning of multiple electrode catheters with induction or attempted induction of arrhythmia; with right atrial pacing and recording, right ventricular pacing and recording, His bundle recording**

Global: 000 **Issue:** Intracardiac Catheter Ablation **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 45 **Specialty Developing Recommendation:** ACC **First Identified:** February 2010 **2010 Medicare Utilization Data:** 54,655

2007 Work RVU: 0.00 **2012 Work RVU:** 0
2007 NF PE RVU: 0 **2012 NF PE RVU:** 0.00
2007 Fac PE RVU 0 **2012 Fac PE RVU:** NA

RUC Recommendation: 11.57 **CPT Action (if applicable):** October 2011 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

93641 **Electrophysiologic evaluation of single or dual chamber pacing cardioverter-defibrillator leads including defibrillation threshold evaluation (induction of arrhythmia, evaluation of sensing and pacing for arrhythmia termination) at time of initial implantation or replacement; with testing of single or dual chamber pacing cardioverter-defibrillator pulse generator**

Global: 000 **Issue:** Insertion/Removal of Pacemaker or Pacing Carioverter-Defibillator **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 45 **Specialty Developing Recommendation:** ACC **First Identified:** February 2010 **2010 Medicare Utilization Data:** 77,405

2007 Work RVU: 0.00 **2012 Work RVU:** 0
2007 NF PE RVU: NA **2012 NF PE RVU:** 0.00
2007 Fac PE RVU NA **2012 Fac PE RVU:** NA

RUC Recommendation: Maintain **CPT Action (if applicable):** February 2011 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93651 **Intracardiac catheter ablation of arrhythmogenic focus; for treatment of supraventricular tachycardia by ablation of fast or slow atrioventricular pathways, accessory atrioventricular connections or other atrial foci, singly or in combination**

Global: 000 **Issue:** Bundling EPS with Transcatheter Ablation **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 11 **Specialty Developing Recommendation:** ACC, HRS **First Identified:** February 2010 **2010 Medicare Utilization Data:** 37,585

2007 Work RVU: 16.23 **2012 Work RVU:** 16.23
2007 NF PE RVU: NA **2012 NF PE RVU:** NA
2007 Fac PE RVU 6.96 **2012 Fac PE RVU:** 6.90

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** October 2011 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

93652 **Intracardiac catheter ablation of arrhythmogenic focus; for treatment of ventricular tachycardia**

Global: 000 **Issue:** Bundling EPS with Transcatheter Ablation **Screen:** CMS Fastest Growing/Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 11 **Specialty Developing Recommendation:** ACC, HRS **First Identified:** October 2008 **2010 Medicare Utilization Data:** 3,384

2007 Work RVU: 17.65 **2012 Work RVU:** 17.65
2007 NF PE RVU: NA **2012 NF PE RVU:** NA
2007 Fac PE RVU 7.58 **2012 Fac PE RVU:** 7.53

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** October 2011 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

93653 **Comprehensive electrophysiologic evaluation including insertion and repositioning of multiple electrode catheters with induction or attempted induction of an arrhythmia with right atrial pacing and recording, right ventricular pacing and recording, His recording with intracardiac catheter ablation of arrhythmogenic focus; with treatment of supraventricular tachycardia by ablation of fast or slow atrioventricular pathway, accessory atrioventricular connection, cavo-tricuspid isthmus or other single atrial focus or source of atrial re-entry**

Global: **Issue:** Bundling EPS with Transcatheter Ablation **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 11 **Specialty Developing Recommendation:** ACC, HRS **First Identified:** October 2011 **2010 Medicare Utilization Data:**

2007 Work RVU: **2012 Work RVU:**
2007 NF PE RVU: **2012 NF PE RVU:**
2007 Fac PE RVU **2012 Fac PE RVU:**

RUC Recommendation: 15.00 **CPT Action (if applicable):** October 2011 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93654 **Comprehensive electrophysiologic evaluation including insertion and repositioning of multiple electrode catheters with induction or attempted induction of an arrhythmia with right atrial pacing and recording, right ventricular pacing and recording, His recording with intracardiac catheter ablation of arrhythmogenic focus; with treatment of ventricular tachycardia or focus of ventricular ectopy including intracardiac electrophysiologic 3D mapping, when performed, and left ventricular pacing and recording, when performed**

Global: **Issue:** Bundling EPS with Transcatheter Ablation **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 11 **Specialty Developing Recommendation:** ACC, HRS **First Identified:** October 2011 **2010 Medicare Utilization Data:**

2007 Work RVU: **2012 Work RVU:**
2007 NF PE RVU: **2012 NF PE RVU:**
2007 Fac PE RVU **2012 Fac PE RVU:**

RUC Recommendation: 20.00 **CPT Action (if applicable):** October 2011 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

93655 **Intracardiac catheter ablation of a discrete mechanism of arrhythmia which is distinct from the primary ablated mechanism, including repeat diagnostic maneuvers, to treat a spontaneous or induced arrhythmia (List separately in addition to code for primary procedure)**

Global: **Issue:** Bundling EPS with Transcatheter Ablation **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 11 **Specialty Developing Recommendation:** ACC, HRS **First Identified:** October 2011 **2010 Medicare Utilization Data:**

2007 Work RVU: **2012 Work RVU:**
2007 NF PE RVU: **2012 NF PE RVU:**
2007 Fac PE RVU **2012 Fac PE RVU:**

RUC Recommendation: 9.00 **CPT Action (if applicable):** October 2011 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

93656 **Comprehensive electrophysiologic evaluation including transseptal catheterizations, insertion and repositioning of multiple electrode catheters with induction or attempted induction of an arrhythmia with atrial recording and pacing, when possible, right ventricular pacing and recording, His bundle recording with intracardiac catheter ablation of arrhythmogenic focus, with treatment of atrial fibrillation by ablation by pulmonary vein isolation**

Global: **Issue:** Bundling EPS with Transcatheter Ablation **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 11 **Specialty Developing Recommendation:** ACC, HRS **First Identified:** October 2011 **2010 Medicare Utilization Data:**

2007 Work RVU: **2012 Work RVU:**
2007 NF PE RVU: **2012 NF PE RVU:**
2007 Fac PE RVU **2012 Fac PE RVU:**

RUC Recommendation: 20.02 **CPT Action (if applicable):** October 2011 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93657 **Additional linear or focal intracardiac catheter ablation of the left or right atrium for treatment of atrial fibrillation remaining after completion of pulmonary vein isolation (List separately in addition to code for primary procedure)**

Global: **Issue:** Bundling EPS with Transcatheter Ablation **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 11 **Specialty Developing Recommendation:** ACC, HRS **First Identified:** October 2011 **2010 Medicare Utilization Data:**

2007 Work RVU: **2012 Work RVU:**
2007 NF PE RVU: **2012 NF PE RVU:**
2007 Fac PE RVU **2012 Fac PE RVU:**

RUC Recommendation: 10.00 **CPT Action (if applicable):** October 2011 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

93662 **Intracardiac echocardiography during therapeutic/diagnostic intervention, including imaging supervision and interpretation (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Electrocardiography **Screen:** High Volume Growth **Complete?** No

Most Recent RUC Meeting: September 2011 **Tab** 51 **Specialty Developing Recommendation:** ACC **First Identified:** February 2008 **2010 Medicare Utilization Data:** 12,946

2007 Work RVU: 0.00 **2012 Work RVU:** 0
2007 NF PE RVU: 0 **2012 NF PE RVU:** 0.00
2007 Fac PE RVU 0 **2012 Fac PE RVU:** NA

RUC Recommendation: Review September 2014 **CPT Action (if applicable):** **Result:**
Referred to CPT Asst ☐ **Published in CPT Asst:**

93701 **Bioimpedance-derived physiologic cardiovascular analysis**

Global: XXX **Issue:** **Screen:** Low Value-High Volume **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 41 **Specialty Developing Recommendation:** **First Identified:** October 2010 **2010 Medicare Utilization Data:** 337,649

2007 Work RVU: 0.17 **2012 Work RVU:** 0
2007 NF PE RVU: 0.91 **2012 NF PE RVU:** 0.75
2007 Fac PE RVU NA **2012 Fac PE RVU:** NA

RUC Recommendation: Remove from screen **CPT Action (if applicable):** **Result:** Remove from Screen
Referred to CPT Asst ☐ **Published in CPT Asst:**

93731 **Deleted from CPT**

Global: XXX **Issue:** Cardiology Services **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab** 26 **Specialty Developing Recommendation:** ACC **First Identified:** October 2008 **2010 Medicare Utilization Data:**

2007 Work RVU: 0.45 **2012 Work RVU:**
2007 NF PE RVU: 0.7 **2012 NF PE RVU:**
2007 Fac PE RVU NA **2012 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93732 **Deleted from CPT** **Global:** XXX **Issue:** Cardiology Services **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab** 26 **Specialty Developing Recommendation:** ACC **First Identified:** October 2008 **2010 Medicare Utilization Data:**

2007 Work RVU: 0.92 **2012 Work RVU:**
2007 NF PE RVU: 0.94 **2012 NF PE RVU:**
2007 Fac PE RVU NA **2012 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

93733 **Deleted from CPT** **Global:** XXX **Issue:** Cardiology Services **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab** 26 **Specialty Developing Recommendation:** ACC **First Identified:** October 2008 **2010 Medicare Utilization Data:**

2007 Work RVU: 0.17 **2012 Work RVU:**
2007 NF PE RVU: 0.83 **2012 NF PE RVU:**
2007 Fac PE RVU NA **2012 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

93743 **Deleted from CPT** **Global:** XXX **Issue:** Cardiology Services **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab** 26 **Specialty Developing Recommendation:** ACC **First Identified:** October 2008 **2010 Medicare Utilization Data:**

2007 Work RVU: 1.03 **2012 Work RVU:**
2007 NF PE RVU: 1.15 **2012 NF PE RVU:**
2007 Fac PE RVU NA **2012 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

93744 **Deleted from CPT** **Global:** XXX **Issue:** Cardiology Services **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab** 26 **Specialty Developing Recommendation:** ACC **First Identified:** October 2008 **2010 Medicare Utilization Data:**

2007 Work RVU: 1.18 **2012 Work RVU:**
2007 NF PE RVU: 1.19 **2012 NF PE RVU:**
2007 Fac PE RVU NA **2012 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93875 **Deleted from CPT**

Global: XXX **Issue:** Noninvasive Vascular Diagnostic Studies **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 45 **Specialty Developing Recommendation:** AAN, ACC, ACR, SIR, SVS **First Identified:** February 2010 **2010 Medicare Utilization Data:** 107,531

2007 Work RVU: 0.22 **2012 Work RVU:**
2007 NF PE RVU: 2.38 **2012 NF PE RVU:**
2007 Fac PE RVU NA **2012 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** October 2010 **Result:** Deleted from CPT

Referred to CPT Asst ☑ **Published in CPT Asst:** SS in process of d

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93880 **Duplex scan of extracranial arteries; complete bilateral study**

Global: XXX **Issue:** Extracranial Studies **Screen:** Codes Reported Together 75% or More-Part1 / CMS High Expenditure Procedural Codes **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 21 **Specialty Developing Recommendation:** ACC, ACR, SVS **First Identified:** February 2010 **2010 Medicare Utilization Data:** 2,965,457

2007 Work RVU: 0.60 **2012 Work RVU:** 0.6
2007 NF PE RVU: 5.67 **2012 NF PE RVU:** 6.76
2007 Fac PE RVU NA **2012 Fac PE RVU:** NA

RUC Recommendation: 0.80 **CPT Action (if applicable):** October 2010 **Result:** Increase

Referred to CPT Asst ☑ **Published in CPT Asst:** Addressed in CPT

93882 **Duplex scan of extracranial arteries; unilateral or limited study**

Global: XXX **Issue:** Extracranial Studies **Screen:** CMS High Expenditure Procedural Codes **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 21 **Specialty Developing Recommendation:** ACC, ACR, SVS **First Identified:** January 2012 **2010 Medicare Utilization Data:** 44,012

2007 Work RVU: 0.40 **2012 Work RVU:** 0.4
2007 NF PE RVU: 3.63 **2012 NF PE RVU:** 4.79
2007 Fac PE RVU NA **2012 Fac PE RVU:** NA

RUC Recommendation: 0.50 **CPT Action (if applicable):** **Result:** Increase

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:** Noninvasive Vascular Diagnostic Studies **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 45 **Specialty Developing Recommendation:** AAN, ACC, ACR, SIR, SVS **First Identified:** February 2010 **2010 Medicare Utilization Data:** 73,466

2007 Work RVU: 0.94 **2012 Work RVU:** 0.94
2007 NF PE RVU: 6.77 **2012 NF PE RVU:** 9.48
2007 Fac PE RVU NA **2012 Fac PE RVU:** NA

RUC Recommendation: CCI Edits **CPT Action (if applicable):** October 2010 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

93888 **Transcranial Doppler study of the intracranial arteries; limited study**

Global: XXX **Issue:** Noninvasive Vascular Diagnostic Studies **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 45 **Specialty Developing Recommendation:** AAN, ACC, ACR, SIR, SVS **First Identified:** February 2010 **2010 Medicare Utilization Data:** 16,535

2007 Work RVU: 0.62 **2012 Work RVU:** 0.62
2007 NF PE RVU: 4.36 **2012 NF PE RVU:** 5.73
2007 Fac PE RVU NA **2012 Fac PE RVU:** NA

RUC Recommendation: CCI Edits **CPT Action (if applicable):** October 2010 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

93922 **Limited bilateral noninvasive physiologic studies of upper or lower extremity arteries, (eg, for lower extremity: ankle/brachial indices at distal posterior tibial and anterior tibial/dorsalis pedis arteries plus bidirectional, Doppler waveform recording and analysis at 1-2 levels, or ankle/brachial indices at distal posterior tibial and anterior tibial/dorsalis pedis arteries plus volume plethysmography at 1-2 levels, or ankle/brachial indices at distal posterior tibial and anterior tibial/dorsalis pedis arteries with, transcutaneous oxygen tension measurement at 1-2 levels)**

Global: XXX **Issue:** Extremity Non-Invasive Arterial Physiologic Studies **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 27 **Specialty Developing Recommendation:** SVS, ACR, ACC **First Identified:** October 2008 **2010 Medicare Utilization Data:** 611,045

2007 Work RVU: 0.25 **2012 Work RVU:** 0.25
2007 NF PE RVU: 2.78 **2012 NF PE RVU:** 2.79
2007 Fac PE RVU NA **2012 Fac PE RVU:** NA

RUC Recommendation: 0.25 **CPT Action (if applicable):** February 2010 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93923 **Complete bilateral noninvasive physiologic studies of upper or lower extremity arteries, 3 or more levels (eg, for lower extremity: ankle/brachial indices at distal posterior tibial and anterior tibial/dorsalis pedis arteries plus segmental blood pressure measurements with bidirectional Doppler waveform recording and analysis, at 3 or more levels, or ankle/brachial indices at distal posterior tibial and anterior tibial/dorsalis pedis arteries plus segmental volume plethysmography at 3 or more levels, or ankle/brachial indices at distal posterior tibial and anterior tibial/dorsalis pedis arteries plus segmental transcutaneous oxygen tension measurements at 3 or more levels), or single level study with provocative functional maneuvers (eg, measurements with postural provocative tests, or measurements with reactive hyperemia)**

Global: XXX **Issue:** Extremity Non-Invasive Arterial Physiologic Studies **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 27 **Specialty Developing Recommendation:** SVS, ACR, ACC **First Identified:** February 2009 **2010 Medicare Utilization Data:** 633,077

2007 Work RVU: 0.45 **2012 Work RVU:** 0.45
2007 NF PE RVU: 4.18 **2012 NF PE RVU:** 4.24
2007 Fac PE RVU NA **2012 Fac PE RVU:** NA

RUC Recommendation: 0.45 **CPT Action (if applicable):** February 2010 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

93924 **Noninvasive physiologic studies of lower extremity arteries, at rest and following treadmill stress testing, (ie, bidirectional Doppler waveform or volume plethysmography recording and analysis at rest with ankle/brachial indices immediately after and at timed intervals following performance of a standardized protocol on a motorized treadmill plus recording of time of onset of claudication or other symptoms, maximal walking time, and time to recovery) complete bilateral study**

Global: XXX **Issue:** Extremity Non-Invasive Arterial Physiologic Studies **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 27 **Specialty Developing Recommendation:** SVS, ACR, ACC **First Identified:** February 2009 **2010 Medicare Utilization Data:** 118,590

2007 Work RVU: 0.50 **2012 Work RVU:** 0.5
2007 NF PE RVU: 5.05 **2012 NF PE RVU:** 5.42
2007 Fac PE RVU NA **2012 Fac PE RVU:** NA

RUC Recommendation: 0.50 **CPT Action (if applicable):** February 2010 **Result:** Maintain

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:** Extremity Studies **Screen:** CMS-Other - Utilization over 500,000 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 35 **Specialty Developing Recommendation:** ACC, ACR, SVS **First Identified:** April 2011 **2010 Medicare Utilization Data:** 586,176

2007 Work RVU: 0.58 **2012 Work RVU:** 0.58
2007 NF PE RVU: 7.05 **2012 NF PE RVU:** 8.68
2007 Fac PE RVU NA **2012 Fac PE RVU:** NA

RUC Recommendation: 0.90 **CPT Action (if applicable):** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

93926 **Duplex scan of lower extremity arteries or arterial bypass grafts; unilateral or limited study**

Global: XXX **Issue:** Extremity Studies **Screen:** CMS-Other - Utilization over 500,000 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 35 **Specialty Developing Recommendation:** ACC, ACR, SVS **First Identified:** April 2011 **2010 Medicare Utilization Data:**

2007 Work RVU: 0.39 **2012 Work RVU:**
2007 NF PE RVU: 4.31 **2012 NF PE RVU:**
2007 Fac PE RVU NA **2012 Fac PE RVU:**

RUC Recommendation: 0.70 **CPT Action (if applicable):** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

93931 **Duplex scan of upper extremity arteries or arterial bypass grafts; unilateral or limited study**

Global: XXX **Issue:** Noninvasive Vascular Diagnostic Studies **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 45 **Specialty Developing Recommendation:** AAN, ACC, ACR, SIR, SVS **First Identified:** February 2010 **2010 Medicare Utilization Data:** 42,105

2007 Work RVU: 0.31 **2012 Work RVU:** 0.31
2007 NF PE RVU: 3.64 **2012 NF PE RVU:** 4.60
2007 Fac PE RVU NA **2012 Fac PE RVU:** NA

RUC Recommendation: CCI Edits **CPT Action (if applicable):** October 2010 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93970 **Duplex scan of extremity veins including responses to compression and other maneuvers; complete bilateral study** **Global:** XXX **Issue:** Extremity Studies **Screen:** CMS-Other - Utilization over 500,000 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 35 **Specialty Developing Recommendation:** ACC, ACR, SVS **First Identified:** April 2011 **2010 Medicare Utilization Data:** 1,599,899

2007 Work RVU: 0.68 **2012 Work RVU:** 0.68
2007 NF PE RVU: 5.44 **2012 NF PE RVU:** 6.91
2007 Fac PE RVU NA **2012 Fac PE RVU:** NA

RUC Recommendation: 0.70 **CPT Action (if applicable):** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

93971 **Duplex scan of extremity veins including responses to compression and other maneuvers; unilateral or limited study** **Global:** XXX **Issue:** Extremity Study **Screen:** Low Value-High Volume **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 29 **Specialty Developing Recommendation:** ACR, SVS **First Identified:** October 2010 **2010 Medicare Utilization Data:** 1,494,585

2007 Work RVU: 0.45 **2012 Work RVU:** 0.45
2007 NF PE RVU: 3.67 **2012 NF PE RVU:** 4.06
2007 Fac PE RVU NA **2012 Fac PE RVU:** NA

RUC Recommendation: 0.45 **CPT Action (if applicable):** **Result:** Maintain

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:** Vasculary Study **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 27 **Specialty Developing Recommendation:** ACR **First Identified:** October 2008 **2010 Medicare Utilization Data:** 119,154

2007 Work RVU: 1.21 **2012 Work RVU:** 1.21
2007 NF PE RVU: 4.33 **2012 NF PE RVU:** 5.11
2007 Fac PE RVU NA **2012 Fac PE RVU:** NA

RUC Recommendation: Remove from screen. **CPT Action (if applicable):** **Result:** Remove from Screen

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:** Echocardiography **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab** 26 **Specialty Developing Recommendation:** SVS **First Identified:** October 2008 **2010 Medicare Utilization Data:** 70,446

2007 Work RVU: 0.25 **2012 Work RVU:** 0.25
2007 NF PE RVU: 4.28 **2012 NF PE RVU:** 6.06
2007 Fac PE RVU NA **2012 Fac PE RVU:** NA

RUC Recommendation: Remove from screen **CPT Action (if applicable):** **Result:** Remove from Screen

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:** **Screen:** Low Value-High Volume **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 41 **Specialty Developing Recommendation:** **First Identified:** October 2010 **2010 Medicare Utilization Data:** 1,268,372

2007 Work RVU: 0.17 **2012 Work RVU:** 0.17
2007 NF PE RVU: 0.69 **2012 NF PE RVU:** 0.87
2007 Fac PE RVU NA **2012 Fac PE RVU:** NA

RUC Recommendation: Reaffirmed RUC recommendation **CPT Action (if applicable):** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

94014 **Patient-initiated spirometric recording per 30-day period of time; includes reinforced education, transmission of spirometric tracing, data capture, analysis of transmitted data, periodic recalibration and review and interpretation by a physician or other qualified health care professional**

Global: XXX **Issue:** Pulmonary Tests **Screen:** High Volume Growth **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 38 **Specialty Developing Recommendation:** ACCP/ATS **First Identified:** February 2008 **2010 Medicare Utilization Data:** 10,803

2007 Work RVU: 0.52 **2012 Work RVU:** 0.52
2007 NF PE RVU: 0.77 **2012 NF PE RVU:** 0.85
2007 Fac PE RVU NA **2012 Fac PE RVU:** NA

RUC Recommendation: Remove from screen - RUC articulated concerns regarding claims reporting to CMS **CPT Action (if applicable):** **Result:** Remove from Screen

Referred to CPT Asst ☐ **Published in CPT Asst:**

94015 **Patient-initiated spirometric recording per 30-day period of time; recording (includes hook-up, reinforced education, data transmission, data capture, trend analysis, and periodic recalibration)**

Global: XXX **Issue:** Pulmonary Tests **Screen:** High Volume Growth **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 38 **Specialty Developing Recommendation:** ACCP/ATS **First Identified:** February 2008 **2010 Medicare Utilization Data:** 9,423

2007 Work RVU: 0.00 **2012 Work RVU:** 0
2007 NF PE RVU: 0.61 **2012 NF PE RVU:** 0.68
2007 Fac PE RVU NA **2012 Fac PE RVU:** NA

RUC Recommendation: Remove from screen - RUC articulated concerns regarding claims reporting to CMS **CPT Action (if applicable):** **Result:** Remove from Screen

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

94016 **Patient-initiated spirometric recording per 30-day period of time; review and interpretation only by a physician or other qualified health care professional**

Global: XXX **Issue:** Pulmonary Tests **Screen:** High Volume Growth **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 38 **Specialty Developing Recommendation:** ACCP/ATS **First Identified:** April 2008 **2010 Medicare Utilization Data:** 26,634

2007 Work RVU: 0.52 **2012 Work RVU:** 0.52
2007 NF PE RVU: 0.16 **2012 NF PE RVU:** 0.17
2007 Fac PE RVU 0.16 **2012 Fac PE RVU:** 0.17

RUC Recommendation: Remove from screen - RUC articulated concerns regarding claims reporting to CMS

CPT Action (if applicable):

Result: Remove from Screen

Referred to CPT Asst ☐ **Published in CPT Asst:**

94060 **Bronchodilation responsiveness, spirometry as in 94010, pre- and post-bronchodilator administration**

Global: XXX **Issue:** Evaluation of Wheezing **Screen:** MPC List **Complete?** No

Most Recent RUC Meeting: April 2011 **Tab** 30 **Specialty Developing Recommendation:** ATS, ACCP **First Identified:** October 2010 **2010 Medicare Utilization Data:** 1,231,612

2007 Work RVU: 0.31 **2012 Work RVU:** 0.26
2007 NF PE RVU: 1.13 **2012 NF PE RVU:** 1.51
2007 Fac PE RVU 1.13 **2012 Fac PE RVU:** NA

RUC Recommendation: Refer to CPT Assistant. 0.31

CPT Action (if applicable):

Result: Maintain

Referred to CPT Asst ☑ **Published in CPT Asst:**

94240 **Deleted from CPT**

Global: XXX **Issue:** Pulmonary Tests **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 45 **Specialty Developing Recommendation:** ACCP, ATS **First Identified:** February 2010 **2010 Medicare Utilization Data:** 625,562

2007 Work RVU: 0.26 **2012 Work RVU:**
2007 NF PE RVU: 0.7 **2012 NF PE RVU:**
2007 Fac PE RVU NA **2012 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

CPT Action (if applicable): October 2010

Result: Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

94260 **Deleted from CPT**

Global: XXX **Issue:** Pulmonary Tests **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 45 **Specialty Developing Recommendation:** ACCP, ATS **First Identified:** February 2010 **2010 Medicare Utilization Data:** 296,855

2007 Work RVU: 0.13 **2012 Work RVU:**
2007 NF PE RVU: 0.63 **2012 NF PE RVU:**
2007 Fac PE RVU NA **2012 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** October 2010 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

94350 **Deleted from CPT**

Global: XXX **Issue:** Pulmonary Tests **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 45 **Specialty Developing Recommendation:** ACCP, ATS **First Identified:** February 2010 **2010 Medicare Utilization Data:** 128,943

2007 Work RVU: 0.26 **2012 Work RVU:**
2007 NF PE RVU: 0.73 **2012 NF PE RVU:**
2007 Fac PE RVU NA **2012 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** October 2010 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

94360 **Deleted from CPT**

Global: XXX **Issue:** Pulmonary Tests **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 45 **Specialty Developing Recommendation:** ACCP, ATS **First Identified:** February 2010 **2010 Medicare Utilization Data:** 340,451

2007 Work RVU: 0.26 **2012 Work RVU:**
2007 NF PE RVU: 0.77 **2012 NF PE RVU:**
2007 Fac PE RVU NA **2012 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** October 2010 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

94370 **Determination of airway closing volume, single breath tests** **Global:** XXX **Issue:** Pulmonary Tests **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 45 **Specialty Developing Recommendation:** ACCP, ATS **First Identified:** February 2010 **2010 Medicare Utilization Data:** 60,009

2007 Work RVU: 0.26 **2012 Work RVU:**
2007 NF PE RVU: 0.69 **2012 NF PE RVU:**
2007 Fac PE RVU NA **2012 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** October 2010 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

94400 **Breathing response to CO2 (CO2 response curve)** **Global:** XXX **Issue:** Pulmonary Diagnostic Testing **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** No

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:** AAFP, ACCP, ATS, ACP, APTA, AOTA **First Identified:** **2010 Medicare Utilization Data:**

2007 Work RVU: 0.40 **2012 Work RVU:**
2007 NF PE RVU: 0.89 **2012 NF PE RVU:**
2007 Fac PE RVU NA **2012 Fac PE RVU:**

RUC Recommendation: Refer to CPT Assistant **CPT Action (if applicable):** **Result:**

Referred to CPT Asst ☑ **Published in CPT Asst:**

94450 **Breathing response to hypoxia (hypoxia response curve)** **Global:** XXX **Issue:** Pulmonary Tests **Screen:** High Volume Growth **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 38 **Specialty Developing Recommendation:** ACCP/ATS **First Identified:** February 2008 **2010 Medicare Utilization Data:** 880

2007 Work RVU: 0.40 **2012 Work RVU:** 0.4
2007 NF PE RVU: 0.89 **2012 NF PE RVU:** 1.46
2007 Fac PE RVU NA **2012 Fac PE RVU:**NA

RUC Recommendation: Remove from screen - RUC articulated concerns regarding claims reporting to CMS **CPT Action (if applicable):** **Result:** Remove from Screen

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

94640 **Pressurized or nonpressurized inhalation treatment for acute airway obstruction or for sputum induction for diagnostic purposes (eg, with an aerosol generator, nebulizer, metered dose inhaler or intermittent positive pressure breathing [IPPB] device)**

Global: XXX **Issue:** Pulmonary Diagnostic Testing **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** No

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:** AAFP, ACCP, ATS, ACP, APTA, AOTA **First Identified:** **2010 Medicare Utilization Data:**

2007 Work RVU: **2012 Work RVU:**
2007 NF PE RVU: 0.32 **2012 NF PE RVU:**
2007 Fac PE RVU NA **2012 Fac PE RVU:**

RUC Recommendation: Refer to CPT Assistant **CPT Action (if applicable):** **Result:**
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:** Pulmonary Diagnostic Testing **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** No

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:** AAFP, ACCP, ATS, ACP, APTA, AOTA **First Identified:** **2010 Medicare Utilization Data:**

2007 Work RVU: **2012 Work RVU:**
2007 NF PE RVU: 0.46 **2012 NF PE RVU:**
2007 Fac PE RVU NA **2012 Fac PE RVU:**

RUC Recommendation: Refer to CPT Assistant **CPT Action (if applicable):** **Result:**
Referred to CPT Asst ☑ **Published in CPT Asst:**

94681 **Oxygen uptake, expired gas analysis; including CO2 output, percentage oxygen extracted**

Global: XXX **Issue:** Pulmonary Tests **Screen:** High Volume Growth / CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab** 51 **Specialty Developing Recommendation:** AACE, TES, ACCP/ATS **First Identified:** February 2008 **2010 Medicare Utilization Data:** 14,627

2007 Work RVU: 0.20 **2012 Work RVU:** 0.2
2007 NF PE RVU: 2.16 **2012 NF PE RVU:** 1.37
2007 Fac PE RVU NA **2012 Fac PE RVU:** NA

RUC Recommendation: Remove from screen **CPT Action (if applicable):** **Result:** Remove from Screen
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

94720 **Carbon monoxide diffusing capacity (eg, single breath, steady state)** **Global:** XXX **Issue:** Pulmonary Tests **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 45 **Specialty Developing Recommendation:** ACCP, ATS **First Identified:** February 2010 **2010 Medicare Utilization Data:** 913,333

2007 Work RVU: 0.26 **2012 Work RVU:**
2007 NF PE RVU: 1.04 **2012 NF PE RVU:**
2007 Fac PE RVU NA **2012 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** October 2010 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

94725 **Membrane diffusion capacity** **Global:** XXX **Issue:** Pulmonary Tests **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 45 **Specialty Developing Recommendation:** ACCP, ATS **First Identified:** February 2010 **2010 Medicare Utilization Data:** 28,306

2007 Work RVU: 0.26 **2012 Work RVU:**
2007 NF PE RVU: 2.43 **2012 NF PE RVU:**
2007 Fac PE RVU NA **2012 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** October 2010 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

94726 **Plethysmography for determination of lung volumes and, when performed, airway resistance** **Global:** XXX **Issue:** Pulmonary Function Testing **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 19 **Specialty Developing Recommendation:** ACCP, ATS **First Identified:** February 2010 **2010 Medicare Utilization Data:**

2007 Work RVU: **2012 Work RVU:** 0.26
2007 NF PE RVU: **2012 NF PE RVU:** 1.29
2007 Fac PE RVU **2012 Fac PE RVU:** NA

RUC Recommendation: 0.31 **CPT Action (if applicable):** February 2011 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

94727 **Gas dilution or washout for determination of lung volumes and, when performed, distribution of ventilation and closing volumes**

Global: XXX **Issue:** Pulmonary Function Testing **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 19 **Specialty Developing Recommendation:** ACCP, ATS **First Identified:** February 2010 **2010 Medicare Utilization Data:**

2007 Work RVU: **2012 Work RVU:** 0.26
2007 NF PE RVU: **2012 NF PE RVU:** 0.96
2007 Fac PE RVU **2012 Fac PE RVU:** NA

RUC Recommendation: 0.31 **CPT Action (if applicable):** February 2011 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

94728 **Airway resistance by impulse oscillometry**

Global: XXX **Issue:** Pulmonary Function Testing **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 19 **Specialty Developing Recommendation:** ACCP, ATS **First Identified:** February 2010 **2010 Medicare Utilization Data:**

2007 Work RVU: **2012 Work RVU:** 0.26
2007 NF PE RVU: **2012 NF PE RVU:** 0.96
2007 Fac PE RVU **2012 Fac PE RVU:** NA

RUC Recommendation: 0.31 **CPT Action (if applicable):** February 2011 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

94729 **Diffusing capacity (eg, carbon monoxide, membrane) (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Pulmonary Function Testing **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 19 **Specialty Developing Recommendation:** ACCP, ATS **First Identified:** February 2010 **2010 Medicare Utilization Data:**

2007 Work RVU: **2012 Work RVU:** 0.17
2007 NF PE RVU: **2012 NF PE RVU:** 1.38
2007 Fac PE RVU **2012 Fac PE RVU:** NA

RUC Recommendation: 0.19 **CPT Action (if applicable):** February 2011 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

94760 **Noninvasive ear or pulse oximetry for oxygen saturation; single determination** **Global:** XXX **Issue:** Measure Blood Oxygen Level **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 32 **Specialty Developing Recommendation:** ACCP, ATS **First Identified:** NA **2010 Medicare Utilization Data:** 125,994

2007 Work RVU: 0.00 **2012 Work RVU:** 0
2007 NF PE RVU: 0.05 **2012 NF PE RVU:** 0.08
2007 Fac PE RVU NA **2012 Fac PE RVU:** NA

RUC Recommendation: New PE inputs **CPT Action (if applicable):** **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

94761 **Noninvasive ear or pulse oximetry for oxygen saturation; multiple determinations (eg, during exercise)** **Global:** XXX **Issue:** Measure Blood Oxygen Level **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 32 **Specialty Developing Recommendation:** ACCP, ATS **First Identified:** NA **2010 Medicare Utilization Data:** 16,553

2007 Work RVU: 0.00 **2012 Work RVU:** 0
2007 NF PE RVU: 0.08 **2012 NF PE RVU:** 0.13
2007 Fac PE RVU NA **2012 Fac PE RVU:** NA

RUC Recommendation: New PE inputs **CPT Action (if applicable):** **Result:** PE Only

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 RUC Meeting: February 2009 **Tab** 32 **Specialty Developing Recommendation:** ACCP, ATS **First Identified:** October 2008 **2010 Medicare Utilization Data:** 361,461

2007 Work RVU: 0.00 **2012 Work RVU:** 0
2007 NF PE RVU: 0.56 **2012 NF PE RVU:** 0.44
2007 Fac PE RVU NA **2012 Fac PE RVU:** NA

RUC Recommendation: New PE inputs **CPT Action (if applicable):** **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

94770 **Carbon dioxide, expired gas determination by infrared analyzer**

Global: XXX **Issue:** Pulmonary Tests **Screen:** High Volume Growth / Codes Reported Together 75% or More-Part2 **Complete?** No

Most Recent RUC Meeting: April 2008 **Tab** 57 **Specialty Developing Recommendation:** ACCP/ATS **First Identified:** February 2008 **2010 Medicare Utilization Data:** 29,834

2007 Work RVU: 0.15 **2012 Work RVU:** 0.15
2007 NF PE RVU: 0.76 **2012 NF PE RVU:** 0.28
2007 Fac PE RVU NA **2012 Fac PE RVU:** 0.28

RUC Recommendation: Refer to CPT Assistant. Remove office-based PE inputs

CPT Action (if applicable):

Result: PE Only

Referred to CPT Asst ☑ **Published in CPT Asst:**

95004 **Percutaneous tests (scratch, puncture, prick) with allergenic extracts, immediate type reaction, including test interpretation and report, specify number of tests**

Global: XXX **Issue:** Percutaneous Allergy Tests **Screen:** Low Value-Billed in Multiple Units **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 41 **Specialty Developing Recommendation:** JCAAI, ACAAI, AAAAI **First Identified:** October 2010 **2010 Medicare Utilization Data:** 6,975,169

2007 Work RVU: 0.00 **2012 Work RVU:** 0.01
2007 NF PE RVU: 0.12 **2012 NF PE RVU:** 0.17
2007 Fac PE RVU NA **2012 Fac PE RVU:** NA

RUC Recommendation: 0.01

CPT Action (if applicable):

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: XXX **Issue:** Percutaneous Allergy Tests **Screen:** Low Value-Billed in Multiple Units **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 31 **Specialty Developing Recommendation:** JCAAI, ACAAI, AAAAI **First Identified:** October 2010 **2010 Medicare Utilization Data:** 80,259

2007 Work RVU: 0.15 **2012 Work RVU:** 0.11
2007 NF PE RVU: 0.31 **2012 NF PE RVU:** 0.24
2007 Fac PE RVU 0.06 **2012 Fac PE RVU:** 0.04

RUC Recommendation: Deleted from CPT

CPT Action (if applicable): February 2012

Result: Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

95015 **Intracutaneous (intradermal) tests, sequential and incremental, with drugs, biologicals, or venoms, immediate type reaction, including test interpretation and report by a physician, specify number of tests**

Global: XXX **Issue:** Intracutaneous Allgery Tests **Screen:** Low Value-Billed in Multiple Units **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 31 **Specialty Developing Recommendation:** JCAAI, ACAAI, AAAAI **First Identified:** October 2010 **2010 Medicare Utilization Data:** 56,202

2007 Work RVU: 0.15 **2012 Work RVU:** 0.06
2007 NF PE RVU: 0.16 **2012 NF PE RVU:** 0.14
2007 Fac PE RVU 0.06 **2012 Fac PE RVU:** 0.02

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** February 2012 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

95017 **Allergy testing, any combination of percutaneous (scratch, puncture, prick) and intracutaneous (intradermal), sequential and incremental, with venoms, immediate type reaction, including test interpretation and report, specify number of tests**

Global: **Issue:** Percutaneous Allergy Testing **Screen:** Low Value-Billed in Multiple Units **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 29 **Specialty Developing Recommendation:** JCAAI **First Identified:** October 2010 **2010 Medicare Utilization Data:**

2007 Work RVU: **2012 Work RVU:**
2007 NF PE RVU: **2012 NF PE RVU:**
2007 Fac PE RVU **2012 Fac PE RVU:**

RUC Recommendation: 0.07 **CPT Action (if applicable):** February 2012 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

95018 **Allergy testing, any combination of percutaneous (scratch, puncture, prick) and intracutaneous (intradermal), sequential and incremental, with drugs or biologicals, immediate type reaction, including test interpretation and report, specify number of tests**

Global: **Issue:** Percutaneous Allergy Testing **Screen:** Low Value-Billed in Multiple Units **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 29 **Specialty Developing Recommendation:** JCAAI **First Identified:** October 2010 **2010 Medicare Utilization Data:**

2007 Work RVU: **2012 Work RVU:**
2007 NF PE RVU: **2012 NF PE RVU:**
2007 Fac PE RVU **2012 Fac PE RVU:**

RUC Recommendation: 0.14 **CPT Action (if applicable):** February 2012 **Result:** Decrease

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 Allgery Tests **Screen:** Low Value-Billed in Multiple Units **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 31 **Specialty Developing Recommendation:** JCAAI, ACAAI, AAAAI, AAOA **First Identified:** October 2010 **2010 Medicare Utilization Data:** 1,600,062

2007 Work RVU: 0.00 **2012 Work RVU:** 0.01
2007 NF PE RVU: 0.17 **2012 NF PE RVU:** 0.21
2007 Fac PE RVU NA **2012 Fac PE RVU:** 0.01

RUC Recommendation: New PE Inputs **CPT Action (if applicable):** **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

95027 **Intracutaneous (intradermal) tests, sequential and incremental, with allergenic extracts for airborne allergens, immediate type reaction, including test interpretation and report, specify number of tests**

Global: XXX **Issue:** Intracutaneous Allgery Tests **Screen:** Low Value-Billed in Multiple Units **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 41 **Specialty Developing Recommendation:** JCAAI, ACAAI, AAAAI **First Identified:** October 2010 **2010 Medicare Utilization Data:** 239,371

2007 Work RVU: 0.00 **2012 Work RVU:** 0.01
2007 NF PE RVU: 0.17 **2012 NF PE RVU:** 0.13
2007 Fac PE RVU NA **2012 Fac PE RVU:** NA

RUC Recommendation: 0.01 **CPT Action (if applicable):** **Result:** Maintain

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 Codes **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 48 **Specialty Developing Recommendation:** JCAAI, AAOA **First Identified:** January 2012 **2010 Medicare Utilization Data:** 1,191,083

2007 Work RVU: 0.00 **2012 Work RVU:** 0
2007 NF PE RVU: 0.35 **2012 NF PE RVU:** 0.28
2007 Fac PE RVU 0.29 **2012 Fac PE RVU:** NA

RUC Recommendation: New PE Inputs **CPT Action (if applicable):** **Result:** PE Only

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 Codes **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 48 **Specialty Developing Recommendation:** JCAAI, AAOA **First Identified:** September 2011 **2010 Medicare Utilization Data:** 2,006,419

2007 Work RVU: 0.00 **2012 Work RVU:** 0
2007 NF PE RVU: 0.44 **2012 NF PE RVU:** 0.34
2007 Fac PE RVU 0.38 **2012 Fac PE RVU:** NA

RUC Recommendation: New PE Inputs **CPT Action (if applicable):** **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

95144 **Professional services for the supervision of preparation and provision of antigens for allergen immunotherapy, single dose vial(s) (specify number of vials)**

Global: XXX **Issue:** Antigen Therapy Services **Screen:** Low Value-Billed in Multiple Units **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 41 **Specialty Developing Recommendation:** JCAAI, ACAAI, AAAAI **First Identified:** October 2010 **2010 Medicare Utilization Data:** 218,143

2007 Work RVU: 0.06 **2012 Work RVU:** 0.06
2007 NF PE RVU: 0.21 **2012 NF PE RVU:** 0.30
2007 Fac PE RVU 0.02 **2012 Fac PE RVU:** 0.02

RUC Recommendation: 0.06 **CPT Action (if applicable):** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

95148 **Professional services for the supervision of preparation and provision of antigens for allergen immunotherapy (specify number of doses); 4 single stinging insect venoms**

Global: XXX **Issue:** **Screen:** Low Value-Billed in Multiple Units **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 73 **Specialty Developing Recommendation:** **First Identified:** October 2010 **2010 Medicare Utilization Data:** 15,038

2007 Work RVU: 0.06 **2012 Work RVU:** 0.06
2007 NF PE RVU: 0.67 **2012 NF PE RVU:** 1.37
2007 Fac PE RVU 0.03 **2012 Fac PE RVU:** 0.02

RUC Recommendation: 0.06 **CPT Action (if applicable):** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

95165 **Professional services for the supervision of preparation and provision of antigens for allergen immunotherapy; single or multiple antigens (specify number of doses)**

Global: XXX **Issue:** **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 41 **Specialty Developing Recommendation:** **First Identified:** October 2010 **2010 Medicare Utilization Data:** 5,448,102

2007 Work RVU: 0.06 **2012 Work RVU:** 0.06
2007 NF PE RVU: 0.21 **2012 NF PE RVU:** 0.31
2007 Fac PE RVU 0.02 **2012 Fac PE RVU:** 0.03

RUC Recommendation: Reaffirmed RUC recommendation **CPT Action (if applicable):** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

95800 **Sleep study, unattended, simultaneous recording; heart rate, oxygen saturation, respiratory analysis (eg, by airflow or peripheral arterial tone), and sleep time**

Global: XXX **Issue:** Sleep Testing **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 28 **Specialty Developing Recommendation:** ACNS, AAN, ACCP/ATS, AASM **First Identified:** **2010 Medicare Utilization Data:**

2007 Work RVU: **2012 Work RVU:** 1.05
2007 NF PE RVU: **2012 NF PE RVU:** 3.63
2007 Fac PE RVU **2012 Fac PE RVU:** NA

RUC Recommendation: 1.05 **CPT Action (if applicable):** October 2009 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

95801 **Sleep study, unattended, simultaneous recording; minimum of heart rate, oxygen saturation, and respiratory analysis (eg, by airflow or peripheral arterial tone)**

Global: XXX **Issue:** Sleep Testing **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 28 **Specialty Developing Recommendation:** ACNS, AAN, ACCP/ATS, AASM **First Identified:** **2010 Medicare Utilization Data:**

2007 Work RVU: **2012 Work RVU:** 1
2007 NF PE RVU: **2012 NF PE RVU:** 1.49
2007 Fac PE RVU **2012 Fac PE RVU:** NA

RUC Recommendation: 1.00 **CPT Action (if applicable):** October 2009 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

95803 **Actigraphy testing, recording, analysis, interpretation, and report (minimum of 72 hours to 14 consecutive days of recording)**

Global: XXX **Issue:** Sleep Testing **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 28 **Specialty Developing Recommendation:** ACNS, AAN, ACCP/ATS, AASM **First Identified:** NA **2010 Medicare Utilization Data:** 257

2007 Work RVU: **2012 Work RVU:** 0.9
2007 NF PE RVU: **2012 NF PE RVU:** 3.91
2007 Fac PE RVU **2012 Fac PE RVU:** NA

RUC Recommendation: 0.90 and New PE inputs **CPT Action (if applicable):** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

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:** **2010 Medicare Utilization Data:** 7,559

2007 Work RVU: 1.88 **2012 Work RVU:** 1.2
2007 NF PE RVU: 14.7 **2012 NF PE RVU:** 10.99
2007 Fac PE RVU NA **2012 Fac PE RVU:** NA

RUC Recommendation: 1.20 **CPT Action (if applicable):** October 2009 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

95806 **Sleep study, unattended, simultaneous recording of, heart rate, oxygen saturation, respiratory airflow, and respiratory effort (eg, thoracoabdominal movement)**

Global: XXX **Issue:** Sleep Testing **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 28 **Specialty Developing Recommendation:** ACNS, AAN, ACCP/ATS, AASM **First Identified:** **2010 Medicare Utilization Data:** 8,205

2007 Work RVU: 1.66 **2012 Work RVU:** 1.25
2007 NF PE RVU: 3.46 **2012 NF PE RVU:** 4.07
2007 Fac PE RVU NA **2012 Fac PE RVU:** NA

RUC Recommendation: 1.28 **CPT Action (if applicable):** October 2009 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

95807 **Sleep study, simultaneous recording of ventilation, respiratory effort, ECG or heart rate, and oxygen saturation, attended by a technologist**

Global: XXX **Issue:** Sleep Testing **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 28 **Specialty Developing Recommendation:** ACNS, AAN, ACCP/ATS, AASM **First Identified:** **2010 Medicare Utilization Data:** 2,655

2007 Work RVU: 1.66 **2012 Work RVU:** 1.28
2007 NF PE RVU: 11.82 **2012 NF PE RVU:** 13.21
2007 Fac PE RVU NA **2012 Fac PE RVU:** NA

RUC Recommendation: 1.25 **CPT Action (if applicable):** October 2009 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

95808 **Polysomnography; any age, sleep staging with 1-3 additional parameters of sleep, attended by a technologist**

Global: XXX **Issue:** Sleep Testing **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 28 **Specialty Developing Recommendation:** ACNS, AAN, ACCP/ATS, AASM **First Identified:** **2010 Medicare Utilization Data:** 911

2007 Work RVU: 2.65 **2012 Work RVU:** 1.74
2007 NF PE RVU: 13.79 **2012 NF PE RVU:** 17.82
2007 Fac PE RVU NA **2012 Fac PE RVU:** NA

RUC Recommendation: 1.74 **CPT Action (if applicable):** October 2009 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

95810 **Polysomnography; age 6 years or older, sleep staging with 4 or more additional parameters of sleep, attended by a technologist**

Global: XXX **Issue:** Sleep Testing **Screen:** CMS Fastest Growing / MPC List **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 28 **Specialty Developing Recommendation:** ACNS, AAN, ACCP/ATS, AASM **First Identified:** **2010 Medicare Utilization Data:** 311,700

2007 Work RVU: 3.52 **2012 Work RVU:** 2.5
2007 NF PE RVU: 17.54 **2012 NF PE RVU:** 16.76
2007 Fac PE RVU NA **2012 Fac PE RVU:** NA

RUC Recommendation: 2.50 **CPT Action (if applicable):** October 2009 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

95811 **Polysomnography; age 6 years or older, sleep staging with 4 or more additional parameters of sleep, with initiation of continuous positive airway pressure therapy or bilevel ventilation, attended by a technologist**

Global: XXX **Issue:** Sleep Testing **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 28 **Specialty Developing Recommendation:** ACNS, AAN, ACCP/ATS, AASM **First Identified:** **2010 Medicare Utilization Data:** 330,732

2007 Work RVU: 3.79 **2012 Work RVU:** 2.6
2007 NF PE RVU: 19.32 **2012 NF PE RVU:** 17.93
2007 Fac PE RVU NA **2012 Fac PE RVU:** NA

RUC Recommendation: 2.60 **CPT Action (if applicable):** October 2009 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

95816 **Electroencephalogram (EEG); including recording awake and drowsy** **Global:** XXX **Issue:** Electroencephalogram **Screen:** CMS High Expenditure Procedural Codes **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 22 **Specialty Developing Recommendation:** AAN, ACNS **First Identified:** January 2012 **2010 Medicare Utilization Data:**

2007 Work RVU: 1.08 **2012 Work RVU:** 1.08
2007 NF PE RVU: 4.1 **2012 NF PE RVU:**
2007 Fac PE RVU NA **2012 Fac PE RVU:**

RUC Recommendation: 1.08 **CPT Action (if applicable):** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

95819 **Electroencephalogram (EEG); including recording awake and asleep** **Global:** XXX **Issue:** Electroencephalogram **Screen:** CMS High Expenditure Procedural Codes **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 22 **Specialty Developing Recommendation:** AAN, ACNS **First Identified:** September 2011 **2010 Medicare Utilization Data:** 295,993

2007 Work RVU: 1.08 **2012 Work RVU:** 1.08
2007 NF PE RVU: 3.76 **2012 NF PE RVU:** 10.09
2007 Fac PE RVU NA **2012 Fac PE RVU:**NA

RUC Recommendation: 1.08 **CPT Action (if applicable):** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

95822 **Electroencephalogram (EEG); recording in coma or sleep only** **Global:** XXX **Issue:** Electroencephalogram **Screen:** CMS High Expenditure Procedural Codes **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 22 **Specialty Developing Recommendation:** AAN, ACNS **First Identified:** January 2012 **2010 Medicare Utilization Data:** 19,815

2007 Work RVU: 1.08 **2012 Work RVU:** 1.08
2007 NF PE RVU: 4.82 **2012 NF PE RVU:** 9.10
2007 Fac PE RVU NA **2012 Fac PE RVU:**NA

RUC Recommendation: 1.08 **CPT Action (if applicable):** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

95860 **Needle electromyography; 1 extremity with or without related paraspinal areas** **Global:** XXX **Issue:** EMG in Conjunction with Nerve Testing **Screen:** Harvard Valued - Utilization over 100,000 / Codes Reported Together 75% or More-Part1 / Harvard-Valued Annual Allowed Charges over $10 million **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 32 **Specialty Developing Recommendation:** AAN, AAPMR, AANEM, APTA **First Identified:** October 2009 **2010 Medicare Utilization Data:** 262,621

2007 Work RVU: 0.96 **2012 Work RVU:** 0.96
2007 NF PE RVU: 1.36 **2012 NF PE RVU:** 1.82
2007 Fac PE RVU NA **2012 Fac PE RVU:** NA

RUC Recommendation: 0.96 **CPT Action (if applicable):** February 2011 & October 2011 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

95861 **Needle electromyography; 2 extremities with or without related paraspinal areas** **Global:** XXX **Issue:** EMG in Conjunction with Nerve Testing **Screen:** Codes Reported Together 75% or More-Part1 / CMS High Expenditure Procedural Codes **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 32 **Specialty Developing Recommendation:** AAN, AAPMR, AANEM, APTA **First Identified:** February 2010 **2010 Medicare Utilization Data:** 374,908

2007 Work RVU: 1.54 **2012 Work RVU:** 1.54
2007 NF PE RVU: 1.48 **2012 NF PE RVU:** 2.50
2007 Fac PE RVU NA **2012 Fac PE RVU:** NA

RUC Recommendation: 1.54 **CPT Action (if applicable):** February 2011 & October 2011 & February 2012 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

95863 **Needle electromyography; 3 extremities with or without related paraspinal areas** **Global:** XXX **Issue:** EMG in Conjunction with Nerve Testing **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 32 **Specialty Developing Recommendation:** AAN, AAPMR, AANEM, APTA **First Identified:** February 2010 **2010 Medicare Utilization Data:** 15,405

2007 Work RVU: 1.87 **2012 Work RVU:** 1.87
2007 NF PE RVU: 1.79 **2012 NF PE RVU:** 3.01
2007 Fac PE RVU NA **2012 Fac PE RVU:** NA

RUC Recommendation: 1.87 **CPT Action (if applicable):** February 2011 & October 2011 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

95864 **Needle electromyography; 4 extremities with or without related paraspinal areas** **Global:** XXX **Issue:** EMG in Conjunction with Nerve Testing **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 32 **Specialty Developing Recommendation:** AAN, AAPMR, AANEM, APTA **First Identified:** February 2010 **2010 Medicare Utilization Data:** 19,335

2007 Work RVU: 1.99 **2012 Work RVU:** 1.99
2007 NF PE RVU: 2.53 **2012 NF PE RVU:** 3.30
2007 Fac PE RVU NA **2012 Fac PE RVU:** NA

RUC Recommendation: 1.99 **CPT Action (if applicable):** February 2011 & October 2011 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

95867 **Needle electromyography; cranial nerve supplied muscle(s), unilateral** **Global:** XXX **Issue:** EMG in Conjunction with Nerve Testing **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 32 **Specialty Developing Recommendation:** AAN, AAPMR, AANEM, APTA **First Identified:** **2010 Medicare Utilization Data:** 3,828

2007 Work RVU: 0.79 **2012 Work RVU:** 0.79
2007 NF PE RVU: 0.98 **2012 NF PE RVU:** 1.86
2007 Fac PE RVU NA **2012 Fac PE RVU:** NA

RUC Recommendation: 0.79 **CPT Action (if applicable):** October 2011 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

95868 **Needle electromyography; cranial nerve supplied muscles, bilateral** **Global:** XXX **Issue:** EMG in Conjunction with Nerve Testing **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 32 **Specialty Developing Recommendation:** AAN, AAPMR, AANEM, APTA **First Identified:** **2010 Medicare Utilization Data:** 2,586

2007 Work RVU: 1.18 **2012 Work RVU:** 1.18
2007 NF PE RVU: 1.26 **2012 NF PE RVU:** 2.37
2007 Fac PE RVU NA **2012 Fac PE RVU:** NA

RUC Recommendation: 1.18 **CPT Action (if applicable):** October 2011 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

95869 **Needle electromyography; thoracic paraspinal muscles (excluding T1 or T12)** **Global:** XXX **Issue:** EMG in Conjunction with Nerve Testing **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 32 **Specialty Developing Recommendation:** AAN, AAPMR, AANEM, APTA **First Identified:** **2010 Medicare Utilization Data:** 6,392

2007 Work RVU: 0.37 **2012 Work RVU:** 0.37
2007 NF PE RVU: 0.53 **2012 NF PE RVU:** 1.61
2007 Fac PE RVU NA **2012 Fac PE RVU:** NA

RUC Recommendation: 0.37 **CPT Action (if applicable):** October 2011 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

95870 **Needle electromyography; limited study of muscles in 1 extremity or non-limb (axial) muscles (unilateral or bilateral), other than thoracic paraspinal, cranial nerve supplied muscles, or sphincters** **Global:** XXX **Issue:** EMG in Conjunction with Nerve Testing **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 32 **Specialty Developing Recommendation:** AAN, AAPMR, AANEM, APTA **First Identified:** **2010 Medicare Utilization Data:** 70,090

2007 Work RVU: 0.37 **2012 Work RVU:** 0.37
2007 NF PE RVU: 0.53 **2012 NF PE RVU:** 1.53
2007 Fac PE RVU NA **2012 Fac PE RVU:** NA

RUC Recommendation: 0.37 **CPT Action (if applicable):** October 2011 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

95885 **Needle electromyography, each extremity, with related paraspinal areas, when performed, done with nerve conduction, amplitude and latency/velocity study; limited (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** EMG in Conjunction with Nerve Testing **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 20 **Specialty Developing Recommendation:** AAN, AAPMR, AANEM, ACNS, APTA **First Identified:** February 2010 **2010 Medicare Utilization Data:**

2007 Work RVU: **2012 Work RVU:** 0.35
2007 NF PE RVU: **2012 NF PE RVU:** 1.27
2007 Fac PE RVU **2012 Fac PE RVU:** NA

RUC Recommendation: 0.35 **CPT Action (if applicable):** February 2011 and October 2011 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

95886 **Needle electromyography, each extremity, with related paraspinal areas, when performed, done with nerve conduction, amplitude and latency/velocity study; complete, five or more muscles studied, innervated by three or more nerves or four or more spinal levels (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** EMG in Conjunction with Nerve Testing **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 20 **Specialty Developing Recommendation:** AAN, AAPMR, AANEM, ACNS, APTA **First Identified:** February 2010 **2010 Medicare Utilization Data:**

2007 Work RVU: **2012 Work RVU:** 0.92
2007 NF PE RVU: **2012 NF PE RVU:** 1.61
2007 Fac PE RVU **2012 Fac PE RVU:** NA

RUC Recommendation: 0.92 **CPT Action (if applicable):** February 2011 and October 2011 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

95887 **Needle electromyography, non-extremity (cranial nerve supplied or axial) muscle(s) done with nerve conduction, amplitude and latency/velocity study (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** EMG in Conjunction with Nerve Testing **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 20 **Specialty Developing Recommendation:** AAN, AAPMR, AANEM, ACNS, APTA **First Identified:** February 2010 **2010 Medicare Utilization Data:**

2007 Work RVU: **2012 Work RVU:** 0.73
2007 NF PE RVU: **2012 NF PE RVU:** 1.53
2007 Fac PE RVU **2012 Fac PE RVU:** NA

RUC Recommendation: 0.73 **CPT Action (if applicable):** February 2011 and October 2011 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

95900 **Nerve conduction, amplitude and latency/velocity study, each nerve; motor, without F-wave study**

Global: XXX **Issue:** EMG in Conjunction with Nerve Testing **Screen:** MPC List / Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 32 **Specialty Developing Recommendation:** AAN, AAPMR, AANEM, APTA **First Identified:** October 2010 **2010 Medicare Utilization Data:** 1,352,877

2007 Work RVU: 0.42 **2012 Work RVU:** 0.42
2007 NF PE RVU: 1.18 **2012 NF PE RVU:** 1.45
2007 Fac PE RVU NA **2012 Fac PE RVU:** NA

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** October 2011& February 2012 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

95903 **Nerve conduction, amplitude and latency/velocity study, each nerve; motor, with F-wave study**

Global: XXX **Issue:** EMG in Conjunction with Nerve Testing **Screen:** CMS High Expenditure Procedural Codes / Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 32 **Specialty Developing Recommendation:** AAN, AAPMR, AANEM, APTA **First Identified:** September 2011 **2010 Medicare Utilization Data:** 2,108,664

2007 Work RVU: 0.60 **2012 Work RVU:** 0.6
2007 NF PE RVU: 1.15 **2012 NF PE RVU:** 1.57
2007 Fac PE RVU NA **2012 Fac PE RVU:** NA

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** October 2011 and February 2012 & February 2012 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

95904 **Nerve conduction, amplitude and latency/velocity study, each nerve; sensory**

Global: XXX **Issue:** EMG in Conjunction with Nerve Testing **Screen:** Codes Reported Together 75% or More-Part1 / Low Value-Billed in Multiple Units **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 32 **Specialty Developing Recommendation:** AAN, AAPMR, AANEM, APTA **First Identified:** February 2010 **2010 Medicare Utilization Data:** 3,651,015

2007 Work RVU: 0.34 **2012 Work RVU:** 0.34
2007 NF PE RVU: 1.03 **2012 NF PE RVU:** 1.31
2007 Fac PE RVU NA **2012 Fac PE RVU:** NA

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** February 2011 & October 2011 & February 2012 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

95907 **Nerve conduction studies; 1-2 studies** **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:** AAN, AAPMR, AANEM, APTA **First Identified:** **2010 Medicare Utilization Data:**

2007 Work RVU: **2012 Work RVU:**
2007 NF PE RVU: **2012 NF PE RVU:**
2007 Fac PE RVU **2012 Fac PE RVU:**

RUC Recommendation: 1.00 **CPT Action (if applicable):** February 2012 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

95908 **Nerve conduction studies; 3-4 studies** **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:** AAN, AAPMR, AANEM, APTA **First Identified:** **2010 Medicare Utilization Data:**

2007 Work RVU: **2012 Work RVU:**
2007 NF PE RVU: **2012 NF PE RVU:**
2007 Fac PE RVU **2012 Fac PE RVU:**

RUC Recommendation: 1.37 **CPT Action (if applicable):** February 2012 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

95909 **Nerve conduction studies; 5-6 studies** **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:** AAN, AAPMR, AANEM, APTA **First Identified:** **2010 Medicare Utilization Data:**

2007 Work RVU: **2012 Work RVU:**
2007 NF PE RVU: **2012 NF PE RVU:**
2007 Fac PE RVU **2012 Fac PE RVU:**

RUC Recommendation: 1.77 **CPT Action (if applicable):** February 2012 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

95910 **Nerve conduction studies; 7-8 studies**

Global: **Issue:** EMG in Conjunction with Nerve Testing **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 32 **Specialty Developing Recommendation:** AAN, AAPMR, AANEM, APTA **First Identified:** **2010 Medicare Utilization Data:**

2007 Work RVU: **2012 Work RVU:**
2007 NF PE RVU: **2012 NF PE RVU:**
2007 Fac PE RVU **2012 Fac PE RVU:**

RUC Recommendation: 2.80 **CPT Action (if applicable):** February 2012 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

95911 **Nerve conduction studies; 9-10 studies**

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:** AAN, AAPMR, AANEM, APTA **First Identified:** **2010 Medicare Utilization Data:**

2007 Work RVU: **2012 Work RVU:**
2007 NF PE RVU: **2012 NF PE RVU:**
2007 Fac PE RVU **2012 Fac PE RVU:**

RUC Recommendation: 3.34 **CPT Action (if applicable):** February 2012 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

95912 **Nerve conduction studies; 11-12 studies**

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:** AAN, AAPMR, AANEM, APTA **First Identified:** **2010 Medicare Utilization Data:**

2007 Work RVU: **2012 Work RVU:**
2007 NF PE RVU: **2012 NF PE RVU:**
2007 Fac PE RVU **2012 Fac PE RVU:**

RUC Recommendation: 4.00 **CPT Action (if applicable):** February 2012 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

95913 **Nerve conduction studies; 13 or more studies**

Global: **Issue:** EMG in Conjunction with Nerve Testing **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 32 **Specialty Developing Recommendation:** AAN, AAPMR, AANEM, APTA **First Identified:** **2010 Medicare Utilization Data:**

2007 Work RVU: **2012 Work RVU:**
2007 NF PE RVU: **2012 NF PE RVU:**
2007 Fac PE RVU **2012 Fac PE RVU:**

RUC Recommendation: 4.20 **CPT Action (if applicable):** February 2012 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

95921 **Testing of autonomic nervous system function; cardiovagal innervation (parasympathetic function), including 2 or more of the following: heart rate response to deep breathing with recorded R-R interval, Valsalva ratio, and 30:15 ratio**

Global: XXX **Issue:** Autonomic Function Testing **Screen:** Different Performing Specialty from Survey / Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 33 **Specialty Developing Recommendation:** AAN, AANEM **First Identified:** October 2009 **2010 Medicare Utilization Data:** 77,970

2007 Work RVU: 0.90 **2012 Work RVU:** 0.9
2007 NF PE RVU: 0.82 **2012 NF PE RVU:** 1.53
2007 Fac PE RVU NA **2012 Fac PE RVU:** NA

RUC Recommendation: 0.90 **CPT Action (if applicable):** February 2012 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

95922 **Testing of autonomic nervous system function; vasomotor adrenergic innervation (sympathetic adrenergic function), including beat-to-beat blood pressure and R-R interval changes during Valsalva maneuver and at least 5 minutes of passive tilt**

Global: XXX **Issue:** Autonomic Function Testing **Screen:** High Volume Growth / CMS Fastest Growing / Different Performing Specialty from Survey / Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 33 **Specialty Developing Recommendation:** AAN, AANEM **First Identified:** February 2008 **2010 Medicare Utilization Data:** 67,156

2007 Work RVU: 0.96 **2012 Work RVU:** 0.96
2007 NF PE RVU: 1 **2012 NF PE RVU:** 2.10
2007 Fac PE RVU NA **2012 Fac PE RVU:** NA

RUC Recommendation: 0.96 **CPT Action (if applicable):** February 2012 **Result:** Maintain
Referred to CPT Asst ☑ **Published in CPT Asst:** Dec 2008

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 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 33 **Specialty Developing Recommendation:** AAN, AANEM **First Identified:** **2010 Medicare Utilization Data:**

2007 Work RVU: 0.90 **2012 Work RVU:**
2007 NF PE RVU: 1.99 **2012 NF PE RVU:**
2007 Fac PE RVU NA **2012 Fac PE RVU:**

RUC Recommendation: 0.90 **CPT Action (if applicable):** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

95924 **Testing of autonomic nervous system function; combined parasympathetic and sympathetic adrenergic function testing with at least 5 minutes of passive tilt**

Global: **Issue:** Autonomic Function Testing **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 06 **Specialty Developing Recommendation:** AAN, AANEM **First Identified:** **2010 Medicare Utilization Data:**

2007 Work RVU: **2012 Work RVU:**
2007 NF PE RVU: **2012 NF PE RVU:**
2007 Fac PE RVU **2012 Fac PE RVU:**

RUC Recommendation: 1.73 **CPT Action (if applicable):** February 2012 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

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 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 50 **Specialty Developing Recommendation:** AAN, AANEM, ACNS, AAPMR **First Identified:** February 2010 **2010 Medicare Utilization Data:** 56,608

2007 Work RVU: 0.54 **2012 Work RVU:** 0.54
2007 NF PE RVU: 1.63 **2012 NF PE RVU:** 4.33
2007 Fac PE RVU NA **2012 Fac PE RVU:** NA

RUC Recommendation: 0.54 and New PE Inputs **CPT Action (if applicable):** October 2010 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

95926 **Short-latency somatosensory evoked potential study, stimulation of any/all peripheral nerves or skin sites, recording from the central nervous system; in lower limbs**

Global: XXX **Issue:** Evoked Potentials and Reflex Studies **Screen:** Codes Reported Together 75% or More-Part1/ CMS Request to Re-Review Families of Recently Reviewed CPT Codes **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 50 **Specialty Developing Recommendation:** AAN, AANEM, ACNS, AAPMR **First Identified:** February 2010 **2010 Medicare Utilization Data:** 60,798

2007 Work RVU: 0.54 **2012 Work RVU:** 0.54
2007 NF PE RVU: 1.59 **2012 NF PE RVU:** 4.16
2007 Fac PE RVU NA **2012 Fac PE RVU:** NA

RUC Recommendation: 0.54 and New PE Inputs **CPT Action (if applicable):** October 2010 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

95928 **Central motor evoked potential study (transcranial motor stimulation); upper limbs**

Global: XXX **Issue:** Evoked Potentials and Reflex Studies **Screen:** Codes Reported Together 75% or More-Part1 / CMS Request to Re-Review Families of Recently Reviewed CPT Codes **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 50 **Specialty Developing Recommendation:** AAN, AANEM, AAPMR, ACNS **First Identified:** February 2010 **2010 Medicare Utilization Data:** 15,990

2007 Work RVU: 1.50 **2012 Work RVU:** 1.5
2007 NF PE RVU: 3.25 **2012 NF PE RVU:** 5.89
2007 Fac PE RVU NA **2012 Fac PE RVU:** NA

RUC Recommendation: 1.50 and New PE Inputs **CPT Action (if applicable):** October 2010 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

95929 **Central motor evoked potential study (transcranial motor stimulation); lower limbs**

Global: XXX **Issue:** Evoked Potentials and Reflex Studies **Screen:** Codes Reported Together 75% or More-Part1 / CMS Request to Re-Review Families of Recently Reviewed CPT Codes **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 50 **Specialty Developing Recommendation:** AAN, AANEM, AAPMR, ACNS **First Identified:** February 2010 **2010 Medicare Utilization Data:** 16,413

2007 Work RVU: 1.50 **2012 Work RVU:** 1.5
2007 NF PE RVU: 3.48 **2012 NF PE RVU:** 6.01
2007 Fac PE RVU NA **2012 Fac PE RVU:** NA

RUC Recommendation: 1.50 and New PE Inputs **CPT Action (if applicable):** October 2010 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

95934 **H-reflex, amplitude and latency study; record gastrocnemius/soleus muscle**

Global: XXX **Issue:** **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:** **First Identified:** **2010 Medicare Utilization Data:** 381,339

2007 Work RVU: 0.51 **2012 Work RVU:** 0.51
2007 NF PE RVU: 0.55 **2012 NF PE RVU:** 1.28
2007 Fac PE RVU NA **2012 Fac PE RVU:** NA

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** October 2011 & February 2012 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

95936 **H-reflex, amplitude and latency study; record muscle other than gastrocnemius/soleus muscle**

Global: XXX **Issue:** **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:** **First Identified:** **2010 Medicare Utilization Data:** 23,549

2007 Work RVU: 0.55 **2012 Work RVU:** 0.55
2007 NF PE RVU: 0.49 **2012 NF PE RVU:** 0.89
2007 Fac PE RVU NA **2012 Fac PE RVU:** NA

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** October 2011 & February 2012 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 50 **Specialty Developing Recommendation:** AAN, AANEM, AAPMR, ACNS **First Identified:** **2010 Medicare Utilization Data:**

2007 Work RVU: **2012 Work RVU:** 0.86
2007 NF PE RVU: **2012 NF PE RVU:** 7.76
2007 Fac PE RVU **2012 Fac PE RVU:** NA

RUC Recommendation: 0.86 and new PE inputs **CPT Action (if applicable):** October 2010 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

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 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 50 **Specialty Developing Recommendation:** AAN, AANEM, AAPMR, ACNS **First Identified:** **2010 Medicare Utilization Data:**

2007 Work RVU: **2012 Work RVU:** 2.25
2007 NF PE RVU: **2012 NF PE RVU:** 11.20
2007 Fac PE RVU **2012 Fac PE RVU:** NA

RUC Recommendation: 2.25 and new PE inputs **CPT Action (if applicable):** October 2010 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

95940 **Continuous intraoperative neurophysiology monitoring in the operating room, one on one monitoring requiring personal attendance, each 15 minutes (List separately in addition to code for primary procedure)**

Global: **Issue:** Intraoperative Neurophysiology Monitoring **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 12 **Specialty Developing Recommendation:** **First Identified:** **2010 Medicare Utilization Data:**

2007 Work RVU: **2012 Work RVU:**
2007 NF PE RVU: **2012 NF PE RVU:**
2007 Fac PE RVU **2012 Fac PE RVU:**

RUC Recommendation: 0.60 **CPT Action (if applicable):** February 2012 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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: **Issue:** Intraoperative Neurophysiology Monitoring **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 12 **Specialty Developing Recommendation:** **First Identified:** **2010 Medicare Utilization Data:**

2007 Work RVU: **2012 Work RVU:**
2007 NF PE RVU: **2012 NF PE RVU:**
2007 Fac PE RVU **2012 Fac PE RVU:**

RUC Recommendation: 2.00 **CPT Action (if applicable):** February 2012 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

95943 **Simultaneous, independent, quantitative measures of both parasympathetic function and sympathetic function, based on time-frequency analysis of heart rate variability concurrent with time-frequency analysis of continuous respiratory activity, with mean heart rate and blood pressure measures, during rest, paced (deep) breathing, Valsalva maneuvers, and head-up postural change**

Global: **Issue:** Autonomic Function Testing **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** No

Most Recent RUC Meeting: October 2012 **Tab** 06 **Specialty Developing Recommendation:** AAN, AANEM **First Identified:** **2010 Medicare Utilization Data:**

2007 Work RVU: **2012 Work RVU:**
2007 NF PE RVU: **2012 NF PE RVU:**
2007 Fac PE RVU **2012 Fac PE RVU:**

RUC Recommendation: Carrier Price **CPT Action (if applicable):** February 2012 **Result:** Carrier Price

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: XXX **Issue:** EEG Monitoring **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab** 26 **Specialty Developing Recommendation:** AAN, ACNS **First Identified:** February 2009 **2010 Medicare Utilization Data:** 1,502

2007 Work RVU: 1.51 **2012 Work RVU:** 1.51
2007 NF PE RVU: 4.18 **2012 NF PE RVU:** 7.15
2007 Fac PE RVU NA **2012 Fac PE RVU:** NA

RUC Recommendation: 1.51 and new PE inputs **CPT Action (if applicable):** **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

95953 **Monitoring for localization of cerebral seizure focus by computerized portable 16 or more channel EEG, electroencephalographic (EEG) recording and interpretation, each 24 hours, unattended**

Global: XXX **Issue:** EEG Monitoring **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab** 26 **Specialty Developing Recommendation:** AAN, ACNS **First Identified:** February 2009 **2010 Medicare Utilization Data:** 18,628

2007 Work RVU: 3.30 **2012 Work RVU:** 3.08
2007 NF PE RVU: 7.52 **2012 NF PE RVU:** 9.36
2007 Fac PE RVU NA **2012 Fac PE RVU:** NA

RUC Recommendation: 3.08 **CPT Action (if applicable):** **Result:** PE Only

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)**

Global: XXX **Issue:** EEG Monitoring **Screen:** High Volume Growth **Complete?** Yes

Most Recent RUC Meeting: February 2008 **Tab** S **Specialty Developing Recommendation:** AAN, ACNS **First Identified:** February 2008 **2010 Medicare Utilization Data:** 1,905

2007 Work RVU: 2.45 **2012 Work RVU:** 2.45
2007 NF PE RVU: 4.38 **2012 NF PE RVU:** 9.32
2007 Fac PE RVU NA **2012 Fac PE RVU:** NA

RUC Recommendation: Remove from screen **CPT Action (if applicable):** **Result:** Remove from Screen

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**

Global: XXX **Issue:** EEG Monitoring **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab** 26 **Specialty Developing Recommendation:** AAN, ACNS **First Identified:** October 2008 **2010 Medicare Utilization Data:** 9,569

2007 Work RVU: 3.08 **2012 Work RVU:** 3.61
2007 NF PE RVU: 15.47 **2012 NF PE RVU:** 30.71
2007 Fac PE RVU NA **2012 Fac PE RVU:** NA

RUC Recommendation: 3.61. CPT Assistant article published **CPT Action (if applicable):** **Result:** PE Only

Referred to CPT Asst ☑ **Published in CPT Asst:** Dec 2009

Status Report: CMS Requests and Relativity Assessment Issues

95970 **Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude, pulse duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient compliance measurements); simple or complex brain, spinal cord, or peripheral (ie, cranial nerve, peripheral nerve, sacral nerve, neuromuscular) neurostimulator pulse generator/transmitter, without reprogramming**

Global: XXX **Issue:** Implanted Neurostimulator Electronic Analysis **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 45 **Specialty Developing Recommendation:** AAN, AAPM, NASS, ACO, ACNS, ISIS, AAPMR **First Identified:** February 2010 **2010 Medicare Utilization Data:** 17,164

2007 Work RVU: 0.45 **2012 Work RVU:** 0.45
2007 NF PE RVU: 0.86 **2012 NF PE RVU:** 1.38
2007 Fac PE RVU 0.14 **2012 Fac PE RVU:** 0.19

RUC Recommendation: 0.45 **CPT Action (if applicable):** February 2011 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

95971 **Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude, pulse duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient compliance measurements); simple spinal cord, or peripheral (ie, peripheral nerve, sacral nerve, neuromuscular) neurostimulator pulse generator/transmitter, with intraoperative or subsequent programming**

Global: XXX **Issue:** Implanted Neurostimulator Electronic Analysis **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 45 **Specialty Developing Recommendation:** AAN, AAPM, NASS, ACO, ACNS, ISIS, AAPMR **First Identified:** October 2009 **2010 Medicare Utilization Data:** 26,356

2007 Work RVU: 0.78 **2012 Work RVU:** 0.78
2007 NF PE RVU: 0.66 **2012 NF PE RVU:** 0.84
2007 Fac PE RVU 0.22 **2012 Fac PE RVU:** 0.32

RUC Recommendation: 0.78 **CPT Action (if applicable):** February 2011 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

95972 **Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude, pulse duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient compliance measurements); complex spinal cord, or peripheral (ie, peripheral nerve, sacral nerve, neuromuscular) (except cranial nerve) neurostimulator pulse generator/transmitter, with intraoperative or subsequent programming, first hour**

Global: XXX **Issue:** Implanted Neurostimulator Electronic Analysis **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 45 **Specialty Developing Recommendation:** AAN, AAPM, NASS, ACO, ACNS, ISIS, AAPMR **First Identified:** February 2010 **2010 Medicare Utilization Data:** 57,891

2007 Work RVU: 1.50 **2012 Work RVU:** 1.5
2007 NF PE RVU: 1.21 **2012 NF PE RVU:** 1.54
2007 Fac PE RVU 0.48 **2012 Fac PE RVU:** 0.64

RUC Recommendation: 1.50 **CPT Action (if applicable):** February 2011 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

95973 **Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude, pulse duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient compliance measurements); complex spinal cord, or peripheral (ie, peripheral nerve, sacral nerve, neuromuscular) (except cranial nerve) neurostimulator pulse generator/transmitter, with intraoperative or subsequent programming, each additional 30 minutes after first hour (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Implanted Neurostimulator Electronic Analysis **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 45 **Specialty Developing Recommendation:** AAN, AAPM, NASS, ACO, ACNS, ISIS, AAPMR **First Identified:** February 2010 **2010 Medicare Utilization Data:** 2,286

2007 Work RVU: 0.92 **2012 Work RVU:** 0.92
2007 NF PE RVU: 0.61 **2012 NF PE RVU:** 0.82
2007 Fac PE RVU 0.32 **2012 Fac PE RVU:** 0.41

RUC Recommendation: 0.92 **CPT Action (if applicable):** February 2011 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

95990 **Refilling and maintenance of implantable pump or reservoir for drug delivery, spinal (intrathecal, epidural) or brain (intraventricular), includes electronic analysis of pump, when performed;**

Global: XXX **Issue:** Electronic Analysis Implanted Pump **Screen:** Different Performing Specialty from Survey / Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 07 **Specialty Developing Recommendation:** ASA, AAPM, NASS, AAMP&R, AANS/CNS, ISIS **First Identified:** April 2010 **2010 Medicare Utilization Data:** 52,301

2007 Work RVU: 0.00 **2012 Work RVU:** 0
2007 NF PE RVU: 1.53 **2012 NF PE RVU:** 2.49
2007 Fac PE RVU NA **2012 Fac PE RVU:** NA

RUC Recommendation: 0.00 **CPT Action (if applicable):** October 2010 **Result:** Maintain
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 professional**

Global: XXX **Issue:** Electronic Analysis Implanted Pump **Screen:** High Volume Growth / Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 07 **Specialty Developing Recommendation:** ASA, AAPM **First Identified:** February 2008 **2010 Medicare Utilization Data:** 88,496

2007 Work RVU: 0.77 **2012 Work RVU:** 0.77
2007 NF PE RVU: 1.53 **2012 NF PE RVU:** 2.60
2007 Fac PE RVU NA **2012 Fac PE RVU:** 0.32

RUC Recommendation: 0.77 **CPT Action (if applicable):** October 2010 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

96105 **Assessment of aphasia (includes assessment of expressive and receptive speech and language function, language comprehension, speech production ability, reading, spelling, writing, eg, by Boston Diagnostic Aphasia Examination) with interpretation and report, per hour**

Global: XXX **Issue:** Assessment of Aphasia **Screen:** CMS Request/Speech Language Pathology Request **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 33 **Specialty Developing Recommendation:** ASHA, AAN **First Identified:** **2010 Medicare Utilization Data:** 223

2007 Work RVU: 0.00 **2012 Work RVU:** 1.75
2007 NF PE RVU: 1.83 **2012 NF PE RVU:** 1.20
2007 Fac PE RVU NA **2012 Fac PE RVU:** NA

RUC Recommendation: 1.75 **CPT Action (if applicable):** **Result:** Increase
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:** RAW review **Screen:** CMS High Expenditure Procedural Codes **Complete?** No

Most Recent RUC Meeting: January 2012 **Tab** 30 **Specialty Developing Recommendation:**

First Identified: September 2011 **2010 Medicare Utilization Data:** 1,448,200

2007 Work RVU: **2012 Work RVU:** 0.21
2007 NF PE RVU: **2012 NF PE RVU:** 1.89
2007 Fac PE RVU **2012 Fac PE RVU:** NA
Result:

RUC Recommendation: Survey for work and PE for the January 2013 RUC meeting.

CPT Action (if applicable):

Referred to CPT Asst ☐ **Published in CPT Asst:**

96366 **Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); each additional hour (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** RAW review **Screen:** CMS High Expenditure Procedural Codes **Complete?** No

Most Recent RUC Meeting: January 2012 **Tab** 30 **Specialty Developing Recommendation:**

First Identified: **2010 Medicare Utilization Data:** 724,805

2007 Work RVU: **2012 Work RVU:** 0.18
2007 NF PE RVU: **2012 NF PE RVU:** 0.44
2007 Fac PE RVU **2012 Fac PE RVU:** NA
Result:

RUC Recommendation: Survey for work and PE for the January 2013 RUC meeting.

CPT Action (if applicable):

Referred to CPT Asst ☐ **Published in CPT Asst:**

96367 **Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); additional sequential infusion of a new drug/substance, up to 1 hour (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** RAW review **Screen:** CMS High Expenditure Procedural Codes **Complete?** No

Most Recent RUC Meeting: January 2012 **Tab** 30 **Specialty Developing Recommendation:**

First Identified: September 2011 **2010 Medicare Utilization Data:** 2,148,456

2007 Work RVU: **2012 Work RVU:** 0.19
2007 NF PE RVU: **2012 NF PE RVU:** 0.75
2007 Fac PE RVU **2012 Fac PE RVU:** NA
Result:

RUC Recommendation: Survey for work and PE for the January 2013 RUC meeting.

CPT Action (if applicable):

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

96368 **Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); concurrent infusion (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** RAW review **Screen:** CMS High Expenditure Procedural Codes **Complete?** No

Most Recent RUC Meeting: January 2012 **Tab** 30 **Specialty Developing Recommendation:** **First Identified:** **2010 Medicare Utilization Data:** 217,424

2007 Work RVU: **2012 Work RVU:** 0.17
2007 NF PE RVU: **2012 NF PE RVU:** 0.38
2007 Fac PE RVU **2012 Fac PE RVU:** NA

RUC Recommendation: Survey for work and PE for the January 2013 RUC meeting.

CPT Action (if applicable):
Result:
Referred to CPT Asst ☐ **Published in CPT Asst:**

96405 **Chemotherapy administration; intralesional, up to and including 7 lesions**

Global: 000 **Issue:** Chemotherapy Administration **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab** 55 **Specialty Developing Recommendation:** ASCO **First Identified:** NA **2010 Medicare Utilization Data:** 1,709

2007 Work RVU: 0.52 **2012 Work RVU:** 0.52
2007 NF PE RVU: 2.71 **2012 NF PE RVU:** 1.94
2007 Fac PE RVU 0.24 **2012 Fac PE RVU:** 0.34

RUC Recommendation: New PE inputs

CPT Action (if applicable):
Result: PE Only
Referred to CPT Asst ☐ **Published in CPT Asst:**

96406 **Chemotherapy administration; intralesional, more than 7 lesions**

Global: 000 **Issue:** Chemotherapy Administration **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab** 55 **Specialty Developing Recommendation:** ASCO **First Identified:** NA **2010 Medicare Utilization Data:** 183

2007 Work RVU: 0.80 **2012 Work RVU:** 0.8
2007 NF PE RVU: 3.08 **2012 NF PE RVU:** 2.71
2007 Fac PE RVU 0.29 **2012 Fac PE RVU:** 0.46

RUC Recommendation: New PE inputs

CPT Action (if applicable):
Result: PE Only
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

96413 **Chemotherapy administration, intravenous infusion technique; up to 1 hour, single or initial substance/drug**

Global: XXX **Issue:** Chemotherapy Administration **Screen:** Codes Reported Together 75% or More-Part1 / CMS High Expenditure Procedural Codes **Complete?** No

Most Recent RUC Meeting: January 2012 **Tab** 30 **Specialty Developing Recommendation:** ACRh, ASCO, ASH **First Identified:** February 2010 **2010 Medicare Utilization Data:** 2,289,174

2007 Work RVU: 0.28 **2012 Work RVU:** 0.28
2007 NF PE RVU: 4.05 **2012 NF PE RVU:** 3.74
2007 Fac PE RVU NA **2012 Fac PE RVU:** NA

RUC Recommendation: Survey for work and PE for the January 2013 RUC meeting. New PE inputs

CPT Action (if applicable):

Result: PE Only

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:** RAW review **Screen:** CMS High Expenditure Procedural Codes **Complete?** No

Most Recent RUC Meeting: January 2012 **Tab** 30 **Specialty Developing Recommendation:** **First Identified:** January 2012 **2010 Medicare Utilization Data:** 1,398,314

2007 Work RVU: 0.19 **2012 Work RVU:** 0.19
2007 NF PE RVU: 0.74 **2012 NF PE RVU:** 0.70
2007 Fac PE RVU NA **2012 Fac PE RVU:** NA

RUC Recommendation: Survey for work and PE for the January 2013 RUC meeting.

CPT Action (if applicable):

Result:

Referred to CPT Asst ☐ **Published in CPT Asst:**

96416 **Chemotherapy administration, intravenous infusion technique; initiation of prolonged chemotherapy infusion (more than 8 hours), requiring use of a portable or implantable pump**

Global: XXX **Issue:** Chemotherapy Administration **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 20 **Specialty Developing Recommendation:** ACRh, ASCO, ASH **First Identified:** February 2010 **2010 Medicare Utilization Data:** 119,602

2007 Work RVU: 0.21 **2012 Work RVU:** 0.21
2007 NF PE RVU: 4.47 **2012 NF PE RVU:** 3.78
2007 Fac PE RVU NA **2012 Fac PE RVU:** NA

RUC Recommendation: New PE inputs

CPT Action (if applicable):

Result: PE Only

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:** RAW review **Screen:** CMS High Expenditure Procedural Codes **Complete?** No

Most Recent RUC Meeting: January 2012 **Tab** 30 **Specialty Developing Recommendation:** **First Identified:** January 2012 **2010 Medicare Utilization Data:** 634,356

2007 Work RVU: 0.21 **2012 Work RVU:** 0.21
2007 NF PE RVU: 1.89 **2012 NF PE RVU:** 1.85
2007 Fac PE RVU NA **2012 Fac PE RVU:** NA

RUC Recommendation: Survey for work and PE for the January 2013 RUC meeting.

CPT Action (if applicable):

Result:

Referred to CPT Asst ☐ **Published in CPT Asst:**

96440 **Chemotherapy administration into pleural cavity, requiring and including thoracentesis**

Global: 000 **Issue:** Chemotherapy Administration **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: February 2008 **Tab** R **Specialty Developing Recommendation:** **First Identified:** NA **2010 Medicare Utilization Data:** 64

2007 Work RVU: 2.37 **2012 Work RVU:** 2.37
2007 NF PE RVU: 7.48 **2012 NF PE RVU:** 21.40
2007 Fac PE RVU 1.17 **2012 Fac PE RVU:** 1.24

RUC Recommendation: New PE inputs

CPT Action (if applicable):

Result: PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

96567 **Photodynamic therapy by external application of light to destroy premalignant and/or malignant lesions of the skin and adjacent mucosa (eg, lip) by activation of photosensitive drug(s), each phototherapy exposure session**

Global: XXX **Issue:** Photodynamic Therapy **Screen:** High Volume Growth / CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab** 57 **Specialty Developing Recommendation:** AAD **First Identified:** February 2008 **2010 Medicare Utilization Data:** 74,922

2007 Work RVU: 0.00 **2012 Work RVU:** 0
2007 NF PE RVU: 2.4 **2012 NF PE RVU:** 4.00
2007 Fac PE RVU NA **2012 Fac PE RVU:** NA

RUC Recommendation: Remove from screen

CPT Action (if applicable):

Result: Remove from Screen

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

96920 **Laser treatment for inflammatory skin disease (psoriasis); total area less than 250 sq cm**

Global: 000 **Issue:** Laser Treatment – Skin **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 18 **Specialty Developing Recommendation:** AAD **First Identified:** October 2008 **2010 Medicare Utilization Data:** 46,873

2007 Work RVU: 1.15 **2012 Work RVU:** 1.15
2007 NF PE RVU: 2.8 **2012 NF PE RVU:** 3.96
2007 Fac PE RVU 0.57 **2012 Fac PE RVU:** 0.77

RUC Recommendation: 1.15 and develop CPT Assistant article.

CPT Action (if applicable):
Referred to CPT Asst ☑ **Published in CPT Asst:** Jun 2012

Result: Maintain

96921 **Laser treatment for inflammatory skin disease (psoriasis); 250 sq cm to 500 sq cm**

Global: 000 **Issue:** Laser Treatment – Skin **Screen:** High Volume Growth / CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 18 **Specialty Developing Recommendation:** AAD **First Identified:** February 2008 **2010 Medicare Utilization Data:** 14,562

2007 Work RVU: 1.17 **2012 Work RVU:** 1.17
2007 NF PE RVU: 2.82 **2012 NF PE RVU:** 4.02
2007 Fac PE RVU 0.57 **2012 Fac PE RVU:** 0.76

RUC Recommendation: 1.30 and develop CPT Assistant article.

CPT Action (if applicable):
Referred to CPT Asst ☑ **Published in CPT Asst:** Jun 2012

Result: Increase

96922 **Laser treatment for inflammatory skin disease (psoriasis); over 500 sq cm**

Global: 000 **Issue:** Laser Treatment – Skin **Screen:** High Volume Growth / CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 18 **Specialty Developing Recommendation:** AAD **First Identified:** October 2008 **2010 Medicare Utilization Data:** 8,904

2007 Work RVU: 2.10 **2012 Work RVU:** 2.1
2007 NF PE RVU: 3.77 **2012 NF PE RVU:** 5.19
2007 Fac PE RVU 0.73 **2012 Fac PE RVU:** 1.36

RUC Recommendation: 2.10 and develop CPT Assistant article.

CPT Action (if applicable):
Referred to CPT Asst ☑ **Published in CPT Asst:** Jun 2012

Result: Maintain

97001 **Physical therapy evaluation**

Global: XXX **Issue:** RAW review **Screen:** CMS High Expenditure Procedural Codes **Complete?** No

Most Recent RUC Meeting: January 2012 **Tab** 30 **Specialty Developing Recommendation:** **First Identified:** September 2011 **2010 Medicare Utilization Data:** 1,919,502

2007 Work RVU: 1.20 **2012 Work RVU:** 1.2
2007 NF PE RVU: 0.73 **2012 NF PE RVU:** 0.91
2007 Fac PE RVU NA **2012 Fac PE RVU:** NA

RUC Recommendation: Refer to CPT

CPT Action (if applicable): May 2013
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result:

Status Report: CMS Requests and Relativity Assessment Issues

97016 **Application of a modality to 1 or more areas; vasopneumatic devices** **Global:** XXX **Issue:** Physical Medicine and Rehabilitation Therapeutic Procedures **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 45 **Specialty Developing Recommendation:** AOTA, APTA, AAPM&R **First Identified:** February 2010 **2010 Medicare Utilization Data:** 268,855

2007 Work RVU: 0.18 **2012 Work RVU:** 0.18
2007 NF PE RVU: 0.2 **2012 NF PE RVU:** 0.35
2007 Fac PE RVU NA **2012 Fac PE RVU:** NA

RUC Recommendation: Maintain **CPT Action (if applicable):** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

97018 **Application of a modality to 1 or more areas; paraffin bath** **Global:** XXX **Issue:** Physical Medicine and Rehabilitation Therapeutic Procedures **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 45 **Specialty Developing Recommendation:** AOTA, APTA, AAPM&R **First Identified:** February 2010 **2010 Medicare Utilization Data:** 129,301

2007 Work RVU: 0.06 **2012 Work RVU:** 0.06
2007 NF PE RVU: 0.12 **2012 NF PE RVU:** 0.23
2007 Fac PE RVU NA **2012 Fac PE RVU:** NA

RUC Recommendation: Maintain **CPT Action (if applicable):** **Result:** Maintain

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:** **Screen:** Low Value-High Volume **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 41 **Specialty Developing Recommendation:** **First Identified:** October 2010 **2010 Medicare Utilization Data:** 4,167,552

2007 Work RVU: 0.21 **2012 Work RVU:** 0.21
2007 NF PE RVU: 0.1 **2012 NF PE RVU:** 0.14
2007 Fac PE RVU NA **2012 Fac PE RVU:** NA

RUC Recommendation: Reaffirmed RUC recommendation **CPT Action (if applicable):** **Result:** Maintain

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 Therapeutic Procedures **Screen:** Codes Reported Together 75% or More-Part1 / MPC List **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 45 **Specialty Developing Recommendation:** AOTA, APTA, AAPM&R **First Identified:** February 2010 **2010 Medicare Utilization Data:** 41,384,918

2007 Work RVU: 0.45 **2012 Work RVU:** 0.45
2007 NF PE RVU: 0.28 **2012 NF PE RVU:** 0.44
2007 Fac PE RVU NA **2012 Fac PE RVU:** NA

RUC Recommendation: Maintain **CPT Action (if applicable):** **Result:** Maintain

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:** RAW review **Screen:** CMS High Expenditure Procedural Codes **Complete?** No

Most Recent RUC Meeting: January 2012 **Tab** 30 **Specialty Developing Recommendation:** **First Identified:** September 2011 **2010 Medicare Utilization Data:** 6,652,138

2007 Work RVU: 0.45 **2012 Work RVU:** 0.45
2007 NF PE RVU: 0.32 **2012 NF PE RVU:** 0.48
2007 Fac PE RVU NA **2012 Fac PE RVU:** NA

RUC Recommendation: Refer to CPT **CPT Action (if applicable):** May 2013 **Result:**

Referred to CPT Asst ☐ **Published in CPT Asst:**

97116 **Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)**

Global: XXX **Issue:** Physical Medicine and Rehabilitation Therapeutic Procedures **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 45 **Specialty Developing Recommendation:** AOTA, APTA, AAPM&R **First Identified:** February 2010 **2010 Medicare Utilization Data:** 1,491,816

2007 Work RVU: 0.40 **2012 Work RVU:** 0.4
2007 NF PE RVU: 0.25 **2012 NF PE RVU:** 0.39
2007 Fac PE RVU NA **2012 Fac PE RVU:** NA

RUC Recommendation: 0.40 **CPT Action (if applicable):** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

97140 **Manual therapy techniques (eg, mobilization/ manipulation, manual lymphatic drainage, manual traction), 1 or more regions, each 15 minutes**

Global: XXX **Issue:** RAW review **Screen:** CMS High Expenditure Procedural Codes **Complete?** No

Most Recent RUC Meeting: January 2012 **Tab** 30 **Specialty Developing Recommendation:** **First Identified:** September 2011 **2010 Medicare Utilization Data:** 17,327,960

2007 Work RVU: 0.43 **2012 Work RVU:** 0.43
2007 NF PE RVU: 0.26 **2012 NF PE RVU:** 0.40
2007 Fac PE RVU NA **2012 Fac PE RVU:** NA

RUC Recommendation: Refer to CPT **CPT Action (if applicable):** May 2013 **Result:**
Referred to CPT Asst ☐ **Published in CPT Asst:**

97150 **Therapeutic procedure(s), group (2 or more individuals)**

Global: XXX **Issue:** Group Therapeutic Procedure **Screen:** CMS-Other - Utilization over 500,000 **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 32 **Specialty Developing Recommendation:** APTA, AOTA **First Identified:** April 2011 **2010 Medicare Utilization Data:** 674,472

2007 Work RVU: 0.27 **2012 Work RVU:** 0.27
2007 NF PE RVU: 0.19 **2012 NF PE RVU:** 0.30
2007 Fac PE RVU NA **2012 Fac PE RVU:** NA

RUC Recommendation: 0.29 **CPT Action (if applicable):** **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

97530 **Therapeutic activities, direct (one-on-one) patient contact (use of dynamic activities to improve functional performance), each 15 minutes**

Global: XXX **Issue:** RAW review **Screen:** CMS High Expenditure Procedural Codes **Complete?** No

Most Recent RUC Meeting: January 2012 **Tab** 30 **Specialty Developing Recommendation:** **First Identified:** September 2011 **2010 Medicare Utilization Data:** 6,771,927

2007 Work RVU: 0.44 **2012 Work RVU:** 0.44
2007 NF PE RVU: 0.34 **2012 NF PE RVU:** 0.54
2007 Fac PE RVU NA **2012 Fac PE RVU:** NA

RUC Recommendation: Refer to CPT **CPT Action (if applicable):** May 2013 **Result:**
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:** Pulmonary Diagnostic Testing **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** No

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:** AAFP, ACCP, ATS, ACP, APTA, AOTA **First Identified:** **2010 Medicare Utilization Data:**

2007 Work RVU: 0.45 **2012 Work RVU:**
2007 NF PE RVU: 0.34 **2012 NF PE RVU:**
2007 Fac PE RVU NA **2012 Fac PE RVU:**

RUC Recommendation: Refer to CPT Assistant **CPT Action (if applicable):** **Result:**
Referred to CPT Asst ☑ **Published in CPT Asst:**

97597 **Debridement (eg, high pressure waterjet with/without suction, sharp selective debridement with scissors, scalpel and forceps), open wound, (eg, fibrin, devitalized epidermis and/or dermis, exudate, debris, biofilm), including topical application(s), wound assessment, use of a whirlpool, when performed and instruction(s) for ongoing care, per session, total wound(s) surface area; first 20 sq cm or less**

Global: 000 **Issue:** Excision and Debridement **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 04 **Specialty Developing Recommendation:** APTA, APMA **First Identified:** September 2007 **2010 Medicare Utilization Data:** 244,601

2007 Work RVU: 0.58 **2012 Work RVU:** 0.51
2007 NF PE RVU: 0.77 **2012 NF PE RVU:** 1.65
2007 Fac PE RVU 0.53 **2012 Fac PE RVU:**0.14

RUC Recommendation: 0.54 **CPT Action (if applicable):** October 2009 **Result:** Decrease
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 assessment, use of a whirlpool, when performed and instruction(s) for ongoing care, per session, total wound(s) surface area; each additional 20 sq cm, or part thereof (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Excision and Debridement **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 04 **Specialty Developing Recommendation:** APTA, APMA **First Identified:** September 2007 **2010 Medicare Utilization Data:** 29,984

2007 Work RVU: 0.80 **2012 Work RVU:** 0.24
2007 NF PE RVU: 0.91 **2012 NF PE RVU:** 0.46
2007 Fac PE RVU 0.64 **2012 Fac PE RVU:**0.06

RUC Recommendation: 0.40 **CPT Action (if applicable):** October 2009 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

97755 **Assistive technology assessment (eg, to restore, augment or compensate for existing function, optimize functional tasks and/or maximize environmental accessibility), direct one-on-one contact, with written report, each 15 minutes**

Global: XXX **Issue:** Assistive Technology Assessment **Screen:** High Volume Growth **Complete?** Yes

Most Recent RUC Meeting: February 2008 **Tab** S **Specialty Developing Recommendation:** AAPMR, APTA, AOTA **First Identified:** February 2008 **2010 Medicare Utilization Data:** 3,353

2007 Work RVU: 0.62 **2012 Work RVU:** 0.62
2007 NF PE RVU: 0.28 **2012 NF PE RVU:** 0.38
2007 Fac PE RVU NA **2012 Fac PE RVU:** NA

RUC Recommendation: Remove from screen **CPT Action (if applicable):** **Result:** Remove from Screen

Referred to CPT Asst ☐ **Published in CPT Asst:**

97802 **Medical nutrition therapy; initial assessment and intervention, individual, face-to-face with the patient, each 15 minutes**

Global: XXX **Issue:** Medical Nutrition Therapy **Screen:** CMS Request - Medical Nutrition Therapy **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab** 53 **Specialty Developing Recommendation:** ADA, AGA, AACE **First Identified:** NA **2010 Medicare Utilization Data:** 191,079

2007 Work RVU: 0.45 **2012 Work RVU:** 0.53
2007 NF PE RVU: 0.39 **2012 NF PE RVU:** 0.44
2007 Fac PE RVU 0.38 **2012 Fac PE RVU:** 0.37

RUC Recommendation: 0.53 **CPT Action (if applicable):** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

97803 **Medical nutrition therapy; re-assessment and intervention, individual, face-to-face with the patient, each 15 minutes**

Global: XXX **Issue:** Medical Nutrition Therapy **Screen:** CMS Request - Medical Nutrition Therapy **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab** 53 **Specialty Developing Recommendation:** ADA, AGA, AACE **First Identified:** NA **2010 Medicare Utilization Data:** 125,356

2007 Work RVU: 0.37 **2012 Work RVU:** 0.45
2007 NF PE RVU: 0.38 **2012 NF PE RVU:** 0.39
2007 Fac PE RVU 0.38 **2012 Fac PE RVU:** 0.32

RUC Recommendation: 0.45 **CPT Action (if applicable):** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

98925 **Osteopathic manipulative treatment (OMT); 1-2 body regions involved** **Global:** 000 **Issue:** Osteopathic Manipulative Treatment **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 34 **Specialty Developing Recommendation:** AOA **First Identified:** February 2010 **2010 Medicare Utilization Data:** 75,778

2007 Work RVU: 0.45 **2012 Work RVU:** 0.46
2007 NF PE RVU: 0.31 **2012 NF PE RVU:** 0.41
2007 Fac PE RVU 0.14 **2012 Fac PE RVU:**0.19

RUC Recommendation: 0.50 **CPT Action (if applicable):** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

98926 **Osteopathic manipulative treatment (OMT); 3-4 body regions involved** **Global:** 000 **Issue:** Osteopathic Manipulative Treatment **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 34 **Specialty Developing Recommendation:** AOA **First Identified:** October 2009 **2010 Medicare Utilization Data:** 120,765

2007 Work RVU: 0.65 **2012 Work RVU:** 0.71
2007 NF PE RVU: 0.4 **2012 NF PE RVU:** 0.54
2007 Fac PE RVU 0.23 **2012 Fac PE RVU:**0.28

RUC Recommendation: 0.75 **CPT Action (if applicable):** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

98927 **Osteopathic manipulative treatment (OMT); 5-6 body regions involved** **Global:** 000 **Issue:** Osteopathic Manipulative Treatment **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 34 **Specialty Developing Recommendation:** AOA **First Identified:** October 2009 **2010 Medicare Utilization Data:** 106,373

2007 Work RVU: 0.87 **2012 Work RVU:** 0.96
2007 NF PE RVU: 0.49 **2012 NF PE RVU:** 0.68
2007 Fac PE RVU 0.28 **2012 Fac PE RVU:**0.35

RUC Recommendation: 1.00 **CPT Action (if applicable):** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

98928 **Osteopathic manipulative treatment (OMT); 7-8 body regions involved** **Global:** 000 **Issue:** Osteopathic Manipulative Treatment **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 34 **Specialty Developing Recommendation:** AOA **First Identified:** February 2010 **2010 Medicare Utilization Data:** 90,831

2007 Work RVU: 1.03 **2012 Work RVU:** 1.21
2007 NF PE RVU: 0.57 **2012 NF PE RVU:** 0.79
2007 Fac PE RVU 0.32 **2012 Fac PE RVU:**0.44

RUC Recommendation: 1.25 **CPT Action (if applicable):** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

98929 **Osteopathic manipulative treatment (OMT); 9-10 body regions involved**

Global: 000 **Issue:** Osteopathic Manipulative Treatment **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 34 **Specialty Developing Recommendation:** AOA

First Identified: February 2010 **2010 Medicare Utilization Data:** 56,303

2007 Work RVU: 1.19 **2012 Work RVU:** 1.46
2007 NF PE RVU: 0.65 **2012 NF PE RVU:** 0.91
2007 Fac PE RVU 0.35 **2012 Fac PE RVU:** 0.50

RUC Recommendation: 1.50

CPT Action (if applicable):

Result: Increase

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 Codes **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 25 **Specialty Developing Recommendation:** ACA

First Identified: September 2011 **2010 Medicare Utilization Data:** 6,498,682

2007 Work RVU: 0.45 **2012 Work RVU:** 0.45
2007 NF PE RVU: 0.23 **2012 NF PE RVU:** 0.30
2007 Fac PE RVU 0.12 **2012 Fac PE RVU:** 0.15

RUC Recommendation: 0.96

CPT Action (if applicable):

Result: Increase

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 Codes **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 25 **Specialty Developing Recommendation:** ACA

First Identified: September 2011 **2010 Medicare Utilization Data:** 14,461,065

2007 Work RVU: 0.65 **2012 Work RVU:** 0.65
2007 NF PE RVU: 0.29 **2012 NF PE RVU:** 0.38
2007 Fac PE RVU 0.17 **2012 Fac PE RVU:** 0.22

RUC Recommendation: 0.46

CPT Action (if applicable):

Result: Increase

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 Codes **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 25 **Specialty Developing Recommendation:** ACA

First Identified: September 2011 **2010 Medicare Utilization Data:** 1,823,194

2007 Work RVU: 0.87 **2012 Work RVU:** 0.87
2007 NF PE RVU: 0.36 **2012 NF PE RVU:** 0.45
2007 Fac PE RVU 0.23 **2012 Fac PE RVU:** 0.29

RUC Recommendation: 0.71

CPT Action (if applicable):

Result: Increase

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 Codes **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 25 **Specialty Developing Recommendation:** ACA **First Identified:** September 2011 **2010 Medicare Utilization Data:**

2007 Work RVU: 0.40 **2012 Work RVU:**
2007 NF PE RVU: 0.22 **2012 NF PE RVU:**
2007 Fac PE RVU 0.14 **2012 Fac PE RVU:**

RUC Recommendation: 0.46 **CPT Action (if applicable):** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

99174 **Instrument-based ocular screening (eg, photoscreening, automated-refraction), bilateral** **Global:** XXX **Issue:** Ocular photoscreening **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab** 54 **Specialty Developing Recommendation:** AAP, AAO **First Identified:** NA **2010 Medicare Utilization Data:**

2007 Work RVU: **2012 Work RVU:** 0
2007 NF PE RVU: **2012 NF PE RVU:** 0.84
2007 Fac PE RVU **2012 Fac PE RVU:** NA

RUC Recommendation: New PE inputs **CPT Action (if applicable):** **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

G0101 **Cervical or vaginal cancer screening; pelvic and clinical breast examination** **Global:** XXX **Issue:** **Screen:** Low Value-High Volume **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 41 **Specialty Developing Recommendation:** **First Identified:** October 2010 **2010 Medicare Utilization Data:** 1,068,524

2007 Work RVU: 0.45 **2012 Work RVU:** 0.45
2007 NF PE RVU: 0.51 **2012 NF PE RVU:** 0.62
2007 Fac PE RVU NA **2012 Fac PE RVU:** 0.32

RUC Recommendation: Remove from screen **CPT Action (if applicable):** **Result:** Remove from Screen

Referred to CPT Asst ☐ **Published in CPT Asst:**

G0127 **Trimming of dystrophic nails, any number** **Global:** 000 **Issue:** **Screen:** CMS-Other - Utilization over 500,000 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab** 51 **Specialty Developing Recommendation:** APMA **First Identified:** April 2011 **2010 Medicare Utilization Data:** 746,346

2007 Work RVU: 0.17 **2012 Work RVU:** 0.17
2007 NF PE RVU: 0.28 **2012 NF PE RVU:** 0.47
2007 Fac PE RVU 0.07 **2012 Fac PE RVU:** 0.05

RUC Recommendation: Remove from screen **CPT Action (if applicable):** **Result:** Remove from Screen

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

G0179 **Physician re-certification for Medicare-covered home health services under a home health plan of care (patient not present), including contacts with home health agency and review of reports of patient status required by physicians to affirm the initial implementation of the plan of care that meets patient's needs, per re-certification period**

Global: XXX **Issue:** Physician Recertification **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab** 31 **Specialty Developing Recommendation:** AAFP, ACP, AAHCP **First Identified:** October 2008 **2010 Medicare Utilization Data:** 1,466,725

2007 Work RVU: 0.45 **2012 Work RVU:** 0.45
2007 NF PE RVU: 0.89 **2012 NF PE RVU:** 0.72
2007 Fac PE RVU NA **2012 Fac PE RVU:** NA

RUC Recommendation: Remove from screen **CPT Action (if applicable):** **Result:** Remove from Screen

Referred to CPT Asst ☐ **Published in CPT Asst:**

G0180 **Physician certification for Medicare-covered home health services under a home health plan of care (patient not present), including contacts with home health agency and review of reports of patient status required by physicians to affirm the initial implementation of the plan of care that meets patient's needs, per certification period**

Global: XXX **Issue:** Physician Recertification **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab** 31 **Specialty Developing Recommendation:** AAFP, ACP, AAHCP **First Identified:** October 2008 **2010 Medicare Utilization Data:** 1,467,831

2007 Work RVU: 0.67 **2012 Work RVU:** 0.67
2007 NF PE RVU: 1.09 **2012 NF PE RVU:** 0.84
2007 Fac PE RVU NA **2012 Fac PE RVU:** NA

RUC Recommendation: Remove from screen **CPT Action (if applicable):** **Result:** Remove from Screen

Referred to CPT Asst ☐ **Published in CPT Asst:**

G0181 **Physician supervision of a patient receiving Medicare-covered services provided by a participating home health agency (patient not present) requiring complex and multidisciplinary care modalities involving regular physician development and/or revision of care plans, review of subsequent reports of patient status, review of laboratory and other studies, communication (including telephone calls) with other health care professionals involved in the patient's care, integration of new information into the medical treatment plan and/or adjustment of medical therapy, within a calendar month, 30 minutes or more**

Global: XXX **Issue:** Home Healthcare Supervision **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 38 **Specialty Developing Recommendation:** AAFP, ACP **First Identified:** October 2008 **2010 Medicare Utilization Data:** 428,811

2007 Work RVU: 1.73 **2012 Work RVU:** 1.73
2007 NF PE RVU: 1.32 **2012 NF PE RVU:** 1.25
2007 Fac PE RVU NA **2012 Fac PE RVU:** NA

RUC Recommendation: Remove from screen **CPT Action (if applicable):** **Result:** Remove from Screen

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

G0202 **Screening mammography, producing direct digital image, bilateral, all views** **Global:** XXX **Issue:** Digital Mammography **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab** 57 **Specialty Developing Recommendation:** ACR **First Identified:** February 2008 **2010 Medicare Utilization Data:** 4,616,796

2007 Work RVU: 0.70 **2012 Work RVU:** 0.7
2007 NF PE RVU: 2.74 **2012 NF PE RVU:** 3.36
2007 Fac PE RVU NA **2012 Fac PE RVU:** NA

RUC Recommendation: Remove from screen **CPT Action (if applicable):**

Result: Remove from Screen

Referred to CPT Asst ☐ **Published in CPT Asst:**

G0204 **Diagnostic mammography, producing direct digital image, bilateral, all views** **Global:** XXX **Issue:** Digital Mammography **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab** 57 **Specialty Developing Recommendation:** ACR **First Identified:** February 2008 **2010 Medicare Utilization Data:** 592,274

2007 Work RVU: 0.87 **2012 Work RVU:** 0.87
2007 NF PE RVU: 2.87 **2012 NF PE RVU:** 4.03
2007 Fac PE RVU NA **2012 Fac PE RVU:** NA

RUC Recommendation: Remove from screen **CPT Action (if applicable):**

Result: Remove from Screen

Referred to CPT Asst ☐ **Published in CPT Asst:**

G0206 **Diagnostic mammography, producing direct digital image, unilateral, all views** **Global:** XXX **Issue:** Digital Mammography **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab** 57 **Specialty Developing Recommendation:** ACR **First Identified:** February 2008 **2010 Medicare Utilization Data:** 722,976

2007 Work RVU: 0.70 **2012 Work RVU:** 0.7
2007 NF PE RVU: 2.31 **2012 NF PE RVU:** 3.17
2007 Fac PE RVU NA **2012 Fac PE RVU:** NA

RUC Recommendation: Remove from screen **CPT Action (if applicable):**

Result: Remove from Screen

Referred to CPT Asst ☐ **Published in CPT Asst:**

G0237 **Therapeutic procedures to increase strength or endurance of respiratory muscles, face to face, one on one, each 15 minutes (includes monitoring)** **Global:** XXX **Issue:** Respiratory Therapy **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 38 **Specialty Developing Recommendation:** ACCP/ATS **First Identified:** February 2008 **2010 Medicare Utilization Data:** 148,539

2007 Work RVU: 0.00 **2012 Work RVU:** 0
2007 NF PE RVU: 0.41 **2012 NF PE RVU:** 0.29
2007 Fac PE RVU NA **2012 Fac PE RVU:** NA

RUC Recommendation: Remove from screen - RUC articulated concerns regarding claims reporting to CMS **CPT Action (if applicable):**

Result: Remove from Screen

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

G0238 **Therapeutic procedures to improve respiratory function, other than described by G0237, one on one, face to face, per 15 minutes (includes monitoring)**

Global: XXX **Issue:** Respiratory Therapy **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 38 **Specialty Developing Recommendation:** ACCP/ATS **First Identified:** February 2008 **2010 Medicare Utilization Data:** 179,669

2007 Work RVU: 0.00 **2012 Work RVU:** 0
2007 NF PE RVU: 0.43 **2012 NF PE RVU:** 0.31
2007 Fac PE RVU NA **2012 Fac PE RVU:** NA

RUC Recommendation: Remove from screen - RUC articulated concerns regarding claims reporting to CMS

CPT Action (if applicable):

Result: Remove from Screen

Referred to CPT Asst ☐ **Published in CPT Asst:**

G0249 **Provision of test materials and equipment for home INR monitoring of patient with either mechanical heart valve(s), chronic atrial fibrillation, or venous thromboembolism who meets Medicare coverage criteria; includes: provision of materials for use in the home and reporting of test results to physician; testing not occurring more frequently than once a week; testing materials, billing units of service include 4 tests**

Global: XXX **Issue:** Home INR Monitoring **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab** 57 **Specialty Developing Recommendation:** ACC **First Identified:** February 2008 **2010 Medicare Utilization Data:** 407,880

2007 Work RVU: 0.00 **2012 Work RVU:** 0
2007 NF PE RVU: 3.57 **2012 NF PE RVU:** 3.36
2007 Fac PE RVU NA **2012 Fac PE RVU:** NA

RUC Recommendation: Remove from screen

CPT Action (if applicable):

Result: Remove from Screen

Referred to CPT Asst ☐ **Published in CPT Asst:**

G0250 **Physician review, interpretation, and patient management of home INR testing for patient with either mechanical heart valve(s), chronic atrial fibrillation, or venous thromboembolism who meets Medicare coverage criteria; testing not occurring more frequently than once a week; billing units of service include 4 tests**

Global: XXX **Issue:** Home INR Monitoring **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab** 57 **Specialty Developing Recommendation:** ACC **First Identified:** February 2008 **2010 Medicare Utilization Data:** 150,210

2007 Work RVU: 0.18 **2012 Work RVU:** 0.18
2007 NF PE RVU: 0.07 **2012 NF PE RVU:** 0.08
2007 Fac PE RVU NA **2012 Fac PE RVU:** NA

RUC Recommendation: Remove from screen

CPT Action (if applicable):

Result: Remove from Screen

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

G0268 **Removal of impacted cerumen (one or both ears) by physician on same date of service as audiologic function testing**

Global: 000 **Issue:** Removal of Wax **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 26 **Specialty Developing Recommendation:** AAO-HNS **First Identified:** October 2008 **2010 Medicare Utilization Data:** 113,793

2007 Work RVU: 0.61 **2012 Work RVU:** 0.61
2007 NF PE RVU: 0.63 **2012 NF PE RVU:** 0.89
2007 Fac PE RVU 0.23 **2012 Fac PE RVU:**0.31

RUC Recommendation: Remove from screen **CPT Action (if applicable):** **Result:** Remove from Screen

Referred to CPT Asst ☐ **Published in CPT Asst:**

G0270 **Medical nutrition therapy; reassessment and subsequent intervention(s) following second referral in same year for change in diagnosis, medical condition or treatment regimen (including additional hours needed for renal disease), individual, face to face with the patient, each 15 minutes**

Global: XXX **Issue:** Medical Nutrition Therapy **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: February 2008 **Tab** S **Specialty Developing Recommendation:** ADA **First Identified:** February 2008 **2010 Medicare Utilization Data:** 11,407

2007 Work RVU: 0.37 **2012 Work RVU:** 0.45
2007 NF PE RVU: 0.38 **2012 NF PE RVU:** 0.39
2007 Fac PE RVU 0.38 **2012 Fac PE RVU:**0.32

RUC Recommendation: Remove from screen **CPT Action (if applicable):** **Result:** Remove from Screen

Referred to CPT Asst ☐ **Published in CPT Asst:**

G0283 **Electrical stimulation (unattended), to one or more areas for indication(s) other than wound care, as part of a therapy plan of care**

Global: XXX **Issue:** **Screen:** Low Value-High Volume **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 41 **Specialty Developing Recommendation:** **First Identified:** October 2010 **2010 Medicare Utilization Data:** 6,269,648

2007 Work RVU: 0.18 **2012 Work RVU:** 0.18
2007 NF PE RVU: 0.12 **2012 NF PE RVU:** 0.20
2007 Fac PE RVU NA **2012 Fac PE RVU:**NA

RUC Recommendation: Remove from screen **CPT Action (if applicable):** **Result:** Remove from Screen

Referred to CPT Asst ☐ **Published in CPT Asst:**

AMA
AMERICAN MEDICAL ASSOCIATION

American Medical Association
515 N. State Street
Chicago, Illinois 60654

ama-assn.org
312.464.5000

November 13, 2012

Jonathan Blum
Deputy Administrator and Director
Center for Medicare
Centers for Medicare and Medicaid Services
7500 Security Boulevard
Baltimore, MD 21244-1850

Subject: HCPAC Recommendations

Dear Mr. Blum:

The RUC Health Care Professionals Advisory Committee (HCPAC) Review Board submits the enclosed recommendation to the Centers for Medicare and Medicaid Services (CMS). On October 4, 2012, the HCPAC reviewed the Chiropractic Manipulative Treatment CPT codes 98940-98943, which were identified by CMS through the High Expenditure Procedural Codes screen.

The RUC and HCPAC are fully committed to this ongoing effort to improve relativity in the work, practice expense, and professional liability insurance values. The HCPAC appreciates the opportunity to provide recommendations related to the 2014 Medicare Physician Payment Schedule. If you have any questions regarding this submission, please contact Susan Clark via (202) 789-7495 or Susan.Clark@ama-assn.org at the AMA for clarification regarding these recommendations.

Sincerely,

William J. Mangold, Jr, MD
HCPAC Chair

Anthony W. Hamm, D.C.

Anthony Hamm, DC
HCPAC Co-Chair

cc: HCPAC Participants
Edith Hambrick, MD
Ryan Howe
Steve Phurrough, MD
Sara Vitolo

Attachments

HCPAC Recommendations for Existing Codes

CPT Code	Descriptor	HCPAC Recommendation	CMS High Expediture Procedural Codes
98940	Chiropractic manipulative treatment (CMT); spinal, 1-2 regions	0.46	X
98941	Chiropractic manipulative treatment (CMT); spinal, 3-4 regions	0.71	X
98942	Chiropractic manipulative treatment (CMT); spinal, 5 regions	0.96	X
98943	Chiropractic manipulative treatment (CMT); extraspinal, 1 or more regions	0.46	X

AMA/Specialty Society RVS Update Committee Summary of Recommendations
CMS High Expenditure Procedural Codes screen

October 2012

Chiropractic Manipulative Treatment

The Chiropractic Manipulative Treatment (CMT) codes (98940-98943) were identified as part of the CMS High Expenditure Procedures screen. The HCPAC noted that these services are currently crosswalked to the Osteopathic Manipulative Treatment (OMT) codes which were recently reviewed and resulted in work RVUs increases in February 2011. At that time, the RUC agreed that there was compelling evidence that these services were based on flawed methodologies when established by Harvard. The original Hsiao study only provided one reference service, the original code values were derived form a combination of Harvard surveyed codes with crosswalks performed by Contractor Medical Directors (CMDs) and errors were made when the work values were crosswalked from the Harvard surveyed codes to the CMD valued codes. The HCPAC agreed with the American Chiropractic Association that there was compelling evidence that the CMT codes were also based inherently on flawed methodologies.

The HCPAC reviewed the survey results from approximately 50 chiropractors for codes 98940-98943. The survey results yielded the same intra-service time that are currently listed for all four services. However, the respondents median work RVUs were much higher than the current CMT codes and recently increased OMT codes. The HCPAC questioned whether the work provided for OMT is different or more intense than CMT. The chiropractors indicated that the intra-service work is the same, the only difference is the PART requirements. PART is a collection of objective findings used to demonstrate the presence or absence of a subluxation using established physical examination procedures. **The HCPAC determined that since the survey time data is identical to the current time and there is no difference in work and intensity when compared to the current OMT codes, the CMT codes should be crosswalked to the OMT codes.**

The HCPAC recommends a work RVU of 0.46 for CPT code 98940; a work RVU of 0.71 for CPT code 98941; a work RVU of 0.96 for CPT Code 98942; and a work RVU of 0.46 for CPT code 98943.

CPT Code	Descriptor	Rec Work RVU	Pre-Eval	Intra-Time	Immed Post-Time	Total Time	OMT Crosswalk	
98940	CMT; spinal 1-2 regions	0.46	4	7	4	15	98925	OMT; 1-2 body regions
98941	CMT; spinal 3-4 regions	0.71	5	10	5	20	98926	OMT; 3-4 body regions
98942	CMT; spinal 5 regions	0.96	6	12	5	23	98927	OMT; 5-6 body regions
98943	CMT; extraspinal 1 or more regions	0.46	4	8	4	16	98925	OMT; 1-2 body regions

CPT five-digit codes, two-digit modifiers, and descriptions only are copyright by the American Medical Association.

Practice Expense:
The HCPAC recommends the direct practice expense inputs as modified by the Practice Expense Subcommittee.

CPT Code	CPT Descriptor	Global Period	Work RVU Recommendation
98940	Chiropractic manipulative treatment (CMT); spinal, 1-2 regions	000	0.46
98941	spinal, 3-4 regions	000	0.71
98942	spinal, 5 regions	000	0.96
98943	extraspinal, 1 or more regions	XXX	0.46

CPT five-digit codes, two-digit modifiers, and descriptions only are copyright by the American Medical Association.

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:98940 Tracking Number Original Specialty Recommended RVU: **0.60**
Presented Recommended RVU: **0.60**
Global Period: 000 RUC Recommended RVU: **0.46**

CPT Descriptor: Chiropractic manipulative treatment (CMT); spinal, 1-2 regions

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: The initial evaluation of the patient 2 days prior revealed a 33 year old female with acute neck pain of 10 days duration.

Percentage of Survey Respondents who found Vignette to be Typical: 96%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? No
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 0%

Is moderate sedation inherent to this procedure in the office setting? No
Percent of survey respondents who stated moderate sedation is typical in the office setting? 0%

Description of Pre-Service Work: The physician reviews the patient's records and established treatment plan to familiarize him/herself with the previous treatment. She/he then conceptualizes the range of potential manipulative treatments that may be performed in both body regions for the current date of service. The potential procedures are explained to the patient, verbal consent is obtained and the physician answers any further questions, comments and concerns.

Description of Intra-Service Work: A pre-manipulation patient assessment is performed, including assessment of the patient's pain level using a numerical rating scale, evaluation of interval changes in objective signs, and functional changes that may include: identifying asymmetry; assessing segmental mobility; evaluating changes in tissue and tone in both affected regions. The treatment procedure that best fits the patient's condition that day is finalized.

The patient is then placed in the prone position on the treatment table. Static and dynamic palpation is performed and identifies primary involvement at T3-T4. The physician applies brief soft tissue manual therapy adjacent to spinal skeletal structures. The appropriate segmental level is identified in the adjusting position (T3-4). The physician makes a pisiform contact on the left transverse process of T3. Breathing instructions are given to the patient. The physician pre-stresses the periarticular soft tissues to identify the appropriate direction/amplitude of thrust. An articular (osseous) adjustive procedure is applied to the determined spinal lesion at T3-4 utilizing a short lever, high velocity low amplitude (HVLA). Post-adjustment procedures and interactive reassessments are made. The patient is then assisted in moving to a supine position. Chiropractic manipulative treatment is directed at C5-6. Post-adjustment procedures and interactive reassessments are made.

Description of Post-Service Work: Chart entry and documentation, including documentation of appropriate subjective and objective assessments as well as the procedural components of this patient visit, are completed. The patient is assessed based upon the previously formulated treatment plan. The physician provides the patient a clinical care summary and

answers any questions pertaining to the document. The physician then reinforces instructions in positions of comfort and previously identified therapeutic home measures.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	10/2012				
Presenter(s):	Dr. Christine Goertz, Dr. Craig Little, Dr. Leo Bronston				
Specialty(s):	Chiropractic				
CPT Code:	98940				
Sample Size:	340	**Resp N:**	54	**Response:** 15.8 %	
Description of Sample:	Random				

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	100.00	1000.00	**1750.00**	2575.00	14000.00
Survey RVW:	0.45	0.49	**0.60**	0.66	1.00
Pre-Service Evaluation Time:			**4.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	2.00	5.00	**7.00**	10.00	15.00

Immediate Post Service-Time:	**4.00**	
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: 5 - NF Procedure without sedation/anesthesia care

CPT Code:	98940	**Recommended Physician Work RVU: 0.46**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**4.00**	**7.00**	**-3.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**7.00**		

Immediate Post Service-Time:	**4.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
98925	000	0.46	**RUC Time**

CPT Descriptor Osteopathic manipulative treatment (OMT); 1-2 body regions involved

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
98925	000	0.46	**RUC Time**	75,778

CPT Descriptor 1 Osteopathic manipulative treatment (OMT); 1-2 body regions involved

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
99213	XXX	0.97	**RUC Time**	100,611,197

CPT Descriptor 2 Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: An expanded problem focused history; An expanded problem focused examination; Medical decision making of low complexity. Counseling and coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity. Physicians typically spend 15 minutes face-to-face with the patient and/or family.

Other Reference CPT Code	Global	Work RVU	Time Source
99212	XXX	0.48	**RUC Time**

CPT Descriptor Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A problem focused history; A problem focused examination; Straightforward medical decision making. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self limited or minor. Physicians typically spend 10 minutes face-to-face with the patient and/or family.

RELATIONSHIP OF CODE BEING REVIEWED TO KEY REFERENCE SERVICE(S):
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Key Reference Code: 46 **% of respondents:** 85.1 **%**

TIME ESTIMATES (Median)	**CPT Code: 98940**	**Key Reference CPT Code:** 98925	**Source of Time** **RUC Time**
Median Pre-Service Time	4.00	2.00	
Median Intra-Service Time	7.00	10.00	
Median Immediate Post-service Time	4.00	2.00	
Median Critical Care Time	0.0	0.00	

Median Other Hospital Visit Time	0.0	0.00
Median Discharge Day Management Time	0.0	0.00
Median Office Visit Time	0.0	0.00
Prolonged Services Time	0.0	0.00
Median Subsequent Observation Care Time	0.0	0.00
Median Total Time	**15.00**	**14.00**
Other time if appropriate		

INTENSITY/COMPLEXITY MEASURES (Mean)	**(of those that selected Key Reference code)**	
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	3.00	3.00
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	3.00	3.00
Urgency of medical decision making	2.00	2.00
Technical Skill/Physical Effort (Mean)		
Technical skill required	4.00	4.00
Physical effort required	3.00	3.00
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality	2.00	2.00
Outcome depends on the skill and judgment of physician	3.00	3.00
Estimated risk of malpractice suit with poor outcome	2.00	2.00

INTENSITY/COMPLEXITY MEASURES	**CPT Code**	**Reference Service 1**
Time Segments (Mean)		
Pre-Service intensity/complexity	3.00	2.00
Intra-Service intensity/complexity	3.00	3.00
Post-Service intensity/complexity	2.00	2.00

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

Chiropractic manipulative treatment (CMT) is a form of manual treatment to influence joint and neurophysiological function. CPT code 98940; *Chiropractic manipulative treatment (CMT); spinal, 1-2 regions*, is presented as part of a family of codes that were identified by CMS as high PFS expenditure procedural codes and for which review by the AMA RUC was requested.

An invitation to complete surveys for this family of CMT codes, which includes 98940, 98941, 98942 and 98943, was electronically distributed to a randomly drawn sample of 340 doctors of chiropractic. 54 respondents (16% response rate) subsequently completed the survey for CPT code 98940, of whom 96% found the vignette used in the survey to be typical.

An expert consensus panel, composed of doctors of chiropractic familiar with the code in question and the RUC survey process, was convened to analyze the survey results and develop a consensus recommendation. It is the opinion of the panel that the survey was valid.

The current value for 98940 is 0.45 RVUs with pre/intra/post service times of 2/7/3, total time of 12 minutes.

The key reference service, identified by 96% of the survey respondents, was CPT code 98925; *Osteopathic manipulative treatment (OMT); 1-2 body regions involved*, which was reviewed and valued by the RUC in February 2011. It has a 0-day global period, a work RVU of 0.46, and pre/intra/post service times of 2/10/2, total time of 14 minutes. We believe the survey respondents selected this code as the key reference service because both codes involve manipulation to 1-2 body regions.

Based upon our survey data, the total time for 98940 was 15 minutes (4/7/4) which is comparable to the total time of 14 minutes (2/10/2) for the key reference service, 98925. While the distribution of time among pre-, intra-, and post-service time does differ between the 2 services, we feel it is important to note that CMT is in fact different. Based on the preamble in the *2012 Current Procedural Terminology (CPT) Professional Edition* book, the chiropractic manipulative treatment codes include a pre-manipulation patient assessment component that DCs are required to perform at each visit. It is the opinion of the expert panel that the pre-evaluation assessment component is performed during intra-service time because there is skin-to-skin contact with the patient; however, the expert panel believes that the survey respondents may have misinterpreted this pre-evaluation assessment as pre-service time. Thus, we believe that some pre-service time would be more appropriately allocated to intra-service time.

The secondary reference code identified by the survey respondents was CPT code 99212; *Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A problem focused history; A problem focused examination; Straightforward medical decision making. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self limited or minor. Physicians typically spend 10 minutes face-to-face with the patient and/or family*. This service was presented at the Third Five-Year Review in February 2006. It has an RVU of 0.48 and pre/intra/post service times of 2/10/4, total time of 16 minutes. We believe those survey respondents that selected this code as their key reference service did so because they felt the work was roughly equivalent to that of 98940.

The expert panel believes that there is compelling evidence that the work of 98940 has changed since this code was presented in April 1996. In 1997, CMS established a new set of evaluation and management work criteria associated with a CMT service, called PART. PART is a collection of objective findings used to demonstrate the presence or absence of a subluxation using established physical examination procedures. A subluxation must be properly documented in order to establish medical necessity. The four (4) components of PART are described below:

P: PAIN AND TENDERNESS must be identified using one or more of the following:

- Observation: The DC can document, by personal observation, the pain that the patient exhibits during the course of the examination. Note the location, quality, and severity of the pain.
- Percussion, Palpation, or Provocation: When examining the patient, the DC must ask the patient if pain is reproduced, such as, “Let me know if any of this causes discomfort.”
- Visual/Numeric Analog Type Scale: The patient is asked to grade the pain as to severity on a Visual or Numericscale from 0-10.
- Audio Confirmation: Like the visual analog scale, the patient is asked to verbally grade their pain from 0-10.

- Pain Questionnaires: Patient questionnaires, such as the McGill pain questionnaire or an in-office patient history form can be used for the patient to describe their pain.

A: ASYMMETRY/MISALIGNMENT must be identified on a sectional or segmental level by using one or more of the following:

- Observation: The DC can observe patient posture or analyze gait.
- Static and Dynamic Palpation: The DC must describe the spinal misaligned vertebrae, and symmetry.
- Diagnostic Imaging: The DC can use x-ray, CAT scan and MRI to identify misalignments.

R: RANGE OF MOTION ABNORMALITY must be identified as an increase or decrease in segmental mobility using one or more of the following:

- Observation: The DC can observe an increase or decrease in the patient's range of motion.
- Motion Palpation: The DC can record palpation findings, including listing(s). They must be sure to record the various areas that are involved and related to the regions manipulated.
- Stress testing: The DC can perform appropriate end-range evaluation/stress testing of joint, muscular and soft tissue tone and mobility.
- Range of Motion Measuring Devices: Devices such as goniometers or inclinometers can be used to record specific measurements.

T: TISSUE, TONE CHANGES must be identified using one or more of the following:

- Observation: Visible changes such as signs of spasm, inflammation, swelling, rigidity, etc.
- Palpation: Palpated changes in the tissue, such as hypertonicity, hypotonicity, spasm, inflammation, tautness, rigidity, flaccidity, etc. as found upon palpation.
- Use of Instrumentation: The DC must document the instrument used and findings.
- Tests for Length and Strength: The DC must document leg length, scoliosis contracture, and strength of muscles that relate.

CMS requires that at least two (2) of the four (4) components listed above be documented. At least one of the components must be "Asymmetry/Misalignment" or "Range of Motion Abnormality." It is the opinion of the expert panel that the overall work required to adequately perform and document the PART criteria is essentially equivalent to the work of CPT code 99212.

Additionally, the expert panel found compelling evidence that the work values for the CMT codes were originally undervalued. The two key reference services used to establish work values in April of 1996 were in the code families of: 1) Evaluation and Management codes (99211-99213); and 2) Osteopathic Manipulative Treatment (OMT) codes (98925-98927). In 2006, CMS recognized that Evaluation and Management services may be undervalued and requested review by the RUC. The work values for these Evaluation and Management codes were subsequently increased. In 2011, the work values for the Osteopathic Manipulative Treatment (OMT) codes were also increased when the RUC accepted compelling evidence that the original values of these codes, established by Harvard, were based on flawed methodology. It is important to note that in April 1996, the RUC HCPAC Review Board agreed that "the work relative values for the CMT should be equivalent to the established relative values for Osteopathic Manipulative Treatment (OMT) codes. 98940 should be equivalent to 98925 Osteopathic Manipulative Treatment; one to two body region."

Since key reference services for the original valuation of the CMT codes were subsequently found to be undervalued, it is our opinion that the CMT codes were also incorrectly valued. Further, it is the opinion of the expert panel that doctors of chiropractic are required to perform separately identifiable physician work, best described as an evaluation and management service, during a CMT procedure; however, due to current CMS policy restrictions, this work cannot be separately billed/reimbursed.

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)

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 Chiropractic 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.

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 6,734,108 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate.

Specialty Chiropractic Frequency 6734108 Percentage 100.00 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

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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 98940

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:98941 Tracking Number Original Specialty Recommended RVU: **0.80**
Presented Recommended RVU: **0.80**
Global Period: 000 RUC Recommended RVU: **0.71**

CPT Descriptor: Chiropractic manipulative treatment (CMT); spinal, 3-4 regions

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: The initial evaluation of the patient 1 week prior revealed a 45 year old male presenting with continuing thoraco-lumbar and left sacro-iliac symptoms with an initial onset of four weeks previous.

Percentage of Survey Respondents who found Vignette to be Typical: 100%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? No
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 0%

Is moderate sedation inherent to this procedure in the office setting? No
Percent of survey respondents who stated moderate sedation is typical in the office setting? 0%

Description of Pre-Service Work: The physician reviews the patient's records and established treatment plan to familiarize him/herself with the previous treatment. She/he then conceptualizes the range of potential manipulative treatments that may be performed in all three (3) body regions for the current date of service. The potential procedures are explained to the patient, verbal consent is obtained and the physician answers any further questions, comments and concerns.

Description of Intra-Service Work: The patient is then placed in a prone position. Static and dynamic palpation is performed and identifies involvement at T9, L4, and the left ilium.

- Thoracic: The physician applies brief soft tissue manual therapy adjacent to spinal skeletal structures. Breathing instructions are given to the patient. The physician pre-stresses the periarticular soft tissues to identify the appropriate direction/amplitude of thrust. An articular (osseous) adjustive procedure is applied at T9 and T10. Post-adjustment procedures and interactive reassessments are made.
- Lumbar: A supportive cushion (half-Dutchman's roll) is then placed under the patient's pelvis at the appropriate position. The locking levers of the table are released, and the foot piece is adjusted to the proper length. The table is gently extended (axial distraction) to patient tolerance. The physician contact is made on the spinous process of L4. With the other hand the physician grasps the table or appropriate handle at the caudal end of the table. The patient is advised to take in a deep breath and let it out. A slow, controlled flexion maneuver is applied within patient tolerance and safety, to the caudal portion of the table with multiple (5-8) repetitions. This process is repeated through 3 cycles. Following this treatment the locking levers are secured and the foot piece is returned to its neutral position. Post-adjustment procedures and interactive reassessments are made.
- Pelvic: The patient is then turned onto his/her side, positioned for a side-posture manipulation. A brief stretch is applied to the lumbar-pelvic musculature and a long lever, low amplitude, high velocity thrust is applied to the left ilium. The patient is then returned to a comfortable position for a brief rest. Post-adjustment procedures and interactive reassessments are made.

Description of Post-Service Work: Chart entry and documentation, including documentation of appropriate subjective and objective assessments as well as the procedural components of this patient visit, are completed. The patient is assessed based upon the previously formulated treatment plan. The physician provides the patient a clinical care summary and answers any questions pertaining to the document. The physician then reinforces instructions in positions of comfort and previously identified therapeutic home measures.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	10/2012				
Presenter(s):	Dr. Christine Goertz, Dr. Craig Little, Dr. Leo Bronston				
Specialty(s):	Chiropractic				
CPT Code:	98941				
Sample Size:	340	**Resp N:** 52	**Response:** 15.2 %		
Description of Sample:	Random				

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	56.00	1000.00	**2000.00**	3000.00	6400.00
Survey RVW:	0.47	0.71	**0.80**	0.92	1.28
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	**10.00**	12.00	25.00

Immediate Post Service-Time:	**5.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process: 5 - NF Procedure without sedation/anesthesia care

CPT Code:	98941	**Recommended Physician Work RVU: 0.87**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**5.00**	**7.00**	**-2.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**10.00**		

Immediate Post Service-Time:	**5.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
98926	000	0.71	**RUC Time**

CPT Descriptor Osteopathic manipulative treatment (OMT); 3-4 body regions involved

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
98926	000	0.71	**RUC Time**	116,582

CPT Descriptor 1 Osteopathic manipulative treatment (OMT); 3-4 body regions involved

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
99213	XXX	0.97	**RUC Time**	99,980,260

CPT Descriptor 2 Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: An expanded problem focused history; An expanded problem focused examination; Medical decision making of low complexity. Counseling and coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity. Physicians typically spend 15 minutes face-to-face with the patient and/or family.

Other Reference CPT Code	Global	Work RVU	Time Source
99213	XXX	0.97	**RUC Time**

CPT Descriptor Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: An expanded problem focused history; An expanded problem focused examination; Medical decision making of low complexity. Counseling and coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity. Physicians typically spend 15 minutes face-to-face with the patient and/or family.

RELATIONSHIP OF CODE BEING REVIEWED TO KEY REFERENCE SERVICE(S):
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Key Reference Code: 45 **% of respondents:** 86.5 **%**

TIME ESTIMATES (Median)	**CPT Code: 98941**	**Key Reference CPT Code:** 98926	**Source of Time** **RUC Time**
Median Pre-Service Time	5.00	2.00	
Median Intra-Service Time	10.00	15.00	
Median Immediate Post-service Time	5.00	2.00	

Median Critical Care Time	0.0	0.00
Median Other Hospital Visit Time	0.0	0.00
Median Discharge Day Management Time	0.0	0.00
Median Office Visit Time	0.0	0.00
Prolonged Services Time	0.0	0.00
Median Subsequent Observation Care Time	0.0	0.00
Median Total Time	**20.00**	**19.00**
Other time if appropriate		

INTENSITY/COMPLEXITY MEASURES (Mean)	**(of those that selected Key Reference code)**	
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	4.00	4.00
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	4.00	3.00
Urgency of medical decision making	3.00	3.00
Technical Skill/Physical Effort (Mean)		
Technical skill required	4.00	4.00
Physical effort required	4.00	4.00
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality	3.00	3.00
Outcome depends on the skill and judgment of physician	4.00	4.00
Estimated risk of malpractice suit with poor outcome	3.00	3.00

INTENSITY/COMPLEXITY MEASURES	**CPT Code**	**Reference Service 1**
Time Segments (Mean)		
Pre-Service intensity/complexity	3.00	3.00
Intra-Service intensity/complexity	4.00	3.00
Post-Service intensity/complexity	3.00	3.00

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

Chiropractic manipulative treatment (CMT) is a form of manual treatment to influence joint and neurophysiological function. CPT code 98941; *Chiropractic manipulative treatment (CMT); spinal, 3-4 regions*, is being presented as part of a family of codes that were identified by CMS as high PFS expenditure procedural codes and for which review by the AMA RUC was requested.

An invitation to complete surveys for this family of CMT codes, which includes 98940, 98941, 98942 and 98943, was electronically distributed to a randomly drawn sample of 340 doctors of chiropractic. 52 respondents (15% response rate) subsequently completed the survey for CPT code 98940, of whom 100% found the vignette used in the survey to be typical.

An expert consensus panel, composed of doctors of chiropractic familiar with the code in question and the RUC survey process, was convened to analyze the survey results and develop a consensus recommendation. It is the opinion of the panel that the survey was valid.

The current value for 98941 is 0.65 RVUs with pre/intra/post service times of 3/10/4, total time of 17 minutes.

The key reference service, identified by 87% of the survey respondents, was CPT code 98926; *Osteopathic manipulative treatment (OMT); 3-4 body regions involved*, which was reviewed and valued by the RUC in February 2011. It has a 0-day global period, a work RVU of 0.71, and pre/intra/post service times of 2/15/2, total time of 19 minutes. We believe the survey respondents selected this code as the key reference service because both codes involve manipulation to 3-4 body regions.

Based upon our survey data, the total median time for 98941 was 20 minutes (5/10/5) which is comparable to the total time of 19 minutes (2/15/2) for the key reference service, 98926. While the distribution of time among pre-, intra-, and post-service time does differ between the 2 services, we feel it is important to note that CMT is in fact different. Based on the preamble in the *2012 Current Procedural Terminology (CPT) Professional Edition* book, the chiropractic manipulative treatment codes include a pre-manipulation patient assessment component that DCs are required to perform at each visit. It is the opinion of the expert panel that the pre-evaluation assessment component is performed during intra-service time because there is skin-to-skin contact with the patient; however, it is our understanding that the survey respondents instead interpreted it as pre-service time. Thus, we believe that some pre-service time would be more appropriately allocated to intra-service time.

The secondary reference code identified by 6% of the survey respondents was CPT code 99213; *Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A problem focused history; A problem focused examination; Straightforward medical decision making. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self limited or minor. Physicians typically spend 10 minutes face-to-face with the patient and/or family*. This service was presented at the Third Five-Year Review in February 2006. It has an RVU of 0.97 and pre/intra/post service times of 3/15/5, total time of 23 minutes. We believe those survey respondents that selected this code as their key reference service did so because they felt the work was roughly equivalent to that of 98941.

The expert panel believes that there is compelling evidence that the work of 98941 has changed since this code was presented in April 1996. In 1997, CMS established a new set of evaluation and management work criteria associated with a CMT service, called PART. PART is a collection of objective findings used to demonstrate the presence or absence of a subluxation using established physical examination procedures. A subluxation must be properly documented in order to establish medical necessity. The four (4) components of PART are described below:

P: PAIN AND TENDERNESS must be identified using one or more of the following:

- Observation: The DC can document, by personal observation, the pain that the patient exhibits during the course of the examination. Note the location, quality, and severity of the pain.
- Percussion, Palpation, or Provocation: When examining the patient, the DC must ask the patient if pain is reproduced, such as, “Let me know if any of this causes discomfort.”
- Visual/Numeric Analog Type Scale: The patient is asked to grade the pain as to severity on a Visual or Numericscale from 0-10.

- Audio Confirmation: Like the visual analog scale, the patient is asked to verbally grade their pain from 0-10.
- Pain Questionnaires: Patient questionnaires, such as the McGill pain questionnaire or an in-office patient history form can be used for the patient to describe their pain.

A: ASYMMETRY/MISALIGNMENT must be identified on a sectional or segmental level by using one or more of the following:

- Observation: The DC can observe patient posture or analyze gait.
- Static and Dynamic Palpation: The DC must describe the spinal misaligned vertebrae, and symmetry.
- Diagnostic Imaging: The DC can use x-ray, CAT scan and MRI to identify misalignments.

R: RANGE OF MOTION ABNORMALITY must be identified as an increase or decrease in segmental mobility using one or more of the following:

- Observation: The DC can observe an increase or decrease in the patient's range of motion.
- Motion Palpation: The DC can record palpation findings, including listing(s). They must be sure to record the various areas that are involved and related to the regions manipulated.
- Stress testing: The DC can perform appropriate end-range evaluation/stress testing of joint, muscular and soft tissue tone and mobility.
- Range of Motion Measuring Devices: Devices such as goniometers or inclinometers can be used to record specific measurements.

T: TISSUE, TONE CHANGES must be identified using one or more of the following:

- Observation: Visible changes such as signs of spasm, inflammation, swelling, rigidity, etc.
- Palpation: Palpated changes in the tissue, such as hypertonicity, hypotonicity, spasm, inflammation, tautness, rigidity, flaccidity, etc. as found upon palpation.
- Use of Instrumentation: The DC must document the instrument used and findings.
- Tests for Length and Strength: The DC must document leg length, scoliosis contracture, and strength of muscles that relate.

CMS requires that at least two (2) of the four (4) components listed above be documented. At least one of the components must be "Asymmetry/Misalignment" or "Range of Motion Abnormality." It is the opinion of the expert panel that the overall work required to adequately perform and document the PART criteria is essentially equivalent to the work of CPT code 99212.

Additionally, the expert panel found compelling evidence that the work values for the CMT codes were originally undervalued. The two key reference services used to establish work values in April of 1996 were in the code families of: 1) Evaluation and Management codes (99211-99213); and 2) Osteopathic Manipulative Treatment (OMT) codes (98925-98927). In 2006, CMS recognized that Evaluation and Management services may be undervalued and requested review by the RUC. The work values for these Evaluation and Management codes were subsequently increased. In 2011, the work values for the Osteopathic Manipulative Treatment (OMT) codes were also increased when the RUC accepted compelling evidence that the original values of these codes, established by Harvard, were based on flawed methodology. It is important to note that in April 1996, the RUC HCPAC Review Board agreed that "work relative values for the CMT should be equivalent to the established relative values for Osteopathic Manipulative Treatment (OMT) codes. 98941 should be equivalent to 98926 Osteopathic Manipulative Treatment; three to four body regions."

Since key reference services for the original valuation of the CMT codes were subsequently found to be undervalued, it is our opinion that the CMT codes were also incorrectly valued. Further, it is the opinion of the expert panel that doctors of chiropractic are required to perform separately identifiable physician work, best described as an evaluation and management service, during a CMT procedure; however, due to current CMS policy restrictions, this work cannot be separately billed/reimbursed.

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) 98941

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 Chiropractic How often? Commonly

Specialty How often?

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 0
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate.

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 13,968,442 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate.

Specialty Chiropractic Frequency 13968442 Percentage 100.00 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

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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 98941

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:98942 Tracking Number Original Specialty Recommended RVU: **1.05**
Presented Recommended RVU: **1.05**
Global Period: 000 RUC Recommended RVU: **0.96**

CPT Descriptor: Chiropractic manipulative treatment (CMT); spinal, 5 regions

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: The initial evaluation 3 weeks prior revealed a 67 year old female who tripped over a curb and complains of continuing cervical, thoracic, lumbar, sacral and pelvic symptoms (extraspinal manipulation not included in this code).

Percentage of Survey Respondents who found Vignette to be Typical: 96%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? No
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 0%

Is moderate sedation inherent to this procedure in the office setting? No
Percent of survey respondents who stated moderate sedation is typical in the office setting? 0%

Description of Pre-Service Work: The physician reviews the patient's records and established treatment plan to familiarize him/herself with the previous treatment. She/he then conceptualizes the range of potential manipulative treatments that may be performed in all five (5) body regions for the current date of service. The potential procedures are explained to the patient, verbal consent is obtained and the physician answers any further questions, comments and concerns.

Description of Intra-Service Work: A pre-manipulation patient assessment is performed, including assessment of the patient's pain level using a numerical rating scale, evaluation of interval changes in objective signs, and functional changes that may include: identifying asymmetry; assessing segmental mobility; evaluating changes in tissue and tone in all five (5) affected regions. The treatment procedure that best fits the patient's condition that day is finalized.

The table is then positioned appropriately for the planned technique. Static and dynamic palpation is performed and identifies involvement at C2, T5,6,7, L2, the sacrum and the right ilium.

- Cervical: The patient is then assisted in moving to a supine position. The physician applies brief soft tissue manual therapy adjacent to spinal skeletal structures. Chiropractic manipulative treatment is directed at C2. Post-adjustment procedures and interactive reassessments are made.
- Thoracic: The physician assists the patient in moving to a prone position. The physician applies brief soft tissue manual therapy adjacent to spinal skeletal structures. Breathing instructions are given to the patient. The physician pre-stresses the periarticular soft tissues to identify the appropriate direction/amplitude of thrust. An articular (osseous) adjustive procedure is applied at T5,6,7. Post-adjustment procedures and interactive reassessments are made.
- Lumbar: The patient is then turned onto her side, positioned for a side-posture manipulation. A brief stretch is applied to the lumbar-pelvic musculature and a long lever, low amplitude, high velocity thrust is applied to the L2. The

patient is then returned to a comfortable position for a brief rest. Post-adjustment procedures and interactive reassessments are made.

- Pelvic: The patient is then placed on the contra-lateral side, positioned for a side-posture manipulation. A long lever, low amplitude, high velocity thrust is applied to the ilium. Post-adjustment procedures and interactive reassessments are made.
- Sacral: The patient then placed again in a prone position. The locking lever of the drop piece of the table is adjusted to the appropriate position and tension. HVLA is applied to the left superior sacrum. This process is repeated 2-3 times. The patient is returned to a comfortable position for a brief rest. Post-adjustment procedures and interactive reassessments are made.

Description of Post-Service Work: Chart entry and documentation, including documentation of appropriate subjective and objective assessments as well as the procedural components of this patient visit, are completed. The patient is assessed based upon the previously formulated treatment plan. The physician provides the patient a clinical care summary and answers any questions pertaining to the document. The physician then reinforces instructions in positions of comfort and previously identified therapeutic home measures.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	10/2012				
Presenter(s):	Dr. Christine Goertz, Dr. Craig Little, Dr. Leo Bronston				
Specialty(s):	Chiropractic				
CPT Code:	98942				
Sample Size:	340	**Resp N:** 52	**Response:** 15.2 %		
Description of Sample:	Random				

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	5.00	75.00	**300.00**	900.00	3000.00
Survey RVW:	0.49	0.96	**1.05**	1.28	2.00
Pre-Service Evaluation Time:			**6.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	3.00	10.00	**12.00**	15.00	30.00

Immediate Post Service-Time:	**5.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
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: 5 - NF Procedure without sedation/anesthesia care

CPT Code:	98942	**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**	**7.00**	**-1.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**12.00**		

Immediate Post Service-Time:	**5.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
98927	000	0.96	**RUC Time**

CPT Descriptor Osteopathic manipulative treatment (OMT); 5-6 body regions involved

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
98927	000	0.96	**RUC Time**	107,463

CPT Descriptor 1 Osteopathic manipulative treatment (OMT); 5-6 body regions involved

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
99214	XXX	1.50	**RUC Time**	78,471,610

CPT Descriptor 2 Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A detailed history; A detailed examination; Medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Physicians typically spend 25 minutes face-to-face with the patient and/or family.

Other Reference CPT Code	Global	Work RVU	Time Source
99213	XXX	0.97	**RUC Time**

CPT Descriptor Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: An expanded problem focused history; An expanded problem focused examination; Medical decision making of low complexity. Counseling and coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity. Physicians typically spend 15 minutes face-to-face with the patient and/or family.

RELATIONSHIP OF CODE BEING REVIEWED TO KEY REFERENCE SERVICE(S):
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Key Reference Code: 41 **% of respondents:** 80.3 **%**

TIME ESTIMATES (Median)	**CPT Code: 98942**	**Key Reference CPT Code:** 98927	**Source of Time** **RUC Time**
Median Pre-Service Time	6.00	2.00	
Median Intra-Service Time	12.00	20.00	
Median Immediate Post-service Time	5.00	2.00	
Median Critical Care Time	0.0	0.00	

Median Other Hospital Visit Time	0.0	0.00
Median Discharge Day Management Time	0.0	0.00
Median Office Visit Time	0.0	0.00
Prolonged Services Time	0.0	0.00
Median Subsequent Observation Care Time	0.0	0.00
Median Total Time	**23.00**	**24.00**
Other time if appropriate		

INTENSITY/COMPLEXITY MEASURES (Mean)	**(of those that selected Key Reference code)**	
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	5.00	4.00
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	4.00	4.00
Urgency of medical decision making	4.00	4.00
Technical Skill/Physical Effort (Mean)		
Technical skill required	5.00	4.00
Physical effort required	4.00	4.00
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality	3.00	3.00
Outcome depends on the skill and judgment of physician	4.00	4.00
Estimated risk of malpractice suit with poor outcome	3.00	3.00

INTENSITY/COMPLEXITY MEASURES	**CPT Code**	**Reference Service 1**
Time Segments (Mean)		
Pre-Service intensity/complexity	4.00	4.00
Intra-Service intensity/complexity	4.00	4.00
Post-Service intensity/complexity	4.00	3.00

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

Chiropractic manipulative treatment (CMT) is a form of manual treatment to influence joint and neurophysiological function. CPT code 98942; *Chiropractic manipulative treatment (CMT); spinal, 5 regions*, is being presented as part of a family of codes that were identified by CMS as high PFS expenditure procedural codes and for which review by the AMA RUC was requested.

An invitation to complete surveys for this family of CMT codes, which includes 98940, 98941, 98942 and 98943, was electronically distributed to a randomly drawn sample of 340 doctors of chiropractic. 52 respondents (15% response rate) subsequently completed the survey for CPT code 98942, of whom 96% found the vignette used in the survey to be typical.

An expert consensus panel, composed of doctors of chiropractic familiar with the code in question and the RUC survey process, was convened to analyze the survey results and develop a consensus recommendation. It is the opinion of the panel that the survey was valid.

The current value for 98942 is 0.87 RVUs with pre/intra/post service times of 4/12/5, total time of 21 minutes.

The key reference service, identified by 80% of the survey respondents, was CPT code 98927; *Osteopathic manipulative treatment (OMT); 5-6 body regions involved*, which was reviewed and valued by the RUC in February 2011. It has a 0-day global period, a work RVU of 0.96, and pre/intra/post service times of 2/20/2, total time of 24 minutes. We believe the survey respondents selected this code as the key reference service because both codes involve manipulation to 5 or more body regions.

Based upon our survey data, the total median time for 98942 was 23 minutes (6/12/5) which is comparable to the total time of 24 minutes (2/20/2) for the key reference service, 98927. While the distribution of time among pre-, intra-, and post-service time does differ between the 2 services, we feel it is important to note that CMT is in fact different. Based on the preamble in the *2012 Current Procedural Terminology (CPT) Professional Edition* book, the chiropractic manipulative treatment codes include a pre-manipulation patient assessment component that DCs are required to perform at each visit. It is the opinion of the expert panel that the pre-evaluation assessment component is performed during intra-service time because there is skin-to-skin contact with the patient; however, the expert panel believes that the survey respondents may have misinterpreted this pre-evaluation assessment as pre-service time. Thus, we believe that some pre-service time would be more appropriately allocated to intra-service time.

The secondary reference code identified by the survey respondents was CPT code 99213; *Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: An expanded problem focused history; An expanded problem focused examination; Medical decision making of low complexity. Counseling and coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity. Physicians typically spend 15 minutes face-to-face with the patient and/or family.* This service was presented at the Third Five-Year Review in February 2006. It has an RVU of 0.97 and pre/intra/post service times of 2/10/4, total time of 16 minutes. We believe those survey respondents that selected this code as their key reference service did so because they felt the work was roughly equivalent to that of 98942.

The expert panel believes that there is compelling evidence that the work of 98942 has changed since this code was presented in April 1996. In 1997, CMS established a new set of evaluation and management work criteria associated with a CMT service, called PART. PART is a collection of objective findings used to demonstrate the presence or absence of a subluxation using established physical examination procedures. A subluxation must be properly documented in order to establish medical necessity. The four (4) components of PART are described below:

P: PAIN AND TENDERNESS must be identified using one or more of the following:

- Observation: The DC can document, by personal observation, the pain that the patient exhibits during the course of the examination. Note the location, quality, and severity of the pain.
- Percussion, Palpation, or Provocation: When examining the patient, the DC must ask the patient if pain is reproduced, such as, “Let me know if any of this causes discomfort.”
- Visual/Numeric Analog Type Scale: The patient is asked to grade the pain as to severity on a Visual or Numericscale from 0-10.
- Audio Confirmation: Like the visual analog scale, the patient is asked to verbally grade their pain from 0-10.

- Pain Questionnaires: Patient questionnaires, such as the McGill pain questionnaire or an in-office patient history form can be used for the patient to describe their pain.

A: ASYMMETRY/MISALIGNMENT must be identified on a sectional or segmental level by using one or more of the following:

- Observation: The DC can observe patient posture or analyze gait.
- Static and Dynamic Palpation: The DC must describe the spinal misaligned vertebrae, and symmetry.
- Diagnostic Imaging: The DC can use x-ray, CAT scan and MRI to identify misalignments.

R: RANGE OF MOTION ABNORMALITY must be identified as an increase or decrease in segmental mobility using one or more of the following:

- Observation: The DC can observe an increase or decrease in the patient's range of motion.
- Motion Palpation: The DC can record palpation findings, including listing(s). They must be sure to record the various areas that are involved and related to the regions manipulated.
- Stress testing: The DC can perform appropriate end-range evaluation/stress testing of joint, muscular and soft tissue tone and mobility.
- Range of Motion Measuring Devices: Devices such as goniometers or inclinometers can be used to record specific measurements.

T: TISSUE, TONE CHANGES must be identified using one or more of the following:

- Observation: Visible changes such as signs of spasm, inflammation, swelling, rigidity, etc.
- Palpation: Palpated changes in the tissue, such as hypertonicity, hypotonicity, spasm, inflammation, tautness, rigidity, flaccidity, etc. as found upon palpation.
- Use of Instrumentation: The DC must document the instrument used and findings.
- Tests for Length and Strength: The DC must document leg length, scoliosis contracture, and strength of muscles that relate.

CMS requires that at least two (2) of the four (4) components listed above be documented. At least one of the components must be "Asymmetry/Misalignment" or "Range of Motion Abnormality." It is the opinion of the expert panel that the overall work required to adequately perform and document the PART criteria is essentially equivalent to the work of CPT code 99212.

Additionally, the expert panel found compelling evidence that the work values for the CMT codes were originally undervalued. The two key reference services used to establish work values in April of 1996 were in the code families of: 1) Evaluation and Management codes (99211-99213); and 2) Osteopathic Manipulative Treatment (OMT) codes (98925-98927). In 2006, CMS recognized that Evaluation and Management services may be undervalued and requested review by the RUC. The work values for these Evaluation and Management codes were subsequently increased. In 2011, the work values for the Osteopathic Manipulative Treatment (OMT) codes were also increased when the RUC accepted compelling evidence that the original values of these codes, established by Harvard, were based on flawed methodology. It is important to note that in April 1996, the RUC HCPAC Review Board agreed that "work relative values for the CMT should be equivalent to the established relative values for Osteopathic Manipulative Treatment (OMT) codes."

Since key reference services for the original valuation of the CMT codes were subsequently found to be undervalued, it is our opinion that the CMT codes were also incorrectly valued. Further, it is the opinion of the expert panel that doctors of chiropractic are required to perform separately identifiable physician work, best described as an evaluation and management service, during a CMT procedure; however, due to current CMS policy restrictions, this work cannot be separately billed/reimbursed.

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) 98942

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 Chiropractic How often? Commonly

Specialty How often?

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 0
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate.

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 1,690,685 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate.

Specialty Chiropractic Frequency 1690685 Percentage 100.00 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

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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 98942

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:98943 Tracking Number Original Specialty Recommended RVU: **0.50**
Presented Recommended RVU: **0.50**
Global Period: XXX RUC Recommended RVU: **0.46**

CPT Descriptor: Chiropractic manipulative treatment (CMT); extraspinal, 1 or more regions

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: The initial evaluation of the patient 1 week prior revealed a 47 year old female grocery store cashier presenting with chronic recurrent left upper extremity pain and diminished function.

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 perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? No
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 0%

Is moderate sedation inherent to this procedure in the office setting? No
Percent of survey respondents who stated moderate sedation is typical in the office setting? 0%

Description of Pre-Service Work: The physician reviews the patient's records and established treatment plan to familiarize him/herself with the previous treatment. She/he then conceptualizes the range of potential manipulative treatments that may be performed in each of the affected body regions for the current date of service. The potential procedures are explained to the patient, verbal consent is obtained and the physician answers any further questions, comments and concerns.

Description of Intra-Service Work: A pre-manipulation patient assessment is performed, including assessment of the patient's pain level using a numerical rating scale, evaluation of interval changes in objective signs, and functional changes that may include: identifying asymmetry; assessing segmental mobility; evaluating changes in tissue and tone in each of the affected extraspinal regions. The treatment procedure that best fits the patient's condition that day is finalized.

The physician then begins treating each of the affected extraspinal regions:

- Elbow: The patient is positioned into a sitting posture, and the physician completes a pre-manipulation interactive reassessment of the region. The physician then stands behind the patient and extends the patient's arm out to the side at 90 degrees. The physician's outside hand grasps the patient's wrist from above while his/her inside hand make a thumb and supported index contact on the posterior head of the radius. The patient's arm is placed into an extended position, and a high-velocity, low amplitude posterior to anterior thrust is delivered on the radial head. Post-adjustment procedures and interactive reassessments are made.
- Wrist: With the patient still in the sitting position, the physician now comes to the front of the patient and completes a pre-manipulative interactive assessment of the new region. The patient's hand is pronated, and the physician places both thumbs on the lunate of the patient's wrist. The patient's wrist is then placed into an extended position to the point of joint tension, and a high velocity, low amplitude thrust is delivered through both thumbs on the lunate in a dorsal to a palmar direction. Post-adjustment procedures and interactive reassessments are made.

o Shoulder: The patient remains in a sitting position and the physician completes a pre-manipulation interactive reassessment of the region. The physician then stands to the ipsilateral side of the patient and positions the patient's arm in abduction and inferior traction. One of the physician's hands is positioned to the anterior AC joint with the other hand supporting/stabilizing the patient's scapula. A high-velocity, low amplitude anterior to posterior thrust is delivered to the AC joint. Post-adjustment procedures and interactive reassessments are made.

Description of Post-Service Work: Chart entry and documentation, including documentation of appropriate subjective and objective assessments as well as the procedural components of this patient visit, are completed. The patient is assessed based upon the previously formulated treatment plan. The physician provides the patient a clinical care summary and answers any questions pertaining to the document. The physician then reinforces instructions in positions of comfort and previously identified therapeutic home measures.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	10/2012		
Presenter(s):	Dr. Christine Goertz, Dr. Craig Little, Dr. Leo Bronston		
Specialty(s):	Chiropractic		
CPT Code:	98943		
Sample Size:	340	**Resp N:** 53	**Response:** 15.5 %
Description of Sample:	Random		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	50.00	238.00	**500.00**	1200.00	2700.00
Survey RVW:	0.25	0.45	**0.50**	0.65	2.10
Pre-Service Evaluation Time:			**4.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	1.00	5.00	**8.00**	10.00	30.00

Immediate Post Service-Time:	**4.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process: XXX Global Code

CPT Code:	98943	**Recommended Physician Work RVU: 0.46**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**4.00**	**0.00**	**4.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**8.00**		

Immediate Post Service-Time:	**4.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
97140	XXX	0.43	**RUC Time**

CPT Descriptor Manual therapy techniques (eg, mobilization/ manipulation, manual lymphatic drainage, manual traction), 1 or more regions, each 15 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
97140	XXX	0.43	**RUC Time**	18,629,410

CPT Descriptor 1 Manual therapy techniques (eg, mobilization/ manipulation, manual lymphatic drainage, manual traction), 1 or more regions, each 15 minutes

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
		0.00		

CPT Descriptor 2

Other Reference CPT Code	Global	Work RVU	Time Source
98925	000	0.46	**RUC Time**

CPT Descriptor Osteopathic manipulative treatment (OMT); 1-2 body regions involved

RELATIONSHIP OF CODE BEING REVIEWED TO KEY REFERENCE SERVICE(S):
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Key Reference Code: 22 **% of respondents:** 41.5 **%**

TIME ESTIMATES (Median)	**CPT Code: 98943**	**Key Reference CPT Code:** 97140	**Source of Time RUC Time**
Median Pre-Service Time	4.00	2.00	
Median Intra-Service Time	8.00	14.00	
Median Immediate Post-service Time	4.00	2.00	
Median Critical Care Time	0.0	0.00	
Median Other Hospital Visit Time	0.0	0.00	
Median Discharge Day Management Time	0.0	0.00	
Median Office Visit Time	0.0	0.00	
Prolonged Services Time	0.0	0.00	
Median Subsequent Observation Care Time	0.0	0.00	
Median Total Time	**16.00**	**18.00**	

Other time if appropriate		

INTENSITY/COMPLEXITY MEASURES (Mean)		**(of those that selected Key Reference code)**
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	3.00	3.00
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	3.00	3.00
Urgency of medical decision making	3.00	3.00
Technical Skill/Physical Effort (Mean)		
Technical skill required	4.00	3.00
Physical effort required	3.00	3.00
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality	2.00	2.00
Outcome depends on the skill and judgment of physician	4.00	3.00
Estimated risk of malpractice suit with poor outcome	2.00	2.00

INTENSITY/COMPLEXITY MEASURES	**CPT Code**	**Reference Service 1**
Time Segments (Mean)		
Pre-Service intensity/complexity	3.00	2.00
Intra-Service intensity/complexity	3.00	3.00
Post-Service intensity/complexity	3.00	2.00

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

Chiropractic manipulative treatment (CMT) is a form of manual treatment to influence joint and neurophysiological function. CPT code 98943; *Chiropractic manipulative treatment (CMT); extraspinal, 1 or more regions,* is being presented as part of the family of CMT codes. The spinal manipulation codes (98940, 98941 and 98942) were identified by CMS as high PFS expenditure procedural codes and a request was made that those services be reviewed by the AMA RUC.

Although 98943 was not specifically included in this request, we felt it was necessary to resurvey all of the CMT codes ensure consistency across the family of codes.

An invitation to complete the surveys for the family of CMT codes, including 98940, 98941, 98942 and 98943, was electronically distributed to a randomly drawn sample of 340 doctors of chiropractic. 53 respondents (16% response rate) subsequently completed the survey for CPT code 98943, of whom 98% found the vignette used in the survey to be typical.

An expert consensus panel, composed of doctors of chiropractic familiar with the code in question and the RUC survey process, was convened to analyze the survey results and develop a consensus recommendation. It is the opinion of the panel that the survey was valid.

The current value for 98943 is 0.40 RVUs with pre/intra/post service times of 3/8/3, total time of 14 minutes.

There were two (2) key reference services equally identified by 42% of the survey respondents. The first service identified was CPT code 97140; *Manual therapy techniques (eg, mobilization/ manipulation, manual lymphatic drainage, manual traction), 1 or more regions, each 15 minutes*, which was reviewed and valued by the RUC HCPAC in May 1998. It has a XXX-day global period, a work RVU of 0.43, and pre/intra/post service times of 2/14/2, total time of 18 minutes. We believe the survey respondents selected this code as a key reference service because this service is commonly performed by doctors of chiropractic for management of extremity problems.

The second service identified was CPT code 98925; *Osteopathic manipulative treatment (OMT); 1-2 body regions involved*, which was reviewed and valued by the RUC in February 2011. It has a 0-day global period, a work RVU of 0.46, and pre/intra/post service times of 2/10/2, total time of 14 minutes. We believe the survey respondents selected this code as the key reference service because both codes involve manipulation various body regions.

Based upon our survey data, the total median time for 98943 was 16 minutes (4/8/4) which is comparable to the total time of 18 minutes (2/14/2) for reference service 97140 and the total time of 14 minutes for reference service 98925. While the distribution of time among pre-, intra-, and post-service time does differ between the 3 services, we feel it is important to note that CMT is in fact different. Based on the preamble in the *2012 Current Procedural Terminology (CPT) Professional Edition* book, the chiropractic manipulative treatment codes include a pre-manipulation patient assessment component that DCs are required to perform at each visit. It is the opinion of the expert panel that the pre-evaluation assessment component is performed during intra-service time because there is skin-to-skin contact with the patient; however, the expert panel believes that the survey respondents may have misinterpreted this pre-evaluation assessment as pre-service time.

The expert panel found compelling evidence that the work for 98943 was originally undervalued. A key reference service used to establish the work value in April of 1996 was Osteopathic Manipulative Treatment (OMT) code 98925. In 2011, the work values for the Osteopathic Manipulative Treatment (OMT) codes were increased when the RUC accepted compelling evidence that the original values of these codes, established by Harvard, were based on flawed methodology. When the CMT codes were originally valued in 1996, 97140 did not exist.

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:

   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) 98943

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 Chiropractic How often? Commonly

Specialty How often?

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 0
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate.

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 0 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate.

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

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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 98943

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

SS Rec Summary

ISSUE: Chiropractic Manipulative Treatment (CMT)

TAB: 25

Source	CPT	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST
REF	98925	Osteopathic manipulative treatment (OMT); 1-2 body regions involved	295	0.037			0.46			14	2					10			2
CURRENT	98940	Chiropractic manipulative treatment (CMT); spinal, 1-2 regions	129	0.048			0.45			12	2					7			3
SVY	98940	Chiropractic manipulative treatment (CMT); spinal, 1-2 regions	54	0.060	0.45	0.49	0.60	0.66	1.00	15	4					7			4
REC				0.040			0.46			15	4					7			4

Source	CPT	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST
REF	98926	Osteopathic manipulative treatment (OMT); 3-4 body regions involved	253	0.041			0.71			19	1	1				15			2
CURRENT	98941	Chiropractic manipulative treatment (CMT); spinal, 3-4 regions	129	0.049			0.65			17	3					10			4
SVY	98941	Chiropractic manipulative treatment (CMT); spinal, 3-4 regions	52	0.058	0.47	0.71	0.80	0.92	1.28	20	5					10			5
REC				0.049			0.71			20	5					10			5

Source	CPT	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST
REF	98927	Osteopathic manipulative treatment (OMT); 5-6 body regions involved	233	0.044			0.96			24	1	1				20			2
CURRENT	98942	Chiropractic manipulative treatment (CMT); spinal, 5 regions	129	0.056			0.87			21	4					12			5
SVY	98942	Chiropractic manipulative treatment (CMT); spinal, 5 regions	51	0.067	0.49	0.96	1.05	1.28	2.00	23	6					12			5
REC				0.059			0.96			23	6					12			5

Source	CPT	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST
REF	97140	Manual therapy techniques (eg, mobilization/ manipulation, manual lymphatic drainage, manual traction), 1 or more regions, each 15 minutes	97	0.024			0.43			18	2					14			2
CURRENT	98943	Chiropractic manipulative treatment (CMT); extraspinal, 1 or more regions	129	0.033			0.40			14	3					8			3
SVY		Chiropractic manipulative treatment (CMT); extraspinal, 1 or more regions		0.040	0.25	0.45	0.50	0.65	2.10	16	4					8			4
REC				0.035			0.46			16	4					8			4

CPT Code: 98940, 98941, 98942 & 98943
Specialty Society('s) American Chiropractic Association (ACA)

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation
Non Facility Direct Inputs

CPT Long Descriptor:

98940; *Chiropractic manipulative treatment (CMT); spinal, 1-2 regions*

98941; *Chiropractic manipulative treatment (CMT); spinal, 3-4 regions*

98942; *Chiropractic manipulative treatment (CMT); spinal, 5 regions*

Global Period: 000 **Meeting Date:** 10/2012

98943; *Chiropractic manipulative treatment (CMT); extraspinal, 1 or more regions*

Global Period: XXX **Meeting Date:** 10/2012

Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee:

The American Chiropractic Association (ACA) convened a consensus panel to finalize the practice expense data for the family of Chiropractic manipulative treatment (CMT) codes 98940, 98941, 98942 and 98943.

A reference code must be provided for comparison to the practice expense inputs on your spreadsheet. Please provide a rationale for the selection of reference codes. Comparison Code Rationale:

Our consensus panel reviewed current PE details, which are based upon a PE survey conducted by the ACA in 2004. The panel agreed that the majority of the inputs remain the same and recommend that the clinical labor time not be changed. However, there is one area that the panel determined should be increased in order to be consistent with current PE standards for non-facility inputs. Specifically, we are recommending an increase in clinical labor time in the area of cleaning the room/equipment from 1 minute to 3 minutes.

Additionally, we are recommending revised equipment time for all four (4) codes. This is appropriate because for all four procedures, the equipment time should coincide with the total service clinical labor time and not just the intra-service time for the procedure.

It is also important to note that the clinical labor staff type selected for the family of CMT codes, L023A Physical Therapy Aid, is equivalent to a Chiropractic Assistant.

Please describe in detail the clinical activities of your staff:

Pre-Service Clinical Labor Activities: N/A

Service Clinical Labor Activities:

- Greet patient and provide gowning, ensure appropriate medical records are available
- Prepare room, equipment, supplies
- Prepare and position patient/monitor patient

- Clean room/equipment by physician staff

Post-Service Clinical Labor Activities:N/A

	A	B	C	D	E	F	G	H	I	J	K
1											
2				**CPT Code 98940 *Current Inputs***	**CPT Code 98940 *Specialty Reccs***	**CPT Code 98941 *Current Inputs***	**CPT Code 98941 *Specialty Reccs***	**CPT Code 98942 *Current Inputs***	**CPT Code 98942 *Specialty Reccs***	**CPT Code 98943 *Current Inputs***	**CPT Code 98943 *Specialty Reccs***
3	**Meeting Date: October 2012 Tab: 25 Specialty: Chiropractic**	**CMS Code**	**Staff Type**	Chiropractic manipulative treatment (CMT); spinal, 1-2 regions	Chiropractic manipulative treatment (CMT); spinal, 1-2 regions	Chiropractic manipulative treatment (CMT); spinal, 3-4 regions	Chiropractic manipulative treatment (CMT); spinal, 3-4 regions	Chiropractic manipulative treatment (CMT); spinal, 5 regions	Chiropractic manipulative treatment (CMT); spinal, 5 regions	Chiropractic manipulative treatment (CMT); extraspinal, 1 or more regions	Chiropractic manipulative treatment (CMT); extraspinal, 1 or more regions
4	**LOCATION**			**Non Fac**	**Non Fac**	**Non Fac**	**Non Fac**	**Non Fac**	**Non Fac**	**Non Fac**	**Non Fac**
5	**GLOBAL PERIOD**			**000**	**000**	**000**	**000**	**000**	**000**	**XXX**	**XXX**
6	**TOTAL CLINICAL LABOR TIME**			**10.0**	**10.0**	**11.0**	**11.0**	**11.0**	**11.0**	**10.0**	**10.0**
7	**TOTAL PRE-SERV CLINICAL LABOR TIME**			**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
8	**TOTAL SERVICE PERIOD CLINICAL LABOR TIME**			**10.0**	**10.0**	**11.0**	**11.0**	**11.0**	**11.0**	**10.0**	**10.0**
9	**TOTAL POST-SERV CLINICAL LABOR TIME**			**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
10	**PRE-SERVICE**										
11	**Start: Following visit when decision for surgery or procedure made**										
18	**End: When patient enters office/facility for surgery/procedure**										
19	**SERVICE PERIOD**										
20	**Start: When patient enters office/facility for surgery/procedure:**										
21	Review Charts (No longer used)			**2**		**2**		**2**		**2**	
22	Greet patient, provide gowning, ensure appropriate medical records are available	L023A	CA	**3**	**3**	**3**	**3**	**3**	**3**	**3**	**3**
23	Obtain vital signs										
24	Provide pre-service education/obtain consent										
25	Prepare room, equipment, supplies			**1**	**1**	**1**	**1**	**1**	**1**	**1**	**1**
26	Setup scope (non facility setting only)										
27	Prepare and position patient/ monitor patient/ set up IV			**1**	**1**	**1**	**1**	**1**	**1**	**1**	**1**
28	Sedate/apply anesthesia										
29	**Intra-service**										
30	Assist physician in performing procedure			**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
31	**Post-Service**										
32	Monitor pt. following service/check tubes, monitors, drains										
33	Clean room/equipment by physician staff			**1**	**3**	**1**	**3**	**1**	**3**	**1**	**3**
34	Clean Scope										
35	Clean Surgical Instrument Package										
36	Complete diagnostic forms, lab & X-ray requisitions										
37	Review/read X-ray, lab, and pathology reports										
38	Check dressings & wound/ home care instructions /coordinate office visits /prescriptions			**2**	**2**	**3**	**3**	**3**	**3**	**2**	**2**
39	Other Clinical Activity - *specify:*										
40	Dischrg mgmt same day (0.5 x 99238) (enter 6 min)			**n/a**	**n/a**	**n/a**	**n/a**	**n/a**	**n/a**	**n/a**	**n/a**
41	Dischrg mgmt (1.0 x 99238) (enter 12 min)			**n/a**	**n/a**	**n/a**	**n/a**	**n/a**	**n/a**	**n/a**	**n/a**
42	Dischrg mgmt (1.0 x 99239) (enter 15 min)			**n/a**	**n/a**	**n/a**	**n/a**	**n/a**	**n/a**	**n/a**	**n/a**
43	**End: Patient leaves office**										
44	**POST-SERVICE Period**										
45	**Start: Patient leaves office/facility**										
46	Conduct phone calls/call in prescriptions										
47	***Office visits: List Number and Level of Office Visits***			**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**
48	99211 16 minutes		16								
49	99212 27 minutes		27								
50	99213 36 minutes		36								
51	99214 53 minutes		53								
52	99215 63 minutes		63								
53	**Total Office Visit Time**			**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
54	Other Clinical Activity - *specify:*										
55	**End: with last office visit before end of global period**										
56	**MEDICAL SUPPLIES**	**CODE**	**UNIT**								
57	pack, minimum multi-specialty visit	SA048	pack	**1**	**1**	**1**	**1**	**1**	**1**	**1**	**1**
58	paper, exam table	SB036	foot	**7 ft.**	**7 ft.**	**7 ft.**	**7 ft.**	**7 ft.**	**7 ft.**	**7 ft.**	**7 ft.**
60	**EQUIPMENT**	**CODE**									
61	table, mobolization-manipulation (Lloyd's)	EF029		**7 min.**	**10 min.**	**10 min.**	**11 min.**	**12 min.**	**11 min.**	**8 min.**	**10 min.**

AMA/Specialty Society RVS Update Committee
Recommendation for Practice Expense
Pre-Service Time for 000 Day Globals in the Facility

The RUC recommends the following modification to Pre-Service Time for 000 Day Globals in the Facility for the listed codes.

CPT Code	Global	Short Descriptor	Pre-Serv Facility (Min.)	Modified Minutes	Dominant Specialty
20900	000	REMOVAL OF BONE FOR GRAFT	60	30	ORTHOPEDIC SURGERY
20902	000	REMOVAL OF BONE FOR GRAFT	60	30	ORTHOPEDIC SURGERY
33224	000	INSERT PACING LEAD & CONNECT	35	30	CARDIOLOGY
33226	000	REPOSITION L VENTRIC LEAD	35	30	CARDIOLOGY
36800	000	INSERTION OF CANNULA	60	0	GENERAL SURGERY
36861	000	CANNULA DECLOTTING	37	0	GENERAL SURGERY
37201	000	TRANSCATHETER THERAPY INFUSE	45	0	DIAGNOSTIC RADIOLOGY
37202	000	TRANSCATHETER THERAPY INFUSE	45	0	CARDIOLOGY
50953	000	ENDOSCOPY OF URETER	60	30	UROLOGY
50955	000	URETER ENDOSCOPY & BIOPSY	60	30	UROLOGY
51726	000	COMPLEX CYSTOMETROGRAM	41	30	UROLOGY
51785	000	ANAL/URINARY MUSCLE STUDY	34	30	UROLOGY
52250	000	CYSTOSCOPY AND RADIOTRACER	37	30	UROLOGY
52276	000	CYSTOSCOPY AND TREATMENT	32	30	UROLOGY
52277	000	CYSTOSCOPY AND TREATMENT	37	30	UROLOGY
52282	000	CYSTOSCOPY IMPLANT STENT	31	30	UROLOGY
52290	000	CYSTOSCOPY AND TREATMENT	31	30	UROLOGY
52300	000	CYSTOSCOPY AND TREATMENT	36	30	UROLOGY
52301	000	CYSTOSCOPY AND TREATMENT	36	30	UROLOGY
52334	000	CREATE PASSAGE TO KIDNEY	31	30	UROLOGY
52341	000	CYSTO W/URETER STRICTURE TX	42	30	UROLOGY
52342	000	CYSTO W/UP STRICTURE TX	42	30	UROLOGY
52343	000	CYSTO W/RENAL STRICTURE TX	42	30	UROLOGY
52344	000	CYSTO/URETERO STRICTURE TX	55	30	UROLOGY
52345	000	CYSTO/URETERO W/UP STRICTURE	55	30	UROLOGY

52346	000	CYSTOURETERO W/RENAL STRICT	55	30	UROLOGY
52351	000	CYSTOURETERO & OR PYELOSCOPE	45	30	UROLOGY
52352	000	CYSTOURETERO W/STONE REMOVE	50	30	UROLOGY
52353	000	CYSTOURETERO W/LITHOTRIPSY	50	30	UROLOGY
52354	000	CYSTOURETERO W/BIOPSY	50	30	UROLOGY
52355	000	CYSTOURETERO W/EXCISE TUMOR	50	30	UROLOGY
54100	000	BIOPSY OF PENIS	33	30	DERMATOLOGY
61000	000	REMOVE CRANIAL CAVITY FLUID	60	15	UROLOGY
61001	000	REMOVE CRANIAL CAVITY FLUID	60	15	UROLOGY
61020	000	REMOVE BRAIN CAVITY FLUID	60	15	NEUROSURGERY
61026	000	INJECTION INTO BRAIN CANAL	60	15	NEUROSURGERY
61050	000	REMOVE BRAIN CANAL FLUID	60	15	DIAGNOSTIC RADIOLOGY
61055	000	INJECTION INTO BRAIN CANAL	60	15	DIAGNOSTIC RADIOLOGY
61070	000	BRAIN CANAL SHUNT PROCEDURE	60	15	NEUROSURGERY
62268	000	DRAIN SPINAL CORD CYST	36	30	DIAGNOSTIC RADIOLOGY
67346	000	BIOPSY EYE MUSCLE	42	30	OPHTHALMOLOGY
68100	000	BIOPSY OF EYELID LINING	32	30	OPHTHALMOLOGY
93530	000	RT HEART CATH CONGENITAL	35	30	CARDIOLOGY
93531	000	R & L HEART CATH CONGENITAL	35	30	CARDIOLOGY
93532	000	R & L HEART CATH CONGENITAL	35	30	CARDIOLOGY
93533	000	R & L HEART CATH CONGENITAL	35	30	CARDIOLOGY
93580	000	TRANSCATH CLOSURE OF ASD	35	30	CARDIOLOGY
93581	000	TRANSCATH CLOSURE OF VSD	35	30	CARDIOLOGY

AMA/Specialty Society RVS Update Committee
Pre-Service Time for 000 Day Globals Workgroup
August 30, 2012 Conference Call

Members on call: *Neal Cohen (Chair), Tim Laing, Brian Sims, Bob Stomel and Tye Ouzounian*
AMA Staff: *Sherry Smith; Samantha Ashley*

The Workgroup met via conference call on Thursday August 30, 2012 to review specialty comments on 48 CPT codes with over 30 minutes of pre-service time in the facility setting. Part of the Workgroup's charge was to "review prior RUC PE recommendations to CMS and modify if necessary." After the first conference call in March, analysis of the codes informed the Workgroup that 48 of the 615 000 global codes that are assigned pre-service time exceed the maximum pre-service time of 30 minutes. On that call it was decided that prior recommendations that were approved by the PE Subcommittee will not be altered for the majority of the codes; current standards will be implemented moving forward. However for the 48 codes that include over 30 minutes of pre-service time, the Workgroup made the following recommendations:

- If errors in the assignment of minutes are identified the minutes will be modified appropriately.
- If no error is found, the minutes will be reduced to 30 minutes for extensive use of clinical staff.
- The dominant specialty for each of the 48 codes should review the codes and submit comments to AMA staff if they feel that the modification is not appropriate.
- The Workgroup will review the 48 codes and specialty comments regarding the codes, prior to the October RUC Meeting and the Workgroup's recommendation for modification of the minutes will be reviewed by the PE Subcommittee at the October meeting.

The Workgroup received comments from the specialties. The first 8 codes listed were identified as having errors in the assignment of minutes and were modified to the standard of 0 minutes of pre-service time for 000 globals. Orthopedic Surgery commented that although the first 2 codes listed (20900, 20902) should not have 60 minutes of pre-service time, clinical activities are necessary in the pre-service period. The Workgroup agreed with the specialty's rationale for 30 minutes of pre-service time. Cardiology commented that the next two codes listed (33224, 33226) were not assigned minutes in error and clinical activities are necessary in the pre-service period. The Workgroup agreed with the specialty that these codes should not have been modified to 0 and agrees with the specialty's rationale for 30 minutes of pre-service time. The 48 codes with modifications are listed in the table below. More detailed rationale for these modifications and specialty comments can be found in the document entitled "48 Codes Time Descriptions_SpecialtyComments". **The Workgroup approved these modified minutes with the changes listed due to specialty comments and recommends them to the PE Subcommittee.**

CPT Code	Global	Short Descriptor	Pre-Serv Facility (Min.)	Modified Minutes	Recommended Modified Minutes due to Specialty Comments	Dominant Specialty
20900	000	REMOVAL OF BONE FOR GRAFT	60	0	30	ORTHOPEDIC SURGERY
20902	000	REMOVAL OF BONE FOR GRAFT	60	0	30	ORTHOPEDIC SURGERY
33224	000	INSERT PACING LEAD & CONNECT	35	0	30	CARDIOLOGY

33226	000	REPOSITION L VENTRIC LEAD	35	0	30	CARDIOLOGY
36800	000	INSERTION OF CANNULA	60	0		GENERAL SURGERY
36861	000	CANNULA DECLOTTING	37	0		GENERAL SURGERY
37201	000	TRANSCATHETER THERAPY INFUSE	45	0		DIAGNOSTIC RADIOLOGY
37202	000	TRANSCATHETER THERAPY INFUSE	45	0		CARDIOLOGY
50953	000	ENDOSCOPY OF URETER	60	30		UROLOGY
50955	000	URETER ENDOSCOPY & BIOPSY	60	30		UROLOGY
51726	000	COMPLEX CYSTOMETROGRAM	41	30		UROLOGY
51785	000	ANAL/URINARY MUSCLE STUDY	34	30		UROLOGY
52250	000	CYSTOSCOPY AND RADIOTRACER	37	30		UROLOGY
52276	000	CYSTOSCOPY AND TREATMENT	32	30		UROLOGY
52277	000	CYSTOSCOPY AND TREATMENT	37	30		UROLOGY
52282	000	CYSTOSCOPY IMPLANT STENT	31	30		UROLOGY
52290	000	CYSTOSCOPY AND TREATMENT	31	30		UROLOGY
52300	000	CYSTOSCOPY AND TREATMENT	36	30		UROLOGY
52301	000	CYSTOSCOPY AND TREATMENT	36	30		UROLOGY
52334	000	CREATE PASSAGE TO KIDNEY	31	30		UROLOGY
52341	000	CYSTO W/URETER STRICTURE TX	42	30		UROLOGY
52342	000	CYSTO W/UP STRICTURE TX	42	30		UROLOGY
52343	000	CYSTO W/RENAL STRICTURE TX	42	30		UROLOGY
52344	000	CYSTO/URETERO STRICTURE TX	55	30		UROLOGY
52345	000	CYSTO/URETERO W/UP STRICTURE	55	30		UROLOGY
52346	000	CYSTOURETERO W/RENAL STRICT	55	30		UROLOGY
52351	000	CYSTOURETERO & OR PYELOSCOPE	45	30		UROLOGY
52352	000	CYSTOURETERO W/STONE REMOVE	50	30		UROLOGY
52353	000	CYSTOURETERO W/LITHOTRIPSY	50	30		UROLOGY
52354	000	CYSTOURETERO W/BIOPSY	50	30		UROLOGY
52355	000	CYSTOURETERO W/EXCISE TUMOR	50	30		UROLOGY
54100	000	BIOPSY OF PENIS	33	30		DERMATOLOGY
61000	000	REMOVE CRANIAL CAVITY FLUID	60	15		UROLOGY
61001	000	REMOVE CRANIAL CAVITY FLUID	60	15		

61020	000	REMOVE BRAIN CAVITY FLUID	60	15		NEUROSURGERY
61026	000	INJECTION INTO BRAIN CANAL	60	15		NEUROSURGERY
61050	000	REMOVE BRAIN CANAL FLUID	60	15		DIAGNOSTIC RADIOLOGY
61055	000	INJECTION INTO BRAIN CANAL	60	15		DIAGNOSTIC RADIOLOGY
61070	000	BRAIN CANAL SHUNT PROCEDURE	60	15		NEUROSURGERY
62268	000	DRAIN SPINAL CORD CYST	36	30		DIAGNOSTIC RADIOLOGY
67346	000	BIOPSY EYE MUSCLE	42	30		OPHTHALMOLOGY
68100	000	BIOPSY OF EYELID LINING	32	30		OPHTHALMOLOGY
93530	000	RT HEART CATH CONGENITAL	35	30		CARDIOLOGY
93531	000	R & L HEART CATH CONGENITAL	35	30		CARDIOLOGY
93532	000	R & L HEART CATH CONGENITAL	35	30		CARDIOLOGY
93533	000	R & L HEART CATH CONGENITAL	35	30		CARDIOLOGY
93580	000	TRANSCATH CLOSURE OF ASD	35	30		CARDIOLOGY
93581	000	TRANSCATH CLOSURE OF VSD	35	30		CARDIOLOGY

Review of Prior RUC PE Recommendations

Part of the Workgroup's charge was to "review prior RUC PE recommendations to CMS and modify if necessary." Analysis of the codes informed the Workgroup that 48 of the 615 000 global codes that are assigned pre-service time exceed the maximum pre-service time of 30 minutes. It was decided that prior recommendations that were approved by the PE Subcommittee will not be altered for the majority of the codes; current standards will be implemented moving forward. However for the 48 codes that include **over** 30 minutes of pre-service time, the Workgroup made the following recommendations:

- If errors in the assignment of minutes are identified the minutes will be modified appropriately.
- If no error is found, the minutes will be reduced to 30 minutes for extensive use of clinical staff.
- The dominant specialty for each of the 48 codes should review the codes and submit comments to AMA staff if they feel that the time should not be reduced to 30 minutes.
- The Workgroup will review the 48 codes and specialty comments regarding the codes, prior to the October RUC Meeting and the Workgroup's recommendation for modification of the minutes will be reviewed by the PE Subcommittee at the October meeting.
- The 48 codes are listed in the table below:

CPT Code	Global	Short Descriptor	Pre-Serv Facility (Min.)	Modified Minutes	Recommended Modified Minutes due to Specialty Comments	Dominant Specialty
20900	000	REMOVAL OF BONE FOR GRAFT	60	0	30	ORTHOPEDIC SURGERY
20902	000	REMOVAL OF BONE FOR GRAFT	60	0	30	ORTHOPEDIC SURGERY
33224	000	INSERT PACING LEAD & CONNECT	35	0	30	CARDIOLOGY
33226	000	REPOSITION L VENTRIC LEAD	35	0	30	CARDIOLOGY
36800	000	INSERTION OF CANNULA	60	0		GENERAL SURGERY
36861	000	CANNULA DECLOTTING	37	0		GENERAL SURGERY
37201	000	TRANSCATHETER THERAPY INFUSE	45	0		DIAGNOSTIC RADIOLOGY
37202	000	TRANSCATHETER THERAPY INFUSE	45	0		CARDIOLOGY
50953	000	ENDOSCOPY OF URETER	60	30		UROLOGY
50955	000	URETER ENDOSCOPY & BIOPSY	60	30		UROLOGY
51726	000	COMPLEX CYSTOMETROGRAM	41	30		UROLOGY
51785	000	ANAL/URINARY MUSCLE STUDY	34	30		UROLOGY
52250	000	CYSTOSCOPY AND RADIOTRACER	37	30		UROLOGY
52276	000	CYSTOSCOPY AND TREATMENT	32	30		UROLOGY

52277	000	CYSTOSCOPY AND TREATMENT	37	30		UROLOGY
52282	000	CYSTOSCOPY IMPLANT STENT	31	30		UROLOGY
52290	000	CYSTOSCOPY AND TREATMENT	31	30		UROLOGY
52300	000	CYSTOSCOPY AND TREATMENT	36	30		UROLOGY
52301	000	CYSTOSCOPY AND TREATMENT	36	30		UROLOGY
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52343	000	CYSTO W/RENAL STRICTURE TX	42	30		UROLOGY
52344	000	CYSTO/URETERO STRICTURE TX	55	30		UROLOGY
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52351	000	CYSTOURETERO & OR PYELOSCOPE	45	30		UROLOGY
52352	000	CYSTOURETERO W/STONE REMOVE	50	30		UROLOGY
52353	000	CYSTOURETERO W/LITHOTRIPSY	50	30		UROLOGY
52354	000	CYSTOURETERO W/BIOPSY	50	30		UROLOGY
52355	000	CYSTOURETERO W/EXCISE TUMOR	50	30		UROLOGY
54100	000	BIOPSY OF PENIS	33	30		DERMATOLOGY
61000	000	REMOVE CRANIAL CAVITY FLUID	60	15		UROLOGY
61001	000	REMOVE CRANIAL CAVITY FLUID	60	15		
61020	000	REMOVE BRAIN CAVITY FLUID	60	15		NEUROSURGERY
61026	000	INJECTION INTO BRAIN CANAL	60	15		NEUROSURGERY
61050	000	REMOVE BRAIN CANAL FLUID	60	15		DIAGNOSTIC RADIOLOGY
61055	000	INJECTION INTO BRAIN CANAL	60	15		DIAGNOSTIC RADIOLOGY
61070	000	BRAIN CANAL SHUNT PROCEDURE	60	15		NEUROSURGERY
62268	000	DRAIN SPINAL CORD CYST	36	30		DIAGNOSTIC RADIOLOGY
67346	000	BIOPSY EYE MUSCLE	42	30		OPHTHALMOLOGY
68100	000	BIOPSY OF EYELID LINING	32	30		OPHTHALMOLOGY
93530	000	RT HEART CATH CONGENITAL	35	30		CARDIOLOGY
93531	000	R & L HEART CATH CONGENITAL	35	30		CARDIOLOGY

93532	000	R & L HEART CATH CONGENITAL	35	30		CARDIOLOGY
93533	000	R & L HEART CATH CONGENITAL	35	30		CARDIOLOGY
93580	000	TRANSCATH CLOSURE OF ASD	35	30		CARDIOLOGY
93581	000	TRANSCATH CLOSURE OF VSD	35	30		CARDIOLOGY

20900 – This code was identified by the RUC's Five-Year Review Identification Workgroup as a site of service anomaly. The code was reported as occurring in the outpatient setting and the RUC recommended that it be changed to a 000 day global. When it was reviewed for PE the pre-service time for a facility setting was maintained from when the code was a 090 day global even though it had changed to a 000 day global. This was an error and it was determined by the workgroup that this code should be modified to the standard of zero minutes of pre-service time for a 000 day global.

In summary, the specialties comments stated that the services were never reviewed for PE after the change from a 090 day global to a 000 day global. This is what led to the error of the 60 minutes of pre-service clinical labor time in the facility setting being maintained. Had the PE subcommittee reviewed RAW identified codes at the time, we believe the PE subcommittee would have adjusted the 60 minutes to 30 minutes to be consistent with other facility based 000 global period codes where there is clinical labor time involved in the typical patient care. The Workgroup agrees with the specialty that although the previous allocation of 60 minutes is incorrect, there is considerable clinical labor work for these procedures. The Workgroup further agrees that this code should be reduced from 60 minutes to 30 minutes (rather than 0) of pre-service time in the facility.

20902 – This code was identified by the RUC's Five-Year Review Identification Workgroup as a site of service anomaly. The code was reported as occurring in the outpatient setting and the RUC recommended that it be changed to a 000 day global. When it was reviewed for PE the pre-service time for a facility setting was maintained from when the code was a 090 day global even though it had changed to a 000 day global. This was an error and it was determined by the workgroup that this code should be modified to the standard of zero minutes of pre-service time for a 000 day global.

In summary, the specialties comments stated that the services were never reviewed for PE after the change from a 090 day global to a 000 day global. This is what led to the error of the 60 minutes of pre-service clinical labor time in the facility setting being maintained. Had the PE subcommittee reviewed RAW identified codes at the time, we believe the PE subcommittee would have adjusted the 60 minutes to 30 minutes to be consistent with other facility based 000 global period codes where there is clinical labor time involved in the typical patient care. The Workgroup agrees with the specialty that although the previous allocation of 60 minutes is incorrect, there is considerable clinical labor work for these procedures. The Workgroup further agrees that this code should be reduced from 60 minutes to 30 minutes (rather than 0) of pre-service time in the facility.

33224 – When this code was last reviewed in April 2002 the RUC recommended that it be change from a 090 to a 000 day global code. When it was reviewed for PE the pre-service time for a facility setting was maintained from when the code was a 090 day global even though it had changed to a 000 day global. This was an error and it was determined by the workgroup that this code should be modified to the standard of zero minutes of pre-service time for a 000 day global.

The specialty pointed out that the full rationale, which had been cut off in the RUC database made the case for retaining pre-service time in the facility setting after this was changed from a 090 to a 000 day global code. There is time needed for Complete pre-service diagnostic & referral forms, Coordinate pre-surgery services, Schedule space and equipment in facility, Provide pre-service education/obtain consent and Follow-up phone calls & prescriptions. As the pre-service time was determined not to be an error the Workgroup agrees that this code should be reduced from 35 minutes to 30 minutes (rather than 0) of pre-service time in the facility.

33226 – When this code was last reviewed in April 2002 the RUC recommended that it be change from a 090 to a 000 day global code. When it was reviewed for PE the pre-service time for a facility setting was maintained from when the code was a 090 day global even though it had changed to a 000 day global. This was an error and it was determined by the workgroup that this code should be modified to the standard of zero minutes of pre-service time for a 000 day global.

The specialty pointed out that the full rationale, which had been cut off in the RUC database made the case for retaining pre-service time in the facility setting after this was changed from a 090 to a 000 day global code. There is time needed for Complete pre-service diagnostic & referral forms, Coordinate pre-surgery services, Schedule space and equipment in facility, Provide pre-service education/obtain consent and Follow-up phone calls & prescriptions. As the pre-service time was determined not to be an error the Workgroup agrees that this code should be reduced from 35 minutes to 30 minutes (rather than 0) of pre-service time in the facility.

36800 – When this code was last reviewed in September 2002 the RUC recommended that it have zero direct practice expense inputs, however 60 minutes of pre-service time was maintained in the nonfacility. This was an error and it was determined by the workgroup that this code should be modified to the standard of zero minutes of pre-service time for a 000 day global.

36861 – When this code was last reviewed in March 2001 the RUC recommended that it have zero direct practice expense inputs, however 37 minutes of pre-service time was maintained in the nonfacility. This was an error and it was determined by the workgroup that this code should be modified to the standard of zero minutes of pre-service time for a 000 day global.

37201 – When this code was last reviewed in March 2001 the RUC recommended that it have zero direct practice expense inputs, however 45 minutes of pre-service time was maintained in the nonfacility. This was an error and it was determined by the workgroup that this code should be modified to the standard of zero minutes of pre-service time for a 000 day global.

37202 – When this code was last reviewed in January 2003 the RUC recommended that it have zero direct practice expense inputs, however 45 minutes of pre-service time was maintained in the nonfacility. This was an error and it was determined by the workgroup that this code should be modified to the standard of zero minutes of pre-service time for a 000 day global

50953 – When this code was last reviewed at the August 2003 RUC meeting the PE spreadsheet submitted indicated a total of 30 minutes, however the breakdown of clinical activities totaled 60 minutes.

50955 – When this code was last reviewed at the August 2003 RUC meeting the PE spreadsheet submitted indicated a total of 60 minutes.

51726 – No PE information available.

51785 – When this code was last reviewed more minutes than the standard were allocated for some clinical activities.

52250 – When this code was last reviewed more minutes than the standard were allocated for some clinical activities.

52276 – When this code was last reviewed more minutes than the standard were allocated for some clinical activities.

52277 – When this code was last reviewed more minutes than the standard were allocated for some clinical activities.

52282 – When this code was last reviewed more minutes than the standard were allocated for some clinical activities.

52290 – When this code was last reviewed more minutes than the standard were allocated for some clinical activities.

52300 – When this code was last reviewed more minutes than the standard were allocated for some clinical activities.

52301 – When this code was last reviewed more minutes than the standard were allocated for some clinical activities.

52334 – When this code was last reviewed more minutes than the standard were allocated for some clinical activities.

52341 – When this code was last reviewed more minutes than the standard were allocated for some clinical activities.

52342 – When this code was last reviewed more minutes than the standard were allocated for some clinical activities.

52343 – When this code was last reviewed more minutes than the standard were allocated for some clinical activities.

52344 – When this code was last reviewed more minutes than the standard were allocated for some clinical activities.

52345 – When this code was last reviewed more minutes than the standard were allocated for some clinical activities.

52346 – When this code was last reviewed more minutes than the standard were allocated for some clinical activities.

52351 – When this code was last reviewed more minutes than the standard were allocated for some clinical activities.

52352 – When this code was last reviewed more minutes than the standard were allocated for some clinical activities.

52353 – When this code was last reviewed more minutes than the standard were allocated for some clinical activities.

52354 – When this code was last reviewed more minutes than the standard were allocated for some clinical activities.

52355 – When this code was last reviewed more minutes than the standard were allocated for some clinical activities.

54100 – When this code was reviewed in January 2003 the RUC recommended that it have 30 minutes pre-service time. PE was reviewed for nonfacility only in March 2004, however the records are unclear on what the rationale was to change it to 33 minutes in the facility if that change was made at that time. It was determined by the workgroup that this code should be modified to 30 minutes of pre-service time for a 000 day global.

61000 – When this code was last reviewed in March 2002 the RUC recommended that it have 15 minutes pre-service time, however 60 minutes of pre-service time was maintained in the nonfacility. This was an error and it was determined by the workgroup that this code should be modified to 15 minutes of pre-service time for a 000 day global.

61001 – When this code was last reviewed in March 2002 the RUC recommended that it have 15 minutes pre-service time, however 60 minutes of pre-service time was maintained in the nonfacility. This was an error and it was determined by the workgroup that this code should be modified to 15 minutes of pre-service time for a 000 day global.

61020 – When this code was last reviewed in March 2002 the RUC recommended that it have 15 minutes pre-service time, however 60 minutes of pre-service time was maintained in the nonfacility. This was an error and it was determined by the workgroup that this code should be modified to 15 minutes of pre-service time for a 000 day global.

61026 – When this code was last reviewed in March 2002 the RUC recommended that it have 15 minutes pre-service time, however 60 minutes of pre-service time was maintained in the nonfacility. This was an error and it was determined by the workgroup that this code should be modified to 15 minutes of pre-service time for a 000 day global.

61050 – When this code was last reviewed in March 2002 the RUC recommended that it have 15 minutes pre-service time, however 60 minutes of pre-service time was maintained in the nonfacility. This was an error and it was determined by the workgroup that this code should be modified to 15 minutes of pre-service time for a 000 day global.

61055 – When this code was last reviewed in March 2002 the RUC recommended that it have 15 minutes pre-service time, however 60 minutes of pre-service time was maintained in the nonfacility. This was an error and it was determined by the workgroup that this code should be modified to 15 minutes of pre-service time for a 000 day global.

61070 – When this code was last reviewed in March 2002 the RUC recommended that it have 15 minutes pre-service time, however 60 minutes of pre-service time was maintained in the nonfacility. This was an error and it was determined by the workgroup that this code should be modified to 15 minutes of pre-service time for a 000 day global.

62268 – When this code was reviewed in January 2003 the RUC recommended that it have 30 minutes pre-service time. PE was reviewed reviewed in April 2010, however the records are unclear on what the rationale was to change it to 36 minutes if that change was made at that time. It was determined by the workgroup that this code should be modified to 30 minutes of pre-service time for a 000 day global.

67346 – No PE information available.

68100 – When this code was last reviewed an additional clinical activity was added to the standards, *Office visit before surgery/procedure: Review test and exam results,* and allocated 5 minutes of clinical staff time.

93530 – When this code was last reviewed in April 2007 the RUC only made a recommendation for time in the non-facility setting, and no recommendation for pre-service time in the facility setting.

93531 – When this code was last reviewed in April 2007 the RUC only made a recommendation for time in the non-facility setting, and no recommendation for pre-service time in the facility setting.

93532 – When this code was last reviewed in April 2007 the RUC only made a recommendation for time in the non-facility setting, and no recommendation for pre-service time in the facility setting.

93533 – When this code was last reviewed in April 2007 the RUC only made a recommendation for time in the non-facility setting, and no recommendation for pre-service time in the facility setting.

93580 – This code has not been reviewed by the PE Subcommittee.

93581 – This code has not been reviewed by the PE Subcommittee.

AMA/Specialty Society RVS Update Committee
Pre-Service Time for 000 Day Globals Workgroup
March 22, 2012

Members: *Neal Cohen (Chair), Guy Orangio, Joel Bradley, Tim Laing, Brian Sims, Bob Stomel and Tye Ouzounian*
AMA Staff: *Sherry Smith; Samantha Ashley*

The Workgroup met via conference call on Thursday March 22, 2012 to discuss the request of the PE Subcommittee to review pre-service time for 000 day globals. At the January 2012 meeting the Subcommittee recognized that there are 000 day global codes performed primarily in the facility setting that have requested pre-service time based on comparison codes. The PE Subcommittee noted that these codes may not be handled consistently and reviewed the RUC's previous standard that states pre-service time should not be assigned to 000 day global codes, unless the specialty can substantiate it. The PE Subcommittee therefore charged this Workgroup to address the following issues:

1. Determine if the current standard for assignment of pre-service time for services and procedures performed in the facility setting should remain 0 minutes for 000 and 010 day global codes.
2. Review and try to determine the reasons for the variability in assigned pre-service time for those 000 day global codes for which pre-service time was approved.
3. Define what activities warrant assigning pre-service time for 000 and 010 day global codes in the facility setting
4. Define "standard" pre-service times for more complex services or procedures, if appropriate
5. Review prior RUC PE recommendations and modify the assigned pre-service times, if appropriate

Pre-Service Time Standards for 000 Day Global Codes in the facility

The workgroup reviewed the previous decisions made by the PE Subcommittee regarding assignment of pre-service time. The current policy regarding allocation of pre-service time is as follows:

The standard for any 000 and 010 day code is zero unless the specialty presents compelling evidence that any pre-service time is warranted. However, the PEAC adopted the following 0 and 10 day clinical labor pre-time allocation only if the specialty could provide justification. The standards for pre-service time, if justified are as follows:

Description of Clinical Activities - 000 and 010	FACILITY	NON FACILITY
Complete pre-service diagnostic and referral forms	5	5
Coordinate pre-service surgery services	10	3
Schedule space and equipment in facility	5	0
Provide pre-service education/obtain consent	7	7
Follow-up phone call and prescriptions	3	3
Other Clinical Activity	0	0
TOTAL	30	18

Reasons for variability in allocation of pre-service times

The workgroup noted that although the standard pre-service time should be 0 unless there is specific justification for allocating any time, allocation of time above is becoming a standard. Many specialties

have requested pre-service time since the policy was established, resulting in 62% of the 985 000 day global codes being assigned pre-service time, of those codes 31% are assigned 30 minutes. The Workgroup members also raised concerns that for many of these codes, there was insufficient compelling evidence to warrant allocation of pre-service time.

The Workgroup recommends that the use of comparison codes to justify pre-service time for 000 day globals no longer be accepted. Specialties must provide compelling evidence in their rationale (which should be in the PE SoR document) to explain the reason that pre-service clinical staff time in the office is needed when a procedure is performed in the facility. Specialties should also discuss their rationale when they present their recommendations to the PE subcommittee.

What activities warrant assigning pre-service times

The workgroup discussed that although the max of 30 minutes of pre-service time is not appropriate for most 000 and 010 day globals, the standard of 0 is also not appropriate for all codes. The workgroup decided that there should be stratified levels of time for any pre-service activities to facilitate a more accurate assessment of whether or not pre-service time for a 000 and 010 day global is justified. The categories as outlined above provide appropriate description of those activities for which pre-service time *may* be required.

RECOMMENDATIONS:

1. **After review of the data, the workgroup recommends that the standard pre-service time for 000 and 010 day global codes should remain 0.**

2. **The Workgroup acknowledges that pre-service time is required for some of these codes. It therefore recommends that assignment of any pre-service time to 000 day global codes must include appropriate justification and compelling evidence.**

3. **The workgroup proposes the following pre-service standards for clinical staff time for 000 and 010 day global period codes:**

Recommended Allocation of Pre-Service Time for 000 and 010 Day Globals

	Standard use of Clinical Staff	Minimal use of Clinical Staff	Extensive use of Clinical Staff
Description of Clinical Activities	FACILITY	FACILITY	FACILITY
Complete pre-service diagnostic and referral forms	0	3	5
Coordinate pre-service surgery services	0	3	10
Schedule space and equipment in facility	0	3	5
Provide pre-service education/obtain consent	0	3	7
Follow-up phone call and prescriptions	0	3	3
Other Clinical Activity	0	0	0
TOTAL	0	15	30

The proposed times are meant to be guidelines and are not predetermined for any code. Specialties can recommend 1-15 minutes of pre-service time, distributed in whatever way is typical, for codes that make minimal use of clinical staff. Specialties can recommend 16-30 minutes of pre-service time, distributed in whichever way is typical, for codes that make minimal use of clinical staff.

Review of Prior RUC PE Recommendations

Part of the Workgroup's charge was to "review prior RUC PE recommendations to CMS and modify if necessary." Analysis of the codes informed the Workgroup that 48 of the 615 000 global codes that are assigned pre-service time exceed the maximum pre-service time of 30 minutes. It was decided that prior recommendations that were approved by the PE Subcommittee will not be altered for the majority of the codes; current standards will be implemented moving forward. However for the 48 codes that include over 30 minutes of pre-service time, the Workgroup made the following recommendations:

- If errors in the assignment of minutes are identified the minutes will be modified appropriately.
- If no error is found, the minutes will be reduced to 30 minutes for extensive use of clinical staff.
- The dominant specialty for each of the 48 codes should review the codes and submit comments to AMA staff if they feel that the time should not be reduced to 30 minutes.
- The Workgroup will review the 48 codes and specialty comments regarding the codes, prior to the October RUC Meeting and the Workgroup's recommendation for modification of the minutes will be reviewed by the PE Subcommittee at the October meeting.
- The 48 codes are listed in the table below:

CPT Code	Short Descriptor	Global	Pre-Serv Facility (Min.)	Dominant Specialty
20900	REMOVAL OF BONE FOR GRAFT	000	60	ORTHOPEDIC SURGERY
20902	REMOVAL OF BONE FOR GRAFT	000	60	ORTHOPEDIC SURGERY
33224	INSERT PACING LEAD & CONNECT	000	35	CARDIOLOGY
33226	REPOSITION L VENTRIC LEAD	000	35	CARDIOLOGY
36800	INSERTION OF CANNULA	000	60	GENERAL SURGERY
36861	CANNULA DECLOTTING	000	37	GENERAL SURGERY
37201	TRANSCATHETER THERAPY INFUSE	000	45	DIAGNOSTIC RADIOLOGY
37202	TRANSCATHETER THERAPY INFUSE	000	45	CARDIOLOGY
50953	ENDOSCOPY OF URETER	000	60	UROLOGY
50955	URETER ENDOSCOPY & BIOPSY	000	60	UROLOGY
51726	COMPLEX CYSTOMETROGRAM	000	41	UROLOGY
51785	ANAL/URINARY MUSCLE STUDY	000	34	UROLOGY
52250	CYSTOSCOPY AND RADIOTRACER	000	37	UROLOGY
52276	CYSTOSCOPY AND TREATMENT	000	32	UROLOGY
52277	CYSTOSCOPY AND TREATMENT	000	37	UROLOGY
52282	CYSTOSCOPY IMPLANT STENT	000	31	UROLOGY
52290	CYSTOSCOPY AND TREATMENT	000	31	UROLOGY
52300	CYSTOSCOPY AND TREATMENT	000	36	UROLOGY
52301	CYSTOSCOPY AND TREATMENT	000	36	UROLOGY
52334	CREATE PASSAGE TO KIDNEY	000	31	UROLOGY
52341	CYSTO W/URETER STRICTURE TX	000	42	UROLOGY
52342	CYSTO W/UP STRICTURE TX	000	42	UROLOGY
52343	CYSTO W/RENAL STRICTURE TX	000	42	UROLOGY

52344	CYSTO/URETERO STRICTURE TX	000	55	UROLOGY
52345	CYSTO/URETERO W/UP STRICTURE	000	55	UROLOGY
52346	CYSTOURETERO W/RENAL STRICT	000	55	UROLOGY
52351	CYSTOURETERO & OR PYELOSCOPE	000	45	UROLOGY
52352	CYSTOURETERO W/STONE REMOVE	000	50	UROLOGY
52353	CYSTOURETERO W/LITHOTRIPSY	000	50	UROLOGY
52354	CYSTOURETERO W/BIOPSY	000	50	UROLOGY
52355	CYSTOURETERO W/EXCISE TUMOR	000	50	UROLOGY
54100	BIOPSY OF PENIS	000	33	DERMATOLOGY
61000	REMOVE CRANIAL CAVITY FLUID	000	60	UROLOGY
61001	REMOVE CRANIAL CAVITY FLUID	000	60	
61020	REMOVE BRAIN CAVITY FLUID	000	60	NEUROSURGERY
61026	INJECTION INTO BRAIN CANAL	000	60	NEUROSURGERY
61050	REMOVE BRAIN CANAL FLUID	000	60	DIAGNOSTIC RADIOLOGY
61055	INJECTION INTO BRAIN CANAL	000	60	DIAGNOSTIC RADIOLOGY
61070	BRAIN CANAL SHUNT PROCEDURE	000	60	NEUROSURGERY
62268	DRAIN SPINAL CORD CYST	000	36	DIAGNOSTIC RADIOLOGY
67346	BIOPSY EYE MUSCLE	000	42	OPHTHALMOLOGY
68100	BIOPSY OF EYELID LINING	000	32	OPHTHALMOLOGY
93530	RT HEART CATH CONGENITAL	000	35	CARDIOLOGY
93531	R & L HEART CATH CONGENITAL	000	35	CARDIOLOGY
93532	R & L HEART CATH CONGENITAL	000	35	CARDIOLOGY
93533	R & L HEART CATH CONGENITAL	000	35	CARDIOLOGY
93580	TRANSCATH CLOSURE OF ASD	000	35	CARDIOLOGY
93581	TRANSCATH CLOSURE OF VSD	000	35	CARDIOLOGY

AMA/Specialty Society RVS Update Committee Summary of Recommendations
CMS High Expenditure Procedural Codes screen

October 2012

Open Treatment of Femoral Fracture

CPT code 27236 was identified by CMS through the High Expenditure Procedure Codes screen in the Medicare Proposed Rule for 2012. At the January 2012 RUC Meeting, the Relativity Assessment Workgroup (RAW) recommended a survey of physician work and practice expense for the October 2012 RUC Meeting.

27236 ***Open treatment of femoral fracture, proximal end, neck, internal fixation or prosthetic replacement***
The RUC reviewed the survey results from 117 orthopaedic and hip and knee surgeons and agreed with the specialty that the median survey times accurately reflect the physician work involved in this service. The following physician time components are recommended: 75 minutes of pre-service time, 90 minutes of intra-service time and 30 minutes of post-service time. Twelve additional minutes were added to the standard pre-service package to account for positioning the patient in the lateral decubitus position. The RUC also agreed with the specialty that the post-operative visits have not changed since the last RUC valuation in 2005 and are identical to the typical visits chosen by the survey respondents.

Prior to valuing the service, the RUC discussed the typical physician work involved for this service. First, the RUC noted that an Evaluation and Management code is not typically performed on the same date of service. The patient is typically admitted the day prior to the procedure with the initial hospital care provided. Second, the specialty explained that while the work descriptor states that this procedure can be either internal fixation or prosthetic replacement, the typical patient undergoes replacement. Thus, the typical patient is older, less active, with more co-morbidities than a patient receiving fixation. Finally, the RUC discussed the physician work involved in the post-operative care of the patient, specifically, the share of work between the surgeon and the hospitalist or internist. The specialty explained that while there are co-management situations, the surgeon is heavily involved in many aspects of the post-management care of the patient, including: removal of sutures; evaluation of periodic imaging and laboratory reports, if needed; review of anticoagulation laboratory values and appropriate medication adjustment; and antibiotic and pain medication adjustments.

The RUC reviewed the survey respondents' estimated work values and agreed with the specialty that the respondents over estimated the physician work involved in this service. Given that there is no compelling evidence that the physician work has changed since the last valuation, the RUC recommends the current work RVU of 17.61, below the survey 25th percentile, for CPT code 27236. To justify this value, the RUC reviewed the key reference service CPT code 27244 *Treatment of intertrochanteric, peritrochanteric, or subtrochanteric femoral fracture; with plate/screw type implant, with or without cerclage* (work RVU= 18.18) and agreed that while the reference code has less intra-service time compared to code 27236, 75 minutes and 90 minutes, respectively, the reference code is a more intense procedure, with more total time, and should thus be valued slightly higher than the surveyed code. The RUC also compared 27236 to MPC code 37215 *Transcatheter placement of intravascular stent(s), cervical carotid artery, percutaneous; with distal embolic protection* (work RVU= 19.68) and agreed that the reference code is a more intense procedure with more intra-service time compared to the surveyed code, 103 minutes and 90 minutes, respectively. Therefore, the RUC agreed that

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the current work RVU of 17.61 accurately values the physician work for code 27236 in comparison to these reference codes. **The RUC recommends a work RVU of 17.61 for CPT code 27236.**

Practice Expense:
The RUC accepted the direct practice expense inputs as modified by the Practice Expense Subcommittee.

CPT Code	CPT Descriptor	Global Period	Work RVU Recommendation
27236	Open treatment of femoral fracture, proximal end, neck, internal fixation or prosthetic replacement	090	17.61 (No Change)

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AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:27236 Tracking Number Original Specialty Recommended RVU: **17.61**
Presented Recommended RVU: **17.61**
Global Period: 090 RUC Recommended RVU: **17.61**

CPT Descriptor: Open treatment of femoral fracture, proximal end, neck, internal fixation or prosthetic replacement

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: An 83-year-old obese female (BMI > 30) with mild dementia, severe osteoporosis, heart disease, and non-insulin dependent diabetes falls and sustains a displaced femoral neck fracture. At operation, she undergoes a cemented, bipolar hemiarthroplasty replacement in the lateral decubitus position.

Percentage of Survey Respondents who found Vignette to be Typical: 91%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 100% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 100%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 49%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? No
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 0%

Is moderate sedation inherent to this procedure in the office setting? No
Percent of survey respondents who stated moderate sedation is typical in the office setting? 0%

Description of Pre-Service Work: Obtaining and reviewing previous medical records, review of chest x-ray, EKG, and pre-operative laboratory work-up. Consultation with the patient's internist, the anesthesiologist, and/or other health professionals (e.g., cardiologist) regarding any pre-operative testing that is required in order to clear the patient for surgery. Communicating with the patient and the patient's family to explain the operative risks and benefits and to obtain informed consent, emphasizing there is a high mortality risk in octogenarians. Review of radiographs, which are used for sizing and ordering of implants. Preoperative work also includes scrubbing; positioning the patient; marking the patient for the planned incision; supervising prepping and draping the patient, as well as ensuring that the surgical instruments and implants that are necessary are present and available in the operative suite.

Description of Intra-Service Work: The skin incision is made down through subcutaneous tissue, followed by a fascial incision and splitting of the gluteus maximus. Dissection is made to identify the greater trochanter, vastus lateralis. The sciatic nerve is at risk. Short external rotators and capsule from posterior intertrochanteric insertions are incised; rotators are tagged and pulled over the sciatic nerve. The leg length is measured. The posterior capsule is then incised and tagged for future repair. The surgeon then attempts to displace the proximal femur anteriorly, thus exposing the femoral head, which remains in the acetabulum. A cut is made along the femoral neck based on pre-operative templating. The femoral head is then removed with a corkscrew. The acetabular socket is exposed and inspected for any signs of damage to the articular cartilage. If there is none, the acetabulum is sized using a trial head. The proximal femur is then delivered up into the wound with flexion and internal rotation of the hip. A box-cutting chisel and awl are used to create a starting hole for the femoral broaches. Beginning with the smallest size broach, the femoral canal is broached to the appropriate size. A trial reduction is performed by attaching a trial femoral head and neck to the broach, and reducing the hip under direct vision. The hip is taken through a range of motion to assess the stability of the hip in flexion/internal rotation and extension/external rotation. Leg lengths are assessed. If the surgeon is not comfortable with the leg length and/or stability,

additional head/neck length combinations are used to achieve stability. The trial hip is then dislocated using a bone hook, and the trial implants are removed. A femoral canal sound is used to determine the size of the femoral canal, and the appropriate sized cement restrictor and distal centralizer are selected. The cement restrictor is impacted into the femoral canal. The femoral canal is then prepared for cementing using pulsatile lavage, a brush, and epinephrine-soaked gauze sponges. Methylmethacrylate cement is then vacuum-mixed. While the cement is curing, it is transferred to a cement gun. When the cement becomes doughy, it is inserted retrograde into the femoral canal. Once the canal is full of cement, the cement column is pressurized using a proximal cement pressurizer. The appropriate sized femoral implant is then inserted into the femoral canal in the appropriate amount of anteversion. Excess cement is removed, and pressure is held on the implant until the cement completely hardens (12-15 minutes). Once the cement has hardened, excess cement is again removed with a curved osteotome. A trial reduction is again performed with various head/neck combinations until the surgeon is satisfied with the stability of the hip and leg lengths. The trial head/neck are then removed and replaced with the final implant. The hip is reduced under direct vision, and again taken through a range of motion to determine the final stability and leg length. The posterior capsule and the short external rotators are reattached though drill holes in the greater trochanter. The tensor fascia and gluteus maximus fascia are repaired. The subcutaneous tissue is closed; then the skin is closed.

Description of Post-Service Work: Post-service begins after skin closure in the operating room and includes application of sterile dressing and abduction splint. Post-operative work also includes: monitoring patient stabilization in the recovery room; communication with the family and other health care professionals (including written and oral reports and orders); and all hospital visits and services performed by the surgeon, including monitoring lab reports; care and removal of drains and dressings; supervision of physical or occupational therapy; ordering and reviewing postoperative X-rays; and antibiotic, anticoagulant and pain medication management. Arrangements are made with the case manager and the patient’s family for discharge to an inpatient rehabilitation facility or a skilled nursing facility. Discharge day management includes the surgeon's final examination of the patient, instructions for continuing care including home health care, and preparation of discharge records. Additionally, all post-discharge office visits for this procedure for 90 days after the day of the operation are considered part of the postoperative work for this procedure; including removal of sutures; evaluation of periodic imaging and laboratory reports, if needed; review of anticoagulation laboratory values and appropriate medication adjustment, and antibiotic and pain medication adjustments. Great attention to the possibility of postoperative hip dislocation must be given with this procedure by careful supervision of postoperative in-hospital care as well as the direction of physical therapy of postoperative exercise and recovery of activity.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	10/2012		
Presenter(s):	William Creevy, MD; John Heiner, MD; David Halsey, MD; Mark Fromison, MD; Frank Voss, MD		
Specialty(s):	orthopaedic surgery, hip and knee surgery		
CPT Code:	27236		
Sample Size: 750	**Resp N:** 117	**Response:** 15.6 %	
Description of Sample:	random selection from membership roster		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	1.00	10.00	**18.00**	25.00	75.00
Survey RVW:	15.00	18.18	**19.00**	20.00	26.00
Pre-Service Evaluation Time:			**70.00**		
Pre-Service Positioning Time:			**15.00**		
Pre-Service Scrub, Dress, Wait Time:			**20.00**		
Intra-Service Time:	52.00	70.00	**90.00**	100.00	180.00

Immediate Post Service-Time:	**30.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**100.00**	99231x **1.00** 99232x **2.00** 99233x **0.00**
Discharge Day Mgmt:	**38.00**	99238x **1.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**85.00**	99211x **0.00** 12x **1.00** 13x **3.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process: 4 - FAC Difficult Patient/Difficult Procedure

CPT Code:	27236	**Recommended Physician Work RVU: 17.61**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**40.00**	**40.00**	**0.00**
Pre-Service Positioning Time:		**15.00**	**3.00**	**12.00**
Pre-Service Scrub, Dress, Wait Time:		**20.00**	**20.00**	**0.00**
Intra-Service Time:		**90.00**		

Immediate Post Service-Time:	**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):	**100.00**	99231x **1.00** 99232x **2.00** 99233x **0.00**
Discharge Day Mgmt:	**38.00**	99238x **1.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**85.00**	99211x **0.00** 12x **1.00** 13x **3.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**

Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
27244	090	18.18	**RUC Time**

CPT Descriptor Treatment of intertrochanteric, peritrochanteric, or subtrochanteric femoral fracture; with plate/screw type implant, with or without cerclage

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
58150	090	17.31	**RUC Time**	11,828

CPT Descriptor 1 Total abdominal hysterectomy (corpus and cervix), with or without removal of tube(s), with or without removal of ovary(s);

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
37215	090	19.68	**RUC Time**	8,472

CPT Descriptor 2 Transcatheter placement of intravascular stent(s), cervical carotid artery, percutaneous; with distal embolic protection

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO KEY REFERENCE SERVICE(S):
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Key Reference Code: 57 **% of respondents:** 48.7 **%**

TIME ESTIMATES (Median)	**CPT Code: 27236**	**Key Reference CPT Code:** 27244	**Source of Time RUC Time**
Median Pre-Service Time	75.00	90.00	
Median Intra-Service Time	90.00	75.00	
Median Immediate Post-service Time	30.00	30.00	
Median Critical Care Time	0.0	0.00	
Median Other Hospital Visit Time	100.0	120.00	
Median Discharge Day Management Time	38.0	38.00	

Median Office Visit Time	85.0	85.00
Prolonged Services Time	0.0	0.00
Median Subsequent Observation Care Time	0.0	0.00
Median Total Time	**418.00**	**438.00**
Other time if appropriate		

INTENSITY/COMPLEXITY MEASURES (Mean)	**(of those that selected Key Reference code)**	
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	3.16	3.28
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	3.70	3.70
Urgency of medical decision making	3.70	3.70
Technical Skill/Physical Effort (Mean)		
Technical skill required	3.72	3.74
Physical effort required	3.74	3.51
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality	4.28	4.19
Outcome depends on the skill and judgment of physician	3.84	3.91
Estimated risk of malpractice suit with poor outcome	3.19	3.19

INTENSITY/COMPLEXITY MEASURES	**CPT Code**	**Reference Service 1**
Time Segments (Mean)		
Pre-Service intensity/complexity	3.73	3.69
Intra-Service intensity/complexity	3.73	3.64
Post-Service intensity/complexity	3.31	3.33

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

Background

Code **27236**, *Open treatment of femoral fracture, proximal end, neck, internal fixation or prosthetic replacement,* was identified through the CMS High Expenditure Procedural Codes screen. The Relativity Assessment Workgroup recommended survey of physician work and review of practice expense at the October 2012 RUC meeting.

A RUC survey was conducted by the American Academy of Orthopaedic Surgeons (AAOS) and the American Association of Hip & Knee Surgeons (AAHKS) with a very robust total of 109 non-conflicted completed responses. The aggregated data strongly confirmed the current intra-time and post-op visits which were the result of a 2005 valuation. Pre-time package 4 was chosen with additional minutes for positioning the patient lateral decubitus. We recommend the current work RVU of 17.61 for 27236.

Recommended wRVU and Physician Times

We are recommending a wRVU of 17.61 which is the current wRVU for 27236 and below the survey 25th percentile wRVU of 18.18. We are recommending the pre-service package 4, difficult patient/diffuclt procedure with 40 minutes pre-service evaluation time, 15 minutes pre-service positioning time (12 minutes more than the package and crosswalked from recently valued hip procedures where the patient is positioned lateral decubitus) and 20 minutes pre-service scrub, dress and wait time. We are recommending the survey median intra-service time of 90 minutes and immediate post-service time of 30 minutes. We are recommending the survey post-operative facility visits of 1-99232, 2-99231, and 1-99238 and the survey post-operative office visits of 3-99213 and 1-99212. Total recommended time is 418 minutes with an IWPUT of 0.081.

We believe this is an appropriate value because it is below the 25th percentile wRVU; because it is the current wRVU; and because it compares well to its key reference service (27244) which has the slightly more total time, one additional post-operative inpatient visit at the 99232 level, but less intra-service time (75 minutes compared to 90).

Comparison to Key Reference Service

	CPT	RVW	TOT MIN	Pre-Eval	Pre-Posit-ioning	Pre-SDW	Intra-Service	Immd Post	# and Level Post Fac	# and Level Fac Dis	# and Level Post Office	IWPUT
Survey Code	27236	**17.61**	**418**	40	15	20	90	30	1-99232 2-99231	1-99238	3-99213 1-99212	0.081
KRS	27244	**18.18**	**438**	40	30	20	75	30	2-99232 1-99231	1-99238	3-99213 1-99212	0.091

27244, *Treatment of intertrochanteric, peritrochanteric, or subtrochanteric femoral fracture; with plate/screw type implant, with or without cerclage* was RUC surveyed and reviewed in 2008. It has less intra-service time than the survey code with a higher wRVU and a higher IWPUT. It has one additional post-operative inpatient visit at the 99232 level, and overall has 20 more minutes total time.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: 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) 27236

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty orthopaedic surgery How often? Commonly

Specialty How often?

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period?
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. national frequency not available

Specialty Frequency Percentage %

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?
65,459 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty.
Please explain the rationale for this estimate. RUC database for 2011

Specialty orthopaedic surgery Frequency 64500 Percentage 98.53 %

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Do many physicians perform this service across the United States? Yes

---

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 27236

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	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	X	Y	Z	AA	AB	AG	AH	AI	AJ	AK
3	**ISSUE:**	**Open Treatment of Femoral Fracture**																											
4	**TAB:**	**16**																											
5					**RVW**					**Total**	**PRE**			**INTRA**					**POST-FACILITY**						**POST-OFFICE**				
6	**SOURCE**	**CPT**	**DESC**	**IWPUT**	**MIN**	**25th**	**MED**	**75th**	**MAX**	**Time**	**EVAL**	**POSIT**	**SDW**	**MIN**	**25th**	**MED**	**75th**	**MAX**	**P-SD**	**33**	**32**	**31**	**38**	**39**	**15**	**14**	**13**	**12**	**11**
7	**REF**	**27244**	Treatment of intertrochanteric, peritrochanter	**0.091**			**18.18**			**438**	40	30	20			75			30		2	2.0	1.0				3	1	
8	**2005**	**27236**	Open treatment of femoral fracture, proximal	**0.077**			**17.61**			**433**	**60**	**15**	**15**			**90**			**30**		**2**	**1**	**1.0**				**3**	**1**	
9	**SVY**	**27236**	Open treatment of femoral fracture, proximal	**0.088**	**15.00**	**18.18**	**19.00**	**20.00**	**26.00**	**453**	**75**	**15**	**20**	**52**	**70**	**90**	**100**	**180**	**30**		**2**	**1**	**1.0**				**3**	**1**	
10	**REC**	**27236**	Current RVW with updated times	**0.081**			**17.61**			**418**	**40**	**15**	**20**			**90**			**30**		**2**	**1**	**1.0**				**3**	**1**	
11																													

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation
Facility Direct Inputs

CPT Long Descriptor:
Open treatment of femoral fracture, proximal end, neck, internal fixation or prosthetic replacement

Global Period: 090 Meeting Date: 10/2012

Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee:

Consensus committee reviewed current PE details and determined no change from the current standard facility input.

If you have provided any comparison practice expense inputs on your spreadsheet, please provide a rationale for the selection of codes. Comparison Code Rationale:

Consensus committee reviewed current PE details and determined no change from the current standard facility input.

Please describe in detail the clinical activities of your staff:

Pre-Service Clinical Labor Activities:

Standard 90-day global times to: Complete pre-service diagnostic & referral forms; Coordinate pre-surgery services; Schedule space and equipment in facility; Provide pre-service education/obtain consent, and follow-up phone calls & prescriptions

Intra-Service Clinical Labor Activities:

Standard 6 minutes for discharge day management coordination.

Post-Service Clinical Labor Activities:

Standard times for 4 post-operative office visits.

	A	B	C	D	E	F	G
1				current		recommended	
2				27236 PEAC 2002		27236	
3	**Meeting Date: October 2012** **Tab:** **Specialty: AAOS, AAHKS**	**CMS Code**	**Staff Type**	Open treatment of femoral fracture, proximal end, neck, internal fixation or prosthetic replacement		Open treatment of femoral fracture, proximal end, neck, internal fixation or prosthetic replacement	
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD**			**90**	**90**	**90**	**90**
6	**TOTAL CLINICAL LABOR TIME**	L037D	RN/LPN/MTA	**n/a**	**207**	**n/a**	**207**
7	**TOTAL PRE-SERV CLINICAL LABOR TIME**	L037D	RN/LPN/MTA	**n/a**	**60**	**n/a**	**60**
8	**TOTAL SERVICE PERIOD CLINICAL LABOR TIME**	L037D	RN/LPN/MTA	**n/a**	**12**	**n/a**	**12**
9	**TOTAL POST-SERV CLINICAL LABOR TIME**	L037D	RN/LPN/MTA	**n/a**	**135**	**n/a**	**135**
10	**PRE-SERVICE**						
11	**Start: Following visit when decision for surgery or procedure made**						
12	Complete pre-service diagnostic & referral forms	L037D	RN/LPN/MTA	**n/a**	**5**	**n/a**	**5**
13	Coordinate pre-surgery services	L037D	RN/LPN/MTA	**n/a**	**20**	**n/a**	**20**
14	Schedule space and equipment in facility	L037D	RN/LPN/MTA	**n/a**	**8**	**n/a**	**8**
15	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA	**n/a**	**20**	**n/a**	**20**
16	Follow-up phone calls & prescriptions	L037D	RN/LPN/MTA	**n/a**	**7**	**n/a**	**7**
18	**End: When patient enters office/facility for surgery/procedure**						
19	**SERVICE PERIOD**						
20	**Start: When patient enters office/facility for surgery/procedure:**						
39	Dischrg mgmt same day (0.5 x 99238) (enter 6 min)			**n/a**		**n/a**	
40	Dischrg mgmt (1.0 x 99238) (enter 12 min)	L037D	RN/LPN/MTA	**n/a**	**12**	**n/a**	**12**
41	Dischrg mgmt (1.0 x 99239) (enter 15 min)			**n/a**		**n/a**	
42	**End: Patient leaves office**						
43	**POST-SERVICE Period**						
44	**Start: Patient leaves office/facility**						
46	***Office visits: List Number and Level of Office Visits***			**# visits**	**# visits**	**# visits**	**# visits**
47	99211 16 minutes		16				
48	99212 27 minutes		27	**n/a**	**1**	**n/a**	**1**
49	99213 36 minutes		36	**n/a**	**3**	**n/a**	**3**
50	99214 53 minutes		53				
51	99215 63 minutes		63				
52	**Total Office Visit Time**			**0**	**135**	**0**	**135**
54	**End: with last office visit before end of global period**						
55	**MEDICAL SUPPLIES**	**CODE**	**UNIT**				
56	pack, minimum multi-specialty visit	SA048	pack		**4**		**4**
57	pack, post-op incision care (staple)	SA052	pack		**1**		**1**
58	**EQUIPMENT**	**CODE**					
59	table, power	EF031			**135**		**135**

AMA/Specialty Society RVS Update Committee Summary of Recommendations
Identified as part of the CMS High Expenditure Procedural Codes screen

October 2012

Spine Injections

In the NPRM for 2012, CMS identified CPT code 62311 *Injection(s), of diagnostic or therapeutic substance(s) (including anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, includes contrast for localization when performed, epidural or subarachnoid; lumbar or sacral (caudal)* through the CMS High Expenditure Procedural Codes screen. The RUC recommended survey of physician work and review of practice expense for this spine injection family.

62310 *Injection(s), of diagnostic or therapeutic substance(s) (including anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, includes contrast for localization when performed, epidural or subarachnoid; cervical or thoracic*
The RUC reviewed the survey results from 76 anesthesiologists for CPT code 62310. The respondents indicated a median work RVU of 2.25, well above the current work RVU of 1.91. The RUC did not believe there was compelling evidence that the work has changed, and noted that the current work value, although lower than the survey 25th percentile, is too high. Prior to valuing the service, the RUC noted that the surveyed physician time, 20 minutes pre-, 11 minutes intra- and 10 minutes immediate post-service time, is lower than the current time, which was last surveyed by the RUC in 1999. In order to understand the discrepancy in survey time the RUC determined that the higher physician time components surveyed in 1999 were an outlier when compared to the previously reported code's original Harvard total time of 42 minutes. The specialty explained and the RUC agreed that the surveyed physician time appropriately accounts for the time required to perform this procedure. To determine a revised work RVU, the RUC used magnitude estimation to ensure that the work value is accurate and relative to other services. The RUC determined that the relativity of 62310 can be valued using the ratio of the work value for a lumbar catheter placement to the work value for a cervical catheter placement. The RUC used the recommended values of 62318 *inject spine with cath C/T* (RUC recommended work RVU = 2.04) and 62319 *inject spine with cath C/T* L/S (CD) (RUC recommended work RVU = 1.87) to develop the ratio and then applied that to the lumbar code 62311 *inject spine* L/S (CD) (RUC recommended work RVU = 1.54)

2.04/1.87=1.09
1.09 x 1.54 = 1.68

For additional support, the RUC determined that the relativity of 62310 can be valued using the ratio of the work value for the service with and without a catheter placement. The committee used the recommended values of 62311 *inject spine* L/S (CD) (RUC recommended work RVU =

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1.54) and 62319 *inject spine with cath C/T* L/S (CD) (RUC recommended work RVU =1.87) to develop the ratio and then applied that to the cervical injection code 62318 *inject spine with cath C/T* (RUC recommended work RVU = 2.04).

1.54/1.87 = 0.824
0.824 X 2.04 = 1.68

To ensure that the magnitude estimation is correct the RUC compared the surveyed code to 53620 *Dilation of urethral stricture by passage of filiform and follower, male; initial* (work RVU=1.62, 10 minutes intra-service time). The RUC noted that 53620 and the surveyed code have almost identical intra-service time, however the total time is less justifying the slightly lower value for 53620. To further support the value of 1.68 for 62310 the RUC compared the surveyed code to CPT code 45307 *Proctosigmoidoscopy, rigid; with removal of foreign body* (work RVU = 1.70, 15 minutes intra-service time). The RUC noted that the time and intensity are slightly higher for the comparison code, justifying the slightly higher value. According to 2010 Medicare data 62310 is billed with CPT code 77003 *Fluoroscopic guidance and localization of needle or catheter tip for spine or paraspinous diagnostic or therapeutic injection procedures (epidural or subarachnoid)* (work RVU = 0.60) in 52% of the time that this service is utilized. The RUC discussed the potential for overlap in physician work or practice expense clinical staff time, but upon further review determined that there was no overlap. **The RUC recommends a work RVU of 1.68 for CPT code 62310.**

62311 ***Injection(s), of diagnostic or therapeutic substance(s) (including anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, includes contrast for localization when performed, epidural or subarachnoid; lumbar or sacral (caudal)***

The RUC reviewed the survey results from 63 anesthesiologists for CPT code 62311 and determined that the recommendation of no change to the work value is appropriate based on other procedures that are 000 day globals with the same intra-service time. The RUC recommended maintaining the current work RVU of 1.54 for CPT code 62311. The RUC agreed that the surveyed physician time of 20 minutes pre-, 10 minutes intra- and 10 minutes immediate post-service time appropriately account for the time required to perform this procedure. The RUC compared the surveyed code 62311 to 58100 *Endometrial sampling (biopsy) with or without endocervical sampling (biopsy), without cervical dilation, any method (separate procedure)* (work RVU=1.53, 10 minutes intra), and noted that both the reference code and surveyed code have identical intra-service times and comparable physician work. To further justify a work RVU of 1.54, the RUC compared the surveyed code to key reference service CPT code 64483 *Injection, anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); lumbar or sacral, single level* (work RVU = 1.90 and 15 minutes intra-service time), and noted that the reference code has 5 more minutes of intra-service time compared to 62311, and is slightly more intense, thus substantiating a higher work value. **The RUC recommends a work RVU of 1.54 for CPT code 62311.**

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62318 ***Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (including anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, includes contrast for localization when performed, epidural or subarachnoid; cervical or thoracic***
The RUC reviewed the survey results from 35 anesthesiologists for CPT code 62318 and determined that the recommendation of no change to the work value is appropriate based on other procedures that are 000 day globals with the same intra-service time. The RUC recommended maintaining the current work RVU of 2.04 for CPT code 62318. The RUC agreed that the surveyed physician time of 20 minutes pre-, 15 minutes intra- and 15 minutes immediate post-service time appropriately account for the time required to perform this procedure. The RUC compared the surveyed code 62318 to 69801 *Labyrinthotomy, with perfusion of vestibuloactive drug(s); transcanal* (work RVU=2.06, 15 minutes intra), and noted that both the reference code and surveyed code have identical intra-service times and comparable physician work. To further justify a work RVU of 2.04, the RUC compared the surveyed code to key reference service CPT code 64479 *Injection, anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); cervical or thoracic, single level* (work RVU=2.29, 15 minutes intra) and 52000 *Cystourethroscopy (separate procedure)* (Work RVU=2.23, 15 minutes intra), and noted that both the reference code and surveyed code have identical intra-service times and comparable physician work. **The RUC recommends a work RVU of 2.04 for CPT code 62318.**

62319 ***Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (including anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, includes contrast for localization when performed, epidural or subarachnoid; lumbar or sacral (caudal)***
The RUC reviewed the survey results from 33 anesthesiologists for CPT code 62319 and determined that the recommendation of no change to the work value is appropriate based on other procedures that are 000 day globals with the same intra-service time. The RUC recommended maintaining the current work RVU of 1.87 for CPT code 62319. The RUC agreed that the surveyed physician time of 20 minutes pre-, 15 minutes intra- and 15 minutes immediate post-service time appropriately account for the time required to perform this procedure. The RUC compared the surveyed code 62319 to 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* (work RVU=1.83, 15 minutes intra) and noted that both the reference code and surveyed code have identical intra-service times and comparable physician work. To further justify a work Ruff 2.04, the RUC compared the surveyed code to key reference service CPT code 36556 *Insertion of non-tunneled centrally inserted central venous catheter; age 5 years or older* (work RVU = 2.50, 15 minutes intra) and 54150 *Circumcision, using clamp or other device with regional dorsal penile or ring block* (work RVU=1.90, 15 minutes intra), and noted that both the reference code and surveyed code have identical intra-service times and comparable physician work. **The RUC recommends a work RVU of 1.87 for CPT code 62319.**

Practice Expense:
The RUC reviewed and approved the direct practice expense inputs with modifications as recommended by the Practice Expense Subcommittee.

Work Neutrality:
The RUC's recommendation for these codes will result in an overall work savings that should be redistributed back to the Medicare conversion factor.

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CPT Code	CPT Descriptor	Global Period	Work RVU Recommendation
62310	Injection(s), of diagnostic or therapeutic substance(s) (including anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, includes contrast for localization when performed, epidural or subarachnoid; cervical or thoracic	000	1.68
62311	lumbar or sacral (caudal)	000	1.54 (No Change)
62318	Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (including anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, includes contrast for localization when performed, epidural or subarachnoid; cervical or thoracic	000	2.04 (No Change)
62319	lumbar or sacral (caudal)	000	1.87 (No Change)

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AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:62310 Tracking Number Original Specialty Recommended RVU: **1.91**
Presented Recommended RVU: **1.68**
Global Period: 000 RUC Recommended RVU: **1.68**

CPT Descriptor: Injection(s), of diagnostic or therapeutic substance(s) (including anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, includes contrast for localization when performed, epidural or subarachnoid; cervical or thoracic

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 45 year-old male has severe pain (rated 8/10) involving the right arm and the neck for the past 6 months. Various systemic medications (oral narcotic and non-narcotic) and physical therapy have failed to provide significant long-term pain relief. The patient is given a single epidural steroid injection in the cervical or thoracic space. Please do not consider the work involved with any associated imaging guidance when completing this survey. Imaging guidance is reported separately when performed.

Percentage of Survey Respondents who found Vignette to be Typical: 93%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? No
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 39%

Is moderate sedation inherent to this procedure in the office setting? No
Percent of survey respondents who stated moderate sedation is typical in the office setting? 0%

Description of Pre-Service Work: Pre-service work includes review of records and any pertinent imaging studies; communicating with other professionals, patient, and family; and obtaining consent. The pre-operative work also includes dressing, scrubbing, and waiting before the procedure, preparing the patient and equipment for the procedure, positioning the patient (including on the x-ray table when image is utilized), and draping of the injection site.

Description of Intra-Service Work: An injection needle is directed into the subarachnoid or epidural space at the proper vertebral level, possibly under x-ray fluoroscopy. Care has to be taken to avoid damaging any nerve roots or spinal cord. When image guidance is used, typically contrast injection is performed as necessary to confirm needle tip or catheter location and determine degree of free flow of liquid in the space to assure both safety and accuracy. When image guidance is not used, loss of resistance with air and/or normal saline is used to ensure proper placement in the epidural space. The theraputic injection(s) is performed through the same needle. The injection needle is removed and dressing is applied

Description of Post-Service Work: The patient is closely observed post-procedure in a monitored setting for any new, unexpected neurologic deficits. The physician communicates findings with the patient and other professionals (including written and telephone reports and orders).

SURVEY DATA

RUC Meeting Date (mm/yyyy)	10/2012				
Presenter(s):	Fred Davis, MD; Joseph Zuhosky, MD; Barry Smith, MD; Marc Leib, MD; Richard Rosenquist, MD; Christopher Merifield, MD; William Sullivan, MD				
Specialty(s):	AAPM, AAPM&R, ASA, ASIPP, ISIS, NASS				
CPT Code:	62310				
Sample Size:	2430	**Resp N:**	76	**Response:** 3.1 %	
Description of Sample:	random panel				

	Low	**25th pctl**	**Median***	**75th pctl**	**High**
Service Performance Rate	0.00	50.00	**200.00**	300.00	800.00
Survey RVW:	0.77	2.00	**2.25**	2.31	5.00
Pre-Service Evaluation Time:			**10.00**		
Pre-Service Positioning Time:			**5.00**		
Pre-Service Scrub, Dress, Wait Time:			**5.00**		
Intra-Service Time:	1.00	10.00	**11.00**	15.00	30.00

Immediate Post Service-Time:	**10.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process: 1a-FAC Straightforw Pat/Procedure(no sedate/anesth

CPT Code:	62310	**Recommended Physician Work RVU: 1.68**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**10.00**	**13.00**	**-3.00**
Pre-Service Positioning Time:		**5.00**	**1.00**	**4.00**
Pre-Service Scrub, Dress, Wait Time:		**5.00**	**6.00**	**-1.00**
Intra-Service Time:		**11.00**		

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 **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**

Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
64479	000	2.29	**RUC Time**

CPT Descriptor Injection, anesthetic agent and/or steroid, transforaminal epidural; cervical or thoracic, single level

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
36556	000	2.50	**RUC Time**	499,821

CPT Descriptor 1 Insertion of non-tunneled centrally inserted central venous catheter; age 5 years or older

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
54150	000	1.90	**RUC Time**	147

CPT Descriptor 2 Circumcision, using clamp or other device with regional dorsal penile or ring block

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO KEY REFERENCE SERVICE(S):
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Key Reference Code: 57 **% of respondents:** 75.0 **%**

TIME ESTIMATES (Median)	**CPT Code: 62310**	**Key Reference CPT Code:** 64479	**Source of Time** **RUC Time**
Median Pre-Service Time	20.00	24.00	
Median Intra-Service Time	11.00	15.00	
Median Immediate Post-service Time	10.00	10.00	
Median Critical Care Time	0.0	0.00	
Median Other Hospital Visit Time	0.0	0.00	
Median Discharge Day Management Time	0.0	0.00	
Median Office Visit Time	0.0	0.00	
Prolonged Services Time	0.0	0.00	
Median Subsequent Observation Care Time	0.0	0.00	

Median Total Time	**41.00**	**49.00**
Other time if appropriate		

INTENSITY/COMPLEXITY MEASURES (Mean)		**(of those that selected Key Reference code)**
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	3.82	3.84
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	4.04	4.02
Urgency of medical decision making	3.25	3.30
Technical Skill/Physical Effort (Mean)		
Technical skill required	4.44	4.72
Physical effort required	3.54	3.60
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality	4.40	4.61
Outcome depends on the skill and judgment of physician	4.60	4.74
Estimated risk of malpractice suit with poor outcome	4.68	4.77

INTENSITY/COMPLEXITY MEASURES	**CPT Code**	**Reference Service 1**
Time Segments (Mean)		
Pre-Service intensity/complexity	3.61	3.74
Intra-Service intensity/complexity	4.16	4.33
Post-Service intensity/complexity	3.18	3.26

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

CPT Code 62311 was identified through the CMS High Expenditure Procedural Codes screen. The Relativity Assessment Workgroup recommended survey of physician work and review of practice expense for this family of services at the October 2012 RUC meeting.

Six specialty societies surveyed code 62310 and collected 76 responses. The specialty societies recommend maintaining the current value of 1.91 RVUs, which is below the survey's 25th percentile.

The specialty societies agree that the current times for these codes are not accurate, but believe that the current RVUs are accurate based on the survey data as well as on review of the reference and MPC codes with similar times and values.

Additional positioning time has been added to the pre-service time in compliance with the RUC accepted pre-service time package SI3 that allows 5 additional minutes for spinal injection procedures performed in the prone position .

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) 62310

How often do physicians <u>in your specialty</u> perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Anesthesiology How often? Commonly

Specialty Interventional Pain Management How often? Commonly

Specialty Physical Medicine & Rehabilitation How often? Sometimes

Estimate the number of times this service might be provided nationally in a one-year period? 600000
If the recommendation is from multiple specialties, please provide the frequency and <u>percentage</u> for each specialty. Please explain the rationale for this estimate. National frequency is estimated at 3 times Medicare frequency

Specialty Anesthesiology Frequency 219000 Percentage 36.50 %

Specialty Interventional Pain Management Frequency 183000 Percentage 30.50 %

Specialty Physical Medicine & Rehabilitation Frequency 60000 Percentage 10.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 200,000 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Based on Medicare utilization data

Specialty Anesthesiology Frequency 73000 Percentage 36.50 %

Specialty Interventional Pain Management Frequency 61000 Percentage 30.50 %

Specialty Physical Medicine & Rehabilitation Frequency 20000 Percentage 10.00 %

Do many physicians perform this service across the United States? Yes

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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 62310

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:62311 Tracking Number Original Specialty Recommended RVU: **1.54**
Presented Recommended RVU: **1.54**
Global Period: 000 RUC Recommended RVU: **1.54**

CPT Descriptor: Injection(s), of diagnostic or therapeutic substance(s) (including anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, includes contrast for localization when performed, epidural or subarachnoid; lumbar or sacral (caudal)

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 45 year-old male has severe pain (rated 8/10) involving the left leg and the low back for the past 6 months. Various systemic medications (oral narcotic and non-narcotic) and physical therapy have failed to provide significant long-term pain relief. The patient is given a single epidural steroid injection in the lumbar or sacral place. Please do not consider the work involved with any associated imaging guidance when completing this survey. Imaging guidance is reported separately when performed.

Percentage of Survey Respondents who found Vignette to be Typical: 92%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? No
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 38%

Is moderate sedation inherent to this procedure in the office setting? No
Percent of survey respondents who stated moderate sedation is typical in the office setting? 0%

Description of Pre-Service Work: Pre-service work includes review of records and any pertinent imaging studies; communicating with other professionals, patient, and family; and obtaining consent. The pre-operative work also includes dressing, scrubbing and waiting before the procedure, preparing the patient and equipment for the procedure, positioning the patient on the x-ray table, and draping of the injection site.

Description of Intra-Service Work: An injection needle is directed into the subarachnoid or epidural space at the proper vertebral level, possibly under x-ray fluoroscopy. Care has to be taken to avoid damaging any nerve roots or spinal cord. When image guidance is used, typically contrast injection is performed as necessary to confirm needle tip or catheter location and determine degree of free flow of liquid in the space to assure both safety and accuracy. When image guidance is not used, loss of resistance with air and/or normal saline is used to ensure proper placement in the epidural space. The theraputic injection(s) is performed through the same needle. The injection needle is removed and dressing is applied

Description of Post-Service Work: The patient is closely observed post-procedure in a monitored setting for any new, unexpected neurologic deficits. The physician communicates findings with the patient and other professionals (including written and telephone reports and orders).

SURVEY DATA

RUC Meeting Date (mm/yyyy)	10/2012				
Presenter(s):	Fred Davis, MD; Joseph Zuhosky, MD; Barry Smith, MD; Marc Leib, MD; Richard Rosenquist, MD; Joshua Hirsch, MD; Christopher Merifield, MD; William Sullivan, MD				
Specialty(s):	AAPM, AAPM&R, ASA, ASIPP, ASNR, ISIS, NASS				
CPT Code:	62311				
Sample Size:	2630	**Resp N:**	63	**Response:** 2.3 %	
Description of Sample:	Random Panel				

	Low	**25th pctl**	**Median***	**75th pctl**	**High**
Service Performance Rate	0.00	75.00	**250.00**	500.00	2000.00
Survey RVW:	0.77	1.75	**1.90**	2.01	6.00
Pre-Service Evaluation Time:			**10.00**		
Pre-Service Positioning Time:			**5.00**		
Pre-Service Scrub, Dress, Wait Time:			**5.00**		
Intra-Service Time:	1.00	10.00	**10.00**	15.00	30.00

Immediate Post Service-Time:	**10.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process: 1a-FAC Straightforw Pat/Procedure(no sedate/anesth

CPT Code:	62311	**Recommended Physician Work RVU: 1.54**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**10.00**	**13.00**	**-3.00**
Pre-Service Positioning Time:		**5.00**	**1.00**	**4.00**
Pre-Service Scrub, Dress, Wait Time:		**5.00**	**6.00**	**-1.00**
Intra-Service Time:		**10.00**		

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 **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**

Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
64483	000	1.90	**RUC Time**

CPT Descriptor Injection, anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); lumbar or sacral, single level

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
31575	000	1.10	**RUC Time**	599,944

CPT Descriptor 1 Laryngoscopy, flexible fiberoptic; diagnostic

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
36556	000	2.50	**RUC Time**	499,821

CPT Descriptor 2 Insertion of non-tunneled centrally inserted central venous catheter; age 5 years or older

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO KEY REFERENCE SERVICE(S):
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Key Reference Code: 43 **% of respondents:** 68.2 **%**

TIME ESTIMATES (Median)	**CPT Code: 62311**	**Key Reference CPT Code:** 64483	**Source of Time RUC Time**
Median Pre-Service Time	20.00	24.00	
Median Intra-Service Time	10.00	15.00	
Median Immediate Post-service Time	10.00	10.00	
Median Critical Care Time	0.0	0.00	
Median Other Hospital Visit Time	0.0	0.00	
Median Discharge Day Management Time	0.0	0.00	
Median Office Visit Time	0.0	0.00	
Prolonged Services Time	0.0	0.00	

Median Subsequent Observation Care Time	0.0	0.00
Median Total Time	**40.00**	**49.00**
Other time if appropriate		

INTENSITY/COMPLEXITY MEASURES (Mean)	**(of those that selected Key Reference code)**	
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	3.58	3.72
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	3.77	3.84
Urgency of medical decision making	3.16	3.21
Technical Skill/Physical Effort (Mean)		
Technical skill required	3.91	4.23
Physical effort required	3.33	3.47
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality	3.84	4.16
Outcome depends on the skill and judgment of physician	4.07	4.30
Estimated risk of malpractice suit with poor outcome	4.12	4.30

INTENSITY/COMPLEXITY MEASURES	**CPT Code**	**Reference Service 1**
Time Segments (Mean)		
Pre-Service intensity/complexity	3.42	3.53
Intra-Service intensity/complexity	3.58	3.77
Post-Service intensity/complexity	3.28	3.33

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

CPT Code 62311 was identified through the CMS High Expenditure Procedural Codes screen. The Relativity Assessment Workgroup recommended survey of physician work and review of practice expense for this family of services at the October 2012 RUC meeting.

Seven specialty societies surveyed code 62311 and collected 63 responses. The specialty societies recommend maintaining the current value of 1.54 RVUs, which is below the survey's 25th percentile.

The specialty societies agree that the current times for these codes are not accurate, but believe that the current RVUs are accurate based on the survey data as well as on review of the reference and MPC codes with similar times and values.

Additional positioning time has been added to the pre-service time in compliance with the RUC accepted pre-service time package SI3 that allows 5 additional minutes for spinal injection procedures performed in the prone position.

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) 62311

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 Anesthesiology How often? Commonly

Specialty Interventional Pain Management How often? Commonly

Specialty Physical Medicine & Rehabilitation How often? Sometimes

Estimate the number of times this service might be provided nationally in a one-year period? 2700000
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. National frequency is estimgated at 3 times Medicare frequency

Specialty Anesthesiology Frequency 1080000 Percentage 40.00 %

Specialty Interventional Pain Management Frequency 570000 Percentage 21.11 %

Specialty Physical Medicine & Rehabilitation Frequency 285000 Percentage 10.55 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 900,000 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Based on Medicare utilization data

Specialty Anesthesiology Frequency 360000 Percentage 40.00 %

Specialty Interventional Pain Management Frequency 190000 Percentage 21.11 %

Specialty Physical Medicine & Rehabilitation Frequency 95000 Percentage 10.55 %

Do many physicians perform this service across the United States? Yes

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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 62311

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:62318 Tracking Number Original Specialty Recommended RVU: **2.04**
Presented Recommended RVU: **2.04**
Global Period: 000 RUC Recommended RVU: **2.04**

CPT Descriptor: Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (including anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, includes contrast for localization when performed, epidural or subarachnoid; cervical or thoracic

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 73 year old male with squamous cell cancer of the lung is scheduled to undergo a right lateral thoracotomy and resection of a single lobe of the lung. His surgeon requests pre-operative placement of an epidural catheter to use for infusion of medications after surgery as the primary means of post-operative analgesia.

Please do not consider the work involved with any associated imaging guidance when completing this survey. Imaging guidance is reported separately when performed.

Percentage of Survey Respondents who found Vignette to be Typical: 77%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? No
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 48%

Is moderate sedation inherent to this procedure in the office setting? No
Percent of survey respondents who stated moderate sedation is typical in the office setting? 0%

Description of Pre-Service Work: Pre-service work includes review of records and any pertinent imaging studies; communicating with other professionals, patient, and family; and obtaining consent. The pre-operative work also includes dressing, scrubbing and waiting before the procedure, preparing the patient and equipment for the procedure, positioning the patient on the x-ray table, and draping of the catheter puncture site.

Description of Intra-Service Work: An injection needle is directed into the subarachnoid or epidural space at the proper vertebral level, under x-ray fluoroscopy, as necessary. Care has to be taken to avoid damaging any nerve roots or spinal cord. A contrast injection is performed as necessary to confirm needle tip or catheter location and determine degree of free flow of liquid in the space to assure both safety and accuracy. An infusion catheter is threaded through the needle in the subarachnoid or epidural space. The therapeutic injection(s) is performed through the same needle. The injection catheter is removed and dressing is applied, with detailed attention given to wound care to prevent infection which may lead to meningitis or epidural abscess.

Description of Post-Service Work: The patient is closely observed in a monitored setting for any new, unexpected neurologic deficits. The physician communicates findings with the patient and other professionals (including written and telephone reports and orders).

SURVEY DATA

RUC Meeting Date (mm/yyyy)	10/2012				
Presenter(s):	Fred Davis, MD; Joseph Zuhosky, MD; Barry Smith, MD; Marc Leib, MD; Richard Rosenquist, MD; Christopher Merifield, MD; William Sullivan, MD				
Specialty(s):	AAPM, AAPM&R, ASA, ASIPP, ISIS, NASS				
CPT Code:	62318				
Sample Size:	2434	**Resp N:**	35	**Response:** 1.4 %	
Description of Sample:	random panel				

	Low	**25th pctl**	**Median***	**75th pctl**	**High**
Service Performance Rate	0.00	0.00	**5.00**	35.00	100.00
Survey RVW:	1.54	1.91	**2.29**	2.50	3.20
Pre-Service Evaluation Time:			**10.00**		
Pre-Service Positioning Time:			**10.00**		
Pre-Service Scrub, Dress, Wait Time:			**5.00**		
Intra-Service Time:	5.00	10.00	**15.00**	20.00	40.00

Immediate Post Service-Time:	**15.00**	
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: 1a-FAC Straightforw Pat/Procedure(no sedate/anesth

CPT Code:	62318	**Recommended Physician Work RVU: 2.04**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**10.00**	**13.00**	**-3.00**
Pre-Service Positioning Time:		**5.00**	**1.00**	**4.00**
Pre-Service Scrub, Dress, Wait Time:		**5.00**	**6.00**	**-1.00**
Intra-Service Time:		**15.00**		

Immediate Post Service-Time:	**15.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**

Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
64479	000	2.29	**RUC Time**

CPT Descriptor Injection, anesthetic agent and/or steroid, transforaminal epidural; cervical or thoracic, single level

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
36556	000	2.50	**RUC Time**	499,821

CPT Descriptor 1 Insertion of non-tunneled centrally inserted central venous catheter; age 5 years or older

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
54150	000	1.90	**RUC Time**	147

CPT Descriptor 2 Circumcision, using clamp or other device with regional dorsal penile or ring block

Other Reference CPT Code	Global	Work RVU	Time Source
64449	000	1.81	**RUC Time**

CPT Descriptor Injection, anesthetic agent; lumbar plexus, posterior approach, continuous infusion by catheter (including catheter placement)

RELATIONSHIP OF CODE BEING REVIEWED TO KEY REFERENCE SERVICE(S):
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Key Reference Code: 14 **% of respondents:** 40.0 **%**

TIME ESTIMATES (Median)	**CPT Code: 62318**	**Key Reference CPT Code:** 64479	**Source of Time** **RUC Time**
Median Pre-Service Time	20.00	24.00	
Median Intra-Service Time	15.00	15.00	
Median Immediate Post-service Time	15.00	10.00	
Median Critical Care Time	0.0	0.00	
Median Other Hospital Visit Time	0.0	0.00	
Median Discharge Day Management Time	0.0	0.00	
Median Office Visit Time	0.0	0.00	
Prolonged Services Time	0.0	0.00	

Median Subsequent Observation Care Time	0.0	0.00
Median Total Time	**50.00**	**49.00**
Other time if appropriate		

INTENSITY/COMPLEXITY MEASURES (Mean)	**(of those that selected Key Reference code)**	
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	3.57	3.79
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	3.93	4.14
Urgency of medical decision making	4.00	3.64
Technical Skill/Physical Effort (Mean)		
Technical skill required	4.50	4.86
Physical effort required	4.07	4.00
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality	4.43	4.71
Outcome depends on the skill and judgment of physician	4.57	4.71
Estimated risk of malpractice suit with poor outcome	4.50	4.79

INTENSITY/COMPLEXITY MEASURES	**CPT Code**	**Reference Service 1**
Time Segments (Mean)		
Pre-Service intensity/complexity	3.64	3.71
Intra-Service intensity/complexity	4.21	4.29
Post-Service intensity/complexity	3.86	3.71

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

CPT Code 62311 was identified through the CMS High Expenditure Procedural Codes screen. The Relativity Assessment Workgroup recommended survey of physician work and review of practice expense for this family of services at the October 2012 RUC meeting.

Six specialty societies surveyed code 62318 and collected 35 responses. The specialty societies recommend maintaining the current value of 2.04 RVUs, which is below the survey's median percentile.

The specialty societies agree that the current times for these codes are not accurate, but believe that the current RVUs are accurate based on the survey data as well as on review of the reference and MPC codes with similar times and values.

Additional positioning time has been added to the pre-service time in compliance with the RUC accepted pre-service time package SI3 that allows 5 additional minutes for spinal injection procedures performed in the prone position.

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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) 62318

How often do physicians <u>in your specialty</u> perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Anesthesiology How often? Sometimes

Specialty Interventional Pain Management How often? Rarely

Specialty Physical Medicine & Rehabilitation How often? Rarely

Estimate the number of times this service might be provided nationally in a one-year period? 126000
If the recommendation is from multiple specialties, please provide the frequency and <u>percentage</u> for each specialty. Please explain the rationale for this estimate. National frequency based on 3 times Medicare frequency

Specialty Anesthesiology Frequency 111000 Percentage 88.09 %

Specialty Interventional Pain Management Frequency 7200 Percentage 5.71 %

Specialty Physical Medicine & Rehabilitation Frequency 1200 Percentage 0.95 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 42,000 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Based on Medicare utilization data

Specialty Anesthesiology Frequency 37000 Percentage 88.09 %

Specialty Interventional Pain Management Frequency 2400 Percentage 5.71 %

Specialty Physical Medicine & Rehabilitation Frequency 400 Percentage 0.95 %

Do many physicians perform this service across the United States? Yes

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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 62318

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:62319 Tracking Number Original Specialty Recommended RVU: **1.87**
Presented Recommended RVU: **1.87**
Global Period: 000 RUC Recommended RVU: **1.87**

CPT Descriptor: Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (including anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, includes contrast for localization when performed, epidural or subarachnoid; lumbar or sacral (caudal)

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 69 year old woman with rectal carcinoma is scheduled for a total proctectomy and ileostomy. Her surgeon requests pre-operative placement of an epidural catheter to use for infusion of medications after surgery as the primary means of post-operative analgesia.

Please do not consider the work involved with any associated imaging guidance when completing this survey. Imaging guidance is reported separately when performed.

Percentage of Survey Respondents who found Vignette to be Typical: 78%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? No
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 54%

Is moderate sedation inherent to this procedure in the office setting? No
Percent of survey respondents who stated moderate sedation is typical in the office setting? 0%

Description of Pre-Service Work: Pre-service work includes review of records and any pertinent imaging studies; communicating with other professionals, patient, and family; and obtaining consent. The pre-operative work also includes dressing, scrubbing and waiting before the procedure, preparing the patient and equipment for the procedure, positioning the patient on the x-ray table, and draping of the catheter puncture site.

Description of Intra-Service Work: An injection needle is directed into the subarachnoid or epidural space at the proper vertebral level, under x-ray fluoroscopy, as necessary. Care has to be taken to avoid damaging any nerve roots or spinal cord. A contrast injection is performed as necessary to confirm needle tip or catheter location and determine degree of free flow of liquid in the space to assure both safety and accuracy. An infusion catheter is threaded through the needle in the subarachnoid or epidural space. The therapeutic injection(s) is performed through the same catheter. The injection catheter is removed and dressing is applied, with detailed attention given to wound care to prevent infection which may lead to meningitis or epidural abscess.

Description of Post-Service Work: The patient is closely observed post-procedure in a monitored setting for any new, unexpected neurologic deficits. The physician communicates findings with the patient and other professionals (including written and telephone reports and orders).

SURVEY DATA

RUC Meeting Date (mm/yyyy)	10/2012				
Presenter(s):	Fred Davis, MD; Joseph Zuhosky, MD; Barry Smith, MD; Marc Leib, MD; Richard Rosenquist, MD; Christopher Merifield, MD; William Sullivan, MD				
Specialty(s):	AAPM, AAPM&R, ASA, ASIPP, ISIS, NASS				
CPT Code:	62319				
Sample Size:	2434	**Resp N:**	33	**Response:** 1.3 %	
Description of Sample:	Random Panel				

	Low	**25th pctl**	**Median***	**75th pctl**	**High**
Service Performance Rate	0.00	2.00	**15.00**	50.00	1000.00
Survey RVW:	1.50	1.90	**2.09**	2.43	2.81
Pre-Service Evaluation Time:			**10.00**		
Pre-Service Positioning Time:			**5.00**		
Pre-Service Scrub, Dress, Wait Time:			**10.00**		
Intra-Service Time:	5.00	10.00	**15.00**	20.00	30.00

Immediate Post Service-Time:	**15.00**	
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: 1a-FAC Straightforw Pat/Procedure(no sedate/anesth

CPT Code:	62319	**Recommended Physician Work RVU: 1.87**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**10.00**	**13.00**	**-3.00**
Pre-Service Positioning Time:		**5.00**	**1.00**	**4.00**
Pre-Service Scrub, Dress, Wait Time:		**5.00**	**6.00**	**-1.00**
Intra-Service Time:		**15.00**		

Immediate Post Service-Time:	**15.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**

Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
36556	000	2.50	**RUC Time**

CPT Descriptor Insertion of non-tunneled centrally inserted central venous catheter; age 5 years or older

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
36556	000	2.50	**RUC Time**	499,821

CPT Descriptor 1 Insertion of non-tunneled centrally inserted central venous catheter; age 5 years or older

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
54150	000	1.90	**RUC Time**	147

CPT Descriptor 2 Circumcision, using clamp or other device with regional dorsal penile or ring block

Other Reference CPT Code	Global	Work RVU	Time Source
64483	000	1.90	**RUC Time**

CPT Descriptor Injection, anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); lumbar or sacral, single level

RELATIONSHIP OF CODE BEING REVIEWED TO KEY REFERENCE SERVICE(S):
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Key Reference Code: 9 **% of respondents:** 27.2 **%**

TIME ESTIMATES (Median)	**CPT Code: 62319**	**Key Reference CPT Code:** 36556	**Source of Time** **RUC Time**
Median Pre-Service Time	20.00	25.00	
Median Intra-Service Time	15.00	15.00	
Median Immediate Post-service Time	15.00	10.00	
Median Critical Care Time	0.0	0.00	
Median Other Hospital Visit Time	0.0	0.00	
Median Discharge Day Management Time	0.0	0.00	
Median Office Visit Time	0.0	0.00	
Prolonged Services Time	0.0	0.00	

Median Subsequent Observation Care Time	0.0	0.00
Median Total Time	**50.00**	**50.00**
Other time if appropriate		

INTENSITY/COMPLEXITY MEASURES (Mean)	**(of those that selected Key Reference code)**	
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	3.78	4.00
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	4.00	3.78
Urgency of medical decision making	3.67	4.00
Technical Skill/Physical Effort (Mean)		
Technical skill required	4.44	4.33
Physical effort required	3.89	3.78
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality	4.11	3.89
Outcome depends on the skill and judgment of physician	4.11	4.00
Estimated risk of malpractice suit with poor outcome	4.67	4.44

INTENSITY/COMPLEXITY MEASURES	**CPT Code**	**Reference Service 1**
Time Segments (Mean)		
Pre-Service intensity/complexity	3.56	3.56
Intra-Service intensity/complexity	4.11	3.78
Post-Service intensity/complexity	3.78	3.67

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

CPT Code 62311 was identified through the CMS High Expenditure Procedural Codes screen. The Relativity Assessment Workgroup recommended survey of physician work and review of practice expense for this family of services at the October 2012 RUC meeting.

Six specialty societies surveyed code 62319 and collected 33 responses. The specialty societies recommend 1.90 RVUs, which is the survey's 25th percentile.

The specialty societies agree that the current times for these codes are not accurate, but believe that the current RVUs are accurate based on the survey data as well as on review of the reference and MPC codes with similar times and values.

Additional positioning time has been added to the pre-service time in compliance with the RUC accepted pre-service time package SI3 that allows 5 additional minutes for spinal injection procedures performed in the prone position.

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) 62319

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 Anesthesiology How often? Sometimes

Specialty Interventional Pain Management How often? Rarely

Specialty Physical Medicine & Rehabilitation How often? Rarely

Estimate the number of times this service might be provided nationally in a one-year period? 108000
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. National frequency estimated to be 3 times Medicare frequency

Specialty Anesthesiology Frequency 78000 Percentage 72.22 %

Specialty Interventional Pain Management Frequency 12000 Percentage 11.11 %

Specialty Physical Medicine & Rehabilitation Frequency 3600 Percentage 3.33 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 36,000 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Based on Medicare utilization data

Specialty Anesthesiology Frequency 26000 Percentage 72.22 %

Specialty Interventional Pain Management Frequency 4000 Percentage 11.11 %

Specialty Physical Medicine & Rehabilitation Frequency 1200 Percentage 3.33 %

Do many physicians perform this service across the United States? Yes

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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 62319

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

SS Rec Summary

ISSUE: Spine Injections

TAB: 18

Source	CPT	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST	FAC-inpt/same day 91	92	33	32	31	38	39	FAC-obs 26	25	24	17	Office 15	14	13	12	11	Prolonged 54	55	56	57
REF	64479	Injection, anesthetic		0.108			2.29			49	13	5	6			15			10																			
RUC	62310	Injection(s), of diagn		0.023			1.91			85	35					30			20																			
SVY	62310	Injection(s), of	76	0.150	0.77	2.00	2.25	2.31	5.00	41	10	5	5	1	10	11	15	30	10																			
REC	62310	Injection(s), of diagno		0.099	1.68					41	13	1	6			11			10																			

CPT Code: 62310, 62311, 62318, 62319
Specialty Society('s) AAPM, AAPM&R, ASIPP, ASA, ASNR (62311 only), ISIS, NASS

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation
Facility Direct Inputs

CPT Long Descriptor:
62310: Injection(s), of diagnostic or therapeutic substance(s) (including anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, includes contrast for localization when performed, epidural or subarachnoid; cervical or thoracic

62311: Injection(s), of diagnostic or therapeutic substance(s) (including anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, includes contrast for localization when performed, epidural or subarachnoid; lumbar or sacral (caudal)

62318: Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (including anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, includes contrast for localization when performed, epidural or subarachnoid; cervical or thoracic

62319: Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (including anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, includes contrast for localization when performed, epidural or subarachnoid; lumbar or sacral (caudal)

Global Period: 000 Meeting Date: 10/2012

Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee:

A consensus panel comprised of representatives from the specialty societies convened to review the PE inputs for codes 62310, 62311, 62318, and 62319. The panel included physicians from a variety of practice locales and settings.

A reference code must be provided for comparison to the practice expense inputs on your spreadsheet. Please provide a rationale for the selection of reference codes. Comparison Code Rationale:

The consensus panel believes that the indicated reference codes have similar practice expense inputs with the exception of fluoroscopy.

Please describe in detail the clinical activities of your staff:

Pre-Service Clinical Labor Activities:

- Complete pre-service diagnostic and referral forms.
- Call the hospital to schedule space and equipment needed in the facility and coordinate with the facility, the patient and other offices as necessary to prepare for the procedure.
- Provide and review educational materials and information prior to the procedure.
- Call in any prescriptions necessary for the patient prior to the procedure
- Contact the patient prior to the procedure to confirm pre-procedure instructions are being carried out.

Service Clinical Labor Activities:

N/A

Post-Service Clinical Labor Activities:

- Conduct phone calls/call-in prescriptions

CPT Code: 62310, 62311, 62318, 62319

Specialty Society('s) AAPM, AAPM&R, ASIPP, ASA, ASNR (62311 only), ISIS, NASS

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation
Non Facility Direct Inputs

CPT Long Descriptor:

62310: Injection(s), of diagnostic or therapeutic substance(s) (including anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, includes contrast for localization when performed, epidural or subarachnoid; cervical or thoracic

62311: Injection(s), of diagnostic or therapeutic substance(s) (including anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, includes contrast for localization when performed, epidural or subarachnoid; lumbar or sacral (caudal)

62318: Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (including anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, includes contrast for localization when performed, epidural or subarachnoid; cervical or thoracic

62319: Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (including anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, includes contrast for localization when performed, epidural or subarachnoid; lumbar or sacral (caudal)

Global Period: 000 Meeting Date: 10/2012

Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee:

A consensus panel comprised of representatives from the specialty societies convened to review the PE inputs for codes 62310, 62311, 62318, and 62319. The panel included physicians from a variety of practice locales and settings.

A reference code must be provided for comparison to the practice expense inputs on your spreadsheet. Please provide a rationale for the selection of reference codes. Comparison Code Rationale:

The consensus panel believes that the indicated reference codes have similar practice expense inputs with the exception of fluoroscopy.

Please describe in detail the clinical activities of your staff:

Pre-Service Clinical Labor Activities:

- Complete pre-service diagnostic and referral forms.
- Call the hospital to schedule space and equipment needed in the facility and coordinate with the facility, the patient and other offices as necessary to prepare for the procedure.
- Provide and review educational materials and information prior to the procedure.
- Call in any prescriptions necessary for the patient prior to the procedure
- Contact the patient prior to the procedure to confirm pre-procedure instructions are being carried out

CPT Code: 62310, 62311, 62318, 62319

Specialty Society('s) AAPM, AAPM&R, ASIPP, ASA, ASNR (62311 only), ISIS, NASS

Service Clinical Labor Activities:

- Clinical staff reviews the chart to be certain all pre-procedure testing is available and the medical history is current.
- Greet and gown the patient
- Obtain four vital signs.
- Review the procedure with the patient.
- Prepare the room, making certain supplies and equipment necessary are available.
- Assists the physician with prepping and positioning the patient.
- Remain in the room and assist the physician with the entire procedure.
- After completion of the procedure, monitor the patient.
- Clean the room; check dressings; and provide instructions on pain control and follow-up visits.

Post-Service Clinical Labor Activities:

- Conduct phone calls/call-in prescriptions

	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
1												EXISTING CODE		EXISTING CODE		EXISTING CODE		EXISTING CODE		REFERENCE CODE			REFERENCE CODE		
2				62310		62311		62318		62319		62310		62311		62318		62319		64479 (62310, 62318)			64483 (62311, 62319)		
3	**Meeting Date: October 2012 Tab: 18 - Spine Injections Specialty: AAPM, AAPM&R, ASIPP, ASA, ASNR (62311 only), ISIS, NASS**	**CMS Code**		Injection(s), of diagnostic or therapeutic substance(s) (including anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including		Injection(s), of diagnostic or therapeutic substance(s) (including anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances,		Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (including anesthetic, antispasmodic,		Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (including anesthetic, antispasmodic,		Injection(s), of diagnostic or therapeutic substance(s) (including anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including		Injection(s), of diagnostic or therapeutic substance(s) (including anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances,		Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (including anesthetic, antispasmodic,		Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (including anesthetic, antispasmodic,		Injection, anesthetInjection, anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); cervical or thoracic, single level			Injection, anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); lumbar or sacral, single level		
4	**LOCATION**			**Non Fac**	**Fac**	**Non Fac**	**Fac**	**Non Fac**	**Fac**	**Non Fac**	**Fac**	**Non Fac**	**Fac**	**Non Fac**	**Fac**	**Non Fac**	**Fac**	**Non Fac**	**Fac**	**Non Fac**	**Non Fac**	**Fac**	**Non Fac**	**Non Fac**	**Fac**
5	**CMS Code**			**L037D**	**L037D**	**L037D**	**L037D**	**L037D**	**L037D**	**L037D**	**L037D**	**L037D**	**L037D**	**L037D**	**L037D**	**L037D**	**L037D**	**L037D**	**L037D**	**L037D**	**L041B**	**L037D**	**L037D**	**L041B**	**L037D**
6	**Staff Type**			RN/LPA/MTA	RN/LPA/MTA	RN/LPA/MTA	RN/LPA/MTA	RN/LPA/MTA	RN/LPA/MTA	RN/LPA/MTA	RN/LPA/MTA	RN/LPA/MTA	RN/LPA/MTA	RN/LPA/MTA	RN/LPA/MTA	RN/LPA/MTA	RN/LPA/MTA	RN/LPA/MTA	RN/LPA/MTA	RN/LPN/MTA	Rad Tech	RN/LPN/MTA	RN/LPN/MTA	Rad Tech	RN/LPN/MTA
7	**GLOBAL PERIOD**			**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**
8	**TOTAL CLINICAL LABOR TIME**			**51.0**	**24.0**	**50.0**	**24.0**	**55.0**	**24.0**	**55.0**	**24.0**	**83.0**	**26.0**	**73.0**	**26.0**	**105.0**	**26.0**	**85.0**	**26.0**	**59.0**	**22.0**	**24.0**	**59.0**	**22.0**	**24.0**
9	**TOTAL PRE-SERV CLINICAL LABOR TIME**			**11.0**	**21.0**	**11.0**	**21.0**	**11.0**	**21.0**	**11.0**	**21.0**	**11.0**	**21.0**	**11.0**	**21.0**	**11.0**	**21.0**	**11.0**	**21.0**	**11.0**	**3.0**	**21.0**	**11.0**	**3.0**	**21.0**
10	**TOTAL SERVICE PERIOD CLINICAL LABOR TIME**			**37.0**	**0.0**	**36.0**	**0.0**	**41.0**	**0.0**	**41.0**	**0.0**	**67.0**	**0.0**	**57.0**	**0.0**	**89.0**	**0.0**	**74.0**	**0.0**	**45.0**	**19.0**	**0.0**	**45.0**	**19.0**	**0.0**
11	**TOTAL POST-SERV CLINICAL LABOR TIME**			**3.0**	**3.0**	**3.0**	**3.0**	**3.0**	**3.0**	**3.0**	**3.0**	**5.0**	**5.0**	**5.0**	**5.0**	**5.0**	**5.0**	**`**	**5.0**	**3.0**	**0.0**	**3.0**	**3.0**	**0.0**	**3.0**
12	**PRE-SERVICE**																								
13	**Start: Following visit when decision for surgery or procedure made**																								
14	Complete pre-service diagnostic & referral forms			**3**	**3**	**3**	**3**	**3**	**3**	**3**	**3**	**3**	**3**	**3**	**3**	**3**	**3**	**3**	**3**	**3**		**3**	**3**		**3**
15	Coordinate pre-surgery services				**5**		**5**		**5**		**5**		**5**		**5**		**5**		**5**			**5**			**5**
16	Schedule space and equipment in facility				**5**		**5**		**5**		**5**		**5**		**5**		**5**		**5**			**5**			**5**
17	Provide pre-service education/obtain consent			**5**	**5**	**5**	**5**	**5**	**5**	**5**	**5**	**5**	**5**	**5**	**5**	**5**	**5**	**5**	**5**	**5**		**5**	**5**		**5**
18	Follow-up phone calls & prescriptions			**3**	**3**	**3**	**3**	**3**	**3**	**3**	**3**	**3**	**3**	**3**	**3**	**3**	**3**	**3**	**3**	**3**		**3**	**3**		**3**
19	Other Clinical Activity - *specify:pull & hang prior imaging studies for MD to review*																				**3**			**3**	
20	**End: When patient enters office/facility for surgery/procedure**																								
21	**SERVICE PERIOD**																								
22	**Start: When patient enters office/facility for surgery/procedure:**																								
23	Review charts											**2**		**2**		**2**		**2**							
24	Greet patient, provide gowning, ensure appropriate medical records are available			**3**		**3**		**3**		**3**		**3**		**3**		**3**		**3**		**5**			**5**		
25	Obtain vital signs			**3**		**3**		**3**		**3**		**3**		**3**		**3**		**3**		**5**			**5**		
26	Provide pre-service education/obtain consent																								
27	Prepare room, equipment, supplies			**2**		**2**		**2**		**2**		**5**		**5**		**5**		**5**		**2**			**2**		
28	Setup scope (non facility setting only)																								
29	Prepare and position patient/ monitor patient/ set up IV			**2**		**2**		**2**		**2**		**3**		**3**		**3**		**3**		**2**	**2**		**2**	**2**	
30	Sedate/apply anesthesia																								
31	**Intra-service**																								
32	Assist physician in performing procedure			**11**		**10**		**15**		**15**		**30**		**20**		**40**		**30**		**15**	**15**		**15**	**15**	
33	**Post-Service**																								
34	Monitor pt. following service/check tubes, monitors, drains			**10**		**10**		**10**		**10**		**15**		**15**		**25**		**20**		**10**			**10**		
35	Clean room/equipment by physician staff			**3**		**3**		**3**		**3**		**3**		**3**		**3**		**3**		**3**			**3**		
36	Clean Scope																								
37	Clean Surgical Instrument Package																								
38	Complete diagnostic forms, lab & X-ray requisitions																								
39	Review/read X-ray, lab, and pathology reports																								
40	Check dressings & wound/ home care instructions /coordinate office visits /prescriptions			**3**		**3**		**3**		**3**		**3**		**3**		**5**		**5**		**3**			**3**		
41	Other Clinical Activity - *specify:follow up phone call*																								
42	Other Clinical Acitvity - *specif: Process, hang, file films and review study with interpreting MD*																				**2**			**2**	
43	Dischrg mgmt same day (0.5 x 99238) (enter 6 min)			**n/a**		**n/a**		**n/a**		**n/a**		**n/a**		**n/a**		**n/a**		**n/a**		**n/a**			**n/a**		
44	Dischrg mgmt (1.0 x 99238) (enter 12 min)			**n/a**		**n/a**		**n/a**		**n/a**		**n/a**		**n/a**		**n/a**		**n/a**		**n/a**			**n/a**		
45	Dischrg mgmt (1.0 x 99239) (enter 15 min)			**n/a**		**n/a**		**n/a**		**n/a**		**n/a**		**n/a**		**n/a**		**n/a**		**n/a**			**n/a**		
46	**End: Patient leaves office**																								

	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
1												EXISTING CODE		EXISTING CODE		EXISTING CODE		EXISTING CODE		REFERENCE CODE			REFERENCE CODE		
2				62310		62311		62318		62319		62310		62311		62318		62319		64479 (62310, 62318)			64483 (62311, 62319)		
3	**Meeting Date: October 2012** **Tab: 18 - Spine Injections** **Specialty: AAPM, AAPM&R, ASIPP, ASA, ASNR (62311 only), ISIS, NASS**	**CMS Code**		Injection(s), of diagnostic or therapeutic substance(s) (including anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including		Injection(s), of diagnostic or therapeutic substance(s) (including anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances,		Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (including anesthetic, antispasmodic,		Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (including anesthetic, antispasmodic,		Injection(s), of diagnostic or therapeutic substance(s) (including anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including		Injection(s), of diagnostic or therapeutic substance(s) (including anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances,		Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (including anesthetic, antispasmodic,		Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (including anesthetic, antispasmodic,		Injection, anesthetInjection, anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); cervical or thoracic, single level			Injection, anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); lumbar or sacral, single level		
4	**LOCATION**			**Non Fac**	**Fac**	**Non Fac**	**Fac**	**Non Fac**	**Fac**	**Non Fac**	**Fac**	**Non Fac**	**Fac**	**Non Fac**	**Fac**	**Non Fac**	**Fac**	**Non Fac**	**Fac**	**Non Fac**	**Non Fac**	**Fac**	**Non Fac**	**Non Fac**	**Fac**
5	**CMS Code**			**L037D**	**L037D**	**L037D**	**L037D**	**L037D**	**L037D**	**L037D**	**L037D**	**L037D**	**L037D**	**L037D**	**L037D**	**L037D**	**L037D**	**L037D**	**L037D**	**L037D**	**L041B**	**L037D**	**L037D**	**L041B**	**L037D**
6	**Staff Type**			RN/LPA/MTA	RN/LPA/MTA	RN/LPA/MTA	RN/LPA/MTA	RN/LPA/MTA	RN/LPA/MTA	RN/LPA/MTA	RN/LPA/MTA	RN/LPA/MTA	RN/LPA/MTA	RN/LPA/MTA	RN/LPA/MTA	RN/LPA/MTA	RN/LPA/MTA	RN/LPA/MTA	RN/LPA/MTA	RN/LPN/MTA	Rad Tech	RN/LPN/MTA	RN/LPN/MTA	Rad Tech	RN/LPN/MTA
7	**GLOBAL PERIOD**			**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**
47	**POST-SERVICE Period**																								
48	**Start: Patient leaves office/facility**																								
49	Conduct phone calls/call in prescriptions			**3**	**3**	**3**	**3**	**3**	**3**	**3**	**3**	**5**	**5**	**5**	**5**	**5**	**5**	**5**	**5**	**3**		**3**	**3**		**3**
50	***Office visits: List Number and Level of Office Visits***			**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**		**# visits**	**# visits**	
51	99211 16 minutes		16																						
52	99212 27 minutes		27																						
53	99213 36 minutes		36																						
54	99214 53 minutes		53																						
55	99215 63 minutes		63																						
56	**Total Office Visit Time**			**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**		**0.0**	**0.0**	
57	Other Clinical Activity - *specify:*																								
58	**End: with last office visit before end of global period**																								
59	**MEDICAL SUPPLIES**	**CODE**	**UNIT**																						
60	E/M code basic supply package		pack									**1**		**1**		**1**		**1**							
61	pack, minimum multi-specialty visit	SA048	pack	**1**		**1**		**1**		**1**										**1**			**1**		
62	electrode needle, injectable (Myoject)	SD050	item																						
63	pack, basic injection	SA041	pack	**1**		**1**		**1**		**1**										**1**			**1**		
64	bupivacaine 0.5% inj (Marcaine)	SH022	ml																						
65	kit, CVA catheter, non-tunneled	SA009	kit																						
66	tray, shave prep	SA067	tray																						
67	mask, surgical, with face shield	SB034	item	**1**		**1**		**1**		**1**		**1**		**1**		**1**		**1**							
68	gown, staff, impervious	SB027	item									**1**		**1**		**1**		**1**							
69	heparin 1,000 units-ml inj	SH039	ml																						
70	gloves, sterile	SB024	pair									**2**		**2**		**2**		**2**							
71	sodium chloride 0.9% flush syringe	SH065	item																						
72	drape, sterile barrier 16in x 29in	SB007	item											**1**				**1**							
73	gauze, sterile 4in x 4in	SG055	item																						
74	shoe covers, surgical	SB039	pair																						
75	cap, surgical	SB001	item									**1**		**1**		**1**		**1**							
76	syringe 1ml	SC052	item																						
77	syringe 3ml	SC055	item	**1**		**1**		**1**		**1**										**1**			**1**		
78	needle, 18-27g	SC029	item																						
79	povidone soln (Betadine)	SJ041	ml																						
80	hydrogen peroxide	SJ028	ml																						
81	bandage, strip 0.75in x 3in (Bandaid)	SG021	item									**1**		**1**		**1**		**1**							
82	lidocaine 1%-2% inj (Xylocaine)	SH047	ml																						
83	swab-pad, alcohol	SJ053	item									**1**		**1**		**1**		**1**							
84	drape, sterile, c-arm, fluoro	SB008	item																	**1**			**1**		
85	needle, 18-26g 1.5-3.5in, spinal	SC028	item	**1**		**1**		**1**		**1**		**1**		**1**		**1**		**1**		**1**			**1**		
86	film, dry, radiographic, 8in x 10in	SK025	item																	**2**			**2**		
87	syringe 10-12ml	SC051	item	**1**		**1**		**1**		**1**		**1**		**1**		**1**		**1**		**1**			**1**		
88	sterile surgical gown, disposable	SB028	item									**1**		**1**		**1**		**1**							
89	Epidural kit	SA064	item									**1**		**1**		**1**		**1**							
90	Chux	SB044	item									**1**		**1**		**1**		**1**							
91	**EQUIPMENT**	**CODE**																							
92	ECG, 3-channel (with SpO2, NIBP, temp, resp)	EQ011																							
93	table, exam	EF023																							
94	nerve stimulator (eg, for nerve block)	EQ184																							
95	light, exam	EQ168																							
96	room, radiographic-fluoroscopic	EL014										**41**		**31**		**51**		**41**		**27**			**27**		
97	printer, dye sublimation (photo, color)	ED031																		**27**			**27**		
98	stretcher	EF018		**37**		**36**		**41**		**41**		**26**		**26**		**38**		**33**		**40**			**40**		
99	x-ray view box, 4 panel	ER067																		**27**			**27**		
100	pulse oximeter w-printer	EQ211																		**24**					

AMA/Specialty Society RVS Update Committee Summary of Recommendations
CMS-Other - Utilization over 500,000 / CMS High Expenditure Procedural Codes screens

October 2012

CT Brain/Head

CPT code 70450 was identified by the CMS High Expenditure Procedural Codes and the CMS/Other with utilization over 500,000 screens. In January 2012, the Relativity Assessment Workgroup recommended that the specialties survey both 70450 and 70460 for the October 2012 RUC Meeting.

70450 *Computed tomography, head or brain; without contrast material*
The RUC reviewed the survey results from 92 radiologists and neuroradiologists and recommend the following median survey time components: 4 minutes of pre-service time, 10 minutes of intra-service time and 5 minutes of post-service time. The RUC discussed with the specialties the need for review of prior studies in both the pre-service and intra-service time components. The specialties explained that in the pre-service time a review of prior studies is essential in communicating proper protocol with the technologist and to confirm the appropriateness of the study. In the intra-service time a review of prior studies is also performed during the interpretation in order to make comparisons between previous scans and the new scan. Finally, the RUC noted that while 64 slice CT scanners are now common in practice settings, the CMS CT room practice expense pricing is based on using a 16 slice scanner. However, the specialties clarified that the physician work and time would not vary between the two technologies. Therefore, the value for CPT code 70450 should be based on a 16 slice scanner.

The RUC reviewed the survey respondents' estimated work values and agreed with the specialties that a work RVU of 0.85, the current work value and below the survey 25th percentile, is appropriate for CPT code 70450. To justify this value, the RUC reviewed the key reference service CPT code 72125 *Computed tomography, cervical spine; without contrast material* (work RVU= 1.07) and noted that the reference code has 5 additional minutes of intra-service time compared to 70450, 15 minutes and 10 minutes, respectively. Accordingly, the RUC determined a work RVU of 0.85 accurately values 70450 in comparison to this similar reference service. In addition, CPT code 72192 *Computed tomography, pelvis; without contrast material* (work RVU= 1.09) was compared to the surveyed code and the RUC agreed that while both services have identical intra-service time of 10 minutes, the reference code should be valued higher because of greater intensity and complexity. The RUC also reviewed radiology codes outside the CT family and determined that MPC code 76700 *Ultrasound, abdominal, real time with image documentation; complete* (work RVU= 0.81), with identical intra-service time as code 70450, should be valued similarly. **The RUC recommends a work RVU of 0.85 for CPT code 70450.**

CPT five-digit codes, two-digit modifiers, and descriptions only are copyright by the American Medical Association.

70460 ***Computed tomography, head or brain; with contrast material***
The RUC reviewed the survey results from 92 radiologists and neuroradiologists and recommends the following median survey time components: 5 minutes of pre-service time, 12 minutes of intra-service time and 5 minutes of post-service time. The RUC discussed with the specialties the need for review of prior studies in both the pre-service and intra-service time components. The specialties explained that in the pre-service time a review of prior studies is essential to communicate proper protocol with the technologist and to confirm the appropriateness of the study. In the intra-service time a review of prior studies is also performed during the interpretation in order to make comparisons between previous scans and the new scan. Finally, the RUC noted that while 64 slice CT scanners are now common in practice settings, the CMS CT room practice expense pricing is based on using a 16 slice scanner. However, the specialties clarified the service physician work and time would not vary between the two technologies. Therefore, the value for CPT code 70460 should be based on a 16 slice scanner.

The RUC reviewed the survey respondents' estimated work values and agreed with the specialties that a work RVU of 1.13, the current work value and below the survey 25th percentile, is appropriate for CPT code 70460. To justify this value, the RUC reviewed the key reference service CPT code 74160 *Computed tomography, abdomen; with contrast material(s)* (work RVU= 1.27) and agreed that since the reference code has 3 additional minutes of intra-service time compared to 70460, 15 minutes compared to 12 minutes, 74160 should be valued higher. Additional support comes from CPT code 71260 *Computed tomography, thorax; with contrast material(s)* (work RVU= 1.24) which, like the key reference service, has 3 additional minutes of intra-service and is accurately valued greater than 70460. Finally, the RUC compared the surveyed code to CPT code 78306 *Bone and/or joint imaging; whole body* (work RVU= 0.86) and noted that the reference code has 4 minutes less intra-service time, 8 minutes, compared to code 70460. The RUC agreed that the recommended work value of 1.13 for 70460 is appropriately valued higher than this reference code. **The RUC recommends a work RVU of 1.13 for CPT code 70460.**

Practice Expense:
The PE Subcommittee discussed CMS' refinement (PFS 2012) to the equipment minutes for CT room for CPT code 70470 from the RUC recommendation of 42 minutes to 30 minutes. The specialty explained and the PE Subcommittee agreed that the CT room is in use and not available for another patient during the entirety of the service period and that 30 minutes equipment time for this service is not appropriate. Furthermore the PE Subcommittee determined that it would cause a rank order anomaly for practice expense equipment time within the family of codes. The RUC accepted the direct practice expense inputs for all three CPT codes in the family as submitted by the specialty and approved by the Practice Expense Subcommittee.

CPT five-digit codes, two-digit modifiers, and descriptions only are copyright by the American Medical Association.

May 2011 RUC Recommendations:
The RUC recommendations for CPT code 70470 was considered by the RUC in April 2011 and submitted to CMS in May 2011. These recommendations are attached for informational purposes only.

CPT Code	CPT Descriptor	Global Period	Work RVU Recommendation
70450	Computed tomography, head or brain; without contrast material	XXX	0.85 (No Change)
70460	with contrast material(s)	XXX	1.13 (No Change)
70470	without contrast material, followed by contrast material(s) and further sections	XXX	1.27 Approved at the April 2011 meeting

CPT five-digit codes, two-digit modifiers, and descriptions only are copyright by the American Medical Association.

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:70450 Tracking Number Original Specialty Recommended RVU: **0.85**
Presented Recommended RVU: **0.85**
Global Period: XXX RUC Recommended RVU: **0.85**

CPT Descriptor: Computed tomography, head or brain; without contrast material

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: 42-year-old man with history of motor vehicle accident in which a loss of consciousness occurred presents to the ER with a scalp hematoma. A head CT without intravenous contrast is ordered.

Percentage of Survey Respondents who found Vignette to be Typical: 93%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? No
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 15%

Is moderate sedation inherent to this procedure in the office setting? No
Percent of survey respondents who stated moderate sedation is typical in the office setting? 7%

Description of Pre-Service Work:
• Review the request for appropriateness, review clinical history.
• Review any prior applicable studies.
• Communicate protocol to technologist.

Description of Intra-Service Work:
• Obtain/interpret scout views of area to be imaged.
• Obtain/review axial CT images.
• Supervise processing of two-dimensional reconstructions.
• Interpret the axial source images and the multiplanar reformats in brain, subdural, stroke, vascular, and bone windows. Evaluate brain parenchyma; ventricular system; subdural and subarachnoid spaces; meninges; calvarium; sella, cavernous sinuses, petrous temporal bones; skull base; fissures; and foramina; superficial soft tissues. Evaluate for etiologies of patient's symptoms, such as ischemia/infarction, hemorrhage, mass effect, hydrocephalus, white matter disease, congenital anomalies, disorders of brain coverings. Evaluate major vascular structures for evidence of thrombosis, aneurysmal dilatation, dissection, atherosclerotic calcification.
• Compare to all pertinent available prior studies.
• Dictate report. Per PQRS guidelines, comment on the presence or absence of mass, hemorrhage, or acute infarction.
• Document radiation dose administered and ensure database entry, if appropriate.

Description of Post-Service Work:
• Review and sign the final report.
• Discuss findings with referring physician/emergency department.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	10/2012				
Presenter(s):	Zeke Silva, MD; Greg Nicola, MD; Joshua Hirsch, MD				
Specialty(s):	American College of Radiology and American Society of Neuroradiology				
CPT Code:	70450				
Sample Size:	3062	**Resp N:**	92	**Response:** 3.0 %	
Description of Sample:	ACR randomly selected members who identified themselves as a neuroradiologist				

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	50.00	500.00	**1000.00**	2000.00	8000.00
Survey RVW:	0.50	1.04	**1.10**	1.20	1.90
Pre-Service Evaluation Time:			**4.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	2.00	7.00	**10.00**	13.00	40.00

Immediate Post Service-Time:	**5.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process: XXX Global Code

CPT Code:	70450	**Recommended Physician Work RVU: 0.85**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**4.00**	**0.00**	**4.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**10.00**		

Immediate Post Service-Time:	**5.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
72125	XXX	1.07	**RUC Time**

CPT Descriptor Computed tomography, cervical spine; without contrast material

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
78306	XXX	0.86	**RUC Time**	391,195

CPT Descriptor 1 Bone and/or joint imaging; whole body

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization

CPT Descriptor 2

Other Reference CPT Code	Global	Work RVU	Time Source

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO KEY REFERENCE SERVICE(S):
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Key Reference Code: 34 **% of respondents:** 36.9 **%**

TIME ESTIMATES (Median)	**CPT Code: 70450**	**Key Reference CPT Code:** 72125	**Source of Time RUC Time**
Median Pre-Service Time	4.00	5.00	
Median Intra-Service Time	10.00	15.00	
Median Immediate Post-service Time	5.00	5.00	
Median Critical Care Time	0.0	0.00	
Median Other Hospital Visit Time	0.0	0.00	
Median Discharge Day Management Time	0.0	0.00	
Median Office Visit Time	0.0	0.00	
Prolonged Services Time	0.0	0.00	
Median Subsequent Observation Care Time	0.0	0.00	
Median Total Time	**19.00**	**25.00**	

Other time if appropriate		

INTENSITY/COMPLEXITY MEASURES (Mean)	**(of those that selected Key Reference code)**	
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	3.39	3.12
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	2.67	2.67
Urgency of medical decision making	4.64	4.12
Technical Skill/Physical Effort (Mean)		
Technical skill required	3.39	3.27
Physical effort required	2.33	2.41
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality	3.82	3.65
Outcome depends on the skill and judgment of physician	4.26	4.06
Estimated risk of malpractice suit with poor outcome	4.32	4.29

INTENSITY/COMPLEXITY MEASURES	**CPT Code**	**Reference Service 1**
Time Segments (Mean)		
Pre-Service intensity/complexity	2.18	2.12
Intra-Service intensity/complexity	3.53	3.59
Post-Service intensity/complexity	2.44	2.32

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

Background

CPT Code 70450 [*Computed tomography, head or brain; without contrast material*] was identified on both CMS' High Expenditure Procedural Codes Screen as well as by the RAW's CMS/Other screen. The American College of Radiology (ACR) and American Society of Neuroradiology (ASNR) surveyed 70450 and 70460, and convened an expert panel of physicians familiar with the services to review the survey data.

Work RVU Recommendations

The expert panel recommends maintaining the current work RVU for both codes: 70450 - 0.85 RVU, 70460 – 1.13 RVU. These recommendations are lower than the surveys' 25th percentile values.

Pre, Intra, and Post Service Times

The panel recommends the median survey service period times for both codes. The panel recommends pre, intra, and post times of 4, 10, and 5 minutes, respectively for 70450; and pre, intra, and post times of 5, 12 and 5 minutes respectively for 70460. These times are consistent with the recently RUC-reviewed reference services described below. These times are similar to the existing total times, but like other CMS/Other codes, the total time is not divided into pre-, intra- or post-service period times.

Compelling Evidence

Our survey results support an increase in value. While our societies do not plan to submit compelling evidence arguments for an increase, we would point out that there have been revolutionary changes in CT technology since this procedure was originally valued. Modern CT scanners are capable of acquiring larger volumes of data, with routine generation of a higher number of thinner slices. Post-processing capabilities now enable reconstructions in alternative algorithms (e.g., bone). These advances have truly changed the nature of the physician work performed, and have increased the typical number of images generated by a factor of 4 or more. There are, at times, hundreds of images to review in multiple planes and different windows.

Another significant change in physician work concerns the issue of radiation safety. There is a necessity to establish a definitive minimum amount of ionizing radiation to achieve diagnostic image quality. The heightened awareness has led facilities to revise their scan protocols, to closely assess scanning needs on an individual patient basis, and recently to begin routine documentation of patient exposure on every CT scan performed. This has had a measurable change in the practice of head CT.

Despite the proliferation in the number of images and development of more challenging protocol considerations, the societies recognize that previous arguments at the RUC for similar codes have been mitigated by survey time results that did not build a substantive case for compelling evidence. Because the societies believe this same reasoning would hold for 70450 and 70460, we recommend maintaining the current RVU value for both codes.

Comparison to other RUC reviewed CT codes

Our recommendations compare favorably to the following RUC reviewed CT codes including the recently RUC surveyed code 70470 (Computed tomography, head or brain; without contrast material, followed by contrast material(s) and further sections).

CPT Code	Short Descriptor	Work RVU	Pre-Service	Intra-Service	Post-Service	Total Time	IWPUT
75571	CT HRT W/O DYE W/CA TEST	0.58	5	10	5	20	0.0356
70450	CT HEAD/BRAIN W/O DYE	0.85	4	10	5	19	0.0648
72192	CT PELVIS W/O DYE	1.09	3	10	5	18	0.0911
70460	CT HEAD/BRAIN W/DYE	1.13	5	12	5	22	0.0755
74150	CT ABDOMEN W/O DYE	1.19	3	12	5	20	0.0842
71260	CT THORAX W/DYE	1.24	3	15	5	23	0.0706
70470	CT HEAD/BRAIN W/O & W/DYE	1.27	5	15	5	25	0.0697

Summary of Recommendation for 70450 [*Computed tomography, head or brain; without contrast material*]

Our expert panel recommends maintaining the current value of 70450 at 0.85 RVU with median service period times of 4, 10, and 5 minutes.

Code 70450 (Head CT without contrast) is an invaluable tool in investigating a diverse set of pathologies which range from minor to life threatening. It is a pivotal tool in investigating altered mental status, stroke, trauma, tumor, aneurysms, hemorrhage, demyelination, infection, child abuse, headache, among many other central nervous system pathologies. Not only is a positive result significant, a negative result is also pertinent in relieving patient anxiety, providing assurance to ordering physicians, and saving time for emergency departments.

Code 70450 (Head CT without contrast) is a technically challenging examination to interpret. Subtle findings combined with prominent artifact created by the surrounding dense skull require meticulous attention to detail in order to provide proper interpretation. A combination of its utility (as a positive and negative predictor of pathology), intensity, and the amount of technical training necessary to accurately interpret led us to believe that this procedure is best valued as above.

Key Reference Service for 70450

Our recommended work RVU of 0.85 compares favorably to the most commonly chosen key reference service of 72125 (Computed tomography, cervical spine; without contrast material). 72125 has a higher work RVU of 1.07, but also higher intra and total time.

CPT Code	Short Descriptor	Work RVU	Pre-Service	Intra-Service	Post-Service	Total Time	IWPUT
70450	CT HEAD/BRAIN W/O DYE	0.85	4	10	5	19	0.0648
72125	CT NECK SPINE W/O DYE	1.07	5	15	5	25	0.0560

MPC Code for 70450

Our recommendation is compared to MPC code 78306 (Bone and/or joint imaging; whole body) with work RVU of 0.86. Imaging of the brain is inherently more complex and riskier than imaging of the joint or bone for all the same reasons as above. Additionally, intra-service time and total time and are both greater for 70450 (10 minutes, 19 minutes) compared to 78306 (8 minutes, 18 minutes).

CPT Code	Short Descriptor	Work RVU	Pre-Service	Intra-Service	Post-Service	Total Time	IWPUT
70450	CT HEAD/BRAIN W/O DYE	0.85	4	10	5	19	0.0648
78306	BONE IMAGING WHOLE BODY	0.86	5	8	5	18	0.0794

Summary:

In summary, our expert panel recommends maintaining the current value of 70450 at 0.85 RVU with median service period times of 4, 10, and 5 minutes. We believe this compares favorably with the key reference service, 72125, and MPC code, 78306. Relativity is also appropriate across the 3 codes for CT of the head / brain.

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) 70450

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Diagnostic Radiology How often? Commonly

Specialty How often?

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 15771924

If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. The overall number of services described by 70450 provided nationally in a one-year period is estimated to be 15,771,924.

Specialty Diagnostic Radiology Frequency 12033980 Percentage 76.30 %

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? 5,257,308 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. The 2011 Medicare data estimates that CPT code 70450 was billed approximately 5,257,308 times for Medicare patients nationally in a one-year period.

Specialty Diagnostic Radiology Frequency 4011330 Percentage 76.30 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

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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 70450

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:70460 Tracking Number Original Specialty Recommended RVU: **1.13**
Presented Recommended RVU: **1.13**
Global Period: XXX RUC Recommended RVU: **1.13**

CPT Descriptor: Computed tomography, head or brain; with contrast material(s)

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: 25-year-old male immuno-compromised patient with contraindication to MRI and concern for intra-cerebral infection. A head CT with intravenous contrast is ordered.

Percentage of Survey Respondents who found Vignette to be Typical: 91%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? No
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 16%

Is moderate sedation inherent to this procedure in the office setting? No
Percent of survey respondents who stated moderate sedation is typical in the office setting? 7%

Description of Pre-Service Work:
• Review the request for appropriateness, review clinical history.
• Review lab studies to assess renal function. Review medical record for allergy history, absence of contraindications to contrast injection, factors predisposing to contrast-induced nephrotoxicity, and adjust contrast product and amount to be injected. Pre-hydrate if necessary.
• Review the nature and risks of contrast reaction to the patient and obtain informed consent where applicable. Supervise IV placement.
• Review any prior applicable studies.

Description of Intra-Service Work:
• Obtain/interpret scout views of area to be imaged.
• Supervise low- or iso-osmolar contrast injection, supervise monitoring for contrast reaction and extravasation.
• Obtain the contrast-phase CT images and review, consider obtaining delayed-phase CT images.
• Supervise processing of two-dimensional reconstructions.
• Interpret the axial source images and the multiplanar reformats in brain, subdural, stroke, vascular, and bone windows. Evaluate brain parenchyma; ventricular system; subdural and subarachnoid spaces; arterial and dural venous sinus vascular structures; meninges; calvarium; sella, cavernous sinuses, petrous temporal bones; skull base; fissures; and foramina; superficial soft tissues. Count neoplastic lesions and measure in two dimensions, if applicable. Evaluate for non-neoplastic etiologies of patient's symptoms, such as ischemia/infarction, hemorrhage, mass effect, hydrocephalus, white matter disease, congenital anomalies, disorders of brain coverings. Evaluate vascular structures for patency, aneurysm, AVM, atherosclerotic changes, and significant stenosis, with creation of vascular reformats, if applicable.
• Compare to all pertinent available prior studies.
• Dictate report. Per PQRS guidelines, comment on the presence or absence of mass, hemorrhage, or acute infarction.

• Document radiation dose administered and ensure database entry, if appropriate.

Description of Post-Service Work:
• Review and sign the final report.
• Discuss findings with referring physician/emergency department.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	10/2012				
Presenter(s):	Zeke Silva, MD; Greg Nicola, MD; Joshua Hirsch, MD				
Specialty(s):	American College of Radiology and American Society of Neuroradiology				
CPT Code:	70460				
Sample Size:	3062	**Resp N:**	92	**Response:** 3.0 %	
Description of Sample:	ACR randomly selected members who identified themselves as neuradiologist				

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	4.00	100.00	**220.00**	675.00	4000.00
Survey RVW:	0.85	1.17	**1.25**	1.50	2.00
Pre-Service Evaluation Time:			**5.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	2.00	8.00	**12.00**	15.00	45.00

Immediate Post Service-Time:	**5.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process: XXX Global Code

CPT Code:	70460	**Recommended Physician Work RVU: 1.13**		
		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:		**12.00**		

Immediate Post Service-Time:	**5.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
74160	XXX	1.27	**RUC Time**

CPT Descriptor Computed tomography, abdomen; with contrast material(s)

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
78306	XXX	0.86	**RUC Time**	391,195

CPT Descriptor 1 Bone and/or joint imaging; whole body

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization

CPT Descriptor 2

Other Reference CPT Code	Global	Work RVU	Time Source

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO KEY REFERENCE SERVICE(S):
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Key Reference Code: 20 **% of respondents:** 21.7 **%**

TIME ESTIMATES (Median)	**CPT Code: 70460**	**Key Reference CPT Code:** 74160	**Source of Time RUC Time**
Median Pre-Service Time	5.00	3.00	
Median Intra-Service Time	12.00	15.00	
Median Immediate Post-service Time	5.00	5.00	
Median Critical Care Time	0.0	0.00	
Median Other Hospital Visit Time	0.0	0.00	
Median Discharge Day Management Time	0.0	0.00	
Median Office Visit Time	0.0	0.00	
Prolonged Services Time	0.0	0.00	
Median Subsequent Observation Care Time	0.0	0.00	
Median Total Time	**22.00**	**23.00**	

Other time if appropriate		

INTENSITY/COMPLEXITY MEASURES (Mean)		**(of those that selected Key Reference code)**
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	4.15	3.75
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	4.05	3.75
Urgency of medical decision making	4.80	3.95
Technical Skill/Physical Effort (Mean)		
Technical skill required	4.15	3.80
Physical effort required	3.45	3.25
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality	4.15	3.65
Outcome depends on the skill and judgment of physician	4.60	4.05
Estimated risk of malpractice suit with poor outcome	4.70	3.95

INTENSITY/COMPLEXITY MEASURES	**CPT Code**	**Reference Service 1**
Time Segments (Mean)		
Pre-Service intensity/complexity	2.90	2.80
Intra-Service intensity/complexity	4.00	3.80
Post-Service intensity/complexity	3.05	2.95

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

Background

CPT Code 70450 [*Computed tomography, head or brain; without contrast material*] was identified on both CMS' High Expenditure Procedural Codes Screen as well as by the RAW's CMS/Other screen. The American College of Radiology (ACR) and American Society of Neuroradiology (ASNR) surveyed 70450 and 70460, and convened an expert panel of physicians familiar with the services to review the survey data.

Work RVU Recommendations

The expert panel recommends maintaining the current work RVU for both codes: 70450 - 0.85 RVU, 70460 – 1.13 RVU. These recommendations are lower than the surveys' 25th percentile values.

Pre, Intra, and Post Service Times

The panel recommends the median survey service period times for both codes. The panel recommends pre, intra, and post times of 4, 10, and 5 minutes, respectively for 70450; and pre, intra, and post times of 5, 12 and 5 minutes respectively for 70460. These times are consistent with the recently RUC-reviewed reference services described below. These times are similar to the existing total times, but like other CMS/Other codes, the total time is not divided into pre-, intra- or post-service period times.

Compelling Evidence

Our survey results support an increase in value. While our societies do not plan to submit compelling evidence arguments for an increase, we would point out that there have been revolutionary changes in CT technology since this procedure was originally valued. Modern CT scanners are capable of acquiring larger volumes of data, with routine generation of a higher number of thinner slices. Post-processing capabilities now enable reconstructions in alternative algorithms (e.g., bone). These advances have truly changed the nature of the physician work performed, and have increased the typical number of images generated by a factor of 4 or more. There are, at times, hundreds of images to review in multiple planes and different windows.

Another significant change in physician work concerns the issue of radiation safety. There is a necessity to establish a definitive minimum amount of ionizing radiation to achieve diagnostic image quality. The heightened awareness has led facilities to revise their scan protocols, to closely assess scanning needs on an individual patient basis, and recently to begin routine documentation of patient exposure on every CT scan performed. This has had a measurable change in the practice of head CT.

Despite the proliferation in the number of images and development of more challenging protocol considerations, the societies recognize that previous arguments at the RUC for similar codes have been mitigated by survey time results that did not build a substantive case for compelling evidence. Because the societies believe this same reasoning would hold for 70450 and 70460, we recommend maintaining the current RVU value for both codes.

Comparison to other RUC reviewed CT codes

Our recommendations compare favorably to the following RUC reviewed CT codes including the recently RUC surveyed code 70470 (Computed tomography, head or brain; without contrast material, followed by contrast material(s) and further sections).

CPT Code	Short Descriptor	Work RVU	Pre-Service	Intra-Service	Post-Service	Total Time	IWPUT
75571	CT HRT W/O DYE W/CA TEST	0.58	5	10	5	20	0.0356
70450	CT HEAD/BRAIN W/O DYE	0.85	4	10	5	19	0.0648
72192	CT PELVIS W/O DYE	1.09	3	10	5	18	0.0911
70460	CT HEAD/BRAIN W/DYE	1.13	5	12	5	22	0.0755
74150	CT ABDOMEN W/O DYE	1.19	3	12	5	20	0.0842
71260	CT THORAX W/DYE	1.24	3	15	5	23	0.0706
70470	CT HEAD/BRAIN W/O & W/DYE	1.27	5	15	5	25	0.0697

Summary of Recommendation for 70460 [*Computed tomography, head or brain; with contrast material(s)*]

Our expert panel recommends maintaining the current value of 70460 at 1.13 RVU with median service period times of 5, 12 and 5 minutes

Code 70460 (Head CT with contrast) is an invaluable tool in investigating infection and tumor when other modalities are not available (for either technical reasons or patient contraindications).

Code 70460 (Head CT without contrast) is a technically challenging examination to interpret. Subtle findings combined with prominent artifact created by the surrounding dense skull require meticulous attention to detail in order to provide proper interpretation. A combination of its utility (as a positive and negative predictor of pathology), intensity, and the amount of technical training one needs to accurately interpret led us to believe that this procedure is best valued as above.
The higher value RVU for Code 70460 (Head CT with contrast) compared to Code 70450 (Head CT without contrast) material is related to time and expansion of diagnostic capabilities. Interpreting a study after IV contrast material requires “extra work” as one needs to assess brain, meninges, scalp and skull for enhancing lesions, as well as, meticulously interrogate the major arteries and dural sinuses for aneurysms and filling defects, respectively. One also has greater potential for diagnoses as contrast enhancement is imperative for differentiating diverse processes such as infection and tumor. The extra minute of pre-service time reflects additional time related to contrast administration including checking labs and screening for allergies.

Key Reference Service for 70460

Our Work RVU recommendation is lower than the RVU of the most commonly chosen key reference survey code, 74160 (Computed tomography, abdomen; with contrast material) (current work RVU of 1.27). Code 70460 (Head CT with contrast) had a higher score on all 11 intensity/complexity measures relative to 74160, the key reference service. Intra-service time and total time favored 74160 (15 minutes and 23 minutes) vs. 70460 (12 minutes and 22 minutes). This is presumably secondary to the larger number of organs which must be reviewed when interpreting 74160 vs. 70460. Balancing the higher intensity for interpreting 70460 vs. 71460 with the shorter time lead us to believe maintaining a Work RVU of 1.13 is appropriate.

CPT Code	Short Descriptor	Work RVU	Pre-Service	Intra-Service	Post-Service	Total Time	IWPUT
70460	CT HEAD/BRAIN W/DYE	1.13	5	12	5	22	0.0755
74160	CT ABDOMEN W/ DYE	1.27	3	15	5	23	0.0727

MPC Code for 70460

Our recommendation is compared to MPC code 78306 (Bone and/or joint imaging; whole body) with work RVU of 0.86. Imaging of the brain is inherently more complex and riskier than imaging of the joint or bone for all the same reasons as above. Additionally, intra-service time and total time and are both greater for 70460 (12 minutes, 22 minutes) compared to 78306 (8 minutes, 18 minutes).

CPT Code	Short Descriptor	Work RVU	Pre-Service	Intra-Service	Post-Service	Total Time	IWPUT
70460	CT HEAD/BRAIN W/DYE	1.13	5	12	5	22	0.0755
78306	BONE IMAGING WHOLE BODY	0.86	5	8	5	18	0.0794

Summary:

In summary, our expert panel recommends maintaining the current value of 70460 at 1.13 RVU with median service period times of 5, 12, and 5 minutes. We believe this compares favorably with the key reference service, 74160, and MPC code, 78306. Relativity is also appropriate across the 3 codes for CT of the head / brain.

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) 70460

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Diagnostic Radiology How often? Commonly

Specialty How often?

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 115287
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. The overall number of services described by 70460 provided nationally in a one-year period is estimated to be 115,287.

Specialty Diagnostic Radiology	Frequency 84025	Percentage 72.88 %
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? 38,429 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. The 2011 Medicare data estimates that CPT code 70460 was billed approximately 38,429 times for Medicare patients nationally in a one-year period.

Specialty Diagnostic Radiology	Frequency 28010	Percentage 72.88 %
Specialty	Frequency 0	Percentage 0.00 %
Specialty	Frequency 0	Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

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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 70460

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

SS Rec Summary

ISSUE: CT Head or Brain

TAB: 19

Source	CPT	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST
REF	72125	Computed tomography, cervical spine; without contrast material	34	0.056			1.07			25	5					15			5
CURRENT	70450	Computed tomography, head or brain; without contrast material		#DIV/0!			0.85			17									
SVY	70450	Computed tomography, head or brain; without contrast material	92	0.090	0.50	1.04	1.10	1.20	1.90	19	4			2	7	10	13	40	5
REC	70450	Computed tomography, head or brain; without contrast material		0.065			0.85			19	4					10			5

Source	CPT	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST
REF	74160	Computed tomography, abdomen; with contrast material(s)	20	0.073			1.27			23	3					15			5
CURRENT	70460	Computed tomography, head or brain; with contrast material(s)		#DIV/0!			1.13			22									
SVY	70460	Computed tomography, head or brain; with contrast material(s)	92	0.086	0.85	1.17	1.25	1.50	2.00	22	5			2	8	12	15	45	5
REC	70460	Computed tomography, head or brain; with contrast material(s)		0.076			1.13			22	5					12			5

CPT Code: 70450, 70460, & 70470
Specialty Society('s) ACR & ASNR

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation
Non Facility Direct Inputs

CPT Long Descriptor:
70450: Computed tomography, head or brain; without contrast material
70460: Computed tomography, head or brain; with contrast material(s)
70470: Computed tomography, head or brain; without contrast material, followed by contrast material(s) and further sections

Global Period: XXX Meeting Date: 10/2012

Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee:

The American College of Radiology and the American Society of Neuroradiology convened a consensus panel to finalize the practice expense data for CPT codes 70450, 70460, and 70470.

A reference code must be provided for comparison to the practice expense inputs on your spreadsheet. Please provide a rationale for the selection of reference codes. Comparison Code Rationale:

Since 70450, 70460, and 70470 are existing codes, we used the PEAC approved data as the basis for the practice expense inputs.

Please describe in detail the clinical activities of your staff:

Pre-Service Clinical Labor Activities:

- Retrieve prior appropriate imaging exams and hang for MD review, verify orders, review the chart to incorporate relevant clinical information and confirm contrast protocol with interpreting MD

Service Clinical Labor Activities:

- Greet patient, provide gowning, ensure appropriate medical records are available
- Provide pre-service education/obtain consent/ Interview patient for contraindications
- Prepare room, equipment, supplies/ Enter patient demographic information into the CT scanner
- Prepare and position patient/ monitor patient/ set up IV
- Assist physician in performing procedure/Acquire Images
- Clean room/equipment by physician staff
- Process films, hang films and review study with interpreting MD prior to patient discharge

Post-Service Clinical Labor Activities:

	A	B	C	D	F	H	J	L	N
1				REF CODE		REF CODE		REF CODE	
2				70450	70450	70460	70460	70470	70470
3	**Meeting Date: October 2012** **Tab: 19** **Specialty: ACR & ASNR**	**CMS Code**	**Staff Type**	Computed tomography, head or brain; without contrast material (RUC DB)	Computed tomography, head or brain; without contrast material (October 2012)	Computed tomography, head or brain; with contrast material(s) (RUC DB)	Computed tomography, head or brain; with contrast material(s) (October 2012)	Computed tomography, head or brain; without contrast material, followed by contrast material(s) and further sections (RUC DB)	Computed tomography, head or brain; without contrast material, followed by contrast material(s) and further sections (October 2012)
4	**LOCATION**			**Non Fac**	**Non Fac**	**Non Fac**	**Non Fac**	**Non Fac**	**Non Fac**
5	**GLOBAL PERIOD**			**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**
6	**TOTAL CLINICAL LABOR TIME**	**L046A**	**CT Tech**	**32.0**	**32.0**	**41.0**	**41.0**	**49.0**	**49.0**
7	**TOTAL PRE-SERV CLINICAL LABOR TIME**	**L046A**	**CT Tech**	**6.0**	**6.0**	**7.0**	**7.0**	**7.0**	**7.0**
8	**TOTAL SERVICE PERIOD CLINICAL LABOR TIME**	**L046A**	**CT Tech**	**26.0**	**26.0**	**34.0**	**34.0**	**42.0**	**42.0**
9	**TOTAL POST-SERV CLINICAL LABOR TIME**	**L046A**	**CT Tech**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
10	**PRE-SERVICE**								
11	**Start: Following visit when decision for surgery or procedure made**								
12	Complete pre-service diagnostic & referral forms								
13	Coordinate pre-surgery services								
14	Schedule space and equipment in facility								
15	Provide pre-service education/obtain consent								
16	Follow-up phone calls & prescriptions								
17	Other Clinical Activity - *specify:*								
18	*- Retrieve prior appropriate imaging exams and hang for MD review, verify orders, review the chart to incorporate relevant clinical information and confirm contrast protocol with interpreting MD*	L046A	CT Tech	**6**	**6**	**7**	**7**	**7**	**7**
19	**End: When patient enters office/facility for surgery/procedure**								
20	**SERVICE PERIOD**								
21	**Start: When patient enters office/facility for surgery/procedure:**								
22	Greet patient, provide gowning, ensure appropriate medical records are available	L046A	CT Tech	**3**	**3**	**3**	**3**	**3**	**3**
23	Obtain vital signs								
24	Provide pre-service education/obtain consent/ *Interview patient for contraindications*	L046A	CT Tech	**2**	**2**	**3**	**3**	**3**	**3**
25	Prepare room, equipment, supplies/ *Enter patient demographic information into the CT scanner*	L046A	CT Tech	**2**	**2**	**4**	**4**	**4**	**4**
26	Setup scope (non facility setting only)								
27	Prepare and position patient/ monitor patient/ set up IV	L046A	CT Tech	**2**	**2**	**5**	**5**	**5**	**5**
28	Sedate/apply anesthesia								
29	**Intra-service**								
30	Assist physician in performing procedure								
31	*- Acquire Images*	L046A	CT Tech	**10**	**10**	**12**	**12**	**18**	**18**
32	**Post-Service**								
33	Monitor pt. following service/check tubes, monitors, drains								
34	Clean room/equipment by physician staff	L046A	CT Tech	**3**	**3**	**3**	**3**	**3**	**3**
35	Clean Scope								
36	Clean Surgical Instrument Package								
37	Complete diagnostic forms, lab & X-ray requisitions								
38	Review/read X-ray, lab, and pathology reports								
39	Check dressings & wound/ home care instructions /coordinate office visits /prescriptions								
40	Other Clinical Activity - *specify:*								
41	*- Process films, hang films and review study with interpreting MD prior to patient discharge*	L046A	CT Tech	**4**	**4**	**4**	**4**	**6**	**6**
42	Dischrg mgmt same day (0.5 x 99238) (enter 6 min)			**n/a**	**n/a**	**n/a**	**n/a**	**n/a**	**n/a**
43	Dischrg mgmt (1.0 x 99238) (enter 12 min)			**n/a**	**n/a**	**n/a**	**n/a**	**n/a**	**n/a**
44	Dischrg mgmt (1.0 x 99239) (enter 15 min)			**n/a**	**n/a**	**n/a**	**n/a**	**n/a**	**n/a**
45	**End: Patient leaves office**								
46	**POST-SERVICE Period**								
47	**Start: Patient leaves office/facility**								
48	Conduct phone calls/call in prescriptions								
49	***Office visits: List Number and Level of Office Visits***			**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**
50	99211 16 minutes		16						
51	99212 27 minutes		27						
52	99213 36 minutes		36						
53	99214 53 minutes		53						
54	99215 63 minutes		63						
55	**Total Office Visit Time**			**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
56	Other Clinical Activity - *specify:*								

	A	B	C	D	F	H	J	L	N
1				REF CODE		REF CODE		REF CODE	
2				70450	70450	70460	70460	70470	70470
3	**Meeting Date: October 2012** **Tab: 19** **Specialty: ACR & ASNR**	**CMS Code**	**Staff Type**	Computed tomography, head or brain; without contrast material **(RUC DB)**	Computed tomography, head or brain; without contrast material **(October 2012)**	Computed tomography, head or brain; with contrast material(s) **(RUC DB)**	Computed tomography, head or brain; with contrast material(s) **(October 2012)**	Computed tomography, head or brain; without contrast material, followed by contrast material(s) and further sections **(RUC DB)**	Computed tomography, head or brain; without contrast material, followed by contrast material(s) and further sections **(October 2012)**
4	**LOCATION**			**Non Fac**	**Non Fac**	**Non Fac**	**Non Fac**	**Non Fac**	**Non Fac**
5	**GLOBAL PERIOD**			**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**
57	**End: with last office visit before end of global period**								

	A	B	C	D	F	H	J	L	N
1				REF CODE		REF CODE		REF CODE	
2				70450	70450	70460	70460	70470	70470
3	**Meeting Date: October 2012** **Tab: 19** **Specialty: ACR & ASNR**	**CMS Code**	**Staff Type**	Computed tomography, head or brain; without contrast material (RUC DB)	Computed tomography, head or brain; without contrast material (October 2012)	Computed tomography, head or brain; with contrast material(s) (RUC DB)	Computed tomography, head or brain; with contrast material(s) (October 2012)	Computed tomography, head or brain; without contrast material, followed by contrast material(s) and further sections (RUC DB)	Computed tomography, head or brain; without contrast material, followed by contrast material(s) and further sections (October 2012)
4	**LOCATION**			**Non Fac**	**Non Fac**	**Non Fac**	**Non Fac**	**Non Fac**	**Non Fac**
5	**GLOBAL PERIOD**			**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**
58	**MEDICAL SUPPLIES**	**CODE**	**UNIT**						
59	swab-pad, alcohol	SJ053	item			1	1	1	1
60	angiocatheter 14g-24g	SC001	item			1	1	1	1
61	bandage, strip 0.75in x 3in (Bandaid)	SG021	item			1	1	1	1
62	povidone swabsticks (3 pack uou)	SJ043	item			1	1	1	1
63	drape, non-sterile, sheet 40in x 60in	SB006	item			1	1	1	1
64	iv tubing (extension)	SC019	foot			1	1	1	1
65	gauze, sterile 2in x 2in	SG053	item			1	1	1	1
66	gloves, non-sterile	SB022	pair			1	1	1	1
67	heparin lock	SC012	item			1	1	1	1
68	kit, iv starter	SA019	kit			1	1	1	1
69	needle, 18-27g	SC029	item			1	1	1	1
70	sodium chloride 0.9% inj bacteriostatic (30ml uou)	SH068	item			1	1	1	1
71	syringe 20ml	SC053	item			1	1	1	1
72	tape, surgical paper 1in (Micropore)	SG079	in			6	6	6	6
73	x-ray envelope	SK091	item	1	1	1	1	1	1
74	film, x-ray, laser print	SK098	item	3	3	3	3	5	5
75	computer media, dvd	SK013	item	1	1	1	1	1	1
76	gown, patient	SB026	item	1	1	1	1	1	1
77	paper, exam table	SB036	foot	7	7	7	7	7	7
78	**EQUIPMENT**	**CODE**							
79	room, CT	EL007		26	17	34	24	30	30
80	film alternator (motorized film viewbox)	ER029		4	4	4	4	6	6
81	film processor, dry, laser	ED024		4	4	4	4	6	6

AMA/Specialty Society RVS Update Committee Summary of Recommendations
Originated from the RUC Relativity Assessment - Harvard Valued – Utilization over 100,000 Screen.

April 2011
CT Head/Brain

In October 2009, CPT code 70470 was identified through the Relativity Assessment Workgroup's Harvard Valued- Utilization over 100,000 Screen, and the RUC recommended that this service be surveyed.

70470 *Computed tomography, head or brain; without contrast material, followed by contrast material(s) and further sections*
The RUC reviewed the survey results from 106 physicians for CPT code 70470 which indicated a median work RVU of 1.40 with total physician work time of 25 minutes. Although the survey median physician service time is greater than the current Harvard time, the specialty noted that there is no compelling evidence to change the current work RVU of 1.27 for this service. The RUC compared the survey results to key reference service 74160 *Computed tomography, abdomen; with contrast material(s)* (work RVU = 1.27, total time = 23 minutes) and 70596 *Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing* (work RVU = 1.75, total time = 38 minutes). The RUC agreed that the comparison codes are similar services, and although the survey results appeared to indicate that 70470 is more work than 74160, the specialty and the RUC agreed the 25th percentile survey work RVU of 1.27 represented an accurate work value for 70470 with regards to time, intensity, and complexity to perform. The RUC also agreed that the survey 25th percentile work RVU of 1.27 appropriately places this service in the proper rank order. **The RUC recommends a work RVU of 1.27 for CPT code 70470.**

CPT Code	CPT Descriptor	Global Period	Work RVU Recommendation
70470	Computed tomography, head or brain; without contrast material, followed by contrast material(s) and further sections	XXX	1.27 (No Change)

CPT five-digit codes, two-digit modifiers, and descriptions only are copyright by the American Medical Association.

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:70470 Tracking Number Original Specialty Recommended RVU: **1.27**
Presented Recommended RVU: **1.27**
Global Period: XXX RUC Recommended RVU: **1.27**

CPT Descriptor: Computed tomography, head or brain, without contrast material, followed by contrast material(s) and further sections

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: 72-year-old man with a contraindication to MRI with metastatic small cell lung cancer, presenting with new headache and hemiparesis.

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 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% , Kept overnight (less than 24 hours) 0% , Admitted (more than 24 hours) 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? No
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 8%

Is moderate sedation inherent to this procedure in the office setting? No
Percent of survey respondents who stated moderate sedation is typical in the office setting? 3%

Is moderate sedation inherent in your reference code (Office setting)? No
Is moderate sedation inherent in your reference code (Hospital/ASC setting)? No

Description of Pre-Service Work:
- Review the request for appropriateness, review clinical history.
- Review lab studies to assess renal function. Review medical record for allergy history, absence of contraindications to contrast injection, factors predisposing to contrast-induced nephrotoxicity, and adjust contrast product and amount to be injected. Pre-hydrate if necessary.
- Review the nature and risks of contrast reaction to the patient and obtain informed consent where applicable. Supervise IV placement.
- Review any prior applicable studies.
- After determining necessity for both pre-contrast and post-contrast scans, communicate protocol to technologist.

Description of Intra-Service Work:
- Obtain/interpret scout views of area to be imaged.
- Obtain/review non-contrast CT images.
- Supervise low- or iso-osmolar contrast injection, supervise monitoring for contrast reaction and extravasation.
- Obtain the contrast-phase CT images and review, consider obtaining delayed-phase CT images.
- Supervise processing of two-dimensional reconstructions.

- Interpret the axial source images of the pre-contrast sequence, the post-contrast sequence, and the multiplanar reformats, in brain, subdural, stroke, vascular, and bone windows. Evaluate brain parenchyma; ventricular system; subdural and subarachnoid spaces; arterial and dural venous sinus vascular structures; meninges; calvarium; sella, cavernous sinuses, petrous temporal bones; skull base, fissures, and foramina; orbits; superficial soft tissues; paranasal sinuses. Count metastatic lesions and measure in two dimensions, if applicable. Evaluate for non-neoplastic etiologies of patient's symptoms, such as ischemia/infarction, including vascular reformats, if applicable.
- Compare to all pertinent available prior studies.
- Dictate report.

Description of Post-Service Work:

- Review and sign the final report.
- Discuss findings with referring physician/emergency department.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	04/2011		
Presenter(s):	Geraldine McGinty, M.D., Zeke Silva, M.D., William D. Donovan, M.D., M.P.H., Jacqueline A. Bello M.D.		
Specialty(s):	American College of Radiology, American Society of Neuroradiology, Association of University Radiologists		
CPT Code:	70470		
Sample Size: 250	**Resp N:** 106	**Response:** 42.4 %	
Sample Type: Panel	**Additional Sample Information:**		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	20.00	100.00	**325.00**	700.00	3600.00
Survey RVW:	0.82	1.27	**1.40**	1.62	3.00
Pre-Service Evaluation Time:			**5.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	5.00	10.00	**15.00**	20.00	30.00

Immediate Post Service-Time:	**5.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process: XXX Global Code

CPT Code:	70470	**Recommended Physician Work RVU: 1.27**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments to 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**		

Immediate Post Service-Time:	**5.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**

Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
74160	XXX	1.27	**RUC Time**

CPT Descriptor Computed tomography, abdomen; with contrast material(s)

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
62270	000	1.37	**RUC Time**	78,068

CPT Descriptor 1 Spinal puncture, lumbar, diagnostic

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
		0.00		

CPT Descriptor 2

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO KEY REFERENCE SERVICE(S):
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Key Reference Code: 25 **% of respondents:** 23.5 **%**

TIME ESTIMATES (Median)	**CPT Code: 70470**	**Key Reference CPT Code:** 74160	**Source of Time** **RUC Time**
Median Pre-Service Time	5.00	3.00	
Median Intra-Service Time	15.00	15.00	
Median Immediate Post-service Time	5.00	5.00	
Median Critical Care Time	0.0	0.00	
Median Other Hospital Visit Time	0.0	0.00	
Median Discharge Day Management Time	0.0	0.00	
Median Office Visit Time	0.0	0.00	
Prolonged Services Time	0.0	0.00	
Median Subsequent Observation Care Time	0.0	0.00	

Median Total Time	**25.00**	**23.00**
Other time if appropriate		

INTENSITY/COMPLEXITY MEASURES (Mean)		**(of those that selected Key Reference code)**
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	3.71	3.83
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	3.63	3.58
Urgency of medical decision making	4.04	3.67
Technical Skill/Physical Effort (Mean)		
Technical skill required	3.88	3.75
Physical effort required	2.88	2.92
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality	4.13	3.58
Outcome depends on the skill and judgment of physician	4.42	4.25
Estimated risk of malpractice suit with poor outcome	4.42	4.08

INTENSITY/COMPLEXITY MEASURES	**CPT Code**	**Reference Service 1**
Time Segments (Mean)		
Pre-Service intensity/complexity	2.48	2.56
Intra-Service intensity/complexity	3.72	3.64
Post-Service intensity/complexity	2.52	2.46

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

Background

Code 70470 (Computed tomography, head or brain; without contrast material, followed by contrast material(s) and further sections) was identified in the 5-year review screen of Harvard-valued procedures with greater than 100K utilization. Its current value is 1.27, which was affirmed in the first 5-year review. Its current time is listed in the RUC database as 9 total minutes; this is an anomalous value of unclear origin that is incongruent with other procedures of similar work whose values are of similar vintage.

Compelling Evidence

While our societies do not plan to submit compelling evidence arguments, we would point out that there have clearly been revolutionary changes in CT technology over the past fifteen years, resulting in routine generation of many more images, with much thinner slice profile, than was possible at the time this code was previously valued. This has allowed for the creation of high-quality multiplanar reformats, now routinely generated, also not practical prior to multislice helical technology. This has meant that the interpreting radiologist has significantly more images to interpret than when this code was last examined.

Until 2006, 2D reconstructions were separately reportable as code, 76375, which was reimbursed at 0.22 RVU. Code 76375 has since been replaced by codes 76376 and 76377 which describe only 3D reconstructions. The work associated with 2D reconstructions is now bundled into existing CT codes without billable capture of the work associated with interpreting the 2D reconstructions (ie, no additional RVUs).

Another evolutionary change in professional work concerns the issue of radiation safety. With increased public, societal, and regulatory scrutiny, there is now a manifest necessity to routinely and with certainty establish that the minimum amount of ionizing radiation is being used to achieve diagnostic image quality. This has required imaging facilities to review and in many cases revise their scan protocols, and to closely assess scanning needs on an individual patient basis. This has had a measurable change in practice in many areas of CT.

However, the societies feel that these changes have had greater professional impact on other CT codes more than on this one. With other items on the compelling evidence list remaining fairly static, the societies are recommending maintenance of the current professional work value.

Time and RVW recommendation

The ACR and ASNR surveyed code 70470 and we received a total of 106 survey responses. The societies convened an expert panel that included a number of physicians familiar with the service to review the survey data.

The median times were 5 minutes pre-service time, 15 minutes intra-service time, and 5 minutes post-service time. Survey respondents reported a median RVU of 1.40, with 1.27 as the 25th percentile.

We recommend maintaining the current work RVU of 1.27, with 5 minutes pre time, 15 minutes intra time, and 5 minutes post time.

Reference Services

The key reference service chosen was 74160 (Computed tomography, abdomen; with contrast material(s)), valued by the RUC at 1.27 RVU. This MPC code has times of 3 minutes, 15 minutes, and 5 minutes. The surveyees reported that 70470, the code under review, exceeds the key reference service code in 8 of 11 intensity and complexity measures. For instance, the surveyees clearly felt that the risk of an adverse outcome, the urgency with which decisions need to be made, and the technical skill required are more substantial and of greater consequence when evaluating issues related to the brain, its coverings, and the skull base than with those of the abdomen.

The second most frequently chosen reference service was 70496 (Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing), 1.75 RVU, with 8 min pre, 20 min intra and 10 min post times. The overall work and the physician responsibility of the

surveyed procedure are very similar to this reference code, in that it examines the same volume of tissue, in both pre-contrast and contrast-enhanced phases. CTA entails more detailed evaluation of the vasculature, and there is generally more post-processing involved, resulting in a modestly greater amount of physician time and work.

The third most commonly chosen reference service was 74177 (Computed tomography, abdomen and pelvis; with contrast material(s)), a new code that was recently RUC valued at 1.82 with times of 5 min pre, 25 min intra and 5 min post.

Code	Descriptor	Work RVU	Physician Time
74160	CT abd w/ contrast	1.27	3 / 15 / 5
70496	CTA of head w/&w/o contrast	1.75	8 / 20 / 10
74177	CT abd/pelvis w/ contrast	1.82	5 / 25 / 5

Additional codes supporting the current value for 70470

- 78306 (Bone and/or joint imaging; whole body) with work value of 0.86 and time of 5 min pre, 8 min intra and 5 min of post.
- 78454 (Myocardial perfusion imaging, planar (including qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or stress (exercise or pharmacologic) and/or redistribution and/or rest reinjection) with work value of 1.34 and time of 5 min pre, 15 min of intra and 5 min of post. As with the study in question, this is a two-phase exam requiring separate evaluation of the paired components of the study, and then comparison of the two.
- 78451 (Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)) with work value of 1.38 and time of 10 min pre, 15 min intra and 10 min post. As with the current study, this requires evaluation of numerous thin-section images in multiple planes.
- 78811 (Positron emission tomography (PET) imaging; limited area (eg, chest, head/neck)) with work value of 1.54 and time of 10 min pre, 20 min intra and 10 min post.
- 70542 (Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; with contrast material(s)) with work value of 1.62 and time of 8 min pre, 15 min intra and 10 min post.

Code	Descriptor	Work RVU	Physician Time
78306	Bone imaging whole body	0.86	5 / 8 / 5
78454	MPI, planar; multiple studies	1.34	5 / 15 / 5
78451	MPI, SPECT; single study	1.38	10 / 15 / 10
78811	PET imaging; limited area	1.54	10 / 20 / 10
70542	MRI orbit/face w/ contrast	1.62	8 / 15 / 10

Rank Order Considerations

The current value for the exam in question also demonstrates appropriate rank order within the greater group of CT codes, in addition to those listed above. For example:

- 72192, CT pelvis w/o contrast: work value of 1.09 and time of 3/10/5.
- 74150, CT Abdomen w/o contrast: work value of 1.19 and time of 3/12/5.
- 71260, CT Chest w/contrast: work value of 1.24 and time of 3/15/5.
- 75572, CT Heart w/contrast, including 3D: work value of 1.75 and time of 10/20/10.

Code	Descriptor	Work RVU	Physician Time
72192	CT pelvis w/o contrast	1.09	3 / 10 / 5
74150	CT abdomen w/o contrast	1.19	3 / 12 / 5
71260	CT chest w/ contrast	1.24	3 / 15/ 5
70470	**CT head/brain w/o & w/ contrast**	**1.27**	**5 / 15 / 5**
75572	CT heart w/ contrast	1.75	10 / 20 / 10

Summary

The societies feel this is a strong survey on the basis of (a) the robust survey; (b) the close correlation in values with the key reference service, but with higher intensity and complexity measures; (c) the directly comparable nature of the work compared to Head CTA; (d) appropriate rank order; and (e) the somewhat-but-not-compellingly-increased amount of work to protocol and interpret these studies. Considered in aggregate, the societies believe this information provides a strong argument to maintain the current work value of 1.27 RVU, with 5 minutes pre time, 15 minutes intra time, and 5 minutes post time.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions:

   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) 70470

How often do physicians <u>in your specialty</u> perform this service? (ie. commonly, sometimes, rarely)

If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Radiology How often? Commonly

Specialty How often?

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 746139
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. The overall number of services for 70470 in a one year period is estimated to be 746,139.

Specialty Radiology Frequency 529759 Percentage 71.00 %

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? 248,713 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. The 2009 Medicare data estimates that code 70470 was billed approximately 248,713.

Specialty Radiology Frequency 176586 Percentage 70.99 %

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Do many physicians perform this service across the United States? Yes

---

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 70470

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

AMA/Specialty Society RVS Update Committee Summary of Recommendations
High Volume Growth / CMS High Expenditure Procedural Codes screen

October 2012

Electrocardiogram

In the NPRM for 2012, CMS identified CPT code 93000 *Electrocardiogram, routine ECG with at least 12 leads; with interpretation and report* through the CMS High Expenditure Procedural Codes screen. The RUC added CPT codes 93005 *Electrocardiogram, routine ECG with at least 12 leads; tracing only, without interpretation and report* and 93010 *Electrocardiogram, routine ECG with at least 12 leads; interpretation and report only* as part of this family. The specialty societies indicated that these codes are unique in that 93005 describes the technical component only, 93010 describes the professional component only and 93000 describes the global service. The specialties surveyed the physician work for the professional service 93010 and updated the practice expense inputs for 93005 and recommended the combined work and practice expense of these two services for 93000.

93010 *Electrocardiogram, routine ECG with at least 12 leads; interpretation and report only*
The RUC reviewed survey responses from 52 cardiologists, family physicians and internal medicine physicians for CPT code 93010 and agreed with the specialty societies that although the survey respondents indicated that this service requires more physician work than it is currently valued, there is no compelling evidence that the physician work has changed. The specialty societies indicated and the RUC agreed that there is a computerized report; however, 35% of ECG computer interpretations are incorrect and the physician must over-read 100% of computer-interpreted electrocardiograms for inconsistencies and to ensure the results are interpreted correctly. The RUC agreed with the specialty societies that this service is not just an automated test. The RUC agreed with the survey median intra-service time of 5 minutes. The physician work required to perform this service includes:

- reviewing and comparing the ECG computer interpretation and adjusting for age, weight, body habitus, gender and known cardiac diagnoses and effect of electronic cardiac devices if present;
- inspecting ECG for rhythm, including assessment of atrial and ventricular rates and rhythms, and the summation of those two rhythms as the patient's intrinsic rhythm;
- measuring primary intervals and comparing them to computer generated intervals, if available, and intervals from previous ECG's (these intervals include: PR, QRS duration, QT duration, and others);
- analyzing and comparing the P wave morphology and axis, and the QRS axis;

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- analyzing the QRS morphology in comparison to previous ECG's, assessing criteria for voltage, myocardial infarction, hypertrophy, and presence of early or altered depolarization;
- analyzing the ST segments and T waves for evidence of ischemia, infarction, pericarditis, or repolarization abnormalities;
- inspecting each tracing for the presence or absence of pacemaker impulses or artifacts; reviewing and comparing current ECG to one or more previous ECG; and
- comparing physicians' ECG interpretation with that obtained from the computer ECG analysis, if available, and then deleting and/or including appropriate diagnoses.

The RUC noted that this service includes the interpretation of confusing previous tracings, and if the ECG is not interpreted properly, the implications of an abnormal ECG are enormous, as a significant number of tests must then be performed.

The RUC compared 93010 to CPT code 94010 *Spirometry, including graphic record, total and timed vital capacity, expiratory flow rate measurement(s), with or without maximal voluntary ventilation* (work RVU = 0.17 and 5 minutes intra-service time) and noted that 93010 is more difficult than 94010. An ECG requires more background and has a higher intensity because an ECG could indicate that a patient is experiencing an acute myocardial infarction or an arrhythmia that requires immediate attention, whereas that circumstance would never occur when performing a spirometry. However, the survey respondents indicated and the RUC agreed that these services require the same physician work and time. For further support, the RUC referenced similar services CPT code 90471 *Immunization administration (includes percutaneous, intradermal, subcutaneous, or intramuscular injections); 1 vaccine (single or combination vaccine/toxoid)* (work RVU = 0.17 and 7 minutes intra-service time) and 73560 *Radiologic examination, knee; 1 or 2 views* (work RVU = 0.17 and 3 minutes intra-service time) and agreed that 93010 is appropriately valued relative to these reference codes. **The RUC recommends a work RVU of 0.17 for CPT code 93010.**

93000 ***Electrocardiogram, routine ECG with at least 12 leads; with interpretation and report***
The RUC reviewed CPT code 93000 and noted that this service describes the global service, including both physician work and practice expense. The RUC recommends the same work RVU of 0.17 and 5 minutes intra-service time and 1 minute immediate post-service time as the professional component only CPT code 93010.

The specialty societies indicated and the RUC agreed that there is a computerized report, however, 35% of ECG computer interpretations are incorrect and the physician must over-read 100% of computer-interpreted electrocardiograms for inconsistencies and to ensure the results are interpreted correctly. The RUC agreed with the specialty societies that this service is not just an automated test. The RUC agreed with the survey median intra-service time of 5 minutes. The physician work required to perform this service includes:

- reviewing and comparing the ECG computer interpretation and adjusting for age, weight, body habitus, gender and known cardiac diagnoses and effect of electronic cardiac devices if present;

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- inspecting ECG for rhythm, including assessment of atrial and ventricular rates and rhythms, and the summation of those two rhythms as the patient's intrinsic rhythm;
- measuring primary intervals and comparing to computer generated intervals, if available, and intervals from previous ECG's (these intervals include: PR, QRS duration, QT duration, and others);
- analyzing and comparing the P wave morphology and axis, and the QRS axis;
- analyzing the QRS morphology in comparison to previous ECG's, assessing criteria for voltage, myocardial infarction, hypertrophy, and presence of early or altered depolarization;
- analyzing the ST segments and T waves for evidence of ischemia, infarction, pericarditis, or repolarization abnormalities;
- inspecting each tracing for the presence or absence of pacemaker impulses or artifacts; reviewing and comparing current ECG to one or more previous ECG; and
- comparing physicians' ECG interpretation with that obtained from the computer ECG analysis, if available, and then deleting and/or including appropriate diagnoses.

The RUC noted that this service includes the interpretation of confusing previous tracings, and if the ECG is not interpreted properly, the implications of an abnormal ECG are enormous, as a significant number of tests must then be performed.

The RUC compared 93000 to CPT code 94010 *Spirometry, including graphic record, total and timed vital capacity, expiratory flow rate measurement(s), with or without maximal voluntary ventilation* (work RVU = 0.17 and 5 minutes intra-service time) and noted that 93000 is more difficult than 94010. An ECG requires more background and has higher intensity because an ECG could indicated that a patient is experiencing an acute myocardial infarction or an arrhythmia that requires immediate attention, whereas that circumstance would never occur when performing a spirometry. However, the survey respondents indicated and the RUC agreed that these services require the same physician work and time. For further support, the RUC referenced similar services CPT code 90471 *Immunization administration (includes percutaneous, intradermal, subcutaneous, or intramuscular injections); 1 vaccine (single or combination vaccine/toxoid)* (work RVU = 0.17 and 7 minutes intra-service time) and 73560 *Radiologic examination, knee; 1 or 2 views* (work RVU = 0.17 and 3 minutes intra-service time) and agreed that 93000 is appropriately valued relative to these reference codes. **The RUC recommends a work RVU of 0.17 for CPT code 93000.**

Practice Expense:
The Practice Expense Subcommittee modified the direct practice expense inputs for CPT codes 93000 and 93005 by reducing the clinical staff time and removing the 2 minutes for obtaining consent, because consent is not required to perform an ECG. The RUC accepted the direct practice expense inputs for these codes as modified by the Practice Expense Subcommittee.

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CPT Code	CPT Descriptor	Global Period	Work RVU Recommendation
93000	Electrocardiogram, routine ECG with at least 12 leads; with interpretation and report	XXX	0.17 (No Change)
93005	tracing only, without interpretation and report	XXX	0.00 (PE Input Recommendations Only)
93010	interpretation and report only	XXX	0.17 (No Change)

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**ex officio*

Interim Chief Staff Officer
Thomas E. Arend, Jr, *Esq*, CAE

August 28, 2012

Barbara Levy, MD
Chair, AMA/Specialty Society RVS Update Committee (RUC)
American Medical Association
515 N. State Street
Chicago, IL 60654

Dear Dr. Levy:

The American College of Cardiology (ACC), American College of Physicians, (ACP), and American Academy of Family Physicians (AAFP) collaborated on the survey and recommendations for electrocardiogram (EKG). We felt a short explanation of our process would be helpful for the RUC.

The EKG codes are relatively unique in that separate codes exist for the technical (93005), professional (93010), and global services (93000). In order to update global code 93000, we surveyed the physician work in professional code 93010 and updated the practice expense (PE) recommendations for technical code 93005. We then combined the work and PE recommendations to make recommendations on global code 93000 in the summary spreadsheet.

We look forward to presenting these recommendations at the October RUC meeting. If you need any further information, please contact James Vavricek, Senior Specialist in Regulatory Affairs for the ACC, at 202-375-6421 or jvavricek@acc.org.

Sincerely,

Richard Wright, MD
ACC Advisor

Mary Newman, MD
ACP Advisor

Thomas Weida, MD
AAFP Advisor

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AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:93010 Tracking Number Original Specialty Recommended RVU: **0.17**
Presented Recommended RVU: **0.17**
Global Period: XXX RUC Recommended RVU: **0.17**

CPT Descriptor: Electrocardiogram, routine ECG with at least 12 leads; interpretation and report only

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 55-year-old man presents to his physician's office with a complaint of intermittent exertional chest pain. A 12 lead electrocardiogram (ECG) is obtained. The ECG is performed by a technician and held for the physician to interpret and complete a report of his/her findings.

Percentage of Survey Respondents who found Vignette to be Typical: 92%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? No
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting?

Is moderate sedation inherent to this procedure in the office setting? No
Percent of survey respondents who stated moderate sedation is typical in the office setting?

Description of Pre-Service Work:

Description of Intra-Service Work:
-Physician obtains ECG directly from technician and/or goes to ECG reading room to review the ECG
-Physician reviews and compares ECG computer interpretation, if available, adjusting for age, weight, body habitus, gender, known cardiac diagnoses and effect of electronic cardiac devices, if present
-ECG is inspected for rhythm, including assessment of atrial and ventricular rates and rhythms, and the summation of those two rhythms as the patient's intrinsic rhythm
-Primary intervals are measured and compared with computer generated intervals, if available, and intervals from previous ECG's (these intervals include: PR, QRS duration, QT duration, and others)
-Physician analyzes and compares the P wave morphology and axis, and the QRS axis
-Physician analyzes QRS morphology in comparison to previous ECG's, assessing criteria for voltage, myocardial infarction, hypertrophy, and presence of early or altered depolarization
-Physician analyzes the ST segments and T waves for evidence of ischemia, infarction, pericarditis, or repolarization abnormalities
-Physician carefully inspects each tracing for the presence or absence of pacemaker impulses or artifacts
-Physician reviews and compares one or more previous ECG's with the current ECG
-Physician then compares his/her ECG interpretation with that obtained from the computer ECG analysis, if available, and then deletes and/or includes appropriate diagnoses.
-Physician then dictates, writes, and/or confirms his/her interpretation with that of the computer generated interpretation, if present.

CPT Code: 93010

Description of Post-Service Work:
-Review, edit, and sign final ECG report
-Store ECG for future reference

SURVEY DATA

RUC Meeting Date (mm/yyyy)	10/2012				
Presenter(s):	Richard Wright, MD, Mary Newman, MD, Thomas Weida, MD				
Specialty(s):	ACC, ACP, AAFP				
CPT Code:	93010				
Sample Size:	1424	**Resp N:**	52	**Response:** 3.6 %	
Description of Sample:	random, roughly equal pools from each society				

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	46.25	**250.00**	1000.00	1800.00
Survey RVW:	0.03	0.20	**0.25**	0.44	20.00
Pre-Service Evaluation Time:			**5.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	0.00	0.27	**5.00**	10.00	30.00

Immediate Post Service-Time:	**5.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process: XXX Global Code

CPT Code:	93010	**Recommended Physician Work RVU: 0.17**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**0.00**	**0.00**	**0.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**5.00**		

Immediate Post Service-Time:	**1.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
71020	XXX	0.22	**RUC Time**

CPT Descriptor Radiologic exam, chest, 2 views, frontal and lateral

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
94010	XXX	0.17	**RUC Time**	1,296,698

CPT Descriptor 1 Spirometry, including graphic record, total and timed vital capacity, expiratory flow rate measurement(s), with or without maximal voluntary ventilation

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
73560	XXX	0.17	**RUC Time**	2,109,566

CPT Descriptor 2 Radiologic examination, knee; 1 or 2 views

Other Reference CPT Code	Global	Work RVU	Time Source
93042	XXX	0.15	**RUC Time**

CPT Descriptor Rhythm ECG, 1-3 leads; interpretation and report only

RELATIONSHIP OF CODE BEING REVIEWED TO KEY REFERENCE SERVICE(S):
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Key Reference Code: 14 **% of respondents:** 26.9 **%**

TIME ESTIMATES (Median)	**CPT Code: 93010**	**Key Reference CPT Code:** 71020	**Source of Time** **RUC Time**
Median Pre-Service Time	0.00	1.00	
Median Intra-Service Time	5.00	3.00	
Median Immediate Post-service Time	1.00	1.00	
Median Critical Care Time	0.0	0.00	
Median Other Hospital Visit Time	0.0	0.00	
Median Discharge Day Management Time	0.0	0.00	
Median Office Visit Time	0.0	0.00	
Prolonged Services Time	0.0	0.00	
Median Subsequent Observation Care Time	0.0	0.00	

Median Total Time	**6.00**	**5.00**
Other time if appropriate		

INTENSITY/COMPLEXITY MEASURES (Mean)		**(of those that selected Key Reference code)**
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	3.86	3.79
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	3.43	3.07
Urgency of medical decision making	4.14	3.36
Technical Skill/Physical Effort (Mean)		
Technical skill required	3.79	3.50
Physical effort required	1.79	1.86
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality	3.36	2.93
Outcome depends on the skill and judgment of physician	4.07	4.00
Estimated risk of malpractice suit with poor outcome	4.21	3.64

INTENSITY/COMPLEXITY MEASURES	**CPT Code**	**Reference Service 1**
Time Segments (Mean)		
Pre-Service intensity/complexity	2.50	2.21
Intra-Service intensity/complexity	2.93	3.00
Post-Service intensity/complexity	3.14	2.86

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

CMS identified code 93000 for electrocardiogram (EKG) for review in the Physician Fee Schedule Proposed Rule for 2012 because it had not been reviewed since before 2006 and had CY 2010 allowed charges of greater than $10 million at the specialty level. Related codes 93005 and 93010 are also being addressed at this meeting.

The EKG codes are relatively unique in that 93005 is the technical component, 93010 is the professional component, and 93000 is the global service. For purposes of this review, the societies present here recommendations based on a survey of the professional component code, 93010. These recommendations for physician work RVU and time correlate to the global code, 93000, which are presented in the summary spreadsheet.

A panel of ACC, ACP, and AAFP physicians familiar with the service reviewed the survey data. The response was adequate, and surveys were completed by physicians who are familiar with the service. Survey respondents most frequently compared 93010 to 71020, a two-view chest X-ray. These respondents indicated 93010 to be slightly more intense/complex in most aspects.

The median RVU of 0.25 and 25th-percentile value of 0.20 are higher than the current value of 0.17. The panel does not believe compelling evidence exists for increased valuation and recommends maintaining the current value of 0.17.

The panel recommends the service times of 0 minutes preservice, 45minutes intraservice, and 1 minute postservice for 93010. The panel also recommends applying these times to 93000. The times for 93000 of 0 minutes preservice, 5 minutes intraservice, and 2 minutes postservice are from a much earlier survey in 1995, while the times for 93010 are from the 3rd 5-year review in 2005.

For further validation of these recommendations, the panel considered additional comparator codes with similar times and values. Codes 90471, 94010, 96372, 96360, 77082, 73130, 73110, 73560, and 96368 all have work RVUs of 0.17 with a range from 0-2 minutes preservice, 3-7 minutes intraservice, and 0-2 minutes postservice time. These comparators further support the recommendation for maintenance of the RVU and times.

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) Typically reported on the same day as E/M.

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 93010

How often do physicians <u>in your specialty</u> perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty cardiology How often? Commonly

Specialty family medicine How often? Commonly

Specialty internal medicine How often? Commonly

Estimate the number of times this service might be provided nationally in a one-year period? 38523572
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. These numbers are double the 2011 Medicare utilization

Specialty cardiology Frequency 22536290 Percentage 58.50 %

Specialty internal medicine Frequency 7034406 Percentage 18.26 %

Specialty family medicine Frequency 978500 Percentage 2.54 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 19,261,786 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 2011 Medicare utilization.

Specialty cardiology Frequency 11268145 Percentage 58.50 %

Specialty internal medicine Frequency 3517203 Percentage 18.26 %

Specialty family medicine Frequency 489250 Percentage 2.54 %

Do many physicians perform this service across the United States? Yes

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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 93010

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
12		**ISSUE:**	**EKG**																		
13		**TAB:**	**20**																		
14																					
15							RVW					Total	PRE-TIME			INTRA-TIME					IMMD
16		Source	CPT	DESC	Resp	IWPUT	MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST
17	Aug-05	REF	71020	Radiologic exam, chest, 2 views, frontal and lateral	14 (7 card, 7 FP/IM)	0.058			0.22			5	1					3			1
18	Oct-09	REF	93042	Rhythm ECG, 1-3 leads; interpretation and report only	11 (5 card, 6 FP/IM)	0.020			0.15			7	2					3			2
19	Aug-05	CURRENT	93010	Electrocardiogram, routine ECG with at least 12 leads; interpretation and report only		0.037			0.17			5						4			1
20		SVY	93010		52	0.005	0.03	0.20	0.25	0.44	20.00	15	5			0	3	5	10	30	5
21	cardiology	SVY	93010		31	0.018	0.03	0.20	0.25	0.42	0.80	12	5			1	2	4	9	30	3
22	FP/IM	SVY	93010		21	0.005	0.03	0.21	0.25	0.48	20.00	15	5			0	5	5	10	25	5
23		REC	93010			0.030			0.17			6						5			1
24																					
25							RVW					Total	PRE-TIME			INTRA-TIME					IMMD
26	Reviewed	Source	CPT	DESC	Resp	IWPUT	MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST
27	Aug-95	CURRENT	93000	Electrocardiogram, routine ECG with at least 12 leads; with interpretation and report		0.025			0.17			7						5			2
28		REC	93000			0.030			0.17			6						5			1

CPT Code: 93000, 93005
Specialty Society('s) ACC, ACP, AAFP

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation
Non Facility Direct Inputs

CPT Long Descriptor:

93000: Electrocardiogram, routine ECG with at least 12 leads; with interpretation and report

93005: …; tracing only, without interpretation and report

Global Period: XXX Meeting Date: 10/2012

Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee:

A panel of advisors from the three societies discussed direct inputs via email and teleconference.

A reference code must be provided for comparison to the practice expense inputs on your spreadsheet. Please provide a rationale for the selection of reference codes.

Comparison Code: 93000

Rationale: The panel compared the existing inputs for code 93000 to the standardized benchmarks for the most common clinical labor practice expenses (greet/gown, vitals, room preparation, room cleaning). The panel agreed that the existing clinical labor inputs are still accurate.

Please describe in detail the clinical activities of your staff:

Pre-Service Clinical Labor Activities:

Staff reviews EKG procedure with patient and obtains consent to perform

Staff brings mobile three-channel EKG unit along with supplies to perform EKG into patient's exam room

Intra-Service Clinical Labor Activities:

Patient is placed on the exam table and 10 electrodes are placed by protocol on the patients so that a clean tracing without artifact can be obtained

Staff obtains a number of 12 lead EKGs until the best quality tracing is obtained, which is then reviewed by the physician before the electrodes are removed from the patient

Staff removes the electrodes, places the acceptable EKG tracing in the chart, discards the others and returns the mobile three-channel EKG machine

Post-Service Clinical Labor Activities: none

	A	B	C	D	E	F	G	H	I
1				REFERENCE CODE					
2				93000		93000		93005	
3	**Meeting Date: 10/2012** **Tab: 20** **Specialty: ACC, ACP, AAFP**	**CMS Code**	**Staff Type**	Electrocardiogram, routine ECG with at least 12 leads; with interpretation and report		Electrocardiogram, routine ECG with at least 12 leads; with interpretation and report		...; tracing only, without interpretation and report	
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD**			**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**
6	**TOTAL CLINICAL LABOR TIME**			**12.0**	**0.0**	**10.0**	**0.0**	**10.0**	**0.0**
7	**TOTAL PRE-SERV CLINICAL LABOR TIME**			**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
8	**TOTAL SERVICE PERIOD CLINICAL LABOR TIME**	L037A	**RN/LPN/MTA**	**12.0**	**0.0**	**10.0**	**0.0**	**10.0**	**0.0**
9	**TOTAL POST-SERV CLINICAL LABOR TIME**			**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
10	**PRE-SERVICE**								
11	**Start: Following visit when decision for surgery or procedure made**								
12	Complete pre-service diagnostic & referral forms								
13	Coordinate pre-surgery services								
14	Schedule space and equipment in facility								
15	Provide pre-service education/obtain consent								
16	Follow-up phone calls & prescriptions								
17	Other Clinical Activity - *specify:*								
18	**End: When patient enters office/facility for surgery/procedure**								
19	**SERVICE PERIOD**								
20	**Start: When patient enters office/facility for surgery/procedure:**								
21	Greet patient, provide gowning, ensure appropriate medical records are available								
22	Obtain vital signs								
23	Provide pre-service education/obtain consent			**2**		**0**		**0**	
24	Prepare room, equipment, supplies			**2**		**2**		**2**	
25	Setup scope (non facility setting only)								
26	Prepare and position patient/ monitor patient/ set up IV			**4**		**4**		**4**	
27	Sedate/apply anesthesia								
28	**Intra-service**								
29	Assist physician in performing procedure			**3**		**3**		**3**	
30	**Post-Service**								
31	Monitor pt. following service/check tubes, monitors, drains								
32	Clean room/equipment by physician staff			**1**		**1**		**1**	
33	Clean Scope								
34	Clean Surgical Instrument Package								
35	Complete diagnostic forms, lab & X-ray requisitions								
36	Review/read X-ray, lab, and pathology reports								
37	Check dressings & wound/ home care instructions /coordinate office visits /prescriptions								
38	Other Clinical Activity - *specify:*								
39	Dischrg mgmt same day (0.5 x 99238) (enter 6 min)			**n/a**		**n/a**		**n/a**	
40	Dischrg mgmt (1.0 x 99238) (enter 12 min)			**n/a**		**n/a**		**n/a**	
41	Dischrg mgmt (1.0 x 99239) (enter 15 min)			**n/a**		**n/a**		**n/a**	
42	**End: Patient leaves office**								
43	**POST-SERVICE Period**								
44	**Start: Patient leaves office/facility**								
45	Conduct phone calls/call in prescriptions								
46	***Office visits: List Number and Level of Office Visits***			**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**
47	99211 16 minutes		16						
48	99212 27 minutes		27						
49	99213 36 minutes		36						
50	99214 53 minutes		53						
51	99215 63 minutes		63						
52	**Total Office Visit Time**			**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
53	Other Clinical Activity - *specify:*								
54	**End: with last office visit before end of global period**								

	A	B	C	D	E	F	G	H	I
1				REFERENCE CODE					
2				93000		93000		93005	
3	**Meeting Date: 10/2012** **Tab: 20** **Specialty: ACC, ACP, AAFP**	**CMS Code**	**Staff Type**	Electrocardiogram, routine ECG with at least 12 leads; with interpretation and report		Electrocardiogram, routine ECG with at least 12 leads; with interpretation and report		...; tracing only, without interpretation and report	
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD**			**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**
55	**MEDICAL SUPPLIES**	**CODE**	**UNIT**						
56	pack, minimum multi-specialty visit	SA048	pack			**0**		**0**	
57	EKG paper	71005		**4**					
58	ECG electrodes disposable	71006		**10**					
59	gauze, 2x2	31506		**2**					
60									
61	paper, recording (per sheet)	SK059	item			**4**		**4**	
62	electrode, ECG (single)	SD053	item			**10**		**10**	
63	gauze, non-sterile 2in x 2in	SG050	item			**2**		**2**	
64	**EQUIPMENT**	**CODE**							
65	exam table	E11001		**12**					
66	3 Channel ECG/BP Monitor	E55002		**12**					
67									
68	table, exam	EF023	minutes			**10**		**10**	
69	ECG, 3-channel	EQ010	minutes			**10**		**10**	

AMA/Specialty Society RVS Update Committee Summary of Recommendations
Codes Reported Together 75% or More and CMS High Expenditure Procedural Codes screens

October 2012

Extracranial Studies

In the July 19, 2011 Proposed Rule for 2012, CMS requests that the RUC review a list of 70 high expenditure procedural codes. CPT code 93880 was included on the list. In January 2012, the Relativity Assessment Workgroup (RAW) reviewed the specialties' Action Plan and agreed to survey CPT codes 93880 and 93882.

The specialty societies presented compelling evidence that these codes are currently misvalued. First, there has been a change in the physician work since the last valuation as part of the First Five-Year Review in 1995. There are much more complex, detailed practice guidelines established for these procedures since 1995. The Intersocietal Commission for Accreditation of Vascular Laboratories (ICAVL) has published an extensive list of B-mode, color Doppler and Doppler waveform analysis and the 93880 exam must now evaluate sites of endovascular interventions that were essentially never performed in any significant volume 25 years ago, but are common now. In addition, previously colorflow technology did not have wide commercial availability, and ultrasound technology had insufficient sensitivity to evaluate arterial wall characteristics and plaque morphology. Compared to review of static images printed on x-ray film, new video archiving technology provides for the interpretation of more images, more sophisticated velocity waveforms, and more post-processing of the acquired data. Finally, the dominant specialty has changed. In 1995 Radiology presented this code to the RUC. At that time the dominant provider was radiology, accounting for 40% of the total Medicare claims for this service (global + -26), and neither Cardiology or Vascular Surgery were involved in presenting this code during the First Five-Year Review. In 2011, Radiology represents a substantially smaller percentage of the claims, and the combination of all non-radiological specialties accounted for more than 67% of these services. The RUC agreed that there is compelling evidence that codes 93880 and 93882 are potentially misvalued.

93880 ***Duplex scan of extracranial arteries; complete bilateral study***
The RUC reviewed the survey results from 61 radiologists, cardiologists and vascular surgeons and agreed that the median survey times accurately accounted for the physician work involved in the service: 5 minutes of pre-service time, 12 minutes of intra-service time and 5 minutes of post-service time.

The RUC reviewed the survey respondents' estimated work value and agreed with the specialty societies that a work RVU of 0.80, the survey median, is appropriate for CPT code 93880. To justify this value, the RUC reviewed the key reference service and MPC code 76700 *Ultrasound, abdominal, real time with image documentation; complete* (work RVU= 0.81) and agreed that both codes have analogous physician work and intra-service time, 12 minutes for 93880 and 10 minutes for 76700, and should thus be valued similarly. The RUC also compared the surveyed code to CPT code 76776 *Ultrasound, transplanted kidney, real time and duplex Doppler with image documentation* (work RVU= 0.76) and noted that both codes have similar physician work and intensity, however 93880 has 2 more minutes of intra-service time and should be valued slightly

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higher than the reference code. Finally, the RUC reviewed MPC code 99213 *Office or other outpatient visit for the evaluation and management of an established patient* (work RVU= 0.97) and agreed that with 5 additional minutes of intra-service time compared to 93880, the reference should be valued higher. **The RUC recommends a work RVU of 0.80 for CPT code 93880.**

93882 ***Duplex scan of extracranial arteries; unilateral or limited study***
The RUC reviewed the survey results from 59 radiologists, cardiologists and vascular surgeons and agreed that the median survey times accurately accounted for the physician work involved in the service: 5 minutes of pre-service time, 10 minutes of intra-service time and 5 minutes of post-service time.

The RUC reviewed the survey respondents' estimated work value and agreed with the specialty societies that a work RVU of 0.50, the survey median, is appropriate for CPT code 93882. To justify this value, the RUC reviewed the key reference service CPT code 93971 *Duplex scan of extremity veins including responses to compression and other maneuvers; unilateral or limited study* (work RVU= 0.45) and agreed that both codes have identical intra-service time, 10 minutes, with analogous physician work. Therefore, the recommended work value of 0.50 accurately values 93882 in comparison to this reference code. Additionally, the RUC compared the surveyed code to MPC code 76536 *Ultrasound, soft tissues of head and neck (eg, thyroid, parathyroid, parotid), real time with image documentation* (work RVU= 0.56) and agreed that both services have identical intra-service time of 10 minutes and should be valued similarly. Finally, the RUC reviewed CPT code 92250 *Fundus photography with interpretation and report* (work RVU= 0.44) and noted that this reference code should be valued slightly lower than 93882 because it has less intra-service time and total time, 14 minutes compared to 20 minutes. **The RUC recommends a work RVU of 0.50 for CPT code 93882.**

Practice Expense:
The RUC accepted the direct practice expense inputs as modified by the Practice Expense Subcommittee.

CPT Code	CPT Descriptor	Global Period	Work RVU Recommendation
93880	Duplex scan of extracranial arteries; complete bilateral study	XXX	0.80
93882	unilateral or limited study	XXX	0.50

CPT five-digit codes, two-digit modifiers, and descriptions only are copyright by the American Medical Association.

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:93880 Tracking Number Original Specialty Recommended RVU: **0.80**
Presented Recommended RVU: **0.80**
Global Period: XXX RUC Recommended RVU: **0.80**

CPT Descriptor: Duplex scan of extracranial arteries; complete bilateral study

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 76-year-old hypertensive, hyperlipidemic woman with a fifty pack-year history of smoking has a carotid bruit. A complete bilateral extracranial duplex ultrasound exam is performed.

Percentage of Survey Respondents who found Vignette to be Typical: 100%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? No
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 0%

Is moderate sedation inherent to this procedure in the office setting? No
Percent of survey respondents who stated moderate sedation is typical in the office setting? 0%

Description of Pre-Service Work: Review the noninvasive diagnostic test requisition form, noting the patient's medical history, risk factors and clinical history providing the indication for the examination. Review previous diagnostic studies that may be used for comparative surveillance or to diagnose disease progression.

Description of Intra-Service Work: Supervise technologist identification of the arterial structures of both sides of the neck; including the common carotid, internal carotid, external carotid, and vertebral arteries. Examine recordings of B-mode images, angle-corrected Doppler velocity spectra and colorflow imaging in all standard locations, per protocol. Evaluate additional specific Doppler velocities, B-mode images and colorflow data provided from identified areas of stenosis, including data from pre-stenotic, intra-stenotic and post-stenotic regions of the affected arteries. Ensure that all Doppler velocity spectra have been accurately angle-corrected. Estimate severity of stenosis based on angiographically-determined grading scales. Synthesize final interpretation, taking into account all available data to estimate severity of stenosis, plaque morphology, calcification, and hemodynamic significance. Render interpretation indicating the severity, location, hemodynamic significance and length of the arterial disease. Provide comparison to previous studies, when prior results are available.

Description of Post-Service Work: Dictate report of findings. Review and sign report. Send copy of report to the referring physician and/or primary care provider. Archive study. Provide a verbal report of critical results directly to the referring physician.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	10/2012		
Presenter(s):	Gary Seabrook, MD; Robert Zwolak, MD, Mathew Sideman, MD, Michael Sutherland, MD, Zeke Silva, MD and Richard Wright, MD		
Specialty(s):	SVS, ACR and ACC		
CPT Code:	93880		
Sample Size:	3277	**Resp N:** 61	**Response:** 1.8 %
Description of Sample:	SVS - 1953, all US, MD members ACR - 757, randomly selected from members who identified their sub-specialty as ultrasound ACC - 567, people selected at random from the ACC database. These members identify themselves either as general cardiologists and or as interventional cardiologists.		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	100.00	**250.00**	400.00	2500.00
Survey RVW:	0.40	0.60	**0.80**	0.97	1.50
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	8.00	**12.00**	15.00	40.00

Immediate Post Service-Time:	**5.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process: XXX Global Code

CPT Code:	93880	**Recommended Physician Work RVU: 0.80**		
		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:		**12.00**		

Immediate Post Service-Time:	**5.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**

Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
76700	XXX	0.81	**RUC Time**

CPT Descriptor Ultrasound, abdominal, real time with image documentation; complete

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
78306	XXX	0.86	**RUC Time**	391,195

CPT Descriptor 1 Bone and/or joint imaging; whole body

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
93307	XXX	0.92	**RUC Time**	73,096

CPT Descriptor 2 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography

Other Reference CPT Code	Global	Work RVU	Time Source
78707	XXX	0.96	**RUC Time**

CPT Descriptor Kidney imaging morphology; with vascular flow and function, single study without pharmacological intervention

RELATIONSHIP OF CODE BEING REVIEWED TO KEY REFERENCE SERVICE(S):
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Key Reference Code: 13 **% of respondents:** 21.3 **%**

TIME ESTIMATES (Median)	**CPT Code: 93880**	**Key Reference CPT Code:** 76700	**Source of Time RUC Time**
Median Pre-Service Time	5.00	3.00	
Median Intra-Service Time	12.00	10.00	
Median Immediate Post-service Time	5.00	4.00	
Median Critical Care Time	0.0	0.00	
Median Other Hospital Visit Time	0.0	0.00	

Median Discharge Day Management Time	0.0	0.00
Median Office Visit Time	0.0	0.00
Prolonged Services Time	0.0	0.00
Median Subsequent Observation Care Time	0.0	0.00
Median Total Time	**22.00**	**17.00**
Other time if appropriate		

INTENSITY/COMPLEXITY MEASURES (Mean)		**(of those that selected Key Reference code)**
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	2.92	3.00
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	3.08	3.08
Urgency of medical decision making	3.62	3.31
Technical Skill/Physical Effort (Mean)		
Technical skill required	3.38	3.23
Physical effort required	2.08	2.08
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality	3.69	3.31
Outcome depends on the skill and judgment of physician	3.85	3.77
Estimated risk of malpractice suit with poor outcome	3.62	3.46

INTENSITY/COMPLEXITY MEASURES	**CPT Code**	**Reference Service 1**
Time Segments (Mean)		
Pre-Service intensity/complexity	2.25	2.25
Intra-Service intensity/complexity	3.31	3.00
Post-Service intensity/complexity	2.67	2.58

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

Background

Code 93880 was identified through two screens for review: 1) Identified by the RAW as a code with source "CMS/Other" and Medicare utilization 500,000 or more; and 2) Identified by CMS in the 2011 proposed rule for CY 2012 as one of 70 high expenditure procedures.

Compelling Evidence

We believe 93880 meets compelling evidence thresholds in three separate ways. First, accrediting bodies have established detailed practice guidelines for this procedure that were not in existence when the first fee schedule was created in 1992 and the value for this code was established, or during the First Five-Year Review when this code was considered by the RUC. The oldest and most recognized multi-specialty noninvasive vascular diagnostic accrediting body is the Intersocietal Commission for Accreditation of Vascular Laboratories (ICAVL). While ICAVL did publish guidelines for extracranial cerebrovascular duplex exams in 1995, there was only minimal information regarding required documentation. Currently, ICAVL mandates an extensive list of B-mode, color Doppler and Doppler waveform analysis. An excerpt from the 2011 ICAVL guidelines states:

"Each examination performed in the laboratory must provide documentation as required by the protocol that is sufficient to allow proper interpretation, including but not limited to:

Gray scale images
Color Doppler images
Doppler waveforms
Velocity measurements
Other images and waveforms as required by the protocol
Other measurements as required by the protocol

For imaging equipment, abnormalities require additional images and waveforms that demonstrate the severity, location, extent and whenever possible etiology of the abnormality present. Documentation of areas of suspected stenosis or obstruction must include representative Doppler waveforms and velocity measurements recorded at and distal to the stenosis or obstruction. Documentation of sites of peripheral vascular intervention, including but not limited to sites of stenting, must include representative Doppler waveforms and velocity measurements recorded from the proximal, mid and distal site.

Extracranial Cerebrovascular Documentation

Long axis gray scale images must be documented as required by the protocol and must include as a minimum:

Common carotid artery
Carotid artery bifurcation
Internal carotid artery

Spectral Doppler waveforms and velocity measurements must be documented as required by the protocol and must include at a minimum:

Proximal common carotid artery
Mid/distal common carotid artery
Proximal internal carotid artery
Distal internal carotid artery as distal as possible
One site in the external carotid artery
One site in the vertebral carotid artery

Abnormalities require additional images, waveforms and velocity measurements"

While some of this work would have been performed for 93880 in 1995 when the RUC was considering compelling evidence, there were no minimum standards. The 93880 exam must now evaluate sites of endovascular interventions that were essentially never done in any significant volume 25 years ago, but are common now. Surgeons ordering these exams require accurate anatomic delineation of the carotid bifurcation vessels because carotid duplex ultrasound is oftentimes the only exam performed prior to carotid endarterectomy surgery. In 1995, colorflow technology did not have wide commercial availability, and ultrasound technology had insufficient sensitivity to evaluate arterial wall characteristics and plaque morphology. Compared to review of static images printed on x-ray film, new video archiving technology provides for the interpretation of more images, more sophisticated velocity waveforms, and more post-processing of the acquired data. To summarize, while some subset of this information was collected in 1995 when 93880 was performed, accrediting agencies such as ICAVL now present standards that require a significantly more detailed and complex study. We provide this as the first line of compelling evidence, namely that the physician work of this procedure has changed since 1995 when 93880 was last evaluated.

Second, while lack of a RUC survey has not, in itself, been fully accepted as an independent criterion for compelling evidence, this service which is claimed over 3,000,000 times per year in Medicare has never undergone a RUC survey. During the 1995 First Five-Year Review, no typical patient vignette was established, a new value was recommended by the specialty society based only on clinical cross-walk. We believe lack of RUC survey is a strong supporting argument for compelling evidence threshold.

Finally, the dominant specialty has changed. In 1995 Radiology presented this code to the RUC (SCVIR now SIR). At that time the dominant provider was radiology, accounting for 40% of the total Medicare claims for this service (global + -26), and neither Cardiology or Vascular Surgery were involved in presenting this code during the First Five-Year Review. In 2011, Radiology represents a substantially smaller percentage of the claims, and the combination of all non-radiological specialties accounted for more than 67% of these services.

In conclusion, we believe 93880 meets the compelling evidence threshold based on three separate lines of reasoning, any one of which could potentially suffice.

Comparison with Key Reference Service 76700
Ultrasound, abdominal, real time with image documentation; complete

CPT code 76700 was presented at the Third Five Year Review in August 2005 where a work RVU of 0.81 was reaffirmed. Survey respondents assigned 5 pre-time minutes to 93880 compared to 3 pre-service minutes for 76700. Code 93880 has 1 additional minute of immediate post-service time, compared to 76700. Importantly, 93880 has two more minutes of intra time, and despite this **additional** intra time difference, the recommended median survey RVW of 0.80 for 93880 is essentially identical to 0.81 RVUs for the key reference service. Thus, the comparison with key reference 76700 fully supports the median survey value of 0.80 for code 93880.

	RVW	IWPUT	Total Time	Eval	INTRA	IM-post
76700	0.81	0.065	17	3	10	4
93880	0.80	0.048	22	5	12	5

Comparison with E&M Service 99213
Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: An expanded problem focused history; An expanded problem focused examination; Medical decision making of low complexity. Counseling and coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or

family's needs. Usually, the presenting problem(s) are of low to moderate severity. Physicians typically spend 15 minutes face-to-face with the patient and/or family.

CPT 99213 was presented at the Third Five-Year Review in February 2006. It has a work RVU of 0.97. Total physician time required for interpretation of B-mode ultrasound images, color-flow images and Doppler spectra in 93880 differs by only one minute. Code 99213 has 3 minutes of pre time compared to 5 minutes for 93880. Code 99213 has an intra-time of 15 minutes, 3 minutes more than the 12 minutes assigned to 93880. Immediate post service times are identical. Given the comparison of similar times and typical patients (99213 = *Established patient, a 55 year old male with a history of hypertension and hyperlipidemia who presents for follow up*. 93880 = *A 76-year-old hypertensive, hyperlipidemic woman with a fifty pack-year history of smoking has a carotid bruit. A complete bilateral extracranial duplex ultrasound exam is performed*.), the median survey value of 0.80 for 93880 is appropriate.

	RVW	IWPUT	Total Time	Eval	INTRA	IM-post
99213	0.97	0.053	23	3	15	5
93880	0.80	0.048	22	5	12	5

Comparison with Kidney duplex ultrasound 76776
Ultrasound, transplanted kidney, real time and duplex Doppler with image documentation

The RVW of 76776 is 0.76 with a total RUC survey time of 20 minutes. CPT code 76776 was presented at the RUC in September 2005 and represents another form of diagnostic imaging using duplex Doppler. The physician intra-service time required for interpretation of B-mode ultrasound images, color-flow images and Doppler spectra in 93880 is 2 minutes more than the time allocated in 76776.

	RVW	IWPUT	Total Time	Eval	INTRA	IM-post
76776	0.76	0.0536	20	5	10	5
93880	0.80	0.048	22	5	12	5

Conclusion: For this code we provided three comparisons. The first relates 93880 to a B-mode ultrasound study. In this comparison, Code 93880 has two minutes more intra-time and five-minutes more total time, so by time and intensity, the RVW of 93880 should be at least that of 76700. The second comparison relates 93880 to a cognitive service (99213), while the third comparison represents another duplex Doppler study. In each case, the time and intensity relationships support the median survey work RVU of 0.80 for this complete bilateral extracranial arterial duplex exam. We believe the three-way comparison convincingly justifies the median survey work RVU of 0.80 for 93880.

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) 93880

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty cardiology How often? Commonly

Specialty vascular surgery How often? Commonly

Specialty radiology How often? Commonly

Estimate the number of times this service might be provided nationally in a one-year period? 0
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. An estimate for the number of times this service is performed nationally in a one-year period is unknown.

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 2,885,488 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Same as 2011 preliminary data from RUC database.

Specialty cardiology Frequency 1327325 Percentage 46.00 %

Specialty vascular surgery Frequency 403969 Percentage 14.00 %

Specialty radiology Frequency 259694 Percentage 9.00 %

Do many physicians perform this service across the United States? Yes

---

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 93880

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:93882 Tracking Number Original Specialty Recommended RVU: **0.50**
Presented Recommended RVU: **0.50**
Global Period: XXX RUC Recommended RVU: **0.50**

CPT Descriptor: Duplex scan of extracranial arteries; unilateral or limited study

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 76-year-old hypertensive, hyperlipidemic woman with a fifty pack-year history of smoking has a known total occlusion of her right internal carotid artery and a 70% stenosis in her left internal carotid artery based on a diagnostic study performed several months ago. She suffers a left hemispheric TIA. A unilateral extracranial duplex ultrasound exam is performed.

Percentage of Survey Respondents who found Vignette to be Typical: 81%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? No
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 0%

Is moderate sedation inherent to this procedure in the office setting? No
Percent of survey respondents who stated moderate sedation is typical in the office setting? 0%

Description of Pre-Service Work: Review the noninvasive diagnostic test requisition form, noting the patient's medical history, risk factors and clinical history providing the indication for the examination. Review previous diagnostic studies that may be used for comparative surveillance or to diagnose disease progression.

Description of Intra-Service Work: Supervise technologist identification of the arterial structures of one side of the neck or a limited examination of both sides. A complete examination of one side would include the common carotid, internal carotid, external carotid, and vertebral arteries. Examine recordings of B-mode images, angle-corrected Doppler velocity spectra and colorflow imaging in all standard locations, per protocol. Evaluate additional specific Doppler velocities, B-mode images and colorflow data provided from identified areas of stenosis, including data from pre-stenotic, intra-stenotic and post-stenotic regions of the affected arteries. Ensure that all Doppler velocity spectra have been accurately angle-corrected. Estimate severity of stenosis based on angiographically-determined grading scales. Synthesize final interpretation, taking into account all available data to estimate severity of stenosis, plaque morphology, calcification, and hemodynamic significance. Render interpretation indicating the severity, location, hemodynamic significance and length of the arterial disease. Provide comparison to previous studies, when prior results are available.

Description of Post-Service Work: Dictate report of findings. Review and sign report. Send copy of report to the referring physician and/or primary care provider. Archive study. Provide a verbal report of critical results directly to the referring physician.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	10/2012		
Presenter(s):	Gary Seabrook, MD, Robert Zwolak, MD, Mathew Sideman, MD, Micheal Sutherland, MD, Zeke Silva, MD and Richard Wright, MD		
Specialty(s):	ACC, SVS, ACR		
CPT Code:	93882		
Sample Size:	3277	**Resp N:** 59	**Response:** 1.8 %
Description of Sample:	SVS - 1953, all US, MD members ACR - 757, randomly selected from members who identified their sub-specialty as ultrasound ACC - 567, people selected at random from the ACC database. These members identify themselves either as general cardiologists and or as interventional cardiologists.		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	5.00	**20.00**	50.00	500.00
Survey RVW:	0.25	0.45	**0.50**	0.75	1.35
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	5.00	**10.00**	14.00	60.00

Immediate Post Service-Time:	**5.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process: XXX Global Code

CPT Code:	93882	**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**		

Immediate Post Service-Time:	**5.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**

Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
93971	XXX	0.45	**RUC Time**

CPT Descriptor Duplex scan of extremity veins including responses to compression and other maneuvers; unilateral or limited study

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
92250	XXX	0.44	**RUC Time**	2,554,626

CPT Descriptor 1 Fundus photography with interpretation and report

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
77300	XXX	0.62	**RUC Time**	1,723,474

CPT Descriptor 2 Basic radiation dosimetry calculation, central axis depth dose calculation, TDF, NSD, gap calculation, off axis factor, tissue inhomogeneity factors, calculation of non-ionizing radiation surface and depth dose, as required during course of treatment, only when prescribed by the treating physician

Other Reference CPT Code	Global	Work RVU	Time Source
76536	XXX	0.56	**RUC Time**

CPT Descriptor Ultrasound, soft tissues of head and neck (eg, thyroid, parathyroid, parotid), real time with image documentation

RELATIONSHIP OF CODE BEING REVIEWED TO KEY REFERENCE SERVICE(S):
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Key Reference Code: 20 **% of respondents:** 33.8 **%**

TIME ESTIMATES (Median)	**CPT Code: 93882**	**Key Reference CPT Code:** 93971	**Source of Time** **RUC Time**
Median Pre-Service Time	5.00	3.00	
Median Intra-Service Time	10.00	10.00	
Median Immediate Post-service Time	5.00	5.00	

Median Critical Care Time	0.0	0.00
Median Other Hospital Visit Time	0.0	0.00
Median Discharge Day Management Time	0.0	0.00
Median Office Visit Time	0.0	0.00
Prolonged Services Time	0.0	0.00
Median Subsequent Observation Care Time	0.0	0.00
Median Total Time	**20.00**	**18.00**
Other time if appropriate		

INTENSITY/COMPLEXITY MEASURES (Mean)	**(of those that selected Key Reference code)**	
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	2.70	2.40
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	2.80	2.50
Urgency of medical decision making	3.40	3.05
Technical Skill/Physical Effort (Mean)		
Technical skill required	3.10	2.90
Physical effort required	2.20	2.15
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality	3.25	2.80
Outcome depends on the skill and judgment of physician	3.45	3.20
Estimated risk of malpractice suit with poor outcome	3.20	3.00

INTENSITY/COMPLEXITY MEASURES	**CPT Code**	**Reference Service 1**
Time Segments (Mean)		
Pre-Service intensity/complexity	1.84	1.68
Intra-Service intensity/complexity	3.20	3.05
Post-Service intensity/complexity	2.16	2.16

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

Background

Code 93882 is submitted as a family member with CPT 93880. These two codes both involve duplex ultrasound evaluation of the arteries in the neck. CPT 93880 is a complete bilateral study with Medicare claims of over 3,000,000 per year. 93882 is the unilateral or limited exam with vastly fewer Medicare claims, only 40,000-50,000 per year. The parent code, 93880, was among 24 codes identified by CMS and for which review by the RUC was requested based on low RVUs and utilization greater than 500,000. In addition, at the February 2011 RUC meeting, survey of the parent code was requested by the RAW since the code had "CMS/Other" inputs.

Compelling Evidence

We believe 93882 meets compelling evidence thresholds by three separate lines of evidence. First, accrediting bodies have established detailed practice guidelines for this procedure that were not in existence when 93882 was evaluated during the First Five-Year Review. The oldest and most recognized multi-specialty noninvasive vascular diagnostic accrediting body is the Intersocietal Commission for Accreditation of Vascular Laboratories (ICAVL). While ICAVL did publish guidelines for 93882 in 1995, an extensive list of mandatory images and Doppler spectra has been added. There was nothing like this in 1995. The 2011 ICAVL guidelines state:

> *"Each examination performed in the laboratory must provide documentation as required by the protocol that is sufficient to allow proper interpretation, including but not limited to:*
> *Gray scale images*
> *Color Doppler images*
> *Doppler waveforms*
> *Velocity measurements*
> *Other images and waveforms as required by the protocol*
> *Other measurements as required by the protocol*
>
> *For imaging equipment, abnormalities require additional images and waveforms that demonstrate the severity, location, extent and whenever possible etiology of the abnormality present. Documentation of areas of suspected stenosis or obstruction must include representative Doppler waveforms and velocity measurements recorded at and distal the stenosis or obstruction. Documentation of sites of peripheral vascular intervention, including but not limited to sites of stenting, must include representative Doppler waveforms and velocity measurements recorded from the proximal, mid and distal site.*
>
> *Extracranial Cerebrovascular Documentation*
> *Long axis gray scale images must be documented as required by the protocol and must include as a minimum:*
> *Common carotid artery*
> *Carotid artery bifurcation*
> *Internal carotid artery*
> *Spectral Doppler waveforms and velocity measurements must be documented as required by the protocol and must include at a minimum:*
> *Proximal common carotid artery*
> *Mid/distal common carotid artery*
> *Proximal internal carotid artery*
> *Distal internal carotid artery as distal as possible*

One site in the external carotid artery
One site in the vertebral carotid artery
Abnormalities require additional images, waveforms and velocity measurements"

While some of this work would have been performed for 93882 in 1995, there were no minimum standards. The 93882 exam must now evaluate sites of endovascular interventions that were essentially never done in any significant volume 25 years ago but are common now. Surgeons ordering these exams demand accurate anatomic delineation of the carotid bifurcation vessels because the carotid duplex ultrasound is oftentimes the only exam performed prior to carotid endarterectomy surgery. In 1995, colorflow technology did not have wide commercial availability, and ultrasound technology had insufficient sensitivity to evaluate arterial wall characteristics and plaque morphology. Compared to review of static images printed on x-ray film, new video archiving technology provides for the interpretation of more images, more sophisticated velocity waveforms, and more post-processing of the acquired data. To summarize, while some subset of this information was collected when 93882 was performed in 1995, accrediting agencies such as ICAVL now present standards that require a significantly more detailed and complex study. We provide this as the first line of compelling evidence, namely that the physician work of this procedure has changed since 1995 when it was last evaluated.

Second, while lack of a RUC survey has not, in itself, been fully accepted as an independent criterion for compelling evidence, this service has never undergone a RUC survey, and during the 1995 First Five-Year Review, no typical patient vignette was established. We believe lack of RUC survey is a strong supporting argument for compelling evidence threshold.

Finally, the dominant specialty has changed. In 2011, vascular surgery is the plurality provider of this service with 35% of global claims and 40% of -26 claims. Cardiology provided 11% of the globals and 8% of the -26 claims in 2011. However, Radiology provided only 4% of global claims and 29% of -26 claims. In 1995 Radiology presented this code to the RUC (SCVIR now SIR) and neither vascular surgery nor cardiology participated. We believe this information is sufficient for 93882 to meet compelling evidence requirements based on the dominant specialty criterion.

In conclusion, we believe 93882 meets the compelling evidence threshold based on three separate lines of reasoning, any one of which could potentially suffice.

Comparison with Key Reference Service 93971

Duplex scan of extremity veins including responses to compression and other maneuvers; unilateral or limited study

CPT code 93971 was presented at the RUC in April 2011 with an RVU of 0.45. Code 93971 represents B-mode ultrasound and colorflow diagnostics of the lower extremity. 93882 uses much of the same technology as 93971, but 93882 includes more Doppler ultrasound waveform analysis. Survey respondents assigned 5 pre-time minutes to 93882 compared to 3 pre-service time minutes for 93971. 93971 and 93882 both have 10 minutes intra-service time, and both have 5 minutes immediate post-service times. With 2 minutes more time and greater complexity, this comparison with key reference 93971 supports the median survey value of 0.50 for 93882.

	RVW	IWPUT	Total Time	Eval	INTRA	IM-post
93971	0.45	0.027	18	3	10	5
93882	0.50	0.028	20	5	10	5

Comparison with E&M Service 99212

Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A problem focused history; A problem focused examination; Straightforward medical decision making. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self-limited or minor. Physicians typically spend 10 minutes face-to-face with the patient and/or family.

CPT code 99212 was presented at the Third Five-Year Review in February 2006. It has a work RVU of 0.48. Total physician time required for interpretation of B-mode ultrasound images, color-flow images and Doppler spectra in 93882 is 4 minutes longer than the 16-minute physician time of 99212, while intra-service times are identical at 10 minutes. Based on this comparison, the median survey value of 0.50 for 93882 is appropriate.

	RVW	IWPUT	Total Time	Eval	INTRA	IM-post
99212	0.48	0.035	16	2	10	4
93882	0.50	0.028	20	5	10	5

Comparison with Kidney duplex ultrasound 76776
Ultrasound, transplanted kidney, real time and duplex Doppler with image documentation

The RVW of 76776 is 0.76 with a total RUC survey time of 20 minutes. CPT code 76776 was presented at the RUC in September 2005 and represents another form of diagnostic imaging using duplex Doppler. The physician intra-service time required for interpretation of B-mode ultrasound images, color-flow images and Doppler spectra in 93882 is the same as the time allocated in 76776.

	RVW	IWPUT	Total Time	Eval	INTRA	IM-post
76776	0.76	0.0536	20	5	10	5
93882	0.50	0.028	20	5	10	5

Conclusion: For this code we provide three comparisons. The first relates duplex ultrasound 93882 to a duplex ultrasound study of another body part. The second compares 93882 to a cognitive service (99212), while the third comparison represents another duplex Doppler study. In each case, the comparison supports the median survey value of 0.50 for this arterial duplex exam. We believe the three-way comparison convincingly justifies the median survey value of 0.50 for 93882.

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) 93882

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty cardiology How often? Commonly

Specialty vascular surgery How often? Commonly

Specialty radiology How often? Commonly

Estimate the number of times this service might be provided nationally in a one-year period? 0
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. An estimate for the number of times this service is performed nationally in a one-year period is unknown.

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 45,496 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Same as 2011 preliminary data from RUC database.

Specialty cardiology Frequency 3640 Percentage 8.00 %

Specialty vascular surgery Frequency 18199 Percentage 40.00 %

Specialty radiology Frequency 1820 Percentage 4.00 %

Do many physicians perform this service across the United States? Yes

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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 93882

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

SS Rec Summary

ISSUE: Extracranial Studies

TAB: 21

Source	CPT	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST
REF	76700	Ultrasound, abdominal, real	13	0.065			0.81			17	3					10			4
REF	76776	Ultrasound, transplanted ki	10	0.054			0.76			20	5					10			5
CURRENT	93880	Duplex scan of extracranial arterie		#DIV/0!			0.60			18									
SVY	93880	Duplex scan of extracranial	61	0.048	0.40	0.60	0.80	0.97	1.50	22	5			1	8	12	15	40	5
REC	93880			0.048			0.80			22	5					12			5

Source	CPT	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST
REF	93971	Duplex scan of extremity ve	20	0.027			0.45			18	3					10			5
CURRENT	93882	Duplex scan of extracranial arterie		#DIV/0!			0.40			15									
SVY	93882	Duplex scan of extracranial	59	0.028	0.25	0.45	0.50	0.75	1.35	20	5			1	5	10	14	60	5

CPT Code: 93880 and 93882
Specialty Society('s) SVS, ACR and ACC

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation
Non Facility Direct Inputs

CPT Long Descriptor:

- 93880 *Duplex scan of extracranial arteries; complete bilateral study*
- 93882 *Duplex scan of extracranial arteries; unilateral or limited study*

Global Period: XXX **Meeting Date:** 10/2012

Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee:

The multispecialty organizations (SVS, ACR and ACC) convened a panel that included a number of experts familiar with these services to evaluate the direct practice expense inputs for these procedures.

A reference code must be provided for comparison to the practice expense inputs on your spreadsheet. Please provide a rationale for the selection of reference codes. Comparison Code Rationale:

The panel included four duplex scan codes that were recently reviewed by they RUC (April 2012) as reference codes. We also included the current direct PE inputs for these codes for reference.

Please describe in detail the clinical activities of your staff:

CPT Codes 93880 and 93882

Pre-Service Clinical Labor Activities:

1. Review of the noninvasive diagnostic test requisition form, noting the patient's medical history, risk factors, and clinical history providing the indication for the examination.
2. Review previous diagnostic studies for the patient that may be used to diagnose disease progression or the results of a surgical or interventional procedure.
3. Perform a patient history and focused physical examination to determine signs or symptoms, confirm that the appropriate indication has been identified and that the correct examination has been ordered.
4. The patient history, obtained from the patient, the patient's chart and patient's representative (if available), should include current medical status, previous vascular/cardiovascular surgeries or interventions, current medications and therapies, presence of any risk factors for cerebrovascular disease and family history.
5. Document the presence of any symptoms suggestive of cerebrovascular disease, including: aphasia, dysphasia, visual disturbances, numbness, weakness or paralysis of extremities and results of other relevant diagnostic procedures.

6. Obtain and record bilateral brachial artery blood pressures.
7. Perform adjunctive procedures, such as auscultation to identify cervical and orbital bruits as well as palpation of brachial, radial, carotid and facial pulses.
8. After completing history and physical, explain the procedure to the patient, while properly positioning patient for the examination. The ability of a patient to tolerate the procedure, and cooperate fully is also assessed.
9. Follow ergonomic guidelines to assure proper alignment of the patient, instrumentation and Vascular Technologist to prevent Musculoskeletal Injuries during the performance of the duplex examination.

Post-Service Clinical Labor Activities:

1. Review all data acquired during the duplex examination to ensure that a complete and comprehensive evaluation has been performed and documented.
2. Present record of diagnostic images, pertinent medical history, data, explanations and technical worksheet to the interpreting physician for use in rendering a final diagnosis and interpretation.
3. Notify vascular laboratory Medical Director or appropriate health care provider when immediate medical attention is indicated.
4. Record all technical findings required to complete the final diagnosis in a logbook or archive so that measurements can be classified according to laboratory diagnostic criteria for quality assurance statistical analysis.
5. Direct copies to the referring physician and/or primary care provider.
6. Complete an encounter form for billing purposes.
7. Archive the study.

93880 ***Duplex scan of extracranial arteries; complete bilateral study***

Intra-Service Clinical Labor Activities:

Duplex imaging of the bilateral extracranial cerebrovascular system is performed to examine the accessible extracranial arteries supplying flow to the anterior and posterior circulation(s) of the brain; the examination includes the proximal common carotid artery (CCA), the carotid bifurcation, and its branch vessels, the internal (ICA) and external carotid arteries (ECA). In addition, the extracranial segments of the vertebral arteries, from their origin through the accessible extracranial segments, are examined. When indicated by asymmetric bilaterial branchial blood pressures or abnormal Doppler spectra from the vertebral arteries, upper extremity reactive hyperemia stress testing may be performed to assess any hemodynamic and clinical impact of subclavian steal phenomenon.

To determine the presence or absence of disease, it is necessary to choose appropriate duplex instrumentation with appropriate frequencies for the vessels being examined, incorporating real-time B-mode imaging, color flow imaging and Doppler spectral analysis.

Following a standard bilateral exam protocol, the entire course of the common carotid, carotid bifurcation, proximal, mid and distal internal and external carotid arteries must be examined in their entirety. Additionally, the accessible extracranial segments of the vertebral arteries are assessed.

Throughout the examination, sonographic characteristics of normal and abnormal tissues, structures and blood flow are observed. The registered vascular technologist's scanning technique must be adjusted as necessary to optimize image quality, color flow qualities and spectral waveform characteristics. Sonographic findings are analyzed throughout the examination to ensure that sufficient data is provided to the physician to direct patient management and render a final diagnosis.

The duplex instrumentation must (a) incorporate both gray scale and color flow imaging of two-dimensional structure and motion in real-time with Doppler ultrasonic signal documentation with spectral analysis and (b) capture and digitally store images, spectral waveforms and digital clips documenting motion/flow.

A standard exam protocol is followed for each study: bilateral evaluations are essential for a complete assessment; however, post-interventional studies may be unilateral based on internal laboratory algorithms. The standard exam includes duplex evaluation of all accessible portions of the extracranial system. Detailed procedure description includes (a) The CCA, ICA and ECA must be followed from its origin to its most distal accessible extracranial segment. The vertebral arteries are evaluated. (b) A minimum of two views are obtained of each vessel segment to show anterior, lateral, or posterior-lateral sagittal views and transverse imaging planes as needed to assist with classification of echo characteristics of plaque, intimal thickness or vessel walls. (c) Echogenic characteristics are classified as: homogeneous (uniform echo pattern), hetergenous (complex pattern with mixed echo densities and/or sonolucent areas) and to describe surface characteristics (smooth or irregular). (d) If pathology is identified, the plaque appearance, location, and extrent should be documented, whenever possible. Residual lumen may be measured, using the transverse view.

Doppler spectral analysis is performed in the sagittal plane. To assure consistency and improve accuracy, velocity measurements should be taken at an angle of 60 degrees or less, with the cursor aligned parallel to the vessel walls. If angle correction of Doppler cursor is used, it must be documented. To assure complete interrogation of the entire vessel, the Doppler sample volume is "tracked" along the course of each of the above noted arteries. At least one representative spectral waveform is recorded from the vertebral, proximally and distally in the CCA, as well as the proximal, mid and distal branches (ECA and ICA). Spectral measurements include: peak systolic velocity (PSV), end diastolic velocity (EDV), direction and quality of flow in the sampled area. If an ICA/CCA ratio is obtained, an unobstructed segment of the distal CCA (2 cm. proximal to the flow divider), is the recommended reference point. In the presence of pathology, spectral waveforms should be recorded proximal, within, and distal to the lesion. The characteristics of post-stenotic turbulence must be documented, if present.

To determine any change in follow-up studies, review previous examinations so that the current evaluation duplicates prior imaging and Doppler parameters, or documents a change in findings.

93882 ***Duplex scan of extracranial arteries; unilateral or limited study***

Intra-Service Clinical Labor Activities:

Duplex imaging of the identified extracranial cerebrovascular system is performed to examine the accessible extracranial arteries supplying flow to the anterior and posterior circulation(s) of the brain; the examination includes the proximal common carotid artery (CCA), the carotid bifurcation, and its branch vessels, the internal (ICA) and external carotid artery (ECA). In addition, the extracranial segments of the vertebral artery, from the origin through the accessible extracranial segments, are examined.

To determine the presence or absence of disease, it is necessary to choose appropriate duplex instrumentation with appropriate frequencies for the vessels being examined, incorporating real-time B-mode imaging, color flow imaging and Doppler spectral analysis.

Following a standard exam protocol, the entire course of the common carotid, carotid bifurcation, proximal, mid and distal internal and external carotid arteries must be examined in their entirety. Additionally, the accessible extracranial segments of the vertebral artery is assessed.

Throughout the examination, sonographic characteristics of normal and abnormal tissues, structures and blood flow are observed. The registered vascular technologist's scanning technique must be adjusted as necessary to optimize image quality, color flow qualities and spectral waveform characteristics. Sonographic findings are analyzed throughout the examination to ensure that sufficient data is provided to the physician to direct patient management and render a final diagnosis.

The duplex instrumentation must (a) incorporate both gray scale and color flow imaging of two-dimensional structure and motion in real-time with Doppler ultrasonic signal documentation with spectral analysis and (b) capture and digitally store images, spectral waveforms and digital clips documenting motion/flow.

The standard exam includes duplex evaluation of all accessible portions of the extracranial system. Detailed procedure description includes (a) The CCA, ICA and ECA must be followed from its origin to its most distal accessible extracranial segment. The vertebral artery is evaluated. (b) A minimum of two views are obtained of each vessel segment to show anterior, lateral, or posterior-lateral sagittal views and transverse imaging planes as needed to assist with classification of echo characteristics of plaque, intimal thickness or vessel walls. (c) Echogenic characteristics are classified as: homogeneous (uniform echo pattern), hetergenous (complex pattern with mixed echo densities and/or sonolucent areas) and to describe surface characteristics (smooth or irregular). (d) If pathology is identified, the plaque appearance, location, and extrend should be documented, whenever possible. Residual lumen may be measured, using the transverse view.

Doppler spectral analysis is performed in the sagittal plane. To assure consistency and improve accuracy, velocity measurements should be taken at an angle of 60 degrees or less, with the cursor aligned parallel to the vessel walls. If angle correction of Doppler cursor is used, it must be documented. To assure complete interrogation of the entire vessel, the Doppler sample

volume is "tracked" along the course of each of the above noted arteries. At least one representative spectral waveform is recorded from the vertebral, proximally and distally in the CCA, as well as the proximal, mid and distal branches (ECA and ICA). Spectral measurements include: peak systolic velocity (PSV), end diastolic velocity (EDV), direction and quality of flow in the sampled area. If an ICA/CCA ratio is obtained, an unobstructed segment of the distal CCA (2 cm. proximal to the flow divider), is the recommended reference point. In the presence of pathology, spectral waveforms should be recorded proximal, within, and distal to the lesion. The characteristics of post-stenotic turbulence must be documented, if present.

To determine any change in follow-up studies, review previous examinations so that the current evaluation duplicates prior imaging and Doppler parameters, or documents a change in findings.

	A	B	C	D	E	F	G
1				REFERENCE CODES		CURRENT	Recommended
2	**REVISED AT MEETING**			**93926 PEAC 2012**	**93971 PEAC 2012**	**93882**	**93882**
3	**Meeting Date: October 2012 Tab: 21 Extracranial Studies Specialty: SVS, ACR and ACC**	**CMS Code**	**Staff Type**	**Unilateral or limited** - Duplex scan of lower extremity arteries or arterial bypass	**Unilateral or limited** - Duplex scan of extremity veins including responses to	**Unilateral or limited** Duplex scan of extracranial arteries; unilateral or	**Unilateral or limited** Duplex scan of extracranial arteries; unilateral or limited study
4	**LOCATION**			**Non Fac**	**Non Fac**	**Non Fac**	**Non Fac**
5	**GLOBAL PERIOD**			**XXX**	**XXX**	**XXX**	**XXX**
6	**TOTAL CLINICAL LABOR TIME**	L054A	Vascular Tech	**66**	**52**	**59**	**51**
7	**TOTAL PRE-SERV CLINICAL LABOR TIME**	L054A	Vascular Tech	**3**	**3**	**3**	**3**
8	**TOTAL SERVICE PERIOD CLINICAL LABOR TIME**	L054A	Vascular Tech	**59**	**45**	**48**	**44**
9	**TOTAL POST-SERV CLINICAL LABOR TIME**	L054A	Vascular Tech	**4**	**4**	**8**	**4**
10	**PRE-SERVICE**						
11	**Start: Following visit when decision for surgery or procedure made**						
17	**Other Clinical Activity***: Review/read prior vascular lab studies, x-ray, lab, and pathology reports*			**3**	**3**	**3**	**3**
18	**End: When patient enters office/facility for surgery/procedure**						
19	**SERVICE PERIOD**						
20	**Start: When patient enters office/facility for surgery/procedure:**						
21	Greet patient, provide gowning, ensure appropriate medical records are available	L054A	Vascular Tech	**3**	**3**	**3**	**3**
22	Obtain vital signs	L054A	Vascular Tech			**3**	
23	Provide pre-service education/obtain consent	L054A	Vascular Tech	**3**	**3**	**3**	**3**
24	Prepare room, equipment, supplies	L054A	Vascular Tech	**3**	**3**	**3**	**2**
25	Prepare and position patient	L054A	Vascular Tech	**3**	**3**	**3**	**3**
26	**Intra-service**						
27	Aquire images	L054A	Vascular Tech	**35**	**23**	**21**	**21**
28	**Post-Service**						
29	Clean room/equipment by physician staff	L054A	Vascular Tech	**3**	**3**	**3**	**3**
30	**Other Clinical Activity:** *Collate preliminary data, arrange images, archive*	L054A	Vascular Tech	**8**	**6**	**8**	**8**
31	**Other Clinical Activity***: Record patient history*	L054A	Vascular Tech	**1**	**1**	**1**	**1**
35	**End: Patient leaves office**						
36	**POST-SERVICE Period**						
37	**Start: Patient leaves office/facility**						
38	Phone calls, faxes, emails between visits with ordering physician, patient, family	L054A	Vascular Tech			**4**	
46	**Other Clinical Activity***: QA documentation*	L054A	Vascular Tech	**4**	**4**	**4**	**4**
47	**End: with last office visit before end of global period**						
48	**MEDICAL SUPPLIES**	**CODE**	**UNIT**				
49	pack, minimum multi-specialty visit	SA048	pack	**1**	**1**	**1**	**1**
50	drape, non-sterile, sheet 40in x 60in	SB006	item	**1**	**2**	**1**	**1**
51	cover-condom, transducer or ultrasound probe	SB005	item	**1**	**1**	**1**	
52	ultrasound transmission gel	SJ062	ml	**30**	**40**	**40**	**40**
53	film, 8inx10in (ultrasound, MRI)	SK022	item	**2**	**2**	**2**	**2**
54	film, x-ray 14in x 17in	SK034	item	**1**	**1**	**1**	**1**
55	patient education booklet	SK062	item	**1**	**1**	**1**	**1**
56	video tape, VHS	SK086	item	**1**	**1**	**1**	**1**
57	glutaraldehyde 3.4% (Cidex, Maxicide, Wavicide)	SM018	oz	**0.34**	**0.34**	**0.34**	**0.34**
58	sanitizing cloth-wipe (surface, instruments, equipment)	SM022	item	**2**	**2**	**2**	**2**
59	**EQUIPMENT**	**CODE**					
60	room, ultrasound, vascular	EL016		**59**	**45**	**48**	**29**
61	computer, desktop, w-monitor	ED021		**59**	**45**	**48**	**29**
62	stretcher	EF018				**48**	
63	video SVHS VCR (medical grade)	ED034		**59**	**45**	**48**	**0**
64	film processor, wet	ED025		**10**	**10**	**10**	**10**
65	video printer, color (Sony medical grade)	ED036		**10**	**10**	**10**	**0**
66	x-ray view box, 4 panel	ER067		**10**	**10**	**10**	**10**

	A	B	C	J	K	L	M
1				REFERENCE CODES		CURRENT	Recommended
2	**REVISED AT MEETING**			**93925 PEAC 2012**	**93970 PEAC 2012**	**93880**	**93880**
3	**Meeting Date: October 2012 Tab: 21 Extracranial Studies Specialty: SVS, ACR and ACC**	**CMS Code**	**Staff Type**	**Complete bilateral** - Duplex scan of lower extremity arteries or arterial bypass	**Complete bilateral** - Duplex scan of extremity veins including responses to	**Complete bilateral** Duplex scan of extracranial arteries; complete	**Complete bilateral** Duplex scan of extracranial arteries; complete bilateral study
4	**LOCATION**			**Non Fac**	**Non Fac**	**Non Fac**	**Non Fac**
5	**GLOBAL PERIOD**			**XXX**	**XXX**	**XXX**	**XXX**
6	**TOTAL CLINICAL LABOR TIME**	L054A	Vascular Tech	**102**	**78**	**82**	**75**
7	**TOTAL PRE-SERV CLINICAL LABOR TIME**	L054A	Vascular Tech	**3**	**3**	**3**	**3**
8	**TOTAL SERVICE PERIOD CLINICAL LABOR TIME**	L054A	Vascular Tech	**95**	**71**	**71**	**68**
9	**TOTAL POST-SERV CLINICAL LABOR TIME**	L054A	Vascular Tech	**4**	**4**	**8**	**4**
10	**PRE-SERVICE**						
11	**Start: Following visit when decision for surgery or procedure made**						
17	**Other Clinical Activity***: Review/read prior vascular lab studies, x-ray, lab, and pathology reports*			**3**	**3**	**3**	**3**
18	**End: When patient enters office/facility for surgery/procedure**						
19	**SERVICE PERIOD**						
20	**Start: When patient enters office/facility for surgery/procedure:**						
21	Greet patient, provide gowning, ensure appropriate medical records are available	L054A	Vascular Tech	**3**	**3**	**3**	**3**
22	Obtain vital signs	L054A	Vascular Tech			**3**	
23	Provide pre-service education/obtain consent	L054A	Vascular Tech	**3**	**3**	**3**	**3**
24	Prepare room, equipment, supplies	L054A	Vascular Tech	**3**	**3**	**3**	**3**
25	Prepare and position patient	L054A	Vascular Tech	**3**	**3**	**3**	**3**
26	**Intra-service**						
27	Aquire images	L054A	Vascular Tech	**69**	**45**	**42**	**42**
28	**Post-Service**						
29	Clean room/equipment by physician staff	L054A	Vascular Tech	**3**	**3**	**3**	**3**
30	**Other Clinical Activity:** *Collate preliminary data, arrange images, archive*	L054A	Vascular Tech	**10**	**10**	**10**	**10**
31	**Other Clinical Activity***: Record patient history*	L054A	Vascular Tech	**1**	**1**	**1**	**1**
35	**End: Patient leaves office**						
36	**POST-SERVICE Period**						
37	**Start: Patient leaves office/facility**						
38	Phone calls, faxes, emails between visits with ordering physician, patient, family	L054A	Vascular Tech			**4**	
46	**Other Clinical Activity***: QA documentation*	L054A	Vascular Tech	**4**	**4**	**4**	**4**
47	**End: with last office visit before end of global period**						
48	**MEDICAL SUPPLIES**	**CODE**	**UNIT**				
49	pack, minimum multi-specialty visit	SA048	pack	**1**	**1**	**1**	**1**
50	drape, non-sterile, sheet 40in x 60in	SB006	item	**1**	**1**	**1**	**1**
51	cover-condom, transducer or ultrasound probe	SB005	item	**1**	**1**	**1**	
52	ultrasound transmission gel	SJ062	ml	**50**	**60**	**60**	**60**
53	film, 8inx10in (ultrasound, MRI)	SK022	item	**3**	**3**	**3**	**3**
54	film, x-ray 14in x 17in	SK034	item	**2**	**2**	**2**	**2**
55	patient education booklet	SK062	item	**1**	**1**	**1**	**1**
56	video tape, VHS	SK086	item	**1**	**1**	**1**	**1**
57	glutaraldehyde 3.4% (Cidex, Maxicide, Wavicide)	SM018	oz	**0.34**	**0.34**	**0.34**	**0.34**
58	sanitizing cloth-wipe (surface, instruments, equipment)	SM022	item	**2**	**2**	**2**	**2**
59	**EQUIPMENT**	**CODE**					
60	room, ultrasound, vascular	EL016		**95**	**71**	**71**	**51**
61	computer, desktop, w-monitor	ED021		**95**	**71**	**71**	**51**
62	stretcher	EF018				**71**	
63	video SVHS VCR (medical grade)	ED034		**95**	**71**	**71**	**0**
64	film processor, wet	ED025		**10**	**10**	**10**	**10**
65	video printer, color (Sony medical grade)	ED036		**10**	**10**	**10**	**0**
66	x-ray view box, 4 panel	ER067		**10**	**10**	**10**	**10**

AMA/Specialty Society RVS Update Committee Summary of Recommendations
CMS High Expenditure Procedural Codes screen

October 2012

Electroencephalogram

In the NPRM for 2012, CMS identified CPT code 95819 *Electroencephalogram (EEG); including recording awake and asleep* through the CMS High Expenditure Procedural Codes screen. The RUC added CPT codes 95816 *Electroencephalogram (EEG); including recording awake and drowsy* and 95822 *Electroencephalogram (EEG);recording in coma or sleep only* as part of this family.

95816 Electroencephalogram (EEG); including recording awake and drowsy
The RUC reviewed the survey results from 44 neurologists for CPT code 95816. The respondents indicated a median work RVU of 1.09, which is almost the same as the current work RVU of 1.08. The specialty societies did not believe there was compelling evidence that the work has changed. Therefore, the RUC recommended maintaining the current work RVU of 1.08 for CPT code 95816. The RUC agreed that the surveyed physician time of 5 minutes pre-, 15 minutes intra- and 6 minutes immediate post-service time appropriately account for the time required to perform this procedure. The RUC compared the surveyed code to the key reference service 95812 *Electroencephalogram (EEG) extended monitoring; 41-60 minutes* (work RVU = 1.08 and 20 minutes intra-service time) and noted that the respondents indicated the intensity and complexity required to perform these services is comparable. The RUC determined that the physician work required to perform 95812 and 95816 is the same. For further support, the RUC referenced CPT code 56605 *Biopsy of vulva or perineum (separate procedure); 1 lesion* (work RVU = 1.10 and 15 minutes intra-service time), which requires similar physician work and time. **The RUC recommends a work RVU of 1.08 for CPT code 95816.**

95819 Electroencephalogram (EEG); including recording awake and asleep
The RUC reviewed the survey results from 38 neurologists for CPT code 95819. The survey 25th percentile work RVU was 1.08, which is the current work RVU. The specialty societies did not believe there was compelling evidence that the work has changed. Therefore, the RUC recommended maintaining the current work RVU of 1.08 for CPT code 95819. The RUC agreed that the surveyed physician time of 5 minutes pre-, 15 minutes intra- and 6 minutes immediate post-service time appropriately account for the time required to perform this procedure. The RUC compared the surveyed code to the key reference service 95812 *Electroencephalogram (EEG) extended monitoring; 41-60 minutes* (work RVU = 1.08 and 20 minutes intra-service time) and noted that the respondents indicated the intensity and complexity required to perform these services is comparable. The RUC determined that the physician work required to perform 95812, 95816 and 95819 is the same. For further support, the RUC referenced CPT code 56605 *Biopsy of vulva or perineum (separate procedure); 1 lesion* (work RVU = 1.10 and 15 minutes intra-service time), which requires similar physician work and time. **The RUC recommends a work RVU of 1.08 for CPT code 95819.**

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95822 Electroencephalogram (EEG);recording in coma or sleep only
The RUC reviewed the survey results from 36 neurologists for CPT code 95822 and agreed that while the survey respondents indicated a higher work RVU than the current value, the specialty societies did not believe there was compelling evidence that the work has changed. Therefore, the RUC recommended maintaining the current work RVU of 1.08 for CPT code 95822. The RUC agreed that the surveyed physician time of 5 minutes pre-, 18 minutes intra- and 10 minutes immediate post-service time appropriately account for the time required to perform this procedure. The RUC agreed that there is 4 additional minutes of post-service in 95822 compared to 95819 due to the patient's comatose state, there is direct communication with the physician who referred the case for the EEG study. The RUC compared the surveyed code to the key reference service 95812 *Electroencephalogram (EEG) extended monitoring; 41-60 minutes* (work RVU = 1.08 and 20 minutes intra-service time) and noted that the respondents indicated the intensity and complexity required to perform these services is comparable. The RUC determined that the physician work required to perform 95812, 95816, 95819 and 95822 is the same. For further support, the RUC referenced CPT code 56605 *Biopsy of vulva or perineum (separate procedure); 1 lesion* (work RVU = 1.10 and 15 minutes intra-service time), which requires similar physician work and time. **The RUC recommends a work RVU of 1.08 for CPT code 95822.**

Practice Expense
The RUC reviewed the direct practice expense inputs and noted that the minutes for equipment item *EEG, digital, testing system (computer hardware, software & camera)* (EQ330) are 9 minutes above the clinical staff time for the service period in all three of the codes. This is accounted for in the post-service period when the clinical staff uses the equipment to *prepare technician report in EEG file (3 minutes)*, *enter patient information into laboratory log book (2 minutes)* and *transfer data to reading station & archive data (4 minutes)*. The RUC accepted the direct practice expense inputs as submitted by the specialty societies and recommended by the Practice Expense Subcommittee.

CPT Code	CPT Descriptor	Global Period	Work RVU Recommendation
95816	Electroencephalogram (EEG); including recording awake and drowsy	XXX	1.08 (No Change)
95819	including recording awake and asleep	XXX	1.08 (No Change)

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95822	recording in coma or sleep only	XXX	1.08 (No Change)

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AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:95816 Tracking Number Original Specialty Recommended RVU: **1.08**
Presented Recommended RVU: **1.08**
Global Period: XXX RUC Recommended RVU: **1.08**

CPT Descriptor: Electroencephalogram (EEG); including recording awake and drowsy

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A patient has developed memory and attention difficulties which fluctuate from day to day An awake and drowsy EEG is performed.

Percentage of Survey Respondents who found Vignette to be Typical: 64%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? No
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 11%

Is moderate sedation inherent to this procedure in the office setting? No
Percent of survey respondents who stated moderate sedation is typical in the office setting? 4%

Description of Pre-Service Work: Determine which type of EEG study is most appropriate for the patient based on the referral question being asked. Determine if sedation or other drugs are likely needed to achieve an adequate test.

Description of Intra-Service Work: Supervise patient preparation and performance of the test by the technician. Review the recorded data, assess the normal and abnormal findings, review the activation procedures performed including hyperventilation and photic stimulation, interpret the data, and provide clinical correlation of the findings based on the patient's history.

Description of Post-Service Work: Generate the report and make recommendations for further management.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	10/2012				
Presenter(s):	Marianna Spanaki, MD, PhD; Marc Nuwer, MD, PhD				
Specialty(s):	American Academy of Neurology, American Clinical Neurophysiology Society				
CPT Code:	95816				
Sample Size:	491	**Resp N:**	44	**Response:** 8.9 %	
Description of Sample:	AAN: A random sample of members of epilepsy and clinical neurophysiology sections. ACNS: neurologists who perform the service.				

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	100.00	**200.00**	500.00	2500.00
Survey RVW:	0.95	1.00	**1.09**	1.56	20.00
Pre-Service Evaluation Time:			**5.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	0.00	10.00	**15.00**	17.00	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**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process: XXX Global Code

CPT Code:	95816	**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:		**15.00**		

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 **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
95812	XXX	1.08	**RUC Time**

CPT Descriptor Electroencephalogram (EEG) extended monitoring; 41-60 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
78315	XXX	1.02	**RUC Time**	97,695

CPT Descriptor 1 Bone and/or joint imaging; 3 phase study
which requires at least 2 of these 3 key components: An expanded problem focused history; An expanded problem focused examination; Medical decision making of low complexity. Counseling and coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity. Physicians typically spend 15 minutes face-to-face with the patient and/or family.

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
56605	000	1.10	**RUC Time**	28,462

CPT Descriptor 2 Biopsy of vulva or perineum (separate procedure); 1 lesion

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO KEY REFERENCE SERVICE(S):
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Key Reference Code: 28 **% of respondents:** 63.6 **%**

TIME ESTIMATES (Median)	**CPT Code: 95816**	**Key Reference CPT Code:** 95812	**Source of Time RUC Time**
Median Pre-Service Time	5.00	5.00	
Median Intra-Service Time	15.00	20.00	
Median Immediate Post-service Time	6.00	5.00	
Median Critical Care Time	0.0	0.00	
Median Other Hospital Visit Time	0.0	0.00	

Median Discharge Day Management Time	0.0	0.00
Median Office Visit Time	0.0	0.00
Prolonged Services Time	0.0	0.00
Median Subsequent Observation Care Time	0.0	0.00
Median Total Time	**26.00**	**30.00**
Other time if appropriate		

INTENSITY/COMPLEXITY MEASURES (Mean)		**(of those that selected Key Reference code)**
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	3.75	3.86
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	3.43	3.64
Urgency of medical decision making	3.54	3.61
Technical Skill/Physical Effort (Mean)		
Technical skill required	4.32	4.36
Physical effort required	2.36	2.36
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality	3.14	3.25
Outcome depends on the skill and judgment of physician	4.21	4.25
Estimated risk of malpractice suit with poor outcome	3.07	3.11

INTENSITY/COMPLEXITY MEASURES	**CPT Code**	**Reference Service 1**
Time Segments (Mean)		
Pre-Service intensity/complexity	2.57	2.61
Intra-Service intensity/complexity	3.50	3.64
Post-Service intensity/complexity	2.96	3.00

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

CPT code 95819 was identified through the CMS High Expenditure Procedural Codes screen. The RAW recommended a survey of physician work and review of practice expense for this family of services at the October 2012 RUC meeting. This code was last surveyed as part of the third five-year review process and brought to the RUC in 2005.
An expert consensus panel composed of members of the participating societies familiar with the code in question and the RUC process reviewed the results. The panel confirmed the reliability of the survey.
The panel recommends maintaining the existing RVU of 1.08, which is slightly below the median of 1.09, and using survey times of 5/15/5.5 minutes.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: 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) 95816

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?
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate.

Specialty Frequency 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? 287,895 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 2011 Medicare utilization from the RUC database.

Specialty Neurology Frequency 277099 Percentage 96.25 %

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Do many physicians perform this service across the United States? Yes

---

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 95816

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:95819 Tracking Number Original Specialty Recommended RVU: **1.08**
Presented Recommended RVU: **1.08**
Global Period: XXX RUC Recommended RVU: **1.08**

CPT Descriptor: Electroencephalogram (EEG); including recording awake and asleep

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A patient reports recurrent episodes of neurologic symptoms which are preceded by a possible aura. The episodes are brief and leave him feeling tired afterward. An awake and sleep EEG is performed.

Percentage of Survey Respondents who found Vignette to be Typical: 89%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? No
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 13%

Is moderate sedation inherent to this procedure in the office setting? No
Percent of survey respondents who stated moderate sedation is typical in the office setting? 5%

Description of Pre-Service Work: Determine which type of EEG study is most appropriate for the patient based on the referral question being asked. Determine if sedation or other drugs are likely needed to achieve an adequate test.

Description of Intra-Service Work: Supervise patient preparation and performance of the test by the technician. Review the recorded data, assess the normal and abnormal findings, review the activation procedures performed including hyperventilation and photic stimulation, interpret the data, and provide clinical correlation of the findings based on the patient's history.

Description of Post-Service Work: Generate the report and make recommendations for further management.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	10/2012				
Presenter(s):	Marianna Spanaki, MD, PhD; Marc Nuwer, MD, PhD				
Specialty(s):	American Academy of Neurology, American Clinical Neurophysiology Society				
CPT Code:	95819				
Sample Size:	492	**Resp N:**	38	**Response:** 7.7 %	
Description of Sample:	AAN: A random sample of members of epilepsy and clinical neurophysiology sections. ACNS: neurologists who perform the service				

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	92.50	**150.00**	300.00	1000.00
Survey RVW:	0.95	1.08	**1.20**	1.64	2.50
Pre-Service Evaluation Time:			**5.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	0.00	10.50	**15.00**	20.00	60.00

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**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process: XXX Global Code

CPT Code:	95819	**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:		**15.00**		

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 **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
95812	XXX	1.08	**RUC Time**

CPT Descriptor Electroencephalogram (EEG) extended monitoring; 41-60 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
78315	XXX	1.02	**RUC Time**	97,695

CPT Descriptor 1 Bone and/or joint imaging; 3 phase study
which requires at least 2 of these 3 key components: An expanded problem focused history; An expanded problem focused examination; Medical decision making of low complexity. Counseling and coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity. Physicians typically spend 15 minutes face-to-face with the patient and/or family

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
56605	000	1.10	**RUC Time**	28,462

CPT Descriptor 2 Biopsy of vulva or perineum (separate procedure); 1 lesion

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO KEY REFERENCE SERVICE(S):
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Key Reference Code: 22 **% of respondents:** 57.8 **%**

TIME ESTIMATES (Median)	**CPT Code: 95819**	**Key Reference CPT Code:** 95812	**Source of Time** **RUC Time**
Median Pre-Service Time	5.00	5.00	
Median Intra-Service Time	15.00	20.00	
Median Immediate Post-service Time	6.00	5.00	
Median Critical Care Time	0.0	0.00	
Median Other Hospital Visit Time	0.0	0.00	

Median Discharge Day Management Time	0.0	0.00
Median Office Visit Time	0.0	0.00
Prolonged Services Time	0.0	0.00
Median Subsequent Observation Care Time	0.0	0.00
Median Total Time	**26.00**	**30.00**
Other time if appropriate		

INTENSITY/COMPLEXITY MEASURES (Mean)		**(of those that selected Key Reference code)**
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	4.00	4.05
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	3.91	3.91
Urgency of medical decision making	3.68	3.73
Technical Skill/Physical Effort (Mean)		
Technical skill required	4.32	4.36
Physical effort required	2.45	2.45
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality	3.50	3.55
Outcome depends on the skill and judgment of physician	4.32	4.32
Estimated risk of malpractice suit with poor outcome	3.14	3.18

INTENSITY/COMPLEXITY MEASURES	**CPT Code**	**Reference Service 1**
Time Segments (Mean)		
Pre-Service intensity/complexity	2.68	2.68
Intra-Service intensity/complexity	3.91	4.05
Post-Service intensity/complexity	2.82	2.86

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

CPT code 95819 was identified through the CMS High Expenditure Procedural Codes screen. The RAW recommended a survey of physician work and review of practice expense for this family of services at the October 2012 RUC meeting. This code was last surveyed as part of the third five-year review process and brought to the RUC in 2005.
An expert consensus panel composed of members of the participating societies familiar with the code in question and the RUC process reviewed the results. The panel confirmed the reliability of the survey.
The panel recommends maintaining the existing RVU of 1.08, which is also the 25th percentile survey value, and using survey times of 5/15/6 minutes.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: 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) 95819

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?
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate.

Specialty Frequency 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? 286,047 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 2011 Medicare utilization from the RUC database.

Specialty Neurology Frequency 277099 Percentage 96.87 %

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Do many physicians perform this service across the United States? Yes

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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 95819

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:95822 Tracking Number Original Specialty Recommended RVU: **1.20**
Presented Recommended RVU: **1.08**
Global Period: XXX RUC Recommended RVU: **1.08**

CPT Descriptor: Electroencephalogram (EEG); recording in coma or sleep only

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A patient is brought to the emergency room and is unresponsive with intermittent twitching suspicious for seizure activity. An EEG is performed.

Percentage of Survey Respondents who found Vignette to be Typical: 83%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? No
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 11%

Is moderate sedation inherent to this procedure in the office setting? No
Percent of survey respondents who stated moderate sedation is typical in the office setting? 2%

Description of Pre-Service Work: Determine which type of EEG study is most appropriate for the patient based on the referral question being asked. Determine if a stat or urgent reading will be needed. Determine if drugs are likely needed during testing.

Description of Intra-Service Work: Supervise patient preparation and performance of the test by the technician. Review the recorded data, included stat interpretation if needed, assess the normal and abnormal findings, review the activation procedures performed including hyperventilation and photic stimulation, interpret the data, and provide clinical correlation of the findings based on the patient's history.

Description of Post-Service Work: Generate the report and make recommendations for further management.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	10/2012		
Presenter(s):	Marianna Spanaki, MD, PhD; Marc Nuwer, MD, PhD		
Specialty(s):	American Academy of Neurology, American Clinical Neurophysiology Society		
CPT Code:	95822		
Sample Size:	492	**Resp N:** 36	**Response:** 7.3 %
Description of Sample:	AAN: A random sample of members of epilepsy and clinical neurophysiology sections. ACNS: neurologists who perform the service		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	18.75	**50.00**	181.25	1000.00
Survey RVW:	0.85	1.13	**1.60**	2.00	5.00
Pre-Service Evaluation Time:			**5.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	2.00	14.75	**18.00**	25.00	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**
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: Select Pre-Service Package

CPT Code:	95822	**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**		

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 **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
95812	XXX	1.08	**RUC Time**

CPT Descriptor Electroencephalogram (EEG) extended monitoring; 41-60 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
99308	XXX	1.16	**RUC Time**	9,665,384

CPT Descriptor 1 Subsequent nursing facility care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: An expanded problem focused interval history; An expanded problem focused examination; Medical decision making of low complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is responding inadequately to therapy or has developed a minor complication. Physicians typically spend 15 minutes at the bedside and on the patient's facility floor or unit.

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
12013	000	1.22	**RUC Time**	49,928

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

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO KEY REFERENCE SERVICE(S):
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Key Reference Code: 16 **% of respondents:** 44.4 **%**

TIME ESTIMATES (Median)	**CPT Code: 95822**	**Key Reference CPT Code:** 95812	**Source of Time** **RUC Time**
Median Pre-Service Time	5.00	5.00	
Median Intra-Service Time	18.00	20.00	
Median Immediate Post-service Time	10.00	5.00	

Median Critical Care Time	0.0	0.00
Median Other Hospital Visit Time	0.0	0.00
Median Discharge Day Management Time	0.0	0.00
Median Office Visit Time	0.0	0.00
Prolonged Services Time	0.0	0.00
Median Subsequent Observation Care Time	0.0	0.00
Median Total Time	**33.00**	**30.00**
Other time if appropriate		

INTENSITY/COMPLEXITY MEASURES (Mean)	**(of those that selected Key Reference code)**	
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	4.44	3.88
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	4.38	4.00
Urgency of medical decision making	4.69	3.88
Technical Skill/Physical Effort (Mean)		
Technical skill required	4.38	4.13
Physical effort required	2.63	2.50
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality	4.44	3.94
Outcome depends on the skill and judgment of physician	4.75	4.44
Estimated risk of malpractice suit with poor outcome	4.13	3.50

INTENSITY/COMPLEXITY MEASURES	**CPT Code**	**Reference Service 1**
Time Segments (Mean)		
Pre-Service intensity/complexity	3.19	2.94
Intra-Service intensity/complexity	4.13	3.88
Post-Service intensity/complexity	3.44	3.19

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

An expert consensus panel composed of members of the participating societies familiar with the code in question and the RUC process reviewed the results. The panel confirmed the reliability of the survey.
This code has not previously been surveyed and only has Harvard values.

Compelling evidence for increased work RVU:
Documentation in the peer-reviewed medical literature or other reliable data that there have been changes in physician work due to one or more of the following:

- **Technique**

  EEG is susceptible to technological artifacts, caused by other equipment nearby attached to patient. With the evolution and development of the modern ICU, the number of machines present at the bedside has grown in number and complexity. This presents more challenging problems in EEG technique.
- **Patient population**

  Patients in hospital, sick in ICU, acuteness has increased. EEGs no longer requested on simpler cases, because those patients are getting CT and MRI instead. Acuity of patients has evolved, Easier cases no longer need EEGs, since those patients are no served by imaging techniques. EEG reserved is growing to be used in more difficult cases.
- **Site-of-service**

  These services are provided mostly in an inpatient setting now, not the office.
- **Physician time**

  The physician is applying more filters and identifying artifacts from the environment vs. brain activity. The physician is more likely to be called to the bedside during recording to help the tech, and may need to order additional medications to relax the patient. The physician may be called to the bedside because patients are more acute, to answer questions about whether it is a seizure, because the patient is in status, or the test needs to be read stat.

An anomalous relationship between the code being valued and other codes. For example, if code A describes a service that requires more work than codes B, C, and D, but is nevertheless valued lower. The specialty would need to assemble evidence on service time, technical skill, patient severity, complexity, length of stay and other factors for the code being considered and the codes to which it is compared. These reference services may be both inter- and intra-specialty.
The survey supports that 95822 takes more time than 95816 and 95819, and should not have the same value as those codes.

1. Smith SJM. EEG in Neurological Conditions other than epilepsy: When does it help and what does it add? J Neurol Neurosurg Psychiatry 2005;76(Suppl II):ii8–ii12. doi:10.1136/jnnp.2005.068486

2. San-juan OD, et al. Periodic epileptiform discharges in hypoxic encephalopathy: BiPLEDs and GPEDs as a poor prognosis for survival, Seizure: Eur J Epilepsy (2009), doi:10.1016/j.seizure.2009.01.003

3. Wijdicks EF, Hijdra A, Young GB, Bassetti CL, Wiebe S. Quality Standards Subcommittee of the American Academy of Neurology Practice parameter: prediction of outcome in comatose survivors after cardiopulmonary resuscitation (an evidence-based review): report of the Quality Standards Subcommittee of the American Academy of Neurology. Neurology 2006;67(July (2)):203–10

4. Jirsch J, Hirsch LJ. Nonconvulsive seizures: Developing a rational approach to the diagnosis and management in the critically ill population Clinical Neurophysiology 118 (2007);1660-1670

5. Meierkord H, Holtkamp M Non-convulsive status epilepticus in adults: clinical forms and treatment. Lancet Neurol 2007; 6: 329–39

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) 95822

How often do physicians <u>in your specialty</u> 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?
If the recommendation is from multiple specialties, please provide the frequency and <u>percentage</u> for each specialty. Please explain the rationale for this estimate.

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? 20,154 If this is a recommendation from multiple specialties please estimate frequency <u>and percentage</u> for each specialty. Please explain the rationale for this estimate. This number is the 2011 Medicare utilization from the RUC database.

Specialty Neurology Frequency 20000 Percentage 99.23 %

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Do many physicians perform this service across the United States? Yes

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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 95822

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
14						RVW					Total	PRE-TIME			INTRA-TIME					IMMD
15	Source	CPT	DESC	Resp	IWPUT	MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST
16	REF	95812	Electroencephalogram (EEG) extended monitoring;	28	0.043			1.08			30	5					20			5
17	RUC	95816	EEG; including recording awake and drowsy		0.050			1.08			30	5					15			10
18	SVY	95816	EEG; including recording awake and drowsy	44	0.057	0.95	1.00	1.09	1.56	2.50	25.5	5			0	10	15	17	40	5.5
19	REC	95816	EEG; including recording awake and drowsy		0.056			1.08			26	5					15			6
20																				
21						RVW					Total	PRE-TIME			INTRA-TIME					IMMD
22	Source	CPT	DESC	Resp	IWPUT	MIN	25th	MED	75th	MAX	Time	EVAL		SDW	MIN	25th	MED	75th	MAX	POST
23	REF	95812	Electroencephalogram (EEG) extended monitoring;	22	0.043			1.08			30	5					20			5
24	RUC	95819	EEG; including recording awake and asleep		0.050			1.08			30	5					15			10
25	SVY	95819	EEG; including recording awake and asleep	38	0.064	0.95	1.08	1.20	1.64	2.50	26	5			0	11	15	20	60	6
26	REC	95819	EEG; including recording awake and asleep		0.056			1.08			26	5					15			6
27																				
28						RVW					Total	PRE-TIME			INTRA-TIME					IMMD
29	Source	CPT	DESC	Resp	IWPUT	MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST
30	REF	95812	Electroencephalogram (EEG) extended monitoring;	16	0.043			1.08			30	5					20			5
31	Harvard	95822	EEG; recording in coma or sleep only		0.077			1.08			14						14			
32	SVY	95822	EEG; recording in coma or sleep only	36	0.070	0.85	1.13	1.60	2.00	5.00	33	5			2	15	18	25	120	10
33	REC	95822	EEG; recording in coma or sleep only		0.041			1.08			33	5					18			10
34																				

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation
Non Facility Direct Inputs

CPT Long Descriptor: **Electroencephalogram (EEG); including recording awake and drowsy**

Global Period: XXX Meeting Date: October 2012

Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee:

Advisors from AAN and ACNS met by phone and email to develop inputs.

A reference code must be provided for comparison to the practice expense inputs on your spreadsheet. Please provide a rationale for the selection of reference codes. Comparison Code Rationale: **We used the existing PE inputs for 95816 from 2005 as a starting point and made updates to reflect new time standards and change in technology.**

Please describe in detail the clinical activities of your staff:

Pre-Service Clinical Labor Activities: Review requisition. Assess for special needs. Give patient/family member instructions for test preparation (e.g. hair preparation instructions, etc.) and what to expect on the day of testing. Prepare room, supplies, and equipment.

Service Clinical Labor Activities: Greet and gown patient. Explain procedure. Take a brief history. Have patient use the bathroom; position patient for testing. Measure precise head positions and glue on 25-33 electrodes. Check impedances, and correct impedance problems. Calibrate system. Coach patient on how to relax during the testing, and readjust patient position to minimize muscle tension. Record EEG for 30 minutes. Troubleshoot as needed. Monitor continuously for abnormalities. Adjust filters, montages as needed to define better any abnormalities. Hyperventilate patient for 3 minutes, and observe post-hyperventilation state for another 3 minutes. Position photic stimulator, and deliver photic stimulation at 10 frequencies. Document events. Remove electrodes. Wash paste out of patient's hair at each electrode site. Review results. Complete worksheets and technical interpretation. Release patient. Give discharge instructions.

Post-Service Clinical Labor Activities: Prepare technical and coding worksheet reports. Complete Medical Record. Transfer file onto storage disk. Transfer file onto physician's review station. Restock supplies. Later, merge physician's dictation with EEG record.

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation
Non Facility Direct Inputs

CPT Long Descriptor: **Electroencephalogram (EEG); including recording awake and asleep**

Global Period: XXX Meeting Date: October 2012

Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee:

Advisors from AAN and ACNS met by phone and email to develop inputs.

A reference code must be provided for comparison to the practice expense inputs on your spreadsheet. Please provide a rationale for the selection of reference codes. Comparison Code Rationale: **We used the existing PE inputs for 95819 from 2005 as a starting point and made updates to reflect new time standards and change in technology.**

Please describe in detail the clinical activities of your staff:

Pre-Service Clinical Labor Activities: Review requisition. Assess for special needs, sedation requirements. Obtain medication authorization. Check availability of medication and nurse to administer it. Give patient/family member instructions for test preparation (e.g. sleep deprivation, hair preparation, and sedation instructions, etc.) and what to expect on the day of testing. Prepare room, supplies, and equipment.

Service Clinical Labor Activities: Greet and gown patient. Explain procedure. Take a brief history. Vital signs taken. Sedation medication given by nurse if needed. Have patient use the bathroom; position patient for testing. Measure precise head positions and glue on 25-33 electrodes. Check impedances, and correct impedance problems. Calibrate system. Coach patient on how to relax and fall asleep during the testing. Readjust patient's position to minimize muscle tension. Record EEG for 40 minutes. Awaken patient. Hyperventilate patient for 3 minutes, and observe post-hyperventilation state for another 3 minutes. Position photic stimulator, and deliver photic stimulation at 10 frequencies. Document events. Remove electrodes. Wash paste out of patient's hair at each electrode site. Review results. Complete worksheets and technical interpretation. Release patient. Give discharge instructions.

Post-Service Clinical Labor Activities: Prepare technical and coding worksheet reports. Complete Medical Record. Transfer file onto storage disk. Transfer file onto physician's review station. Clean room, change linens. Restock supplies. Later, merge physician's dictation with EEG record.

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation
Non Facility Direct Inputs

CPT Long Descriptor: **Electroencephalogram (EEG); recording in coma or sleep only**

Global Period: XXX Meeting Date: October 2012

Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee:

Advisors from AAN and ACNS met by phone and email to develop inputs.

A reference code must be provided for comparison to the practice expense inputs on your spreadsheet. Please provide a rationale for the selection of reference codes. Comparison Code Rationale: **We used the existing PE inputs for 95822 from 2005 as a starting point and made updates to reflect new time standards and change in technology.**

Please describe in detail the clinical activities of your staff:

Pre-Service Clinical Labor Activities: Review requisition. Assess for special needs, sedation requirements. Obtain medication authorization. Check availability of medication and nurse to administer it. Give patient/family member instructions for test preparation (e.g. sleep deprivation, hair preparation, and sedation instructions, etc.) and what to expect on the day of testing. Prepare room, supplies, and equipment.

Service Clinical Labor Activities: Greet and gown patient. Explain procedure. Take a brief history. Vital signs taken. Have patient use the bathroom; position patient for testing. Sedation medication given by nurse. Measure precise head positions and glue on 25-33 electrodes. Check impedances, and correct impedance problems. Calibrate system. Coach patient on how to relax and fall asleep during the testing. Readjust patient's position to minimize muscle tension. Record EEG for 40 minutes. Position photic stimulator, and deliver photic stimulation at 10 frequencies. Document events. Remove electrodes. Wash paste out of patient's hair at each electrode site. Review results. Complete worksheets and technical interpretation. Awaken and recover patient from sedation. Release patient. Give discharge instructions.

Post-Service Clinical Labor Activities: Prepare technical and coding worksheet reports. Complete Medical Record. Transfer file onto storage disk. Transfer file onto physician's review station. Clean room, change linens. Restock supplies. Follow up phone call with patient or parent as needed post-sedation. Later, merge physician's dictation with EEG record.

	A	B	C	D	AMA Specialty Society Recommendation			H		J		L		N	
1				REFERENCE CODE											
2				95816		95816		95819		95819		95822		95822	
3	**Meeting Date: October 2012** **Tab: 22** **Specialty: AAN, ACNS**	**CMS Code**	**Staff Type**	Electroencephalogram (EEG); including recording awake and drowsy		Electroencephalogram (EEG); including recording awake and drowsy		Electroencephalogram (EEG); including recording awake and asleep		Electroencephalogram (EEG); including recording awake and asleep		Electroencephalogram (EEG); recording in coma or sleep only		Electroencephalogram (EEG); recording in coma or sleep only	
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD**			**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**
6	**TOTAL CLINICAL LABOR TIME**	**L047B**	**REEGT**	**135.0**	**0.0**	**122.0**	**0.0**	**177.0**	**0.0**	**154.0**	**0.0**	**145.0**	**0.0**	**129.0**	**0.0**
7	**TOTAL PRE-SERV CLINICAL LABOR TIME**	**L047B**	**REEGT**	**6.0**	**0.0**	**6.0**	**0.0**	**6.0**	**0.0**	**6.0**	**0.0**	**6.0**	**0.0**	**6.0**	**0.0**
8	**TOTAL SERVICE PERIOD CLINICAL LABOR TIME**	**L047B**	**REEGT**	**112.0**	**0.0**	**107.0**	**0.0**	**144.0**	**0.0**	**139.0**	**0.0**	**119.0**	**0.0**	**114.0**	**0.0**
9	**TOTAL POST-SERV CLINICAL LABOR TIME**	**L047B**	**REEGT**	**17.0**	**0.0**	**9.0**	**0.0**	**27.0**	**0.0**	**9.0**	**0.0**	**20.0**	**0.0**	**9.0**	**0.0**
10	**PRE-SERVICE**														
11	**Start: Following visit when decision for surgery or procedure made**														
12	Complete pre-service diagnostic & referral forms														
13	Coordinate pre-surgery services	**L047B**	**REEGT**	**3**		**3**		**3**		**3**		**3**		**3**	
14	Schedule space and equipment in facility														
15	Provide pre-service education/obtain consent	**L047B**	**REEGT**	**3**		**3**		**3**		**3**		**3**		**3**	
16	Follow-up phone calls & prescriptions														
17	Other Clinical Activity - *specify:*														
18	**End: When patient enters office/facility for surgery/procedure**														
19	**SERVICE PERIOD**														
20	**Start: When patient enters office/facility for surgery/procedure:**														
21	Greet patient, provide gowning, ensure appropriate medical records are available	**L047B**	**REEGT**			**3**				**3**				**3**	
22	Review charts [old inputs - reference code only]			**2**				**2**				**2**			
23	Greet patient and provide gowning [old inputs - reference code only]			**3**				**3**				**3**			
24	Obtain vital signs	**L047B**	**REEGT**	**5**		**3**		**5**		**3**		**5**		**3**	
25	Provide pre-service education/obtain consent	**L047B**	**REEGT**	**3**		**2**		**3**		**2**		**3**		**2**	
26	Prepare room, equipment, supplies														
27	Setup scope (non facility setting only)														
28	Prepare and position patient/ monitor patient/ set up IV			**20**				**20**				**20**			
29	Measure and mark head. Apply and secure electrodes to head and chest. Check impedances, reapply electrodes as needed.	**L047B**	**REEGT**			**20**				**20**				**20**	
30	Sedate/apply anesthesia														
31	**Intra-service**														
32	Assist physician in performing procedure	**L047B**	**REEGT**	**53**		**53**		**85**		**85**		**60**		**60**	
33	**Post-Service**														
34	Monitor pt. following service/check tubes, monitors, drains														
35	Clean room/equipment by physician staff	**L047B**	**REEGT**	**3**		**3**		**3**		**3**		**3**		**3**	
36	Clean Scope														
37	Clean Surgical Instrument Package														
38	Complete diagnostic forms, lab & X-ray requisitions	**L047B**	**REEGT**	**3**		**3**		**3**		**3**		**3**		**3**	
39	Review/read X-ray, lab, and pathology reports														
40	Check dressings & wound/ home care instructions /coordinate office visits /prescriptions														
41	Other Clinical Activity - *specify: clean patient, remove electrodes*	**L047B**	**REEGT**	**20**		**20**		**20**		**20**		**20**		**20**	
42	Dischrg mgmt same day (0.5 x 99238) (enter 6 min)			**n/a**		**n/a**		**n/a**		**n/a**		**n/a**		**n/a**	
43	Dischrg mgmt (1.0 x 99238) (enter 12 min)			**n/a**		**n/a**		**n/a**		**n/a**		**n/a**		**n/a**	
44	Dischrg mgmt (1.0 x 99239) (enter 15 min)			**n/a**		**n/a**		**n/a**		**n/a**		**n/a**		**n/a**	
45	**End: Patient leaves office**														
46	**POST-SERVICE Period**														
47	**Start: Patient leaves office/facility**														
48	Conduct phone calls/call in prescriptions														
49	***Office visits: List Number and Level of Office Visits***			**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**
50	99211 16 minutes		16												
51	99212 27 minutes		27												
52	99213 36 minutes		36												
53	99214 53 minutes		53												
54	99215 63 minutes		63												
55	**Total Office Visit Time**			**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
56	Other Clinical Activity - *specify:*														
57	*Score record*	**L047B**	**REEGT**	**10.0**		**0.0**		**20.0**		**0.0**		**13.0**		**0.0**	
58	*Prepare technician report in EEG file*	**L047B**	**REEGT**	**3.0**		**3.0**		**3.0**		**3.0**		**3.0**		**3.0**	
59	*Enter patient information into laboratory log book*	**L047B**	**REEGT**			**2.0**				**2.0**				**2.0**	
60	*Transfer data to reading station & archive data*	**L047B**	**REEGT**	**4**		**4**		**4**		**4**		**4**		**4**	
61	**End: with last office visit before end of global period**														

	A	B	C	D	AMA Specialty Society Recommendation										
1				REFERENCE CODE											
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3	**Meeting Date: October 2012** **Tab: 22** **Specialty: AAN, ACNS**	**CMS Code**	**Staff Type**	Electroencephalogram (EEG); including recording awake and drowsy		Electroencephalogram (EEG); including recording awake and drowsy		Electroencephalogram (EEG); including recording awake and asleep		Electroencephalogram (EEG); including recording awake and asleep		Electroencephalogram (EEG); recording in coma or sleep only		Electroencephalogram (EEG); recording in coma or sleep only	
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD**			**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**
62	**MEDICAL SUPPLIES**	**CODE**	**UNIT**												
63	pack, minimum multi-specialty visit	SA048		pack		**pack**				**pack**				**pack**	
64	electrode, EEG, tin cup (12 pack uou)	SD054		2		**2**		2		**2**		2		**2**	
65	computer media, optical disk 2.6gb	SK016		0.1				0.1				0.1			
66	computer media, dvd	SK013	item			**0.05**				**0.05**				**0.05**	
67	electrode skin prep gel (NuPrep)	SJ022		100		**100**		100		**100**		100		**100**	
68	collodion (2oz uou)	SJ014		1		**1**		1		**1**		1		**1**	
69	bandage, Kling, non-sterile 2in	SG017		2		**2**		2		**2**		2		**2**	
70	gown, patient	SB026		1		**1**		1		**1**		1		**1**	
71	needle, blunt tip	SC034		1		**1**		1		**1**		1		**1**	
72	drape, non-sterile, sheet 40in x 60in	SB006		1		**1**		1		**1**		1		**1**	
73	acetone	SL001		15		**15**		15		**15**		15		**15**	
74	electrode, ECG (single)	SD053		2		**3**		2		**3**		2		**3**	
75	gloves, non-sterile	SB022		2		**2**		2		**2**		2		**2**	
76	skin marking pen, sterile (Skin Skribe)	SK075		0.1		**0.1**		0.1		**0.1**		0.1		**0.1**	
77	syringe 3ml	SC055		1		**1**		1		**1**		1		**1**	
78	tape, surgical paper 1in (Micropore)	SG079		42		**42**		6		**42**		42		**42**	
79	electrode conductive gel	SJ020		5		**5**		5		**5**		5		**5**	
80	povidone soln (Betadine)	SJ041		10		**10**		10		**10**		10		**10**	
81	measuring tape, paper	SK048		1		**1**		1		**1**		1		**1**	
82	gauze, non-sterile 4in x 4in	SG051		1		**1**		1		**1**		1		**1**	
83	swab-pad, alcohol	SJ053		2		**2**		2		**2**		2		**2**	
84	**EQUIPMENT**	**CODE**													
85	EEG, digital, prolonged testing system (computer w-remote camera)	EQ017		129								139			
86	bedroom furniture (hospital bed, table, reclining chair)	EF003		129		**107**				**139**		139		**114**	
87	air compressor, safety	EQ047		20		**20**		20		**20**		20		**20**	
88	EEG, digital, testing system (computer hardware, software & camera)	EQ330				**107**		171		**139**				**114**	
89	bed, hospital, electric	EF002						171							
90	EEG review station, ambulatory	EQ016				**15**				**15**				**18**	

AMA/Specialty Society RVS Update Committee Summary of Recommendations
MPC List screen

October 2012

Dilation of Esophagus

In September 2011, several esophagoscopy codes were identified through the CMS Multi-Specialty Points of Comparison (MPC) List screen as potentially misvalued. The specialties agreed to survey the entire family of codes (43200-43232). The specialties also added the dilation of esophagus family of services (43450-43458) to ensure a comprehensive review of all the services is conducted.

The specialties societies presented compelling evidence that there has been a change in physician work for the dilation of esophagus codes. When these services were reviewed in the early 1990s conscious sedation used rapid intravenous administration of meperidine and diazepam without routine monitoring of pulse oximetry. Now in 2012, moderate sedation using benzodiazepines and opiates is administered in a controlled, titrated manner with automated monitoring of pulse oximetry, electrocardiogram and, in some settings, capnography. In addition, during the previous valuation of these codes, there were no regulations and/or requirements for a complete history and physical of the patient within 30 days of the procedure now there are numerous documentation requirements (e.g. pre-sedation assessment and documentation of a comprehensive examination updated on the day of procedure) to meet various local, state, payor and Medicare accreditation, quality standards, and/or patient safety requirements. The RUC agreed with the compelling evidence that these codes are potentially misvalued.

43450 ***Dilation of esophagus, by unguided sound or bougie, single or multiple passes***
The RUC reviewed the survey results of 144 gastroenterologists, otolaryngologists, and gastrointestinal and endoscopic surgeons and recommend the following physician time components: pre-service time of 27 minutes, intra-service time of 15 minutes and post-service time of 14 minutes. The RUC agreed with the specialties that two additional minutes of pre-service time over the package is necessary to properly position the patient.

The RUC reviewed the survey respondents' estimated physician work values and agreed with the specialties that the estimates were overvalued. Therefore, the RUC recommends the current work RVU of 1.38, slightly less than the survey 25th percentile, for CPT code 43450. To justify this value, the RUC reviewed CPT code 57410 *Pelvic examination under anesthesia (other than local)* (work RVU= 1.75) and agreed that while both services have identical intra-service time, 15 minutes, the reference code has greater total time and should thus be valued higher than 43450. In addition, the RUC also reviewed two additional reference codes: CPT code 64446 *Injection, anesthetic agent; sciatic nerve, continuous infusion by catheter (including catheter placement)* (work RVU= 1.81) and CPT code 55876 *Placement of interstitial device(s) for radiation therapy guidance (eg, fiducial markers, dosimeter), prostate (via needle, any approach), single or multiple* (work RVU= 1.73). The RUC noted that both these reference codes have comparable work and total times, however each code has 5 minutes more intra-service time compared to 43450 and should thus be valued higher than the surveyed code. **The RUC recommends a work RVU of 1.38 for CPT code 43450.**

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43453 ***Dilation of esophagus, over guide wire***
The RUC reviewed the survey results of 141 gastroenterologists, otolaryngologists, and gastrointestinal and endoscopic surgeons and recommend the following physician time components: pre-service time of 27 minutes, intra-service time of 20 minutes and post-service time of 15 minutes. The RUC agreed with the specialties that two additional minutes of pre-service time over the package is necessary to properly position the patient.

The RUC reviewed the survey respondents' estimated physician work values and agreed with the specialties that the estimates were overvalued. Therefore, the RUC recommends the current work RVU of 1.51, much less than the survey 25th percentile, for CPT code 43453. To justify this value, the RUC reviewed CPT code 64446 *Injection, anesthetic agent; sciatic nerve, continuous infusion by catheter (including catheter placement)* (work RVU= 1.81) and agreed that while both services have identical intra-service time, 20 minutes, the reference code is a slightly more complex service and should be valued higher than 43453. In addition, the RUC reviewed CPT code 55876 *Placement of interstitial device(s) for radiation therapy guidance (eg, fiducial markers, dosimeter), prostate (via needle, any approach), single or multiple* (work RVU= 1.73) and agreed that while both services have identical intra-service time, 20 minutes, the reference code is a slightly more complex service and should be valued higher than surveyed code. Finally, the RUC compared CPT code 43453 to code 43450 (RUC recommended work RVU= 1.38) and agreed that a work RVU of 1.51 for code 43453 is appropriate given that it has 5 additional minutes of intra-service time compared to 43450. **The RUC recommends a work RVU of 1.51 for CPT code 43453.**

43456 ***Dilation of esophagus, by balloon or dilator, retrograde***
43458 ***Dilation of esophagus with balloon (30 mm diameter or larger) for achalasia***
The specialty societies in preparation of surveying these services for the RUC noted that both CPT codes 43456 and 43458 are most typically performed with endoscopy with and without fluoroscopy. The specialties and RUC agreed that further refinement of the code descriptors and parentheticals is warranted to clarify the typical reporting of these services. The specialties will submit a Code Change Proposal to the CPT Editorial Panel for review at the October 2012 meeting and will conduct surveys and prepare recommendations for the January 2013 RUC meeting. **The RUC recommends CPT codes 43456 and 43458 be referred to the CPT Editorial Panel.**

Practice Expense:
The PE Subcommittee reviewed the direct practice expense inputs recommended by the specialties and made modifications to the clinical staff times, medical supplies, and equipment items and time. The RUC accepted the direct practice expense inputs for these codes as modified by the Practice Expense Subcommittee.

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CPT Code	CPT Descriptor	Global Period	Work RVU Recommendation
43450	Dilation of esophagus, by unguided sound or bougie, single or multiple passes	000	1.38 (No Change)
43453	Dilation of esophagus, over guide wire	000	1.51 (No Change)
43456	Dilation of esophagus, by balloon or dilator, retrograde	000	RUC Recommends Referral to CPT Editorial Panel
43458	Dilation of esophagus with balloon (30 mm diameter or larger) for achalasia	000	RUC Recommends Referral to CPT Editorial Panel

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September 12, 2012

Barbara Levy, MD
Chair, AMA / Specialty Society Relative Value Update Committee
515 N. State St.
Chicago, IL 60657

Dear Dr. Levy,

In the process of reviewing the esophageal dilation codes 43450-43458 as part of the systematic review of gastrointestinal endoscopy services and presentation of survey findings to the RUC, our societies identified that code 43456, *Dilation of esophagus, by balloon or dilator, retrograde* and code 43458, *Dilation of esophagus with balloon (30 mm diameter or larger) for achalasia* are procedures are most typically performed with endoscopy with / without fluoroscopy. Recognizing that the work and typical performance may have changed since these codes were first presented to the RUC in 1993, our societies believe that further refinement of the code descriptor and parentheticals is warranted, and that a RUC survey of these codes at this time is premature.

We have communicated our concerns regarding these two procedures to the Society of American Gastrointestinal Endoscopy Surgeons, the American College of Gastroenterology, the American College of Surgeons, the American College of Physicians, the Triology Society and the AAO-HNS who also perform these procedures.

Our societies, along with the American College of Gastroenterology, have submitted a coding change proposal regarding these two codes to the CPT Editorial Panel for discussion at the October 2012 Panel meeting. Pending the outcome at that meeting, we would then survey these revised procedures along with the other codes in the Esophagogastroduodenoscopy (43235-43259) family during the fall of 2012, and present our recommendations to the RUC at the January 2013 meeting.

Please let us know if you have any questions or concerns.

Respectfully,

Joel V. Brill, MD
AGA RUC Advisor

Nicholas Nickl, MD
ASGE RUC Advisor

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:43450 Tracking Number Original Specialty Recommended RVU: **1.38**
Presented Recommended RVU: **1.38**
Global Period: 000 RUC Recommended RVU: **1.38**

CPT Descriptor: Dilation of esophagus, by unguided sound or bougie, single or multiple passes

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 74 year old patient with dysphagia undergoes dilation of the esophagus using an unguided bougie.

Percentage of Survey Respondents who found Vignette to be Typical: 90%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? Yes
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 70%

Is moderate sedation inherent to this procedure in the office setting? Yes
Percent of survey respondents who stated moderate sedation is typical in the office setting? 69%

Description of Pre-Service Work: Review with the patient any symptoms and ascertain characteristics of the dysphagia problem when it is clear there is dysphagia. The patient's history is reviewed to assess for the need for pre-procedure antibiotics. A review of the patient's allergies and medications is done specifically noting usage of antiplatelet or anticoagulation medications. An exam with airway assessment and cardiopulmonary and abdominal evaluation is performed and documented. The patient's laboratory studies as they relate to coagulation status and the platelet count are reviewed. The patient's x-rays and other diagnostic tests are reviewed. Pre-authorization, if required, is confirmed with the patient. The risks and benefits of the procedure are reviewed with the patient and informed consent is obtained. The equipment is assessed and appropriate chart entries are made. A time out is performed. Topical anesthesia is applied.

Description of Intra-Service Work: A dilator of appropriate diameter and length is selected, lubricated and inserted into the mouth. The bougie dilator is directed into the esophagus at a distance to pass beyond the stricture into the stomach, and withdrawn through the mouth. The procedure is repeated with larger diameter dilators until satisfactory dilation is accomplished.

Description of Post-Service Work: The patient is transferred to the recovery suite. The patient’s condition including post-procedure vital signs is assessed. Post procedure orders are completed. A procedure report is generated and forwarded to referral source and other appropriate parties. When stable for discharge, the findings and recommendations are reviewed with the patient and pertinent others. Necessary prescriptions, follow-up tests and appointments are provided to the patient.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	10/2012		
Presenter(s):	Joel V. Brill, MD (AGA), Nicholas Nickl, MD (ASGE), Edward S. Bentley, MD (ASGE), Wayne M. Koch, MD (AAO-HNS), John Lanza, MD (AAO-HNS)		
Specialty(s):	AGA, ASGE, AAO-HNS		
CPT Code:	43450		
Sample Size:	4077	**Resp N:** 144	**Response:** 3.5 %
Description of Sample:	The AGA and ASGE conducted a random sample of their member gastroenterologists using the Census Department office regions (http://www.census.gov/regions/). Between 150 and 200 gastroenterologists were randomly selected in each region for a total of 2,000 gastroenterologists. The AGA and ASGE enhanced the random sample by adding 514 members of the ASGE Special Interest Groups and 786 physicians who perform these procedures. The AGA and ASGE also added 86 volunteers who responded to the educational article on the RUC survey process that was approved by the Research Subcommittee and was distributed to all AGA and ASGE members. The AGA and ASGE's total survey sample size was 3,386. AAO-HNS conducted a random sampling of 691 physicians. The total survey sample size for AAO-HNS, AGA and ASGE was 4,077.		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	4.00	**10.00**	30.00	1000.00
Survey RVW:	0.00	1.40	**2.60**	3.36	7.78
Pre-Service Evaluation Time:			**25.00**		
Pre-Service Positioning Time:			**5.00**		
Pre-Service Scrub, Dress, Wait Time:			**5.00**		
Intra-Service Time:	3.00	10.00	**15.00**	20.00	50.00

Immediate Post Service-Time:	**14.00**	
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: 1b-FAC Straightforw Pat Procedure(w sedate/anes)

CPT Code:	43450	**Recommended Physician Work RVU: 1.38**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**19.00**	**19.00**	**0.00**
Pre-Service Positioning Time:		**3.00**	**1.00**	**2.00**
Pre-Service Scrub, Dress, Wait Time:		**5.00**	**5.00**	**0.00**
Intra-Service Time:		**15.00**		

Immediate Post Service-Time:	**14.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**

Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
91110	000	3.64	**RUC Time**

CPT Descriptor Gastrointestinal tract imaging, intraluminal (eg, capsule endoscopy), esophagus through ileum, with physician interpretation and report

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
31575	000	1.10	**RUC Time**	599,944

CPT Descriptor 1 Laryngoscopy, flexible fiberoptic; diagnostic

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
57410	000	1.75	**RUC Time**	3,277

CPT Descriptor 2 Pelvic examination under anesthesia (other than local)

Other Reference CPT Code	Global	Work RVU	Time Source
99291	XXX	4.50	**RUC Time**

CPT Descriptor Critical care, evaluation and management of the critically ill or critically injured patient; first 30-74 minutes

RELATIONSHIP OF CODE BEING REVIEWED TO KEY REFERENCE SERVICE(S):
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Key Reference Code: 12 **% of respondents:** 8.3 **%**

TIME ESTIMATES (Median)	**CPT Code: 43450**	**Key Reference CPT Code:** 91110	**Source of Time RUC Time**
Median Pre-Service Time	27.00	5.00	
Median Intra-Service Time	15.00	80.00	

Median Immediate Post-service Time	14.00	15.00
Median Critical Care Time	0.0	0.00
Median Other Hospital Visit Time	0.0	0.00
Median Discharge Day Management Time	0.0	0.00
Median Office Visit Time	0.0	0.00
Prolonged Services Time	0.0	0.00
Median Subsequent Observation Care Time	0.0	0.00
Median Total Time	**56.00**	**100.00**
Other time if appropriate		

INTENSITY/COMPLEXITY MEASURES (Mean)	**(of those that selected Key Reference code)**	
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	3.44	3.28
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	3.50	3.39
Urgency of medical decision making	3.33	3.23
Technical Skill/Physical Effort (Mean)		
Technical skill required	3.85	3.50
Physical effort required	3.39	3.14
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality	4.08	3.22
Outcome depends on the skill and judgment of physician	4.06	3.58
Estimated risk of malpractice suit with poor outcome	4.32	3.56

INTENSITY/COMPLEXITY MEASURES	**CPT Code**	**Reference Service 1**
Time Segments (Mean)		
Pre-Service intensity/complexity	3.01	2.98
Intra-Service intensity/complexity	3.61	3.42
Post-Service intensity/complexity	2.99	2.96

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

43450 *Dilation of esophagus, by unguided sound or bougie, single or multiple passes* RVW, 1.38, physician time, (11/12/11) was reviewed by the RUC in June 1995. This code is being reviewed in response to comments by CMS in the Proposed Rule and Final Rule for CY 2012, requesting review of a number of gastrointestinal endoscopic services as being potentially misvalued.

Although this code was not specifically identified by CMS in the Final Rule, the societies that committed to a comprehensive review of gastrointestinal endoscopic services – the AGA, ACG, ASGE and SAGES – identified that code 43200 was primarily performed by otolaryngologists, while the remaining codes in the 43200-43232 family were primarily performed by gastroenterologists and endoscopic surgeons. In view of such, a coding change proposal was brought to the February 2012 CPT Editorial Panel in conjunction with the AAO-HNS and the Triological Society, requesting the development of new codes for trans-nasal esophagoscopy (primarily performed in the non-facility setting without moderate sedation) and rigid esophagosocopy (primarily performed in the OR setting with anesthesia administered by an anesthesia professional). While the code number, 43450, remains the same, this code is now being reviewed with new services specific to the flexible transoral, flexible trans-nasal, and rigid transoral esophagoscopy procedures.

Codes 43450 and 43453 were surveyed separately, using the standard RUC survey methodology.
A survey of practicing physicians representing urban, suburban and rural community and academic settings was performed with 144 respondents of 4077 queried (3.5%). Of the responses received, 83% were from Gastroenterologists and 17% were from Otolaryngologists. 90% found the vignette to be typical. The median service performance rate was 10. 70% typically used moderate sedation in the facility (hospital outpatient, ambulatory surgery center) setting. In code survey of pre-service and post-service times, as described above, the respondents reported median pre-service evaluation, positioning, and scrub/dress/wait times of 25, 5, and 5 minutes respectively, and post service time of 10 minutes. The respondents reported a median intra-service time of 15 minutes and post-service time of 14 minutes. 12 (8.3%) of the respondents chose key reference service 91110 *Gastrointestinal tract imaging, intraluminal (eg, capsule endoscopy), esophagus through ileum, with physician interpretation and report* 5/80/15 RVW 3.64) and considered 43450 to be of slightly greater intensity in 11 of 11 measures. The median survey RVW was 2.60. We note that as all of the gastrointestinal endoscopy codes are being surveyed over the next two years, the reference service list (RSL) does not contain any endoscopic or gastrointestinal dilation procedures that would be familiar to the physicians completing the surveys.

The specialty societies convened an expert panel to review the survey results and make recommendations. The panel noted that the median service performance rate (10) was typical of what would be expected for a typical gastroenterologist in solo or small group practice.

When 43450 is performed in the facility setting, the panel recommended pre-service package **1b**, Facility Straightforward Patient / Straightforward Procedure (With sedation / anesthesia care), which would be used for this non-incisional trans-oral esophageal dilation procedure. The expert panel felt the survey respondents underestimated the time necessary to complete all of the elements included in the facility pre-service package that are typically performed with 43450 and failed to consider all of the elements in their time estimation (indications and contraindications for sedation, history of relevant cardiovascular, pulmonary, and neurological conditions, focused physical examination including modified Mallampati score to predict ease of intubation, ASA physical status classification, and summative determination of sedation requirement) and therefore recommended an adjustment of times to reflect the pre-service package and work.

The panel noted there has been a change in the practice pattern for this service since it was initially valued by Harvard in 1993. In the early 1990s, conscious sedation used rapid intravenous administration of meperidine and diazepam without routine monitoring of pulse oximetry; in 2012, moderate sedation using benzodiazepines and opiates is administered in a controlled, titrated manner with automated monitoring of pulse oximetry, electrocardiogram and, in some settings, capnography. In the 1990s and early 2000s when this code was previously valued, there were no regulations and/or requirements for a complete History and Physical of the patient within 30 days of the procedure, documentation of a comprehensive examination updated on the day of procedure, a pre-sedation assessment including ASA physical status, airway and cardiac risk completed prior to the procedure, or a mandatory timeout before beginning the procedure– all of which are now required to meet various local, state, payer and Medicare accreditation, quality standards, and/or patient safety requirements. In the early 1990s eosinophilic esophagitis had not been described, endoscopic management of Barrett's esophagus, endoscopic mucosal resection of tumors and stenting of esophageal cancer was in development, and endoscopic ultrasound was yet to be commercially available. The panel also noted that "open access" endoscopy, where the patient is not seen by the endoscopist until the day of the procedure, has gained increasing acceptance in a number of settings – community, academic, teaching, military, VA and public; urban, suburban and rural; single and multi-specialty group; independent and employed - during the past decade.

Medicare claims for Dilation of esophagus, by unguided sound or bougie, single or multiple passes, code 43450 have slightly increased over a seven year period from 75,296 in 2005 to 77,991 in 2011. A review of a 5% Medicare claims file from 2011 (total 2011 claims 77,991) reveals that code 43450 was reported 2.3% percent of the time by otolaryngologists, 85.72% by gastroenterologists, 6.74% by internal medicine specialists, and 3.87% by general surgeons. For Medicare, the procedure was performed 40.48% in the outpatient hospital, 6.94% in the inpatient hospital, 2.96% in the physician office, and 49.39% in the ambulatory surgery center setting.

The expert, multi-society panel notes that a change has occurred in the way that the work of moderate sedation is calculated for the purposes of the RUC's recommendations to CMS. Prior to 2012, the RUC and CMS affirmed that physician work of administering moderate sedation was part of the intra-service time, as in endoscopic procedures 43235 *Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure)* and 45378 *Colonoscopy, flexible, proximal to splenic flexure; diagnostic, with or without collection of specimen(s) by brushing or washing, with or without colon decompression (separate procedure)* which were surveyed in the 2005 Third Five-Year review, and 43262 *Endoscopic retrograde cholangiopancreatography (ERCP); with sphincterotomy/papillotomy* which was surveyed in the 2010 Fourth Five-Year review. In fact, an overwhelming majority (89%) of codes in Appendix G in which moderate sedation is intrinsic to the service, where moderate sedation is specifically identified in the RUC work descriptors, describe moderate sedation as occurring during the intra-service period. The decision by the RUC's Research Subcommittee to change how the physician work of administering moderate sedation is accounted for as pre-service, not intra-service work, may constitute recognition that there has been a change in the physician work of performing endoscopic procedures over the past 20 years. In view of such, the RUC's introduction of the standardized pre-service packages in 2008 which specify a difference in pre-service evaluation minutes depending on whether a procedure involves sedation / anesthesia care, and the Research Subcommittee's 2012 clarification that the administration of moderate sedation constitutes work as occurring during the pre-service period, represents an important change in the way that physician work for procedures involving moderate sedation is valued, and constitutes compelling evidence for re-valuation of the gastrointestinal endoscopy and esophageal dilation codes.

The expert panel felt that in view of the change in how the procedure was performed, new diagnoses, and new requirements to ensure patient safety have changed since the initial valuation by Harvard, provided compelling evidence for re-valuation.

For this procedure, we are recommending pre-service package 1b with changes of times to 19/3/5 for a total of 27 minutes of pre-service time when the procedure is performed in the facility setting, as follows:

Evaluation: 19 minutes which is the package time, but less than the survey median.
Positioning: Addition of 2 minutes (3 min total) to account for positioning the patient, anesthesia lines, and video/scope equipment to allow access for the procedure and moderate sedation monitoring.
Scrub/Dress/Wait: 5 minutes which is equal to the survey median and package time.

The panel identified several crosswalks that would be equivalent in terms of physician pre-service time to this procedure. Code 31626, *Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with placement of fiducial markers, single or multiple,* (wRVW 4.16, 25/45/15), preservice package 1b, with 25 minutes of preservice time (eval 19, positioning 1, scrub/dress/wait 5) and 15 minutes of postservice time, was reviewed by the RUC in April 2009. Code 32553, *Placement of interstitial device(s) for radiation therapy guidance (eg, fiducial markers, dosimeter), percutaneous, intra-thoracic, single or multiple,* (wRVW 3.80, 25/45/20), preservice package 1b, with 25 minutes of preservice time (eval 19, positioning 1, scrub/dress/wait 5) and 20 minutes of postservice time, was reviewed by the RUC in April 2009. Code 55876, *Placement of interstitial device(s) for radiation therapy guidance (eg, fiducial markers, dosimeter), prostate (via needle, any approach), single or multiple* (wRVW 1.73, 29/20/10), with 19 minutes of evaluation and 10 minutes of positioning time, was reviewed by the RUC in April 2010. Code 64446, *Injection, anesthetic agent; sciatic nerve, continuous infusion by catheter (including catheter placement),* (wRVW 1.81, 29/20/15), preservice package 1b, with 29 minutes of preservice time (eval 19, positioning 5, scrub/dress/wait 5), was reviewed by the RUC in April 2008. The panel noted that in October 2010 at the 4th five-year review, the societies recommended and the RUC accepted 3 minutes positioning for 45331, *Sigmoidoscopy, flexible; with biopsy, single or multiple*. The panel believes that positioning time for 43450 is similar to that for 45331 and, while noting that CMS revised the positioning time for 45331 to 5 minutes, recommends that 3 minutes is the correct time for this element of work.

The panel felt that the median post-service time of 14 minutes underestimated the elements of post service work. The panel reviewed other scope procedures that had recently been reviewed by the RUC and recommended adjusting the post service time work to 15 minutes which is equivalent to code 31622, *Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; diagnostic, with cell washing, when performed (separate procedure)* reviewed by the RUC in April 2009. The panel determined that the post-service time should be less than the 20 minutes of post-service work for code 52005, *Cystourethroscopy, with ureteral catheterization, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service;* reviewed by the RUC in October 2010 at the 4th Five-Year review. The panel reviewed other procedures that involved dilation that had recently been reviewed by the RUC and determined that the post-service time should be less than the 20 minutes of post-service work for code 49440, *Insertion of gastrostomy tube, percutaneous, under fluoroscopic guidance including contrast injection(s), image documentation and report;* reviewed by the RUC in April 2007. The panel reviewed code 45905, *Dilation of anal sphincter (separate procedure) under anesthesia other than local,* which has 20 minutes of post-service work but expressed concern that this would not be an appropriate code for comparison as it is a 010 day global procedure last reviewed by the RUC in the 2nd five-year review in August 2000.

The panel noted the survey median intra-service time was 15 minutes and felt that this time was acceptable as it represented approximately 1/5 of the intra-service time for the key reference service 91110, *Gastrointestinal tract imaging, intraluminal (eg, capsule endoscopy), esophagus through ileum, with physician interpretation and report,* which was reviewed by the RUC in April 2003, and approximately twice the intra-service time of code 31575, *Laryngoscopy, flexible fiberoptic; diagnostic,* which was reviewed by the RUC in the 2005 five-year review. Of note is that laryngoscopy is a service which does not inspect the esophagus. The panel noted that the respondent 25th percentile and median RVW recommendation were respectively 1.40 and 2.60, which along with the changes in the practice patterns and new diagnoses represented compelling evidence to recommend a revaluation in the physician work of this procedure. The expert panel then reviewed the rank order of code 43450 with code 43453, along with the intra-service times for the other codes surveyed in the

43200-43232 family. Based on the comprehensive review of the family of codes surveyed, the expert panel determined that despite the 25th percentile RVW recommendation of 1.40 and the presence of compelling evidence which would otherwise merit a work value increase, the panel could not justify recommending an increase in the current valuation of code 43450 from 1.38.

As the physicians who completed the surveys were significantly limited in their choice of key reference codes within the endoscopic family, the panel felt that code 91110 represented an appropriate key reference code even though the total and intraservice times for code 43450 were greater. Adjusting for the differences in times, the panel concluded that the current RVW of 1.38 for code 43450 is consistent with code 91110 which is considered to be a similar to slightly less intense service (IWPUT 0.034 compared with 0.0399). The panel considered MPC codes 31575 *Laryngoscopy, flexible fiberoptic; diagnostic (000* global, *15/8/5 RVW 1.10)* and 57410 *Pelvic examination under anesthesia (other than local) (*000 global, 30/15/25 RVW 1.75) to be reasonable comparable codes of similar complexity. In addition code 36580 *Replacement, complete, of a non-tunneled centrally inserted central venous catheter, without subcutaneous port or pump, through same venous access* (000 global 25/15/10 RVW 1.30 RUC surveyed 2003) compares favorably with 43450.

While there was compelling evidence to recommend an increase in the wRVU times for code 43450, based on the survey times adjusted for pre-service package 1b in the facility setting the expert panel recommends that the existing wRVU value of 1.38 should be retained with physician times 27/15/15 (compared to the previous Harvard valuation of 11/12/11).

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) 43450

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 Gastroenterology How often? Sometimes

Specialty Internal Medicine How often? Sometimes

Specialty General Surgery How often? Sometimes

Estimate the number of times this service might be provided nationally in a one-year period? 234000
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. ~234,000 (Medicare data 2011 = 77,991*3)

Specialty Gastroenterology Frequency 201000 Percentage 85.89 %

Specialty Internal Medicine Frequency 16000 Percentage 6.83 %

Specialty General Surgery Frequency 9000 Percentage 3.84 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 77,991 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. ~77,991 (Medicare data 2011 = 77,991)

Specialty Gastroenterology Frequency 66854 Percentage 85.72 %

Specialty Internal Medicine Frequency 5257 Percentage 6.74 %

Specialty Internal Medicine Frequency 3018 Percentage 3.86 %

Do many physicians perform this service across the United States? Yes

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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 43450

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:43453 Tracking Number Original Specialty Recommended RVU: **1.51**
Presented Recommended RVU: **1.51**
Global Period: 000 RUC Recommended RVU: **1.51**

CPT Descriptor: Dilation of esophagus, over guide wire

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 75 year old patient with dysphagia undergoes dilation of the esophagus over a fluoroscopically placed guidewire.

Percentage of Survey Respondents who found Vignette to be Typical: 84%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? Yes
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 75%

Is moderate sedation inherent to this procedure in the office setting? Yes
Percent of survey respondents who stated moderate sedation is typical in the office setting? 73%

Description of Pre-Service Work: Review with the patient any symptoms and ascertain characteristics of the dysphagia problem when it is clear there is dysphagia. The patient's history is reviewed to assess for the need for pre-procedure antibiotics. A review of the patient's allergies and medications is done specifically noting usage of antiplatelet or anticoagulation medications. An exam with airway assessment and cardiopulmonary and abdominal evaluation is performed and documented. The patient's laboratory studies as they relate to coagulation status and the platelet count are reviewed. The patient's x-rays and other diagnostic tests are reviewed. Pre-authorization, if required, is confirmed with the patient. The risks and benefits of the procedure are reviewed with the patient and informed consent is obtained. The equipment is assessed and appropriate chart entries are made. A time out is performed. Topical anesthesia is applied. Intravenous access is started and moderate sedation is provided to the patient while continuously monitoring pulse oximetry and sequential non-invasive blood pressure measurements.

Description of Intra-Service Work: The level of sedation is assessed. Using fluoroscopic guidance, a guidewire is inserted through the mouth, directed into the esophagus and advanced into stomach. An appropriate size dilator is selected, lubricated and inserted over the guidewire into the mouth. The dilator is directed into the esophagus, through the stricture, and into the stomach maintaining the position of the guidewire with fluoroscopic guidance as the dilator is advanced and then withdrawn. The procedure is repeated with larger dilators until satisfactory dilation is accomplished. The guidewire is withdrawn.

Description of Post-Service Work: The patient’s condition including post-procedure vital signs is assessed. When the patient has reached a suitable level of consciousness, the patient is transferred to the observation area. Post procedure orders are completed. A procedure report is generated and forwarded to referral source and other appropriate parties. The patient is assessed for suitability to discharge from the recovery suite relative to established discharge criteria. When stable

for discharge, the findings and recommendations are reviewed with the patient and pertinent others. Necessary prescriptions, follow-up tests and appointments are provided to the patient.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	10/2012		
Presenter(s):	Joel V. Brill, MD (AGA), Nicholas Nickl, MD (ASGE), Edward S. Bentley, MD (ASGE), Wayne M. Koch, MD (AAO-HNS), John Lanza, MD (AAO-HNS)		
Specialty(s):	AGA, ASGE, AAO-HNS		
CPT Code:	43453		
Sample Size:	4077	**Resp N:** 141	**Response:** 3.4 %
Description of Sample:	The AGA and ASGE conducted a random sample of their member gastroenterologists using the Census Department office regions (http://www.census.gov/regions/). Between 150 and 200 gastroenterologists were randomly selected in each region for a total of 2,000 gastroenterologists. The AGA and ASGE enhanced the random sample by adding 514 members of the ASGE Special Interest Groups and 786 physicians who perform these procedures. The AGA and ASGE also added 86 volunteers who responded to the educational article on the RUC survey process that was approved by the Research Subcommittee and was distributed to all AGA and ASGE members. The AGA and ASGE's total survey sample size was 3,386. AAO-HNS conducted a random sampling of 691 physicians. The total survey sample size for AAO-HNS, AGA and ASGE was 4,077.		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	8.00	**20.00**	50.00	1000.00
Survey RVW:	0.50	2.40	**3.36**	4.20	8.50
Pre-Service Evaluation Time:			**25.00**		
Pre-Service Positioning Time:			**5.00**		
Pre-Service Scrub, Dress, Wait Time:			**5.00**		
Intra-Service Time:	10.00	15.00	**20.00**	25.00	60.00

Immediate Post Service-Time:	**15.00**	
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: 1b-FAC Straightforw Pat Procedure(w sedate/anes)

CPT Code:	43453	**Recommended Physician Work RVU: 1.51**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**19.00**	**19.00**	**0.00**
Pre-Service Positioning Time:		**3.00**	**1.00**	**2.00**
Pre-Service Scrub, Dress, Wait Time:		**5.00**	**5.00**	**0.00**
Intra-Service Time:		**20.00**		

Immediate Post Service-Time:	**15.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**

Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
99291	XXX	4.50	**RUC Time**

CPT Descriptor Critical care, evaluation and management of the critically ill or critically injured patient; first 30-74 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
31575	000	1.10	**RUC Time**	599,944

CPT Descriptor 1 Laryngoscopy, flexible fiberoptic; diagnostic

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
57410	000	1.75	**RUC Time**	3,277

CPT Descriptor 2 Pelvic examination under anesthesia (other than local

Other Reference CPT Code	Global	Work RVU	Time Source
12013	000	1.22	**RUC Time**

CPT Descriptor Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 2.6 cm to 5.0 cm

RELATIONSHIP OF CODE BEING REVIEWED TO KEY REFERENCE SERVICE(S):
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Key Reference Code: 22 **% of respondents:** 15.6 **%**

TIME ESTIMATES (Median)	**CPT Code: 43453**	**Key Reference CPT Code:** 99291	**Source of Time RUC Time**
Median Pre-Service Time	27.00	15.00	
Median Intra-Service Time	20.00	40.00	

Median Immediate Post-service Time	15.00	15.00
Median Critical Care Time	0.0	0.00
Median Other Hospital Visit Time	0.0	0.00
Median Discharge Day Management Time	0.0	0.00
Median Office Visit Time	0.0	0.00
Prolonged Services Time	0.0	0.00
Median Subsequent Observation Care Time	0.0	0.00
Median Total Time	**62.00**	**70.00**
Other time if appropriate		

INTENSITY/COMPLEXITY MEASURES (Mean)	**(of those that selected Key Reference code)**	
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	3.74	3.74
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	3.74	3.67
Urgency of medical decision making	3.75	3.52
Technical Skill/Physical Effort (Mean)		
Technical skill required	4.25	3.67
Physical effort required	3.73	3.26
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality	4.35	3.45
Outcome depends on the skill and judgment of physician	4.30	3.92
Estimated risk of malpractice suit with poor outcome	4.39	3.96

INTENSITY/COMPLEXITY MEASURES	**CPT Code**	**Reference Service 1**
Time Segments (Mean)		
Pre-Service intensity/complexity	3.38	3.34
Intra-Service intensity/complexity	4.07	3.87
Post-Service intensity/complexity	3.33	3.31

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

43453 *Dilation of esophagus, over guide wire* RVW, 1.51, physician time, (30/25/18) was Harvard valued and reviewed by the RUC in June 1993. This code is being reviewed in response to comments by CMS in the Proposed Rule and Final Rule for CY 2012, requesting review of a number of gastrointestinal endoscopic services as being potentially misvalued.

Although this code was not specifically identified by CMS in the Final Rule, the societies that committed to a comprehensive review of gastrointestinal endoscopic services – the AGA, ACG, ASGE and SAGES – identified that code 43200 was primarily performed by otolaryngologists, while the remaining codes in the 43200-43232 family were primarily performed by gastroenterologists and endoscopic surgeons. In view of such, a coding change proposal was brought to the February 2012 CPT Editorial Panel in conjunction with the AAO-HNS and the Triological Society, requesting the development of new codes for trans-nasal esophagoscopy (primarily performed in the non-facility setting without moderate sedation) and rigid esophagosocopy (primarily performed in the OR setting with anesthesia administered by an anesthesia professional). As part of this process, esophageal dilation procedures codes 43450-43458 were also identified for review. While the code number, 43453, remains the same, this code is now being reviewed along with new services specific for flexible transoral, flexible trans-nasal, and rigid transoral esophagoscopy procedures.

Codes 43450 and 43453 were surveyed separately, using the standard RUC survey methodology. A survey of practicing physicians representing urban, suburban and rural community and academic settings was performed with 141 respondents of 4077 queried (3.4%). Of the responses received, 92% were from Gastroenterologists and 8% were from Otolaryngologists. 84% found the vignette to be typical. The median service performance rate was 20. 75% typically used moderate sedation in the facility (hospital outpatient, ambulatory surgery center) setting. In the survey of pre-service and post-service times, as described above, the respondents reported median pre-service evaluation, positioning, and scrub/dress/wait times of 25, 5, and 5 minutes respectively. The respondents reported a median intra-service time of 20 minutes and post-service time of 15 minutes. 22 (15.6%) of the respondents chose key reference service 99291 *Critical care, evaluation and management of the critically ill or critically injured patient; first 30-74 minutes* 15/40/15 RVW 4.50) and considered 43450 to be of slightly greater or equal intensity in 11 of 11 measures. The median survey RVW was 3.36. We note that as all of the gastrointestinal endoscopy codes are being surveyed over the next two years, the reference service list (RSL) does not contain any endoscopic or gastrointestinal dilation procedures that would be familiar to the physicians completing the surveys.

The specialty societies convened an expert panel to review the survey results and make recommendations. The panel noted that the median service performance rate (20) was typical of what would be expected for a typical gastroenterologist in solo or small group practice.

When 43453 is performed in the facility setting, the panel recommended pre-service package **1b**, Facility Straightforward Patient / Straightforward Procedure (With sedation / anesthesia care), which would be used for this non-incisional trans-oral esophageal dilation procedure. The expert panel felt the survey respondents underestimated the time necessary to complete all of the elements included in the facility pre-service package that are typically performed with 43453 and failed to consider all of the elements in their time estimation (indications and contraindications for sedation, history of relevant cardiovascular, pulmonary, and neurological conditions, focused physical examination including modified Mallampati score to predict ease of intubation, ASA physical status classification, and summative determination of sedation requirement) and therefore recommended an adjustment of times to reflect the pre-service package and work.

The panel noted there has been a change in the practice pattern for this service since it was initially valued by Harvard in 1993. In the early 1990s, conscious sedation used rapid intravenous administration of meperidine and diazepam without routine monitoring of pulse oximetry; in 2012, moderate sedation using benzodiazepines and opiates is administered in a controlled, titrated manner with automated monitoring of pulse oximetry, electrocardiogram and, in some settings, capnography. In the 1990s and early 2000s when this code was previously valued, there were no regulations and/or requirements for a complete History and Physical of the patient within 30 days of the procedure, documentation of a comprehensive examination updated on the day of procedure, a pre-sedation assessment including ASA physical status, airway and cardiac risk completed prior to the procedure, or a mandatory timeout before beginning the procedure– all of which are now required to meet various local, state, payer and Medicare accreditation, quality standards, and/or patient safety requirements. In the early 1990s eosinophilic esophagitis had not been described, endoscopic management of Barrett's esophagus, endoscopic mucosal resection of tumors and stenting of esophageal cancer was in development, and endoscopic ultrasound was yet to be commercially available. The panel also noted that "open access" endoscopy, where the patient is not seen by the endoscopist until the day of the procedure, has gained increasing acceptance in a number of settings – community, academic, teaching, military, VA and public; urban, suburban and rural; single and multi-specialty group; independent and employed - during the past decade.

Medicare claims for Dilation of esophagus, over guide wire, code 43453 have declined over a seven year period from 5856 in 2005 to 3142 in 2011. A review of a 5% Medicare claims file from 2011 (total 2011 claims 3142) reveals that code 43453 was reported 2.62% percent of the time by otolaryngologists, 83.58% by gastroenterologists, 8.59% by internal medicine specialists, and 2.69% by general surgeons. For Medicare, the procedure was performed 51.60% in the outpatient hospital, 11.01% in the inpatient hospital, 4.45% in the physician office, and 32.94% in the ambulatory surgery center setting.

The expert, multi-society panel notes that a change has occurred in the way that the work of moderate sedation is calculated for the purposes of the RUC's recommendations to CMS. Prior to 2012, the RUC and CMS affirmed that physician work of administering moderate sedation was part of the intra-service time, as in endoscopic procedures 43235 *Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure)* and 45378 *Colonoscopy, flexible, proximal to splenic flexure; diagnostic, with or without collection of specimen(s) by brushing or washing, with or without colon decompression (separate procedure)* which were surveyed in the 2005 Third Five-Year review, and 43262 *Endoscopic retrograde cholangiopancreatography (ERCP); with sphincterotomy/papillotomy* which was surveyed in the 2010 Fourth Five-Year review. In fact, an overwhelming majority (89%) of codes in Appendix G in which moderate sedation is intrinsic to the service, where moderate sedation is specifically identified in the RUC work descriptors, describe moderate sedation as occurring during the intra-service period. The decision by the RUC's Research Subcommittee to change how the physician work of administering moderate sedation is accounted for as pre-service, not intra-service work, may constitute recognition that there has been a change in the physician work of performing endoscopic procedures over the past 20 years. In view of such, the RUC's introduction of the standardized pre-service packages in 2008 which specify a difference in pre-service evaluation minutes depending on whether a procedure involves sedation / anesthesia care, and the Research Subcommittee's 2012 clarification that the administration of moderate sedation constitutes work as occurring during the pre-service period, represents an important change in the way that physician work for procedures involving moderate sedation is valued, and constitutes compelling evidence for re-valuation of the gastrointestinal endoscopy and esophageal dilation codes.

The expert panel felt that in view of the change in how the procedure was performed, new diagnoses, and new requirements to ensure patient safety have changed since the initial valuation by Harvard, provided compelling evidence for re-valuation.

After assessing the pre-service work that is performed, the expert panel determined that the assumption that all endoscopic procedures would have identical pre- and post-service time may have been incorrect. We note

that the survey instrument approved by the Research Subcommittee did not allow the expert panel to draw any conclusions about the role of moderate sedation in the valuation of the pre-service work. The expert panel attempted to address this by reviewing similar services, based on whether the typical patient and typical procedure was straightforward or complex. For this procedure, we are recommending pre-service package 1b with changes of times to 19/3/5 for a total of 27 minutes of pre-service time when the procedure is performed in the facility setting, as follows:

Evaluation: 19 minutes which is the package time, but less than the survey median.
Positioning: Addition of 2 minutes (3 min total) to account for positioning the patient, anesthesia lines, and video/scope equipment to allow access for the procedure and moderate sedation monitoring.
Scrub/Dress/Wait: 5 minutes which is equal to the survey median and package time.

The panel identified several crosswalks that would be equivalent in terms of physician pre-service time to this procedure. Code 31626, *Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with placement of fiducial markers, single or multiple,* (wRVW 4.16, 25/45/15), preservice package 1b, with 25 minutes of preservice time (eval 19, positioning 1, scrub/dress/wait 5) and 15 minutes of postservice time, was reviewed by the RUC in April 2009. Code 32553, *Placement of interstitial device(s) for radiation therapy guidance (eg, fiducial markers, dosimeter), percutaneous, intra-thoracic, single or multiple,* (wRVW 3.80, 25/45/20), preservice package 1b, with 25 minutes of preservice time (eval 19, positioning 1, scrub/dress/wait 5) and 20 minutes of postservice time, was reviewed by the RUC in April 2009. Code 55876, *Placement of interstitial device(s) for radiation therapy guidance (eg, fiducial markers, dosimeter), prostate (via needle, any approach), single or multiple* (wRVW 1.73, 29/20/10), with 19 minutes of evaluation and 10 minutes of positioning time, was reviewed by the RUC in April 2010. Code 64446, *Injection, anesthetic agent; sciatic nerve, continuous infusion by catheter (including catheter placement),* (wRVW 1.81, 29/20/15), preservice package 1b, with 29 minutes of preservice time (eval 19, positioning 5, scrub/dress/wait 5), was reviewed by the RUC in April 2008. The panel noted that in October 2010 at the 4th five-year review, the societies recommended and the RUC accepted 3 minutes positioning for 45331, *Sigmoidoscopy, flexible; with biopsy, single or multiple*. The panel believes that positioning time for 45453 is similar to that for 45331 and, while noting that CMS revised the positioning time for 45331 to 5 minutes, recommends that 3 minutes is the correct time for this element of work.

The panel felt that the median post-service time of 15 minutes accurately estimated the elements of post service work. The panel reviewed other scope procedures that had recently been reviewed by the RUC and recommended adjusting the post service time work to 15 minutes which is equivalent to code 31622, *Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; diagnostic, with cell washing, when performed (separate procedure)* reviewed by the RUC in April 2009. The panel determined that the post-service time should be less than the 20 minutes of post-service work for code 52005, *Cystourethroscopy, with ureteral catheterization, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service;* reviewed by the RUC in October 2010 at the 4th Five-Year review. The panel reviewed other procedures that involved dilation that had recently been reviewed by the RUC and determined that the post-service time should be less than the 20 minutes of post-service work for code 49440, *Insertion of gastrostomy tube, percutaneous, under fluoroscopic guidance including contrast injection(s), image documentation and report;* reviewed by the RUC in April 2007. The panel reviewed code 45905, *Dilation of anal sphincter (separate procedure) under anesthesia other than local,* which has 20 minutes of post-service work but expressed concern that this would not be an appropriate code for comparison as it is a 010 day global procedure last reviewed by the RUC in the 2nd five-year review in August 2000.

The panel noted the survey median intra-service time was 20 minutes and felt that this time was acceptable as it represented approximately 1/2 of the intra-service time for the key reference service 99291, *Critical care, evaluation and management of the critically ill or critically injured patient; first 30-74 minutes,* which was reviewed by the RUC in August 2005 and considered to be a less intense service by the surveyed, and approximately two thirds the intra-service time of code 31575, *Laryngoscopy, flexible fiberoptic; diagnostic,* which was reviewed by the RUC in the 2005 five-year review. Of note is that laryngoscopy is a service which

does not inspect the esophagus. The panel felt that although the intraservice time was slightly less than the previous valuation, the intensity of the service (i.e. the necessity to successfully perform the service without complication in a shorter period of time) had substantially increased. The panel noted that the respondent 25th percentile and median RVW recommendation were respectively 2.40 and 3.36, consistent with the increase in intensity. and which along with the changes in the practice patterns and new diagnoses represented compelling evidence to recommend a revaluation in the physician work of this procedure. The expert panel then reviewed the rank order of code 43453 and code 43450 along with the intra-service times for the other codes surveyed in the 43200-43232 family. Based on the comprehensive review of the family of codes surveyed, the expert panel determined that despite the 25th percentile RVW recommendation of 2.40 and the presence of compelling evidence which would otherwise merit a work value increase, the panel could not justify recommending an increase in the current valuation of code 43453 from 1.51.

As the physicians who completed the surveys were significantly limited in their choice of key reference codes within the endoscopic family, the panel felt that code 99291 did not represent an appropriate key reference code for code 43453 *(current RVW 1.51, revised 27/20/15, revised IWPUT 0.03204)*, as the total and intraservice times for code 99291 *Critical care, evaluation and management of the critically ill or critically injured patient; first 30-74 minutes (000 global, 15/40/15, RVW 4.15, IWPUT 0.0957)* were greater. MPC code 57410 *Pelvic examination under anesthesia (other than local) (000 global, 30/15/25 RVW 1.75, IWPUT 0.0345*) was considered to be a more appropriate reasonable comparable code. Adjusting for time, code 98927 *Osteopathic manipulative treatment (OMT); 5-6 body regions involved (000 global, 7/20/2, RVW 0.96, IWPUT 0.0435, RUC reviewed February 2011)* was also considered to be a more appropriate comparison code. MPC code 31575 *Laryngoscopy, flexible fiberoptic; diagnostic (000 global, 15/8/5 RVW 1.10, IWPUT 0.0904*) was determined to be a more intense service compared to 43453.

While there was compelling evidence to recommend an increase in the wRVU times for code 43453, based on the survey times adjusted for pre-service package 1b in the facility setting, the expert panel recommends that the existing wRVU value of 1.51 should be retained with physician times 27/20/15 (compared to the previous Harvard valuation of 30/25/18).

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) 43453

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 Gastroenterology How often? Rarely

Specialty Internal Medicine How often? Rarely

Specialty General Surgery How often? Rarely

Estimate the number of times this service might be provided nationally in a one-year period? 9000
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. ~9000 (Medicare data 2011 = 3,142)

Specialty Gastroenterology
Frequency 7900 Percentage 87.77 %

Specialty Internal Medicine Frequency 850 Percentage 9.44 %

Specialty General Surgery Frequency 280 Percentage 3.11 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 3,142
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. ~3,142 (Medicare data 2011 = 3,142)

Specialty Gastroenterology Frequency 2639 Percentage 83.99 %

Specialty Internal Medicine Frequency 283 Percentage 9.00 %

Specialty General Surgery Frequency 94 Percentage 2.99 %

Do many physicians perform this service across the United States? No

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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 43453

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: Dilation of Esophagus

TAB: 17

Source	CPT	DESC	Resp	IWPUT	RVW					Total	PRE-TIME			INTRA-TIME					IMMD	Pre time package
					MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST	
REF	99291	Critical care, evaluation and management of the critically ill or critically injured patient; first 30-74 minutes	12	0.096			4.50			70	15					40			15	
REF	91111	Gastrointestinal tract imaging, intraluminal (eg, capsule endoscopy), esophagus with physician interpretation and report	12	0.037			1.00			35	5					15			15	
CURRENT	43450	Dilation of esophagus, by unguided sound or bougie, single or multiple passes		0.074			1.38			34	11					12			11	
SVY	43450	Dilation of esophagus, by unguided sound or bougie, single or multiple passes	143	0.105	0.00	1.40	2.60	3.63	7.87	64	25	5	5	3	10	15	20	50	14	
REC	43450			0.036			1.38			56	19	3	5			15			14	1B - 19/1/5
REF	99291	Critical care, evaluation and management of the critically ill or critically injured patient; first 30-74 minutes	22	0.096			4.50			70	15					40			15	
CURRENT	43453	Dilation of esophagus, over guide wire		0.026			1.51			73	15		15			25			18	
SVY	43453	Dilation of esophagus, over guide wire	141	0.116	0.50	2.40	3.36	4.20	8.50	55	25	5	5	5	15	20	25	60	15	
REC	43453			0.032			1.51			62	19	3	5			20			15	1B - 19/1/5

CPT Code: 43450
Specialty Society('s) AGA, ASGE, AAO-HNS

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation
Facility Direct Inputs

CPT Long Descriptor: Dilation of esophagus, by unguided sound or bougie, single or multiple passes

Global Period: 000 Meeting Date: Oct 2012

Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee:

> The AGA, ASGE and AAO-HNS convened a group from a broad range of geographic locations with differing practice circumstances and settings, who typically perform this service. The committee served as the consensus panel to finalize these recommendations.

A reference code must be provided for comparison to the practice expense inputs on your spreadsheet. Please provide a rationale for the selection of reference codes. Comparison Code Rationale:

Please describe in detail the clinical activities of your staff:

Pre-Service Clinical Labor Activities:

- Complete pre-service diagnostic and referral forms
- Coordinate pre-surgery services
- Schedule space and equipment in facility
- Provide pre-service education/ obtain consent
- Follow-up phone calls and prescriptions

Service Clinical Labor Activities:

- None

Post-Service Clinical Labor Activities:

- Conduct phone calls /call in prescriptions

CPT Code: 43450
Specialty Society('s) AGA, ASGE, AAO-HNS

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation
Non Facility Direct Inputs

CPT Long Descriptor: Dilation of esophagus, by unguided sound or bougie, single or multiple passes

Global Period: 000 Meeting Date: Oct 2012

Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee:

> The AGA, ASGE and AAO-HNS convened a group from a broad range of geographic locations with differing practice circumstances and settings, who typically perform this service. The committee served as the consensus panel to finalize these recommendations.

A reference code must be provided for comparison to the practice expense inputs on your spreadsheet. Please provide a rationale for the selection of reference codes. Comparison Code Rationale:

Please describe in detail the clinical activities of your staff:

Pre-Service Clinical Labor Activities:

- Complete pre-service diagnostic and referral forms
- Coordinate pre-surgery services
- Follow-up phone calls & prescriptions

Service Clinical Labor Activities:

- Greet patient, provide gowning, ensure appropriate medical records are available
- Obtain vital signs
- Provide pre-service education/ obtain consent
- Prepare room, equipment and supplies
- Prepare and position patient/ monitor patient/ set up IV
- Assist physician in performing procedure
- Monitor patient following service/ check tubes, monitors, drains
- Clean room/equipment by physician staff
- Check dressing and wound/home care instructions/ coordinate office visits/prescriptions

Post-Service Clinical Labor Activities:

- Conduct phone calls /call in prescriptions

CPT Code: 43453
Specialty Society('s) AGA, ASGE, AAO-HNS

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation
Facility Direct Inputs

CPT Long Descriptor: Dilation of esophagus, over guide wire

Global Period: 000 Meeting Date: Oct 2012

Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee:

> The AGA, ASGE and AAO-HNS convened a group from a broad range of geographic locations with differing practice circumstances and settings, who typically perform this service. The committee served as the consensus panel to finalize these recommendations.

A reference code must be provided for comparison to the practice expense inputs on your spreadsheet. Please provide a rationale for the selection of reference codes. Comparison Code Rationale:

Please describe in detail the clinical activities of your staff:

Pre-Service Clinical Labor Activities:

- Complete pre-service diagnostic and referral forms
- Coordinate pre-surgery services
- Schedule space and equipment in facility
- Provide pre-service education/ obtain consent
- Follow-up phone calls and prescriptions

Service Clinical Labor Activities:

- None

Post-Service Clinical Labor Activities:

- Conduct phone calls /call in prescriptions

CPT Code: 43453
Specialty Society('s) AGA, ASGE, AAO-HNS

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation
Non Facility Direct Inputs

CPT Long Descriptor: Dilation of esophagus, over guide wire

Global Period: 000 Meeting Date: Oct 2012

Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee:

> The AGA, ASGE and AAO-HNS convened a group from a broad range of geographic locations with differing practice circumstances and settings, who typically perform this service. The committee served as the consensus panel to finalize these recommendations.

A reference code must be provided for comparison to the practice expense inputs on your spreadsheet. Please provide a rationale for the selection of reference codes. Comparison Code Rationale:

Please describe in detail the clinical activities of your staff:

Pre-Service Clinical Labor Activities:

- Complete pre-service diagnostic and referral forms
- Coordinate pre-surgery services
- Follow-up phone calls & prescriptions

Service Clinical Labor Activities:

- Greet patient, provide gowning, ensure appropriate medical records are available
- Obtain vital signs
- Provide pre-service education/ obtain consent
- Prepare room, equipment and supplies
- Set up scope
- Prepare and position patient/ monitor patient/ set up IV
- Sedate/apply anesthesia
- Moderate sedation
- Assist physician in performing procedure
- Monitor patient following service/ check tubes, monitors, drains
- Clean room/equipment by physician staff
- Clean scope/surgical instrument package
- Check dressing and wound/home care instructions/ coordinate office visits/prescriptions

Post-Service Clinical Labor Activities:

- Conduct phone calls /call in prescriptions

	A	B	C	D	E	F	G	H	I	J	K
1			AMA Specialty Society Recommendation	PEAC 2002		Recommendation		PEAC 2002		Recommendation	
2				43450		43450		43453		43453	
3	**Meeting Date: October 2012** **Tab: 17** **Specialty: GI**	**CMS Code**	**Staff Type**	Dilation of esophagus, by unguided sound or bougie, single or multiple passes		Dilation of esophagus, by unguided sound or bougie, single or multiple passes		Dilation of esophagus, over guide wire		Dilation of esophagus, over guide wire	
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD**			**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**
6	**TOTAL CLINICAL LABOR TIME**	**L051A**	**RN**	**0**	**0**	**32**	**0**	**42**	**0**	**37**	**0**
7	**TOTAL CLINICAL LABOR TIME**	**L037D**	**RN/LPN/MTA**	**70**	**22**	**63**	**22**	**79**	**22**	**68**	**22**
8	**PRE-SERV CLINICAL LABOR TIME**	L037D	RN/LPN/MTA	**9**	**19**	**9**	**19**	**9**	**19**	**9**	**19**
9	**SERVICE PERIOD CLINICAL LABOR TIME**	L051A	RN	**0**	**0**	**32**	**0**	**42**	**0**	**37**	**0**
10	**SERVICE PERIOD CLINICAL LABOR TIME**	L037D	RN/LPN/MTA	**58**	**0**	**51**	**0**	**67**	**0**	**56**	**0**
11	**POST-SERV CLINICAL LABOR TIME**	L037D	RN/LPN/MTA	**3**	**3**	**3**	**3**	**3**	**3**	**3**	**3**
12	**PRE-SERVICE**										
13	**Start: Following visit when decision for surgery or procedure made**										
14	Complete pre-service diagnostic & referral forms	L037D	RN/LPN/MTA	**3**	**3**	**3**	**3**	**3**	**3**	**3**	**3**
15	Coordinate pre-surgery services	L037D	RN/LPN/MTA	**3**	**3**	**3**	**5**	**3**	**3**	**3**	**5**
16	OV before surgery: Review test and exam results	L037D	RN/LPN/MTA	**0**	**2**	**0**	**0**	**0**	**2**	**0**	**0**
17	Schedule space and equipment in facility	L037D	RN/LPN/MTA	**0**	**3**	**0**	**3**	**0**	**3**	**0**	**3**
18	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA	**0**	**5**	**0**	**5**	**0**	**5**	**0**	**5**
19	Follow-up phone calls & prescriptions	L037D	RN/LPN/MTA	**3**	**3**	**3**	**3**	**3**	**3**	**3**	**3**
21	**End: When patient enters office/facility for surgery/procedure**										
22	**SERVICE PERIOD**										
23	**Start: When patient enters office/facility for surgery/procedure:**										
24	Review charts ~~**[N/A in 2012]**~~	L037D	RN/LPN/MTA	**2**		**0**		**2**		**0**	
25	Review history, systems, and meds ~~**[N/A in 2012]**~~	L037D	RN/LPN/MTA	**3**		**0**		**3**		**0**	
26	Greet patient, provide gowning, ensure appropriate medical	L037D	RN/LPN/MTA	**3**		**3**		**3**		**3**	
27	Obtain vital signs	L037D	RN/LPN/MTA	**3**		**5**		**3**		**5**	
28	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA	**5**		**3**		**5**		**3**	
29	~~Enter preservice information into EMR~~	~~L037D~~	~~RN/LPN/MTA~~								
30	~~Enter preservice vital signs into EMR~~	~~L051A~~	~~RN~~								
31	~~Review / confirm procedure~~	~~L037D~~	~~RN/LPN/MTA~~								
32	~~Review / confirm procedure~~	~~L051A~~	~~RN~~								
33	Prepare room, equipment, supplies	L037D	RN/LPN/MTA	**2**		**2**		**2**		**2**	
34	~~Setup scope (non facility setting only)~~	~~L037D~~	~~RN/LPN/MTA~~								
35	Prepare and position patient/ monitor patient/ set up IV	L037D	RN/LPN/MTA	**2**		**2**		**2**		**2**	
36	Sedate/apply anesthesia	L051A	RN			~~2~~		**2**		**2**	
37	~~Moderate sedation observe (wait) anesthesia care~~	~~L051A~~	~~RN~~								
38	**Intra-service**										
39	Moderate sedation	L051A	RN			~~15~~		**25**		**20**	
40	Assist physician in performing procedure	L037D	RN/LPN/MTA	**8**		**15**		**17**		**20**	
41	**Post-Service**										
42	Monitor pt. following service/check tubes, monitors, drains	L051A	RN			~~15~~		**15**		**15**	
43	~~Monitor pt. following service/check tubes, monitors, drains~~	~~L037D~~	~~RN/LPN/MTA~~								
44	Clean room/equipment by physician staff	L037D	RN/LPN/MTA	**25**		**3**		**25**		**3**	
45	Clean Dilators	L037D	RN/LPN/MTA			**15**				**15**	
47	~~Enter procedure information into EMR~~	L037D	RN/LPN/MTA								
48	Complete diagnostic forms, lab & X-ray requisitions	L037D	RN/LPN/MTA	**2**		**0**		**2**		**0**	
50	~~Document patient is stable for discharge~~	~~L051A~~	~~RN~~								
51	~~Enter post-procedure information into EMR~~	~~L051A~~	~~RN~~								
52	Check dressings & wound/ home care instructions /coordinate	L037D	RN/LPN/MTA	**3**		**3**		**3**		**3**	
53	Other Clinical Activity - specify:	L037D	RN/LPN/MTA								
57	**End: Patient leaves office**										
58	**POST-SERVICE Period**										
59	**Start: Patient leaves office/facility**										
60	Conduct phone calls/call in prescriptions	L037D	RN/LPN/MTA	**3**	**3**	**3**	**3**	**3**	**3**	**3**	**3**
69	**End: with last office visit before end of global period**										

	A	B	C	D	E	F	G	H	I	J	K
1			AMA Specialty Society Recommendation	PEAC 2002		Recommendation		PEAC 2002		Recommendation	
2				43450		43450		43453		43453	
3	**Meeting Date: October 2012** **Tab: 17** **Specialty: GI**	**CMS Code**	**Staff Type**	Dilation of esophagus, by unguided sound or bougie, single or multiple passes		Dilation of esophagus, by unguided sound or bougie, single or multiple passes		Dilation of esophagus, over guide wire		Dilation of esophagus, over guide wire	
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5	**GLOBAL PERIOD**			**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**
70	**MEDICAL SUPPLIES**	**CODE**	UNIT								
71	***SCRUB, DRESS, DRAPE***										
72	pack, minimum multi-specialty visit	SA048	pack	**1**		**1**		**1**		**1**	
73	gown, staff, impervious	SB027	item	**2**		**2**		**3**		**2**	
74	~~gown, surgical, sterile~~	~~SB028~~	~~item~~								
75	cap, surgical	SB001	item	**2**		**3**		**3**		**3**	
76	mask, surgical, with face shield	SB034	item	**2**		**3**		**3**		**3**	
77	shoe covers, surgical	SB039	pair	**2**		**3**		**3**		**3**	
78	scrub brush (impregnated)	SM023	item			**3**				**3**	
79	drape, non-sterile, sheet 40in x 60in	SB006	item			**1**				**1**	
80	basin, emesis	SJ010	item	**1**		**1**		**1**		**1**	
81	denture cup	SJ016	Item			**1**				**1**	
82	***MODERATE SEDATION***										
83	pack, moderate sedation	SA044	pack			~~1~~		**1**		**1**	
84	~~Guardian 2M connector~~	~~NEW~~	~~item~~								
85	~~Guardian 4M O2 line~~	~~NEW~~	~~item~~								
86	~~Bite block with ETCO sampling line~~	~~NEW~~	~~item~~								
87	bite block	SD006	item			~~1~~				**1**	
88	***PROCEDURE INSTRUMENTS / SUPPLIES***										
89	~~endoscope anti-fog solution~~	~~SM014~~	~~ml~~								
90	canister, suction	SD009	item			**1**		**1**		**1**	
91	tubing, suction, non-latex (6ft uou)	SD132	item			**1**				**1**	
92	tubing, suction, non-latex (6ft) with Yankauer tip (1)	SD134	item			**1**		**1**		**1**	
93	gauze, non-sterile 2in x 2in	SG050	item	**8**		**8**		**8**		**8**	
94	endoscopic guidewire	NEW	item							**1**	
95	endoscopic balloon, dilation	NEW	item							**2**	
96	esophageal bougies	NEW	item			**4**					
97	applicator, cotton-tipped, non-sterile 6in	SG008	item					**3**		**0**	
98	lubricating jelly (K-Y) (5gm uou)	SJ032	item	**2**		**4**		**2**		**4**	
99	~~iv tubing (extension)~~	~~SC019~~	~~foot~~								
100											
101	***SCOPE CLEANING***										
102	pack, cleaning and disinfecting, endoscope	SA042	pack			**1**				**1**	
103											
104	**EQUIPMENT**	**CODE**									
105	stretcher	EF018				**0**		**60**		**0**	
106	~~notebook (Dell Latitude D600)~~	~~ED038~~									
107	~~ETCO Capnography with ECG, 5-channel, SpO2, NIBP, temp, resp~~	~~NEW~~									
108	Mobile stand, Vital Signs Monitor	NEW				**0**				**0**	
109	IV infusion pump	EQ032				77		**96**		**87**	
110	table, power	EF031		**50**		**36**		**34**		**46**	
111	light, surgical	EF014		**50**		**36**		**34**		**46**	
112	suction machine (Gomco)	EQ235		**50**		**36**		**34**		**46**	
113	table, instrument, mobile	EF027				77		**96**		**87**	
114	endoscope disinfector, rigid or fiberoptic, w-cart	ES005		**40**		**0**		**40**		**0**	
115	~~video system, endoscopy (processor, digital capture, monitor, printer, c~~	~~ES031~~		**50**				**34**			
116	~~videoscope, gastroscopy~~	~~ES034~~		**50**				**34**			
117	ECG, 3-channel (with SpO2, NIBP, temp, resp)	EQ011		**50**		77		**96**		**87**	

pack, minimum multi-specialty visit	**SA048**	**pack**		**1.143**
paper, exam table		foot	7	0.014
gloves, non-sterile		pair	2	0.084
gown, patient		item	1	0.533
pillow case		item	1	0.307
cover, thermometer probe		item	1	0.038

kit, needle-free injection system	**SA021**	**kit**		**9.492**
valve for needle-free system (Ultrasite)		item	1	3.803
iv safety catheter with Y adapter (Intima)		item	1	5.505
syringe 10-12ml		item	1	0.184

pack, moderate sedation	**SA044**	**pack**		**17.31**
angiocatheter 14g-24g		item	1	1.505
bandage, strip 0.75in x 3in		item	1	0.043
catheter, suction		item	1	0.62
dressing, 4in x 4.75in (Tegaderm)		item	1	1.771
electrode, ECG (single)		item	3	0.09
electrode, ground		item	1	0.445
gas, oxygen		liter	200	0.003
gauze, sterile 4in x 4in		item	4	0.159
gloves, sterile		pair	1	0.84
gown, surgical, sterile		item	1	4.671
iv infusion set		item	1	1.112
kit, iv starter		kit	1	1.368
oxygen mask (1) and tubing (7ft)		item	1	0.963
pulse oximeter sensor probe wrap		item	1	0.617
stop cock, 3-way		item	1	1.175
swab-pad, alcohol		item	2	0.013
syringe 1ml		item	1	0.14
syringe-needle 3ml 22-26g		item	2	0.16
tape, surgical paper 1in (Micropore)		inch	12	0.002
tourniquet, non-latex 1in x 18in		item	1	0.226

pack, cleaning and disinfecting, endoscope	**SA042**	**pack**		**15.52**
gloves, non-sterile		pair	4	0.084
gown, staff, impervious		item	1	1.186
face shield, splash protection		item	1	1.706
biohazard bag		item	1	0.062
gauze, sterile 4in x 4in (10 pack uou)		item	1	0.798
alcohol isopropyl 70%		ml	60	0.002
cleaning brush, endoscope		item	1	4.992
glutaraldehyde 3.4% (Cidex, Maxicide, Wavicide)		oz	32	0.165
glutaraldehyde test strips (Cidex, Metrex)		item	1	1.012