# AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS RUC RECOMMENDATIONS FOR CPT 2024 September 2022 Meeting

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October 6, 2022

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

Subject: RUC Recommendations

Dear Administrator Brooks-LaSure,

The American Medical Association (AMA)/Specialty Society RVS Update Committee (RUC) submits the enclosed recommendations for work relative values and direct practice expense inputs to the Centers for Medicare & Medicaid Services (CMS). These recommendations relate to new and revised codes for *CPT 2024* and to existing services identified by the RUC's Relativity Assessment Workgroup and CMS.

Enclosed are the RUC recommendations for all the CPT codes reviewed at the September 22-24, 2022, RUC meeting.

#### CPT 2024 New and Revised Codes – October 2022 RUC Submission

The RUC submits work value and/or practice expense inputs for 7 new/revised/related family CPT codes and recommends contractor-pricing 3 codes for *CPT 2024* from the September 2022 RUC meeting.

#### Existing Services Identified by RUC and CMS for Review

In addition to the new/revised CPT code submission, the RUC submits recommendations for 2 services identified by the RUC or CMS as potentially misvalued and reviewed at the September 2022 RUC meeting.

#### Office and Hospital Visits Included in Codes with a Surgical Global Period

The RUC strongly believes that the changes in valuation of the office and hospital E/M visits be incorporated to the visits in the surgical global periods. Since CMS did not apply the office E/M visit increases to the visits bundled into global surgery payment, it is disadvantaging specialties who perform these important services.

An example of the shortcomings of this policy decision became apparent during discussion of CPT code 67141 *Prophylaxis of retinal detachment (eg, retinal break, lattice degeneration) without drainage; cryotherapy, diathermy* (RUC recommended work RVU = 2.53 and 2-99213 office visits) at the October 2020 RUC meeting. The RUC questioned whether the specialties had considered changing the global period to a 000-day global given that the intensity will be low and the office visits in 2021 will be of a different value. The specialties explained it is routine and typical that the two postoperative visits occur as part of the work within the 10 days following the procedure. The survey code is a good fit for the 010-day global and is in alignment with the other retinal laser codes and ophthalmic laser codes for other diseases. Relativity is therefore better maintained by keeping the 010-day global designation even though the

intensity is low. The RUC noted that these codes were being valued too low considering that office visits for the surgical global period were not going to be increased in the 2021 office E/M codes. Considering that the 99213 office visit is valued at 1.30 RVUs, two 99213 office visits are valued higher than the 2.53 value of CPT code 67141. Therefore, the CMS policy is disadvantageous to the ophthalmologists and an example of shortcomings and rank order anomalies the flawed policy creates. The Agency's position implies that the physician work for office visits is not the same when performed in a surgical global period, which is an inaccurate assumption.

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

#### RUC Progress in Identifying and Reviewing Potentially Misvalued Codes

Since 2006, the RUC has identified 2,674 potentially misvalued services through objective screening criteria and has completed review of 2,586 of these services. The RUC has recommended that over 60% of the services reviewed be decreased or deleted (Figure 1). The RUC has worked vigorously to identify and address mis-valuations in the RBRVS through the provision of revised physician time data and resource recommendations to CMS. The RUC looks forward to working with CMS on a concerted effort to address potentially misvalued services.

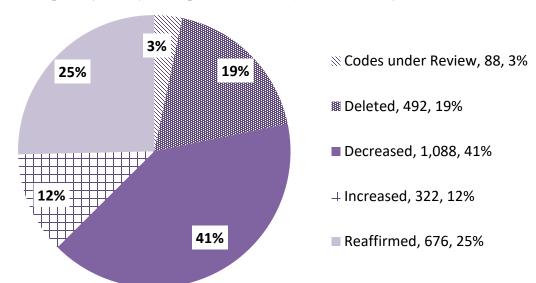


Figure 1: AMA/Specialty Society RVS Update Committee (RUC) Potentially Misvalued Services Project

Source: American Medical Association

#### Home Sleep Test (G0399)

Code G0399 Home sleep test (hst) with type iii portable monitor, unattended; minimum of 4 channels: 2 respiratory movement/airflow, I ecg/heart rate and I oxygen saturation was identified by the Relativity Assessment Workgroup via the Contractor Priced High Volume screen with 2020 Medicare utilization over 10,000. The RUC noted that CPT codes 95800 Sleep study, unattended, simultaneous recording; heart rate, oxygen saturation, respiratory analysis (eg, by airflow or peripheral arterial tone), and sleep time, 95801 Sleep study, unattended, simultaneous recording; minimum of heart rate, oxygen saturation, and respiratory analysis (eg, by airflow or peripheral arterial tone) and 95806 Sleep study, unattended,

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simultaneous recording of, heart rate, oxygen saturation, respiratory airflow, and respiratory effort (eg, thoracoabdominal movement) exist to report these services and may replace the G code. The RUC again requests that CMS delete code G0399 and allow one clear classification system to report home sleep tests with CPT codes 95800, 95801 and 95806.

#### Range of Motion Measurements and Report (95851)

In September 2022, the Relativity Assessment Workgroup reviewed 95851 *Ultrasonic guidance for placement of radiation therapy fields* via the CMS/Other source with Medicare utilization over 20,000 screen. Utilization increased by 60% in one year, from 2019 to 2020. The RUC would like to notify CMS of possible misreporting of CPT code 95851 by one individual in Texas, based on the Medicare Physician & Other Practitioners by Provider and Services 2020 Medicare data.

#### Practice Expense Subcommittee

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

#### High Cost Disposable Supplies

The RUC calls on CMS to separately identify and pay for high cost disposable supplies (i.e., priced more than \$500). The RUC makes this recommendation to address the outsized impact that high cost disposable supplies have within the current practice expense RVU methodology. The 2022 Medicare Physician Payment Schedule includes 73 supply items with a purchase price of more than \$500. These high cost supplies represent \$1.17 billion in direct costs for 2022 and 18 percent of all practice expense supply costs in the non-facility setting. The current system not only accounts for a large amount of direct practice expense for these supplies but also allocates a large amount of indirect practice expense into the PE RVU for the procedure codes that include these supplies. Because of specialty pools and how the PE formula derives the code-level indirect practice expense in part as a multiple of the code-level direct practice expense inputs, when CPT codes include a high-cost disposable supply, a larger portion of indirect practice expense is allocated to the subset of practices performing the service which is subsidized by the broader specialty and all other Medicare providers. If high costs supplies were paid separately with appropriate HCPCS codes, the indirect expense would no longer be associated with that service. The result would be that indirect PE RVUs would be redistributed throughout the specialty practice expense pool and the practice expense for all other services. The RUC recommends that CMS separately identify and pay for high cost disposable supplies priced more than \$500 using appropriate HCPCS codes. The pricing of these supplies should be based on a transparent process, where items are annually reviewed and updated.

#### Enclosed Recommendations and Supporting Materials:

- RUC Recommendation Status Report for New and Revised Codes for CPT 2024.
- RUC Recommendation Summary of Existing Codes Identified by CMS or the Relativity Assessment Workgroup.
- RUC Recommendation Progress and Status Reports for 2,674 services identified to date by the Relativity Assessment Workgroup and CMS as potentially misvalued.
- RUC Referrals to the CPT Editorial Panel both for CPT nomenclature revisions and *CPT Assistant* articles.
- Physician Time File A list of the physician time data for each of the CPT codes reviewed at the September 2022 RUC meeting.
- Pre-Service and Post-Service Time Packages Definitions The RUC developed physician preservice and post-service time packages which have been incorporated into these recommendations. The intent of these packages is to streamline the RUC review process as well as create standard pre-service and post-service time data for all codes reviewed by the RUC.
- Professional Liability Insurance (PLI) Crosswalk Table The RUC has committed to selecting
  appropriate PLI crosswalks for new and revised codes and existing codes under review. We have
  provided a PLI Crosswalk Table listing the reviewed code and its crosswalk code for easy
  reference. We hope that the provision of this table will assist CMS in reviewing and
  implementing the RUC recommendations.
- BETOS Assignment Table The RUC, for each meeting, provides CMS with suggested BETOS classification assignments for new/revised codes. Furthermore, if an existing service is reviewed and the specialty believes the current assignment is incorrect, this table will reflect the desired change.
- Utilization Data Crosswalk A table estimating the flow of claims data from existing codes to the new/revised codes. This information is used to project the work relative value savings to be included in the 2024 conversion factor increase.
- New Technology List and Timeline In April 2006, the RUC adopted a process to identify and review codes that represent new technology or services that have the potential to change in value. To date, the RUC has identified 786 of these procedures through the review of new CPT codes. A table of these codes identified as new technology services and the date of review is enclosed, as well as a flow chart providing a detailed description of the process to be utilized to review these services.
- RUC Recommendations on Modifications to Visits in the Global Period This includes changes in work RVUs and time by incorporating the increase of office visits and hospital visits in the surgical global periods.

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

Sincerely,

Ezequiel Silva III, MD

Chair, AMA/Specialty Society RVS Update Committee

#### Enclosures

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## AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS RUC RECOMMENDATIONS FOR CPT 2024

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# CPT 2024 RUC Recommendations

CPT Code	Global Period	Coding Change	CPT Date	CPT Tab		Tracking Number	RUC Date	RUC Tab	S.S.	Original Specialty Rec	RUC Rec	Same RVU as last year?	MFS?	Comments	New Tech/Service
0404T	YYY	D	Sep 2022	12	Category III - Transcervical RF Ablation of Uterine Fibroids		Cat III								
0424T	YYY	D	Sep 2022	17	Category III - Phrenic Nerve Stimulation System		Cat III								
0425T	YYY	D	Sep 2022	17	Category III - Phrenic Nerve Stimulation System		Cat III								
0426T	YYY	D	Sep 2022	17	Category III - Phrenic Nerve Stimulation System		Cat III								
0427T	YYY	D	Sep 2022	17	Category III - Phrenic Nerve Stimulation System		Cat III								
0428T	YYY	D	Sep 2022	17	Category III - Phrenic Nerve Stimulation System		Cat III								
0429T	YYY	D	Sep 2022	17	Category III - Phrenic Nerve Stimulation System		Cat III								
0430T	YYY	D	Sep 2022	17	Category III - Phrenic Nerve Stimulation System		Cat III								
0431T	YYY	D	Sep 2022	17	Category III - Phrenic Nerve Stimulation System		Cat III								
0432T	YYY	D	Sep 2022	17	Category III - Phrenic Nerve Stimulation System		Cat III								
0433T	YYY	D	Sep 2022	17	Category III - Phrenic Nerve Stimulation System		Cat III								
0434T	YYY	D	Sep 2022	17	Category III - Phrenic Nerve Stimulation System		Cat III								

	Global Period	Coding Change	CPT Date	CPT Tab		Tracking Number	RUC Date	RUC Tab	S.S.	Original Specialty Rec	RUC Rec	Same RVU as last year?	MFS?	Comments	New Tech/Service
04351	T YYY	D	Sep 2022	17	Category III - Phrenic Nerve Stimulation System		Cat III								
04367	T YYY	D	Sep 2022	17	Category III - Phrenic Nerve Stimulation System		Cat III								
04657	T YYY	D	Sep 2022	24	Category III - Suprachoroidal Ablation		Cat III								
04937	T YYY	D	Sep 2022	EC-D	Category III - Parenthetical Revisions - Noncontact SPECT		Cat III								
04997	T YYY	R	Sep 2022	EC-E	Category III - Reinstate Category III Code 0499T		Cat III								
04997	T YYY	D	Sep 2022	13	Category III - Cystoscopic Prostatic Drug Delivery		Cat III								
05017	T YYY	D	Sep 2022	27	Category III - Fractional Flow Reserve with CT		Cat III								
05027	T YYY	D	Sep 2022	27	Category III - Fractional Flow Reserve with CT		Cat III								
05031	T YYY	D	Sep 2022	27	Category III - Fractional Flow Reserve with CT		Cat III								
05047	T YYY	D	Sep 2022	27	Category III - Fractional Flow Reserve with CT		Cat III								
05527	T YYY	Е	May 2022	37	Category III - Post Operative Low Level Laser Therapy		Cat III								
05871	r YYY	R	Feb 2022	11/43	Category III - Neurostimulator Services-Bladder Dysfunction		Cat III								
05881	Γ YYY	R	Feb 2022	11/43	Category III - Neurostimulator Services-Bladder Dysfunction		Cat III								

CPT Code	Global Period	Coding Change	CPT Date	CPT Tab	Issue	Tracking Number	RUC Date	RUC Tab	S.S.	Original Specialty Rec	RUC Rec	Same RVU as last year?	MFS?	Comments	New Tech/Service
05891	- YYY	R	Feb 2022	11/43	Category III - Neurostimulator Services-Bladder Dysfunction		Cat III								
05907	- YYY	R	Feb 2022	11/43	Category III - Neurostimulator Services-Bladder Dysfunction		Cat III								
06561	YYY	R	Sep 2022	26	Category III - Vertebral Body Tethering		Cat III								
06577	YYY	R	Sep 2022	26	Category III - Vertebral Body Tethering		Cat III								
06X17	T YYY	N	Sep 2022	26	Category III - Vertebral Body Tethering		Cat III								
07151	YYY	D	Sep 2022	34	Category III - Coronary Intravascular Lithotripsy (IVL) Interventions		Cat III								
07751	YYY	D	Sep 2022	16	Category III - Dorsal Sacroiliac Joint Arthrodesis		Cat III								
07841	YYY	N	Feb 2022	11/43	Category III - Spinal Neurostimulator Services		Cat III								
07851	YYY	N	Feb 2022	11/43	Category III - Spinal Neurostimulator Services		Cat III								
07871	YYY	N	Feb 2022	11/43	Category III - Neurostimulator Services-Bladder Dysfunction		Cat III								
07891	YYY	N	Feb 2022	11/43	Category III - Spinal Neurostimulator Services		Cat III								
27279	090	F	Sep 2022	16	Dorsal Sacroiliac Joint Arthrodesis	I2	Jan 2023	04	AANS/CNS, NASS				✓	Survey for Jan 2023 RUC meeting	

CPT Code	Global Period	Coding Change	CPT Date	CPT Tab		Tracking Number	RUC Date	RUC Tab	S.S.	Original Specialty Rec	RUC Rec	Same RVU as last year?	MFS?	Comments	New Tech/Service
27280	090	F	Sep 2022	16	Dorsal Sacroiliac Joint Arthrodesis	13	Jan 2023	04	AANS/CNS, NASS				✓	Survey for Jan 2023 RUC meeting	
28292	2 090	R	Sep 2022	18	Metatarsal Arthrodesis for Bunion Correction		Editorial			7.44	7.44	Yes	✓		
28297	7 090	R	Sep 2022	18	Metatarsal Arthrodesis for Bunion Correction		Editorial			9.29	9.29	Yes	•		
28740	090	R	Sep 2022	18	Metatarsal Arthrodesis for Bunion Correction		Editorial			9.29	9.29	Yes	✓		
27278	3 090	N	Sep 2022	16	Dorsal Sacroiliac Joint Arthrodesis	I1	Jan 2023	04	ASA, ASIPP, ASRA, NANS, SIR				✓	Survey for Jan 2023 RUC meeting	
22836	6 090	N	Sep 2022	26	Vertebral Body Tethering	J1	Jan 2023	05	AANS/CNS, AAOS, NASS	3			✓	Survey for Jan 2023 RUC meeting	
22837	7 090	N	Sep 2022	26	Vertebral Body Tethering	J2	Jan 2023	05	AANS/CNS, AAOS, NASS	3			✓	Survey for Jan 2023 RUC meeting	
22838	3 090	N	Sep 2022	26	Vertebral Body Tethering	J3	Jan 2023	05	AANS/CNS, AAOS, NASS	3			✓	Survey for Jan 2023 RUC meeting	
30117	7 090	F	Sep 2022	22	Posterior Nasal Nerve Ablation	L1	Jan 2023	07	AAO-HNS				✓	Survey for Jan 2023 RUC meeting	
30118	3 090	F	Sep 2022	22	Posterior Nasal Nerve Ablation	L2	Jan 2023	07	AAO-HNS				✓	Survey for Jan 2023 RUC meeting	
33276	6 090	N	Sep 2022	17	Phrenic Nerve Stimulation System	K1	Jan 2023	06	AASM, ACC, HRS				•	Survey for Jan 2023 RUC meeting	
33277	ZZZ	N	Sep 2022	17	Phrenic Nerve Stimulation System	K2	Jan 2023	06	AASM, ACC, HRS				•	Survey for Jan 2023 RUC meeting	
33278	3 090	N	Sep 2022	17	Phrenic Nerve Stimulation System	К3	Jan 2023	06	AASM, ACC, HRS				•	Survey for Jan 2023 RUC meeting	
33279	9 090	N	Sep 2022	17	Phrenic Nerve Stimulation System	K4	Jan 2023	06	AASM, ACC, HRS				<b>✓</b>	Survey for Jan 2023 RUC meeting	

CPT Code	Global Period	Coding Change	CPT Date	CPT Tab		Tracking Number	RUC Date	RUC Tab	S.S.	Original Specialty Rec	RUC Rec	Same RVU as last year?	MFS?	Comments	New Tech/Service
33280	090	N	Sep 2022	17	Phrenic Nerve Stimulation System	K5	Jan 2023	06	AASM, ACC, HRS				<b>✓</b>	Survey for Jan 2023 RUC meeting	
33281	090	N	Sep 2022	17	Phrenic Nerve Stimulation System	K6	Jan 2023	06	AASM, ACC, HRS				<b>✓</b>	Survey for Jan 2023 RUC meeting	
33287	7 090	N	Sep 2022	17	Phrenic Nerve Stimulation System	K7	Jan 2023	06	AASM, ACC, HRS				•	Survey for Jan 2023 RUC meeting	
33288	3 090	N	Sep 2022	17	Phrenic Nerve Stimulation System	K8	Jan 2023	06	AASM, ACC, HRS				•	Survey for Jan 2023 RUC meeting	
31242	2 000	N	Sep 2022	22	Posterior Nasal Nerve Ablation	L3	Jan 2023	07	AAO-HNS				<b>✓</b>	Survey for Jan 2023 RUC meeting	
31243	3 000	N	Sep 2022	22	Posterior Nasal Nerve Ablation	L4	Jan 2023	07	AAO-HNS				<b>✓</b>	Survey for Jan 2023 RUC meeting	
43882	2 YYY	R	Sep 2022	EC-C	Parenthetical Revisions - Gastric Neurostimulator		Editorial						<b>✓</b>	Contractor Price	
52284	000	N	Sep 2022	13	Cystoscopic Prostatic Drug Delivery	M1	Jan 2023	08	AUA				<b>✓</b>	Survey for Jan 2023 RUC meeting	
52280	010	N	Sep 2022	12	Transcervical RF Ablation of Uterine Fibroids	N1	Jan 2023	09	ACOG				<b>✓</b>	Survey for Jan 2023 RUC meeting	
61889	090	N	Feb 2022	10	Skull-Mounted Cranial Neurostimulator	A1	Apr 2022	05	AANS, CNS	25.75	25.75		•		✓
61891	090	N	Feb 2022	10	Skull-Mounted Cranial Neurostimulator	A2	Apr 2022	05	AANS, CNS	11.25	11.25		<b>✓</b>		✓
61892	2 090	N	Feb 2022	10	Skull-Mounted Cranial Neurostimulator	А3	Apr 2022	05	AANS, CNS	15.00	15.00		<b>✓</b>		✓
63685	5 010	R	Feb 2022	11/43	Spinal Neurostimulator Services	B1	Sep 2022	04	AANS, AAPM, AAPM&R, ASA, ASIPP, CNS, NANS, NASS, SIS	5.19	5.19	Yes	<b>✓</b>		

CPT Code	Global Period	Coding Change	CPT Date	CPT Tab	Issue	Tracking Number	RUC Date	RUC Tab	S.S.	Original Specialty Rec	RUC Rec	Same RVU as last year?	MFS?	Comments	New Tech/Service
63688	3 010	R	Feb 2022	11/43	Spinal Neurostimulator Services	B2	Sep 2022	04	AANS, AAPM, AAPM&R, ASA, ASIPP, CNS, NANS, NASS, SIS	5.14	4.35		•		
64590	010	R	Feb 2022	11/43	Neurostimulator Services-Bladder Dysfunction	E1	Apr 2022	07	ACOG, AUA	5.10	5.10		✓		
6459	5 010	R	Feb 2022	11/43	Neurostimulator Services-Bladder Dysfunction	E2	Apr 2022	07	ACOG, AUA	4.00	3.79		•		
64596	6 010	N	Feb 2022	11/43	Spinal Neurostimulator Services	В3	Sep 2022	04	AAPM, ASA, ASIPP, NANS	3			✓	Contractor Price	
64597	ZZZ	N	Feb 2022	11/43	Spinal Neurostimulator Services	B4	Sep 2022	04	AAPM, ASA, ASIPP, NANS	3			✓	Contractor Price	
64598	3 010	N	Feb 2022	11/43	Spinal Neurostimulator Services	B5	Sep 2022	04	AAPM, ASA, ASIPP, NANS	3			✓	Contractor Price	•
67516	3 000	N	Sep 2022	24	Suprachoroidal Ablation	01	Jan 2023	10	AAO, ASRS				•	Survey for Jan 2023 RUC meeting	
75574	4 XXX	F	Sep 2022	27	Fractional Flow Reserve with CT	P1	Jan 2023	11	ACC, ACR, SCCT				✓	Survey for Jan 2023 RUC meeting	
76998	3 XXX	F	May 2022	20	Interoperative Ultrasound Services	F5	Sep 2022	05	ACS, ASBrS	1.20	1.20	Yes	<b>✓</b>	Ü	
76984	1 XXX	N	May 2022	20	Interoperative Ultrasound Services	F1	Sep 2022	05	AATS, ACC, STS	0.60	0.60		✓		•
76987	7 XXX	N	May 2022	20	Interoperative Ultrasound Services	F2	Sep 2022	05	AATS, ACC, STS	1.90	1.90		✓		$\checkmark$
76988	3 XXX	N	May 2022	20	Interoperative Ultrasound Services	F3	Sep 2022	05	AATS, ACC, STS	1.20	1.20		✓		$\checkmark$
76989	e xxx	N	May 2022	20	Interoperative Ultrasound Services	F4	Sep 2022	05	AATS, ACC, STS	1.55	1.55		✓		•
75580	) XXX	N	Sep 2022	27	Fractional Flow Reserve with CT	P2	Jan 2023	11	ACC, ACR, SCCT				✓	Survey for Jan 2023 RUC meeting	
8117	1 XXX	R	Sep 2022	30	MoPath Editorial Language Revisions		CLFS							Clinical Lab Fee Schedule	

CPT Code	Global Period	Coding Change	CPT Date	CPT Tab		Tracking Number	RUC Date	RUC Tab	S.S.	Original Specialty Rec	RUC Rec	Same RVU as last year?	MFS?	Comments	New Tech/Service
81172	xxx	R	Sep 2022	30	MoPath Editorial Language Revisions		CLFS							Clinical Lab Fee Schedule	
81243	XXX	R	Sep 2022	30	MoPath Editorial Language Revisions		CLFS							Clinical Lab Fee Schedule	
81244	XXX	R	Sep 2022	30	MoPath Editorial Language Revisions		CLFS							Clinical Lab Fee Schedule	
81403	XXX	R	Sep 2022	30	MoPath Editorial Language Revisions		CLFS							Clinical Lab Fee Schedule	
81404	XXX	R	Sep 2022	30	MoPath Editorial Language Revisions		CLFS							Clinical Lab Fee Schedule	
81405	XXX	R	Sep 2022	30	MoPath Editorial Language Revisions		CLFS							Clinical Lab Fee Schedule	
81406	XXX	R	Sep 2022	30	MoPath Editorial Language Revisions		CLFS							Clinical Lab Fee Schedule	
81407	XXX	R	Sep 2022	30	MoPath Editorial Language Revisions		CLFS							Clinical Lab Fee Schedule	
92920	000	F	Sep 2022	34	Coronary Intravascular Lithotripsy (IVL) Interventions	Q1	Jan 2023	12	ACC, SCAI				✓	Survey for Jan 2023 RUC meeting	
92921	ZZZ	F	Sep 2022	34	Coronary Intravascular Lithotripsy (IVL) Interventions	Q2	Jan 2023	12	ACC, SCAI				✓	Survey for Jan 2023 RUC meeting	
92924	000	F	Sep 2022	34	Coronary Intravascular Lithotripsy (IVL) Interventions	Q3	Jan 2023	12	ACC, SCAI				✓	Survey for Jan 2023 RUC meeting	
92925	S ZZZ	F	Sep 2022	34	Coronary Intravascular Lithotripsy (IVL) Interventions	Q4	Jan 2023	12	ACC, SCAI				✓	Survey for Jan 2023 RUC meeting	
92928	000	F	Sep 2022	34	Coronary Intravascular Lithotripsy (IVL) Interventions	Q5	Jan 2023	12	ACC, SCAI				✓	Survey for Jan 2023 RUC meeting	
92929	ZZZ	F	Sep 2022	34	Coronary Intravascular Lithotripsy (IVL) Interventions	Q6	Jan 2023	12	ACC, SCAI				<b>✓</b>	Survey for Jan 2023 RUC meeting	

CPT Code	Global Period	Coding Change	CPT Date	CPT Tab		Tracking Number	RUC Date	RUC Tab	S.S.	Original Specialty Rec	RUC Rec	Same RVU as last year?	MFS?	Comments	New Tech/Service
92933	3 000	F	Sep 2022	34	Coronary Intravascular Lithotripsy (IVL) Interventions	Q7	Jan 2023	12	ACC, SCAI				✓	Survey for Jan 2023 RUC meeting	
92934	I ZZZ	F	Sep 2022	34	Coronary Intravascular Lithotripsy (IVL) Interventions	Q8	Jan 2023	12	ACC, SCAI				<b>✓</b>	Survey for Jan 2023 RUC meeting	
92937	7 000	F	Sep 2022	34	Coronary Intravascular Lithotripsy (IVL) Interventions	Q9	Jan 2023	12	ACC, SCAI				✓	Survey for Jan 2023 RUC meeting	
92938	3 ZZZ	F	Sep 2022	34	Coronary Intravascular Lithotripsy (IVL) Interventions	Q10	Jan 2023	12	ACC, SCAI				✓	Survey for Jan 2023 RUC meeting	
92941	000	F	Sep 2022	34	Coronary Intravascular Lithotripsy (IVL) Interventions	Q11	Jan 2023	12	ACC, SCAI				✓	Survey for Jan 2023 RUC meeting	
92943	3 000	F	Sep 2022	34	Coronary Intravascular Lithotripsy (IVL) Interventions	Q12	Jan 2023	12	ACC, SCAI				✓	Survey for Jan 2023 RUC meeting	
92944	ZZZ	F	Sep 2022	34	Coronary Intravascular Lithotripsy (IVL) Interventions	Q13	Jan 2023	12	ACC, SCAI				✓	Survey for Jan 2023 RUC meeting	
92973	3 ZZZ	F	Sep 2022	34	Coronary Intravascular Lithotripsy (IVL) Interventions	Q15	Jan 2023	12	ACC, SCAI				✓	Survey for Jan 2023 RUC meeting	
92975	5 000	F	Sep 2022	34	Coronary Intravascular Lithotripsy (IVL) Interventions	Q16	Jan 2023	12	ACC, SCAI				✓	Survey for Jan 2023 RUC meeting	
92977	' XXX	F	Sep 2022	34	Coronary Intravascular Lithotripsy (IVL) Interventions	Q17	Jan 2023	12	ACC, SCAI				✓	Survey for Jan 2023 RUC meeting	
93593	3 000	F	Sep 2022	50	Venography Services	s D1	Jan 2023	14	SCAI				✓	Survey for Jan 2023 RUC meeting	

	Global Period	Coding Change	CPT Date	CPT Tab		Tracking Number	RUC Date	RUC Tab	S.S.	Original Specialty Rec	RUC Rec	Same RVU as last year?	MFS?	Comments	New Tech/Service
93594	- 000	F	Sep 2022	50	Venography Services	s D2	Jan 2023	14	SCAI				<b>✓</b>	Survey for Jan 2023 RUC meeting	
93595	000	F	Sep 2022	50	Venography Services	s D3	Jan 2023	14	SCAI				✓	Survey for Jan 2023 RUC meeting	
93596	000	F	Sep 2022	50	Venography Services	s D4	Jan 2023	14	SCAI				✓	Survey for Jan 2023 RUC meeting	
93597	000	F	Sep 2022	50	Venography Services	5 D5	Jan 2023	14	SCAI				✓	Survey for Jan 2023 RUC meeting	
93598	ZZZ	F	Sep 2022	50	Venography Services	5 D11	Jan 2023	14	SCAI				<b>✓</b>	Survey for Jan 2023 RUC meeting	
96446	S XXX	E	Sep 2022	39	Hyperthermic Intraperitoneal Chemotherapy (HIPEC)		Editorial	15	ACOG, ACS	0.37	0.37	Yes	✓	Survey for Jan 2023 RUC meeting	
93584	ZZZ	N	Sep 2022	50	Venography Services	s D6	Jan 2023	14	ACC, SCAI				✓	Survey for Jan 2023 RUC meeting	
93585	ZZZ	N	Sep 2022	50	Venography Services	s D7	Jan 2023	14	ACC, SCAI				<b>✓</b>	Survey for Jan 2023 RUC meeting	
93586	ZZZ	N	Sep 2022	50	Venography Services	s D8	Jan 2023	14	ACC, SCAI				<b>✓</b>	Survey for Jan 2023 RUC meeting	
93587	ZZZ	N	Sep 2022	50	Venography Services	s D9	Jan 2023	14	ACC, SCAI				✓	Survey for Jan 2023 RUC meeting	
93588	ZZZ	N	Sep 2022	50	Venography Services	s D10	Jan 2023	14	ACC, SCAI				✓	Survey for Jan 2023 RUC meeting	
97037	XXX	N	May 2022	37	Post Operative Low Level Laser Therapy	H1	Sep 2022	06					✓	No RUC Recommendatio	<b>✓</b> n
96547	ZZZ	N	Sep 2022	39	Hyperthermic Intraperitoneal Chemotherapy (HIPEC)	S1	Jan 2023	15	ACOG, ACS				✓	Survey for Jan 2023 RUC meeting	

CPT Code	Global Period	Coding Change	CPT Date	CPT Tab		Tracking Number	RUC Date	RUC Tab	S.S.	Original Specialty Rec	RUC Rec	Same RVU as last year?	MFS?	Comments	New Tech/Service
96548	3 ZZZ	N	Sep 2022	39	Hyperthermic Intraperitoneal Chemotherapy (HIPEC)	S2	Jan 2023	15	ACOG, ACS				✓	Survey for Jan 2023 RUC meeting	
99459	) ZZZ	N	Sep 2022	10	Female Pelvic Exam	R1	Jan 2023	13	AAFP, ACOG, ANA, AUA				<b>✓</b>	Survey for Jan 2023 RUC meeting	
93150	) XXX	N	Sep 2022	17	Phrenic Nerve Stimulation System	K9	Jan 2023	06	AASM, ACC, HRS				✓	Survey for Jan 2023 RUC meeting	
93151	I XXX	N	Sep 2022	17	Phrenic Nerve Stimulation System	K10	Jan 2023	06	AASM, ACC, HRS				✓	Survey for Jan 2023 RUC meeting	
93152	2 XXX	N	Sep 2022	17	Phrenic Nerve Stimulation System	K11	Jan 2023	06	AASM, ACC, HRS				✓	Survey for Jan 2023 RUC meeting	
93153	3 XXX	N	Sep 2022	17	Phrenic Nerve Stimulation System	K12	Jan 2023	06	AASM, ACC, HRS				✓	Survey for Jan 2023 RUC meeting	
92972	2 ZZZ	N	Sep 2022	34	Coronary Intravascular Lithotripsy (IVL) Interventions	Q14	Jan 2023	12	ACC, SCAI				<b>✓</b>	Survey for Jan 2023 RUC meeting	
07861	T YYY	N	Feb 2022	11/43	Category III - Neurostimulator Services-Bladder Dysfunction		Cat III								
07881	T YYY	N	Feb 2022	11/43	Category III - Spinal Neurostimulator Services		Cat III								
08051	T YYY	N	Sep 2022	53/61	Category III - SVC- IVC Prosthetic Valve Insertion		Cat III								
0806T	YYY	N	Sep 2022	53/61	Category III - SVC- IVC Prosthetic Valve Insertion		Cat III								
07911	r YYY	N	Sep 2022	38	Category III - Virtual Reality (VR) Faciliated Motor- Cognitive Training		Cat III								
07941	Г ҮҮҮ	N	Sep 2022	51	Category III - Al- Assisted Oncologic Treatment		Cat III								

CPT Code	Global Period	Coding Change	CPT Date	CPT Tab		Tracking Number	RUC Date	RUC Tab	S.S.	Original Specialty Rec	RUC Rec	Same RVU as last year?	MFS?	Comments	New Tech/Service
0807T	YYY	N	Sep 2022	54	Category III - Pulmonary Tissue Ventilation Analysis		Cat III								
0810T	YYY	N	Sep 2022	59	Category III - Subretinal Drug Delivery Injection		Cat III								
0793T	YYY	N	Sep 2022	49	Category III - Transcatheter Pulmonary Artery Denervation		Cat III								
0795T	YYY	N	Sep 2022	52	Category III - Dual Chamber Leadless Pacemaker		Cat III								
0796T	YYY	N	Sep 2022	52	Category III - Dual Chamber Leadless Pacemaker		Cat III								
0797T	YYY	N	Sep 2022	52	Category III - Dual Chamber Leadless Pacemaker		Cat III								
0798T	YYY	N	Sep 2022	52	Category III - Dual Chamber Leadless Pacemaker		Cat III								
0799T	YYY	N	Sep 2022	52	Category III - Dual Chamber Leadless Pacemaker		Cat III								
0800T	YYY	N	Sep 2022	52	Category III - Dual Chamber Leadless Pacemaker		Cat III								
0801T	YYY	N	Sep 2022	52	Category III - Dual Chamber Leadless Pacemaker		Cat III								
0802T	YYY	N	Sep 2022	52	Category III - Dual Chamber Leadless Pacemaker		Cat III								
0803T	YYY	N	Sep 2022	52	Category III - Dual Chamber Leadless Pacemaker		Cat III								
0804T	YYY	N	Sep 2022	52	Category III - Dual Chamber Leadless Pacemaker		Cat III								

	Global Period	Coding Change	CPT Date	CPT Tab		Tracking Number	RUC Date	RUC Tab	S.S.	Original Specialty Rec	RUC Rec	Same RVU as last year?	MFS?	Comments	New Tech/Service
0809T	YYY	N	Sep 2022	58	Category III - Hybrid Sacroiliac Joint Fusion		Cat III								
0792T	YYY	N	Sep 2022	48	Category III - Silver Diamine Fluoride Application		Cat III								
0808T	YYY	N	Sep 2022	54	Category III - Pulmonary Tissue Ventilation Analysis		Cat III								

#### **RUC Recommendations for CMS Requests & Relativity Assessment Identified Code - September 2022**

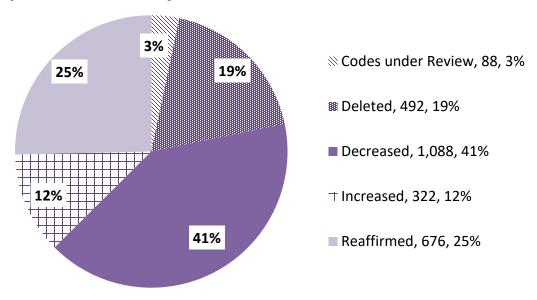
CPT Code	Long Descriptor	Issue	Tab	RUC Recommendation	Identified in Review of Other Services	New Tech/ New Service
76937	Ultrasound guidance for vascular access requiring ultrasound evaluation of potential access sites, documentation of selected vessel patency, concurrent realtime ultrasound visualization of vascular needle entry, with permanent recording and reporting (List separately in addition to code for primary procedure)	Ultrasound Guidance for Vascular Access	07	0.30	Х	
99484	Care management services for behavioral health conditions, at least 20 minutes of clinical staff time, directed by a physician or other qualified health care professional, per calendar month, with the following required elements: initial assessment or follow-up monitoring, including the use of applicable validated rating scales, behavioral health care planning in relation to behavioral/psychiatric health problems, including revision for patients who are not progressing or whose status changes, facilitating and coordinating treatment such as psychotherapy, pharmacotherapy, counseling and/or psychiatric consultation, and continuity of care with a designated member of the care team.	General Behavioral Health Integration Care Management	08	0.85		X

#### The RUC Relativity Assessment Workgroup Progress Report

In 2006, the AMA/Specialty Society RVS Update Committee (RUC) established the Five-Year Identification Workgroup (now referred to as the Relativity Assessment Workgroup) to identify potentially misvalued services using objective mechanisms for reevaluation prior to the next Five-Year Review. Since the inception of the Relativity Assessment Workgroup, the Workgroup and the Centers for Medicare and Medicaid Services (CMS) have identified over 2,600 services through over 20 different screening criteria for further review by the RUC. Additionally, the RUC charged the Workgroup with maintaining the "new technology" list of services that will be re-reviewed by the RUC as reporting and cost data become available.

To provide Medicare with reliable data on how physician work has changed over time, the RUC, with more than 300 experts in medicine and research, are examining 2,674 potentially misvalued services accounting for \$45 billion in Medicare spending. The update committee has recommended reductions and deletions to 1,580 services, redistributing \$5 billion annually. Below are the outcomes for the committee's review of 2,674 codes:

#### **Potentially Misvalued Services Project**



Source: American Medical Association

#### **New Technology**

As the RUC identifies new technology services that should be re-reviewed, a list of these services is maintained and forwarded to CMS. Currently, codes are identified as new technology based on recommendations from the appropriate specialty society and consensus among RUC members at the time of the RUC review for these services. RUC members consider several factors to evaluate potential new technology services, including recent FDA-approval, newness or novelty of the service, use of an existing service in a new or novel way, and migration of the service from a Category III to Category I CPT® code. The Relativity Assessment Workgroup maintains and develops all standards and procedures associated with the list, which currently contains 786 services. In September 2010, the re-review cycle began and since then the RUC has recommended 57 services to be re-examined. The remaining services are rarely performed (i.e., less than 500 times per year in the Medicare population) and will not be further examined. The Workgroup will continue to review the remaining 283 services every April after three years of Medicare claims data is available for each service.

#### **Methodology Improvements**

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

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

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

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

#### Site of Service Anomalies

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

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

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

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

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

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

In 2018, the RUC also performed a site-of-service anomaly screen based on the review of three years of data (2015, 2016 and 2017e) for services with utilization over 10,000 in which a service is typically performed in the inpatient hospital setting, yet only a half discharge day management (99238) is included. One service was identified via this screen and another identified for the outpatient site of service anomaly screen. The RUC submitted these recommendations for the 2021 and 2023 Medicare Physician Payment Schedules.

In 2019, the RUC lowered the threshold for site-of-service anomalies based on the review of three years of data (2016, 2017 and 2018e) for services with utilization over 5,000 in the outpatient setting more than 50% of the time but includes inpatient hospital Evaluation and Management services within the global period. The RUC identified nine services, expanding to 38 services to include the family of services. The CPT Editorial Panel deleted 13 services and the RUC submitted 24 recommendations for the 2021-2023 Medicare Physician Payment Schedule. The RUC will review one service to determine if educational coding guidance was effective.

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

#### **High Volume Growth**

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

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

In April 2013, the RUC assembled a list of all services with a total Medicare utilization of 10,000 or more that have increased by at least 100% from 2006 through 2011. The query resulted in the identification of 40 services and expanded to 62 services to include the appropriate family of services. The RUC recommended removing three services from the screen as the volume growth did not impact the resources required to provide these services. The RUC recommended review of one service after an additional utilization data is collected. The CPT Editorial Panel deleted ten codes and the RUC submitted recommendations for 48 services for the 2015-2019 and 2023 Medicare Physician Payment Schedules.

In October 2015, the RUC ran this screen again for services based on Medicare utilization of 10,000 or more that have increased by at least 100% from 2008 through 2013. The query resulted in the identification of 19 services and expanded to 31 services to include the appropriate family of services.

The RUC recommended removing one service from the screen as the volume growth did not impact the resources required to provide these services. The RUC will review one service after additional utilization data is collected. The CPT Editorial Panel deleted 12 codes and the RUC submitted recommendations for 17 services for the 2017-2020 Medicare Physician Payment Schedules.

In October 2016, the RUC ran this screen for its fourth iteration and the query resulted in the identification of 12 services, which was expanded to 53 services. The RUC recommended removing two services from the screen as the volume growth did not impact the resources required to provide these services. The CPT Editorial Panel deleted five services. The RUC submitted recommendations for 46 services for the 2019-2022 Medicare Physician Payment Schedules. The RUC completed review of services under this fourth iteration of the high volume growth screen.

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

In October 2019, the RUC completed its sixth iteration of this screen for services with 2018e Medicare utilization of over 10,000 that have increased by at least 100% from 2013 through 2018. The RUC identified 13 services. The RUC removed three services from the screen as the volume growth did not impact the resources required to provide these services. The RUC will review one code after additional utilization data is available. The RUC submitted recommendations for seven services for the 2021 Medicare Physician Payment Schedule and for three services for the 2023 Medicare Physician Payment Schedule.

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

In April 2022, the RUC completed its eighth iteration of this screen for services with 2020 Medicare utilization over 10,000 that have increased by at least 100% from 2015-2020. The RUC identified 10 services. The Relativity Assessment Workgroup removed two service as the growth was appropriate and will review three services after additional data is available. The RUC will review five services in for the 2024 and 2025 Physician Payment Schedules.

#### **CMS Fastest Growing**

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

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

#### **High IWPUT**

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

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

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

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

In October 2019, the RUC queried the top two dominant specialties performing services based on Medicare utilization more than 1,000 and compared it to who originally surveyed the service. Two services were identified, one was deleted by CPT Editorial Panel and other was referred to develop a CPT Assistant article for education. The RUC completed review of services under this screen.

In April 2022, the RUC queried the top two dominant specialties performing services based on 2020 Medicare utilization more than 1,000 and compared it to who originally surveyed the service. Six services were identified. The Relativity Assessment Workgroup will review action plans on how to address these services at the January 2023 meeting.

#### Harvard Valued

Utilization over 1 Million

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

#### Utilization over 100,000

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

#### Utilization over 30,000

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

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

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

In October 2019, the RUC reran this screen on Harvard valued services with 2018e Medicare utilization over 30,000. Three services were identified, which was expanded to five to include the family of services. The RUC submitted recommendations for these five services for the 2022-2023 Medicare Physician Payment Schedules. The RUC completed review of services under this screen.

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

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

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

#### CMS/Other

#### Utilization over 500.000

In April 2011, the RUC identified 410 codes with a source of "CMS/Other." CMS/Other codes are services which were not reviewed by the Harvard studies or the RUC and were either gap filled, most often via crosswalk by CMS or were part of a radiology fee schedule. "CMS/Other" source codes would not have been flagged in the Harvard only screens, therefore the RUC recommended that a list of all CMS/Other codes be developed and reviewed. The RUC established the threshold for CMS/Other source codes with Medicare utilization of 500,000 or more, which resulted in 19 codes. The RUC expanded this screen to 21 services to include the proper family of services. The RUC removed one service from the screen. The CPT® Editorial Panel deleted three services. The RUC submitted recommendations for 16 services for the 2013-2015 Medicare Physician Payment Schedules and one service for the 2023 Medicare Physician Payment Schedule. The RUC completed review of services under this screen.

#### Utilization over 250,000

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

#### Utilization over 100,000

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

#### Utilization over 30,000

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

In October 2018, the RUC reran this screen for CMS/Other source codes with 2017e Medicare utilization over 30,000, which resulted in seven services and expanded to 15 services. The CPT Editorial Panel deleted one code. The RUC submitted recommendations for 14 services for the 2020-2021 Medicare Physician Payment Schedules. The RUC completed review of services under this screen.

#### *Utilization over 20,000*

In October 2019, the RUC lowered the threshold for this screen of CMS/Other source codes with 2018e Medicare utilization over 20,000, which resulted in nine services and expanded to 16 to include the family of services. The RUC removed one code from the screen. The CPT Editorial Panel deleted five codes. The RUC submitted recommendations for 10 services for the 2021-2024 Medicare Physician Payment Schedules. The RUC completed review of services under this screen.

In October 2020, the RUC ran a second iteration of this screen of CMS/Other source codes with 2019e Medicare utilization over 20,000, which resulted in 10 codes. Three services were removed from this screen, one was referred to the CPT Editorial Panel for revision, one was requested for CMS to delete and five will be reviewed after additional utilization data is available.

In April 2022, the RUC ran a third iteration of this screen of CMS/Other source codes with 2020 Medicare utilization over 20,000, which resulted in six codes. This was expanded to nine services to include services that are part of a family. The RUC noted one service was deleted by the CPT Editorial Panel. The RUC recommended that three services be maintained, three services be reviewed for the 2024 Medicare Physician Payment Schedule and referred two services to the CPT Editorial Panel.

#### **Bundled CPT® Services**

#### Reported 95% or More Together

The Relativity Assessment Workgroup solicited data from CMS regarding services inherently performed by the same physician on the same date of service (95% of the time) in an attempt to identify pairings of services that should be bundled together. The CPT® Editorial Panel deleted 31 individual component

codes and replaced them with 53 new codes that describe bundles of services. The RUC then surveyed and reviewed work and practice costs associated with these services to account for any efficiencies achieved through the bundling. The RUC completed review of all services under this screen.

#### Reported 75% or More Together

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

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

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

In October 2017 the Relativity Assessment Workgroup performed the fourth cycle analysis of code pairs reported together with 75% or greater frequency. Only groups that totaled allowed charges of \$5 million or more were included. As with previous iterations, any code pairs in which one of the codes was either below 1,000 in Medicare claims data and/or contained at least one ZZZ global service were removed. Based on these criteria four groups or 8 codes were identified. The Relativity Assessment Workgroup determined two groups totaling four codes require code bundling solutions. Of the 12 total codes under review, the CPT Editorial Panel deleted one service. The RUC submitted 11 code recommendations for the 2020 and 2021 Medicare Physician Payment Schedules. The RUC completed review of all services under this screen.

In April 2022, the Relativity Assessment Workgroup performed the fifth cycle analysis of code pairs reported together with 75% or greater frequency. Only groups that totaled allowed charges of \$5 million or more were included. As with previous iterations, any code pairs in which one of the codes was either below 1,000 in 2020 Medicare claims data and/or contained at least one ZZZ global service were removed. Based on these criteria 19 code pairs were identified, which was expanded to 22 services to include families of services. The RUC removed four services from this screen, as these services are distinct separate services that do not warrant bundling. The RUC referred six services to CPT Assistant

for correct coding guidance, and referred 10 services to the CPT Editorial Panel for code bundling solutions. The remaining two services will be reviewed by the Relativity Assessment Workgroup when additional utilization data is available.

#### Low Value/Billed in Multiple Units

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

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

#### Low Value/High Volume Codes

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

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

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

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

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

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

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

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

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

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

#### **Pre-Time Analysis**

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

#### **Post-Operative Visits**

010-Day Global Codes

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

In October 2019, the identified five 010-day global period services more than one office visit based on 2018e Medicare utilization over 1,000, which was expanded to eight services to include the family of services. The RUC submitted eight recommendations for the 2021-2022 Medicare Physician Payment Schedules. The RUC has completed review of the services under this screen.

#### 090-Day Global Codes

In January 2014, the RUC reviewed all 3,788, 090-day global codes to determine any outliers. Based on 2012 Medicare utilization data, 10 services were identified, that were reported at least 1,000 times per year and included more than six office visits. The RUC expanded the services identified in this screen to

38 to include additional codes as part of the family. The CPT® Editorial Panel deleted 8 services. The RUC submitted recommendations for 30 services for the 2015-2017 Medicare Physician Payment Schedule. The RUC has completed review of the services under this screen.

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

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

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

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

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

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

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

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

#### **Negative IWPUT**

In October 2017, the RUC identified 22 services with a negative IWPUT and Medicare utilization over 10,000 for all services or over 1,000 for Harvard valued and CMS/Other source codes. The RUC expanded the services identified in this screen to 56 services to include additional codes as part of the

family. The CPT Editorial Panel deleted 15 services. The RUC submitted 41 recommendations for the 2019-2020 Medicare Physician Payment Schedules. The RUC has completed review of the services under this screen.

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

In April 2018, the RUC identified five contractor-priced Category I CPT codes that have 2017 estimated Medicare utilization over 10,000. The CPT Editorial Panel deleted one code. The RUC submitted four recommendations for the 2020-2021 Medicare Physician Payment Schedule. The RUC has completed review of the services under this screen.

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

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

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

#### **High Volume Category III Codes**

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

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

#### PE Units Screen

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

#### **Public Comment Requests**

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

#### Final Rule for 2013

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

#### Final Rule for 2014

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

#### Final Rule for 2015

In the Final Rule for 2015 the public and CMS nominated 26 services as potentially misvalued, which the RUC expanded to 53 services to include additional codes as part of this family. The CPT Editorial Panel deleted 16 services. The RUC submitted 37 recommendations for the 2016-2019 Medicare Physician Payment Schedules. The RUC has completed review of the services under this screen.

#### Final Rule for 2016

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

#### Final Rule for 2017

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

#### Final Rule for 2018

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

#### Final Rule for 2019

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

#### Final Rule for 2020

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

#### Final Rule for 2021

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

#### Final Rule for 2022

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

#### **Work Neutrality**

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

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

#### **Other Issues**

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

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

Total Number of Codes Identified*	2,674
Codes Completed	2,586
Work and PE Maintained	676
Work Increased	322
Work Decreased	908
Direct Practice Expense Revised (beyond work changes)	180
Deleted from CPT®	493
Contractor Priced	7
Codes Under Review	88
Referred to CPT® Editorial Panel or CPT Assistant	43
RUC to Review for CPT 2024 or CPT 2025	11
RUC to review future review after additional data obtained	34

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

The RUC's efforts for 2009-2022 have resulted in more than \$5 billion in annual redistribution within the Medicare Physician Payment Schedule.

# Status Report: CMS Requests and Relativity Assessment Issues

0042T Cerebral perfusion analysis using computed tomography with contrast Global: XXX Issue: RAW Screen: High Volume Category III Complete? No administration, including post-processing of parametric maps with Codes 2022 determination of cerebral blood flow, cerebral blood volume, and mean transit time 2022 Work RVU: 0.00 **Most Recent Tab:** 13 Specialty Developing ACR, ASNR First 2020 **RUC Meeting:** September 2022 Identified: April 2022 Recommendation: Medicare 2022 NF PE RVU: 0 **Utilization:** 24,944 2022 Fac PE RVU:0 Referred to CPT **RUC Recommendation:** Refer to CPT May 2023 Result: Referred to CPT Asst Published in CPT Asst: 00534 Anesthesia for transvenous insertion or replacement of pacing cardioverter-Global: XXX Issue: RAW Screen: High Volume Growth5 Complete? Yes defibrillator 2022 Work RVU: 7.00 **Most Recent Tab: 37** Specialty Developing ASA First 2020 Identified: October 2018 **RUC Meeting:** January 2019 Medicare Recommendation: 2022 NF PE RVU: 0.00 **Utilization:** 28,442 2022 Fac PE RVU: 0.00 RUC Recommendation: Remove from screen Referred to CPT Result: Remove from Screen Referred to CPT Asst **Published in CPT Asst:** 00537 Anesthesia for cardiac electrophysiologic procedures including radiofrequency Issue: Anesthesia for Cardiac Screen: High Volume Growth4 Complete? Yes Electrophysiologic ablation Procedures 2022 Work RVU: 10.00 Most Recent **Tab:** 13 Specialty Developing ASA First 2020 **RUC Meeting:** October 2020 Identified: October 2016 Recommendation: Medicare 2022 NF PE RVU: 0.00 83,159 **Utilization: 2022 Fac PE RVU: 0.00** 

Referred to CPT

Referred to CPT Asst

Result: Increase

**Published in CPT Asst:** 

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**RUC Recommendation: 12** 

0054T Computer-assisted musculoskeletal surgical navigational orthopedic procedure, Global: XXX Issue: RAW Screen: High Volume Category III Complete? No Codes 2022 with image-guidance based on fluoroscopic images (list separately in addition to code for primary procedure) 2022 Work RVU: 0.00 **Most Recent Tab:** 13 Specialty Developing AAOS, NASS First 2020 **RUC Meeting:** September 2022 Identified: April 2022 Recommendation: Medicare **2022 NF PE RVU:** 0 1,253 **Utilization: 2022 Fac PE RVU:**0 RUC Recommendation: Review action plan Referred to CPT Result: **Referred to CPT Asst Published in CPT Asst:** 0055T Computer-assisted musculoskeletal surgical navigational orthopedic procedure, Global: XXX Screen: High Volume Category III Complete? No with image-guidance based on ct/mri images (list separately in addition to code Codes 2022 for primary procedure) 2022 Work RVU: 0.00 Most Recent **Tab:** 13 Specialty Developing AAOS, NASS First 2020 **RUC Meeting:** September 2022 Identified: April 2022 Recommendation: Medicare **2022 NF PE RVU**: 0 **Utilization:** 2,530 2022 Fac PE RVU:0 RUC Recommendation: Review action plan Referred to CPT Result: Referred to CPT Asst **Published in CPT Asst:** 00560 Anesthesia for procedures on heart, pericardial sac, and great vessels of chest; Global: XXX Screen: High Volume Growth5 Complete? Yes without pump oxygenator 2022 Work RVU: 15.00 Most Recent **Tab:** 37 Specialty Developing ASA 2020 **RUC Meeting:** January 2019 Recommendation: Identified: October 2018 Medicare 2022 NF PE RVU: 0.00 **Utilization:** 55.792 2022 Fac PE RVU: 0.00 RUC Recommendation: Remove from screen Referred to CPT Result: Remove from Screen Referred to CPT Asst **Published in CPT Asst:** 

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Anesthesia for upper gastrointestinal endoscopic procedures, endoscope Global: XXX Issue: Anesthesia for Intestinal Screen: CMS Request - Final Complete? Yes **Endoscopic Procedures** Rule for 2016 introduced proximal to duodenum; not otherwise specified 2022 Work RVU: 5.00 Specialty Developing ASA 2020 **Most Recent Tab:** 04 First **RUC Meeting:** January 2017 Recommendation: Identified: September 2016 Medicare 2022 NF PE RVU: 0.00 1,018,758 **Utilization:** 2022 Fac PE RVU: 0.00 **RUC Recommendation:** 5 base units Referred to CPT September 2016 Result: Maintain Referred to CPT Asst Published in CPT Asst: 00732 Anesthesia for upper gastrointestinal endoscopic procedures, endoscope Issue: Anesthesia for Intestinal Screen: CMS Request - Final Global: XXX Complete? Yes introduced proximal to duodenum; endoscopic retrograde **Endoscopic Procedures** Rule for 2016 cholangiopancreatography (ercp) 2022 Work RVU: 6.00 **Most Recent Tab:** 04 Specialty Developing ASA First 2020 Identified: September 2016 **RUC Meeting:** January 2017 Recommendation: Medicare 2022 NF PE RVU: 0.00 **Utilization:** 95,019 2022 Fac PE RVU: 0.00 RUC Recommendation: 6 base units Referred to CPT September 2016 Result: Increase Referred to CPT Asst Published in CPT Asst: Anesthesia for upper gastrointestinal endoscopic procedures, endoscope Global: Issue: Anesthesia for Intestinal Screen: CMS Request - Final Complete? Yes introduced proximal to duodenum **Endoscopic Procedures** Rule for 2016 2022 Work RVU: Specialty Developing ASA 2020 Most Recent **Tab**: 04 First **RUC Meeting:** January 2017 Recommendation: Identified: July 2015 Medicare **2022 NF PE RVU: Utilization:** 2022 Fac PE RVU:

Referred to CPT

Referred to CPT Asst

September 2016

□ Published in CPT Asst:

Result: Deleted from CPT

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RUC Recommendation: Deleted from CPT

Anesthesia for lower intestinal endoscopic procedures, endoscope introduced Issue: Anesthesia for Intestinal Screen: CMS Request - Final Complete? Yes **Endoscopic Procedures** Rule for 2016 distal to duodenum 2022 Work RVU: 2020 **Most Recent Tab:** 04 Specialty Developing ASA First **RUC Meeting:** January 2017 Recommendation: Identified: July 2015 Medicare **2022 NF PE RVU: Utilization:** 2022 Fac PE RVU: RUC Recommendation: Deleted from CPT Referred to CPT September 2016 Result: Deleted from CPT Referred to CPT Asst Published in CPT Asst: 00811 Anesthesia for lower intestinal endoscopic procedures, endoscope introduced Issue: Anesthesia for Intestinal Screen: CMS Request - Final Global: XXX Complete? Yes distal to duodenum; not otherwise specified **Endoscopic Procedures** Rule for 2016 2022 Work RVU: 4.00 Most Recent Specialty Developing ASA 2020 **Tab**: 04 **RUC Meeting:** April 2017 Recommendation: Identified: September 2016 Medicare 2022 NF PE RVU: 0.00 **Utilization:** 910,064 2022 Fac PE RVU: 0.00 RUC Recommendation: 4 base units Referred to CPT September 2016 Result: Decrease Referred to CPT Asst Published in CPT Asst: 00812 Anesthesia for lower intestinal endoscopic procedures, endoscope introduced Global: XXX Issue: Anesthesia for Intestinal Screen: CMS Request - Final Complete? Yes **Endoscopic Procedures** distal to duodenum; screening colonoscopy Rule for 2016 2022 Work RVU: 3.00 Specialty Developing ASA 2020 Most Recent **Tab**: 04 First **RUC Meeting:** April 2017 Recommendation: Identified: September 2016 Medicare 2022 NF PE RVU: 0.00 **Utilization:** 384,162 2022 Fac PE RVU: 0.00 Referred to CPT RUC Recommendation: 3 base units September 2016 Result: Decrease Referred to CPT Asst Published in CPT Asst: 00813 Anesthesia for combined upper and lower gastrointestinal endoscopic Global: XXX Issue: Anesthesia for Intestinal Screen: CMS Request - Final Complete? Yes **Endoscopic Procedures** Rule for 2016 procedures, endoscope introduced both proximal to and distal to the duodenum 2022 Work RVU: 5.00 Most Recent **Tab:** 04 Specialty Developing ASA First 2020 Identified: September 2016 **RUC Meeting:** January 2017 Recommendation: Medicare **2022 NF PE RVU: 0.00** 426,571 **Utilization:** 2022 Fac PE RVU: 0.00 RUC Recommendation: 5 base units Referred to CPT September 2016 Result: Maintain Referred to CPT Asst Published in CPT Asst:

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		cedures (including urethrocystosco for removal of ureteral calculus	opy); with Global: XXX Issue	<ul> <li>Anesthesia for transurer procedures</li> </ul>	thral Screen: High Volume Growth7	Complete? Yes
Most Recent	<b>Tab</b> : 29	Specialty Developing	First	2020	<b>2022 Work RVU:</b> 5.00	
RUC Meeting: January 2021		Recommendation:	Identified: October 2020	Medicare Utilization: 93,333	<b>2022 NF PE RVU</b> : 0.00	
					<b>2022 Fac PE RVU</b> : 0.00	
RUC Recommendation: Mainta	ain		Referred to CPT Referred to CPT Asst Publ	ished in CPT Asst:	Result: Remove from Screen	
01916 Anesthesia for diagno	ostic arterio	graphy/venography	Global: XXX Issue	:	Screen: High Volume Growth6	Complete? No
Most Recent	<b>Tab</b> : 23	Specialty Developing	First	2020	<b>2022 Work RVU:</b> 5.00	
RUC Meeting: October 2020		Recommendation:	Identified: October 2019	Medicare Utilization: 54,832	<b>2022 NF PE RVU</b> : 0.00	
				Utilization: 54,832	<b>2022 Fac PE RVU</b> : 0.00	
RUC Recommendation: Review	w action pla	1	Referred to CPT Referred to CPT Asst Publ	ished in CPT Asst:	Result:	
		ueous drainage device, without ext the trabecular meshwork; initial ir		: Cataract Removal with Drainage Device Inserti	Screen: High Volume Category III on Codes	Complete? Yes
reservoir, internal app						Complete? Yes
reservoir, internal app	oroach, into	the trabecular meshwork; initial in	sertion	Drainage Device Insertice 2020 Medicare	on Codes	Complete? Yes
reservoir, internal app	oroach, into	the trabecular meshwork; initial in Specialty Developing AAO	sertion	Drainage Device Insertice 2020	on Codes 2022 Work RVU:	Complete? Yes
reservoir, internal app Most Recent RUC Meeting: January 2021	oroach, into	the trabecular meshwork; initial in Specialty Developing AAO Recommendation:	First Identified: October 2019  Referred to CPT October 2020	Drainage Device Insertice 2020 Medicare Utilization: 46,739	on Codes  2022 Work RVU:  2022 NF PE RVU:	Complete? Yes
reservoir, internal app  Most Recent  RUC Meeting: January 2021	oroach, into	the trabecular meshwork; initial in Specialty Developing AAO Recommendation:	First Identified: October 2019	Drainage Device Insertice 2020 Medicare Utilization: 46,739	On Codes  2022 Work RVU:  2022 NF PE RVU:  2022 Fac PE RVU:	Complete? Yes
reservoir, internal app Most Recent RUC Meeting: January 2021 RUC Recommendation: Delete	Tab: 16 ed from CPT	the trabecular meshwork; initial in Specialty Developing AAO Recommendation:	Referred to CPT October 2020 Referred to CPT Asst Publications and Publications and Publications and Publications are considered to CPT Asst States and Publications and Publications are considered to CPT Asst States and Publications are considered to CPT Asst S	Drainage Device Insertice 2020 Medicare Utilization: 46,739	2022 Work RVU: 2022 NF PE RVU: 2022 Fac PE RVU: Result: Deleted from CPT  Screen: High Volume Growth1	·
reservoir, internal app  lost Recent RUC Meeting: January 2021  RUC Recommendation: Delete  1930 Anesthesia for therap venous/lymphatic sysotherwise specified	Tab: 16 ed from CPT	the trabecular meshwork; initial in Specialty Developing AAO Recommendation:	Referred to CPT October 2020 Referred to CPT Asst Publication); not	Drainage Device Insertice 2020 Medicare Utilization: 46,739 ished in CPT Asst:	2022 Work RVU: 2022 NF PE RVU: 2022 Fac PE RVU: Result: Deleted from CPT  Screen: High Volume Growth1	·
reservoir, internal app  Most Recent RUC Meeting: January 2021  RUC Recommendation: Delete  01930 Anesthesia for therap venous/lymphatic sys otherwise specified	Tab: 16 ed from CPT eutic intervitem (not to	Specialty Developing AAO Recommendation:  entional radiological procedures in include access to the central circular and include access to the central circular access to the central circ	Referred to CPT October 2020 Referred to CPT Asst Publication; not	Drainage Device Insertice 2020 Medicare Utilization: 46,739 ished in CPT Asst:  : Anesthesia for Interventional Radiology 2020 Medicare	2022 Work RVU: 2022 NF PE RVU: 2022 Fac PE RVU: Result: Deleted from CPT  Screen: High Volume Growth1	·
reservoir, internal app  Most Recent RUC Meeting: January 2021  RUC Recommendation: Delete  01930 Anesthesia for therap venous/lymphatic sys otherwise specified	Tab: 16 ed from CPT eutic intervitem (not to	Specialty Developing AAO Recommendation:  entional radiological procedures in include access to the central circuspecialty Developing ASA	Referred to CPT October 2020 Referred to CPT Asst Publication); not	Drainage Device Insertice 2020 Medicare Utilization: 46,739 ished in CPT Asst:  : Anesthesia for Interventional Radiology 2020	2022 Work RVU: 2022 NF PE RVU: 2022 Fac PE RVU: Result: Deleted from CPT  Screen: High Volume Growth1	Complete? Yes
reservoir, internal app Most Recent RUC Meeting: January 2021  RUC Recommendation: Delete  01930 Anesthesia for therapy venous/lymphatic sys	Tab: 16 ed from CPT eutic intervetem (not to	Specialty Developing AAO Recommendation:  entional radiological procedures in include access to the central circuspecialty Developing ASA Recommendation:	Referred to CPT October 2020 Referred to CPT Asst Publication); not	Drainage Device Insertice 2020 Medicare Utilization: 46,739 ished in CPT Asst:  : Anesthesia for Interventional Radiology 2020 Medicare	2022 Work RVU: 2022 NF PE RVU: 2022 Fac PE RVU: Result: Deleted from CPT  Screen: High Volume Growth1  2022 Work RVU: 5.00 2022 NF PE RVU: 0.00	·

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01935 Anesthesia for percutaneous image guided procedures on the spine and spinal Global: XXX Issue: Anesthesia Services for Screen: High Volume Growth4 Complete? Yes Image-Guided Spinal cord: diagnostic Procedures 2022 Work RVU: **Most Recent** Specialty Developing ASA **First** 2020 **Tab:** 04 **RUC Meeting:** January 2021 Recommendation: Identified: January 2021 Medicare **2022 NF PE RVU: Utilization:** 21,562 2022 Fac PE RVU: **RUC Recommendation:** Deleted from CPT Referred to CPT October 2020 Result: Deleted from CPT Referred to CPT Asst **Published in CPT Asst:** 01936 Anesthesia for percutaneous image guided procedures on the spine and spinal Global: XXX Anesthesia Services for Screen: High Volume Growth4 Complete? Yes Image-Guided Spinal cord; therapeutic Procedures 2022 Work RVU: Most Recent **Tab:** 04 Specialty Developing ASA First 2020 Identified: October 2016 **RUC Meeting:** January 2021 Recommendation: Medicare **2022 NF PE RVU: Utilization:** 257,223 2022 Fac PE RVU: **RUC Recommendation:** Deleted from CPT Referred to CPT October 2020 Result: Deleted from CPT Referred to CPT Asst Published in CPT Asst: 01937 Anesthesia for percutaneous image-guided injection, drainage or aspiration Global: XXX Issue: Anesthesia Services for Screen: High Volume Growth4 Complete? Yes Image-Guided Spinal procedures on the spine or spinal cord; cervical or thoracic Procedures 2022 Work RVU: 4.00 2020 **Most Recent Tab:** 04 Specialty Developing ASA First **RUC Meeting:** January 2021 Recommendation: Identified: January 2021 Medicare 2022 NF PE RVU: 0.00 **Utilization:** 2022 Fac PE RVU: 0.00

Referred to CPT

October 2020

Referred to CPT Asst | Published in CPT Asst:

Result: Decrease

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**RUC Recommendation: 4** 

01938 Anesthesia for percutaneous image-guided injection, drainage or aspiration Global: XXX Issue: Anesthesia Services for Screen: High Volume Growth4 Complete? Yes Image-Guided Spinal procedures on the spine or spinal cord; lumbar or sacral Procedures 2022 Work RVU: 4.00 **Most Recent First** 2020 **Tab:** 04 Specialty Developing ASA **RUC Meeting:** January 2021 Recommendation: Identified: January 2021 Medicare 2022 NF PE RVU: 0.00 **Utilization:** 2022 Fac PE RVU: 0.00 **RUC Recommendation: 4** Referred to CPT October 2020 Result: Decrease **Published in CPT Asst:** Referred to CPT Asst 01939 Anesthesia for percutaneous image-guided destruction procedures by Global: XXX Anesthesia Services for Screen: High Volume Growth4 Complete? Yes Image-Guided Spinal neurolytic agent on the spine or spinal cord; cervical or thoracic Procedures 2022 Work RVU: 4.00 Most Recent **Tab:** 04 Specialty Developing ASA First 2020 Identified: January 2021 **RUC Meeting:** January 2021 Recommendation: Medicare **2022 NF PE RVU: 0.00 Utilization:** 2022 Fac PE RVU: 0.00 **RUC Recommendation: 4** Referred to CPT October 2020 Result: Decrease Referred to CPT Asst **Published in CPT Asst:** 01940 Anesthesia for percutaneous image-guided destruction procedures by Global: XXX Issue: Anesthesia Services for Screen: High Volume Growth4 Complete? Yes Image-Guided Spinal neurolytic agent on the spine or spinal cord; lumbar or sacral Procedures 2022 Work RVU: 4.00 2020 **Most Recent Tab:** 04 Specialty Developing ASA First **RUC Meeting:** January 2021 Recommendation: Identified: January 2021 Medicare 2022 NF PE RVU: 0.00 **Utilization:** 2022 Fac PE RVU: 0.00 **RUC Recommendation: 4** Referred to CPT October 2020 Result: Decrease

Referred to CPT Asst | Published in CPT Asst:

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01941 Anesthesia for percutaneous image-guided neuromodulation or intravertebral Global: XXX Issue: Anesthesia Services for Screen: High Volume Growth4 Complete? Yes Image-Guided Spinal procedures (eg, kyphoplasty, vertebroplasty) on the spine or spinal cord; cervical or thoracic Procedures 2022 Work RVU: 5.00 **Most Recent Tab: 04** Specialty Developing ASA First 2020 **RUC Meeting:** January 2021 Identified: January 2021 Recommendation: Medicare 2022 NF PE RVU: 0.00 **Utilization:** 2022 Fac PE RVU: 0.00 **RUC Recommendation:** 6 Referred to CPT October 2020 Result: Increase Referred to CPT Asst Published in CPT Asst: 01942 Anesthesia for percutaneous image-guided neuromodulation or intravertebral Global: XXX Anesthesia Services for Screen: High Volume Growth4 Complete? Yes procedures (eg, kyphoplasty, vertebroplasty) on the spine or spinal cord; lumbar Image-Guided Spinal Procedures or sacral 2022 Work RVU: 5.00 Most Recent **Tab:** 04 Specialty Developing ASA First 2020 Identified: January 2021 **RUC Meeting:** January 2021 Recommendation: Medicare 2022 NF PE RVU: 0.00 **Utilization:** 2022 Fac PE RVU: 0.00 October 2020 **RUC Recommendation:** 6 Referred to CPT Result: Increase Referred to CPT Asst **Published in CPT Asst:** 0232T Injection(s), platelet rich plasma, any site, including image guidance, harvesting Global: XXX Screen: High Volume Category III Complete? No Codes 2022 and preparation when performed 2022 Work RVU: 0.00 **Most Recent Tab:** 13 Specialty Developing AAOS, AAPM&R, 2020 **RUC Meeting:** September 2022 NASS Recommendation: Identified: April 2022 Medicare 2022 NF PE RVU: 0 **Utilization:** 1.678 2022 Fac PE RVU:0 Referred to CPT RUC Recommendation: Review action plan Result: Referred to CPT Asst Published in CPT Asst:

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0275T Percutaneous laminotomy/laminectomy (interlaminar approach) for Global: YYY Issue: Screen: High Volume Category III Complete? Yes decompression of neural elements, (with or without ligamentous resection, Codes discectomy, facetectomy and/or foraminotomy), any method, under indirect image guidance (eg. fluoroscopic, ct), single or multiple levels, unilateral or bilateral; lumbar 2022 Work RVU: 0.00 **Most Recent Specialty Developing** First 2020 **Tab**: 37 Identified: October 2019 **RUC Meeting:** January 2020 Recommendation: Medicare 2022 NF PE RVU: 0.00 **Utilization:** 3,903 2022 Fac PE RVU: 0.00 **RUC Recommendation:** Maintain Referred to CPT Result: Maintain Referred to CPT Asst **Published in CPT Asst:** 0376T Insertion of anterior segment aqueous drainage device, without extraocular Global: XXX Issue: Cataract Removal with Screen: High Volume Category III Complete? Yes reservoir, internal approach, into the trabecular meshwork; each additional **Drainage Device Insertion** Codes device insertion (List separately in addition to code for primary procedure) 2022 Work RVU: **Most Recent** Specialty Developing AAO 2020 **RUC Meeting:** January 2021 Identified: October 2019 Recommendation: Medicare **2022 NF PE RVU: Utilization:** 6,252 2022 Fac PE RVU: October 2020 Result: Deleted from CPT RUC Recommendation: Deleted from CPT Referred to CPT Referred to CPT Asst Published in CPT Asst: 0379T Visual field assessment, with concurrent real time data analysis and accessible Global: XXX Screen: High Volume Category III Complete? No data storage with patient initiated data transmitted to a remote surveillance Codes center for up to 30 days; technical support and patient instructions, surveillance, analysis, and transmission of daily and emergent data reports as prescribed by a physician or other qualified health care professional 2022 Work RVU: 0.00 Most Recent **Tab: 37 Specialty Developing** 2020 **RUC Meeting:** January 2020 Identified: October 2019 Recommendation: Medicare 2022 NF PE RVU: 0.00 **Utilization:** 47,885 2022 Fac PE RVU: 0.00 RUC Recommendation: Review in 3 years (Sept 2023) Referred to CPT Result: Referred to CPT Asst Published in CPT Asst:

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0394T High dose rate electronic brachytherapy includes basic dosimetry, when perform		on, Global: XXX Issue:		Screen: High Volume Category III Codes	Complete? No
	ialty Developing		2020	<b>2022 Work RVU:</b> 0.00	
RUC Meeting: January 2020 Recor	mmendation:	Identified: October 2019	Medicare Utilization: 29,474	<b>2022 NF PE RVU</b> : 0.00	
			Othization. 29,474	<b>2022 Fac PE RVU</b> : 0.00	
RUC Recommendation: Review in 3 years (Sept 2	,	rred to CPT		Result:	
	Refer	rred to CPT Asst U Publis	shed in CPT Asst:		
0446T Creation of subcutaneous pocket with in glucose sensor, including system activation		Global: 000 Issue:	Insertion/ Removal of Implantable Interstital Glucose Sensor System	Screen: CMS Request - Final Rule for 2020	Complete? Yes
Most Recent Tab: 33 Specia	ialty Developing AACE, ES	First	2020	2022 Work RVU: 1.14	
RUC Meeting: January 2020 Recor	mmendation:	Identified: November 2019	Medicare Utilization: 17	<b>2022 NF PE RVU</b> : 53.00	
			Othization. 17	<b>2022 Fac PE RVU</b> : 0.49	
RUC Recommendation: Contractor Price		rred to CPT February 2021		Result: Contractor Price	
	Refer	rred to CPT Asst U Publis	shed in CPT Asst:		
0447T Removal of implantable interstitial gluco via incision	ose sensor from subcutaneous pock	et Global: 000 Issue:	Insertion/ Removal of Implantable Interstital Glucose Sensor System	Screen: CMS Request - Final Rule for 2020	Complete? Yes
Most Recent Tab: 33 Specia	ialty Developing AACE, ES	First	2020	<b>2022 Work RVU</b> : 1.34	
RUC Meeting: January 2020 Recor	mmendation:	Identified: November 2019	Medicare Utilization: 10	<b>2022 NF PE RVU</b> : 1.57	
				<b>2022 Fac PE RVU</b> : 0.55	
RUC Recommendation: Contractor Price		rred to CPT February 2021 rred to CPT Asst Publis	shed in CPT Asst:	Result: Contractor Price	

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0448T Removal of implantable interstitial glucose sensor with creation of Global: 000 Issue: Insertion/ Removal of Screen: CMS Request - Final Complete? Yes Implantable Interstital Rule for 2020 subcutaneous pocket at different anatomic site and insertion of new implantable Glucose Sensor System sensor, including system activation 2022 Work RVU: 1.91 **Most Recent Tab:** 33 Specialty Developing AACE, ES First 2020 Identified: November 2019 **RUC Meeting:** January 2020 Recommendation: Medicare 2022 NF PE RVU: 49.22 20 Utilization: **2022 Fac PE RVU: 0.78 RUC Recommendation:** Contractor Price Referred to CPT February 2021 Result: Contractor Price Referred to CPT Asst Published in CPT Asst: 0449T Insertion of aqueous drainage device, without extraocular reservoir, internal Screen: High Volume Category III Complete? Yes Global: YYY approach, into the subconjunctival space; initial device Codes 2022 Work RVU: 0.00 **Most Recent Tab:** 37 **Specialty Developing** First 2020 Recommendation: Identified: October 2019 Medicare **RUC Meeting:** January 2020 2022 NF PE RVU: 0.00 **Utilization:** 3,674 2022 Fac PE RVU: 0.00 **RUC Recommendation:** Maintain Referred to CPT Result: Maintain Referred to CPT Asst Published in CPT Asst: 0474T Insertion of anterior segment aqueous drainage device, with creation of Global: XXX Screen: High Volume Category III Complete? Yes Issue: intraocular reservoir, internal approach, into the supraciliary space Codes 2022 Work RVU: 0.00 **Most Recent** 2020

Identified: October 2019

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

First

Referred to CPT Asst ■ Published in CPT Asst:

Medicare

**Utilization:** 

2022 NF PE RVU: 0.00

2022 Fac PE RVU: 0.00

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Specialty Developing

Recommendation:

**Tab:** 37

**RUC Meeting:** January 2020

0507T Near infrared dual imaging (ie, simultaneous reflective and transilluminated Global: XXX Issue: RAW Screen: High Volume Category III Complete? No Codes 2022 light) of meibomian glands, unilateral or bilateral, with interpretation and report 2022 Work RVU: 0.00 **Tab:** 13 Specialty Developing AAO, AOA 2020 **Most Recent** First **RUC Meeting:** September 2022 Recommendation: Identified: April 2022 Medicare **2022 NF PE RVU:** 0 **Utilization:** 3,059 **2022 Fac PE RVU:**0 RUC Recommendation: Review action plan Referred to CPT Result: Referred to CPT Asst **Published in CPT Asst:** 0509T Electroretinography (erg) with interpretation and report, pattern (perg) Global: XXX **Issue:** Electroretinography Screen: Work Neutrality 2019 Complete? No 2022 Work RVU: 0.40 Most Recent **Tab: 29 Specialty Developing** 2020 Identified: October 2020 **RUC Meeting:** January 2021 Recommendation: Medicare **2022 NF PE RVU: 1.78 Utilization:** 22.480 2022 Fac PE RVU: NA RUC Recommendation: Review action plan Referred to CPT Result: Remove from Screen Referred to CPT Asst **Published in CPT Asst:** 0671T Insertion of anterior segment aqueous drainage device into the trabecular Issue: Cataract Removal with Screen: High Volume Category III Global: YYY Complete? Yes **Drainage Device Insertion** meshwork, without external reservoir, and without concomitant cataract Codes removal, one or more 2022 Work RVU: 0.00 2020 **Most Recent Tab**: 16 Specialty Developing AAO First **RUC Meeting:** January 2021 Recommendation: Identified: January 2021 Medicare 2022 NF PE RVU: 0.00 **Utilization:** 2022 Fac PE RVU: 0.00 **RUC Recommendation:** Contractor Price Referred to CPT October 2020 **Result:** Contractor Price Referred to CPT Asst Published in CPT Asst:

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10004 Fine needle aspiration biopsy, without imaging guidance; each additional lesion Global: ZZZ Issue: Fine Needle Aspiration Screen: CMS High Expenditure Complete? Yes Procedural Codes2 / (list separately in addition to code for primary procedure) CMS Request - Final Rule for 2016 2022 Work RVU: 0.80 **Most Recent Tab: 04 Specialty Developing** First 2020 **RUC Meeting:** October 2017 Recommendation: Identified: June 2017 Medicare 2022 NF PE RVU: 0.60 **Utilization:** 317 2022 Fac PE RVU: 0.35 Result: Decrease **RUC Recommendation: 0.80** Referred to CPT Referred to CPT Asst **Published in CPT Asst:** Screen: CMS High Expenditure Global: XXX Issue: Fine Needle Aspiration Complete? Yes 10005 Fine needle aspiration biopsy, including ultrasound guidance; first lesion Procedural Codes2 / CMS Request - Final Rule for 2016 / CMS Request - Final Rule for 2020 **2022 Work RVU: 1.46** 2020 **Most Recent Tab: 21 Specialty Developing First** RUC Meeting: January 2020 Recommendation: Identified: June 2017 Medicare **2022 NF PE RVU: 2.48 Utilization:** 118.014 2022 Fac PE RVU: 0.54 **RUC Recommendation: 1.63** Referred to CPT Result: Decrease Referred to CPT Asst **Published in CPT Asst:** Screen: CMS High Expenditure 10006 Fine needle aspiration biopsy, including ultrasound guidance; each additional Global: ZZZ Issue: Fine Needle Aspiration Complete? Yes Procedural Codes2 / lesion (list separately in addition to code for primary procedure) CMS Request - Final Rule for 2016 2022 Work RVU: 1.00 2020 **Most Recent Tab**: 04 **Specialty Developing** First **RUC Meeting:** October 2017 Identified: June 2017 Recommendation: Medicare 2022 NF PE RVU: 0.68 **Utilization:** 27.167 2022 Fac PE RVU: 0.38 **RUC Recommendation: 1.00** Referred to CPT Result: Decrease Referred to CPT Asst **Published in CPT Asst:** 

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10007 Fine needle aspiration	n biopsy, ir	ncluding fluoroscopic guidance; first lesio	on Global: XXX	Issue: Fine Needle Aspiration	Screen: CMS High Expenditure Procedural Codes2 / CMS Request - Final Rule for 2016	Complete? Yes
Most Recent	<b>Tab</b> : 04	Specialty Developing	First	2020	2022 Work RVU: 1.81	
RUC Meeting: October 2017		Recommendation:	Identified: June 2017	Medicare	2022 NF PE RVU: 7.01	
				Utilization: 465	2022 Fac PE RVU: 0.66	
RUC Recommendation: 1.81			eferred to CPT eferred to CPT Asst	Published in CPT Asst:	Result: Decrease	
		ncluding fluoroscopic guidance; each add n to code for primary procedure)	ditional Global: ZZZ	Issue: Fine Needle Aspiration	Screen: CMS High Expenditure Procedural Codes2 / CMS Request - Final Rule for 2016	Complete? Yes
Most Recent	<b>Tab</b> : 04	Specialty Developing	First	2020	<b>2022 Work RVU:</b> 1.18	
RUC Meeting: October 2017		Recommendation:	Identified: June 2017	Medicare	<b>2022 NF PE RVU</b> : 3.63	
				Utilization: 21	<b>2022 Fac PE RVU</b> : 0.39	
RUC Recommendation: 1.18			eferred to CPT eferred to CPT Asst	Published in CPT Asst:	Result: Decrease	
10009 Fine needle aspiration	n biopsy, ir	ncluding ct guidance; first lesion	Global: XXX	Issue: Fine Needle Aspiration	Screen: CMS High Expenditure Procedural Codes2 / CMS Request - Final Rule for 2016	Complete? Yes
Most Recent	<b>Tab</b> : 04	Specialty Developing	First	2020	<b>2022 Work RVU</b> : 2.26	
RUC Meeting: October 2017		Recommendation:	Identified: June 2017	Medicare	<b>2022 NF PE RVU</b> : 11.09	
				Utilization: 3,625	2022 Fac PE RVU: 0.77	
<b>RUC Recommendation:</b> 2.43		R	eferred to CPT		Result: Decrease	
		R	eferred to CPT Asst	Published in CPT Asst:		

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10010 Fine needle aspiration biopsy separately in addition to code	r, including ct guidance; each addition for primary procedure)	onal lesion (list Global: ZZZ Issu	e: Fine Needle Aspiration	Screen: CMS High Expenditure Procedural Codes2 / CMS Request - Final Rule for 2016	Complete? Yes
Most Recent Tab:		First	2020	<b>2022 Work RVU:</b> 1.65	
RUC Meeting: October 2017	Recommendation:	Identified: June 2017	Medicare Utilization: 46	<b>2022 NF PE RVU:</b> 6.17	
			otinzation. 10	<b>2022 Fac PE RVU</b> : 0.54	
RUC Recommendation: 1.65		Referred to CPT Referred to CPT Asst  Pul	blished in CPT Asst:	Result: Decrease	
10011 Fine needle aspiration biops	r, including mr guidance; first lesion	Global: XXX Issu	e: Fine Needle Aspiration	Screen: CMS High Expenditure Procedural Codes2 / CMS Request - Final Rule for 2016	Complete? Yes
Most Recent Tab:	04 Specialty Developing	First	2020	<b>2022 Work RVU:</b> 0.00	
RUC Meeting: January 2018	Recommendation:	Identified: June 2017	Medicare	<b>2022 NF PE RVU</b> : 0.00	
			Utilization: 74	<b>2022 Fac PE RVU</b> : 0.00	
RUC Recommendation: Contractor Pri	ce	Referred to CPT Asst  Pul	blished in CPT Asst:	Result: Contractor Price	
10012 Fine needle aspiration biops separately in addition to code	r, including mr guidance; each addit e for primary procedure)	ional lesion (list Global: ZZZ Issu	ue: Fine Needle Aspiration	Screen: CMS High Expenditure Procedural Codes2 / CMS Request - Final Rule for 2016	Complete? Yes
Most Recent Tab:	04 Specialty Developing	First	2020	<b>2022 Work RVU:</b> 0.00	
RUC Meeting: January 2018	Recommendation:	Identified: June 2017	Medicare	<b>2022 NF PE RVU</b> : 0.00	
			Utilization: 73	<b>2022 Fac PE RVU</b> : 0.00	
RUC Recommendation: Contractor Pri	ce	Referred to CPT		Result: Contractor Price	
		Referred to CPT Asst	blished in CPT Asst:		

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10021 Fine needle aspiration	n biopsy, w	rithout imaging guidanc	e; first lesion	Global: XXX Is:	sue: Fine Needle Aspiration	Screen: CMS Request - Final Rule for 2016 / CMS Request - Final Rule for 2020	Complete? Yes
Most Recent	<b>Tab:</b> 21	Specialty Developing	AACE, ASBS,	First	2020	<b>2022 Work RVU:</b> 1.03	
RUC Meeting: January 2020		Recommendation:	ASC, CAP, ES, AAOHNS, ACS	Identified: July 2015	Medicare Utilization: 13,427	<b>2022 NF PE RVU</b> : 1.87	
			AAOI INO, AOO		Othization. 13,427	<b>2022 Fac PE RVU</b> : 0.45	
RUC Recommendation: 1.20				ferred to CPT June 201 ferred to CPT Asst	7 Published in CPT Asst:	Result: Decrease	
10022 Fine needle aspiration	n; with ima	ging guidance		Global: Is:	sue: Fine Needle Aspiration	Screen: CMS Fastest Growing / CMS High Expenditure Procedural Codes2 / CMS Request - Final Rule for 2016	Complete? Yes
Most Recent	<b>Tab:</b> 04	Specialty Developing	AACE, ASBS,	First	2020	2022 Work RVU:	
RUC Meeting: October 2017		Recommendation:	ASC, CAP, ES, ACR, SIR	Identified: October 2008	Medicare Utilization:	2022 NF PE RVU:	
			AOIX, OIIX		Othization.	2022 Fac PE RVU:	
RUC Recommendation: Delete	ed from CPT	Г		ferred to CPT June 201 ferred to CPT Asst F	7 Published in CPT Asst:	Result: Deleted from CPT	
		ainage by catheter (eg, a tissue (eg, extremity, ab			sue: Drainage of Abscess	Screen: Codes Reported Together 75% or More- Part2	Complete? Yes
Most Recent	<b>Tab:</b> 04	Specialty Developing	ACR, SIR	First	2020	<b>2022 Work RVU:</b> 2.75	
RUC Meeting: January 2013		Recommendation:		Identified: January 2012	Medicare Utilization: 7,896	<b>2022 NF PE RVU</b> : 16.91	
					Othization. 1,090	<b>2022 Fac PE RVU</b> : 0.94	
RUC Recommendation: 3.00				ferred to CPT October 2 ferred to CPT Asst  F	2012 Published in CPT Asst:	Result: Decrease	

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Acne surgery (eg, mars upialization, opening or removal of multiple milia, comedones, cysts, pustules)  Tab: 13 Specialty Developing AAD Recommendation:  Tab: 13 Specialty Developing AAD Recommendation:  RUC Recommendation: 0.91						
RUC Meeting: April 2016  RUC Meeting: April 2016  Recommendation: 0.91  Recommendation: 0.91  Referred to CPT Referred to CPT Asst			Global: 010 Issue	: Acne Surgery	Utilization over 30,000-	Complete? Yes
RUC Recommendation: 0.91 Referred to CPT Asst Published in CPT Asst:    10060 Incision and drainage of abscess (eg. carbuncle, suppurative hidradentits, cutaneous or subcutaneous abscess, cyst, furuncle, or paronychial); simple or single    10060 Incision and drainage of abscess (eg. carbuncle, suppurative hidradentits, cutaneous or subcutaneous abscess, cyst, furuncle, or paronychial); simple or single    10060 Incision and drainage of abscess (eg. carbuncle, suppurative hidradentits, cutaneous or subcutaneous abscess, cyst, furuncle, or paronychial); simple or single    10060 Incision and drainage of abscess (eg. carbuncle, suppurative hidradentits, cutaneous or subcutaneous abscess, cyst, furuncle, or paronychial); simple or lidentified: February 2010   Medicare Utilization: 301,942   2022 Mork RVU: 1.22   2022 Fac PE RVU: 1.74	Most Recent Ta	b: 13 Specialty Developing AAD	First	2020	<b>2022 Work RVU:</b> 0.91	
RUC Recommendation: 0.91  Referred to CPT Referred to CPT Asst   Published in CPT Asst:    10060   Incision and drainage of abscess (eg. carbuncle, suppurative hidradenitis, cutaneous or subcutaneous abscess, cyst, furuncle, or paronychia); simple or single    Nost Recent Ruc Recommendation: 1.50   Referred to CPT Asst   Published in CPT Asst:    10061   Incision and drainage of abscess (eg. carbuncle, suppurative hidradenitis, cutaneous abscess, cyst, furuncle, or paronychia); simple or single    Nost Recent Ruc Recommendation: 1.50   Referred to CPT Referred to CPT Asst:   Result: Increase	RUC Meeting: April 2016		Identified: October 2015		<b>2022 NF PE RVU</b> : 2.45	
10060 Incision and drainage of abscess (eg, carbuncle, suppurative hidradenitis, cutaneous or subcutaneous abscess, cyst, furuncle, or paronychia); simple or single  Most Recent RUC Meeting: October 2010 Tab: 07 Specialty Developing APMA Recommendation:  ROBERT REFERENCE OF REFERVU: 1.50  ROBERT REFERVATION RECOMMENDATE RECOMMENDATION				Othization: 31,003	2022 Fac PE RVU: 0.52	
10060 Incision and drainage of abscess (eg, carbuncle, suppurative hidradenitis, cutaneous or subcutaneous abscess, cyst, furuncle, or paronychia); simple or single  Most Recent RUC Meeting: October 2010 Tab: 07 Specialty Developing APMA Recommendation:  Referred to CPT Referred to CPT Referred to CPT Asst:  10061 Incision and drainage of abscess (eg, carbuncle, suppurative hidradenitis, cutaneous or subcutaneous abscess, cyst, furuncle, or paronychia); occupilicated or multiple  Most Recent Ruc Recommendation:  1.50 Referred to CPT Asst:  Published in CPT Asst:  Global: 010 Issue: Incision and Drainage of Drainage of Recommendation: 301,942 2022 NF PE RVU: 1.74 Result: Increase  Result: Increase  Complete? Yes defined: Published in CPT Asst:  Tab: 37 Specialty Developing APMA Recommendation: Identified: October 2009 Medicare Utilization: 112,597 2022 NF PE RVU: 2.45 2022 NF PE RVU: 2.63 2022 NF PE RVU: 2.63 2022 NF PE RVU: 2.63 2022 Fac PE RVU: 2.63 2022 Recommendation: Maintain. 2.45 Referred to CPT Refer	<b>RUC Recommendation:</b> 0.91	Re	eferred to CPT		Result: Decrease	
cutaneous or subcutaneous abscess, cyst, furuncle, or paronychia); simple or single  Most Recent RUC Meeting: October 2010  Tab: 07 Recommendation: 1.50  Referred to CPT Referred to CPT Referred to CPT Asst:  Referred to CPT Asst:  Result: Increase  Screen: Harvard Valued - Utilization over 100,000 / 010-Day Global Post- Operative Visits2  Most Recent Ruc Result: Increase  Tab: 07 Result: Increase  Referred to CPT Asst:  Referred to CPT Asst: Incision and Drainage of Abscess (eg, carbuncle, suppurative hidradenitis, complicated or multiple  Most Recent Ruc Result: Increase  Tab: 37 Specialty Developing APMA Recommendation: APMA Recommendation: APMA Recommendation: Referred to CPT Referred to CPT Referred to CPT Recommendation: APMA Recommendation: Referred to CPT Referred to CPT Referred to CPT Recommendation: Maintain. 2.45  Referred to CPT Referred to CPT Result: Increase Result: Increase Incision and Drainage of Abscess Utilization over 100,000 / 010-Day Global Post-Operative Visits2  Complete? Yes Utilization: 112,597  Recommendation: Maintain. 2.45  Referred to CPT Referred to CPT Result: Maintain		Ro	eferred to CPT Asst	ished in CPT Asst:		
RUC Meeting: October 2010 Recommendation: 1.50 Referred to CPT Referred to CPT Referred to CPT Asst:    10061 Incision and drainage of abscess (eg. carbuncle, suppurative hidradenitis, cutaneous or subcutaneous abscess, cyst, furuncle, or paronychia); complicated or multiple    10061 Incision and drainage of abscess (eg. carbuncle, suppurative hidradenitis, cutaneous or subcutaneous abscess, cyst, furuncle, or paronychia); complicated or multiple    10061 Incision and drainage of abscess (eg. carbuncle, suppurative hidradenitis, cutaneous or subcutaneous abscess, cyst, furuncle, or paronychia); complicated or multiple    10061 Incision and drainage of abscess (eg. carbuncle, suppurative hidradenitis, cutaneous or subcutaneous abscess, cyst, furuncle, or paronychia); complicated or multiple    10061 Incision and drainage of abscess (eg. carbuncle, suppurative hidradenitis, cutaneous abscess, cyst, furuncle, or paronychia); complicated or multiple    10061 Incision and drainage of abscess (eg. carbuncle, suppurative hidradenitis, cutaneous abscess, cyst, furuncle, or paronychia); complicated or multiple    10061 Incision and drainage of abscess (eg. carbuncle, suppurative hidradenitis, cutaneous abscess, cyst, furuncle, or paronychia); complicated or multiple    10061 Incision and drainage of abscess (eg. carbuncle, suppurative hidradenitis, cutaneous abscess, cyst, furuncle, or paronychia); complicated or multiple    10061 Incision and drainage of abscess (eg. carbuncle, suppurative hidradenitis, cutaneous abscess, cyst, furuncle, or paronychia); cutaneous abscess, cyst, furuncle, or paronychia); cutaneous abscess (eg. carbuncle, suppurative hidradenitis, cut	cutaneous or subcutaneou					Complete? Yes
RUC Recommendation: 1.50  Referred to CPT Referred to CPT Asst:  Referred to CPT Asst:    Published in CPT Asst:   Increase	Most Recent Ta	b: 07 Specialty Developing APMA	First	2020	<b>2022 Work RVU</b> : 1.22	
RUC Recommendation: 1.50  Referred to CPT Referred to CPT Asst Published in CPT Asst:  10061 Incision and drainage of abscess (eg, carbuncle, suppurative hidradenitis, cutaneous or subcutaneous abscess, cyst, furuncle, or paronychia); complicated or multiple  Most Recent RUC Meeting: January 2020  Recommendation: Maintain. 2.45  Referred to CPT Asst Published in CPT Asst:  Global: 010 Issue: Incision and Drainage of Abscess Incision and Drainage of Abscess Utilization over 100,000 / 010-Day Global Post-Operative Visits2  Complete? Yes Utilization over 100,000 / 010-Day Global Post-Operative Visits2  Published in CPT Asst:  Result: Increase  Complete? Yes Utilization over 100,000 / 010-Day Global Post-Operative Visits2  Departive Visits2  Recommendation: Maintain. 2.45  Referred to CPT  Result: Maintain	RUC Meeting: October 2010		Identified: February 2010		<b>2022 NF PE RVU</b> : 2.35	
Referred to CPT Asst  Published in CPT Asst:  10061 Incision and drainage of abscess (eg, carbuncle, suppurative hidradenitis, cutaneous or subcutaneous abscess, cyst, furuncle, or paronychia); complicated or multiple  Most Recent RUC Meeting: January 2020 Tab: 37 Recommendation: Maintain. 2.45  Referred to CPT Asst  Published in CPT Asst:  Global: 010 Issue: Incision and Drainage of Abscess  Utilization and Drainage of Abscess  Utilization over 100,000 / 010-Day Global Post-Operative Visits2  2020 Work RVU: 2.45  2022 NF PE RVU: 3.55  2022 Fac PE RVU: 2.63  Referred to CPT Result: Maintain				Otilization: 301,942	2022 Fac PE RVU: 1.74	
10061 Incision and drainage of abscess (eg, carbuncle, suppurative hidradenitis, cutaneous or subcutaneous abscess, cyst, furuncle, or paronychia); Complicated or multiple  Most Recent RUC Meeting: January 2020  Tab: 37 Specialty Developing APMA Recommendation:  RUC Recommendation: Maintain. 2.45  Referred to CPT  Screen: Harvard Valued - Utilization over 100,000 / 010-Day Global Post-Operative Visits2  2020  Medicare Utilization: 112,597  Result: Maintain  Complete? Yes Milization and Drainage of Abscess  Utilization and Drainage of Abscess  Utilization and Drainage of Abscess  Utilization over 100,000 / 010-Day Global Post-Operative Visits2  2022 Work RVU: 2.45  2022 Work RVU: 2.45  2022 Fac PE RVU: 2.63	<b>RUC Recommendation:</b> 1.50	Re	eferred to CPT		Result: Increase	
cutaneous or subcutaneous abscess, cyst, furuncle, or paronychia); complicated or multiple  Most Recent RUC Meeting: January 2020  RUC Recommendation: Maintain. 2.45  Abscess  Utilization over 100,000 / 010-Day Global Post-Operative Visits2  2020 Medicare Utilization: 112,597  Referred to CPT  Abscess  Utilization over 100,000 / 010-Day Global Post-Operative Visits2  2022 Work RVU: 2.45  2022 NF PE RVU: 3.55  2022 Fac PE RVU: 2.63  Result: Maintain		R	eferred to CPT Asst	ished in CPT Asst:		
RUC Meeting: January 2020  Recommendation:  Recommendation:  Recommendation:  Recommendation:  Recommendation:  Referred to CPT  Result:	cutaneous or subcutaneou		s, Global: 010 Issue		Utilization over 100,000 / 010-Day Global Post-	Complete? Yes
RUC Meeting: January 2020 Recommendation:  Identified: October 2009 Medicare Utilization: 112,597  RUC Recommendation: Maintain. 2.45  Referred to CPT Result: Maintain	Most Recent Ta	b: 37 Specialty Developing APMA	First	2020	2022 Work RVU: 2.45	
RUC Recommendation: Maintain. 2.45  Referred to CPT  Result: Maintain	RUC Meeting: January 2020		Identified: October 2009	Medicare	<b>2022 NF PE RVU</b> : 3.55	
				Utilization: 112,597	2022 Fac PE RVU: 2.63	
Defended to ODT Acet	RUC Recommendation: Maintain. 2	.45 Re	eferred to CPT		Result: Maintain	
Referred to CPT Asst: U Published in CPT Asst:		Re	eferred to CPT Asst 🔲 Publ	ished in CPT Asst:		

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10120 Incision and removal of foreign body, subcutaneous tissues; simple	Global: 010 Issue		Screen: Harvard Valued - Utilization over 30,000	Complete? Yes
Most Recent Tab: 12 Specialty Developing APMA, AAI	FP <b>First</b>	2020	2022 Work RVU: 1.22	
RUC Meeting: September 2011 Recommendation:	Identified: April 2011	Medicare	<b>2022 NF PE RVU</b> : 3.12	
		Utilization: 35,873	<b>2022 Fac PE RVU</b> : 1.70	
RUC Recommendation: 1.25	Referred to CPT		Result: Maintain	
	Referred to CPT Asst U Publ	ished in CPT Asst:		
10180 Incision and drainage, complex, postoperative wound infection	Global: 010 Issue	:	Screen: RUC identified when reviewing comparison codes	Complete? Yes
Most Recent Tab: 18 Specialty Developing	First	2020	<b>2022 Work RVU</b> : 2.30	
RUC Meeting: October 2013 Recommendation:	Identified: January 2013	Medicare	<b>2022 NF PE RVU</b> : 5.08	
		Utilization: 8,361	<b>2022 Fac PE RVU</b> : 2.46	
RUC Recommendation: Remove from re-review	Referred to CPT		Result: Maintain	
	Referred to CPT Asst  Publ	ished in CPT Asst:		
11040 Deleted from CPT	Global: Issue	Excision and Debridemen	st Screen: Site of Service Anomaly	Complete? Yes
Most Recent Tab: 16 Specialty Developing APMA, AP	TA <b>First</b>	2020	2022 Work RVU:	
RUC Meeting: September 2007 Recommendation:	Identified: September 2007	Medicare	2022 NF PE RVU:	
		Utilization:	2022 Fac PE RVU:	
RUC Recommendation: Deleted from CPT	Referred to CPT October 2009		Result: Deleted from CPT	
	Referred to CPT Asst	ished in CPT Asst:		
11041 Deleted from CPT	Global: Issue	Excision and Debridemen	st Screen: Site of Service Anomaly	Complete? Yes
Most Recent Tab: 16 Specialty Developing APMA, AP	TA First	2020	2022 Work RVU:	
IOST NECELL I AD. IO SUBCIAILY DEVELOUITIO AFINA, AF	Identified: September 2007		2022 NF PE RVU:	
RUC Meeting: September 2007 Recommendation:	idontinodi espisinesi 200.			
	identified Coptession 200.	Utilization:	2022 Fac PF RVIII	
RUC Recommendation: Ruc Recommendation:	Referred to CPT October 2009		2022 Fac PE RVU: Result: Deleted from CPT	

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11042 Debridement, subcut performed); first 20 s		sue (includes epidermis and dermis, if s	Global: 000 Issue	: Excision and Debridemer	nt Screen: Site of Service Anomaly	Complete? Yes
Most Recent	<b>Tab:</b> 04	Specialty Developing APMA, APTA		2020	<b>2022 Work RVU:</b> 1.01	
RUC Meeting: February 2010		Recommendation:	Identified: September 2007	Medicare Utilization: 1,874,785	<b>2022 NF PE RVU</b> : 2.74	
				Othization: 1,074,700	<b>2022 Fac PE RVU</b> : 0.63	
RUC Recommendation: 1.12			Referred to CPT Asst Publ	ished in CPT Asst:	Result: Increase	
		cia (includes epidermis, dermis, and ed); first 20 sq cm or less	Global: 000 Issue	: Debridement	Screen: Site of Service Anomaly	Complete? Yes
Most Recent	<b>Tab</b> : 04	Specialty Developing APMA, APTA	First	2020	<b>2022 Work RVU:</b> 2.70	
RUC Meeting: February 2010		Recommendation:	Identified: September 2007	Medicare Utilization: 511,436	<b>2022 NF PE RVU</b> : 3.81	
				Othization: 511,430	<b>2022 Fac PE RVU</b> : 1.40	
<b>RUC Recommendation: </b> 3.00			Referred to CPT October 2009	)	Result: Decrease	
11044 Debridement, bone (i and/or fascia, if perfo		idermis, dermis, subcutaneous tissue t 20 sq cm or less	, muscle Global: 000 Issue	: Debridement	Screen: Site of Service Anomaly	Complete? Yes
Most Recent	<b>Tab</b> : 04	Specialty Developing APMA, APTA	First	2020	<b>2022 Work RVU:</b> 4.10	
RUC Meeting: February 2010		Recommendation:	Identified: September 2007		<b>2022 NF PE RVU</b> : 4.44	
				Utilization: 103,711	<b>2022 Fac PE RVU</b> : 1.85	
<b>RUC Recommendation:</b> 4.56			Referred to CPT October 2009	)	Result: Increase	
			Referred to CPT Asst	ished in CPT Asst:		
	ditional 20 s	sue (includes epidermis and dermis, if q cm, or part thereof (list separately i		: Excision and Debridemer	nt Screen: Site of Service Anomaly	Complete? Yes
Most Recent	<b>Tab:</b> 04	Specialty Developing ACS, APMA,		2020	<b>2022 Work RVU</b> : 0.50	
RUC Meeting: February 2010		Recommendation:	Identified: February 2010	Medicare Utilization: 562,568	<b>2022 NF PE RVU</b> : 0.62	
					<b>2022 Fac PE RVU</b> : 0.18	
RUC Recommendation: 0.69			Referred to CPT	tabadia ODT Assis	Result: Increase	
			Referred to CPT Asst	ished in CPT Asst:		

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11046 Debridement, muscle and/or fascia (includes epidermis, dermis, and Global: ZZZ Issue: Debridement Screen: Site of Service Anomaly / Complete? No High Volume Growth8 subcutaneous tissue, if performed); each additional 20 sq cm, or part thereof (list separately in addition to code for primary procedure) 2022 Work RVU: 1.03 **Most Recent** Specialty Developing ACS, APMA, APTA First 2020 **RUC Meeting:** September 2022 Identified: February 2010 Recommendation: Medicare **2022 NF PE RVU: 0.95** 297,110 **Utilization: 2022 Fac PE RVU: 0.40** RUC Recommendation: Review action plan. 1.29 Referred to CPT Result: Decrease **Referred to CPT Asst Published in CPT Asst:** 11047 Debridement, bone (includes epidermis, dermis, subcutaneous tissue, muscle Global: ZZZ Issue: Debridement Screen: Site of Service Anomaly / Complete? Yes and/or fascia, if performed); each additional 20 sq cm, or part thereof (list High Volume Growth6 separately in addition to code for primary procedure) 2022 Work RVU: 1.80 Most Recent **Tab:** 37 Specialty Developing ACS, APMA, APTA First 2020 **Identified:** February 2010 **RUC Meeting:** January 2020 Recommendation: Medicare **2022 NF PE RVU**: 1.43 **Utilization:** 79,890 2022 Fac PE RVU: 0.71 **RUC Recommendation: 2.00** Referred to CPT Result: Increase Referred to CPT Asst **Published in CPT Asst:** 11055 Paring or cutting of benign hyperkeratotic lesion (eg. corn or callus); single Issue: RAW Review Screen: CMS Request to Re-Complete? Yes Global: 000 Review Families of lesion Recently Reviewed CPT Codes **2022 Work RVU: 0.35** 2020 **Most Recent Tab:** 30 Specialty Developing APMA First **RUC Meeting:** January 2012 Recommendation: Identified: November 2011 Medicare 2022 NF PE RVU: 1.77 **Utilization:** 717,784 **2022 Fac PE RVU: 0.08 RUC Recommendation:** Maintain Referred to CPT Result: Maintain **Referred to CPT Asst Published in CPT Asst:** 

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11056 Paring or cutting of benign lesions	hyperkeratotic lesion (eg, corn or callus	); 2 to 4 Global: 000 Issue:	Trim Skin Lesions	Screen: MPC List / CMS Request to Re-Review Families of Recently Reviewed CPT Codes	Complete? Yes
	: 53 Specialty Developing APMA	First	2020	<b>2022 Work RVU:</b> 0.50	
RUC Meeting: January 2012	Recommendation:	Identified: October 2010	Medicare Utilization: 1,666,62	<b>2022 NF PE RVU</b> : 1.93	
			Othization. 1,000,02	2022 Fac PE RVU: 0.11	
<b>RUC Recommendation:</b> 0.50		Referred to CPT		Result: Decrease	
		Referred to CPT Asst U Publi	ished in CPT Asst:		
11057 Paring or cutting of benign 4 lesions	hyperkeratotic lesion (eg, corn or callus	); more than Global: 000 Issue:	RAW Review	Screen: CMS Request to Re- Review Families of Recently Reviewed CPT Codes	Complete? Yes
Most Recent Tak	:30 Specialty Developing APMA	First	2020	<b>2022 Work RVU</b> : 0.65	
RUC Meeting: January 2012	Recommendation:	Identified: November 2011	Medicare	<b>2022 NF PE RVU</b> : 2.01	
			Utilization: 292,269	2022 Fac PE RVU: 0.14	
RUC Recommendation: Maintain		Referred to CPT		Result: Maintain	
		Referred to CPT Asst	ished in CPT Asst:		
11100 Biopsy of skin, subcutaned simple closure), unless oth	us tissue and/or mucous membrane (inc erwise listed; single lesion	luding Global: Issue:	Biopsy of Skin Lesion	Screen: MPC List / CMS High Expenditure Procedural Codes2	Complete? Yes
Most Recent Tak	: 05 Specialty Developing AAD	First	2020	2022 Work RVU:	
RUC Meeting: April 2017	Recommendation:	Identified: October 2010	Medicare	2022 NF PE RVU:	
			Utilization:	2022 Fac PE RVU:	
RUC Recommendation: Deleted from	n CPT	Referred to CPT February 201 Referred to CPT Asst Public	7 ished in CPT Asst:	Result: Deleted from CPT	

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Biopsy of skin, subcutaneous tissue and/or mucous membrane (including Global: Issue: Biopsy of Skin Lesion Screen: Low Value Billed in Complete? Yes Multiple Units / CMS simple closure), unless otherwise listed; each separate/additional lesion (List High Expenditure separately in addition to code for primary procedure) Procedural Codes2 2022 Work RVU: **Most Recent Tab:** 05 Specialty Developing AAD First 2020 **RUC Meeting:** April 2017 Recommendation: Identified: October 2010 Medicare **2022 NF PE RVU: Utilization:** 2022 Fac PE RVU: February 2017 Result: Deleted from CPT **RUC Recommendation:** Deleted from CPT Referred to CPT Referred to CPT Asst Published in CPT Asst: Screen: CMS High Expenditure Global: 000 Issue: Skin Biopsy Complete? Yes 11102 Tangential biopsy of skin (eg, shave, scoop, saucerize, curette); single lesion Procedural Codes2 2022 Work RVU: 0.66 **Most Recent Tab:** 05 **Specialty Developing** First 2020 **RUC Meeting:** April 2017 Recommendation: **Identified:** February 2017 Medicare **2022 NF PE RVU: 2.32** 2.845.400 **Utilization:** 2022 Fac PE RVU: 0.37 RUC Recommendation: 0.66 Referred to CPT February 2017 Result: Decrease Referred to CPT Asst Published in CPT Asst: Global: ZZZ Issue: Skin Biopsy Screen: CMS High Expenditure Complete? Yes 11103 Tangential biopsy of skin (eg, shave, scoop, saucerize, curette); each Procedural Codes2 separate/additional lesion (list separately in addition to code for primary procedure) **2022 Work RVU: 0.38** Most Recent **Tab: 05 Specialty Developing** First 2020 Identified: February 2017 **RUC Meeting:** April 2017 Recommendation: Medicare **2022 NF PE RVU: 1.10 Utilization:** 1,260,155 2022 Fac PE RVU: 0.22

Referred to CPT

February 2017

Referred to CPT Asst Published in CPT Asst:

Result: Decrease

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RUC Recommendation: 0.38

11104 Punch biopsy of skin (including simple closure, when performed); single lesion Global: 000 Issue: Skin Biopsy Screen: CMS High Expenditure Complete? Yes Procedural Codes2 2022 Work RVU: 0.83 **Most Recent Tab:** 05 **Specialty Developing** 2020 First **RUC Meeting:** April 2017 Recommendation: Identified: February 2017 Medicare 2022 NF PE RVU: 2.87 318,040 **Utilization: 2022 Fac PE RVU: 0.45** Result: Decrease **RUC Recommendation: 0.83** Referred to CPT February 2017 Referred to CPT Asst Published in CPT Asst: 11105 Punch biopsy of skin (including simple closure, when performed); each Global: ZZZ Issue: Skin Biopsy Screen: CMS High Expenditure Complete? Yes separate/additional lesion (list separately in addition to code for primary **Procedural Codes2** procedure) 2022 Work RVU: 0.45 **Most Recent Tab:** 05 **Specialty Developing** First 2020 Identified: February 2017 RUC Meeting: April 2017 Recommendation: Medicare **2022 NF PE RVU: 1.27 Utilization:** 86,591 2022 Fac PE RVU: 0.25 **RUC Recommendation: 0.45** Referred to CPT February 2017 Result: Decrease Referred to CPT Asst Published in CPT Asst: 11106 Incisional biopsy of skin (eg, wedge) (including simple closure, when Global: 000 Issue: Skin Biopsy Screen: CMS High Expenditure Complete? Yes performed); single lesion Procedural Codes2 2022 Work RVU: 1.01 **Most Recent Tab:** 05 Specialty Developing 2020 First **RUC Meeting:** April 2017 Recommendation: **Identified:** February 2017 Medicare 2022 NF PE RVU: 3.57 **Utilization:** 34,138 2022 Fac PE RVU: 0.54

Referred to CPT

Referred to CPT Asst

February 2017

■ Published in CPT Asst:

Result: Decrease

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**RUC Recommendation: 1.01** 

11107 Incisional biopsy of skin (eg, wedge) (including simple closure, when Global: ZZZ Issue: Skin Biopsy Screen: CMS High Expenditure Complete? Yes Procedural Codes2 performed); each separate/additional lesion (list separately in addition to code for primary procedure) 2022 Work RVU: 0.54 **Most Recent Tab:** 05 **Specialty Developing** First 2020 Identified: February 2017 **RUC Meeting:** April 2017 Recommendation: Medicare 2022 NF PE RVU: 1.53 7,813 **Utilization: 2022 Fac PE RVU: 0.30 RUC Recommendation: 0.54** Referred to CPT February 2017 Result: Decrease Referred to CPT Asst Published in CPT Asst: Shaving of Epidermal or Screen: CMS High Expenditure Complete? Yes Shaving of epidermal or dermal lesion, single lesion, trunk, arms or legs; lesion diameter 0.5 cm or less **Dermal Lesions** Procedural Codes1 2022 Work RVU: 0.60 2020 **Most Recent Tab:** 38 Specialty Developing AAD First **RUC Meeting:** April 2012 Recommendation: Identified: January 2012 Medicare **2022 NF PE RVU: 2.39 Utilization:** 82,507 **2022 Fac PE RVU: 0.33 RUC Recommendation: 0.60** Referred to CPT Result: Increase Referred to CPT Asst Published in CPT Asst: Shaving of Epidermal or Screen: CMS High Expenditure Complete? Yes Shaving of epidermal or dermal lesion, single lesion, trunk, arms or legs; lesion Global: 000 diameter 0.6 to 1.0 cm **Dermal Lesions** Procedural Codes1 2022 Work RVU: 0.90 **Most Recent** Specialty Developing AAD 2020 **Tab:** 38 First **RUC Meeting:** April 2012 Recommendation: Identified: January 2012 Medicare **2022 NF PE RVU: 2.67 Utilization:** 175,815

Referred to CPT

Referred to CPT Asst

□ Published in CPT Asst:

2022 Fac PE RVU: 0.50

Result: Increase

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RUC Recommendation: 0.90

<u> </u>	ar darmal l		or legs; lesion Global: 000 Issu	e: Shaving of Epidermal or	Screen: CMS High Expenditure	Complete? Yes
11302 Shaving of epidermal diameter 1.1 to 2.0 cm		lesion, single lesion, trunk, arms o	n legs, lesion Global. 000 issu	Dermal Lesions	Procedural Codes1	Complete: 16:
Most Recent	<b>Tab</b> : 38	Specialty Developing AAD	First	2020	<b>2022 Work RVU:</b> 1.05	
RUC Meeting: April 2012		Recommendation:	Identified: January 2012	Medicare	<b>2022 NF PE RVU</b> : 2.98	
				Utilization: 97,980	<b>2022 Fac PE RVU</b> : 0.59	
RUC Recommendation: 1.16			Referred to CPT		Result: Increase	
			Referred to CPT Asst UPu	olished in CPT Asst:		
11303 Shaving of epidermal diameter over 2.0 cm	or dermal l	lesion, single lesion, trunk, arms c	or legs; lesion Global: 000 Issu	e: Shaving of Epidermal or Dermal Lesions	Screen: CMS High Expenditure Procedural Codes1	Complete? Yes
Most Recent	<b>Tab</b> : 38	Specialty Developing AAD		2020	<b>2022 Work RVU</b> : 1.25	
RUC Meeting: April 2012		Recommendation:	Identified: January 2012	Medicare Utilization: 14,452	<b>2022 NF PE RVU</b> : 3.19	
				Otilization. 14,432	<b>2022 Fac PE RVU</b> : 0.69	
			Referred to CPT		Result: Increase	
RUC Recommendation: 1.25				olished in CPT Asst:		
11305 Shaving of epidermal		lesion, single lesion, scalp, neck, l or less	Referred to CPT Asst	e: Shaving of Epidermal or Dermal Lesions	Screen: CMS High Expenditure Procedural Codes1	Complete? Yes
11305 Shaving of epidermal genitalia; lesion diam	eter 0.5 cm	or less	Referred to CPT Asst Pu	e: Shaving of Epidermal or Dermal Lesions		Complete? Yes
11305 Shaving of epidermal genitalia; lesion diam			Referred to CPT Asst	e: Shaving of Epidermal or Dermal Lesions 2020 Medicare	Procedural Codes1	Complete? Yes
11305 Shaving of epidermal genitalia; lesion diam	eter 0.5 cm	or less Specialty Developing AAD	Referred to CPT Asst Pu  hands, feet, Global: 000 Issu  First	e: Shaving of Epidermal or Dermal Lesions 2020	Procedural Codes1  2022 Work RVU: 0.80	Complete? Yes
11305 Shaving of epidermal genitalia; lesion diam Most Recent RUC Meeting: April 2012	eter 0.5 cm	or less Specialty Developing AAD	Referred to CPT Asst Pu  hands, feet, Global: 000 Issu  First	e: Shaving of Epidermal or Dermal Lesions 2020 Medicare	2022 Work RVU: 0.80 2022 NF PE RVU: 2.33	Complete? Yes
	eter 0.5 cm	or less Specialty Developing AAD	Referred to CPT Asst Pu  hands, feet, Global: 000 Issu  First Identified: January 2012  Referred to CPT	e: Shaving of Epidermal or Dermal Lesions 2020 Medicare	2022 Work RVU: 0.80 2022 NF PE RVU: 2.33 2022 Fac PE RVU: 0.24	Complete? Ye
11305 Shaving of epidermal genitalia; lesion diam Most Recent RUC Meeting: April 2012	eter 0.5 cm Tab: 38  or dermal I	or less  Specialty Developing AAD Recommendation:	Referred to CPT Asst  Pu  hands, feet, Global: 000 Issu  First Identified: January 2012  Referred to CPT Referred to CPT Asst Pu	e: Shaving of Epidermal or Dermal Lesions 2020 Medicare Utilization: 86,124	2022 Work RVU: 0.80 2022 NF PE RVU: 2.33 2022 Fac PE RVU: 0.24	·
Shaving of epidermal genitalia; lesion diam Most Recent RUC Meeting: April 2012  RUC Recommendation: 0.80  Shaving of epidermal genitalia; lesion diam	eter 0.5 cm Tab: 38  or dermal I	Specialty Developing AAD Recommendation:  lesion, single lesion, scalp, neck, lesion and lesion are scalp.	Referred to CPT Asst  Pu  hands, feet, Global: 000 Issu  First Identified: January 2012  Referred to CPT Referred to CPT Asst Pu	e: Shaving of Epidermal or Dermal Lesions  2020 Medicare Utilization: 86,124  blished in CPT Asst:  e: Shaving of Epidermal or	Procedural Codes1  2022 Work RVU: 0.80  2022 NF PE RVU: 2.33  2022 Fac PE RVU: 0.24  Result: Increase  Screen: CMS High Expenditure	
11305 Shaving of epidermal genitalia; lesion diam  Most Recent RUC Meeting: April 2012  RUC Recommendation: 0.80  11306 Shaving of epidermal genitalia; lesion diam	or dermal I	or less  Specialty Developing AAD Recommendation:	Referred to CPT Asst  Pu  hands, feet, Global: 000 Issu  First Identified: January 2012  Referred to CPT Referred to CPT Asst Pu  hands, feet, Global: 000 Issu	e: Shaving of Epidermal or Dermal Lesions  2020 Medicare Utilization: 86,124  Dished in CPT Asst:  e: Shaving of Epidermal or Dermal Lesions  2020 Medicare	Procedural Codes1  2022 Work RVU: 0.80  2022 NF PE RVU: 2.33  2022 Fac PE RVU: 0.24  Result: Increase  Screen: CMS High Expenditure Procedural Codes1	·
11305 Shaving of epidermal genitalia; lesion diam Most Recent RUC Meeting: April 2012  RUC Recommendation: 0.80	or dermal I	Specialty Developing AAD Recommendation:  desion, single lesion, scalp, neck, lesion and second accordance to the second	Referred to CPT Asst  Pu  hands, feet, Global: 000 Issu  First Identified: January 2012  Referred to CPT Referred to CPT Asst Pu  hands, feet, Global: 000 Issu  First	e: Shaving of Epidermal or Dermal Lesions  2020 Medicare Utilization: 86,124  Dished in CPT Asst:  e: Shaving of Epidermal or Dermal Lesions  2020	Procedural Codes1  2022 Work RVU: 0.80  2022 NF PE RVU: 2.33  2022 Fac PE RVU: 0.24  Result: Increase  Screen: CMS High Expenditure Procedural Codes1  2022 Work RVU: 0.96	Complete? Ye

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11307 Shaving of epidermal genitalia; lesion diam			hands, feet, Global: 000 Issu	e: Shaving of Epidermal or Dermal Lesions	Screen: CMS High Expenditure Procedural Codes1	•
Most Recent	<b>Tab:</b> 38	Specialty Developing AAD	First	2020	<b>2022 Work RVU</b> : 1.20	
RUC Meeting: April 2012		Recommendation:	Identified: January 2012	Medicare Utilization: 46,559	<b>2022 NF PE RVU</b> : 2.90	
				,	<b>2022 Fac PE RVU</b> : 0.53	
RUC Recommendation: 1.20			Referred to CPT Referred to CPT Asst	olished in CPT Asst:	Result: Increase	
11308 Shaving of epidermal genitalia; lesion diam		lesion, single lesion, scalp, neck, l 0 cm	hands, feet, Global: 000 Issu	e: Shaving of Epidermal or Dermal Lesions	Screen: CMS High Expenditure Procedural Codes1	Complete? Yes
	<b>Tab:</b> 38	Specialty Developing AAD	First	2020	<b>2022 Work RVU</b> : 1.46	
RUC Meeting: April 2012		Recommendation:	Identified: January 2012	Medicare Utilization: 14,490	<b>2022 NF PE RVU</b> : 2.88	
				Otmzation. 14,430	<b>2022 Fac PE RVU</b> : 0.49	
			Defermed to ODT		Result: Increase	
	l or dermal	losion single losion face pars ov		olished in CPT Asst:		Complete? Ve
11310 Shaving of epidermal lips, mucous membra	ane; lesion	lesion, single lesion, face, ears, ey diameter 0.5 cm or less	Referred to CPT Asst  Pul	e: Shaving of Epidermal or Dermal Lesions	Screen: CMS High Expenditure Procedural Codes1  2022 Work RVU: 0.80	Complete? Ye
11310 Shaving of epidermal lips, mucous membra			Referred to CPT Asst	e: Shaving of Epidermal or Dermal Lesions 2020 Medicare	Screen: CMS High Expenditure Procedural Codes1	Complete? Yes
11310 Shaving of epidermal lips, mucous membra	ane; lesion	diameter 0.5 cm or less  Specialty Developing AAD	Referred to CPT Asst  Pul	e: Shaving of Epidermal or Dermal Lesions 2020	Screen: CMS High Expenditure Procedural Codes1 2022 Work RVU: 0.80	Complete? Ye
11310 Shaving of epidermal lips, mucous membra Most Recent RUC Meeting: April 2012	ane; lesion	diameter 0.5 cm or less  Specialty Developing AAD	Referred to CPT Asst  Pul	e: Shaving of Epidermal or Dermal Lesions 2020 Medicare	Screen: CMS High Expenditure Procedural Codes1  2022 Work RVU: 0.80  2022 NF PE RVU: 2.60	Complete? Yes
	ane; lesion	diameter 0.5 cm or less  Specialty Developing AAD	Referred to CPT Asst  Pulpelids, nose, Global: 000 Issu  First Identified: January 2012  Referred to CPT	e: Shaving of Epidermal or Dermal Lesions 2020 Medicare	Screen: CMS High Expenditure Procedural Codes1  2022 Work RVU: 0.80  2022 NF PE RVU: 2.60  2022 Fac PE RVU: 0.44	Complete? Yes
11310 Shaving of epidermal lips, mucous membra Most Recent RUC Meeting: April 2012 RUC Recommendation: 1.19	Tab: 38	diameter 0.5 cm or less  Specialty Developing AAD	Referred to CPT Asst  Pulperelids, nose, Global: 000 Issu  First Identified: January 2012  Referred to CPT Referred to CPT Asst  Pulperelide.	e: Shaving of Epidermal or Dermal Lesions 2020 Medicare Utilization: 55,330	Screen: CMS High Expenditure Procedural Codes1  2022 Work RVU: 0.80  2022 NF PE RVU: 2.60  2022 Fac PE RVU: 0.44	
I1310 Shaving of epidermal lips, mucous membra Most Recent RUC Meeting: April 2012 RUC Recommendation: 1.19 I1311 Shaving of epidermal lips, mucous membra Most Recent	Tab: 38	Specialty Developing AAD Recommendation:  lesion, single lesion, face, ears, ey diameter 0.6 to 1.0 cm  Specialty Developing AAD	Referred to CPT Asst  Pulpelids, nose, Global: 000 Issu  First Identified: January 2012  Referred to CPT Referred to CPT Asst  Pulpelids, nose, Global: 000 Issu  First	e: Shaving of Epidermal or Dermal Lesions  2020 Medicare Utilization: 55,330  Dished in CPT Asst:  e: Shaving of Epidermal or Dermal Lesions  2020	Screen: CMS High Expenditure Procedural Codes1  2022 Work RVU: 0.80 2022 NF PE RVU: 2.60 2022 Fac PE RVU:0.44 Result: Increase  Screen: CMS High Expenditure	
11310 Shaving of epidermal lips, mucous membra Most Recent RUC Meeting: April 2012  RUC Recommendation: 1.19  11311 Shaving of epidermal lips, mucous membra	Tab: 38  I or dermal lane; lesion	Specialty Developing AAD Recommendation:  desired a second and a secon	Referred to CPT Asst  Pub relids, nose, Global: 000 Issu  First Identified: January 2012  Referred to CPT Referred to CPT Asst  Pub relids, nose, Global: 000 Issu	e: Shaving of Epidermal or Dermal Lesions  2020 Medicare Utilization: 55,330  Dished in CPT Asst:  e: Shaving of Epidermal or Dermal Lesions  2020 Medicare	Screen: CMS High Expenditure Procedural Codes1  2022 Work RVU: 0.80  2022 NF PE RVU: 2.60  2022 Fac PE RVU:0.44  Result: Increase  Screen: CMS High Expenditure Procedural Codes1	
11310 Shaving of epidermal lips, mucous membra Most Recent RUC Meeting: April 2012 RUC Recommendation: 1.19	Tab: 38  I or dermal lane; lesion	Specialty Developing AAD Recommendation:  lesion, single lesion, face, ears, ey diameter 0.6 to 1.0 cm  Specialty Developing AAD	Referred to CPT Asst  Pulpelids, nose, Global: 000 Issu  First Identified: January 2012  Referred to CPT Referred to CPT Asst  Pulpelids, nose, Global: 000 Issu  First	e: Shaving of Epidermal or Dermal Lesions  2020 Medicare Utilization: 55,330  Dished in CPT Asst:  e: Shaving of Epidermal or Dermal Lesions  2020	Screen: CMS High Expenditure Procedural Codes1  2022 Work RVU: 0.80 2022 NF PE RVU: 2.60 2022 Fac PE RVU: 0.44  Result: Increase  Screen: CMS High Expenditure Procedural Codes1  2022 Work RVU: 1.10	Complete? Ye

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11312 Shaving of epidermal lips, mucous membrai		esion, single lesion, face, ears, eye diameter 1.1 to 2.0 cm	elids, nose, Global: 000 Issue:	Shaving of Epidermal or Dermal Lesions	Screen: CMS High Expenditure Procedural Codes1	Complete? Yes
Most Recent	<b>Tab:</b> 38	Specialty Developing AAD	First	2020	<b>2022 Work RVU</b> : 1.30	
RUC Meeting: April 2012		Recommendation:	Identified: January 2012	Medicare	<b>2022 NF PE RVU</b> : 3.23	
				Utilization: 37,360	<b>2022 Fac PE RVU</b> : 0.73	
RUC Recommendation: 1.80			Referred to CPT		Result: Increase	
			Referred to CPT Asst	shed in CPT Asst:		
11313 Shaving of epidermal lips, mucous membrai		esion, single lesion, face, ears, eye diameter over 2.0 cm	elids, nose, Global: 000 Issue:	Shaving of Epidermal or Dermal Lesions	Screen: CMS High Expenditure Procedural Codes1	Complete? Yes
Most Recent	<b>Tab:</b> 38	Specialty Developing AAD	First	2020	<b>2022 Work RVU</b> : 1.68	
RUC Meeting: April 2012		Recommendation:	Identified: January 2012	Medicare	<b>2022 NF PE RVU</b> : 3.56	
				Utilization: 6,566	<b>2022 Fac PE RVU</b> : 0.94	
RUC Recommendation: 2.00			Referred to CPT		Result: Increase	
			Referred to CPT Asst	shed in CPT Asst:		
11719 Trimming of nondystro	ophic nails	, any number	Global: 000 Issue:	Debridement of Nail	Screen: Low Value-High Volume	Complete? Yes
Most Recent	<b>Tab:</b> 32	Specialty Developing APMA	First	2020	2022 Work RVU: 0.17	
RUC Meeting: January 2012		Recommendation:	Identified: October 2010	Medicare	<b>2022 NF PE RVU</b> : 0.23	
				Utilization: 618,801	<b>2022 Fac PE RVU</b> : 0.04	
RUC Recommendation: 0.17			Referred to CPT		Result: Maintain	
			Referred to CPT Asst	shed in CPT Asst:		
11720 Debridement of nail(s)	by any me	ethod(s); 1 to 5	Global: 000 Issue:	Debridement of Nail	Screen: MPC List	Complete? Yes
Most Recent	<b>Tab</b> : 53	Specialty Developing APMA	First	2020	<b>2022 Work RVU:</b> 0.32	
RUC Meeting: September 2011		Recommendation:	Identified: Septemer 2011	Medicare	<b>2022 NF PE RVU</b> : 0.60	
				Utilization: 1,664,611	<b>2022 Fac PE RVU</b> : 0.07	
RUC Recommendation: 0.32 (li	nterim)		Referred to CPT		Result: Maintain	
			Referred to CPT Asst  Publi	shed in CPT Asst:		

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11721 Debridement of nail(s) by any m	ethod(s); 6 or more	Global: 000 Issue	: Debridement of Nail	Screen: MPC List	Complete? Yes
Most Recent Tab: 53	Specialty Developing APMA	First	2020	<b>2022 Work RVU:</b> 0.54	
RUC Meeting: September 2011	Recommendation:	Identified: October 2010	Medicare Utilization: 5,311,737	<b>2022 NF PE RVU</b> : 0.72	
			-,,	<b>2022 Fac PE RVU:</b> 0.12	
RUC Recommendation: 0.54 (Interim)		Referred to CPT		Result: Maintain	
		Referred to CPT Asst U Publ	ished in CPT Asst:		
11730 Avulsion of nail plate, partial or	complete, simple; single	Global: 000 Issue	: Removal of Nail Plate	Screen: CMS High Expenditure Procedural Codes2	Complete? Ye
Most Recent Tab: 56	Specialty Developing APMA	First	2020	<b>2022 Work RVU:</b> 1.05	
RUC Meeting: January 2016	Recommendation:	Identified: July 2015	Medicare	<b>2022 NF PE RVU</b> : 2.29	
			Utilization: 325,804	<b>2022 Fac PE RVU</b> : 0.43	
RUC Recommendation: 1.10		Referred to CPT		Result: Maintain	
	partial or complete (eg, ingrown or c	leformed Global: 010 Issue	: Excision of Nail Bed -	Screen: 010-Day Global Post-	Complete? Ye
11750 Excision of nail and nail matrix, nail), for permanent removal	partial or complete (eg, ingrown or c	leformed Global: 010 Issue	: Excision of Nail Bed - HCPAC	Operative Visits	Complete? Ye
nail), for permanent removal  Most Recent Tab: 26	Specialty Developing	First	HCPAC 2020	Operative Visits  2022 Work RVU: 1.58	Complete? Ye
nail), for permanent removal  Most Recent Tab: 26			HCPAC	Operative Visits  2022 Work RVU: 1.58  2022 NF PE RVU: 3.06	Complete? Ye
nail), for permanent removal  Most Recent Tab: 26  RUC Meeting: September 2014	Specialty Developing	First Identified: January 2014	HCPAC 2020 Medicare	Operative Visits  2022 Work RVU: 1.58  2022 NF PE RVU: 3.06  2022 Fac PE RVU:1.27	Complete? Ye
nail), for permanent removal	Specialty Developing	First Identified: January 2014	HCPAC 2020 Medicare	Operative Visits  2022 Work RVU: 1.58  2022 NF PE RVU: 3.06	Complete? Ye
nail), for permanent removal  Most Recent Tab: 26  RUC Meeting: September 2014  RUC Recommendation: 1.99  11752 Excision of nail and nail matrix,	Specialty Developing	First Identified: January 2014  Referred to CPT Referred to CPT Asst Publ	HCPAC  2020  Medicare Utilization: 168,490	Operative Visits  2022 Work RVU: 1.58  2022 NF PE RVU: 3.06  2022 Fac PE RVU:1.27	
nail), for permanent removal  Most Recent Tab: 26  RUC Meeting: September 2014  RUC Recommendation: 1.99  11752 Excision of nail and nail matrix, nail), for permanent removal; with	Specialty Developing Recommendation:  partial or complete (eg, ingrown or complete)	First Identified: January 2014  Referred to CPT Referred to CPT Asst Publ	HCPAC  2020 Medicare Utilization: 168,490  ished in CPT Asst:  : Excision of Nail Bed -	Operative Visits  2022 Work RVU: 1.58  2022 NF PE RVU: 3.06  2022 Fac PE RVU:1.27  Result: Decrease  Screen: 010-Day Global Post-	
nail), for permanent removal  Most Recent Tab: 26  RUC Meeting: September 2014  RUC Recommendation: 1.99  11752 Excision of nail and nail matrix, nail), for permanent removal; with the second	Specialty Developing Recommendation:	First Identified: January 2014  Referred to CPT Referred to CPT Asst Publ  Deformed Global: Issue	HCPAC  2020 Medicare Utilization: 168,490  ished in CPT Asst:  Excision of Nail Bed - HCPAC  2020 Medicare	Operative Visits  2022 Work RVU: 1.58  2022 NF PE RVU: 3.06  2022 Fac PE RVU:1.27  Result: Decrease  Screen: 010-Day Global Post-Operative Visits	
nail), for permanent removal  Most Recent Tab: 26  RUC Meeting: September 2014  RUC Recommendation: 1.99  11752 Excision of nail and nail matrix, nail), for permanent removal; with	Specialty Developing Recommendation:  partial or complete (eg, ingrown or ceth amputation of tuft of distal phalant	First Identified: January 2014  Referred to CPT Referred to CPT Asst  Publ  leformed Global: Issue x  First	HCPAC  2020 Medicare Utilization: 168,490  ished in CPT Asst:  Excision of Nail Bed - HCPAC  2020	Operative Visits  2022 Work RVU: 1.58  2022 NF PE RVU: 3.06  2022 Fac PE RVU:1.27  Result: Decrease  Screen: 010-Day Global Post-Operative Visits  2022 Work RVU:	Complete? Ye
nail), for permanent removal  Most Recent Tab: 26  RUC Meeting: September 2014  RUC Recommendation: 1.99  11752 Excision of nail and nail matrix, nail), for permanent removal; with most Recent Tab: 28	Specialty Developing Recommendation:  partial or complete (eg, ingrown or cent amputation of tuft of distal phalants) Specialty Developing Recommendation:	First Identified: January 2014  Referred to CPT Referred to CPT Asst  Publ  leformed Global: Issue x  First	2020 Medicare Utilization: 168,490  ished in CPT Asst:  Excision of Nail Bed - HCPAC  2020 Medicare Utilization:	Operative Visits  2022 Work RVU: 1.58  2022 NF PE RVU: 3.06  2022 Fac PE RVU:1.27  Result: Decrease  Screen: 010-Day Global Post-Operative Visits  2022 Work RVU: 2022 NF PE RVU:	

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11755 Biopsy of nail unit (eg, plate, bed, matrix, hyponychium, proximal and lateral nail Global: 000 Issue: Biopsy of Nail Screen: CMS 000-Day Global Complete? Yes Typically Reported with folds) (separate procedure) an E/M 2022 Work RVU: 1.25 Most Recent Specialty Developing APMA First 2020 **RUC Meeting:** April 2017 Recommendation: Identified: July 2016 Medicare **2022 NF PE RVU: 2.32 Utilization:** 51,856 **2022 Fac PE RVU: 0.42 RUC Recommendation:** 1.25 Referred to CPT Result: Decrease 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 -Complete? Yes Utilization over 100,000 **2022 Work RVU:** 0.52 **Most Recent Tab:** 31 Specialty Developing AAD First 2020 **RUC Meeting:** April 2010 Recommendation: Identified: October 2009 Medicare 2022 NF PE RVU: 1.11 **Utilization:** 220,328 2022 Fac PE RVU: 0.29 Result: Maintain **RUC Recommendation: 0.52** Referred to CPT Published in CPT Asst: Referred to CPT Asst Injection, intralesional; more than 7 lesions Global: 000 Issue: Skin Injection Services Screen: Harvard Valued -Complete? Yes Utilization over 100.000

First

**RUC Meeting:** April 2010 Recommendation: **Identified:** February 2010

Specialty Developing AAD

Tab: 31

Most Recent

**RUC Recommendation: 0.80** 

**Utilization:** 2022 Fac PE RVU: 0.45 Referred to CPT Result: Maintain

Medicare

58,874

2022 Work RVU: 0.80

**2022 NF PE RVU**: 1.20

Referred to CPT Asst Published in CPT Asst:

2020

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Subcutaneous hormone pellet implantation (implantation of estradiol and/or Global: 000 Issue: Drug Delivery Implant Screen: High Volume Growth2 / Complete? Yes Procedures Different Performing testosterone pellets beneath the skin) Specialty from Survey 2022 Work RVU: 1.10 Most Recent **Tab:** 05 Specialty Developing AAOS, ACOG, AUA First 2020 **RUC Meeting:** October 2018 Recommendation: Identified: April 2013 Medicare **2022 NF PE RVU: 1.52 Utilization:** 28,049 **2022 Fac PE RVU: 0.38 RUC Recommendation: 1.10** Referred to CPT May 2018 Result: Decrease Referred to CPT Asst Published in CPT Asst: 11981 Insertion, drug-delivery implant (ie, bioresorbable, biodegradable, non-Global: 000 Issue: Drug Delivery Implant Screen: High Volume Growth1 / Complete? Yes Different Performing Procedures biodegradable) Specialty from Survey 2022 Work RVU: 1.14 **Most Recent Tab:** 05 Specialty Developing AAOS, ACOG, AUA First 2020 **RUC Meeting:** October 2018 Recommendation: Identified: June 2008 Medicare 2022 NF PE RVU: 1.65 **Utilization:** 9,550 2022 Fac PE RVU: 0.51 **RUC Recommendation: 130** Referred to CPT May 2018 Result: Decrease Referred to CPT Asst Published in CPT Asst: Global: 000 Issue: Drug Delivery Implant Screen: High Volume Growth1 / Complete? Yes 11982 Removal, non-biodegradable drug delivery implant Procedures Different Performing Specialty from Survey 2022 Work RVU: 1.34 **Most Recent Tab:** 05 Specialty Developing AAOS, ACOG, AUA First 2020 **RUC Meeting:** October 2018 **Identified:** February 2008 Recommendation: Medicare **2022 NF PE RVU: 1.78 Utilization:** 3,025 2022 Fac PE RVU: 0.60 **RUC Recommendation: 1.70** Referred to CPT May 2018 Result: Decrease

Referred to CPT Asst Published in CPT Asst:

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11983 Removal with reinsertion, non-biodegradable drug delivery implant			Global: 000 Issue	Drug Delivery Implant Procedures	Screen: High Volume Growth1	Complete? Yes
Most Recent	<b>Tab:</b> 05	Specialty Developing AAOS, ACOG	, AUA First	2020	<b>2022 Work RVU:</b> 1.91	
RUC Meeting: October 2018		Recommendation:	Identified: June 2008	Medicare Utilization: 1.684	<b>2022 NF PE RVU</b> : 1.99	
				Utilization: 1,004	2022 Fac PE RVU: 0.81	
RUC Recommendation: 2.10			Referred to CPT		Result: Decrease	
			Referred to CPT Asst	ished in CPT Asst:		
		nds of scalp, neck, axillae, external ge ng hands and feet); 2.5 cm or less	nitalia, Global: 000 Issue	Repair of Superficial Wounds	Screen: Harvard Valued - Utilization over 100,000	Complete? Yes
Most Recent	<b>Tab:</b> 32	Specialty Developing ACEP, AAFP	First	2020	<b>2022 Work RVU:</b> 0.84	
RUC Meeting: April 2010		Recommendation:	Identified: October 2009	Medicare Utilization: 157,000	<b>2022 NF PE RVU</b> : 1.79	
				Otinization: 157,000	<b>2022 Fac PE RVU</b> : 0.32	
RUC Recommendation: 0.84			Referred to CPT		Result: Decrease	
			Referred to CPT Asst U Publ	ished in CPT Asst:		
trunk and/or extremition	es (includi	nds of scalp, neck, axillae, external geing hands and feet); 2.6 cm to 7.5 cm	nitalia, Global: 000 Issue	Repair of Superficial Wounds	Screen: Harvard Valued - Utilization over 100,000 2022 Work RVU: 1.14	Complete? Yes
trunk and/or extremition				Repair of Superficial Wounds 2020 Medicare	Utilization over 100,000	Complete? Yes
	es (includi	ng hands and feet); 2.6 cm to 7.5 cm  Specialty Developing ACEP, AAFP	nitalia, Global: 000 Issue First	Repair of Superficial Wounds	Utilization over 100,000  2022 Work RVU: 1.14	Complete? Yes
trunk and/or extremition	es (includi	ng hands and feet); 2.6 cm to 7.5 cm  Specialty Developing ACEP, AAFP	nitalia, Global: 000 Issue  First Identified: October 2009  Referred to CPT	Repair of Superficial Wounds 2020 Medicare	Utilization over 100,000 2022 Work RVU: 1.14 2022 NF PE RVU: 2.01	Complete? Yes
trunk and/or extremition  Most Recent RUC Meeting: April 2010  RUC Recommendation: 1.14	es (includii Tab: 32	ng hands and feet); 2.6 cm to 7.5 cm  Specialty Developing ACEP, AAFP	ritalia, Global: 000 Issue  First Identified: October 2009  Referred to CPT Referred to CPT Asst Publ	Repair of Superficial Wounds  2020  Medicare Utilization: 128,921	Utilization over 100,000 2022 Work RVU: 1.14 2022 NF PE RVU: 2.01 2022 Fac PE RVU: 0.38	·
trunk and/or extremition  Most Recent RUC Meeting: April 2010  RUC Recommendation: 1.14  12004 Simple repair of super trunk and/or extremition	es (includii Tab: 32	Specialty Developing ACEP, AAFP Recommendation:	nitalia, Global: 000 Issue  First Identified: October 2009  Referred to CPT Referred to CPT Asst Publ  nitalia, Global: 000 Issue  First	Repair of Superficial Wounds  2020 Medicare Utilization: 128,921 ished in CPT Asst:	Utilization over 100,000 2022 Work RVU: 1.14 2022 NF PE RVU: 2.01 2022 Fac PE RVU: 0.38 Result: Decrease  Screen: Harvard Valued -	·
trunk and/or extremition  Most Recent RUC Meeting: April 2010  RUC Recommendation: 1.14  12004 Simple repair of super trunk and/or extremition  Most Recent	es (includi Tab: 32 rficial wour es (includi	Specialty Developing ACEP, AAFP Recommendation:  ands of scalp, neck, axillae, external geing hands and feet); 7.6 cm to 12.5 cm	ritalia, Global: 000 Issue  First Identified: October 2009  Referred to CPT Referred to CPT Asst Publ  nitalia, Global: 000 Issue	Repair of Superficial Wounds  2020 Medicare Utilization: 128,921  ished in CPT Asst:  Repair of Superficial Wounds  2020 Medicare	Utilization over 100,000 2022 Work RVU: 1.14 2022 NF PE RVU: 2.01 2022 Fac PE RVU: 0.38 Result: Decrease  Screen: Harvard Valued - Utilization over 100,000	·
trunk and/or extremition  Most Recent RUC Meeting: April 2010  RUC Recommendation: 1.14  12004 Simple repair of super trunk and/or extremition  Most Recent	es (includi Tab: 32 rficial wour es (includi	Specialty Developing ACEP, AAFP Recommendation:  ands of scalp, neck, axillae, external geing hands and feet); 7.6 cm to 12.5 cm  Specialty Developing ACEP, AAFP	nitalia, Global: 000 Issue  First Identified: October 2009  Referred to CPT Referred to CPT Asst Publ  nitalia, Global: 000 Issue  First	Repair of Superficial Wounds  2020 Medicare Utilization: 128,921 ished in CPT Asst:  Repair of Superficial Wounds  2020	Utilization over 100,000 2022 Work RVU: 1.14 2022 NF PE RVU: 2.01 2022 Fac PE RVU: 0.38 Result: Decrease  Screen: Harvard Valued - Utilization over 100,000 2022 Work RVU: 1.44	Complete? Yes
trunk and/or extremition  Most Recent RUC Meeting: April 2010  RUC Recommendation: 1.14	es (includii Tab: 32 rficial woui es (includii	Specialty Developing ACEP, AAFP Recommendation:  ands of scalp, neck, axillae, external geing hands and feet); 7.6 cm to 12.5 cm  Specialty Developing ACEP, AAFP	ritalia, Global: 000 Issue  First Identified: October 2009  Referred to CPT Referred to CPT Asst Publ  nitalia, Global: 000 Issue  First Identified: April 2010  Referred to CPT	Repair of Superficial Wounds  2020 Medicare Utilization: 128,921  ished in CPT Asst:  Repair of Superficial Wounds  2020 Medicare	Utilization over 100,000 2022 Work RVU: 1.14 2022 NF PE RVU: 2.01 2022 Fac PE RVU: 0.38 Result: Decrease  Screen: Harvard Valued - Utilization over 100,000 2022 Work RVU: 1.44 2022 NF PE RVU: 2.20	·

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		ids of scalp, neck, axillae, external ger ng hands and feet); 12.6 cm to 20.0 cm	nitalia, Global: 000 Issue	: Repair of Superficial Wounds	Screen: Harvard Valued - Utilization over 100,000	Complete? Yes
Most Recent Tal		Specialty Developing ACEP, AAFP	First	2020	<b>2022 Work RVU</b> : 1.97	
RUC Meeting: April 2010		Recommendation:	Identified: April 2010	Medicare Utilization: 5,583	<b>2022 NF PE RVU</b> : 2.92	
				Othization. 5,565	<b>2022 Fac PE RVU</b> : 0.45	
RUC Recommendation: 1.97			Referred to CPT		Result: Decrease	
			Referred to CPT Asst U Pub	lished in CPT Asst:		
		nds of scalp, neck, axillae, external ger ng hands and feet); 20.1 cm to 30.0 cm		: Repair of Superficial Wounds	Screen: Harvard Valued - Utilization over 100,000	Complete? Yes
Most Recent	<b>Tab</b> : 32	Specialty Developing ACEP, AAFP	First	2020	<b>2022 Work RVU:</b> 2.39	
RUC Meeting: April 2010		Recommendation:	Identified: April 2010	Medicare	<b>2022 NF PE RVU</b> : 3.31	
				Utilization: 1,045	<b>2022 Fac PE RVU</b> : 0.59	
<b>UC Recommendation</b> : 2.39			Referred to CPT		Result: Decrease	
10007. Simple repair of supp	rficial wour	nde of scalp, nock, avillag, oxtornal gov		lished in CPT Asst:	Screen: Harvard Valued	Complete 2 Voc
trunk and/or extremition	es (includir	nds of scalp, neck, axillae, external ger ng hands and feet); over 30.0 cm	nitalia, Global: 000 Issue	: Repair of Superficial Wounds	Screen: Harvard Valued - Utilization over 100,000	Complete? Yes
trunk and/or extremition				: Repair of Superficial	Utilization over 100,000 <b>2022 Work RVU</b> : 2.90	Complete? Yes
trunk and/or extremition	es (includir	specialty Developing ACEP, AAFP	nitalia, Global: 000 Issue	: Repair of Superficial Wounds 2020	Utilization over 100,000  2022 Work RVU: 2.90  2022 NF PE RVU: 3.48	Complete? Yes
trunk and/or extremition  Most Recent RUC Meeting: April 2010	es (includir	specialty Developing ACEP, AAFP	nitalia, Global: 000 Issue First Identified: April 2010	: Repair of Superficial Wounds 2020 Medicare	Utilization over 100,000 2022 Work RVU: 2.90 2022 NF PE RVU: 3.48 2022 Fac PE RVU: 0.84	Complete? Yes
	es (includir	specialty Developing ACEP, AAFP	First Identified: April 2010	: Repair of Superficial Wounds 2020 Medicare	Utilization over 100,000  2022 Work RVU: 2.90  2022 NF PE RVU: 3.48	Complete? Yes
trunk and/or extremition  Most Recent RUC Meeting: April 2010  RUC Recommendation: 2.90	es (includir Tab: 32	specialty Developing ACEP, AAFP Recommendation:	First Identified: April 2010  Referred to CPT Referred to CPT Asst Pub	e: Repair of Superficial Wounds 2020 Medicare Utilization: 365	Utilization over 100,000 2022 Work RVU: 2.90 2022 NF PE RVU: 3.48 2022 Fac PE RVU: 0.84	
trunk and/or extremitic lost Recent UC Meeting: April 2010  UC Recommendation: 2.90  2011 Simple repair of super mucous membranes;	es (includir Tab: 32 rficial wour 2.5 cm or le	specialty Developing ACEP, AAFP Recommendation:  ads of face, ears, eyelids, nose, lips and ess	First Identified: April 2010  Referred to CPT Referred to CPT Asst Pub	e: Repair of Superficial Wounds  2020  Medicare  Utilization: 365  lished in CPT Asst:  e: Repair of Superficial Wounds	Utilization over 100,000 2022 Work RVU: 2.90 2022 NF PE RVU: 3.48 2022 Fac PE RVU: 0.84 Result: Decrease  Screen: Harvard Valued -	
trunk and/or extremitic  lost Recent RUC Meeting: April 2010  RUC Recommendation: 2.90  2011 Simple repair of super mucous membranes;	es (includir Tab: 32	specialty Developing ACEP, AAFP Recommendation:	First Identified: April 2010  Referred to CPT Referred to CPT Asst Pub	e: Repair of Superficial Wounds  2020 Medicare Utilization: 365  lished in CPT Asst:  e: Repair of Superficial Wounds  2020 Medicare	Utilization over 100,000 2022 Work RVU: 2.90 2022 NF PE RVU: 3.48 2022 Fac PE RVU: 0.84 Result: Decrease  Screen: Harvard Valued - Utilization over 100,000	
trunk and/or extremition  Most Recent RUC Meeting: April 2010  RUC Recommendation: 2.90	es (includir Tab: 32 rficial wour 2.5 cm or le	Specialty Developing ACEP, AAFP Recommendation:  ads of face, ears, eyelids, nose, lips an ess  Specialty Developing ACEP, AAFP	First Identified: April 2010  Referred to CPT Referred to CPT Asst Pub  d/or Global: 000 Issue	e: Repair of Superficial Wounds  2020 Medicare Utilization: 365  lished in CPT Asst:  e: Repair of Superficial Wounds  2020	Utilization over 100,000 2022 Work RVU: 2.90 2022 NF PE RVU: 3.48 2022 Fac PE RVU: 0.84 Result: Decrease  Screen: Harvard Valued - Utilization over 100,000 2022 Work RVU: 1.07	Complete? Yes
trunk and/or extremitic lost Recent UC Meeting: April 2010  UC Recommendation: 2.90  2011 Simple repair of super mucous membranes;	es (includir Tab: 32 rficial wour 2.5 cm or le	Specialty Developing ACEP, AAFP Recommendation:  ads of face, ears, eyelids, nose, lips an ess  Specialty Developing ACEP, AAFP	First Identified: April 2010  Referred to CPT Referred to CPT Asst Pub  d/or Global: 000 Issue	e: Repair of Superficial Wounds  2020 Medicare Utilization: 365  lished in CPT Asst:  e: Repair of Superficial Wounds  2020 Medicare	Utilization over 100,000 2022 Work RVU: 2.90 2022 NF PE RVU: 3.48 2022 Fac PE RVU: 0.84 Result: Decrease  Screen: Harvard Valued - Utilization over 100,000 2022 Work RVU: 1.07 2022 NF PE RVU: 2.07	

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12013 Simple repair of supe mucous membranes;		ds of face, ears, eyelids, nose, lips 0 cm	s and/or Global: 000 Is	sue: Repair of Superficial Wounds	Screen: Harvard Valued - Utilization over 100,000	Complete? Yes
Most Recent	<b>Tab:</b> 32	ab: 32 Specialty Developing ACEP, AAFP	FP <b>First</b>	2020	<b>2022 Work RVU:</b> 1.22	
RUC Meeting: April 2010		Recommendation:	Identified: April 2010	Medicare Utilization: 47,045	<b>2022 NF PE RVU:</b> 2.03	
				Othization. 47,043	<b>2022 Fac PE RVU</b> : 0.26	
RUC Recommendation: 1.22			Referred to CPT Referred to CPT Asst	Published in CPT Asst:	Result: Decrease	
12014 Simple repair of supe mucous membranes;		ds of face, ears, eyelids, nose, lips 5 cm	s and/or Global: 000 Is	sue: Repair of Superficial Wounds	Screen: Harvard Valued - Utilization over 100,000	Complete? Yes
Most Recent	<b>Tab:</b> 32		FP <b>First</b>	2020	<b>2022 Work RVU</b> : 1.57	
RUC Meeting: April 2010	140.52	Recommendation:	Identified: April 2010	Medicare	<b>2022 NF PE RVU</b> : 2.40	
				Utilization: 6,518	<b>2022 Fac PE RVU:</b> 0.33	
RUC Recommendation: 1.57			Referred to CPT		Result: Decrease	
			Referred to CPT Asst  F	Published in CPT Asst:		
		ds of face, ears, eyelids, nose, lips 2.5 cm		Published in CPT Asst:  sue: Repair of Superficial Wounds	Screen: Harvard Valued - Utilization over 100,000	Complete? Yes
12015 Simple repair of supe mucous membranes;	7.6 cm to 1	2.5 cm	s and/or Global: 000 Is	sue: Repair of Superficial Wounds		Complete? Yes
12015 Simple repair of supe mucous membranes; Most Recent			s and/or Global: 000 Is	sue: Repair of Superficial Wounds 2020 Medicare	Utilization over 100,000	Complete? Yes
12015 Simple repair of supe	7.6 cm to 1	2.5 cm Specialty Developing ACEP, AA	s and/or Global: 000 Is	sue: Repair of Superficial Wounds 2020	Utilization over 100,000 <b>2022 Work RVU</b> : 1.98	Complete? Yes
12015 Simple repair of supe mucous membranes; Most Recent RUC Meeting: April 2010	7.6 cm to 1	2.5 cm Specialty Developing ACEP, AA	FP First Identified: April 2010  Referred to CPT	sue: Repair of Superficial Wounds 2020 Medicare	Utilization over 100,000  2022 Work RVU: 1.98  2022 NF PE RVU: 2.76	Complete? Yes
12015 Simple repair of supe mucous membranes;  Most Recent RUC Meeting: April 2010  RUC Recommendation: 1.98	7.6 cm to 1  Tab: 32	Specialty Developing ACEP, AA Recommendation:  ds of face, ears, eyelids, nose, lips	FP First Identified: April 2010  Referred to CPT Referred to CPT Asst	sue: Repair of Superficial Wounds  2020 Medicare Utilization: 3,210	Utilization over 100,000 2022 Work RVU: 1.98 2022 NF PE RVU: 2.76 2022 Fac PE RVU: 0.42	
12015 Simple repair of supe mucous membranes;  Most Recent RUC Meeting: April 2010  RUC Recommendation: 1.98  12016 Simple repair of supe mucous membranes;	7.6 cm to 1  Tab: 32  rficial wour 12.6 cm to	Specialty Developing ACEP, AA Recommendation:  ds of face, ears, eyelids, nose, lips 20.0 cm	FP First Identified: April 2010  Referred to CPT Referred to CPT Asst Ferred to CPT Asst Second Seco	sue: Repair of Superficial Wounds  2020 Medicare Utilization: 3,210  Published in CPT Asst:  sue: Repair of Superficial Wounds	Utilization over 100,000 2022 Work RVU: 1.98 2022 NF PE RVU: 2.76 2022 Fac PE RVU: 0.42 Result: Decrease  Screen: Harvard Valued -	Complete? Ye
12015 Simple repair of supe mucous membranes;  Most Recent RUC Meeting: April 2010  RUC Recommendation: 1.98  12016 Simple repair of supe mucous membranes;  Most Recent	7.6 cm to 1  Tab: 32	Specialty Developing ACEP, AA Recommendation:  ds of face, ears, eyelids, nose, lips	FP First Identified: April 2010  Referred to CPT Referred to CPT Asst Ferred to CPT Asst Second Seco	sue: Repair of Superficial Wounds  2020 Medicare Utilization: 3,210  Published in CPT Asst:  sue: Repair of Superficial Wounds  2020 Medicare	Utilization over 100,000 2022 Work RVU: 1.98 2022 NF PE RVU: 2.76 2022 Fac PE RVU: 0.42 Result: Decrease  Screen: Harvard Valued - Utilization over 100,000	
12015 Simple repair of supe mucous membranes;  Most Recent RUC Meeting: April 2010  RUC Recommendation: 1.98	7.6 cm to 1  Tab: 32  rficial wour 12.6 cm to	Specialty Developing ACEP, AA Recommendation:  ds of face, ears, eyelids, nose, lips 20.0 cm  Specialty Developing ACEP, AA	FP First Identified: April 2010  Referred to CPT Referred to CPT Asst For Global: 000 Is	sue: Repair of Superficial Wounds  2020 Medicare Utilization: 3,210  Published in CPT Asst:  sue: Repair of Superficial Wounds  2020	Utilization over 100,000 2022 Work RVU: 1.98 2022 NF PE RVU: 2.76 2022 Fac PE RVU: 0.42 Result: Decrease  Screen: Harvard Valued - Utilization over 100,000 2022 Work RVU: 2.68	

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12017 Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or Global: 000 Issue: Repair of Superficial Screen: Harvard Valued -Complete? Yes Wounds Utilization over 100.000 mucous membranes; 20.1 cm to 30.0 cm 2022 Work RVU: 3.18 **Tab:** 32 Specialty Developing ACEP, AAFP 2020 **Most Recent** First **RUC Meeting:** April 2010 Recommendation: Identified: April 2010 Medicare 2022 NF PE RVU: NA **Utilization:** 69 2022 Fac PE RVU: 0.67 Result: Decrease **RUC Recommendation: 3.18** Referred to CPT **Referred to CPT Asst Published in CPT Asst:** 12018 Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or Global: 000 Issue: Repair of Superficial Screen: Harvard Valued -Complete? Yes mucous membranes: over 30.0 cm Wounds Utilization over 100,000 2022 Work RVU: 3.61 2020 Most Recent **Tab:** 32 Specialty Developing ACEP, AAFP First **RUC Meeting:** April 2010 Recommendation: Identified: April 2010 Medicare **2022 NF PE RVU: NA** Utilization: 26 2022 Fac PE RVU: 0.74 **RUC Recommendation: 3.61** Referred to CPT Result: Decrease Referred to CPT Asst **Published in CPT Asst:** 12031 Repair, intermediate, wounds of scalp, axillae, trunk and/or extremities Global: 010 Repair of Intermediate Screen: Harvard Valued -Complete? Yes Wounds (excluding hands and feet); 2.5 cm or less Utilization over 100,000 2022 Work RVU: 2.00 AAO-HNS, AAD, First 2020 **Most Recent Tab**: 22 Specialty Developing **RUC Meeting:** October 2010 Recommendation: AAP. ACEP. **Identified:** February 2010 Medicare 2022 NF PE RVU: 5.65 ASPS, AAFP, **Utilization:** 54,321 2022 Fac PE RVU: 2.17 ACS, APMA **RUC Recommendation: 2.00** Referred to CPT Result: Decrease

Referred to CPT Asst

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12032 Repair, intermediate, (excluding hands and		scalp, axillae, trunk and m to 7.5 cm	l/or extremities	Global: 010 Issue: Repair of Intermediate Wounds		Screen: Harvard Valued - Utilization over 100,000	Complete? Yes
Most Recent	<b>Tab:</b> 22	Specialty Developing	AAO-HNS, AAD,	First	2020	<b>2022 Work RVU:</b> 2.52	
RUC Meeting: October 2010		Recommendation:	AAP, ACEP, ASPS, AAFP,	Identified: October 2009	Medicare Utilization: 281,588	<b>2022 NF PE RVU</b> : 6.24	
			ACS, APMA		20.,000	<b>2022 Fac PE RVU</b> : 2.73	
RUC Recommendation: 2.52			Ref	erred to CPT		Result: Maintain	
			Ref	erred to CPT Asst	ished in CPT Asst:		
12034 Repair, intermediate, (excluding hands and			l/or extremities	Global: 010 Issue:	Repair of Intermediate Wounds	Screen: Harvard Valued - Utilization over 100,000	Complete? Yes
Most Recent	<b>Tab:</b> 22	Specialty Developing	AAO-HNS, AAD,	First	2020	<b>2022 Work RVU</b> : 2.97	
RUC Meeting: October 2010		Recommendation:	AAP, ACEP, ASPS, AAFP,	Identified: February 2010	Medicare Utilization: 28,378	<b>2022 NF PE RVU</b> : 6.63	
			ACS, APMA		Otilization. 20,376	<b>2022 Fac PE RVU:</b> 2.63	
RUC Recommendation: 2.97			Ref	erred to CPT		Result: Maintain	
			Ref	erred to CPT Asst	ished in CPT Asst:		
12035 Repair, intermediate, (excluding hands and		scalp, axillae, trunk and cm to 20.0 cm	l/or extremities	Global: 010 Issue:	Repair of Intermediate Wounds	Screen: Harvard Valued - Utilization over 100,000	Complete? Yes
Most Recent	<b>Tab:</b> 22	Specialty Developing	AAO-HNS, AAD,	First	2020	<b>2022 Work RVU:</b> 3.50	
RUC Meeting: October 2010		Recommendation:	AAP, ACEP, ASPS, AAFP,	Identified: February 2010	Medicare Utilization: 5,035	<b>2022 NF PE RVU:</b> 7.51	
			ACS, APMA		Otinization. 3,000	<b>2022 Fac PE RVU</b> : 2.95	
RUC Recommendation: 3.60			Ref	erred to CPT		Result: Increase	
Referred to CPT Asst  Published in CPT Asst:							

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12036 Repair, intermediate, (excluding hands and		scalp, axillae, trunk and cm to 30.0 cm	l/or extremities	Global: 010 Issue: Repair of Intermediate Wounds		Screen: Harvard Valued - Utilization over 100,000	Complete? Yes
Most Recent	<b>Tab:</b> 22	Specialty Developing	AAO-HNS, AAD,	First	2020	<b>2022 Work RVU</b> : 4.23	
RUC Meeting: October 2010		Recommendation:	AAP, ACEP, ASPS, AAFP,	Identified: February 2010	Medicare Utilization: 1,011	<b>2022 NF PE RVU:</b> 7.87	
			ACS, APMA		1,011	<b>2022 Fac PE RVU</b> : 3.24	
RUC Recommendation: 4.50			Refe	erred to CPT		Result: Increase	
			Refe	erred to CPT Asst	shed in CPT Asst:		
12037 Repair, intermediate, (excluding hands and		scalp, axillae, trunk and 30.0 cm	l/or extremities	Global: 010 Issue:	Repair of Intermediate Wounds	Screen: Harvard Valued - Utilization over 100,000	Complete? Yes
Most Recent	<b>Tab:</b> 22	Specialty Developing	AAO-HNS, AAD,	First	2020	<b>2022 Work RVU:</b> 5.00	
RUC Meeting: October 2010		Recommendation:	AAP, ACEP, ASPS, AAFP,	Identified: February 2010	Medicare Utilization: 516	<b>2022 NF PE RVU</b> : 8.46	
			ACS, APMA		Otilization. 510	<b>2022 Fac PE RVU:</b> 3.64	
RUC Recommendation: 5.25				erred to CPT erred to CPT Asst  Publi	shed in CPT Asst:	Result: Increase	
			Ken	erred to GFT ASSU	sned in OFT Asst.		
12041 Repair, intermediate, cm or less	wounds of	neck, hands, feet and/o	r external genitalia;	<b>2.5 Global</b> : 010 <b>Issue</b> :	Repair of Intermediate Wounds	Screen: Harvard Valued - Utilization over 100,000	Complete? Yes
Most Recent	<b>Tab:</b> 22	Specialty Developing	AAO-HNS, AAD,	First	2020	<b>2022 Work RVU:</b> 2.10	
RUC Meeting: October 2010		Recommendation:	AAP, ACEP, ASPS, AAFP,	Identified: February 2010	Medicare Utilization: 18,761	<b>2022 NF PE RVU</b> : 5.58	
			ACS, APMA		70,701	<b>2022 Fac PE RVU</b> : 1.86	
RUC Recommendation: 2.10			Refe	erred to CPT		Result: Decrease	
			Ref	erred to CPT Asst 🔲 Publi	shed in CPT Asst:		

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12042 Repair, intermediate, cm to 7.5 cm	wounds of	neck, hands, feet and/o	r external genitalia	a; 2.6 Global: 010 Issue	: Repair of Intermediate Wounds	Screen: Harvard Valued - Utilization over 100,000	Complete? Yes
Most Recent	<b>Tab</b> : 22	Specialty Developing	AAO-HNS, AAD,	First	2020	<b>2022 Work RVU:</b> 2.79	
RUC Meeting: October 2010		Recommendation:	AAP, ACEP, ASPS, AAFP,	Identified: February 2010	Medicare Utilization: 55.427	<b>2022 NF PE RVU:</b> 6.16	
			ACS, APMA		Othization: 00,427	<b>2022 Fac PE RVU:</b> 2.60	
RUC Recommendation: 2.79			Re	ferred to CPT		Result: Maintain	
			Re	ferred to CPT Asst	ished in CPT Asst:		
12044 Repair, intermediate, cm to 12.5 cm	wounds of	neck, hands, feet and/o	r external genitalia	n; 7.6 Global: 010 Issue	: Repair of Intermediate Wounds	Screen: Harvard Valued - Utilization over 100,000	Complete? Yes
Most Recent	<b>Tab</b> : 22	Specialty Developing	AAO-HNS, AAD,	First	2020	<b>2022 Work RVU</b> : 3.19	
RUC Meeting: October 2010		Recommendation:	AAP, ACEP, ASPS, AAFP,	Identified: February 2010	Medicare Utilization: 2,652	2022 NF PE RVU: 7.77	
			ACS, APMA		Othization. 2,032	<b>2022 Fac PE RVU</b> : 2.62	
RUC Recommendation: 3.19			Re	ferred to CPT		Result: Maintain	
			Ref	ferred to CPT Asst	ished in CPT Asst:		
12045 Repair, intermediate, cm to 20.0 cm	wounds of	neck, hands, feet and/o	r external genitalia	ı; <b>12.6 Global</b> : 010 <b>Issue</b>	: Repair of Intermediate Wounds	Screen: Harvard Valued - Utilization over 100,000	Complete? Yes
Most Recent	<b>Tab:</b> 22	Specialty Developing	AAO-HNS, AAD,	First	2020	<b>2022 Work RVU:</b> 3.75	
RUC Meeting: October 2010		Recommendation:	AAP, ACEP, ASPS, AAFP,	Identified: February 2010	Medicare Utilization: 373	<b>2022 NF PE RVU</b> : 7.80	
			ACS, APMA		otinzation: 070	<b>2022 Fac PE RVU</b> : 3.58	
RUC Recommendation: 3.90			Ref	ferred to CPT		Result: Increase	
			Ref	ferred to CPT Asst 🔲 Publ	ished in CPT Asst:		

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12046 Repair, intermediate, w cm to 30.0 cm	vounds of	neck, hands, feet and/o	r external genitalia	a; 20.1 Global: 010 Issue:	Repair of Intermediate Wounds	Screen: Harvard Valued - Utilization over 100,000	Complete? Yes
Most Recent	<b>Tab</b> : 22	Specialty Developing	AAO-HNS, AAD,	First	2020	<b>2022 Work RVU:</b> 4.30	
RUC Meeting: October 2010		Recommendation:	AAP, ACEP, ASPS, AAFP,	Identified: February 2010	Medicare Utilization: 86	<b>2022 NF PE RVU</b> : 9.72	
			ACS, APMA		otinizationi oo	<b>2022 Fac PE RVU</b> :4.07	
RUC Recommendation: 4.60			Re	ferred to CPT		Result: Increase	
			Re	ferred to CPT Asst	ished in CPT Asst:		
12047 Repair, intermediate, w 30.0 cm	vounds of	neck, hands, feet and/o	r external genitalia	a; over Global: 010 Issue:	Repair of Intermediate Wounds	Screen: Harvard Valued - Utilization over 100,000	Complete? Yes
Most Recent	<b>Tab</b> : 22	Specialty Developing	AAO-HNS, AAD,	First	2020	2022 Work RVU: 4.95	
RUC Meeting: October 2010		Recommendation:	AAP, ACEP, ASPS, AAFP,	Identified: February 2010	Medicare	<b>2022 NF PE RVU</b> : 10.32	
			ACS, APMA		Utilization: 37	<b>2022 Fac PE RVU</b> : 4.31	
RUC Recommendation: 5.50			Re	ferred to CPT		Result: Increase	
			Re	ferred to CPT Asst	ished in CPT Asst:		
12051 Repair, intermediate, w membranes; 2.5 cm or		face, ears, eyelids, nos	e, lips and/or mucc	ous Global: 010 Issue:	Repair of Intermediate Wounds	Screen: Harvard Valued - Utilization over 100,000	Complete? Yes
Most Recent	<b>Tab:</b> 22	Specialty Developing	AAO-HNS, AAD,	First	2020	<b>2022 Work RVU:</b> 2.33	
RUC Meeting: October 2010		Recommendation:	AAP, ACEP, ASPS, AAFP,	Identified: February 2010	Medicare Utilization: 50,484	<b>2022 NF PE RVU:</b> 5.88	
			ACS, APMA		Ottinzation: 00,404	<b>2022 Fac PE RVU</b> : 2.32	
RUC Recommendation: 2.33			Re	ferred to CPT		Result: Decrease	
			Re	ferred to CPT Asst  Publ	ished in CPT Asst:		

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12052 Repair, intermediate, membranes; 2.6 cm t		face, ears, eyelids, nose	e, lips and/or muco	ous Global: 010 Issue:	Repair of Intermediate Wounds	Screen: Harvard Valued - Utilization over 100,000	Complete? Yes
Most Recent	<b>Tab</b> : 45	Specialty Developing	AAO-HNS, AAD,	First	2020	2022 Work RVU: 2.87	
RUC Meeting: April 2010		Recommendation:	AAP, ACEP, ASPS, AAFP,	Identified: February 2010	Medicare Utilization: 84,557	<b>2022 NF PE RVU:</b> 6.22	
			ACS, APMA		Otilization: 04,337	<b>2022 Fac PE RVU</b> : 2.60	
RUC Recommendation: Remo	ove from scre	een	Ref	ferred to CPT		Result: Remove from Screen	
			Ref	ferred to CPT Asst	ished in CPT Asst:		
12053 Repair, intermediate, membranes; 5.1 cm t		face, ears, eyelids, nose	e, lips and/or muco	ous Global: 010 Issue:	Repair of Intermediate Wounds	Screen: Harvard Valued - Utilization over 100,000	Complete? Yes
Most Recent	<b>Tab:</b> 22	Specialty Developing	AAO-HNS, AAD,	First	2020	<b>2022 Work RVU:</b> 3.17	
RUC Meeting: October 2010		Recommendation:	AAP, ACEP, ASPS, AAFP,	Identified: February 2010	Medicare	<b>2022 NF PE RVU</b> : 7.33	
			ACS, APMA		Utilization: 12,470	<b>2022 Fac PE RVU:</b> 2.69	
RUC Recommendation: 3.17			Ref	ferred to CPT		Result: Maintain	
			Ref	ferred to CPT Asst	ished in CPT Asst:		
12054 Repair, intermediate, membranes; 7.6 cm t		face, ears, eyelids, nos	e, lips and/or muco	ous Global: 010 Issue:	Repair of Intermediate Wounds	Screen: Harvard Valued - Utilization over 100,000	Complete? Yes
Most Recent	<b>Tab:</b> 22	Specialty Developing	AAO-HNS, AAD,	First	2020	<b>2022 Work RVU</b> : 3.50	
RUC Meeting: October 2010		Recommendation:	AAP, ACEP, ASPS, AAFP,	Identified: February 2010	Medicare Utilization: 3,244	<b>2022 NF PE RVU</b> : 7.50	
			ACS, APMA		otinizationi o,z : :	<b>2022 Fac PE RVU</b> : 2.35	
RUC Recommendation: 3.50			Ref	ferred to CPT		Result: Maintain	
			Ref	ferred to CPT Asst 🔲 Publi	ished in CPT Asst:		

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12055 Repair, intermediate, v membranes; 12.6 cm t		face, ears, eyelids, nos	e, lips and/or muco	ous Global: 010 Issue	: Repair of Intermediate Wounds	Screen: Harvard Valued - Utilization over 100,000	Complete? Yes
Most Recent	<b>Tab</b> : 22	Specialty Developing	AAO-HNS, AAD,	First	2020	<b>2022 Work RVU:</b> 4.50	
RUC Meeting: October 2010		Recommendation:	AAP, ACEP, ASPS, AAFP,	Identified: February 2010	Medicare Utilization: 349	<b>2022 NF PE RVU:</b> 9.82	
			ACS, APMA		otinzation. 010	<b>2022 Fac PE RVU:</b> 3.48	
RUC Recommendation: 4.65			Ref	ferred to CPT		Result: Increase	
			Ref	ferred to CPT Asst	ished in CPT Asst:		
12056 Repair, intermediate, we membranes; 20.1 cm t		face, ears, eyelids, nos	e, lips and/or muco	ous Global: 010 Issue	: Repair of Intermediate Wounds	Screen: Harvard Valued - Utilization over 100,000	Complete? Yes
Most Recent	<b>Tab</b> : 22	Specialty Developing	AAO-HNS, AAD,	First	2020	2022 Work RVU: 5.30	
RUC Meeting: October 2010		Recommendation:	AAP, ACEP, ASPS, AAFP,	Identified: February 2010	Medicare Utilization: 42	2022 NF PE RVU: 11.11	
			ACS, APMA		Otilization. 42	<b>2022 Fac PE RVU</b> : 5.06	
RUC Recommendation: 5.50				ferred to CPT ferred to CPT Asst	ished in CPT Asst:	Result: Increase	
12057 Repair, intermediate, v membranes; over 30.0		face, ears, eyelids, nos	e, lips and/or muco	ous Global: 010 Issue	: Repair of Intermediate Wounds	Screen: Harvard Valued - Utilization over 100,000	Complete? Yes
Most Recent	<b>Tab</b> : 22	Specialty Developing	AAO-HNS, AAD,	First	2020	<b>2022 Work RVU:</b> 6.00	
RUC Meeting: October 2010		Recommendation:	AAP, ACEP, ASPS, AAFP,	Identified: February 2010	Medicare Utilization: 26	<b>2022 NF PE RVU:</b> 11.25	
			ACS, APMA		Otinzation. 20	<b>2022 Fac PE RVU</b> : 5.25	
RUC Recommendation: 6.28			Ref	ferred to CPT		Result: Increase	
			Ref	ferred to CPT Asst $\; \square \;$ Publ	ished in CPT Asst:		

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13100 Repair, complex, trun	ık; 1.1 cm to	o 2.5 cm		Global: 010 lss	sue: Complex Wound Repair	Screen: CMS Request	Complete? Y
Most Recent	<b>Tab:</b> 37	Specialty Developing		First	2020	<b>2022 Work RVU:</b> 3.00	
UC Meeting: April 2012		Recommendation:	ASPS	Identified: July 2011	Medicare Utilization: 4,629	<b>2022 NF PE RVU</b> : 6.85	
					3,0=0	<b>2022 Fac PE RVU</b> : 2.50	
RUC Recommendation: 3.00				eferred to CPT eferred to CPT Asst	ublished in CPT Asst:	Result: Decrease	
			Ne	eletted to CFT ASSE	ublished in GFT Asst.		
13101 Repair, complex, trun	ık; 2.6 cm to	o 7.5 cm		Global: 010 lss	sue: Complex Wound Repair	Screen: CMS Request	Complete? Y
Most Recent	<b>Tab:</b> 37	Specialty Developing	AAD, AAO-HNS,	First	2020	<b>2022 Work RVU:</b> 3.50	
RUC Meeting: April 2012		Recommendation:	ASPS	Identified: July 2011	Medicare Utilization: 80,932	<b>2022 NF PE RVU</b> : 8.00	
					Otinization: 60,932	<b>2022 Fac PE RVU</b> : 3.35	
RUC Recommendation: 3.50			Re	ferred to CPT		Result: Decrease	
			IX.	eferred to CPT Asst	ublished in CPT Asst:		
13102 Repair, complex, trun	ık: each add	ditional 5 cm or less (lis	t separately in add	lition Global: ZZZ lss	sue: Complex Wound Repair	Screen: CMS Request	Complete? Y
13102 Repair, complex, trun to code for primary po		ditional 5 cm or less (lis		lition Global: ZZZ lss First	sue: Complex Wound Repair	Screen: CMS Request  2022 Work RVU: 1.24	Complete? Y
to code for primary p	rocedure)	•			2020 Medicare	·	Complete? Y
to code for primary po	rocedure)	Specialty Developing	AAD, AAO-HNS,	First	2020	<b>2022 Work RVU</b> : 1.24	Complete? Y
to code for primary po	rocedure)	Specialty Developing	AAD, AAO-HNS, ASPS	First Identified: July 2011	2020 Medicare Utilization: 20,759	2022 Work RVU: 1.24 2022 NF PE RVU: 2.05	Complete? Y
to code for primary pr	rocedure)	Specialty Developing	AAD, AAO-HNS, ASPS	First Identified: July 2011	2020 Medicare	2022 Work RVU: 1.24 2022 NF PE RVU: 2.05 2022 Fac PE RVU: 0.68	Complete? Y
to code for primary pr	Tab: 37	Specialty Developing Recommendation:	AAD, AAO-HNS, ASPS Re	First Identified: July 2011 Iferred to CPT Iferred to CPT Asst P	2020 Medicare Utilization: 20,759	2022 Work RVU: 1.24 2022 NF PE RVU: 2.05 2022 Fac PE RVU: 0.68 Result: Maintain	
to code for primary pr	Tab: 37	Specialty Developing Recommendation:	AAD, AAO-HNS, ASPS  Re Re	First Identified: July 2011 Iferred to CPT Iferred to CPT Asst P	2020 Medicare Utilization: 20,759 ublished in CPT Asst:	2022 Work RVU: 1.24 2022 NF PE RVU: 2.05 2022 Fac PE RVU: 0.68 Result: Maintain  Screen: CMS Fastest Growing /	Complete? Y
to code for primary pr	rocedure) Tab: 37	Specialty Developing Recommendation:	AAD, AAO-HNS, ASPS  Re	First Identified: July 2011  Identified: July	2020 Medicare Utilization: 20,759  ublished in CPT Asst:  sue: Complex Wound Repair  2020 Medicare	2022 Work RVU: 1.24 2022 NF PE RVU: 2.05 2022 Fac PE RVU: 0.68 Result: Maintain  Screen: CMS Fastest Growing / CPT Assistant Analysis	•
to code for primary pr	rocedure) Tab: 37	Specialty Developing Recommendation:  ad/or legs; 1.1 cm to 2.5  Specialty Developing	AAD, AAO-HNS, ASPS  Re Re  AAD, AAO-HNS,	First Identified: July 2011  Identified: July	2020 Medicare Utilization: 20,759  ublished in CPT Asst:  sue: Complex Wound Repair	2022 Work RVU: 1.24 2022 NF PE RVU: 2.05 2022 Fac PE RVU: 0.68 Result: Maintain  Screen: CMS Fastest Growing / CPT Assistant Analysis 2022 Work RVU: 3.23	•
to code for primary pr	rocedure) Tab: 37	Specialty Developing Recommendation:  ad/or legs; 1.1 cm to 2.5  Specialty Developing	AAD, AAO-HNS, ASPS  Re Re  AAD, AAO-HNS, ASPS	First Identified: July 2011  Identified: July	2020 Medicare Utilization: 20,759  ublished in CPT Asst:  sue: Complex Wound Repair  2020 Medicare Utilization: 10,142	2022 Work RVU: 1.24 2022 NF PE RVU: 2.05 2022 Fac PE RVU: 0.68 Result: Maintain  Screen: CMS Fastest Growing / CPT Assistant Analysis 2022 Work RVU: 3.23 2022 NF PE RVU: 7.02	

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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

**CPT Assistant Analysis** 

2022 Work RVU: 4.00 **Tab:** 19 AAD, AAO-HNS, 2020 **Most Recent** Specialty Developing First

**RUC Meeting:** October 2017 Recommendation: **ASPS** Identified: October 2008 Medicare 2022 NF PE RVU: 8.29 175.826 **Utilization:** 

**2022 Fac PE RVU: 3.08** Referred to CPT

Referred to CPT Asst ✓ Published in CPT Asst: 1st article: May 2011; 2nd article July 2016; Sept 2018 CPT

Editorial Meeting Tab 9, specialties submitted revisions to the

Result: Decrease

quidelines.

13122 Repair, complex, scalp, arms, and/or legs; each additional 5 cm or less (list Global: ZZZ Issue: Complex Wound Repair Screen: CMS Fastest Growing / Complete? Yes

separately in addition to code for primary procedure)

2022 Work RVU: 1.44 **Most Recent** Specialty Developing AAD, AAO-HNS, 2020 **Tab**: 19 First

**RUC Meeting:** October 2017 **ASPS** Identified: October 2008 Recommendation: Medicare 2022 NF PE RVU: 2 14 **Utilization:** 27.066

2022 Fac PE RVU: 0.77

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

Referred to CPT Asst Published in CPT Asst: 1st article: May 2011; 2nd article July 2016; Sept 2018 CPT

September 2018

Editorial Meeting Tab 9, specialties submitted revisions to the

Utilization over 30,000

**CPT Assistant Analysis** 

guidelines.

Screen: Harvard Valued -Repair, complex, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands Global: 010 Issue: Complex Wound Repair Complete? Yes

and/or feet; 1.1 cm to 2.5 cm

**RUC Recommendation: 4.00** 

2022 Work RVU: 3.73 Most Recent **Tab:** 37 Specialty Developing AAD, AAO-HNS, 2020 **ASPS** 

**RUC Meeting:** April 2012 Recommendation: Identified: April 2011 Medicare 2022 NF PE RVU: 7.44 **Utilization:** 31,462

2022 Fac PE RVU: 2.91

RUC Recommendation: 3.73 Referred to CPT Result: Decrease

Referred to CPT Asst Published in CPT Asst:

13132 Repair, complex, fore and/or feet; 2.6 cm to		ks, chin, mouth, neck, a	xillae, genitalia, ha	ands Global: 010 Issue:	Complex Wound Repair	Screen: CMS Request	Complete? Yes
Most Recent	<b>Tab:</b> 37	Specialty Developing	AAD, AAO-HNS,	First	2020	2022 Work RVU: 4.78	
RUC Meeting: April 2012	rubi o	Recommendation:	ASPS	Identified: September 2011	Medicare	<b>2022 NF PE RVU:</b> 8.77	
					Utilization: 243,613	<b>2022 Fac PE RVU</b> : 3.53	
RUC Recommendation: 4.78			Re	ferred to CPT		Result: Decrease	
			Re	ferred to CPT Asst 🔲 Publi	shed in CPT Asst:		
		ks, chin, mouth, neck, a n or less (list separately			Complex Wound Repair	Screen: CMS Request	Complete? Yes
Most Recent	<b>Tab:</b> 37	Specialty Developing	AAD, AAO-HNS,	First	2020	<b>2022 Work RVU:</b> 2.19	
RUC Meeting: April 2012		Recommendation:	ASPS	Identified: September 2011	Medicare	<b>2022 NF PE RVU</b> : 2.54	
					Utilization: 14,077	<b>2022 Fac PE RVU</b> : 1.21	
RUC Recommendation: 2.19			Re	ferred to CPT		Result: Maintain	
			Re	ferred to CPT Asst	shed in CPT Asst:		
13150 Repair, complex, eye	lids, nose, (	ears and/or lips; 1.0 cm	or less	Global: Issue:	Complex Wound Repair	Screen: CMS Request	Complete? Yes
Most Recent	<b>Tab:</b> 37	Specialty Developing	AAD AAO-HNS	First	2020	2022 Work RVU:	
RUC Meeting: April 2012	145.57	Recommendation:	ASPS	Identified: September 2011		2022 NF PE RVU:	
					Utilization:	2022 Fac PE RVU:	
RUC Recommendation: Delete	ed from CP1	_	Re	ferred to CPT October 2012		Result: Deleted from CPT	
					shed in CPT Asst:		
13151 Repair, complex, eye	lids, 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	<b>Tab:</b> 37	<b>Specialty Developing</b>		First	2020	<b>2022 Work RVU:</b> 4.34	
RUC Meeting: April 2012		Recommendation:	ASPS	Identified: September 2011	Medicare Utilization: 27,588	<b>2022 NF PE RVU</b> : 7.77	
					Junzation. 21,000	2022 Fac PE RVU: 3.27	
RUC Recommendation: 4.34				ferred to CPT ferred to CPT Asst	shed in CPT Asst:	Result: Decrease	

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13152 Repair, complex, eyeli	ds, nose, e	ears and/or lips; 2.6 cm	to 7.5 cm	Global: 010 lss	ue: 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	<b>Tab:</b> 37	Specialty Developing Recommendation:	AAD, AAO-HNS, ASPS	First Identified: April 2011	2020 Medicare Utilization: 46,608	2022 Work RVU: 5.34 2022 NF PE RVU: 8.87 2022 Fac PE RVU: 3.84	
CUC Recommendation: 5.34				erred to CPT erred to CPT Asst	ublished in CPT Asst:	Result: Decrease	
		ears and/or lips; each ac		ss Global: ZZZ Iss	ue: Complex Wound Repair	Screen: CMS Request	Complete? Yes
ost Recent UC Meeting: April 2012	<b>Tab:</b> 37	Specialty Developing Recommendation:	AAD, AAO-HNS, ASPS	First Identified: July 2011	2020 Medicare Utilization: 833	2022 Work RVU: 2.38 2022 NF PE RVU: 2.77 2022 Fac PE RVU:1.28	
RUC Recommendation: 2.38				erred to CPT erred to CPT Asst	ublished in CPT Asst:	Result: Maintain	
4000 Adjacent tissue transf	er or rearra	angement, trunk; defect	t 10 sq cm or less	Global: 090 Iss	ue: Skin Tissue Rearrangerr	nent Screen: Site of Service Anomaly	Complete? Yes
lost Recent IUC Meeting: October 2008	<b>Tab</b> : 9	Specialty Developing Recommendation:	ACS, AAD, ASPS	First Identified: April 2008	2020 Medicare Utilization: 6,116	2022 Work RVU: 6.37 2022 NF PE RVU: 11.36 2022 Fac PE RVU: 7.30	
RUC Recommendation: 6.19				erred to CPT erred to CPT Asst	ublished in CPT Asst:	Result: Decrease	

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						2022 Work RVU: 8.78	
Most Recent RUC Meeting: October 2008	<b>Tab</b> : 9	Specialty Developing ACS, AAD, AS Recommendation:	PS First Identified: September 2007	2020 Medicare			
too mouning. Colosof 2000		Necommendation.	identified: Coptombol 2007		8,399	<b>2022 NF PE RVU</b> : 13.62	
RUC Recommendation: 8.58			Referred to CPT			2022 Fac PE RVU: 8.83 Result: Decrease	
NOC Recommendation. 0.50				ished in CPT As		Result. Declease	
14020 Adjacent tissue trans cm or less	fer or rearr	angement, scalp, arms and/or legs; de	ect 10 sq Global: 090 Issue	: Skin Tissue Re	earrangeme	ent Screen: Site of Service Anomaly	Complete? Ye
Most Recent	<b>Tab</b> : 9	Specialty Developing AAD, ASPS	First	2020		<b>2022 Work RVU:</b> 7.22	
RUC Meeting: October 2008		Recommendation:	Identified: April 2008	Medicare	15 715	<b>2022 NF PE RVU</b> : 12.49	
				Utilization:	15,715	<b>2022 Fac PE RVU</b> : 8.30	
			Referred to CPT			Result: Decrease	
RUC Recommendation: 7.02				ished in CPT As			
RUC Recommendation: 7.02				lished in CPT As			
	fer or rearr	angement, scalp, arms and/or legs; de	Referred to CPT Asst		sst:	ent <b>Screen:</b> Site of Service Anomaly / CMS Fastest Growing	Complete? Ye
14021 Adjacent tissue trans sq cm to 30.0 sq cm	fer or rearr Tab: 9		Referred to CPT Asst		sst:	ent Screen: Site of Service Anomaly /	Complete? Ye
14021 Adjacent tissue trans sq cm to 30.0 sq cm Most Recent		rangement, scalp, arms and/or legs; de Specialty Developing AAD, ASPS Recommendation:	Referred to CPT Asst  Publifiect 10.1 Global: 090 Issue	: Skin Tissue Re  2020  Medicare	earrangeme	ent <b>Screen:</b> Site of Service Anomaly / CMS Fastest Growing	Complete? Ye
14021 Adjacent tissue trans sq cm to 30.0 sq cm		Specialty Developing AAD, ASPS	Referred to CPT Asst  Publicect 10.1 Global: 090 Issue	: Skin Tissue Re  2020  Medicare	sst:	ent Screen: Site of Service Anomaly / CMS Fastest Growing 2022 Work RVU: 9.72	Complete? Ye
Adjacent tissue trans sq cm to 30.0 sq cm Most Recent RUC Meeting: October 2008		Specialty Developing AAD, ASPS	Referred to CPT Asst  Publicect 10.1 Global: 090 Issue	: Skin Tissue Re  2020  Medicare	earrangeme	ent Screen: Site of Service Anomaly / CMS Fastest Growing  2022 Work RVU: 9.72  2022 NF PE RVU: 14.48	Complete? Ye
		Specialty Developing AAD, ASPS	Referred to CPT Asst  Publication  Publicati	: Skin Tissue Re  2020  Medicare	earrangeme	ent Screen: Site of Service Anomaly / CMS Fastest Growing  2022 Work RVU: 9.72  2022 NF PE RVU: 14.48  2022 Fac PE RVU: 9.67	Complete? Ye
14021 Adjacent tissue trans sq cm to 30.0 sq cm  Most Recent RUC Meeting: October 2008  RUC Recommendation: 9.52	Tab: 9	Specialty Developing AAD, ASPS	Referred to CPT Asst  Publication  Publicati	: Skin Tissue Re  2020  Medicare  Utilization:	earrangeme	ent Screen: Site of Service Anomaly / CMS Fastest Growing  2022 Work RVU: 9.72  2022 NF PE RVU: 14.48  2022 Fac PE RVU: 9.67	Complete? Ye
14021 Adjacent tissue trans sq cm to 30.0 sq cm  Most Recent RUC Meeting: October 2008  RUC Recommendation: 9.52  14040 Adjacent tissue trans axillae, genitalia, han	Tab: 9	Specialty Developing AAD, ASPS Recommendation:  angement, forehead, cheeks, chin, mo eet; defect 10 sq cm or less  Specialty Developing AAD, ASPS, A	Referred to CPT Asst  Publication Publication  Publicatio	: Skin Tissue Re  2020  Medicare  Utilization:	earrangeme	ent Screen: Site of Service Anomaly / CMS Fastest Growing  2022 Work RVU: 9.72  2022 NF PE RVU: 14.48  2022 Fac PE RVU: 9.67  Result: Decrease	
14021 Adjacent tissue trans sq cm to 30.0 sq cm  Most Recent RUC Meeting: October 2008  RUC Recommendation: 9.52  14040 Adjacent tissue trans axillae, genitalia, han	Tab: 9 fer or rearr ds and/or f	Specialty Developing AAD, ASPS Recommendation:  angement, forehead, cheeks, chin, moeet; defect 10 sq cm or less	Referred to CPT Asst  Publified: 090 Issue  First Identified: September 2007  Referred to CPT Referred to CPT Asst  Publified: Publified: 090 Issue	: Skin Tissue Re  2020 Medicare Utilization: lished in CPT As  : Skin Tissue Re  2020 Medicare	earrangeme 18,970 set:	ent Screen: Site of Service Anomaly / CMS Fastest Growing  2022 Work RVU: 9.72  2022 NF PE RVU: 14.48  2022 Fac PE RVU:9.67  Result: Decrease	
14021 Adjacent tissue trans sq cm to 30.0 sq cm  Most Recent RUC Meeting: October 2008  RUC Recommendation: 9.52  14040 Adjacent tissue trans axillae, genitalia, han	Tab: 9 fer or rearr ds and/or f	Specialty Developing AAD, ASPS Recommendation:  angement, forehead, cheeks, chin, mo eet; defect 10 sq cm or less  Specialty Developing AAD, ASPS, A	Referred to CPT Asst  Publication Publication  Publicatio	: Skin Tissue Re  2020 Medicare Utilization: lished in CPT As  : Skin Tissue Re  2020 Medicare	earrangeme	ent Screen: Site of Service Anomaly / CMS Fastest Growing  2022 Work RVU: 9.72  2022 NF PE RVU: 14.48  2022 Fac PE RVU: 9.67  Result: Decrease  ent Screen: Site of Service Anomaly  2022 Work RVU: 8.60	

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14041 Adjacent tissue transfer axillae, genitalia, hands				neck, Global: 090 Issue:	Skin Tissue Rearrar	angement <b>Scre</b> e	en: Site of Service Anomaly	Complete? Yes
Most Recent	<b>Tab</b> : 9	Specialty Developing	AAD. ASPS. AAO-	First	2020		2022 Work RVU: 10.83	
RUC Meeting: October 2008		Recommendation:	HNS	Identified: September 2007	Medicare		<b>2022 NF PE RVU</b> : 14.97	
					Utilization: 42,08	088	<b>2022 Fac PE RVU</b> : 10.10	
RUC Recommendation: 10.63			Ref	erred to CPT		Result:	Decrease	
			Ref	erred to CPT Asst	shed in CPT Asst:			
14060 Adjacent tissue transfer 10 sq cm or less	r or rearra	ngement, eyelids, nose	e, ears and/or lips; o	defect Global: 090 Issue:	Skin Tissue Rearrar	angement <b>Scre</b> e	en: Site of Service Anomaly	Complete? Yes
Most Recent	<b>Tab</b> : 9	Specialty Developing	AAD, ASPS, AAO-	First	2020		<b>2022 Work RVU:</b> 9.23	
RUC Meeting: October 2008		Recommendation:	HNS	Identified: April 2008	Medicare		<b>2022 NF PE RVU</b> : 12.26	
					Utilization: 76,80	804	<b>2022 Fac PE RVU</b> : 9.07	
RUC Recommendation: Maintain	n		Ref	erred to CPT		Result:	Maintain	
RUC Recommendation. Maintain	•							
14061 Adjacent tissue transfer	r or rearra	ngement, eyelids, nose			shed in CPT Asst: Skin Tissue Rearrar	angement <b>Scre</b> e	en: Site of Service Anomaly	Complete? Yes
14061 Adjacent tissue transfer 10.1 sq cm to 30.0 sq cn	r or rearra	ngement, eyelids, nose Specialty Developing Recommendation:	e, ears and/or lips; (	defect Global: 090 Issue:			2022 Work RVU: 11.48 2022 NF PE RVU: 16.35	Complete? Yes
14061 Adjacent tissue transfer 10.1 sq cm to 30.0 sq cn Most Recent RUC Meeting: October 2008	r or rearra m	Specialty Developing	e, ears and/or lips; of AAD, ASPS, AAO-HNS	defect Global: 090 Issue:	Skin Tissue Rearrar 2020 Medicare	234	2022 Work RVU: 11.48	Complete? Yes
14061 Adjacent tissue transfer 10.1 sq cm to 30.0 sq cn Most Recent RUC Meeting: October 2008	r or rearra m	Specialty Developing	AAD, ASPS, AAO-HNS	defect Global: 090 Issue: First Identified: September 2007	Skin Tissue Rearrar 2020 Medicare	234	2022 Work RVU: 11.48 2022 NF PE RVU: 16.35 2022 Fac PE RVU:11.02	Complete? Yes
14061 Adjacent tissue transfer 10.1 sq cm to 30.0 sq cn Most Recent	r or rearra m	Specialty Developing	AAD, ASPS, AAO-HNS	defect Global: 090 Issue:  First Identified: September 2007  Ferred to CPT Ferred to CPT Asst Public	Skin Tissue Rearrar  2020  Medicare  Utilization: 28,23	234 Result:	2022 Work RVU: 11.48 2022 NF PE RVU: 16.35 2022 Fac PE RVU:11.02	Complete? Yes  Complete? Yes
14061 Adjacent tissue transfer 10.1 sq cm to 30.0 sq cm Most Recent RUC Meeting: October 2008 RUC Recommendation: 11.25	r or rearra m Tab: 9	Specialty Developing Recommendation:	e, ears and/or lips; of AAD, ASPS, AAO-HNS  Ref	defect Global: 090 Issue:  First Identified: September 2007  Ferred to CPT Ferred to CPT Asst Public Global: Issue:	Skin Tissue Rearrar  2020 Medicare Utilization: 28,23 shed in CPT Asst:  Adjacent Tissue Tra	234 Result:	2022 Work RVU: 11.48 2022 NF PE RVU: 16.35 2022 Fac PE RVU:11.02 Decrease en: Site of Service Anomaly /	•
14061 Adjacent tissue transfer 10.1 sq cm to 30.0 sq cm Most Recent RUC Meeting: October 2008  RUC Recommendation: 11.25	r or rearra m	Specialty Developing	e, ears and/or lips; of AAD, ASPS, AAO-HNS  Ref	defect Global: 090 Issue:  First Identified: September 2007  Ferred to CPT Ferred to CPT Asst Public	Skin Tissue Rearrar  2020 Medicare Utilization: 28,23 shed in CPT Asst:  Adjacent Tissue Tra  2020 Medicare	234 Result:	2022 Work RVU: 11.48 2022 NF PE RVU: 16.35 2022 Fac PE RVU:11.02 Decrease  en: Site of Service Anomaly / CMS Fastest Growing	•
14061 Adjacent tissue transfer 10.1 sq cm to 30.0 sq cm  Most Recent RUC Meeting: October 2008  RUC Recommendation: 11.25	r or rearra m Tab: 9	Specialty Developing Recommendation:  Specialty Developing	e, ears and/or lips; of AAD, ASPS, AAO-HNS  Ref Ref  ACS, AAD, ASPS,	defect Global: 090 Issue:  First Identified: September 2007  Ferred to CPT Ferred to CPT Asst Publication Publicat	Skin Tissue Rearrar  2020  Medicare Utilization: 28,23  shed in CPT Asst:  Adjacent Tissue Tra  2020	234 Result:	2022 Work RVU: 11.48 2022 NF PE RVU: 16.35 2022 Fac PE RVU:11.02 Decrease  en: Site of Service Anomaly / CMS Fastest Growing 2022 Work RVU:	•
14061 Adjacent tissue transfer 10.1 sq cm to 30.0 sq cm  Most Recent RUC Meeting: October 2008  RUC Recommendation: 11.25	r or rearra m Tab: 9	Specialty Developing Recommendation:  Specialty Developing	e, ears and/or lips; of AAD, ASPS, AAO-HNS  Ref Ref ACS, AAD, ASPS, AAO-HNS	defect Global: 090 Issue:  First Identified: September 2007  Ferred to CPT Ferred to CPT Asst Publication Publicat	Skin Tissue Rearrar  2020 Medicare Utilization: 28,23 Shed in CPT Asst:  Adjacent Tissue Tra  2020 Medicare Utilization:	Result:	2022 Work RVU: 11.48 2022 NF PE RVU: 16.35 2022 Fac PE RVU:11.02 Decrease  en: Site of Service Anomaly / CMS Fastest Growing 2022 Work RVU: 2022 NF PE RVU:	•

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14301 Adjacent tissue transfer or rearra	angement, any area; defect 30.1 sq cm	n to 60.0 sq Global: 090 Issue	: Adjacent Tissue Transfer	Screen: Site of Service Anomaly / CMS Fastest Growing	Complete? Yes
Most Recent Tab: 04	Specialty Developing ACS, AAO-HN	NS. First	2020	<b>2022 Work RVU:</b> 12.65	
RUC Meeting: April 2009	Recommendation: ASPS	Identified: September 2007		2022 NF PE RVU: 17.51	
			Utilization: 36,421	<b>2022 Fac PE RVU:</b> 10.88	
<b>RUC Recommendation:</b> 12.47		Referred to CPT February 200	9	Result: Decrease	
		Referred to CPT Asst	lished in CPT Asst:		
14302 Adjacent tissue transfer or rearra or part thereof (list separately in	angement, any area; each additional 3 addition to code for primary procedui		: Adjacent Tissue Transfer	Screen: Site of Service Anomaly / CMS Fastest Growing	Complete? Yes
Most Recent Tab: 04	Specialty Developing ACS, AAO-HN	NS, First	2020	2022 Work RVU: 3.73	
RUC Meeting: April 2009	Recommendation: ASPS	Identified: September 2007		<b>2022 NF PE RVU</b> : 1.96	
			Utilization: 42,550	<b>2022 Fac PE RVU</b> : 1.96	
RUC Recommendation: 3.73		Referred to CPT February 200	9	Result: Decrease	
		Referred to CPT Asst	lished in CPT Asst:		
burn eschar, or scar (including s	of recipient site by excision of open w subcutaneous tissues), or incisional re gs; first 100 sq cm or 1% of body area	elease of	: RAW	Screen: Pre-Time Analysis	Complete? Yes
Most Recent Tab: 21	Specialty Developing ASPS	First	2020	2022 Work RVU: 3.65	
RUC Meeting: September 2014	Recommendation:	Identified: January 2014	Medicare	<b>2022 NF PE RVU</b> : 6.10	
			Utilization: 23,819	<b>2022 Fac PE RVU</b> : 2.15	
RUC Recommendation: Maintain work RV time package 4.	U and adjust the times from pre-	Referred to CPT		Result: Maintain	
		Referred to CPT Asst  Publ	ished in CPT Asst:		

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15004 Surgical preparation or creation of recipies burn eschar, or scar (including subcutanes scar contracture, face, scalp, eyelids, mou feet and/or multiple digits; first 100 sq cm children	ous tissues), or incisional release of th, neck, ears, orbits, genitalia, hands,	Issue: RAW	Screen: Pre-Time Analysis	Complete? Yes
RUC Recommendation: Maintain work RVU and adju	y Developing ASPS, APMA First Identified: January 2 ust the times from pre- Referred to CPT	2020 014 Medicare Utilization: 31,129	2022 Work RVU: 4.58 2022 NF PE RVU: 6.58 2022 Fac PE RVU: 2.44 Result: Maintain	
time package 4.	Referred to CPT Asst	Published in CPT Asst:		
15100 Split-thickness autograft, trunk, arms, legs body area of infants and children (except 1		Issue: RAW	Screen: Pre-Time Analysis	Complete? Yes
	y Developing ASPS First Identified: January 2	2020 014 Medicare Utilization: 12,169	2022 Work RVU: 9.90 2022 NF PE RVU: 14.08 2022 Fac PE RVU: 9.32	
RUC Recommendation: Maintain work RVU and adjutime package 4.			Result: Maintain	
	Referred to CPT Asst	Published in CPT Asst:		
15120 Split-thickness autograft, face, scalp, eyeli genitalia, hands, feet, and/or multiple digit body area of infants and children (except 1	s; first 100 sq cm or less, or 1% of	Issue: Autograft	Screen: Site of Service Anomaly	Complete? Yes
	y Developing AAO-HNS, ASPS First Identified: September	2020 er 2007 Medicare Utilization: 7,976	2022 Work RVU: 10.15 2022 NF PE RVU: 13.29	
RUC Recommendation: Remove from screen	Referred to CPT		2022 Fac PE RVU: 8.51  Result: Remove from Screen	
			Result: Remove from Screen	

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15170 Acellular dermal repla body area of infants a		unk, arms, legs; first 100 sq cm or les ı	s, or 1% of Global: Issue	e: Acellular Dermal Replacement	Screen: Different Performing Specialty from Survey	Complete? Yes
Most Recent RUC Meeting: February 2010	<b>Tab:</b> 31	Specialty Developing APMA, ASPS Recommendation:	First Identified: February 2010	2020 Medicare Utilization:	2022 Work RVU: 2022 NF PE RVU: 2022 Fac PE RVU:	
RUC Recommendation: Delete	ed from CPT		Referred to CPT Referred to CPT Asst	olished in CPT Asst:	Result: Deleted from CPT	
	body area	unk, arms, legs; each additional 100 s of infants and children, or part therec r primary procedure)		e: Acellular Dermal Replacement	Screen: Different Performing Specialty from Survey	Complete? Yes
Most Recent	<b>Tab:</b> 31	Specialty Developing APMA, ASPS	First	2020	2022 Work RVU:	
RUC Meeting: February 2010		Recommendation:	Identified: February 2010	Medicare	2022 NF PE RVU:	
				Utilization:	2022 Fac PE RVU:	
RUC Recommendation: Delete	ed from CPT		Referred to CPT Asst	olished in CPT Asst:	Result: Deleted from CPT	
.0170	and/or mu	ce, scalp, eyelids, mouth, neck, ears, tiple digits; first 100 sq cm or less, on	·	e: Acellular Dermal Replacement	Screen: Different Performing Specialty from Survey	Complete? Yes
Most Recent	<b>Tab</b> : 31	Specialty Developing APMA, ASPS	First	2020	2022 Work RVU:	
RUC Meeting: February 2010		Recommendation:	Identified: October 2009	Medicare	2022 NF PE RVU:	
				Utilization:	2022 Fac PE RVU:	
RUC Recommendation: Delete	ed from CPT		Referred to CPT October 201 Referred to CPT Asst Pub	0 Dished in CPT Asst:	Result: Deleted from CPT	

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and/or legs; 20 sq cm or less  Most Recent Tab: 16 Specialty Developing RUC Meeting: September 2007  RUC Meeting: September 2007  RUC Recommendation: Reduce 99238 to 0.5  Referred to CPT Asst Published in CPT Asst:  (99238-Only)  2022 Work RVU: 8.09  2022 NF PE RVU: 13.51  2022 Fac PE RVU: 8.63  Result: PE Only	genitalia, hands, feet, and/or m	ace, scalp, eyelids, mouth, neck, ears, orbiultiple digits; each additional 100 sq cm, or Ifants and children, or part thereof (List or primary procedure)	•	: Acellular Dermal Replacement	Screen: Different Performing Specialty from Survey	Complete? Yes
and/or legs; 20 sq cm or less  (99238-Only)  Most Recent RUC Meeting: September 2007  Recommendation: Reduce 99238 to 0.5  Referred to CPT Asst:  Referred to CPT Asst:  Referred to CPT Asst:  Referred to CPT Asst:  15240 Full thickness graft, free, including direct closure of donor site, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands, and/or feet; 20 sq cm or less  Most Recent RUC Meeting: September 2014  Tab: 21 Specialty Developing ASPS, AAD Recommendation:  Tab: 21 Specialty Developing ASPS, AAD Recommendation:  Referred to CPT Asst:  Global: 090 Issue: RAW  Screen: Pre-Time Analysis Complete? Ye dedicare Utilization: 12,127  Medicare Utilization: 12,127  2020 Recommendation: 12,127  2020 Recommendation: 12,127	RUC Meeting: February 2010	Recommendation:	Identified: February 2010  ferred to CPT	Medicare Utilization:	2022 NF PE RVU: 2022 Fac PE RVU:	
RUC Meeting: September 2007  Recommendation:  Recommendation:  Recommendation:  Referred to CPT Referred to CPT Asst:  Result:  R		ling direct closure of donor site, scalp, arm	is, Global: 090 Issue:	: Skin Graft		Complete? Yes
RUC Recommendation: Reduce 99238 to 0.5  Referred to CPT Referred to CPT Asst Published in CPT Asst:  15240 Full thickness graft, free, including direct closure of donor site, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands, and/or feet; 20 sq cm or less  Most Recent RUC Meeting: September 2014  Tab: 21 Specialty Developing ASPS, AAD Recommendation:  ASPS, AAD Recommendation:  Referred to CPT Ref				Medicare		
cheeks, chin, mouth, neck, axillae, genitalia, hands, and/or feet; 20 sq cm or less  Most Recent RUC Meeting: September 2014  Specialty Developing Recommendation:  ASPS, AAD First Identified: January 2014  Medicare Utilization: 12,127  2022 Work RVU: 10.41  2022 NF PE RVU: 15.60  2022 Fac PE RVU: 11.45	RUC Recommendation: Reduce 99238 to			ished in CPT Asst:		
Most Recent RUC Meeting: September 2014  Specialty Developing Recommendation:  Specialty Developing Recommendation:  First 10.41  Medicare Utilization: 12,127  2022 Work RVU: 10.41  2022 Work RVU: 10.41  2022 NF PE RVU: 15.60  2022 Fac PE RVU: 11.45				: RAW	Screen: Pre-Time Analysis	Complete? Yes
	Most Recent Tab: 21	Specialty Developing ASPS, AAD	First	Medicare	<b>2022 NF PE RVU</b> : 15.60	
time package 4.		VU and adjust the times from pre-	ferred to CPT	ŕ		

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15271 Application of skin substitute graft to trunk, arms, legs, total wound surface area Global: 000 Issue: Chronic Wound Dermal Screen: Different Performing Complete? Yes Substitute Specialty from Survey up to 100 sq cm; first 25 sq cm or less wound surface area 2022 Work RVU: 1.50 Specialty Developing ACS, APMA, ASPS First 2020 **Most Recent Tab:** 04 **RUC Meeting:** April 2011 Recommendation: Identified: April 2011 Medicare 2022 NF PE RVU: 2.90 **Utilization:** 115.628 2022 Fac PE RVU: 0.74 **RUC Recommendation: 1.50** Referred to CPT February 2011 Result: Decrease Referred to CPT Asst **Published in CPT Asst:** 15272 Application of skin substitute graft to trunk, arms, legs, total wound surface area Global: ZZZ Issue: Chronic Wound Dermal Screen: Different Performing Complete? Yes up to 100 sq cm; each additional 25 sq cm wound surface area, or part thereof Substitute Specialty from Survey (list separately in addition to code for primary procedure) 2022 Work RVU: 0.33 2020 **Most Recent Tab**: 04 Specialty Developing ACS, APMA, ASPS First Identified: April 2011 RUC Meeting: April 2011 Recommendation: Medicare 2022 NF PE RVU: 0.35 **Utilization:** 16,178 **2022 Fac PE RVU: 0.12 RUC Recommendation: 0.59** Referred to CPT 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 Global: 000 **Chronic Wound Dermal** Screen: Different Performing Complete? Yes greater than or equal to 100 sq cm; first 100 sq cm wound surface area, or 1% of Substitute Specialty from Survey body area of infants and children 2022 Work RVU: 3.50 **Most Recent Tab:** 04 Specialty Developing ACS, APMA, ASPS First 2020 **RUC Meeting:** April 2011 Identified: April 2011 Recommendation: Medicare **2022 NF PE RVU: 5.32 Utilization:** 6.606 2022 Fac PE RVU: 1.67 **RUC Recommendation: 3.50** Referred to CPT February 2011 Result: Decrease Referred to CPT Asst Published in CPT Asst:

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15274 Application of skin substitute graft to trunk, arms, legs, total wound surface area Global: ZZZ Issue: Chronic Wound Dermal Screen: Different Performing Complete? Yes Substitute Specialty from Survey 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) 2022 Work RVU: 0.80 **Most Recent Tab:** 04 Specialty Developing ACS, APMA, ASPS First 2020 **RUC Meeting:** April 2011 Identified: April 2011 Recommendation: Medicare 2022 NF PE RVU: 1.53 **Utilization:** 31,457 **2022 Fac PE RVU: 0.36 RUC Recommendation: 0.80** Referred to CPT February 2011 Result: Decrease Referred to CPT Asst Published in CPT Asst: 15275 Application of skin substitute graft to face, scalp, eyelids, mouth, neck, ears, Global: 000 Issue: Chronic Wound Dermal Screen: Different Performing Complete? Yes Substitute orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area up Specialty from Survey to 100 sq cm; first 25 sq cm or less wound surface area 2022 Work RVU: 1.83 Most Recent **Tab:** 04 Specialty Developing ACS, APMA, ASPS First 2020 **RUC Meeting:** April 2011 Recommendation: Identified: April 2011 Medicare **2022 NF PE RVU**: 2.72 **Utilization:** 133,737 2022 Fac PE RVU: 0.71 **RUC Recommendation: 1.83** Referred to CPT February 2011 Result: Decrease Referred to CPT Asst Published in CPT Asst: 15276 Application of skin substitute graft to face, scalp, eyelids, mouth, neck, ears, Global: ZZZ Issue: Chronic Wound Dermal Screen: Different Performing Complete? Yes orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area up Substitute Specialty from Survey to 100 sq cm; each additional 25 sq cm wound surface area, or part thereof (list separately in addition to code for primary procedure) 2022 Work RVU: 0.50 Specialty Developing ACS, APMA, ASPS First 2020 Most Recent **Tab:** 04 **RUC Meeting:** April 2011 Recommendation: Identified: April 2011 Medicare **2022 NF PE RVU: 0.39 Utilization:** 6.915 **2022 Fac PE RVU: 0.17** February 2011 **RUC Recommendation:** 0.59 Referred to CPT Result: Decrease Referred to CPT Asst Published in CPT Asst:

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15277 Application of skin substitute graft to face, scalp, eyelids, mouth, neck, ears. Global: 000 Issue: Chronic Wound Dermal Screen: Different Performing Complete? Yes Substitute Specialty from Survey 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 **2022 Work RVU: 4.00 Most Recent Tab:** 04 Specialty Developing ACS, APMA, ASPS First 2020 **RUC Meeting:** April 2011 Recommendation: Identified: April 2011 Medicare **2022 NF PE RVU: 5.66 Utilization:** 1,911 **2022 Fac PE RVU: 1.90 RUC Recommendation: 4.00** Referred to CPT February 2011 Result: Decrease Referred to CPT Asst Published in CPT Asst: Global: ZZZ 15278 Application of skin substitute graft to face, scalp, eyelids, mouth, neck, ears, Issue: Chronic Wound Dermal Screen: Different Performing Complete? Yes Substitute orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area Specialty from Survey 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) 2022 Work RVU: 1.00 2020 **Most Recent Tab**: 04 Specialty Developing ACS, APMA, ASPS First RUC Meeting: April 2011 Recommendation: Identified: April 2011 Medicare **2022 NF PE RVU: 1.70 Utilization:** 3,623 **2022 Fac PE RVU: 0.47 RUC Recommendation: 1.00** Referred to CPT February 2011 Result: Decrease Referred to CPT Asst Published in CPT Asst: 15320 Deleted from CPT Global: Issue: Skin Allograft **Screen:** Different Performing Complete? Yes Specialty from Survey 2022 Work RVU: **Most Recent** Specialty Developing APMA, ASPS 2020 **Tab:** 31 First **RUC Meeting:** February 2010 Recommendation: Identified: October 2009 Medicare **2022 NF PE RVU: Utilization:** 2022 Fac PE RVU:

Referred to CPT

October 2010 Referred to CPT Asst | Published in CPT Asst: Result: Deleted from CPT

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RUC Recommendation: Deleted from CPT

15321 Deleted from CPT			Global: Issue	e: Skin Allograft	Screen: Different Performing Specialty from Survey	Complete? Yes
Most Recent Tab	o: 31 Specialty Develo	oping APMA, ASPS	First	2020	2022 Work RVU:	
RUC Meeting: February 2010	Recommendation		Identified: February 2010	Medicare	2022 NF PE RVU:	
				Utilization:	2022 Fac PE RVU:	
RUC Recommendation: Deleted from	n CPT	R	eferred to CPT		Result: Deleted from CPT	
		R	eferred to CPT Asst U Pub	olished in CPT Asst:		
15330 Acellular dermal allograft, to body area of infants and ch		00 sq cm or less, or 1%	% of Global: Issue	e: Allograft	Screen: High IWPUT	Complete? Yes
Most Recent Tak	s: S Specialty Develo	opina ASPS	First	2020	2022 Work RVU:	
RUC Meeting: February 2008	Recommendation		Identified: February 2008	Medicare	2022 NF PE RVU:	
				Utilization:	2022 Fac PE RVU:	
RUC Recommendation: Deleted from	n CPT	R	eferred to CPT		Result: Deleted from CPT	
		R	eferred to CPT Asst L Pub	olished in CPT Asst:		
15331 Deleted from CPT			Global: Issue	e: Acellular Dermal Allograft	Screen: Different Performing Specialty from Survey	Complete? Yes
Most Recent Tak	:31 Specialty Develo	oping AAO-HNS, APM	A. First	2020	2022 Work RVU:	
RUC Meeting: February 2010	Recommendation		Identified: February 2010	Medicare	2022 NF PE RVU:	
				Utilization:	2022 Fac PE RVU:	
RUC Recommendation: Deleted from	n CPT	R	eferred to CPT		Result: Deleted from CPT	
		R	eferred to CPT Asst	olished in CPT Asst:		
15335 Deleted from CPT			Global: Issue	e: Acellular Dermal Allograft	Screen: Different Performing Specialty from Survey	Complete? Yes
Most Recent Tak	:31 Specialty Develo	oping AAO-HNS, APM	A. First	2020	2022 Work RVU:	
RUC Meeting: February 2010	Recommendation		Identified: October 2009	Medicare	2022 NF PE RVU:	
				Utilization:	2022 Fac PE RVU:	
RUC Recommendation: Deleted from	n CPT	R	eferred to CPT October 201	0	Result: Deleted from CPT	
			eferred to CPT Asst  Pub	lished in CPT Asst:		

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15336 Deleted from CPT			Global: Issue	: Acellular Dermal Allograft	Screen: Different Performing Specialty from Survey	Complete? Yes
Most Recent Tab: 31	Specialty Developing	AAO-HNS, APM	A, First	2020	2022 Work RVU:	
RUC Meeting: February 2010	Recommendation:	ASPS	Identified: February 2010	Medicare Utilization:	2022 NF PE RVU:	
				Othization.	2022 Fac PE RVU:	
RUC Recommendation: Deleted from CP	Г		Referred to CPT February 201 Referred to CPT Asst  Publ		lesult: Deleted from CPT	
15360 Deleted from CPT			Global: Issue	: Tissue Cultured Allogeneic Dermal Substitute	Screen: Different Performing Specialty from Survey	Complete? Yes
Most Recent Tab: 31	Specialty Developing	APMA, ASPS	First	2020	2022 Work RVU:	
RUC Meeting: February 2010	Recommendation:	•	Identified: February 2010	Medicare	2022 NF PE RVU:	
				Utilization:	2022 Fac PE RVU:	
RUC Recommendation: Deleted from CP	Г		Referred to CPT February 201 Referred to CPT Asst  Publ		lesult: Deleted from CPT	
15361 Deleted from CPT			Global: Issue	: Tissue Cultured Allogeneic Dermal Substitute	Screen: Different Performing Specialty from Survey	Complete? Yes
Most Recent Tab: 31	Specialty Developing	APMA ASPS	First	2020	2022 Work RVU:	
RUC Meeting: February 2010	Recommendation:	7, 7	Identified: February 2010	Medicare	2022 NF PE RVU:	
				Utilization:	2022 Fac PE RVU:	
RUC Recommendation: Deleted from CP	Γ		Referred to CPT February 201		esult: Deleted from CPT	
		R	Referred to CPT Asst	ished in CPT Asst:		
15365 Deleted from CPT			Global: Issue	: Tissue Cultured Allogeneic Dermal Substitute	Screen: Different Performing Specialty from Survey	Complete? Yes
Most Recent Tab: 31	Specialty Developing	APMA, ASPS	First	2020	2022 Work RVU:	
	Recommendation:	, -	Identified: October 2009	Medicare	2022 NF PE RVU:	
RUC Meeting: February 2010	rtocommonaatiom					
RUC Meeting: February 2010	nooniiion <b>uu</b> toin			Utilization:	2022 Fac PE RVU:	
RUC Meeting: February 2010  RUC Recommendation: Deleted from CP			Referred to CPT October 2010 Referred to CPT Asst Publ		2022 Fac PE RVU: lesult: Deleted from CPT	

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15366 Deleted from CPT				Global:	Issue:	Tissue Cultured Allogeneic Dermal Substitute	Screen: Different Performing Specialty from Survey	Complete? Yes
Most Recent	<b>Tab:</b> 31	Specialty Developing	APMA. ASPS	First		2020	2022 Work RVU:	
RUC Meeting: February 2010		Recommendation:	,	Identified: February	2010	Medicare	2022 NF PE RVU:	
						Utilization:	2022 Fac PE RVU:	
RUC Recommendation: Delete	d from CPT	•			ary 2011		esult: Deleted from CPT	
				Referred to CPT Asst	Publi	shed in CPT Asst:		
15400 Deleted from CPT				Global:	Issue:	Xenograft	Screen: Site of Service Anomaly	Complete? Yes
Most Recent	<b>Tab:</b> 16	Specialty Developing	APMA, AAO-H	NS, First		2020	2022 Work RVU:	
RUC Meeting: September 2007		Recommendation:	ASPS	Identified: Septemb	er 2007	Medicare Utilization:	2022 NF PE RVU:	
						Otilization.	2022 Fac PE RVU:	
RUC Recommendation: Delete	d from CPT	•		Referred to CPT	_		esult: Deleted from CPT	
				Referred to CPT Asst	_ Fubil	shed in CPT Asst:		
15401 Deleted from CPT				Global:	Issue:	Xenograft	Screen: High Volume Growth1	Complete? Yes
Most Recent	Tab: S	Specialty Developing	ACS, ASPS	First		2020	2022 Work RVU:	
RUC Meeting: February 2008		Recommendation:		Identified: February	2008	Medicare Utilization:	2022 NF PE RVU:	
						Otilization.	2022 Fac PE RVU:	
RUC Recommendation: Delete	d from CPT	•		Referred to CPT Referred to CPT Asst	Publi	R shed in CPT Asst:	esult: Deleted from CPT	
15420 Deleted from CPT				Global:	Issue:	Xenograft Skin	Screen: Different Performing Specialty from Survey	Complete? Yes
Nost Recent	<b>Tab:</b> 31	Specialty Developing	APMA, ASPS.	AAD First		2020	2022 Work RVU:	
UC Meeting: February 2010		Recommendation:	, -,	Identified: October 2	2009	Medicare	2022 NF PE RVU:	
						Utilization:	2022 Fac PE RVU:	
RUC Recommendation: Delete	d from CPT	•			er 2010	-	esult: Deleted from CPT	
				Referred to CPT Asst	D. B.	shed in ODT Asst.		

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J: U: /U: Anomaly Complete? Yes
/U:
Anomaly <b>Complete?</b> Yes
Anomaly <b>Complete?</b> Yes
Anomaly Complete? Yes
J: 10.21
<b>U</b> : 14.93
<b>/U</b> :9.47
J: 10.12 U: 14.10
<b>/U</b> :9.73
Anomaly Complete? Yes
Anomaly Complete? Yes  J: 10.70
,
J: 10.70
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15576 Formation of direct or ears, lips, or intraoral	tubed ped	licle, with or without transfer; eyelids, i	nose, Global: 090 Issue	: Skin Pedicle Flaps	Screen: Site of Service Anomaly	Complete? Yes
Most Recent	<b>Tab:</b> 10	Specialty Developing ASPS, AAO-H		2020	<b>2022 Work RVU</b> : 9.37	
RUC Meeting: October 2008		Recommendation:	Identified: September 2007	Medicare Utilization: 3.842	<b>2022 NF PE RVU</b> : 12.72	
				Otm241011. 0,012	<b>2022 Fac PE RVU:</b> 8.61	
RUC Recommendation: 9.24			Referred to CPT		Result: Maintain	
			Referred to CPT Asst U Pub	lished in CPT Asst:		
15730 Midface flap (ie, zygom	naticofacia	ıl flap) with preservation of vascular pe	dicle(s) Global: 090 Issue	e: Muscle Flaps	Screen: High Level E/M in Global Period	Complete? Yes
Most Recent	<b>Tab</b> : 05	Specialty Developing AAO	First	2020	<b>2022 Work RVU</b> : 13.50	
RUC Meeting: January 2017	Recommendation:	Recommendation:	Identified: January 2017	Medicare	<b>2022 NF PE RVU</b> : 27.61	
				Utilization: 1,544	<b>2022 Fac PE RVU</b> : 11.82	
<b>RUC Recommendation:</b> 13.50			Referred to CPT		Result: Decrease	
			Referred to CPT Asst	lished in CPT Asst:		
15731 Forehead flap with pre paramedian forehead f		of vascular pedicle (eg, axial pattern fl	ap, Global: 090 Issue	: Muscle Flaps	Screen: High Level E/M in Global Period	Complete? Yes
Most Recent	<b>Tab</b> : 05	Specialty Developing	First	2020	<b>2022 Work RVU:</b> 14.38	
RUC Meeting: January 2017	Recommendation:	Recommendation:	Identified: April 2016	Medicare Utilization: 2,073	<b>2022 NF PE RVU</b> : 16.69	
				Otilization. 2,073	<b>2022 Fac PE RVU:</b> 12.82	
RUC Recommendation: Not par	rt of family		Referred to CPT September 2		Result: Not Part of RAW	
			Referred to CPT Asst	lished in CPT Asst:		

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15732 Muscle, myocutaneous, or fasc masseter muscle, sternocleido	iocutaneous flap; head and neck (eg, to mastoid, levator scapulae)	emporalis, Global: Issue	: Muscle Flaps	Screen: Site of Service Anomaly / High Level E/M in Global Period	Complete? Yes
Most Recent Tab: 05	Specialty Developing ASPS	First	2020	2022 Work RVU:	
RUC Meeting: January 2017	Recommendation:	Identified: September 2007	Medicare Utilization:	2022 NF PE RVU:	
			Otinzation.	2022 Fac PE RVU:	
RUC Recommendation: Deleted from CF	T	Referred to CPT September 2	016 lished in CPT Asst:	Result: Deleted from CPT	
	iocutaneous flap; head and neck with r s, genioglossus, temporalis, masseter, apulae)		: Muscle Flaps	Screen: High Level E/M in Global Period	Complete? Yes
Most Recent Tab: 05	Specialty Developing ASPS	First	2020	<b>2022 Work RVU</b> : 15.68	
RUC Meeting: January 2017	Recommendation:	Identified: January 2017	Medicare Utilization: 4,903	2022 NF PE RVU: NA	
			Othization. 4,903	2022 Fac PE RVU: 12.24	
RUC Recommendation: 15.68		Referred to CPT		Result: Decrease	
		Referred to CPT Asst	lished in CPT Asst:		
15734 Muscle, myocutaneous, or fasc	iocutaneous flap; trunk	Global: 090 Issue	: Muscle Flaps	Screen: High Level E/M in Global Period	Complete? Yes
Most Recent Tab: 14	Specialty Developing	First	2020	<b>2022 Work RVU:</b> 23.00	
RUC Meeting: April 2016	Recommendation:	Identified: October 2015	Medicare	2022 NF PE RVU: NA	
			Utilization: 21,710	2022 Fac PE RVU: 16.61	
RUC Recommendation: 23.00		Referred to CPT September 20 Referred to CPT Asst Publ	016 lished in CPT Asst:	Result: Increase	

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15736 Muscle, myocutaneous, or fasciocutaneous flap; upper extremity			Muscle Flaps	Screen: High Level E/M in Global Period	Complete? Yes	
<b>Tab</b> : 14	Specialty Developing ASSH, ASPS	First	2020	2022 Work RVU: 17.04		
	Recommendation:	Identified: January 2016	Medicare	<b>2022 NF PE RVU</b> : NA		
			Otilization. 1,555	<b>2022 Fac PE RVU</b> : 15.64		
				Result: Maintain		
s, or fascio	ocutaneous flap; lower extremity	Global: 090 Issue:	Muscle Flaps	Screen: High Level E/M in Global Period	Complete? Yes	
<b>Tab</b> : 14	Specialty Developing ASPS	First	2020	<b>2022 Work RVU</b> : 19.04		
	Recommendation:	Identified: January 2016	Medicare	2022 NF PE RVU: NA		
		Otheration: 5,604		<b>2022 Fac PE RVU</b> : 15.04		
		'—		Result: Maintain		
quiring ide	entification and dissection of an anato	omically Global: 090 Issue:	Dermatology and Plastic Surgery Procedures	Screen: Site of Service Anomaly / CMS Fastest Growing	Complete? Yes	
<b>Tab</b> : 28	Specialty Developing AAD, ASPS	First	2020	<b>2022 Work RVU</b> : 11.80		
	Recommendation:	Identified: September 2007	Medicare	<b>2022 NF PE RVU</b> : 16.23		
			Otinzation. 1,090	<b>2022 Fac PE RVU:</b> 11.09		
		Referred to CPT February 2009 2012	9 & February	Result: Maintain		
	Tab: 14 s, or fascio	Tab: 14 Specialty Developing ASSH, ASPS Recommendation:  s, or fasciocutaneous flap; lower extremity  Tab: 14 Specialty Developing ASPS Recommendation:  equiring identification and dissection of an anatom Tab: 28 Specialty Developing AAD, ASPS	Tab: 14 Specialty Developing ASSH, ASPS Recommendation:  Referred to CPT September 20 Referred to CPT Asst Public Public September 20 Referred to CPT Asst Public September 20 Referred to CPT Asst Public September 20 Referred to CPT Asst Public September 20 Referred to CPT Asst Public September 20 Referred to CPT Asst Recommendation:  Tab: 28 Specialty Developing AAD, ASPS Recommendation:  First Identified: September 2007 Referred to CPT February 2008	Tab: 14 Specialty Developing Recommendation:    Referred to CPT   September 2016   Referred to CPT   Asst   Published in CPT   Published in CPT   September 2016   Referred to CPT   September 2016   Surgery Procedures   September 2016   September 2016	Tab: 14 Specialty Developing ASSH, ASPS Recommendation:    Specialty Developing Recommendation:   Specialty Developing Referred to CPT   September 2016   September 2016   Referred to CPT Asst   Published in CPT Asst:   Pu	

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15769 Grafting of autologous soft t dermis, fascia)	issue, other, harvested by direct excision (e	g, fat, Global: 090 Issue	: Tissue Grafting Procedures Scree	n: Site of Service Anomaly - Complete? No 2017
Most Recent RUC Meeting: September 2022  RUC Recommendation: Refer to CPT	Recommendation: Assistant. 6.68.	Identified: May 2018	2020 Medicare Utilization: 5,294 Result:	2022 Work RVU: 6.68 2022 NF PE RVU: NA 2022 Fac PE RVU:6.23 Increase
	F	Referred to CPT Asst 💆 Publ	ished in CPT Asst:	
15771 Grafting of autologous fat ha scalp, arms, and/or legs; 50	rvested by liposuction technique to trunk, b	oreasts, Global: 090 Issue	: Tissue Grafting Procedures Scree	n: Site of Service Anomaly - Complete? Yes 2017
Most Recent Tab:		First Identified: May 2018	2020	<b>2022 Work RVU:</b> 6.73
RUC Meeting: October 2018	Recommendation:		Medicare Utilization: 2.564	<b>2022 NF PE RVU</b> : 9.56
			,	<b>2022 Fac PE RVU</b> : 6.68
RUC Recommendation: 6.73		Referred to CPT Referred to CPT Asst Publ	Result: ished in CPT Asst:	Increase
	<u> </u>	- Tubi	ionou in or i Aoot.	
10112	rvested by liposuction technique to trunk, b h additional 50 cc injectate, or part thereof e for primary procedure)	•	: Tissue Grafting Procedures Scree	n: Site of Service Anomaly - Complete? Yes 2017
Most Recent Tab:	04 Specialty Developing ASPS	First	2020	2022 Work RVU: 2.50
RUC Meeting: October 2018	Recommendation:	Identified: May 2018	Medicare Utilization: 5,007	<b>2022 NF PE RVU:</b> 2.66
			otilization. 5,007	<b>2022 Fac PE RVU:</b> 1.40
<b>RUC Recommendation:</b> 2.50	F	Referred to CPT	Result:	Increase
	F	Referred to CPT Asst   Publ	ished in CPT Asst:	

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10770		sted by liposuction technic lia, hands, and/or feet; 25 o	•	•	Issue:	Tissue Grafting Procedures	Screen	: Site of Service Anomaly - 2017	Complete? Yes
Most Recent	<b>Tab</b> : 04	Specialty Developing A	SPS	First		2020		<b>2022 Work RVU:</b> 6.83	
RUC Meeting: October 2018		Recommendation:		Identified: May 2018		Medicare Utilization: 347		<b>2022 NF PE RVU:</b> 9.73	
						Utilization: 347		2022 Fac PE RVU: 6.81	
<b>RUC Recommendation:</b> 6.83			Refe	erred to CPT		I	Result: Ir	ncrease	
			Refe	erred to CPT Asst	Publi	shed in CPT Asst:			
mouth, neck, ears, or	rbits, genita	sted by liposuction technic lia, hands, and/or feet; eac parately in addition to code	h additional 25 c		Issue:	Tissue Grafting Procedures	Screen	: Site of Service Anomaly - 2017	Complete? Yes
Most Recent	<b>Tab:</b> 04	Specialty Developing A	SPS	First		2020		2022 Work RVU: 2.41	
RUC Meeting: October 2018		Recommendation:		Identified: May 2018		Medicare		<b>2022 NF PE RVU</b> : 2.66	
						Utilization: 87		<b>2022 Fac PE RVU</b> : 1.39	
<b>RUC Recommendation: 2.41</b>			Refe	erred to CPT		1	Result: Ir	ncrease	
			Refe	erred to CPT Asst	Publi	shed in CPT Asst:			
		(eg, acellular dermal matri (list separately in addition			Issue:	Chronic Wound Dermal Substitute	Screen	: Different Performing Specialty from Survey	Complete? Yes
Most Recent	<b>Tab:</b> 04	Specialty Developing A	.CS, APMA, ASPS	First		2020		<b>2022 Work RVU:</b> 3.65	
RUC Meeting: April 2011		Recommendation:	- ,	Identified: April 2011		Medicare		<b>2022 NF PE RVU</b> : 1.97	
						Utilization: 7,449		<b>2022 Fac PE RVU</b> : 1.97	
RUC Recommendation: 3.65			Refe	erred to CPT Februa	ary 2011	l I	Result: D	ecrease	
			Refe	erred to CPT Asst	Publi	shed in CPT Asst:			

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15778 Implantation of absorbable mesh or other prosthesis for delayed closure of Global: Issue: Anterior Abdominal Hernia Screen: Site of Service Anomaly - Complete? Yes Repair 2019 defect(s) (ie, external genitalia, perineum, abdominal wall) due to soft tissue infection or trauma 2022 Work RVU: Specialty Developing ACS, ASCRS (col), **Most Recent Tab:** 09 2020 Identified: February 2021 **RUC Meeting:** April 2021 Recommendation: SAGES Medicare **2022 NF PE RVU: Utilization:** 2022 Fac PE RVU: **RUC Recommendation: 8.00** February 2021 Referred to CPT Result: Decrease Referred to CPT Asst Published in CPT Asst: 15823 Blepharoplasty, upper eyelid; with excessive skin weighting down lid Global: 090 Issue: Upper Eyelid Blepharoplasty Screen: Harvard Valued -Complete? Yes Utilization over 100,000 2022 Work RVU: 6.81 **Most Recent Tab:** 33 Specialty Developing AAO First 2020 **RUC Meeting:** April 2010 Recommendation: Identified: October 2009 Medicare **2022 NF PE RVU: 10.86 Utilization:** 69,275 2022 Fac PE RVU: 8.71 **RUC Recommendation: 6.81** Referred to CPT Result: Decrease **Referred to CPT Asst** Published in CPT Asst: Dressings and/or debridement of partial-thickness burns, initial or subsequent; Dressings/ Debridement of Screen: Different Performing Complete? Yes Global: 000 Partial-Thickness Burns small (less than 5% total body surface area) Specialty from Survey 2022 Work RVU: 0.71 ASPS, AAFP. 2020 Most Recent **Tab:** 08 Specialty Developing First **RUC Meeting:** October 2010 AAPMR, ACS, AAP Identified: October 2009 Recommendation: Medicare **2022 NF PE RVU: 1.69 Utilization:** 13,402 2022 Fac PE RVU: 0.78

Referred to CPT

Referred to CPT Asst

Published in CPT Asst:

Result: Maintain

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RUC Recommendation: 0.80

16025 Dressings and/or debridement of partial-thickness burns, initial or subsequent: Global: 000 **Issue:** Dressings/ Debridement of Screen: Different Performing Complete? Yes medium (eg, whole face or whole extremity, or 5% to 10% total body surface Partial-Thickness Burns Specialty from Survey 2022 Work RVU: 1.74 **Most Recent Tab:** 08 Specialty Developing ASPS, AAFP, **First** 2020 Identified: October 2009 **RUC Meeting:** October 2010 Recommendation: AAPMR, ACS, AAP Medicare 2022 NF PE RVU: 2.67 2,336 **Utilization: 2022 Fac PE RVU: 1.26 RUC Recommendation: 1.85** Referred to CPT Result: Maintain **Referred to CPT Asst Published in CPT Asst:** 16030 Dressings and/or debridement of partial-thickness burns, initial or subsequent; Dressings/ Debridement of Screen: Different Performing Complete? Yes Partial-Thickness Burns large (eg, more than 1 extremity, or greater than 10% total body surface area) Specialty from Survey 2022 Work RVU: 2.08 **Most Recent Tab:** 45 Specialty Developing ACEP, ASPS, 2020 **RUC Meeting:** April 2010 Recommendation: AAFP, AAPMR. **Identified:** February 2010 Medicare **2022 NF PE RVU: 3.40** ACS, AAP **Utilization:** 1,357 **2022 Fac PE RVU: 1.40** Referred to CPT RUC Recommendation: CPT Assistant article published Result: Maintain ✓ Published in CPT Asst: Oct 2012 Referred to CPT Asst Global: 010 Destruction of Premalignant Screen: MPC List Complete? Yes Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), premalignant lesions (eg, actinic keratoses); first lesion Lesions 2022 Work RVU: 0.61 Most Recent **Tab:** 17 Specialty Developing AAD First 2020 **RUC Meeting:** April 2013 Recommendation: Identified: October 2010 Medicare **2022 NF PE RVU: 1.31 Utilization:** 5,075,530 2022 Fac PE RVU: 0.93

Referred to CPT

**Referred to CPT Asst** 

**Published in CPT Asst:** 

Result: Decrease

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**RUC Recommendation: 0.61** 

17003 Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, Global: ZZZ Issue: Destruction of Premalignant Screen: Low Value-Billed in Complete? Yes Multiple Units / CMS surgical curettement), premalignant lesions (eg. actinic keratoses); second Lesions High Expenditure through 14 lesions, each (list separately in addition to code for first lesion) Procedural Codes1 2022 Work RVU: 0.04 **Most Recent Tab:** 17 Specialty Developing AAD First 2020 **RUC Meeting:** April 2013 Recommendation: Identified: October 2010 Medicare 2022 NF PE RVU: 0.16 **Utilization:** 16,342,065 2022 Fac PE RVU: 0.02 **RUC Recommendation: 0.04** Referred to CPT Result: Decrease Referred to CPT Asst **Published in CPT Asst:** 17004 Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, Global: 010 Issue: Destruction of Premalignant Screen: CMS High Expenditure Complete? Yes surgical curettement), premalignant lesions (eq. actinic keratoses), 15 or more Lesions Procedural Codes1 / Modifer -51 Exempt lesions 2022 Work RVU: 1.37 2020 **Most Recent Tab:** 17 Specialty Developing AAD First **RUC Meeting:** April 2013 Recommendation: Identified: September 2011 Medicare **2022 NF PE RVU: 3.51** 745,568 **Utilization: 2022 Fac PE RVU: 1.35** RUC Recommendation: Remove from Modifier -51 Exempt List. 1.37 Result: Decrease Referred to CPT **Referred to CPT Asst Published in CPT Asst:** 17106 Destruction of cutaneous vascular proliferative lesions (eg, laser technique); Global: 090 Issue: Destruction of Skin Lesions Screen: High IWPUT Complete? Yes less than 10 sq cm 2022 Work RVU: 3.69 **Most Recent Tab:** 11 Specialty Developing AAD First 2020 **Identified:** February 2008 **Medicare RUC Meeting:** October 2008 Recommendation: 2022 NF PE RVU: 6.00 **Utilization:** 3.054 2022 Fac PE RVU: 3.94 **RUC Recommendation: 3.61** Referred to CPT Result: Decrease

Referred to CPT Asst

**Published in CPT Asst:** 

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17107 Destruction of cutaned 10.0 to 50.0 sq cm	ous vascul	ar proliferative lesions (e	g, laser technique)	; Global: 090 Issue:	Destruction o	f Skin Lesions	Screen: High IWPUT	Complete? Yes
Most Recent RUC Meeting: October 2008	<b>Tab:</b> 11	Specialty Developing Recommendation:		First Identified: February 2008	2020 Medicare Utilization:	1,396	2022 Work RVU: 4.79 2022 NF PE RVU: 7.80 2022 Fac PE RVU:5.12	
RUC Recommendation: 4.68				rred to CPT rred to CPT Asst  Publi	ished in CPT A		esult: Decrease	
17108 Destruction of cutanes over 50.0 sq cm	ous vascul	ar proliferative lesions (e	eg, laser technique)	; Global: 090 Issue:	Destruction o	f Skin Lesions	Screen: High IWPUT	Complete? Yes
Most Recent	<b>Tab:</b> 11	Specialty Developing	AAD	First	2020		<b>2022 Work RVU</b> : 7.49	
RUC Meeting: October 2008		Recommendation:		Identified: February 2008	Medicare Utilization: 4,184	4,184	<b>2022 NF PE RVU</b> : 10.13	
DUO Deservatorio dell'esse 0.07			D. C.	mand to ODT			2022 Fac PE RVU: 6.88	
RUC Recommendation: 6.37				rred to CPT rred to CPT Asst	ished in CPT A		esult: Decrease	
	, of benign	ectrosurgery, cryosurge lesions other than skin t to 14 lesions		Global: 010 Issue:	RAW		Screen: High Volume Growth2	Complete? Yes
surgical curettement),	, of benign lesions; up	lesions other than skin to 14 lesions		Global: 010 Issue:	RAW 2020		Screen: High Volume Growth2  2022 Work RVU: 0.70	Complete? Yes
surgical curettement), vascular proliferative	, of benign	lesions other than skin t			2020 Medicare	2 225 566	Ç	Complete? Yes
surgical curettement), vascular proliferative	, of benign lesions; up	lesions other than skin to 14 lesions  Specialty Developing		First	2020	2,225,566	<b>2022 Work RVU:</b> 0.70	Complete? Yes

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17111 Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, Global: 010 Issue: RAW Screen: High Volume Growth2 Complete? Yes surgical curettement), of benign lesions other than skin tags or cutaneous vascular proliferative lesions; 15 or more lesions 2022 Work RVU: 0.97 **Most Recent Tab:** 18 **Specialty Developing** First 2020 **RUC Meeting:** October 2013 Identified: April 2013 Recommendation: Medicare 2022 NF PE RVU: 2.87 **Utilization:** 104,490 **2022 Fac PE RVU: 1.31** RUC Recommendation: Remove from screen Referred to CPT Result: Remove from Screen Referred to CPT Asst **Published in CPT Asst:** Global: 000 Issue: Chemical Cauterization of Screen: High Volume Growth3 Chemical cauterization of granulation tissue (ie, proud flesh) Complete? No **Granulation Tissue** 2022 Work RVU: 0.50 Specialty Developing AAFP, ACS, APMA First 2020 **Most Recent Tab: 20** Identified: October 2015 **RUC Meeting:** January 2022 Recommendation: Medicare **2022 NF PE RVU: 2.09 Utilization:** 242,534 2022 Fac PE RVU: 0.51 RUC Recommendation: Review in 3 years (Jan 2025). Referred to CPT September 2016 Result: Referred to CPT Asst Published in CPT Asst: Sep 2016 Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, Global: 010 Issue: Destruction of Malignant Screen: Harvard Valued -Complete? Yes chemosurgery, surgical curettement), trunk, arms or legs; lesion diameter 0.6 to Lesion Utilization over 100,000 1.0 cm **2022 Work RVU:** 1.22 **Most Recent Tab: 26** Specialty Developing AAD, AAFP 2020 First **RUC Meeting:** October 2010 Identified: October 2009 Recommendation: Medicare 2022 NF PE RVU: 3.05 **Utilization:** 122.481 2022 Fac PE RVU: 1.18

Result: Maintain

Referred to CPT

Referred to CPT Asst

■ Published in CPT Asst:

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**RUC Recommendation: 1.22** 

17262 Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, Global: 010 Issue: Destruction of Malignant Screen: Harvard Valued -Complete? Yes Utilization over 100.000 chemosurgery, surgical curettement), trunk, arms or legs; lesion diameter 1.1 to Lesion 2022 Work RVU: 1.63 **First Most Recent** Specialty Developing AAD, AAFP 2020 **RUC Meeting:** October 2010 Identified: February 2010 Recommendation: Medicare **2022 NF PE RVU: 3.50** 265,012 **Utilization: 2022 Fac PE RVU: 1.40 RUC Recommendation: 1.63** Referred to CPT Result: Maintain **Referred to CPT Asst Published in CPT Asst:** 17271 Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, Global: 010 **Destruction of Malignant** Screen: Harvard Valued -Complete? Yes chemosurgery, surgical curettement), scalp, neck, hands, feet, genitalia; lesion Lesion Utilization over 100,000 diameter 0.6 to 1.0 cm 2022 Work RVU: 1.54 Most Recent **Tab: 26** Specialty Developing AAD, AAFP First 2020 **RUC Meeting:** October 2010 **Identified:** February 2010 **Medicare** Recommendation: **2022 NF PE RVU: 3.23 Utilization:** 46,030 **2022 Fac PE RVU: 1.35 RUC Recommendation: 1.54** Referred to CPT Result: Maintain Referred to CPT Asst **Published in CPT Asst:** 17272 Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, Global: 010 Issue: Destruction of Malignant Screen: Harvard Valued -Complete? Yes Utilization over 100,000 chemosurgery, surgical curettement), scalp, neck, hands, feet, genitalia; lesion Lesion diameter 1.1 to 2.0 cm 2022 Work RVU: 1.82 **Most Recent Tab: 26** Specialty Developing AAD, AAFP 2020 First **RUC Meeting:** October 2010 Recommendation: **Identified:** February 2010 Medicare 2022 NF PE RVU: 3.59 73.725 **Utilization:** 2022 Fac PE RVU: 1.51 **RUC Recommendation: 1.82** Referred to CPT Result: Maintain

Referred to CPT Asst

Published in CPT Asst:

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Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, Global: 010 Issue: Destruction of Malignant Screen: Harvard Valued -Complete? Yes Utilization over 100.000 chemosurgery, surgical curettement), face, ears, evelids, nose, lips, mucous Lesion membrane; lesion diameter 0.6 to 1.0 cm 2022 Work RVU: 1.77 **Most Recent Tab**: 26 Specialty Developing AAD, AAFP First 2020 Identified: February 2010 **RUC Meeting:** October 2010 Recommendation: Medicare **2022 NF PE RVU: 3.38 Utilization:** 70,486 **2022 Fac PE RVU: 1.48 RUC Recommendation: 1.77** Referred to CPT Result: Maintain Referred to CPT Asst **Published in CPT Asst:** 17282 Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, Global: 010 Issue: Destruction of Malignant Screen: Harvard Valued -Complete? Yes chemosurgery, surgical curettement), face, ears, eyelids, nose, lips, mucous Lesion Utilization over 100,000 membrane; lesion diameter 1.1 to 2.0 cm 2022 Work RVU: 2.09 Most Recent **Tab: 26** Specialty Developing AAD, AAFP First 2020 **RUC Meeting:** October 2010 Identified: October 2009 Recommendation: Medicare **2022 NF PE RVU: 3.79 Utilization:** 68,417 2022 Fac PE RVU: 1.66 **RUC Recommendation: 2.09** Referred to CPT Result: Maintain Referred to CPT Asst Published in CPT Asst: Global: 000 Issue: Mohs Surgery Screen: CMS High Expenditure Complete? Yes Mohs micrographic technique, including removal of all gross tumor, surgical excision of tissue specimens, mapping, color coding of specimens, microscopic Procedural Codes1 examination of specimens by the surgeon, and histopathologic preparation including routine stain(s) (eq. 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 2022 Work RVU: 6.20 Most Recent **Tab:** 18 Specialty Developing AAD 2020 **RUC Meeting:** April 2013 Identified: September 2011 Recommendation: Medicare **2022 NF PE RVU: 13.07 Utilization:** 755,119 **2022 Fac PE RVU: 3.54 RUC Recommendation: 6.20** Referred to CPT Result: Maintain Referred to CPT Asst Published in CPT Asst:

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17312 Mohs micrographic technique, including removal of all gross tumor, surgical Global: ZZZ Issue: Mohs Surgery Screen: CMS High Expenditure Complete? Yes Procedural Codes1 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) 2022 Work RVU: 3.30 Most Recent Specialty Developing AAD 2020 **RUC Meeting:** April 2013 Identified: September 2011 Recommendation: Medicare **2022 NF PE RVU**: 8.49 **Utilization:** 457.601 **2022 Fac PE RVU: 1.88** RUC Recommendation: 3.30 Referred to CPT Result: Maintain Referred to CPT Asst **Published in CPT Asst:** 17313 Mohs micrographic technique, including removal of all gross tumor, surgical Global: 000 Issue: Mohs Surgery Screen: CMS High Expenditure Complete? Yes Procedural Codes1 excision of tissue specimens, mapping, color coding of specimens, microscopic examination of specimens by the surgeon, and histopathologic preparation including routine stain(s) (eq. hematoxylin and eosin, toluidine blue), of the trunk, arms, or legs; first stage, up to 5 tissue blocks 2022 Work RVU: 5.56 Most Recent Specialty Developing AAD First 2020 **Tab**: 18 **RUC Meeting:** April 2013 Identified: January 2012 Recommendation: Medicare 2022 NF PE RVU: 12.56 **Utilization:** 140,420 **2022 Fac PE RVU: 3.18 RUC Recommendation:** 5.56 Referred to CPT Result: Maintain Referred to CPT Asst Published in CPT Asst: 17314 Mohs micrographic technique, including removal of all gross tumor, surgical Global: ZZZ Issue: Mohs Surgery Screen: CMS High Expenditure Complete? Yes Procedural Codes1 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) 2022 Work RVU: 3.06 Most Recent **Tab:** 18 Specialty Developing AAD 2020 **RUC Meeting:** April 2013 Recommendation: Identified: January 2012 Medicare 2022 NF PE RVU: 8.24 **Utilization:** 56.304 2022 Fac PE RVU: 1 74 **RUC Recommendation: 3.06** Referred to CPT Result: Maintain Referred to CPT Asst | Published in CPT Asst:

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17315 Mohs micrographic technique, including removal of all gross tum excision of tissue specimens, mapping, color coding of specimer examination of specimens by the surgeon, and histopathologic princluding routine stain(s) (eg, hematoxylin and eosin, toluidine bl additional block after the first 5 tissue blocks, any stage (list separaddition to code for primary procedure)	ns, microscopic reparation ue), each	Screen: CMS High Expenditure Procedural Codes1	Complete? Yes
Most Recent RUC Meeting: April 2013  Tab: 18 Specialty Developing AAD Recommendation:  RUC Recommendation: 0.87	First Identified: January 2012  Medicare Utilization: 17,925  Referred to CPT Referred to CPT Asst Published in CPT Asst:	2022 Work RVU: 0.87 2022 NF PE RVU: 1.31 2022 Fac PE RVU: 0.50 Result: Maintain	
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 ACS Recommendation:	First 2020 Identified: September 2007 Medicare Utilization: 1,451	2022 Work RVU: 3.83 2022 NF PE RVU: 9.45 2022 Fac PE RVU: 4.59	
RUC Recommendation: Reduce 99238 to 0.5, remove hospital visits	Referred to CPT Referred to CPT Asst  Published in CPT Asst:	Result: PE Only	
19081 Biopsy, breast, with placement of breast localization device(s) (eg pellet), when performed, and imaging of the biopsy specimen, wh percutaneous; first lesion, including stereotactic guidance		Screen: Codes Reported Together 75% or More- Part2	Complete? Yes
Most Recent Tab: 04 Specialty Developing ACR, ACR, ACR Recommendation:	SS, ASBS First 2020 Medicare Utilization: 51,373	2022 Work RVU: 3.29 2022 NF PE RVU: 11.72 2022 Fac PE RVU: 1.19	
RUC Recommendation: 3.29	Referred to CPT October 2012 Referred to CPT Asst  Published in CPT Asst:	Result: Decrease	

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19082 Biopsy, breast, with placement of breast localization device(s) (eg, clip, metallic Global: ZZZ Issue: Breast Biopsy Screen: Codes Reported Complete? Yes Together 75% or Morepellet), when performed, and imaging of the biopsy specimen, when performed. percutaneous; each additional lesion, including stereotactic guidance (list Part2 separately in addition to code for primary procedure) **2022 Work RVU**: 1.65 **Most Recent Tab:** 04 Specialty Developing ACR, ACS, ASBS First 2020 **RUC Meeting:** April 2013 Recommendation: Identified: January 2012 Medicare 2022 NF PE RVU: 10.20 **Utilization:** 3,920 **2022 Fac PE RVU: 0.60 RUC Recommendation: 1.65** Referred to CPT October 2012 Result: Decrease Referred to CPT Asst Published in CPT Asst: 19083 Biopsy, breast, with placement of breast localization device(s) (eg, clip, metallic Global: 000 Issue: Breast Biopsy Screen: Codes Reported Complete? Yes pellet), when performed, and imaging of the biopsy specimen, when performed, Together 75% or More-Part2 percutaneous; first lesion, including ultrasound guidance 2022 Work RVU: 3.10 2020 **Most Recent Tab:** 04 Specialty Developing ACR, ACS, ASBS First **RUC Meeting:** April 2013 Recommendation: Identified: January 2012 Medicare 2022 NF PE RVU: 12.11 **Utilization:** 104,245 **2022 Fac PE RVU:** 1.12 **RUC Recommendation: 3.10** Referred to CPT October 2012 Result: Decrease **Published in CPT Asst:** Referred to CPT Asst 19084 Biopsy, breast, with placement of breast localization device(s) (eg, clip, metallic Global: ZZZ **Issue:** Breast Biopsy **Screen:** Codes Reported Complete? Yes pellet), when performed, and imaging of the biopsy specimen, when performed, Together 75% or More-Part2 percutaneous; each additional lesion, including ultrasound guidance (list separately in addition to code for primary procedure) 2022 Work RVU: 1.55 Most Recent **Tab:** 04 Specialty Developing ACR, ACS, ASBS 2020 Identified: January 2012 **RUC Meeting:** April 2013 Recommendation: Medicare **2022 NF PE RVU: 10.20** 13.958 **Utilization: 2022 Fac PE RVU: 0.56** 

October 2012

Referred to CPT Asst Published in CPT Asst:

Result: Decrease

Referred to CPT

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RUC Recommendation: 1.55

19085 Biopsy, breast, with placement of breast localization device(s) (eg, clip, metallic Global: 000 Issue: Breast Biopsy Screen: Codes Reported Complete? Yes pellet), when performed, and imaging of the biopsy specimen, when performed, Together 75% or More-Part2 percutaneous; first lesion, including magnetic resonance guidance 2022 Work RVU: 3.64 Most Recent **Tab:** 04 Specialty Developing ACR, ACS, ASBS 2020 **RUC Meeting:** April 2013 Recommendation: Identified: January 2012 Medicare **2022 NF PE RVU: 19.92 Utilization:** 5,690 **2022 Fac PE RVU: 1.31 RUC Recommendation: 3.64** Referred to CPT October 2012 Result: Decrease Referred to CPT Asst Published in CPT Asst: 19086 Biopsy, breast, with placement of breast localization device(s) (eg, clip, metallic Global: ZZZ **Issue:** Breast Biopsy Screen: Codes Reported Complete? Yes Together 75% or Morepellet), when performed, and imaging of the biopsy specimen, when performed, percutaneous; each additional lesion, including magnetic resonance guidance Part2 (list separately in addition to code for primary procedure) **2022 Work RVU: 1.82** Specialty Developing ACR, ACS, ASBS 2020 **Most Recent Tab**: 04 First **RUC Meeting:** April 2013 Recommendation: Identified: January 2012 Medicare 2022 NF PE RVU: 16.66 **Utilization:** 1,151 2022 Fac PE RVU: 0.66 Referred to CPT **RUC Recommendation: 1.82** October 2012 Result: Decrease Referred to CPT Asst ■ Published in CPT Asst: 19102 Biopsy of breast; percutaneous, needle core, using imaging guidance Global: Issue: Breast Biopsy Screen: Codes Reported Complete? Yes Together 75% or More-Part2 2022 Work RVU: **Most Recent** Specialty Developing ACR, ACS, ASBS 2020 **Tab**: 04 First **RUC Meeting:** April 2013 Recommendation: **Identified:** January 2012 Medicare **2022 NF PE RVU: Utilization:** 

Referred to CPT

October 2012

2022 Fac PE RVU:

Result: Deleted from CPT

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RUC Recommendation: Deleted from CPT

19103 Biopsy of breast; percutaneous, automated vacuum assisted or rotating biopsy Issue: Breast Biopsy Screen: Codes Reported Complete? Yes Together 75% or Moredevice, using imaging guidance Part2 2022 Work RVU: Most Recent **Tab:** 04 Specialty Developing ACR, ACS, ASBS 2020 **RUC Meeting:** April 2013 Recommendation: Identified: January 2012 Medicare **2022 NF PE RVU: Utilization:** 2022 Fac PE RVU: RUC Recommendation: Deleted from CPT Referred to CPT October 2012 Result: Deleted from CPT Referred to CPT Asst Published in CPT Asst: 19281 Placement of breast localization device(s) (eg, clip, metallic pellet, wire/needle, Global: 000 Issue: Breast Biopsy **Screen:** Codes Reported Complete? Yes Together 75% or Moreradioactive seeds), percutaneous; first lesion, including mammographic Part2 quidance 2022 Work RVU: 2.00 **Most Recent Tab:** 04 Specialty Developing ACR, ACS, ASBS 2020 Recommendation: Identified: January 2012 **RUC Meeting:** April 2013 Medicare 2022 NF PE RVU: 4.99 **Utilization:** 24.887 **2022 Fac PE RVU:** 0.72 October 2012 **RUC Recommendation: 2 00** Referred to CPT Result: Decrease Referred to CPT Asst Published in CPT Asst: Global: ZZZ Issue: Breast Biopsy Screen: Codes Reported Complete? Yes 19282 Placement of breast localization device(s) (eg, clip, metallic pellet, wire/needle, Together 75% or Moreradioactive seeds), percutaneous; each additional lesion, including mammographic guidance (list separately in addition to code for primary Part2 procedure) 2022 Work RVU: 1.00 **Most Recent Tab:** 04 Specialty Developing ACR, ACS, ASBS 2020 First **RUC Meeting:** April 2013 Recommendation: **Identified:** January 2012 Medicare 2022 NF PE RVU: 4.02 **Utilization:** 3.043 2022 Fac PE RVU: 0.36 **RUC Recommendation: 1.00** Referred to CPT October 2012 Result: Decrease Referred to CPT Asst Published in CPT Asst:

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19283 Placement of breast localization device(s) (eg, clip, metallic pellet, wire/needle, Global: 000 Issue: Breast Biopsy Screen: Codes Reported Complete? Yes Together 75% or Moreradioactive seeds), percutaneous; first lesion, including stereotactic guidance Part2 2022 Work RVU: 2.00 Most Recent **Tab:** 04 **Specialty Developing** ACR, ACS, ASBS 2020 **RUC Meeting:** April 2013 Recommendation: Identified: January 2012 Medicare **2022 NF PE RVU: 5.62 Utilization:** 3,274 **2022 Fac PE RVU: 0.72 RUC Recommendation: 2.00** Referred to CPT October 2012 Result: Decrease Referred to CPT Asst Published in CPT Asst: 19284 Placement of breast localization device(s) (eg, clip, metallic pellet, wire/needle, Global: ZZZ Issue: Breast Biopsy Screen: Codes Reported Complete? Yes Together 75% or Moreradioactive seeds), percutaneous; each additional lesion, including stereotactic guidance (list separately in addition to code for primary procedure) Part2 2022 Work RVU: 1.00 **Most Recent** Specialty Developing ACR, ACS, ASBS 2020 Recommendation: Identified: January 2012 **RUC Meeting:** April 2013 Medicare 2022 NF PE RVU: 4.74 **Utilization:** 415 2022 Fac PE RVU: 0.36 **RUC Recommendation: 1 00** Referred to CPT October 2012 Result: Decrease Referred to CPT Asst Published in CPT Asst: Global: 000 Issue: Breast Biopsy Screen: Codes Reported Complete? Yes 19285 Placement of breast localization device(s) (eg, clip, metallic pellet, wire/needle, Together 75% or Moreradioactive seeds), percutaneous; first lesion, including ultrasound guidance Part2 2022 Work RVU: 1.70 **Most Recent Tab:** 04 Specialty Developing ACR, ACS, ASBS 2020 **RUC Meeting:** April 2013 Identified: January 2012 Recommendation: Medicare **2022 NF PE RVU: 9.60 Utilization:** 23,245 2022 Fac PE RVU: 0.61 **RUC Recommendation: 1.70** Referred to CPT October 2012 Result: Decrease

Referred to CPT Asst Published in CPT Asst:

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19286 Placement of breast localization device(s) (eg, clip, metallic pellet, wire/needle, Global: ZZZ Issue: Breast Biopsy Screen: Codes Reported Complete? Yes Together 75% or Moreradioactive seeds), percutaneous; each additional lesion, including ultrasound quidance (list separately in addition to code for primary procedure) Part2 2022 Work RVU: 0.85 Most Recent **Tab:** 04 **Specialty Developing** ACR, ACS, ASBS First 2020 **RUC Meeting:** April 2013 Recommendation: Identified: January 2012 Medicare **2022 NF PE RVU: 8.53 Utilization:** 1,932 2022 Fac PE RVU: 0.31 RUC Recommendation: 0.85 Referred to CPT October 2012 Result: Decrease Referred to CPT Asst Published in CPT Asst: 19287 Placement of breast localization device(s) (eg clip, metallic pellet, wire/needle, Global: 000 Issue: Breast Biopsy Screen: Codes Reported Complete? Yes Together 75% or Moreradioactive seeds), percutaneous; first lesion, including magnetic resonance Part2 quidance 2022 Work RVU: 2.55 **Most Recent Tab:** 04 Specialty Developing ACR, ACS, ASBS 2020 Recommendation: Identified: January 2012 **RUC Meeting:** April 2013 Medicare 2022 NF PE RVU: 17.09 **Utilization:** 266 2022 Fac PE RVU: 0.92 **RUC Recommendation: 3 02** Referred to CPT October 2012 Result: Decrease Referred to CPT Asst Published in CPT Asst: Global: ZZZ Issue: Breast Biopsy Screen: Codes Reported Complete? Yes 19288 Placement of breast localization device(s) (eg clip, metallic pellet, wire/needle, Together 75% or Moreradioactive seeds), percutaneous; each additional lesion, including magnetic resonance guidance (list separately in addition to code for primary procedure) Part2 2022 Work RVU: 1.28 **Most Recent** Specialty Developing ACR, ACS, ASBS 2020 **RUC Meeting:** April 2013 Identified: January 2012 Recommendation: Medicare 2022 NF PE RVU: 14.04 Utilization: 61 2022 Fac PE RVU: 0.46 **RUC Recommendation: 1.51** Referred to CPT October 2012 Result: Decrease

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19290 Preoperative placem	ent of needle	e localization wire, breast;	Global: Issue	e: Breast Biopsy	Screen: Codes Reported Together 75% or More- Part2	Complete? Yes
lost Recent	<b>Tab</b> : 04	Specialty Developing ACR, ACS, ASBS	First	2020	2022 Work RVU:	
UC Meeting: April 2013		Recommendation:	Identified: January 2012	Medicare Utilization:	2022 NF PE RVU:	
				Othization:	2022 Fac PE RVU:	
UC Recommendation: Delet	ed from CPT	Ref	erred to CPT October 201	2	Result: Deleted from CPT	
		Ref	erred to CPT Asst U Pub	lished in CPT Asst:		
020:		e localization wire, breast; each additional n to code for primary procedure)	Global: Issue	e: Breast Biopsy	Screen: Codes Reported Together 75% or More- Part2	Complete? Yes
lost Recent	<b>Tab</b> : 04	Specialty Developing ACR, ACS, ASBS	First	2020	2022 Work RVU:	
RUC Meeting: April 2013		Recommendation:	Identified: January 2012	Medicare	2022 NF PE RVU:	
				Utilization:	2022 Fac PE RVU:	
UC Recommendation: Delet	ed from CPT		erred to CPT October 201.	2 dished in CPT Asst:	Result: Deleted from CPT	
		c localization clip, percutaneous, during b		e: Breast Biopsy	Screen: CMS Fastest Growing / Codes Reported Together 75% or More- Part2	Complete? Yes
					2022 Work RVU:	
ost Recent JC Meeting: April 2013	<b>Tab</b> : 04	Specialty Developing ACR, ACS, ASBS Recommendation:	First Identified: October 2008	2020 Medicare	2022 NF PE RVU:	
<u>.</u>				Utilization:	2022 Fac PE RVU:	
UC Recommendation: Delet	ed from CPT	Ref	Ferred to CPT October 201	2	Result: Deleted from CPT	
			erred to CPT Asst Dub	lished in CPT Asst:		

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19303 Mastectomy, simple, complete Global: 090 Issue: Mastectomy Screen: Site of Service Anomaly -Complete? Yes 2015 / High Level E/M in Global Period 2022 Work RVU: 15.00 Most Recent **Tab:** 15 Specialty Developing ACS, ASBS First 2020 **RUC Meeting:** April 2016 Recommendation: Identified: October 2015 Medicare 2022 NF PE RVU: NA **Utilization:** 22,732 **2022 Fac PE RVU: 9.88** RUC Recommendation: 15.00 Referred to CPT Result: Decrease Referred to CPT Asst **Published in CPT Asst:** 19307 Mastectomy, modified radical, including axillary lymph nodes, with or without Global: 090 Issue: Modified Radical Screen: Site of Service Anomaly - Complete? Yes 2019 Mastectomy pectoralis minor muscle, but excluding pectoralis major muscle 2022 Work RVU: 17.99 **Most Recent Tab: 22 Specialty Developing** First 2020 **RUC Meeting:** January 2020 Recommendation: Identified: October 2019 Medicare 2022 NF PE RVU: NA **Utilization:** 5,145 2022 Fac PE RVU: 12.83 Referred to CPT Result: Decrease **RUC Recommendation: 17.99** Referred to CPT Asst □ Published in CPT Asst: Breast reduction Global: 090 Issue: Mammaplasty Screen: Site of Service Anomaly Complete? Yes (99238-Only) 2022 Work RVU: 16.03 Most Recent **Tab: 16** Specialty Developing ASPS First 2020 **RUC Meeting:** September 2007 Identified: September 2007 Recommendation: Medicare **2022 NF PE RVU: NA Utilization:** 5,722 2022 Fac PE RVU: 13.31

RUC Recommendation: Reduce 99238 to 0.5 Referred to CPT Result: PE Only

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19340 Insertion of breast implant on same day of mastectomy (ie, immediate) Global: 090 Issue: Breast Implant/Expander Screen: CMS Request / Site of Complete? Yes Placement Service Anomaly - 2019 2022 Work RVU: 10.48 2020 **Most Recent Tab:** 05 Specialty Developing ASPS First **RUC Meeting:** January 2020 Recommendation: Identified: October 2009 Medicare 2022 NF PE RVU: NA 6,133 **Utilization: 2022 Fac PE RVU: 9.93 RUC Recommendation: 11.00** Referred to CPT Result: Decrease **Referred to CPT Asst Published in CPT Asst:** 19357 Tissue expander placement in breast reconstruction, including subsequent Global: 090 Issue: Breast Implant/Expander Screen: Site of Service Anomaly / Complete? Yes expansion(s) **Placement** 090-Day Global Post-Operative Visits / Site of Service Anomaly - 2019 2022 Work RVU: 14.84 **Most Recent Tab:** 05 Specialty Developing ASPS 2020 **RUC Meeting:** January 2020 Recommendation: Identified: September 2007 Medicare 2022 NF PE RVU: NA 5,820 **Utilization:** 2022 Fac PE RVU: 16.66 RUC Recommendation: 15 36 Referred to CPT October 2009 Result: Decrease Referred to CPT Asst **Published in CPT Asst:** 20000 Deleted from CPT Global: Issue: Incision of Abcess Screen: Site of Service Anomaly Complete? Yes (99238-Only) 2022 Work RVU: **Most Recent Tab:** 16 Specialty Developing APMA, AAOS 2020 **RUC Meeting:** September 2007 Medicare Recommendation: Identified: September 2007 **2022 NF PE RVU: Utilization:** 2022 Fac PE RVU: RUC Recommendation: Deleted from CPT Referred to CPT June 2009 Result: Deleted from CPT

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20005 Incision and drainage tissue below the deep		sue abscess, subfascial	(ie, involves the so	ft Global: Issue	: Incision of Deep Abscess	Screen: Site of Service Anomaly / Negative IWPUT	Complete? Yes
Most Recent	<b>Tab:</b> 19	Specialty Developing	ACS, AAO-HNS	First	2020	2022 Work RVU:	
RUC Meeting: October 2017		Recommendation:		Identified: September 2007	Medicare Utilization:	2022 NF PE RVU:	
					Otilization.	2022 Fac PE RVU:	
RUC Recommendation: Delete	ed from CPT	•		erred to CPT February 201		Result: Deleted from CPT	
			Ref	erred to CPT Asst U Publ	ished in CPT Asst:		
20220 Biopsy, bone, trocar, ribs)	or needle; s	superficial (eg, ilium, ste	ernum, spinous pro	cess, Global: 000 Issue	: Bone Biopsy Trocar/Needl	le <b>Screen:</b> Different Performing Specialty from Survey	Complete? Yes
Most Recent	<b>Tab:</b> 22	Specialty Developing	ACR, SIR	First	2020	2022 Work RVU: 1.65	
RUC Meeting: January 2019		Recommendation:		Identified: January 2018	Medicare Utilization: 11,306	<b>2022 NF PE RVU</b> : 5.39	
					Utilization: 11,306	2022 Fac PE RVU: 0.75	
RUC Recommendation: 1.93			Ref	erred to CPT		Result: Increase	
20225 Biopsy, bone, trocar,	or needle; o	deep (eg, vertebral body	, femur)	Global: 000 Issue	: Bone Biopsy Trocar/Needl	le <b>Screen:</b> Different Performing Specialty from Survey	Complete? Yes
	ŕ		,				Complete? Yes
Most Recent	or needle; o	deep (eg, vertebral body Specialty Developing Recommendation:	,	Global: 000 Issue  First Identified: October 2017	2020 Medicare	Specialty from Survey	Complete? Yes
Most Recent	ŕ	Specialty Developing	,	First	2020	Specialty from Survey  2022 Work RVU: 2.45	Complete? Yes
Most Recent RUC Meeting: January 2019	ŕ	Specialty Developing	ACR, SIR	First	2020 Medicare Utilization: 12,575	Specialty from Survey  2022 Work RVU: 2.45  2022 NF PE RVU: 9.17	Complete? Yes
20225 Biopsy, bone, trocar,  Most Recent RUC Meeting: January 2019  RUC Recommendation: 3.00	ŕ	Specialty Developing	ACR, SIR	First Identified: October 2017	2020 Medicare Utilization: 12,575	Specialty from Survey  2022 Work RVU: 2.45  2022 NF PE RVU: 9.17  2022 Fac PE RVU: 1.11	Complete? Yes
Most Recent RUC Meeting: January 2019 RUC Recommendation: 3.00	Tab: 22	Specialty Developing	ACR, SIR  Reference  Reconstructions occurrence in the community occurrence in the com	First Identified: October 2017  erred to CPT erred to CPT Asst Publ  Global: 000 Issue	2020 Medicare Utilization: 12,575	Specialty from Survey  2022 Work RVU: 2.45  2022 NF PE RVU: 9.17  2022 Fac PE RVU: 1.11	Complete? Yes  Complete? Yes
Most Recent RUC Meeting: January 2019 RUC Recommendation: 3.00 20240 Biopsy, bone, open; solecranon process, ca	Tab: 22	Specialty Developing Recommendation: eg, sternum, spinous prarsal, metatarsal, carpal,	ACR, SIR  Ref Ref  ocess, rib, patella, metacarpal, phala	First Identified: October 2017  erred to CPT erred to CPT Asst Publ  Global: 000 Issue	2020 Medicare Utilization: 12,575 ished in CPT Asst:	Specialty from Survey 2022 Work RVU: 2.45 2022 NF PE RVU: 9.17 2022 Fac PE RVU: 1.11 Result: Increase  Screen: 010-Day Global Post-	
Most Recent RUC Meeting: January 2019 RUC Recommendation: 3.00 20240 Biopsy, bone, open; solecranon process, ca	Tab: 22 superficial (alcaneus, ta	Specialty Developing Recommendation:	ACR, SIR  Ref Ref  ocess, rib, patella, metacarpal, phala	First Identified: October 2017  erred to CPT erred to CPT Asst Publ  Global: 000 Issue  nx)	2020 Medicare Utilization: 12,575 ished in CPT Asst:  Bone Biopsy Excisional  2020 Medicare	Specialty from Survey  2022 Work RVU: 2.45  2022 NF PE RVU: 9.17  2022 Fac PE RVU: 1.11  Result: Increase  Screen: 010-Day Global Post-Operative Visits	
Most Recent RUC Meeting: January 2019 RUC Recommendation: 3.00	Tab: 22 superficial (alcaneus, ta	Specialty Developing Recommendation:  eg, sternum, spinous prarsal, metatarsal, carpal,	ACR, SIR  Ref Ref  ocess, rib, patella, metacarpal, phala	First Identified: October 2017  erred to CPT erred to CPT Asst Publ  Global: 000 Issue nx)	2020 Medicare Utilization: 12,575 ished in CPT Asst:  Bone Biopsy Excisional	Specialty from Survey 2022 Work RVU: 2.45 2022 NF PE RVU: 9.17 2022 Fac PE RVU: 1.11 Result: Increase  Screen: 010-Day Global Post-Operative Visits 2022 Work RVU: 2.61	
Most Recent RUC Meeting: January 2019 RUC Recommendation: 3.00 20240 Biopsy, bone, open; solecranon process, ca	Tab: 22 superficial (alcaneus, ta	Specialty Developing Recommendation:  eg, sternum, spinous prarsal, metatarsal, carpal,	ACR, SIR  Reference  Occess, rib, patella, metacarpal, phala  AAOS, APMA	First Identified: October 2017  erred to CPT erred to CPT Asst Publ  Global: 000 Issue nx)	2020 Medicare Utilization: 12,575 ished in CPT Asst:  Bone Biopsy Excisional  2020 Medicare Utilization: 6,937	Specialty from Survey  2022 Work RVU: 2.45  2022 NF PE RVU: 9.17  2022 Fac PE RVU: 1.11  Result: Increase  Screen: 010-Day Global Post-Operative Visits  2022 Work RVU: 2.61  2022 NF PE RVU: NA	

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20245 Biopsy, bone, open; deep (eg, humeral shaft, ischium, femoral shaft) Screen: 010-Day Global Post-Global: 000 Issue: Bone Biopsy Excisional Complete? Yes Operative Visits 2022 Work RVU: 6.00 2020 **Most Recent Tab:** 04 Specialty Developing AAOS First **RUC Meeting:** January 2016 Recommendation: Identified: January 2014 Medicare 2022 NF PE RVU: NA 3,706 **Utilization: 2022 Fac PE RVU: 3.17 RUC Recommendation:** 6.50 Referred to CPT October 2015 Result: Decrease Referred to CPT Asst **Published in CPT Asst:** 20525 Removal of foreign body in muscle or tendon sheath; deep or complicated Screen: Site of Service Anomaly Global: 010 **Issue:** Removal of Foreign Body Complete? Yes (99238-Only) 2022 Work RVU: 3.54 2020 Most Recent **Tab:** 16 Specialty Developing ACS, AAOS First **RUC Meeting:** September 2007 Recommendation: Identified: September 2007 Medicare **2022 NF PE RVU: 9.83 Utilization:** 1,442 **2022 Fac PE RVU: 3.12** RUC Recommendation: Reduce 99238 to 0.5 Referred to CPT Result: PE Only Referred to CPT Asst **Published in CPT Asst:** 20526 Injection, therapeutic (eg, local anesthetic, corticosteroid), carpal tunnel Global: 000 Issue: RAW Screen: CMS 000-Day Global Complete? Yes Typically Reported with an E/M 2022 Work RVU: 0.94 Most Recent **Tab:** 30 **Specialty Developing** First 2020 **RUC Meeting:** January 2017 Recommendation: Identified: July 2016 Medicare **2022 NF PE RVU**: 1.32 **Utilization:** 91.612 2022 Fac PE RVU: 0.57 RUC Recommendation: Remove fromm screen Referred to CPT Result: Remove from Screen Referred to CPT Asst Published in CPT Asst:

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20550 Injection(s); single ter	ndon shea	th, or ligament, aponeur	osis (eg, plantar "fa	ascia") Global: 000 Issue	: Injection of Tendon	Screen: CMS Fastest Growing / CMS High Expenditure Procedural Codes2	Complete? Yes
Most Recent	<b>Tab</b> : 27	Specialty Developing	AAOS, AAPM&R,	First	2020	<b>2022 Work RVU:</b> 0.75	
RUC Meeting: January 2016		Recommendation:	ACRh, APMA, ASSH	Identified: October 2008	Medicare Utilization: 754,987	<b>2022 NF PE RVU</b> : 0.85	
					otinzation: 101,007	<b>2022 Fac PE RVU</b> : 0.30	
RUC Recommendation: 0.75				erred to CPT	tabad to ODT Assets	Result: Maintain	
			Ref	erred to CPT Asst L Publ	ished in CPT Asst:		
20551 Injection(s); single ter	ndon origiı	n/insertion		Global: 000 Issue	: Therapeutic Injection Carpal Tunnel	Screen: CMS Fastest Growing / CMS 000-Day Global Typically Reported with an E/M	Complete? Yes
Most Recent	<b>Tab</b> : 10	Specialty Developing	AAPMR, AAOS,	First	2020	<b>2022 Work RVU:</b> 0.75	
RUC Meeting: April 2017		Recommendation:	ACRh, APMA, ASSH	Identified: October 2008	Medicare Utilization: 131,533	<b>2022 NF PE RVU</b> : 0.88	
			7,0011		Othization: 101,000	<b>2022 Fac PE RVU</b> : 0.31	
RUC Recommendation: 0.75				erred to CPT		Result: Maintain	
			Ref	erred to CPT Asst L Publ	ished in CPT Asst:		
20552 Injection(s); single or	multiple ti	igger point(s), 1 or 2 mu	iscle(s)	Global: 000 Issue	:	Screen: CMS High Expenditure Procedural Codes2	Complete? Yes
Most Recent	<b>Tab</b> : 28	Specialty Developing	AAPM&R, ACRh,	First	2020	<b>2022 Work RVU:</b> 0.66	
RUC Meeting: January 2016		Recommendation:	ASA	Identified: July 2015	Medicare	<b>2022 NF PE RVU</b> : 0.84	
					Utilization: 281,251	<b>2022 Fac PE RVU</b> : 0.36	
<b>RUC Recommendation:</b> 0.66				erred to CPT		Result: Maintain	
			Ref	erred to CPT Asst 🔲 Publ	ished in CPT Asst:		

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20553 Injection(s); single or multiple trigger point(s), 3 or more muscles Global: 000 Issue: Screen: CMS High Expenditure Complete? Yes Procedural Codes2 2022 Work RVU: 0.75 **Tab: 28** AAPM&R, ACRh, 2020 **Most Recent** Specialty Developing **RUC Meeting:** January 2016 Recommendation: ASA Identified: July 2015 Medicare 2022 NF PE RVU: 0.98 **Utilization:** 320,696 2022 Fac PE RVU: 0.41 **RUC Recommendation: 0.75** Referred to CPT Result: Maintain **Referred to CPT Asst Published in CPT Asst:** 20600 Arthrocentesis, aspiration and/or injection, small joint or bursa (eg, fingers, Global: 000 Screen: Harvard Valued -**Issue:** Arthrocentesis Complete? Yes toes); without ultrasound guidance Utilization over 100,000 2022 Work RVU: 0.66 2020 Most Recent **Tab:** 04 Specialty Developing AAFP, AAOS, First **RUC Meeting:** January 2014 Recommendation: ACR, ACRh, **Identified:** February 2010 Medicare **2022 NF PE RVU: 0.82** APMA, ASSH **Utilization:** 388,696 **2022 Fac PE RVU: 0.30** RUC Recommendation: 0.66 and new PE inputs Referred to CPT October 2013 Result: Maintain Referred to CPT Asst Published in CPT Asst: 20604 Arthrocentesis, aspiration and/or injection, small joint or bursa (eg, fingers, Global: 000 Issue: Arthrocentesis Screen: CMS Request - Final Complete? Yes Rule for 2014 toes); with ultrasound guidance, with permanent recording and reporting 2022 Work RVU: 0.89 **Most Recent** 2020 **Tab:** 04 Specialty Developing AAFP, AAOS, First **RUC Meeting:** January 2014 Recommendation: ACR. ACRh. Identified: July 2013 Medicare 2022 NF PE RVU: 1.44 APMA, ASSH **Utilization:** 43,818 2022 Fac PE RVU: 0.36 October 2013 Result: Decrease **RUC Recommendation: 0.89** Referred to CPT

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20605 Arthrocentesis, aspiration and/or injection, intermediate joint or bursa (eg, Global: 000 Issue: Arthrocentesis Screen: Harvard Valued -Complete? Yes temporomandibular, acromioclavicular, wrist, elbow or ankle, olecranon bursa); Utilization over 100.000 without ultrasound guidance 2022 Work RVU: 0.68 Specialty Developing AAFP, AAOS, **Most Recent Tab: 04** 2020 Identified: October 2009 RUC Meeting: January 2014 Recommendation: ACR, ACRh, Medicare **2022 NF PE RVU: 0.85** APMA, ASSH 389.042 **Utilization: 2022 Fac PE RVU:** 0.32 RUC Recommendation: 0.68 and new PE inputs Referred to CPT October 2013 Result: Maintain Referred to CPT Asst **Published in CPT Asst:** 20606 Arthrocentesis, aspiration and/or injection, intermediate joint or bursa (eg. Global: 000 Screen: CMS Request - Final Complete? Yes Issue: Arthrocentesis temporomandibular, acromioclavicular, wrist, elbow or ankle, olecranon bursa); Rule for 2014 with ultrasound guidance, with permanent recording and reporting 2022 Work RVU: 1.00 Most Recent **Tab:** 04 Specialty Developing AAFP, AAOS, First 2020 **RUC Meeting:** January 2014 ACR, ACRh, Identified: July 2013 Recommendation: Medicare **2022 NF PE RVU: 1.53** APMA, ASSH **Utilization:** 52,205 2022 Fac PE RVU: 0.41 October 2013 **RUC Recommendation: 1.00** Referred to CPT Result: Decrease Referred to CPT Asst **Published in CPT Asst:** 20610 Arthrocentesis, aspiration and/or injection, major joint or bursa (eg, shoulder, Issue: Arthrocentesis Screen: Harvard Valued -Complete? Yes Global: 000 hip, knee, subacromial bursa); without ultrasound guidance Utilization over 100.000 / MPC List / CMS High **Expenditure Procedural** Codes1 / CMS Request -Final Rule for 2014 2022 Work RVU: 0.79 **Most Recent Tab:** 04 **Specialty Developing** AAFP. AAOS. First 2020 **RUC Meeting:** January 2014 Recommendation: ACR. ACRh. **Identified:** February 2010 Medicare 2022 NF PE RVU: 1.01 APMA, ASSH **Utilization:** 5,497,402 2022 Fac PE RVU: 0.42 RUC Recommendation: 0.79 and new PE inputs Referred to CPT October 2013 Result: Maintain Referred to CPT Asst Published in CPT Asst:

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Arthrocentesis, aspiration and/or injection, major joint or bursa (eg, shoulder, Global: 000 Issue: Arthrocentesis Screen: CMS Request - Final Complete? Yes Rule for 2014 hip, knee, subacromial bursa); with ultrasound guidance, with permanent recording and reporting 2022 Work RVU: 1.10 Specialty Developing AAFP, AAOS, **Most Recent Tab: 04** First 2020 **RUC Meeting:** January 2014 Identified: July 2013 Recommendation: ACR, ACRh, Medicare **2022 NF PE RVU: 1.71** APMA, ASSH 952,613 **Utilization: 2022 Fac PE RVU: 0.50 RUC Recommendation: 1.10** Referred to CPT October 2013 Result: Decrease Referred to CPT Asst **Published in CPT Asst:** 20612 Aspiration and/or injection of ganglion cyst(s) any location Global: 000 Issue: RAW Screen: CMS 000-Day Global Complete? Yes Typically Reported with an E/M 2022 Work RVU: 0.70 **Most Recent Specialty Developing** 2020 **Tab:** 30 First **RUC Meeting:** January 2017 Recommendation: Identified: July 2016 Medicare 2022 NF PE RVU: 1.10 **Utilization:** 22,763 2022 Fac PE RVU: 0.41 RUC Recommendation: Remove from screen Referred to CPT Result: Remove from Screen Referred to CPT Asst **Published in CPT Asst:** 20680 Removal of implant; deep (eg, buried wire, pin, screw, metal band, nail, rod or Global: 090 Issue: RAW Screen: Pre-Time Analysis Complete? Yes plate) 2022 Work RVU: 5.96 **Most Recent Tab**: 21 Specialty Developing AAOS, APMA First 2020 Identified: January 2014 **RUC Meeting:** September 2014 Recommendation: Medicare **2022 NF PE RVU: 10.98 Utilization:** 47,394 **2022 Fac PE RVU: 5.39** RUC Recommendation: 5.96 and adjustments to pre-service time package 3. Referred to CPT Result: Maintain Referred to CPT Asst **Published in CPT Asst:** 

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20692 Application of a multiplane (pins or wires in more than 1 plane), unilateral, Global: 090 Issue: RAW Screen: 090-Day Global Post-Complete? Yes Operative Visits external fixation system (eg, ilizarov, monticelli type) **2022 Work RVU: 16.27 Tab:** 52 **First** 2020 **Most Recent Specialty Developing RUC Meeting:** April 2014 Recommendation: Identified: January 2014 Medicare 2022 NF PE RVU: NA 3,130 **Utilization:** 2022 Fac PE RVU: 14.01 **RUC Recommendation:** Maintain Referred to CPT Result: Maintain **Referred to CPT Asst Published in CPT Asst:** 20694 Removal, under anesthesia, of external fixation system Global: 090 **Issue:** External Fixation **Screen:** Site of Service Anomaly Complete? Yes (99238-Only) 2022 Work RVU: 4.28 2020 Most Recent **Tab:** 16 Specialty Developing AAOS **RUC Meeting:** September 2007 Recommendation: Identified: September 2007 Medicare 2022 NF PE RVU: 7.74 **Utilization:** 5,813 **2022 Fac PE RVU: 5.02** RUC Recommendation: Reduce 99238 to 0.5 Referred to CPT Result: PE Only Referred to CPT Asst **Published in CPT Asst:** 20700 Manual preparation and insertion of drug-delivery device(s), deep (eg, Global: ZZZ **Drug Delivery Implant Screen:** Different Performing Complete? Yes subfascial) (list separately in addition to code for primary procedure) Procedures Specialty from Survey 2022 Work RVU: 1.50 Specialty Developing AAOS, AUA 2020 Most Recent **Tab:** 05 First **RUC Meeting:** October 2018 Recommendation: Identified: May 2018 Medicare 2022 NF PE RVU: 0.72 **Utilization:** 798 2022 Fac PE RVU: 0.72 **RUC Recommendation: 1.50** Referred to CPT Result: Increase Referred to CPT Asst **Published in CPT Asst:** 20701 Removal of drug-delivery device(s), deep (eg, subfascial) (list separately in Global: ZZZ Issue: Drug Delivery Implant Screen: Different Performing Complete? Yes Procedures Specialty from Survey addition to code for primary procedure) 2022 Work RVU: 1.13 Most Recent Specialty Developing AAOS, AUA 2020 **Tab**: 05 First **RUC Meeting:** October 2018 Recommendation: Identified: May 2018 Medicare 2022 NF PE RVU: 0.55 202 **Utilization:** 2022 Fac PE RVU: 0.55 **RUC Recommendation: 1.13** Referred to CPT Result: Increase Published in CPT Asst: Referred to CPT Asst

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separately in addition	to code fo	r primary procedure)			Specialty from Survey	
Most Recent	<b>Tab:</b> 05	Specialty Developing AAOS, AUA	First	2020	<b>2022 Work RVU:</b> 2.50	
RUC Meeting: October 2018		Recommendation:	Identified: May 2018	Medicare Utilization: 355	<b>2022 NF PE RVU</b> : 1.23	
					<b>2022 Fac PE RVU</b> : 1.23	
RUC Recommendation: 2.50			Referred to CPT Referred to CPT Asst  Pub	lished in CPT Asst:	Result: Increase	
20703 Removal of drug-delicode for primary prod		(s), intramedullary (list separately in a	addition to Global: ZZZ Issue	: Drug Delivery Implant Procedures	Screen: Different Performing Specialty from Survey	Complete? Yes
Most Recent	<b>Tab:</b> 05	Specialty Developing AAOS, AUA	First	2020	<b>2022 Work RVU:</b> 1.80	
RUC Meeting: October 2018		Recommendation:	Identified: May 2018	Medicare Utilization: 66	<b>2022 NF PE RVU</b> : 0.91	
				Othization. 00	<b>2022 Fac PE RVU</b> : 0.91	
110 D			Referred to CPT		Result: Increase	
RUC Recommendation: 1.80				lished in CPT Asst:		
		n of drug-delivery device(s), intra-artic r primary procedure)	Referred to CPT Asst  Pub	e: Drug Delivery Implant Procedures	Screen: Different Performing Specialty from Survey	Complete? Yes
20704 Manual preparation a separately in addition		r primary procedure)	Referred to CPT Asst  Pub	: Drug Delivery Implant Procedures	Screen: Different Performing	Complete? Ye
20704 Manual preparation a separately in addition	to code fo		Referred to CPT Asst  Pub	e: Drug Delivery Implant Procedures 2020 Medicare	Screen: Different Performing Specialty from Survey	Complete? Yes
	to code fo	r primary procedure)  Specialty Developing AAOS, AUA	Referred to CPT Asst  Pub	e: Drug Delivery Implant Procedures	Screen: Different Performing Specialty from Survey 2022 Work RVU: 2.60	Complete? Ye
20704 Manual preparation a separately in addition Most Recent RUC Meeting: October 2018	to code fo	r primary procedure)  Specialty Developing AAOS, AUA	Referred to CPT Asst Publicular (list Global: ZZZ Issue First Identified: May 2018	e: Drug Delivery Implant Procedures  2020  Medicare  Utilization: 353	Screen: Different Performing Specialty from Survey 2022 Work RVU: 2.60 2022 NF PE RVU: 1.33	Complete? Yes
20704 Manual preparation a separately in addition Most Recent RUC Meeting: October 2018	to code fo	r primary procedure)  Specialty Developing AAOS, AUA	Referred to CPT Asst Publicular (list Global: ZZZ Issue First Identified: May 2018	e: Drug Delivery Implant Procedures 2020 Medicare	Screen: Different Performing Specialty from Survey 2022 Work RVU: 2.60 2022 NF PE RVU: 1.33 2022 Fac PE RVU:1.33	Complete? Ye
20704 Manual preparation a separately in addition Most Recent RUC Meeting: October 2018	to code fo Tab: 05	r primary procedure)  Specialty Developing AAOS, AUA	Referred to CPT Asst  Pub cular (list Global: ZZZ Issue First Identified: May 2018  Referred to CPT Referred to CPT Asst  Pub	e: Drug Delivery Implant Procedures  2020  Medicare  Utilization: 353	Screen: Different Performing Specialty from Survey 2022 Work RVU: 2.60 2022 NF PE RVU: 1.33 2022 Fac PE RVU:1.33	
20704 Manual preparation a separately in addition Most Recent RUC Meeting: October 2018  RUC Recommendation: 2.60  20705 Removal of drug-delicode for primary products of the code for primary product	to code fo Tab: 05	specialty Developing AAOS, AUA Recommendation:	Referred to CPT Asst  Pub cular (list Global: ZZZ Issue First Identified: May 2018  Referred to CPT Referred to CPT Asst  Pub	e: Drug Delivery Implant Procedures  2020 Medicare Utilization: 353  lished in CPT Asst:	Screen: Different Performing Specialty from Survey  2022 Work RVU: 2.60  2022 NF PE RVU: 1.33  2022 Fac PE RVU:1.33  Result: Increase	Complete? Ye
20704 Manual preparation a separately in addition Most Recent RUC Meeting: October 2018  RUC Recommendation: 2.60  20705 Removal of drug-deliced for primary products of the code for primary products	to code fo Tab: 05	Specialty Developing AAOS, AUA Recommendation:  (s), intra-articular (list separately in ac	Referred to CPT Asst  Pub Cular (list Global: ZZZ Issue First Identified: May 2018  Referred to CPT Referred to CPT Asst  Pub Cular (list Global: ZZZ Issue)	e: Drug Delivery Implant Procedures  2020 Medicare Utilization: 353  lished in CPT Asst:  e: Drug Delivery Implant Procedures  2020 Medicare	Screen: Different Performing Specialty from Survey  2022 Work RVU: 2.60  2022 NF PE RVU: 1.33  2022 Fac PE RVU:1.33  Result: Increase  Screen: Different Performing Specialty from Survey	
20704 Manual preparation a separately in addition Most Recent RUC Meeting: October 2018  RUC Recommendation: 2.60	to code fo Tab: 05	Specialty Developing AAOS, AUA Recommendation:  (s), intra-articular (list separately in act Specialty Developing AAOS, AUA	Referred to CPT Asst  Pub cular (list Global: ZZZ Issue First Identified: May 2018  Referred to CPT Referred to CPT Asst  Pub cular (list Global: ZZZ Issue)  Referred to CPT Asst  Pub	e: Drug Delivery Implant Procedures  2020 Medicare Utilization: 353  lished in CPT Asst:  e: Drug Delivery Implant Procedures  2020	Screen: Different Performing Specialty from Survey  2022 Work RVU: 2.60  2022 NF PE RVU: 1.33  2022 Fac PE RVU: 1.33  Result: Increase  Screen: Different Performing Specialty from Survey  2022 Work RVU: 2.15	

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20900 Bone graft, any donor	r area; mino	or or small (eg, dowel or	button)	Global: 000 Issue:	Bone Graft Procedures	Screen: Site of Service Anomaly	Complete? Ye
Most Recent	<b>Tab:</b> 29	Specialty Developing	AOFAS, AAOS	First	2020	<b>2022 Work RVU:</b> 3.00	
RUC Meeting: April 2008		Recommendation:		Identified: September 2007	Medicare Utilization: 4.084	<b>2022 NF PE RVU</b> : 8.27	
					Julianion i,ee.	<b>2022 Fac PE RVU</b> : 1.83	
RUC Recommendation: 3.00				Referred to CPT Referred to CPT Asst	shed in CPT Asst:	Result: Decrease	
				rubii	Shed in OF 1 ASSL.		
20902 Bone graft, any donor	r area; majo	or or large		Global: 000 Issue:	Bone Graft Procedures	Screen: Site of Service Anomaly	Complete? Ye
Most Recent	<b>Tab</b> : 29	Specialty Developing	AOFAS, AAOS	First	2020	<b>2022 Work RVU</b> : 4.58	
RUC Meeting: April 2008		Recommendation:	,	Identified: April 2008	Medicare	<b>2022 NF PE RVU</b> : NA	
					Utilization: 4,113	2022 Fac PE RVU: 2.72	
RUC Recommendation: 4.58			F	Referred to CPT		Result: Decrease	
			F	Referred to CPT Asst	shed in CPT Asst:		
20926 Tissue grafts, other (e	∍g, paratenc	on, fat, dermis)		Global: Issue:	Tissue Grafting Procedur	res Screen: CMS Fastest Growing / Site of Service Anomaly - 2017	Complete? Ye
Most Pacent	<b>Tab</b> : 04	Specialty Developing	AAOS, ASPS,	First	2020	2022 Work RVU:	
			AANS, CNS	Identified: October 2008	Medicare	2022 NF PE RVU:	
		Recommendation:	AANS, CNS	identified. Colobol 2000		ZUZZ NI FL KVU.	
		Recommendation:	AANS, CNS	identified. Cotobol 2000	Utilization:	2022 Fac PE RVU:	
RUC Meeting: October 2018	∍d from CPT		F	Referred to CPT May 2018	Utilization:	2022 Fac PE RVU: Result: Deleted from CPT	
RUC Meeting: October 2018	ed from CPT		F		Utilization:	2022 Fac PE RVU: Result: Deleted from CPT	
RUC Meeting: October 2018  RUC Recommendation: Delete			F F	Referred to CPT May 2018 Referred to CPT Asst ✓ Publi	Utilization:	2022 Fac PE RVU: Result: Deleted from CPT ted for 2020	Complete? Ye
RUC Meeting: October 2018  RUC Recommendation: Delete  21015 Radical resection of to		arcoma), soft tissue of t	Face or scalp; les	Referred to CPT May 2018 Referred to CPT Asst Publics ss than 2 Global: 090 Issue: O- First	Shed in CPT Asst: Dele  Radical Resection of Sof	2022 Fac PE RVU: Result: Deleted from CPT ted for 2020	Complete? Ye
RUC Meeting: October 2018  RUC Recommendation: Delete  21015 Radical resection of to  cm	umor (eg, sa	sarcoma), soft tissue of t	F F face or scalp; les	Referred to CPT May 2018 Referred to CPT Asst Publics ss than 2 Global: 090 Issue:	Shed in CPT Asst: Dele  Radical Resection of Sof Tissue Tumor  2020 Medicare	2022 Fac PE RVU: Result: Deleted from CPT ted for 2020  Screen: Site of Service Anomaly	Complete? Ye
RUC Meeting: October 2018  RUC Recommendation: Delete  21015 Radical resection of to	umor (eg, sa	arcoma), soft tissue of t	Face or scalp; les	Referred to CPT May 2018 Referred to CPT Asst Publics ss than 2 Global: 090 Issue: O- First	Shed in CPT Asst: Dele  Radical Resection of Sof Tissue Tumor	2022 Fac PE RVU: Result: Deleted from CPT ted for 2020  t Screen: Site of Service Anomaly 2022 Work RVU: 9.89	Complete? Ye
RUC Recommendation: Delete  21015 Radical resection of to	umor (eg, sa	arcoma), soft tissue of t	face or scalp; les  ACS, AAOS, AA  HNS, ASPS	Referred to CPT May 2018 Referred to CPT Asst Publics ss than 2 Global: 090 Issue: O- First	Shed in CPT Asst: Dele  Radical Resection of Sof Tissue Tumor  2020 Medicare	2022 Fac PE RVU: Result: Deleted from CPT ted for 2020  t Screen: Site of Service Anomaly 2022 Work RVU: 9.89 2022 NF PE RVU: NA	Complete? Ye

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21025 Excision of bone (eg,	for osteomy	elitis or bone abscess); mandible	Global: 090 Issue	: Excision of Bone – Mandi	ble Screen: Site of Service Anomaly	Complete? Yes
Most Recent RUC Meeting: October 2010	<b>Tab:</b> 61	Specialty Developing AAOMS Recommendation:	First Identified: September 2007	2020 Medicare Utilization: 4,098	2022 Work RVU: 10.03 2022 NF PE RVU: 12.32 2022 Fac PE RVU: 8.40	
RUC Recommendation: 10.03			Referred to CPT Referred to CPT Asst	ished in CPT Asst:	Result: Decrease	
21495 Open treatment of hyd	oid fracture		Global: Issue	: Laryngoplasty	Screen: 090-Day Global Post- Operative Visits	Complete? Yes
Most Recent RUC Meeting: January 2016	<b>Tab:</b> 09	Specialty Developing Recommendation:	First Identified: October 2015	2020 Medicare Utilization:	2022 Work RVU: 2022 NF PE RVU: 2022 Fac PE RVU:	
UC Recommendation: Delete	ed from CPT		Referred to CPT  Referred to CPT Asst Publ	ished in CPT Asst:	Result: Deleted from CPT	
			Referred to CPT ASST   Publ	islied iii CF1 Asst.		
21557 Radical resection of to less than 5 cm	umor (eg, sa	arcoma), soft tissue of neck or anter		: Radical Resection of Soft Tissue Tumor	Screen: Site of Service Anomaly	Complete? Ye
less than 5 cm	umor (eg, sa Tab: 6	Specialty Developing ACS, AAOS Recommendation:		: Radical Resection of Soft Tissue Tumor 2020	Screen: Site of Service Anomaly  2022 Work RVU: 14.75  2022 NF PE RVU: NA  2022 Fac PE RVU:10.55	Complete? Yes
less than 5 cm  Most Recent RUC Meeting: February 2009	<b>Tab:</b> 6	Specialty Developing ACS, AAOS	ior thorax; Global: 090 Issue  First Identified: September 2007  Referred to CPT June 2008	: Radical Resection of Soft Tissue Tumor 2020 Medicare	2022 Work RVU: 14.75 2022 NF PE RVU: NA	Complete? Ye
less than 5 cm  lost Recent RUC Meeting: February 2009  RUC Recommendation: 14.57	Tab: 6	Specialty Developing ACS, AAOS Recommendation:	First Identified: September 2007  Referred to CPT June 2008 Referred to CPT Asst Publ	: Radical Resection of Soft Tissue Tumor 2020 Medicare Utilization: 429	2022 Work RVU: 14.75 2022 NF PE RVU: NA 2022 Fac PE RVU:10.55	Complete? Ye
less than 5 cm  Most Recent RUC Meeting: February 2009  RUC Recommendation: 14.57	Tab: 6	Specialty Developing ACS, AAOS Recommendation:	First Identified: September 2007  Referred to CPT June 2008 Referred to CPT Asst Publ	: Radical Resection of Soft Tissue Tumor  2020  Medicare  Utilization: 429  ished in CPT Asst:  : Internal Fixation of Rib	2022 Work RVU: 14.75 2022 NF PE RVU: NA 2022 Fac PE RVU:10.55 Result: Decrease  Screen: CMS Request - Final	•

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21805 Open treatment of ri	ib fracture wi	thout fixation, each	Global: Issue	: Internal Fixation of Rib Fracture	Screen: CMS Request - Final Rule for 2014	Complete? Yes
Most Recent	<b>Tab</b> : 05	Specialty Developing STS, ACS		2020	2022 Work RVU:	
RUC Meeting: April 2014		Recommendation:	Identified: January 2014	Medicare Utilization:	2022 NF PE RVU:	
				Otilization.	2022 Fac PE RVU:	
RUC Recommendation: Dele	eted from CPT		Referred to CPT October 201		Result: Deleted from CPT	
			Referred to CPT Asst	lished in CPT Asst:		
21810 Treatment of rib frac	cture requirin	g external fixation (flail chest)	Global: Issue	: Internal Fixation of Rib Fracture	Screen: CMS Request - Final Rule for 2014	Complete? Yes
Most Recent	<b>Tab</b> : 05	Specialty Developing STS, ACS		2020	2022 Work RVU:	
RUC Meeting: April 2014		Recommendation:	Identified: January 2014	Medicare Utilization:	2022 NF PE RVU:	
				Otilization.	2022 Fac PE RVU:	
RUC Recommendation: Dele	eted from CPT		Referred to CPT October 201	3	Result: Deleted from CPT	
21811 Open treatment of ri	ib fracture(s)	with internal fixation, includes th		lished in CPT Asst:	Screen: CMS Request - Final	Complete? Yes
visualization when p	performed, ui		pracoscopic Global: 000 Issue	: Internal Fixation of Rib Fracture	Screen: CMS Request - Final Rule for 2014 2022 Work RVU: 10.79	Complete? Yes
visualization when p			pracoscopic Global: 000 Issue	e: Internal Fixation of Rib Fracture 2020 Medicare	Rule for 2014	Complete? Yes
visualization when p	performed, ui	nilateral; 1-3 ribs  Specialty Developing STS, ACS	oracoscopic Global: 000 Issue	e: Internal Fixation of Rib Fracture 2020	Rule for 2014  2022 Work RVU: 10.79	Complete? Yes
visualization when p Most Recent RUC Meeting: April 2014	Derformed, ui	nilateral; 1-3 ribs  Specialty Developing STS, ACS	First Identified: January 2014  Referred to CPT October 201	e: Internal Fixation of Rib Fracture  2020  Medicare  Utilization: 439	Rule for 2014  2022 Work RVU: 10.79  2022 NF PE RVU: NA	Complete? Yes
visualization when p Most Recent RUC Meeting: April 2014 RUC Recommendation: 19.5	Tab: 05	Specialty Developing STS, ACS Recommendation:	Pracoscopic Global: 000 Issue First Identified: January 2014 Referred to CPT October 201 Referred to CPT Asst Pub	e: Internal Fixation of Rib Fracture  2020  Medicare  Utilization: 439	Rule for 2014  2022 Work RVU: 10.79  2022 NF PE RVU: NA  2022 Fac PE RVU: 4.27	·
visualization when p Most Recent RUC Meeting: April 2014  RUC Recommendation: 19.5  21812 Open treatment of rivisualization when p	Tab: 05  55  ib fracture(s) performed, un	Specialty Developing STS, ACS Recommendation: with internal fixation, includes the	Pracoscopic Global: 000 Issue First Identified: January 2014 Referred to CPT October 201 Referred to CPT Asst Pub Pracoscopic Global: 000 Issue	2020 Medicare Utilization: 439  3  Ilished in CPT Asst:  2: Internal Fixation of Rib Fracture	Rule for 2014  2022 Work RVU: 10.79  2022 NF PE RVU: NA  2022 Fac PE RVU: 4.27  Result: Decrease  Screen: CMS Request - Final	·
visualization when p Most Recent RUC Meeting: April 2014  RUC Recommendation: 19.5  21812 Open treatment of rivisualization when p	Tab: 05	Specialty Developing STS, ACS Recommendation:	Pracoscopic Global: 000 Issue First Identified: January 2014 Referred to CPT October 201 Referred to CPT Asst Pub Pracoscopic Global: 000 Issue	2020 Medicare Utilization: 439  3 lished in CPT Asst: 2: Internal Fixation of Rib Fracture 2020 Medicare	Rule for 2014  2022 Work RVU: 10.79  2022 NF PE RVU: NA  2022 Fac PE RVU: 4.27  Result: Decrease  Screen: CMS Request - Final Rule for 2014	Complete? Yes
visualization when p Most Recent RUC Meeting: April 2014  RUC Recommendation: 19.5	Tab: 05  55  ib fracture(s) performed, un	Specialty Developing STS, ACS Recommendation:  with internal fixation, includes the companion of the compani	Pracoscopic Global: 000 Issue First Identified: January 2014 Referred to CPT October 201 Referred to CPT Asst Pub Pracoscopic Global: 000 Issue	2020 Medicare Utilization: 439  3 Ilished in CPT Asst: 21 22 2020  2020	Rule for 2014  2022 Work RVU: 10.79  2022 NF PE RVU: NA  2022 Fac PE RVU: 4.27  Result: Decrease  Screen: CMS Request - Final Rule for 2014  2022 Work RVU: 13.00	·
visualization when p Most Recent RUC Meeting: April 2014  RUC Recommendation: 19.5  21812 Open treatment of rivisualization when p	Tab: 05 ib fracture(s) performed, un	Specialty Developing STS, ACS Recommendation:  with internal fixation, includes the companion of the compani	Pracoscopic Global: 000 Issue First Identified: January 2014  Referred to CPT October 201 Referred to CPT Asst Pub  Pracoscopic Global: 000 Issue First Identified: January 2014  Referred to CPT October 201	2020 Medicare Utilization of Rib Fracture  2020 Medicare Utilization: 439  3 lished in CPT Asst:  2: Internal Fixation of Rib Fracture  2020 Medicare Utilization: 489	Rule for 2014  2022 Work RVU: 10.79  2022 NF PE RVU: NA  2022 Fac PE RVU: 4.27  Result: Decrease  Screen: CMS Request - Final Rule for 2014  2022 Work RVU: 13.00  2022 NF PE RVU: NA	

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Open treatment of rib fracture(s) with internal fixation, includes thoracoscopic Global: 000 Issue: Internal Fixation of Rib Screen: CMS Request - Final Complete? Yes Fracture Rule for 2014

visualization when performed, unilateral; 7 or more ribs

Tab: 05

Most Recent

2022 Work RVU: 17.61 **Tab:** 05 Specialty Developing STS, ACS 2020 **Most Recent** First **RUC Meeting:** April 2014 Recommendation: Identified: January 2014 Medicare 2022 NF PE RVU: NA

67 **Utilization: 2022 Fac PE RVU:** 7.12

**RUC Recommendation: 35.00** Referred to CPT October 2013 Result: Decrease

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

21820 Closed treatment of sternum fracture Global: 090 Issue: Internal Fixation of Rib Screen: CMS Request - Final Complete? Yes Rule for 2014 / Emergent

Fracture

2020

**Procedures** 

2022 Work RVU: 7.76

2022 Work RVU: 1.36 **Most Recent Tab:** 46 **Specialty Developing** AAOS, ACEP, and First 2020

**RUC Meeting:** April 2016 Recommendation: orthopaedic Identified: January 2014 Medicare 2022 NF PE RVU: 2.82 subspecialties **Utilization:** 135

**2022 Fac PE RVU: 2.73** 

Referred to CPT October 2013 RUC Recommendation: PE Clinical staff pre-time revised Result: PE Only

Referred to CPT Asst Published in CPT Asst: Jan 2018

Screen: CMS Request - Final Open treatment of sternum fracture with or without skeletal fixation Global: 090 Issue: Internal Fixation of Rib Complete? Yes Rule for 2014 Fracture

Specialty Developing STS, ACS First Medicare **RUC Meeting:** April 2014 Recommendation: Identified: January 2014 **2022 NF PE RVU: NA Utilization:** 549

**2022 Fac PE RVU: 6.79** 

RUC Recommendation: Unrelated to the family Referred to CPT October 2013 Result: Remove from Screen Referred to CPT Asst Published in CPT Asst:

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21935 Radical resection of tumor (eg, s 5 cm	arcoma), soft tissue of	back or flank; less	than Global: 090 Issue	e: Radical Resection of Soft Tissue Tumor	Screen: Site of Service Anomaly	Complete? Yes
Most Recent Tab: 6	Specialty Developing	ACS, AAOS	First	2020	<b>2022 Work RVU:</b> 15.72	
RUC Meeting: February 2009	Recommendation:		Identified: September 200	7 Medicare Utilization: 213	<b>2022 NF PE RVU</b> : NA	
				Otilization: 213	2022 Fac PE RVU: 11.21	
<b>RUC Recommendation:</b> 15.54			ferred to CPT June 2008		Result: Decrease	
		Re	ferred to CPT Asst U Pub	olished in CPT Asst:		
22214 Osteotomy of spine, posterior or lumbar	· posterolateral approac	h, 1 vertebral segr	nent; Global: 090 Issue	e: RAW	Screen: CMS Fastest Growing	Complete? Yes
Most Recent Tab: 21	Specialty Developing	AAOS, NASS,	First	2020	2022 Work RVU: 21.02	
RUC Meeting: September 2014	Recommendation:	AANS/CNS	Identified: October 2008	Medicare	<b>2022 NF PE RVU</b> : NA	
				Utilization: 6,664	<b>2022 Fac PE RVU</b> : 17.88	
RUC Recommendation: Maintain			ferred to CPT		Result: Maintain	
		Ke	ferred to CPT Asst U Pub	olished in CPT Asst:		
22305 Closed treatment of vertebral pro	ocess fracture(s)		Global: Issue	e: Closed treatment of vertebral process fracture	Screen: CMS Request - Final Rule for 2014	Complete? Yes
Most Recent Tab: 23	Specialty Developing	AANS/CNS, NASS	S First	2020	2022 Work RVU:	
RUC Meeting: April 2015	Recommendation:	,	Identified: July 2013	Medicare	2022 NF PE RVU:	
				Utilization:	2022 Fac PE RVU:	
RUC Recommendation: Deleted from CPT	-		ferred to CPT May 2016		Result: Deleted from CPT	
		Re	ferred to CPT Asst U Pub	olished in CPT Asst:		
22310 Closed treatment of vertebral bo and including casting or bracing		manipulation, requ	iring Global: 090 Issue	e: Closed Treatment Vertebra Fracture	al <b>Screen:</b> Negative IWPUT / Site of Service Anomaly - 2019	Complete? No
Most Recent Tab: 23	Specialty Developing	AANS, AAOS,	First	2020	2022 Work RVU: 3.45	
RUC Meeting: January 2020	Recommendation:	CNS, ISASS, NASS	Identified: April 2017	Medicare	<b>2022 NF PE RVU</b> : 5.06	
•				Utilization: 5,711		
•		14/100		,	<b>2022 Fac PE RVU</b> : 4.64	
RUC Recommendation: 3.45. Flag for Rer	eview		ferred to CPT	·	2022 Fac PE RVU: 4.64 Result: Decrease	

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22510 Percutaneous vertebroplasty (bone biopsy included when performed). 1 Global: 010 Issue: Percutaneous Screen: Codes Reported Complete? Yes Vertebroplasty and Together 75% or Morevertebral body, unilateral or bilateral injection, inclusive of all imaging guidance; Augementation Part2 cervicothoracic **2022 Work RVU: 7.90** Most Recent **Tab:** 06 Specialty Developing AANS, CNS, First 2020 **RUC Meeting:** April 2014 Recommendation: AAOS, NASS, Identified: April 2014 Medicare 2022 NF PE RVU: 47.24 ACR. SIR. ASNR **Utilization:** 2,489 **2022 Fac PE RVU: 3.75** RUC Recommendation: 8.15 Referred to CPT February 2014 Result: Decrease Referred to CPT Asst Published in CPT Asst: Percutaneous vertebroplasty (bone biopsy included when performed), 1 Global: 010 Issue: Percutaneous Screen: Codes Reported Complete? Yes Together 75% or More-Vertebroplasty and vertebral body, unilateral or bilateral injection, inclusive of all imaging guidance; **lumbosacral** Augementation Part2 2022 Work RVU: 7.33 **Most Recent Tab:** 06 **Specialty Developing** AANS, CNS. **First** 2020 AAOS, NASS, Identified: April 2014 **RUC Meeting:** April 2014 Recommendation: Medicare 2022 NF PE RVU: 47.76 ACR, SIR, ASNR 3.052 **Utilization:** 2022 Fac PE RVU: 3.63 **RUC Recommendation:** 8 05 Referred to CPT February 2014 Result: Decrease Referred to CPT Asst Published in CPT Asst: 22512 Percutaneous vertebroplasty (bone biopsy included when performed), 1 **Global**: 777 Percutaneous Screen: Codes Reported Complete? Yes Issue: Together 75% or More-Vertebroplasty and vertebral body, unilateral or bilateral injection, inclusive of all imaging guidance; each additional cervicothoracic or lumbosacral vertebral body (list separately in Augementation Part2 addition to code for primary procedure) 2022 Work RVU: 4.00 **Most Recent Specialty Developing** AANS, CNS. 2020 **Tab:** 06 First **RUC Meeting:** April 2014 Recommendation: AAOS, NASS, Identified: April 2014 Medicare 2022 NF PE RVU: 17.90 ACR, SIR, ASNR **Utilization:** 1.935 2022 Fac PE RVU: 1.42 **RUC Recommendation: 4.00** Referred to CPT February 2014 Result: Decrease

Referred to CPT Asst Published in CPT Asst:

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22513 Percutaneous vertebral augmentation, including cavity creation (fracture Global: 010 Issue: Percutaneous Screen: Codes Reported Complete? Yes Vertebroplasty and Together 75% or Morereduction and bone biopsy included when performed) using mechanical device (eg, kyphoplasty), 1 vertebral body, unilateral or bilateral cannulation, inclusive Augementation Part2 of all imaging guidance: thoracic 2022 Work RVU: 8.65 **Most Recent Tab:** 06 Specialty Developing AANS, CNS. First 2020 **RUC Meeting:** April 2014 AAOS, NASS, Identified: April 2014 Recommendation: Medicare **2022 NF PE RVU: 169.35** ACR, SIR, ASNR **Utilization:** 19,696 2022 Fac PE RVU: 4.81 **RUC Recommendation: 8.90** Referred to CPT February 2014 Result: Decrease Referred to CPT Asst Published in CPT Asst: 22514 Percutaneous vertebral augmentation, including cavity creation (fracture Global: 010 Issue: Percutaneous Screen: Codes Reported Complete? Yes Together 75% or Morereduction and bone biopsy included when performed) using mechanical device Vertebroplasty and (eg, kyphoplasty), 1 vertebral body, unilateral or bilateral cannulation, inclusive Augementation Part2 of all imaging guidance; lumbar 2022 Work RVU: 7.99 **Most Recent Tab:** 06 Specialty Developing AANS, CNS, **First** 2020 **RUC Meeting:** April 2014 AAOS, NASS, Identified: April 2014 Recommendation: Medicare **2022 NF PE RVU: 169.26** ACR, SIR, ASNR **Utilization:** 21,668 2022 Fac PE RVU: 4.56 February 2014 **RUC Recommendation: 8.24** Referred to CPT Result: Decrease Referred to CPT Asst Published in CPT Asst: 22515 Percutaneous vertebral augmentation, including cavity creation (fracture Global: 777 Percutaneous Screen: Codes Reported Complete? Yes Together 75% or Morereduction and bone biopsy included when performed) using mechanical device Vertebroplasty and (eg, kyphoplasty), 1 vertebral body, unilateral or bilateral cannulation, inclusive Augementation Part2 of all imaging guidance; each additional thoracic or lumbar vertebral body (list separately in addition to code for primary procedure) 2022 Work RVU: 4.00 Most Recent **Tab:** 06 Specialty Developing AANS, CNS. 2020 RUC Meeting: April 2014 AAOS, NASS, Identified: April 2014 Recommendation: Medicare **2022 NF PE RVU: 87.68** ACR, SIR, ASNR **Utilization:** 13,498 **2022 Fac PE RVU: 1.65 RUC Recommendation: 4.00** February 2014 Referred to CPT Result: Decrease

Referred to CPT Asst Published in CPT Asst:

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Percutaneous vertebroplasty (bone biopsy included when performed), 1 Global: Issue: Percutaneous Screen: CMS Request - Practice Complete? Yes Vertebroplasty and Expense Review / Codes vertebral body, unilateral or bilateral injection; thoracic Reported Together 75% Augementation or More-Part2 2022 Work RVU: **Most Recent Tab:** 06 Specialty Developing AANS, CNS, 2020 First **RUC Meeting:** April 2014 Recommendation: AAOS, NASS, **Identified:** February 2009 Medicare **2022 NF PE RVU:** ACR, SIR, ASNR **Utilization:** 2022 Fac PE RVU: February 2014 **RUC Recommendation:** Deleted from CPT Referred to CPT Result: Deleted from CPT Referred to CPT Asst Published in CPT Asst: Screen: Site of Service Anomaly Issue: Percutaneous Complete? Yes Percutaneous vertebroplasty (bone biopsy included when performed), 1 Global: 22521 vertebral body, unilateral or bilateral injection; lumbar Vertebroplasty and (99238-Only): CMS Augementation Request - PE Inputs / Codes Reported Together 75% or More-Part2 2022 Work RVU: AANS, CNS. 2020 Most Recent **Tab:** 06 Specialty Developing **RUC Meeting:** April 2014 Recommendation: AAOS, NASS, Identified: September 2007 Medicare **2022 NF PE RVU:** ACR, SIR, ASNR **Utilization:** 2022 Fac PE RVU: Result: Deleted from CPT RUC Recommendation: Deleted from CPT Referred to CPT February 2014 Published in CPT Asst: Referred to CPT Asst 22522 Percutaneous vertebroplasty (bone biopsy included when performed), 1 Issue: Percutaneous Screen: Codes Reported Global: Complete? Yes Together 75% or Morevertebral body, unilateral or bilateral injection; each additional thoracic or Vertebroplasty and lumbar vertebral body (List separately in addition to code for primary procedure) Augementation Part2 2022 Work RVU: **Most Recent Tab:** 06 Specialty Developing AANS, CNS, 2020 First AAOS, NASS. RUC Meeting: April 2014 Recommendation: Identified: April 2014 Medicare **2022 NF PE RVU:** ACR. SIR. ASNR **Utilization:** 2022 Fac PE RVU: RUC Recommendation: Deleted from CPT February 2014 Result: Deleted from CPT Referred to CPT Referred to CPT Asst ☐ Published in CPT Asst:

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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	Ve	ercutaneous ertebroplasty and ugementation	Screen: CMS Request: PE Review	Complete? Yes
Most Recent RUC Meeting: April 2014  Tab: 06 Specialty Developing Recommendation: AANS, CNS, ACR, SIR, ASNR  First Identified: September ACR, SIR, ASNR	Ut	20 edicare :ilization:	2022 Work RVU: 2022 NF PE RVU: 2022 Fac PE RVU:	
RUC Recommendation: Deleted from CPT Referred to CPT Febru Referred to CPT Asst	ary 2014  Publishe	ed in CPT Asst:	Result: Deleted from CPT	
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	Ve	ercutaneous ertebroplasty and ugementation	Screen: CMS Request: PE Review	Complete? Yes
Most Recent Tab: 06 Specialty Developing AANS, CNS, First	20	20	2022 Work RVU:	
RUC Meeting: April 2014 Recommendation: AAOS, NASS, ACR, SIR, ASNR		edicare	2022 NF PE RVU:	
ACK, SIK, ASINK	Ut	ilization:	2022 Fac PE RVU:	
RUC Recommendation: Deleted from CPT Referred to CPT Febru Referred to CPT Asst	ary 2014 Publishe	ed in CPT Asst:	Result: Deleted from CPT	
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)	Ve	ercutaneous ertebroplasty and ugementation	Screen: CMS Request: PE Review	Complete? Yes
Most Recent Tab: 06 Specialty Developing AANS, CNS, First	20	20	2022 Work RVU:	
RUC Meeting: April 2014 Recommendation: AAOS, NASS, ACR, SIR, ASNR		edicare :ilization:	2022 NF PE RVU:	
Aort, ont, north	O.	.mzation.	2022 Fac PE RVU:	
RUC Recommendation: Deleted from CPT Referred to CPT Febru Referred to CPT Asst	ary 2014 ] <b>Publishe</b>	ed in CPT Asst:	Result: Deleted from CPT	

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22533 Arthrodesis, lateral extracavitary technique, including minimal discectomy to Global: 090 Issue: Arthrodesis Screen: CMS Fastest Growing Complete? Yes prepare interspace (other than for decompression); lumbar 2022 Work RVU: 24.79 **Most Recent Tab:** 51 Specialty Developing AAOS, NASS, First 2020 **RUC Meeting:** September 2011 AANS/CNS Identified: October 2008 Recommendation: Medicare 2022 NF PE RVU: NA **Utilization:** 582 2022 Fac PE RVU: 18.16 RUC Recommendation: Remove from screen. CPT Assistant article Referred to CPT Result: Remove from Screen published. **✓ Published in CPT Asst**: Oct 2009 Referred to CPT Asst 22551 Arthrodesis, anterior interbody, including disc space preparation, discectomy, Global: 090 Issue: Arthrodesis Screen: Codes Reported Complete? Yes Together 95% or More osteophytectomy and decompression of spinal cord and/or nerve roots; cervical below c2 2022 Work RVU: 25.00 **Tab:** 05 NASS. 2020 Most Recent Specialty Developing First AANS/CNS, AAOS Identified: February 2010 **RUC Meeting:** February 2010 Recommendation: Medicare 2022 NF PE RVU: NA **Utilization:** 33.372 2022 Fac PE RVU: 17.63 October 2009 **RUC Recommendation: 24.50** Referred to CPT Result: Decrease **Referred to CPT Asst Published in CPT Asst:** Screen: Codes Reported 22552 Arthrodesis, anterior interbody, including disc space preparation, discectomy, Global: ZZZ Issue: Arthrodesis Complete? Yes osteophytectomy and decompression of spinal cord and/or nerve roots; cervical Together 95% or More below c2, each additional interspace (list separately in addition to code for primary procedure) 2022 Work RVU: 6.50 **Most Recent Tab:** 05 Specialty Developing NASS, **First** 2020 **RUC Meeting:** February 2010 AANS/CNS, AAOS Identified: February 2010 Recommendation: Medicare 2022 NF PE RVU: NA **Utilization:** 29.861

October 2009

Referred to CPT Asst Published in CPT Asst:

Referred to CPT

**2022 Fac PE RVU: 3.18** 

Result: Maintain

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RUC Recommendation: 6.50

22554 Arthrodesis, anterior interbody technique, including minimal discectomy to Global: 090 Issue: Arthrodesis Screen: Codes Reported Complete? No prepare interspace (other than for decompression); cervical below c2 Together 95% or More / Codes Reported Together 75% or More-Part5 2022 Work RVU: 17.69 Most Recent **Tab:** 13 Specialty Developing AANS, AAOS, 2020 **RUC Meeting:** September 2022 CNS, ISASS, Identified: February 2008 Recommendation: Medicare 2022 NF PE RVU: NA NASS **Utilization:** 4,006 2022 Fac PE RVU: 14.26 RUC Recommendation: Refer to CPT Assistant 17 69 Referred to CPT October 2009 Result: Maintain Referred to CPT Asst Published in CPT Asst: 22558 Arthrodesis, anterior interbody technique, including minimal discectomy to **Global**: 090 Vertebral Corpectomy with Screen: High Volume Growth2 / Complete? Yes Arthrodesis Codes Reported prepare interspace (other than for decompression); lumbar Together 75% or More-Part3 2022 Work RVU: 23.53 2020 **Most Recent Tab:** 13 AANS/CNS, First Specialty Developing **RUC Meeting:** September 2022 Recommendation: AAOS, NASS Identified: April 2013 Medicare 2022 NF PE RVU: NA **Utilization:** 18,435 2022 Fac PE RVU: 15.57 Referred to CPT September 2016 Result: Maintain **RUC Recommendation:** Maintain Referred to CPT Asst **Published in CPT Asst:** 22585 Arthrodesis, anterior interbody technique, including minimal discectomy to Issue: Arthrodesis Screen: Codes Reported Global: ZZZ Complete? Yes Together 95% or More prepare interspace (other than for decompression); each additional interspace (list separately in addition to code for primary procedure)

Most Recent Tab: 05 Specialty Developing NASS, AANS/CNS First 2020 2022 Work RVU: 5.52

RUC Meeting: February 2010 Recommendation: Identified: February 2010 Medicare
Utilization: 15,353

2022 NF PE RVU: NA
2022 Fac PE RVU: 2.54

RUC Recommendation: Remove from screen Referred to CPT October 2009 Result: Maintain

Referred to CPT Asst Published in CPT Asst:

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22612 Arthrodesis, posterior or posterolateral technique, single interspace: lumbar Global: 090 Issue: Lumbar Arthrodesis Screen: Codes Reported Complete? Yes Together 75% or More-(with lateral transverse technique, when performed) Part1 / CMS High **Expenditure Procedural** Codes1 / Pre-Time Analysis 2022 Work RVU: 23.53 **Most Recent** 2020 **Tab**: 21 Specialty Developing AANS/CNS, **First RUC Meeting:** October 2015 Recommendation: AAOS, NASS **Identified:** February 2010 Medicare 2022 NF PE RVU: NA 39,083 **Utilization: 2022 Fac PE RVU: 17.02** RUC Recommendation: Review utilization data October 2015, 23.53. October 2010 Result: Maintain Referred to CPT Maintain work RVU and adjust the times from pretime package 4. Referred to CPT Asst **Published in CPT Asst:** 22614 Arthrodesis, posterior or posterolateral technique, single interspace; each Global: ZZZ Issue: Lumbar Arthrodesis Screen: Codes Reported Complete? Yes Together 75% or Moreadditional interspace (list separately in addition to code for primary procedure) Part1 2022 Work RVU: 6.43 **Most Recent** AANS/CNS, **Tab:** 04 Specialty Developing First 2020 **RUC Meeting:** February 2011 Recommendation: AAOS, NASS **Identified:** February 2010 Medicare 2022 NF PE RVU: NA **Utilization:** 134,805 **2022 Fac PE RVU: 3.16** Result: Decrease RUC Recommendation: 6.43 Referred to CPT **Referred to CPT Asst Published in CPT Asst:** 22630 Arthrodesis, posterior interbody technique, including laminectomy and/or Screen: Codes Reported Global: 090 Issue: Lumbar Arthrodesis Complete? Yes discectomy to prepare interspace (other than for decompression), single Together 75% or More-Part1 interspace, lumbar: 2022 Work RVU: 22.09 Most Recent **Tab:** 04 **Specialty Developing** AANS/CNS, First 2020 **RUC Meeting:** February 2011 Recommendation: AAOS, NASS **Identified:** February 2010 Medicare 2022 NF PE RVU: NA **Utilization:** 4,864 2022 Fac PE RVU: 17.52 **RUC Recommendation: 22.09** Referred to CPT October 2010 Result: Maintain **Published in CPT Asst:** Referred to CPT Asst

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22632 Arthrodesis, posterior interbody technique, including laminectomy and/or Global: ZZZ Issue: Lumbar Arthrodesis Screen: Codes Reported Complete? Yes Together 75% or Morediscectomy to prepare interspace (other than for decompression), single interspace, lumbar; each additional interspace (list separately in addition to Part1 code for primary procedure) **2022 Work RVU: 5.22 Most Recent Tab:** 04 Specialty Developing AANS/CNS, First 2020 **RUC Meeting:** February 2011 AAOS, NASS Identified: February 2010 Recommendation: Medicare 2022 NF PE RVU: NA **Utilization:** 1,721 2022 Fac PE RVU: 2.54 **RUC Recommendation:** 5.22 Referred to CPT Result: Decrease Referred to CPT Asst Published in CPT Asst: Global: 090 22633 Arthrodesis, combined posterior or posterolateral technique with posterior Issue: Lumbar Arthrodesis Screen: Codes Reported Complete? Yes interbody technique including laminectomy and/or discectomy sufficient to Together 75% or More-Part1 prepare interspace (other than for decompression), single interspace, lumbar; 2022 Work RVU: 27.75 2020 **Most Recent Tab**: 04 Specialty Developing AANS/CNS. First **RUC Meeting:** February 2011 Recommendation: AAOS, NASS Identified: February 2010 Medicare 2022 NF PE RVU: NA **Utilization:** 32,588 **2022 Fac PE RVU: 18.90 RUC Recommendation: 27.75** Referred to CPT October 2010 Result: Decrease **Published in CPT Asst:** Referred to CPT Asst 22634 Arthrodesis, combined posterior or posterolateral technique with posterior Global: ZZZ Issue: Lumbar Arthrodesis **Screen:** Codes Reported Complete? Yes interbody technique including laminectomy and/or discectomy sufficient to Together 75% or More-Part1 prepare interspace (other than for decompression), single interspace, lumbar: each additional interspace (list separately in addition to code for primary procedure) 2022 Work RVU: 8.16 Most Recent **Tab**: 04 **Specialty Developing** AANS/CNS, 2020 **RUC Meeting:** February 2011 Recommendation: AAOS, NASS Identified: February 2010 Medicare 2022 NF PE RVU: NA **Utilization:** 12.432 2022 Fac PE RVU: 4.01 **RUC Recommendation: 8.16** Referred to CPT October 2010 Result: Decrease Referred to CPT Asst Published in CPT Asst:

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22843 Posterior segmental instrumentation (eg, pedicle fixation, dual rods with Global: ZZZ Issue: Spine Fixation Device Screen: CMS Fastest Growing Complete? Yes multiple hooks and sublaminar wires); 7 to 12 vertebral segments (list separately in addition to code for primary procedure) 2022 Work RVU: 13.44 Specialty Developing AAOS, NASS, **Most Recent Tab:** 38 2020 Identified: October 2008 **RUC Meeting:** February 2009 Recommendation: **AANS** Medicare 2022 NF PE RVU: NA **Utilization:** 8.394 2022 Fac PE RVU: 6.61 RUC Recommendation: Remove from screen Referred to CPT Result: Remove from Screen Referred to CPT Asst **Published in CPT Asst:** Global: 090 Issue: RAW Screen: CMS Fastest Growing Reinsertion of spinal fixation device Complete? Yes **2022 Work RVU: 19.17** Most Recent **Tab**: 21 Specialty Developing AAOS, NASS, First 2020 **RUC Meeting:** September 2014 AANS/CNS Identified: October 2008 Recommendation: Medicare 2022 NF PE RVU: NA **Utilization:** 3,879 2022 Fac PE RVU: 14.12 Referred to CPT June 2010 **RUC Recommendation:** Maintain Result: Maintain Referred to CPT Asst Published in CPT Asst: Application of intervertebral biomechanical device(s) (eg, synthetic cage(s), Global: Issue: Biomechancial Device Screen: CMS Fastest Growing / Complete? Yes High Volume Growth1 / methylmethacrylate) to vertebral defect or interspace (List separately in addition Insertion-Intervertebral, CMS High Expenditure to code for primary procedure) Interbody Procedural Codes1 2022 Work RVU: Specialty Developing AANS/CNS, NASS First Most Recent **Tab:** 06 2020 Identified: October 2008 **RUC Meeting:** January 2016 Recommendation: Medicare **2022 NF PE RVU: Utilization:** 2022 Fac PE RVU: RUC Recommendation: Deleted from CPT Referred to CPT October 2015 Result: Deleted from CPT

Referred to CPT Asst Published in CPT Asst:

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Insertion of intervertebral biomechanical device(s) (eg, synthetic cage, mesh, Global: ZZZ Issue: Biomechancial Device Screen: CMS High Expenditure Complete? Yes 22859 Insertion-Intervertebral. Procedural Codes1 methylmethacrylate) to intervertebral disc space or vertebral body defect Interbody without interbody arthrodesis, each contiguous defect (list separately in addition to code for primary procedure) 2022 Work RVU: 5.50 **Most Recent Tab:** 06 Specialty Developing AAOS, AANS, First 2020 **RUC Meeting:** January 2016 CNS. ISASS. Identified: October 2015 Recommendation: Medicare 2022 NF PE RVU: NA NASS **Utilization:** 1,628 **2022 Fac PE RVU: 2.70 RUC Recommendation: 6.00** Referred to CPT Result: Decrease Referred to CPT Asst Published in CPT Asst: 22867 Insertion of interlaminar/interspinous process stabilization/distraction device. Global: 090 Issue: Insertion of Screen: CMS High Expenditure Complete? Yes Procedural Codes1 / without fusion, including image guidance when performed, with open Interlaminar/Interspinous CMS Request - Final decompression, lumbar; single level Device Rule for 2021 2022 Work RVU: 15.00 Most Recent **Tab: 26** Specialty Developing AAOS, AANS, 2020 First **RUC Meeting:** January 2021 Recommendation: CNS. ISASS. Identified: October 2015 Medicare **2022 NF PE RVU: NA** NASS **Utilization:** 1,608 2022 Fac PE RVU: 12.35 RUC Recommendation: 15.00 Referred to CPT Result: Increase Referred to CPT Asst Published in CPT Asst: 22868 Insertion of interlaminar/interspinous process stabilization/distraction device, Global: ZZZ Biomechancial Device Screen: CMS High Expenditure Complete? Yes Insertion-Intervertebral, Procedural Codes1 without fusion, including image guidance when performed, with open Interbody decompression, lumbar; second level (list separately in addition to code for primary procedure) 2022 Work RVU: 4.00 Most Recent **Tab:** 06 Specialty Developing AAOS, AANS, First 2020 **RUC Meeting:** January 2016 Recommendation: CNS. ISASS. Identified: October 2015 Medicare 2022 NF PE RVU: NA NASS **Utilization:** 331 **2022 Fac PE RVU: 1.93 RUC Recommendation:** 5.50 Referred to CPT Result: Decrease

Referred to CPT Asst

Published in CPT Asst:

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22900 Excision, tumor, soft of less than 5 cm	tissue of a	bdominal wall, subfascial (eg, intramu	ıscular); Global: 090 Issue:	Subfascial Excision of S Tissue Tumor	Soft Screen: Site of Service Anomaly	Complete? Yes
Most Recent RUC Meeting: February 2009  RUC Recommendation: 8.21	<b>Tab:</b> 5	Specialty Developing ACS, AAOS Recommendation:	First Identified: September 2007  Referred to CPT June 2008  Referred to CPT Asst Public	2020 Medicare Utilization: 490 shed in CPT Asst:	2022 Work RVU: 8.32 2022 NF PE RVU: NA 2022 Fac PE RVU:6.64 Result: Increase	
23076 Excision, tumor, soft to less than 5 cm	tissue of s	houlder area, subfascial (eg, intramus	scular); Global: 090 Issue:	Subfascial Excision of S Tissue Tumor	Soft Screen: Site of Service Anomaly	Complete? Yes
Most Recent RUC Meeting: February 2009	<b>Tab</b> : 5	Specialty Developing ACS, AAOS Recommendation:	First Identified: September 2007	2020 Medicare Utilization: 449	2022 Work RVU: 7.41 2022 NF PE RVU: NA 2022 Fac PE RVU:7.15	
RUC Recommendation: 7.28			Referred to CPT June 2008 Referred to CPT Asst Publi	shed in CPT Asst:	Result: Decrease	
23120 Claviculectomy; partia	al		Global: 090 Issue:	Claviculectomy	Screen: Site of Service Anomaly	Complete? Yes
Most Recent RUC Meeting: April 2008	<b>Tab:</b> 30	Specialty Developing AAOS Recommendation:	First Identified: September 2007	2020 Medicare Utilization: 5,044	2022 Work RVU: 7.39 2022 NF PE RVU: NA 2022 Fac PE RVU: 8.63	
RUC Recommendation: 7.23			Referred to CPT Referred to CPT Asst  Publi	shed in CPT Asst:	Result: Maintain	
23130 Acromioplasty or acro	omionector	ny, partial, with or without coracoacro	omial Global: 090 Issue:	Removal of Bone	Screen: Site of Service Anomaly (99238-Only)	Complete? Yes
Most Recent RUC Meeting: September 2007	<b>Tab:</b> 16	Specialty Developing AAOS Recommendation:	First Identified: September 2007	2020 Medicare Utilization: 1,262	2022 Work RVU: 7.77 2022 NF PE RVU: NA	
RUC Recommendation: Reduc	e 99238 to	0.5	Referred to CPT Referred to CPT Asst  Publi	shed in CPT Asst:	2022 Fac PE RVU: 9.11 Result: PE Only	

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23350 Injection procedure for s arthrography	shoulder	arthrography or enhanced ct/mri should	der Global: 000 Issue:	Injection for Shoulder X	G-Ray <b>Screen</b> : Harvard Valued - Utilization over 30,000	Complete? Yes
Nost Recent RUC Meeting: September 2011	<b>Tab:</b> 13	Specialty Developing ACR, AAOS Recommendation:	First Identified: April 2011	2020 Medicare Utilization: 28,129	2022 Work RVU: 1.00 2022 NF PE RVU: 3.98 2022 Fac PE RVU:0.37	
RUC Recommendation: 1.00			Referred to CPT Referred to CPT Asst	shed in CPT Asst:	Result: Maintain	
23405 Tenotomy, shoulder area	a; single	tendon	Global: 090 Issue:	Tenotomy	Screen: Site of Service Anomaly (99238-Only)	Complete? Yes
Most Recent RUC Meeting: September 2007	<b>Tab:</b> 16	Specialty Developing AAOS Recommendation:	First Identified: September 2007	2020 Medicare Utilization: 1,931	2022 Work RVU: 8.54 2022 NF PE RVU: NA 2022 Fac PE RVU:8.33	
RUC Recommendation: Reduce 9	99238 to (		Referred to CPT Referred to CPT Asst  Publi	shed in CPT Asst:	Result: PE Only	
23410 Repair of ruptured musc	culotendi	nous cuff (eg, rotator cuff) open; acute	Global: 090 Issue:	Rotator Cuff	Screen: Site of Service Anomaly	Complete? Yes
Most Recent RUC Meeting: February 2008	<b>Tab:</b> 12	Specialty Developing AAOS Recommendation:	First Identified: September 2007	2020 Medicare Utilization: 2,627	2022 Work RVU: 11.39 2022 NF PE RVU: NA 2022 Fac PE RVU:10.70	
RUC Recommendation: 11.23			Referred to CPT Referred to CPT Asst  Publi	shed in CPT Asst:	Result: Decrease	
23412 Repair of ruptured musc	ulotendi	nous cuff (eg, rotator cuff) open; chroni	c Global: 090 Issue:	Rotator Cuff	Screen: Site of Service Anomaly / Pre-Time Analysis	Complete? Yes
Most Recent RUC Meeting: September 2014	<b>Tab:</b> 21	Specialty Developing AAOS Recommendation:	First Identified: September 2007	2020 Medicare Utilization: 9,154	2022 Work RVU: 11.93 2022 NF PE RVU: NA 2022 Fac PE RVU:11.00	
RUC Recommendation: Maintain time pact		1.77	Referred to CPT		Result: Decrease	
		F	Referred to CPT Asst 🔲 Publi	shed in CPT Asst:		

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23415 Coracoacromial ligam	ent release	e, with or without acromioplasty	Global: 090 Issue:	Shoulder Ligament Rele	ease Screen: Site of Service Anomaly	Complete? Yes
Most Recent	<b>Tab</b> : 62	Specialty Developing AAOS	First	2020 Madiagra	<b>2022 Work RVU</b> : 9.23	
RUC Meeting: October 2010		Recommendation:	Identified: September 2007	Medicare Utilization: 312	2022 NF PE RVU: NA	
					<b>2022 Fac PE RVU</b> : 9.69	
RUC Recommendation: 9.23			Referred to CPT Referred to CPT Asst  Publication	shed in CPT Asst:	Result: Decrease	
			Neithful to of 1 Asst	Shed in Or 1 Asst.		
23420 Reconstruction of con acromioplasty)	nplete sho	ulder (rotator) cuff avulsion, chroni	c (includes Global: 090 Issue:	Rotator Cuff	Screen: Site of Service Anomaly	Complete? Yes
Most Recent	<b>Tab:</b> 12	Specialty Developing AAOS	First	2020	<b>2022 Work RVU:</b> 13.54	
RUC Meeting: February 2008		Recommendation:	Identified: September 2007	Medicare	2022 NF PE RVU: NA	
				Utilization: 1,571	<b>2022 Fac PE RVU</b> : 12.63	
RUC Recommendation: 13.35			Referred to CPT		Result: Decrease	
			Referred to CPT Asst	shed in CPT Asst:		
23430 Tenodesis of long tend	don of bice	eps	Global: 090 Issue:	Tenodesis	Screen: CMS Fastest Growing, Site of Service Anomaly (99238-Only)	Complete? Yes
Most Recent	<b>Tab</b> : 12	Specialty Developing AAOS	First	2020	2022 Work RVU: 10.17	
RUC Meeting: October 2009		Recommendation:	Identified: September 2007	Medicare	2022 NF PE RVU: NA	
				Utilization: 18,394	<b>2022 Fac PE RVU:</b> 9.98	
RUC Recommendation: 10.17			Referred to CPT		Result: Maintain	
			Referred to CPT Asst	shed in CPT Asst:		
23440 Resection or transplar	ntation of l	ong tendon of biceps	Global: 090 Issue:	Tendon Transfer	Screen: Site of Service Anomaly (99238-Only)	Complete? Yes
Most Recent	<b>Tab</b> : 16	Specialty Developing AAOS	First	2020	<b>2022 Work RVU:</b> 10.64	
RUC Meeting: September 2007		Recommendation:	Identified: September 2007	Medicare	<b>2022 NF PE RVU</b> : NA	
				Utilization: 1,196	<b>2022 Fac PE RVU</b> : 9.71	
RUC Recommendation: Reduc	e 99238 to	0.5	Referred to CPT		Result: PE Only	
de Recommendation: Reduc	0 00200 10					

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

replacement (eq. total shoulder))

2022 Work RVU: 22.13 2020 **Most Recent Tab**: 21 Specialty Developing AAOS **First** 

**RUC Meeting:** October 2015 Recommendation: Identified: October 2008 Medicare 2022 NF PE RVU: NA 57.646 **Utilization:** 

**2022 Fac PE RVU: 16.31** Result: Remove from Screen

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

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

2022 Work RVU: 2.36 Most Recent **Tab:** 46 **Specialty Developing** AAOS, ACEP, and 2020 Identified: October 2015 **RUC Meeting:** April 2016 Recommendation: orthopaedic Medicare **2022 NF PE RVU: 4.36** 

subspecialties **Utilization:** 283 2022 Fac PE RVU: 4.25

RUC Recommendation: PE Clinical staff pre-time revised Referred to CPT Result: PE Only

Referred to CPT Asst ✓ Published in CPT Asst: Jan 2018

Closed treatment of proximal humeral (surgical or anatomical neck) fracture; Global: 090 Treatment of Humerus Screen: Harvard Valued -Complete? Yes 23600

without manipulation Fracture

Utilization over 30,000 2022 Work RVU: 3.00

**2022 Fac PE RVU: 5.65** 

Most Recent **Tab: 14** Specialty Developing AAOS First 2020 **RUC Meeting:** September 2011 Recommendation: Identified: April 2011 Medicare

**2022 NF PE RVU: 6.44 Utilization:** 28,950

2022 Fac PE RVU: 5.91

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

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

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

2022 Work RVU: 4.10 **Most Recent Tab:** 46 **Specialty Developing** AAOS, ACEP, and 2020 **RUC Meeting:** April 2016 orthopaedic Identified: October 2015 Recommendation: Medicare

**2022 NF PE RVU: 6.63** subspecialties 162 **Utilization:** 

RUC Recommendation: PE Clinical staff pre-time revised Referred to CPT Result: PE Only

Referred to CPT Asst Published in CPT Asst: Jan 2018

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

Most Recent Tab: 46 Specialty Developing AAOS, ACEP and orthopaedic subspecialties Specialty Developing of thopaedic subspecialties Specialties Specialty Developing of thopaedic subspecialties Specialty Developing subspecialties Specialties Specialties Specialties Specialties Specialties Specialties Specialties Specialties Specia

subspecialities Utilization: 13,496

2022 Fac PE RVU: 4.63

RUC Recommendation: PE Clinical staff pre-time revised Referred to CPT Result: PE Only

Referred to CPT Asst Published in CPT Asst: Jan 2018

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

anesthesia

Most Recent Tab: 46 Specialty Developing AAOS, ACEP, and First 2020 2022 Work RVU: 4.76

RUC Meeting: April 2016 Recommendation: orthopaedic subspecialties orthopaedic subspecialties Medicare Utilization: 2,079

2022 Fac PE RVU: 6.56

RUC Recommendation: PE Clinical staff pre-time revised Referred to CPT Result: PE Only

Referred to CPT Asst Published in CPT Asst: Jan 2018

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

tuberosity, with manipulation

Most Recent Tab: 46 Specialty Developing AAOS, ACEP, and Ruc Meeting: April 2016 Recommendation: April 2016 AAOS, ACEP, and orthopaedic orthopaedic October 2015 Medicare 2020 2022 Work RVU: 4.66 Identified: October 2015 Medicare 2020 2022 NE PE RVII: 7.43

RUC Meeting: April 2016 Recommendation: ortnopaedic identified: October 2015 Medicare 2022 NF PE RVU: 7.43

subspecialties Utilization: 422

**2022 Fac PE RVU**: 6.40

RUC Recommendation: PE Clinical staff pre-time revised Referred to CPT Result: PE Only

Referred to CPT Asst 
Published in CPT Asst: Jan 2018

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

skeletal traction

Most Recent Tab: 46 Specialty Developing AAOS, ACEP, and First 2020 2022 Work RVU: 5.39

RUC Meeting: April 2016 Recommendation: orthopaedic subspecialties orthopae

**2022 Fac PE RVU**: 7.10

RUC Recommendation: PE Clinical staff pre-time revised Referred to CPT Result: PE Only

Referred to CPT Asst: V Published in CPT Asst: Jan 2018

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24600 Treatment of closed el	lbow disloc	ation; without anesthe	sia	Global: 090 Issue	PE Subcommittee	Screen: Emergent Procedures	Complete? Ye
Most Recent RUC Meeting: April 2016	<b>Tab</b> : 46	Specialty Developing Recommendation:	AAOS, ACEP, an orthopaedic subspecialties	d First Identified: October 2015	2020 Medicare Utilization: 1,206	2022 Work RVU: 4.37 2022 NF PE RVU: 6.00 2022 Fac PE RVU:4.93	
RUC Recommendation: PE Clir	nical staff pre	e-time revised		eferred to CPT eferred to CPT Asst   Pub	l <b>ished in CPT Asst</b> : Ja	Result: PE Only an 2018	
24605 Treatment of closed el	lbow disloc	ation; requiring anesth	esia	Global: 090 Issue	e: PE Subcommittee	Screen: Emergent Procedures	Complete? Ye
Most Recent RUC Meeting: April 2016	<b>Tab</b> : 46	Specialty Developing Recommendation:	AAOS, ACEP, an orthopaedic subspecialties	d First Identified: October 2015	2020 Medicare Utilization: 380	2022 Work RVU: 5.64 2022 NF PE RVU: NA 2022 Fac PE RVU:7.57	
RUC Recommendation: PE Clir	nical staff pre	e-time revised		eferred to CPT eferred to CPT Asst  Pub	olished in CPT Asst: Ja	Result: PE Only an 2018	
25116 Radical excision of bu tenosynovitis, fungus, extensors, with or with	, tbc, or othe	er granulomas, rheuma	atoid arthritis); `	g, Global: 090 Issue	e: Forearm Excision	Screen: Site of Service Anomaly	Complete? Ye
tenosynovitis, fungus,	, tbc, or othe	er granulomas, rheuma	atoid arthritis); culum	g, Global: 090 Issue First Identified: September 200	2020 7 Medicare	Screen: Site of Service Anomaly  2022 Work RVU: 7.56  2022 NF PE RVU: NA	Complete? Ye
tenosynovitis, fungus, extensors, with or with Most Recent RUC Meeting: October 2010	, tbc, or othe hout transp	er granulomas, rheuma osition of dorsal retina Specialty Developing	atoid arthritis); culum ASSH, AAOS, ASPS	First Identified: September 200	2020	2022 Work RVU: 7.56 2022 NF PE RVU: NA 2022 Fac PE RVU: 8.99	Complete? Ye
tenosynovitis, fungus, extensors, with or with Most Recent RUC Meeting: October 2010	, tbc, or othe hout transp	er granulomas, rheuma osition of dorsal retina Specialty Developing	atoid arthritis); culum ASSH, AAOS, ASPS	First Identified: September 200	2020 7 Medicare	2022 Work RVU: 7.56 2022 NF PE RVU: NA	Complete? Ye
tenosynovitis, fungus, extensors, with or with	, tbc, or othe hout transp	er granulomas, rheuma osition of dorsal retina Specialty Developing	atoid arthritis); culum ASSH, AAOS, ASPS	First Identified: September 200 eferred to CPT eferred to CPT Asst Pub	2020 7 Medicare Utilization: 861	2022 Work RVU: 7.56 2022 NF PE RVU: NA 2022 Fac PE RVU: 8.99	•
tenosynovitis, fungus, extensors, with or with Most Recent RUC Meeting: October 2010  RUC Recommendation: 7.56  25210 Carpectomy; 1 bone	, tbc, or othe hout transp	er granulomas, rheuma osition of dorsal retina Specialty Developing Recommendation:	atoid arthritis); culum ASSH, AAOS, ASPS	First Identified: September 200 eferred to CPT eferred to CPT Asst Pub Global: 090 Issue	2020 7 Medicare Utilization: 861 slished in CPT Asst: 2: Carpectomy 2020	2022 Work RVU: 7.56 2022 NF PE RVU: NA 2022 Fac PE RVU:8.99 Result: Maintain  Screen: Site of Service Anomaly (99238-Only) 2022 Work RVU: 6.12	Complete? Ye
tenosynovitis, fungus, extensors, with or with Most Recent RUC Meeting: October 2010  RUC Recommendation: 7.56	, tbc, or othe hout transp Tab: 63	er granulomas, rheuma osition of dorsal retina Specialty Developing Recommendation:	atoid arthritis); culum ASSH, AAOS, ASPS	First Identified: September 200 eferred to CPT eferred to CPT Asst Pub Global: 090 Issue	2020 7 Medicare Utilization: 861 slished in CPT Asst: 2: Carpectomy 2020	2022 Work RVU: 7.56 2022 NF PE RVU: NA 2022 Fac PE RVU:8.99 Result: Maintain  Screen: Site of Service Anomaly (99238-Only)	•

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Repair, tendon or muscle, flexor, forearm and/or wrist; primary, single, each Global: 090 Issue: Tendon Repair Screen: Site of Service Anomaly Complete? Yes (99238-Only) tendon or muscle 2022 Work RVU: 8.04 **Tab:** 16 Specialty Developing AAOS 2020 **Most Recent** First **RUC Meeting:** September 2007 Recommendation: Identified: September 2007 Medicare 2022 NF PE RVU: NA **Utilization:** 1,002 **2022 Fac PE RVU: 9.36** RUC Recommendation: Reduce 99238 to 0.5 Result: PE Only Referred to CPT **Referred to CPT Asst Published in CPT Asst:** 25280 Lengthening or shortening of flexor or extensor tendon, forearm and/or wrist, Issue: Tendon Repair **Screen:** Site of Service Anomaly Global: 090 Complete? Yes single, each tendon (99238-Only) **2022 Work RVU:** 7.39 2020 Most Recent **Tab:** 16 Specialty Developing AAOS First **RUC Meeting:** September 2007 Recommendation: Identified: September 2007 Medicare **2022 NF PE RVU: NA Utilization:** 1,248 **2022 Fac PE RVU:**8.12 RUC Recommendation: Reduce 99238 to 0.5 Referred to CPT Result: PE Only Referred to CPT Asst **Published in CPT Asst:** Tendon transplantation or transfer, flexor or extensor, forearm and/or wrist, Global: 090 Issue: Forearm Repair **Screen:** Site of Service Anomaly Complete? Yes single; each tendon 2022 Work RVU: 8.08 **Most Recent Tab:** 15 Specialty Developing ASSH, AAOS 2020 **RUC Meeting:** February 2008 Recommendation: Identified: September 2007 Medicare 2022 NF PE RVU: NA **Utilization:** 6,280 **2022 Fac PE RVU: 8.91 RUC Recommendation: 7.94** Referred to CPT Result: Decrease

Referred to CPT Asst

**Published in CPT Asst:** 

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25447 Arthroplasty, interposition, intercarpal or carpometacarpal joints Global: 090 Issue: RAW Screen: Codes Reported

Together 75% or More-

**2022 Fac PE RVU: 6.94** 

2022 Fac PE RVU: 7.82

Complete? No

Part5

Most Recent Tab: 13 Specialty Developing AAOS, ASSH First 2020 2022 Work RVU: 11.14

RUC Meeting: September 2022 Recommendation: Identified: April 2022 Medicare

Medicare 2022 NF PE RVU: NA Utilization: 18,426 2022 Fac PE RVU:11.48

RUC Recommendation: Refer to CPT for code bundling solution Referred to CPT May 2023 Result:

Referred to CPT Asst Published in CPT Asst:

25565 Closed treatment of radial and ulnar shaft fractures; with manipulation Global: 090 Issue: PE Subcommittee Screen: Emergent Procedures Complete? Yes

Most Recent Tab: 46 Specialty Developing AAOS, ACEP, and RUC Meeting: April 2016 April 2016 Secommendation: Orthopaedic October 2015 Medicare 2020 2022 Work RVU: 5.85

Weeting: April 2016 Recommendation: orthopaedic identified: October 2015 Medicare 2022 NF PE RVU: 8.57 subspecialties Utilization: 532

RUC Recommendation: PE Clinical staff pre-time revised Referred to CPT Result: PE Only

25605 Closed treatment of distal radial fracture (eg, colles or smith type) or epiphyseal Global: 090 Issue: PE Subcommittee Screen: Emergent Procedures Complete? Yes

separation, includes closed treatment of fracture of ulnar styloid, when

performed; with manipulation

Most Recent Tab: 46 Specialty Developing AAOS, ACEP, and First 2020 2022 Work RVU: 6.25

RUC Meeting: April 2016 Recommendation: orthopaedic subspecialties orthopaedic subspecialties October 2015 Medicare Utilization: 19,202

RUC Recommendation: PE Clinical staff pre-time revised Referred to CPT Result: PE Only

Referred to CPT Asst: V Published in CPT Asst: Jan 2018

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25606 Percutaneous skeletal fixation of distal radial fracture or epiphyseal separation Global: 090 Issue: RAW Screen: Pre-Time Analysis Complete? Yes 2022 Work RVU: 8.31 **Most Recent Tab**: 21 Specialty Developing AAOS, ASSH **First** 2020 **RUC Meeting:** September 2014 Recommendation: Identified: September 2014 Medicare 2022 NF PE RVU: NA **Utilization:** 1,528 **2022 Fac PE RVU: 9.92** RUC Recommendation: Maintain work RVU and adjust the times from pre-Referred to CPT Result: Maintain time package 3. Referred to CPT Asst **Published in CPT Asst:** 25607 Open treatment of distal radial extra-articular fracture or epiphyseal separation, Issue: RAW **Screen:** Pre-Time Analysis Complete? Yes with internal fixation 2022 Work RVU: 9.56 **Tab:** 21 2020 Most Recent Specialty Developing AAOS, ASSH First **RUC Meeting:** September 2014 Identified: September 2014 Recommendation: Medicare 2022 NF PE RVU: NA **Utilization:** 8.580 2022 Fac PE RVU: 10.57 RUC Recommendation: Maintain work RVU and adjust the times from pre-Referred to CPT Result: Maintain time package 3. Referred to CPT Asst **Published in CPT Asst:** 25608 Open treatment of distal radial intra-articular fracture or epiphyseal separation; Global: 090 Issue: RAW Screen: Pre-Time Analysis Complete? Yes with internal fixation of 2 fragments 2022 Work RVU: 11.07 **Most Recent** Specialty Developing AAOS, ASSH 2020 **Tab**: 21 First **RUC Meeting:** September 2014 Recommendation: Identified: September 2014 Medicare 2022 NF PE RVU: NA **Utilization:** 6,568 2022 Fac PE RVU: 11.36 RUC Recommendation: Maintain work RVU and adjust the times from pre-Referred to CPT Result: Maintain time package 3. Referred to CPT Asst **Published in CPT Asst:** 

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Open treatment of distal radial intra-articular fracture or epiphyseal separation; Global: 090 Issue: RAW Screen: Pre-Time Analysis Complete? Yes 25609 with internal fixation of 3 or more fragments 2022 Work RVU: 14.38 **Most Recent Tab:** 21 Specialty Developing AAOS, ASSH **First** 2020 **RUC Meeting:** September 2014 Recommendation: Identified: January 2014 Medicare 2022 NF PE RVU: NA **Utilization:** 17,635 2022 Fac PE RVU: 14.06 RUC Recommendation: Maintain work RVU and adjust the times from pre-Referred to CPT Result: Maintain time package 3. Referred to CPT Asst **Published in CPT Asst:** 25675 Closed treatment of distal radioulnar dislocation with manipulation Global: 090 Issue: PE Subcommittee Screen: Emergent Procedures Complete? Yes 2022 Work RVU: 4.89 2020 Most Recent **Tab**: 46 Specialty Developing AAOS, ACEP, and First orthopaedic Identified: October 2015 **RUC Meeting:** April 2016 Recommendation: Medicare 2022 NF PE RVU: 7.64 subspecialties **Utilization:** 421 **2022 Fac PE RVU:** 6.33 RUC Recommendation: PE Clinical staff pre-time revised Referred to CPT Result: PE Only Referred to CPT Asst ✓ Published in CPT Asst: Jan 2018 Global: 090 Issue: Tendon Sheath Procedures Screen: Negative IWPUT Complete? Yes Drainage of tendon sheath, digit and/or palm, each 2022 Work RVU: 6.84 Most Recent **Specialty Developing** AAOS, ASPS, 2020 **Tab:** 07 First **RUC Meeting:** April 2018 Recommendation: **ASSH** Identified: April 2017 Medicare 2022 NF PE RVU: NA 2,274 **Utilization:** 2022 Fac PE RVU: 8.45 **RUC Recommendation:** 7.79 Referred to CPT Result: Increase Referred to CPT Asst Published in CPT Asst: 26055 Tendon sheath incision (eg, for trigger finger) Global: 090 Issue: Tendon Sheath Procedures Screen: Negative IWPUT Complete? Yes 2022 Work RVU: 3.11 **Most Recent Tab:** 07 **Specialty Developing** AAOS, ASPS, First 2020 **RUC Meeting:** April 2018 Recommendation: **ASSH** Identified: April 2017 Medicare 2022 NF PE RVU: 14.24 **Utilization:** 91.853 2022 Fac PE RVU: 4.98 **RUC Recommendation: 3.75** Referred to CPT Result: Increase Referred to CPT Asst **Published in CPT Asst:** 

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Arthrotomy, with exploration, drainage, or removal of loose or foreign body; Global: 090 Issue: RAW Screen: Site of Service Anomaly / Complete? Yes 26080 **CPT Assistant Analysis** interphalangeal joint, each 2022 Work RVU: 4.47 **Tab:** 21 Specialty Developing ASSH, AAOS 2020 **Most Recent** First **RUC Meeting:** October 2015 Recommendation: Identified: September 2007 Medicare 2022 NF PE RVU: NA 1,617 **Utilization: 2022 Fac PE RVU: 6.60** RUC Recommendation: Action plan for RAW Oct 2015. Maintain Referred to CPT Result: Maintain Referred to CPT Asst ✓ Published in CPT Asst: Sep 2012 26160 Excision of lesion of tendon sheath or joint capsule (eg, cyst, mucous cyst, or Issue: Tendon Sheath Procedures Screen: Negative IWPUT Global: 090 Complete? Yes ganglion), hand or finger 2022 Work RVU: 3.57 Specialty Developing 2020 Most Recent **Tab:** 07 AAOS, ASPS, First **ASSH** Identified: April 2017 **RUC Meeting:** April 2018 Recommendation: Medicare 2022 NF PE RVU: 14.44 **Utilization:** 13,564 2022 Fac PE RVU: 5.18 **RUC Recommendation: 3.57** Referred to CPT Result: Maintain Referred to CPT Asst **Published in CPT Asst:** 26356 Repair or advancement, flexor tendon, in zone 2 digital flexor tendon sheath (eg. Global: 090 Issue: Repair Flexor Tendon Screen: Site of Service Anomaly Complete? Yes (99238-Only) / 090-Day no man's land); primary, without free graft, each tendon Global Post-Operative Visits **2022 Work RVU: 9.56 Most Recent Tab: 25** Specialty Developing AAOS, ASPS, 2020 First **RUC Meeting:** April 2015 Recommendation: **ASSH** Identified: September 2007 Medicare 2022 NF PE RVU: NA

Referred to CPT

Referred to CPT Asst

**Utilization:** 

**Published in CPT Asst:** 

1,203

2022 Fac PE RVU: 12.35

Result: Decrease

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**RUC Recommendation: 10.03** 

26357 Repair or advancement, flexor tendon, in zone 2 digital flexor tendon sheath (eg, Global: 090 Issue: Repair Flexor Tendon Screen: 090-Day Global Post-Complete? Yes Operative Visits no man's land); secondary, without free graft, each tendon 2022 Work RVU: 11.00 **Tab: 25** AAOS, ASPS, 2020 **Most Recent** Specialty Developing First **RUC Meeting:** April 2015 Recommendation: **ASSH** Identified: April 2014 Medicare 2022 NF PE RVU: NA **Utilization:** 81 **2022 Fac PE RVU: 13.33 RUC Recommendation:** 11.50 Referred to CPT Result: Increase Referred to CPT Asst **Published in CPT Asst:** 26358 Repair or advancement, flexor tendon, in zone 2 digital flexor tendon sheath (eg. Global: 090 Issue: Repair Flexor Tendon Screen: 090-Day Global Post-Complete? Yes no man's land); secondary, with free graft (includes obtaining graft), each tendon Operative Visits 2022 Work RVU: 12.60 2020 Most Recent Specialty Developing AAOS, ASPS, **RUC Meeting:** April 2015 Recommendation: **ASSH** Identified: April 2014 Medicare **2022 NF PE RVU: NA Utilization:** 52 **2022 Fac PE RVU: 14.15 RUC Recommendation: 13.10** Referred to CPT Result: Increase Referred to CPT Asst **Published in CPT Asst:** Transfer or transplant of tendon, carpometacarpal area or dorsum of hand; Global: 090 Issue: Tendon Transfer Screen: CMS Fastest Growing / Complete? No without free graft, each tendon Codes Reported Together 75% or More-Part5 2022 Work RVU: 6.90 **Most Recent Tab:** 13 Specialty Developing AAOS, ASSH 2020 Medicare **RUC Meeting:** September 2022 Recommendation: Identified: October 2008 2022 NF PE RVU: NA **Utilization:** 9,519 2022 Fac PE RVU: 15.65 RUC Recommendation: Refer to CPT for code bundling solution. 6.76 **Referred to CPT** May 2023 Result: Maintain

Referred to CPT Asst

**Published in CPT Asst:** 

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26700 Closed treatment of metacarpophalangeal dislocation, single, with manipulation; Global: 090 Issue: PE Subcommittee Screen: Emergent Procedures Complete? Yes

without anesthesia

Most Recent Tab: 46 Specialty Developing AAOS, ACEP, and First 2020 2022 Work RVU: 3.83

RUC Meeting: April 2016 Recommendation: orthopaedic Identified: October 2015 Medicare 2022 NF PE RVU: 5.60

subspecialties

Utilization: 476

2022 Fac PE RVU:4.78

RUC Recommendation: PE Clinical staff pre-time revised Referred to CPT Result: PE Only

Referred to CPT Asst Published in CPT Asst: Jan 2018

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

manipulation, each

Most Recent Tab: 46 Specialty Developing RUC Meeting: April 2016 Specialty Developing Recommendation: AAOS, ACEP, and orthopaedic orthopae

subspecialties Utilization: 5,738

2022 Fac PE RVU: 3.53

RUC Recommendation: PE Clinical staff pre-time revised Referred to CPT Result: PE Only

Referred to CPT Asst: 

Published in CPT Asst: Jan 2018

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

manipulation, each

Most Recent Tab: 46 Specialty Developing AAOS, ACEP, and First 2020 2022 Work RVU: 3.23

RUC Meeting: April 2016 Recommendation: orthopaedic subspecialties orthopaedic subspecialties October 2015 Medicare Utilization: 463

subspecialties Utilization: 463

2022 Fac PE RVU: 4.40

2022 Fac PE RVU: 4 06

RUC Recommendation: PE Clinical staff pre-time revised Referred to CPT Result: PE Only

Referred to CPT Asst: 🗹 Published in CPT Asst: Jan 2018

26770 Closed treatment of interphalangeal joint dislocation, single, with manipulation; Global: 090 Issue: PE Subcommittee Screen: Emergent Procedures Complete? Yes

without anesthesia

Most Recent Tab: 46 Specialty Developing AAOS, ACEP, and First 2020 2022 Work RVU: 3.15

RUC Meeting: April 2016 Recommendation: orthopaedic subspecialties orthopae

RUC Recommendation: PE Clinical staff pre-time revised Referred to CPT Result: PE Only

Referred to CPT Asst 

Published in CPT Asst: Jan 2018

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27048 Excision, tumor, soft to intramuscular); less the		elvis and hip area, subfascia	al (eg,	Global: 090	Issue:	Excision of Subfascial Soft Tissue Tumor Codes	Screen: Site of Service Anomaly	Complete? Yes
Most Recent	<b>Tab:</b> 05	Specialty Developing AC	S, AAOS	First		2020	2022 Work RVU: 8.85	
RUC Meeting: February 2009		Recommendation:	•	Identified: September	2007	Medicare Utilization: 316	2022 NF PE RVU: NA	
						Utilization: 316	2022 Fac PE RVU:7.34	
<b>RUC Recommendation:</b> 8.74			Refe	erred to CPT June 20	800		Result: Increase	
			Refe	erred to CPT Asst	Publi	shed in CPT Asst:		
27062 Excision; trochanterio	bursa or	calcification		Global: 090	Issue:	Trochanteric Bursa Excision	on Screen: Site of Service Anomaly	Complete? Yes
Most Recent	<b>Tab:</b> 32	Specialty Developing AA	os	First		2020	2022 Work RVU: 5.75	
RUC Meeting: April 2008	140.02	Recommendation:	.00	Identified: September	2007	Medicare	2022 NF PE RVU: NA	
						Utilization: 1,733	2022 Fac PE RVU: 6.68	
RUC Recommendation: 5.66			Refe	erred to CPT			Result: Maintain	
			Refe	erred to CPT Asst	Publi	shed in CPT Asst:		
27096 Injection procedure for (fluoroscopy or ct) inc		c joint, anesthetic/steroid, w hrography when performed	vith image guida	ance Global: 000	lssue:	Injection for Sacroiliac Joir	nt <b>Screen:</b> Different Performing Specialty from Survey	Complete? Yes
Most Recent	<b>Tab</b> : 06	Specialty Developing AA	PM, AAPMR,	First		2020	<b>2022 Work RVU</b> : 1.48	
RUC Meeting: April 2011		Recommendation: AS	A, ASIPP, ISIS,	Identified: October 20	009	Medicare	<b>2022 NF PE RVU</b> : 3.25	
		NA	192			Utilization: 399,563	<b>2022 Fac PE RVU:</b> 0.81	
<b>RUC Recommendation:</b> 1.48			Refe	erred to CPT Februar	ry 2011	1	Result: Decrease	
			Refe	erred to CPT Asst	Publi	shed in CPT Asst:		

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27130 Arthroplasty, acetabular and proximal femoral prosthetic replacement (total hip Global: 090 Issue: Hip/Knee Arthroplastv Screen: CMS High Expenditure Complete? Yes Procedural Codes1 / arthroplasty), with or without autograft or allograft CMS Request - Final Rule for 2019 2022 Work RVU: 19.60 Specialty Developing AAOS, AAHKS **Most Recent Tab:** 11 First 2020 **RUC Meeting:** October 2019 Recommendation: Identified: September 2011 Medicare 2022 NF PE RVU: NA **Utilization:** 146,584 2022 Fac PE RVU: 14.41 **RUC Recommendation: 19.60** Referred to CPT Result: Decrease Referred to CPT Asst **Published in CPT Asst:** 27134 Revision of total hip arthroplasty; both components, with or without autograft or Global: 090 Issue: RAW Screen: Pre-Time Analysis Complete? Yes allograft 2022 Work RVU: 30.28 **Most Recent** 2020 **Tab: 21** Specialty Developing AAOS, AAHKS **First RUC Meeting:** September 2014 Recommendation: Identified: January 2014 Medicare 2022 NF PE RVU: NA Utilization: 9,978 2022 Fac PE RVU: 19.82 RUC Recommendation: Maintain work RVU and adjust the times from pre-Referred to CPT Result: Maintain time package 4. Referred to CPT Asst **Published in CPT Asst:** 27193 Closed treatment of pelvic ring fracture, dislocation, diastasis or subluxation; Global: Closed Treatment of Pelvic Screen: CMS Request - Final Complete? Yes Rule for 2014 without manipulation Ring Fracture 2022 Work RVU: **Most Recent Tab: 07** Specialty Developing AAOS First 2020 **RUC Meeting:** January 2016 Recommendation: Identified: July 2013 Medicare **2022 NF PE RVU: Utilization:** 2022 Fac PE RVU: **RUC Recommendation:** Deleted from CPT Referred to CPT October 2015 Result: Deleted from CPT

Referred to CPT Asst

**Published in CPT Asst:** 

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Closed treatment of pelvic ring fracture, dislocation, diastasis or subluxation; Global: Issue: Closed Treatment of Pelvic Screen: CMS Request - Final Complete? Yes Ring Fracture Rule for 2014 with manipulation, requiring more than local anesthesia 2022 Work RVU: **Tab:** 07 2020 **Most Recent** Specialty Developing AAOS First **RUC Meeting:** January 2016 Recommendation: Identified: October 2015 Medicare **2022 NF PE RVU: Utilization:** 2022 Fac PE RVU: RUC Recommendation: Deleted from CPT Referred to CPT Result: Deleted from CPT **Referred to CPT Asst** Published in CPT Asst: 27197 Closed treatment of posterior pelvic ring fracture(s), dislocation(s), diastasis or Issue: Closed Treatment of Pelvic Screen: CMS Request - Final Global: 000 Complete? Yes subluxation of the ilium, sacroiliac joint, and/or sacrum, with or without anterior Ring Fracture Rule for 2014 pelvic ring fracture(s) and/or dislocation(s) of the pubic symphysis and/or superior/inferior rami, unilateral or bilateral; without manipulation 2022 Work RVU: 1.53 Most Recent Specialty Developing AAOS **First** 2020 **RUC Meeting:** January 2016 Identified: October 2015 Recommendation: Medicare 2022 NF PE RVU: NA 8,791 **Utilization: 2022 Fac PE RVU: 2.15 RUC Recommendation:** 5.50 Referred to CPT Result: Decrease **Published in CPT Asst: Referred to CPT Asst** 27198 Closed treatment of posterior pelvic ring fracture(s), dislocation(s), diastasis or Global: 000 Issue: Closed Treatment of Pelvic Screen: CMS Request - Final Complete? Yes subluxation of the ilium, sacroiliac joint, and/or sacrum, with or without anterior Ring Fracture Rule for 2014 pelvic ring fracture(s) and/or dislocation(s) of the pubic symphysis and/or superior/inferior rami, unilateral or bilateral; with manipulation, requiring more than local anesthesia (ie, general anesthesia, moderate sedation, spinal/epidural) 2022 Work RVU: 4.75 Most Recent Specialty Developing AAOS 2020 **Tab:** 07 First **RUC Meeting:** January 2016 Recommendation: Identified: October 2015 Medicare 2022 NF PE RVU: NA **Utilization:** 185 2022 Fac PE RVU: 3.84 **RUC Recommendation: 9.00** Referred to CPT Result: Decrease Referred to CPT Asst Published in CPT Asst:

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Closed treatment of acetabulum (hip socket) fracture(s); without manipulation Global: 090 Issue: Closed Treatment Screen: Negative IWPUT Complete? Yes Fracture - Hip 2022 Work RVU: 5.50 **Most Recent Tab:** 08 Specialty Developing AAOS 2020 **RUC Meeting:** April 2018 Identified: April 2017 Recommendation: Medicare **2022 NF PE RVU: 5.90** 2.622 **Utilization:** 2022 Fac PE RVU: 5.71 **RUC Recommendation: 6.00** Referred to CPT Result: Decrease **Published in CPT Asst:** Referred to CPT Asst Issue: PE Subcommittee Screen: Emergent Procedures Complete? Yes Closed treatment of femoral fracture, proximal end, neck; without manipulation Global: 090 2022 Work RVU: 5.81 AAOS, ACEP, and 2020 **Tab:** 46 Specialty Developing **Most Recent RUC Meeting:** April 2016 Recommendation: orthopaedic Identified: October 2015 Medicare **2022 NF PE RVU: 7.58** subspecialties **Utilization:** 1.276 2022 Fac PE RVU: 7.29 RUC Recommendation: PE Clinical staff pre-time revised Referred to CPT Result: PE Only Referred to CPT Asst ✓ Published in CPT Asst: Jan 2018 27232 Closed treatment of femoral fracture, proximal end, neck; with manipulation, Global: 090 Issue: PE Subcommittee Screen: Emergent Procedures Complete? Yes with or without skeletal traction 2022 Work RVU: 11.72 2020 AAOS, ACEP, and Most Recent **Tab**: 46 Specialty Developing First **RUC Meeting:** April 2016 Recommendation: orthopaedic Identified: October 2015 Medicare 2022 NF PE RVU: NA subspecialties **Utilization:** 189 2022 Fac PE RVU: 7.79 RUC Recommendation: PE Clinical staff pre-time revised Referred to CPT Result: PE Only Referred to CPT Asst ✓ Published in CPT Asst: Jan 2018 Open treatment of femoral fracture, proximal end, neck, internal fixation or Global: 090 Open Treatment of Femoral Screen: CMS High Expenditure Complete? Yes prosthetic replacement Fracture Procedural Codes1 2022 Work RVU: 17.61 2020 **Most Recent Tab:** 16 Specialty Developing AAOS First **RUC Meeting:** October 2012 Identified: September 2011 Recommendation: Medicare 2022 NF PE RVU: NA **Utilization:** 55,483 2022 Fac PE RVU: 14.16 **RUC Recommendation: 17.61** Referred to CPT Result: Maintain **Referred to CPT Asst Published in CPT Asst:** 

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Closed treatment of intertrochanteric, peritrochanteric, or subtrochanteric Global: 090 Issue: PE Subcommittee Screen: Emergent Procedures Complete? Yes femoral fracture; with manipulation, with or without skin or skeletal traction 2022 Work RVU: 13.81 Specialty Developing AAOS, ACEP, and **Most Recent Tab:** 46 First 2020 **RUC Meeting:** April 2016 Identified: October 2015 Recommendation: orthopaedic Medicare 2022 NF PE RVU: NA subspecialties **Utilization:** 257 2022 Fac PE RVU: 11.86 RUC Recommendation: PE Clinical staff pre-time revised Referred to CPT Result: PE Only Published in CPT Asst: Jan 2018 Referred to CPT Asst 27244 Treatment of intertrochanteric, peritrochanteric, or subtrochanteric femoral Global: 090 Issue: Treat Thigh Fracture Screen: High IWPUT Complete? Yes fracture; with plate/screw type implant, with or without cerclage 2022 Work RVU: 18.18 **Most Recent Tab:** 12 Specialty Developing AAOS First 2020 **RUC Meeting:** October 2008 Recommendation: Identified: April 2008 Medicare 2022 NF PE RVU: NA **Utilization:** 4,927 2022 Fac PE RVU: 14.47 **RUC Recommendation: 18.00** Referred to CPT Result: Increase Referred to CPT Asst **Published in CPT Asst:** 27245 Treatment of intertrochanteric, peritrochanteric, or subtrochanteric femoral Global: 090 Issue: Treat Thigh Fracture Screen: High IWPUT / CMS Complete? Yes **Fastest Growing** fracture; with intramedullary implant, with or without interlocking screws and/or cerclage 2022 Work RVU: 18.18 **Tab: 12** Specialty Developing AAOS 2020 Most Recent First **RUC Meeting:** October 2008 Identified: February 2008 Recommendation: Medicare 2022 NF PE RVU: NA **Utilization:** 79,407 2022 Fac PE RVU: 14.46 **RUC Recommendation: 18.00** Referred to CPT Result: Decrease Referred to CPT Asst Published in CPT Asst: Global: 000 Closed treatment of hip dislocation, traumatic; without anesthesia Closed Treatment of Hip Screen: Site of Service Anomaly Complete? Yes Dislocation 2022 Work RVU: 3.82 **Most Recent Tab:** 18 Specialty Developing ACEP 2020 First **RUC Meeting:** February 2008 Identified: September 2007 Recommendation: Medicare 2022 NF PE RVU: NA 2.922 **Utilization:** 2022 Fac PE RVU: 0.73 **RUC Recommendation: 3.82** Referred to CPT Result: Decrease Referred to CPT Asst **Published in CPT Asst:** 

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27252 Closed treatment of hip dislocation, traumatic; requiring anesthesia Global: 090 Issue: PE Subcommittee Screen: Emergent Procedures Complete? Yes

2022 Work RVU: 11.03 **Most Recent Tab:** 46 Specialty Developing AAOS, ACEP, and 2020 **RUC Meeting:** April 2016 Recommendation: orthopaedic Identified: October 2015 Medicare 2022 NF PE RVU: NA subspecialties **Utilization:** 712

Referred to CPT

2022 Fac PE RVU: 9.22

✓ Published in CPT Asst: Jan 2018 Referred to CPT Asst

Result: PE Only

Result: PE Only

Rule for 2018

**2022 Fac PE RVU: 9.89** 

Closed treatment of post hip arthroplasty dislocation; without anesthesia Global: 090 Issue: PE Subcommittee Screen: Emergent Procedures Complete? Yes

2022 Work RVU: 5.24 **Most Recent Tab**: 46 Specialty Developing AAOS, ACEP, and 2020 orthopaedic Identified: October 2015 **RUC Meeting:** April 2016 Recommendation: Medicare 2022 NF PE RVU: NA subspecialties **Utilization:** 7,736

**2022 Fac PE RVU: 5.97** 

Referred to CPT

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

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

general anesthesia

RUC Recommendation: PE Clinical staff pre-time revised

2022 Work RVU: 7.78 **Most Recent** Specialty Developing AAOS, ACEP, and 2020 **Tab:** 46 **RUC Meeting:** April 2016 Recommendation: orthopaedic Identified: October 2015 Medicare **2022 NF PE RVU: NA** subspecialties **Utilization:** 5,027 2022 Fac PE RVU: 8.09

RUC Recommendation: PE Clinical staff pre-time revised Referred to CPT Result: PE Only

Referred to CPT Asst Published in CPT Asst: Jan 2018

27279 Arthrodesis, sacroiliac joint, percutaneous or minimally invasive (indirect Global: 090 Issue: Arthodesis - Sacroiliac Joint Screen: CMS Request - Final Complete? Yes

visualization), with image guidance, includes obtaining bone graft when

performed, and placement of transfixing device

2022 Work RVU: 12.13 AANS, AAOS, Most Recent **Tab:** 09 **Specialty Developing** 2020 **RUC Meeting:** April 2018 CNS, ISASS, Identified: July 2017 Medicare Recommendation:

2022 NF PE RVU: NA NASS **Utilization:** 4.778

**RUC Recommendation: 9.03** Referred to CPT Result: Maintain

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

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27324 Biopsy, soft tissue of thigh or knee area; deep (subfascial or intramuscular) Global: 090 Issue: Soft Tissue Biopsy Screen: Site of Service Anomaly Complete? Yes (99238-Only) 2022 Work RVU: 5.04 **Tab:** 16 Specialty Developing ACS, AAOS 2020 **Most Recent** First **RUC Meeting:** September 2007 Recommendation: Identified: September 2007 Medicare 2022 NF PE RVU: NA 678 **Utilization: 2022 Fac PE RVU: 5.98** RUC Recommendation: Reduce 99238 to 0.5 Result: PE Only Referred to CPT **Referred to CPT Asst Published in CPT Asst:** 27369 Injection procedure for contrast knee arthrography or contrast enhanced ct/mri Global: 000 Issue: Knee Arthrography Injection Screen: Harvard Valued -Complete? No knee arthrography Utilization Over 30,000-Part2 / High Volume Growth3 / CMS High **Expenditure Procedural** Codes2 / Different Performing Specialty from Survey4 2022 Work RVU: 0.77 **Most Recent Tab:** 13 Specialty Developing ACR, AAPM&R 2020 Identified: June 2017 **RUC Meeting:** September 2022 Recommendation: Medicare 2022 NF PE RVU: 4.44 **Utilization:** 45.496 2022 Fac PE RVU: 0.30 Result: Maintain RUC Recommendation: Review action plan. 0.96 Referred to CPT February 2018 Published in CPT Asst: Referred to CPT Asst Issue: Knee Arthrography Injection Screen: High Volume Growth1 / 27370 Injection of contrast for knee arthrography Global: Complete? Yes CMS Fastest Growing / High Volume Growth2 / Harvard Valued -Utilization Over 30,000-Part2 / High Volume Growth3 / CMS High **Expenditure Procedural** Codes2 2022 Work RVU: Most Recent **Tab:** 05 Specialty Developing ACR First 2020 **RUC Meeting:** October 2017 Identified: February 2008 Recommendation: Medicare **2022 NF PE RVU: Utilization:** 2022 Fac PE RVU: **RUC Recommendation:** Deleted from CPT June 2017 Result: Deleted from CPT Referred to CPT Referred to CPT Asst Published in CPT Asst: Clinical Examples of Radiology Bulletin #1 2010

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27446 Arthroplasty, knee, condyle and plateau; medial or lateral compartment Global: 090 Issue: Knee Arthroplastv Screen: CMS High Expenditure Complete? Yes

Procedural Codes1 / Harvard-Valued with **Annual Allowed Charges** Greater than \$10 million / Site of Service Anomaly -

2020

Screen: CMS High Expenditure

Procedural Codes1 /

CMS Request - Final

Complete? Yes

2022 Work RVU: 17.48 Most Recent **Tab:** 18 Specialty Developing AAOS, AAHKS First 2020 **RUC Meeting:** April 2021 Recommendation:

Identified: September 2011 Medicare 2022 NF PE RVU: NA **Utilization:** 12,458

**2022 Fac PE RVU: 13.13** 

**Published in CPT Asst:** 

Issue: Hip/Knee Arthroplasty

RUC Recommendation: 17.13 Referred to CPT Result: Decrease

Global: 090

Referred to CPT Asst

or without patella resurfacing (total knee arthroplasty)

27447 Arthroplasty, knee, condyle and plateau; medial and lateral compartments with

Rule for 2019

2022 Work RVU: 19.60 2020 Most Recent **Tab:** 18 Specialty Developing AAOS, AAHKS First

**RUC Meeting:** April 2021 Recommendation: Identified: September 2011 Medicare 2022 NF PE RVU: NA 246,923 **Utilization:** 

**2022 Fac PE RVU: 14.38** 

RUC Recommendation: 19.60 Referred to CPT Result: Decrease

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

27502 Closed treatment of femoral shaft fracture, with manipulation, with or without Issue: PE Subcommittee Global: 090 **Screen:** Emergent Procedures Complete? Yes

skin or skeletal traction

2022 Work RVU: 11.36 **Most Recent** Specialty Developing AAOS, ACEP, and 2020 **Tab**: 46 **RUC Meeting:** April 2016 orthopaedic Identified: October 2015 Recommendation: Medicare 2022 NF PE RVU: NA subspecialties **Utilization:** 363 2022 Fac PE RVU: 8.91

RUC Recommendation: PE Clinical staff pre-time revised Referred to CPT Result: PE Only

Referred to CPT Asst Published in CPT Asst: Jan 2018

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

manipulation

2022 Work RVU: 9.80 **Most Recent Tab:** 46 Specialty Developing AAOS, ACEP, and First 2020

**RUC Meeting:** April 2016 Identified: October 2015 Recommendation: orthopaedic Medicare 2022 NF PE RVU: NA subspecialties **Utilization:** 335

**2022 Fac PE RVU: 8.43** 

**2022 Fac PE RVU: 9.09** 

RUC Recommendation: PE Clinical staff pre-time revised Referred to CPT Result: PE Only

> ✓ Published in CPT Asst: Jan 2018 Referred to CPT Asst

Issue: PE Subcommittee Closed treatment of knee dislocation; without anesthesia Global: 090 Screen: Emergent Procedures Complete? Yes

2022 Work RVU: 5.98 **Most Recent** AAOS, ACEP, and 2020 **Tab:** 46 Specialty Developing First **RUC Meeting:** April 2016 Recommendation: orthopaedic Identified: October 2015 Medicare

2022 NF PE RVU: 8.24 subspecialties **Utilization:** 285

**2022 Fac PE RVU: 6.98** RUC Recommendation: PE Clinical staff pre-time revised Referred to CPT Result: PE Only

Referred to CPT Asst ✓ Published in CPT Asst: Jan 2018

Global: 090 Closed treatment of knee dislocation; requiring anesthesia Issue: PE Subcommittee Screen: Emergent Procedures Complete? Yes

2022 Work RVU: 8.18 **Most Recent Specialty Developing** AAOS, ACEP, and 2020 **Tab:** 46 **RUC Meeting:** April 2016 **Recommendation:** orthopaedic Identified: October 2015 Medicare **2022 NF PE RVU: NA** 

subspecialties **Utilization:** 258

RUC Recommendation: PE Clinical staff pre-time revised Referred to CPT Result: PE Only

Referred to CPT Asst Published in CPT Asst: Jan 2018

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

than 5 cm

**2022 Work RVU:** 15.72 2020 **Most Recent** Tab: 6 Specialty Developing ACS, AAOS First Identified: September 2007 **RUC Meeting:** February 2009 Recommendation: Medicare **2022 NF PE RVU: NA** 

213 **Utilization:** 2022 Fac PE RVU: 11.41

RUC Recommendation: 15.54 Referred to CPT June 2008 Result: Increase

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

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27654 Repair, secondary, achilles tendo	on, with or without graft	Global: 090 Issue	Achilles Tendon Repair	Screen: Site of Service Anomaly	Complete? Yes
Most Recent Tab: 33 RUC Meeting: April 2008	Specialty Developing AOFAS, AF Recommendation: AAOS	MA, First Identified: September 2007	2020 Medicare Utilization: 2,734	2022 Work RVU: 10.53 2022 NF PE RVU: NA 2022 Fac PE RVU: 9.03	
RUC Recommendation: 10.32		Referred to CPT Referred to CPT Asst  Publ	ished in CPT Asst:	Result: Maintain	
27685 Lengthening or shortening of ten procedure)	don, leg or ankle; single tendon (se	eparate Global: 090 Issue	Tendon Repair	Screen: Site of Service Anomaly (99238-Only)	Complete? Yes
Most Recent Tab: 16 RUC Meeting: September 2007	Specialty Developing AAOS Recommendation:	First Identified: September 2007	2020 Medicare Utilization: 3,677	2022 Work RVU: 6.69 2022 NF PE RVU: 11.90	
RUC Recommendation: Reduce 99238 to 0	0.5	Referred to CPT Referred to CPT Asst  Publ	ished in CPT Asst:	2022 Fac PE RVU: 6.13 Result: PE Only	
27687 Gastrocnemius recession (eg, str	rayer procedure)	Global: 090 Issue	Tendon Repair	Screen: Site of Service Anomaly (99238-Only)	Complete? Yes
Most Recent Tab: 16 RUC Meeting: September 2007	Specialty Developing AAOS Recommendation:	First Identified: September 2007	2020 Medicare Utilization: 5,972	2022 Work RVU: 6.41 2022 NF PE RVU: NA 2022 Fac PE RVU:6.09	
RUC Recommendation: Reduce 99238 to 0	0.5	Referred to CPT Referred to CPT Asst  Publ	ished in CPT Asst:	Result: PE Only	
27690 Transfer or transplant of single to superficial (eg, anterior tibial exte	endon (with muscle redirection or re	erouting); Global: 090 Issue	Tendon Transfer	Screen: Site of Service Anomaly	Complete? Yes
Nost Recent Tab: 34 RUC Meeting: April 2008	Specialty Developing AOFAS, AP Recommendation: AAOS	MA, First Identified: September 2007	2020 Medicare Utilization: 1,109	2022 Work RVU: 9.17 2022 NF PE RVU: NA	
RUC Recommendation: 8.96		Referred to CPT Referred to CPT Asst  Publ	ished in CPT Asst:	2022 Fac PE RVU: 8.46 Result: Maintain	

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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)

**Most Recent RUC Meeting:** April 2008 **Tab:** 34 Specialty Developing

AOFAS, APMA, Recommendation: **AAOS** 

First 2020 Identified: September 2007

Global: 090

Medicare

Issue: Tendon Transfer

**Utilization:** 3,911 2022 NF PE RVU: NA

Screen: Site of Service Anomaly

2022 Fac PE RVU: 9.81

**2022 Work RVU: 10.49** 

**RUC Recommendation: 10.28** 

Referred to CPT

Referred to CPT Asst

Published in CPT Asst:

27752 Closed treatment of tibial shaft fracture (with or without fibular fracture); with

manipulation, with or without skeletal traction

Global: 090

Issue: PE Subcommittee

Screen: Emergent Procedures

Complete? Yes

Complete? Yes

Complete? Yes

**Most Recent** 

**RUC Meeting:** April 2016

**RUC Meeting:** April 2016

Most Recent

**Tab:** 46

Specialty Developing Recommendation:

AAOS, ACEP, and orthopaedic

Identified: October 2015

Global: 090

2020 Medicare 2022 Work RVU: 6.27

2022 NF PE RVU: 8.51

subspecialties **Utilization:** 

2022 Fac PE RVU: 7.15

RUC Recommendation: PE Clinical staff pre-time revised

Referred to CPT

Referred to CPT Asst

✓ Published in CPT Asst: Jan 2018

Issue: PE Subcommittee

Result: PE Only

Result: Maintain

27762 Closed treatment of medial malleolus fracture; with manipulation, with or

without skin or skeletal traction

**Tab:** 46 Specialty Developing

Recommendation:

AAOS, ACEP, and orthopaedic

subspecialties

Identified: October 2015

2020

Medicare **Utilization:** 356 2022 Work RVU: 5.47

Screen: Emergent Procedures

**2022 NF PE RVU: 7.93 2022 Fac PE RVU: 6.56** 

RUC Recommendation: PE Clinical staff pre-time revised

Referred to CPT

Result: PE Only

1,136

Referred to CPT Asst

✓ Published in CPT Asst: Jan 2018

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27792 Open treatment of distal fibular fracture (lateral malleolus), includes internal Global: 090 Issue: Treatment of Ankle Fracture Screen: Site of Service Anomaly Complete? Yes fixation, when performed 2022 Work RVU: 8.75 **Most Recent Tab:** 18 Specialty Developing AAOS, AOFAS, First 2020 **RUC Meeting:** February 2011 Identified: June 2010 Medicare Recommendation: 2022 NF PE RVU: NA **Utilization:** 6,531 2022 Fac PE RVU: 8.83 **RUC Recommendation: 9.71** Referred to CPT Result: Maintain **Published in CPT Asst:** Referred to CPT Asst Issue: PE Subcommittee Screen: Emergent Procedures 27810 Closed treatment of bimalleolar ankle fracture (eg, lateral and medial malleoli, or Global: 090 Complete? Yes lateral and posterior malleoli or medial and posterior malleoli); with manipulation **2022 Work RVU:** 5.32 **Most Recent Tab:** 46 **Specialty Developing** AAOS, ACEP, and 2020 **RUC Meeting:** April 2016 Recommendation: orthopaedic Identified: October 2015 Medicare **2022 NF PE RVU: 7.79** subspecialties **Utilization:** 2,798 **2022 Fac PE RVU: 6.39** Referred to CPT RUC Recommendation: PE Clinical staff pre-time revised Result: PE Only **✓ Published in CPT Asst**: Jan 2018 Referred to CPT Asst 27814 Open treatment of bimalleolar ankle fracture (eg, lateral and medial malleoli, or Global: 090 Issue: RAW Screen: Pre-Time Analysis Complete? Yes lateral and posterior malleoli, or medial and posterior malleoli), includes internal fixation, when performed **2022 Work RVU: 10.62 Most Recent Tab: 21** Specialty Developing AAOS 2020 First **RUC Meeting:** September 2014 Recommendation: Identified: January 2014 Medicare 2022 NF PE RVU: NA **Utilization:** 10,116 2022 Fac PE RVU: 10.07 RUC Recommendation: Maintain work RVU and adjust the times from pre-Referred to CPT Result: Maintain time package 3. Referred to CPT Asst Published in CPT Asst:

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27818 Closed treatment of trimalleolar ankle fracture; with manipulation Global: 090 Issue: Treatment of Fracture Screen: Site of Service Anomaly

(99238-Only) / Emergent

**2022 Fac PE RVU: 6.30** 

Complete? Yes

Procedures

Flocedules

Most Recent Tab: 46 Specialty Developing RUC Meeting: April 2016 April 2016 April 2016 September 2007 Medicare 2022 Work RVU: 5.69 Recommendation: Orthopaedic Orthopaedic September 2007 Medicare 2022 NF PE RVU: 7.87

subspecialties Utilization: 3,478

RUC Recommendation: PE Clinical staff pre-time revised Referred to CPT Result: PE Only

Referred to CPT Asst Published in CPT Asst: Jan 2018

27825 Closed treatment of fracture of weight bearing articular portion of distal tibia (eg, Global: 090 Issue: PE Subcommittee Screen: Emergent Procedures Complete? Yes

pilon or tibial plafond), with or without anesthesia; with skeletal traction and/or

requiring manipulation

Most Recent Tab: 46 Specialty Developing AAOS, ACEP, and RUC Meeting: April 2016 Recommendation: Orthopaedic Orthopaedic October 2015 Medicare 2022 Work RVU: 6.69

RUC Meeting: April 2016 Recommendation: orthopaedic Identified: October 2015 Medicare 2022 NF PE RVU: 8.24 subspecialties Utilization: 666

RUC Recommendation: PE Clinical staff pre-time revised Referred to CPT Result: PE Only

Referred to CPT Asst Published in CPT Asst: Jan 2018

27840 Closed treatment of ankle dislocation; without anesthesia Global: 090 Issue: PE Subcommittee Screen: Emergent Procedures Complete? Yes

Most Recent Tab: 46 Specialty Developing AAOS, ACEP, and First 2020 2022 Work RVU: 4.77

RUC Meeting: April 2016 Recommendation: orthopaedic subspecialties orthopaedic subspecialties Identified: October 2015 Medicare Utilization: 2,066

2022 NF PE RVU: NA
2022 Fac PE RVU: 5.74

RUC Recommendation: PE Clinical staff pre-time revised Referred to CPT Result: PE Only

Referred to CPT Asst 🗹 Published in CPT Asst: Jan 2018

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28001 Incision and drainage	, bursa, foo	ot		Global: 010 Issue	: Treatment of Foot Infection	Screen: 010-Day Global Post- Operative Visits2	Complete? Yes
Most Recent	<b>Tab</b> : 14	Specialty Developing	AAOS, AOFAS,	First	2020	<b>2022 Work RVU</b> : 2.00	
RUC Meeting: October 2020		Recommendation:	APMA	Identified: April 2020	Medicare	<b>2022 NF PE RVU</b> : 2.98	
					Utilization: 2,705	2022 Fac PE RVU: 0.66	
RUC Recommendation: 2.00			Re	eferred to CPT	R	Result: Decrease	
			Re	eferred to CPT Asst U Publ	ished in CPT Asst:		
28002 Incision and drainage foot; single bursal sp		cia, with or without tend	lon sheath involve	ement, Global: 010 Issue	: Treatment of Foot Infection	Screen: 010-Day Global Post- Operative Visits2	Complete? Yes
Most Recent	<b>Tab</b> : 14	Specialty Developing	AAOS. AOFAS.	First	2020	<b>2022 Work RVU</b> : 2.79	
RUC Meeting: October 2020		Recommendation:	APMA	Identified: January 2014	Medicare	<b>2022 NF PE RVU</b> : 4.37	
					Utilization: 6,205	<b>2022 Fac PE RVU</b> : 1.10	
RUC Recommendation: 3.50			Re	eferred to CPT	F	Result: Decrease	
					ished in CPT Asst:		
28003 Incision and drainage foot; multiple areas	below fasc	cia, with or without tend				Screen: 010-Day Global Post- Operative Visits2	Complete? Ye
foot; multiple areas	below fasc	Specialty Developing	Ion sheath involve	ement, Global: 090 Issue	: Treatment of Foot Infection		Complete? Yes
foot; multiple areas		·	lon sheath involve	ement, Global: 090 Issue	: Treatment of Foot Infection  2020  Medicare	Operative Visits2	Complete? Yes
		Specialty Developing	Ion sheath involve	ement, Global: 090 Issue	: Treatment of Foot Infection	Operative Visits2  2022 Work RVU: 5.28	Complete? Yes
foot; multiple areas  Most Recent RUC Meeting: October 2020		Specialty Developing	Ion sheath involve AAOS, AOFAS, APMA	First Identified: April 2020	: Treatment of Foot Infection  2020  Medicare  Utilization: 6,080	Operative Visits2  2022 Work RVU: 5.28  2022 NF PE RVU: 5.46	Complete? Yes
foot; multiple areas  Most Recent RUC Meeting: October 2020		Specialty Developing	Ion sheath involve AAOS, AOFAS, APMA	First Identified: April 2020	2020 Medicare Utilization: 6,080	Operative Visits2  2022 Work RVU: 5.28  2022 NF PE RVU: 5.46  2022 Fac PE RVU: 1.80	Complete? Yes
foot; multiple areas  Most Recent RUC Meeting: October 2020  RUC Recommendation: 5.28	<b>Tab</b> : 14	Specialty Developing Recommendation:	Ion sheath involve AAOS, AOFAS, APMA	First Identified: April 2020  eferred to CPT eferred to CPT Asst Publ	: Treatment of Foot Infection  2020  Medicare  Utilization: 6,080	Operative Visits2  2022 Work RVU: 5.28  2022 NF PE RVU: 5.46  2022 Fac PE RVU: 1.80	
foot; multiple areas  Most Recent RUC Meeting: October 2020  RUC Recommendation: 5.28	<b>Tab</b> : 14	Specialty Developing Recommendation:	Ion sheath involve AAOS, AOFAS, APMA Re	First Identified: April 2020  eferred to CPT eferred to CPT Asst Publ	2020 Medicare Utilization: 6,080  Rished in CPT Asst:	Operative Visits2  2022 Work RVU: 5.28  2022 NF PE RVU: 5.46  2022 Fac PE RVU: 1.80  Result: Decrease  Screen: Site of Service Anomaly	·
foot; multiple areas  lost Recent LUC Meeting: October 2020  LUC Recommendation: 5.28  28111 Ostectomy, complete	Tab: 14 excision; fi	Specialty Developing Recommendation:	Ion sheath involve AAOS, AOFAS, APMA Re	First Identified: April 2020  eferred to CPT eferred to CPT Asst Publ  Global: 090 Issue	2020 Medicare Utilization: 6,080  Fished in CPT Asst:  Costectomy  2020 Medicare	Operative Visits2  2022 Work RVU: 5.28  2022 NF PE RVU: 5.46  2022 Fac PE RVU: 1.80  Result: Decrease  Screen: Site of Service Anomaly (99238-Only)	·
foot; multiple areas  Most Recent RUC Meeting: October 2020  RUC Recommendation: 5.28  28111 Ostectomy, complete	Tab: 14 excision; fi	Specialty Developing Recommendation:  irst metatarsal head  Specialty Developing	Ion sheath involve AAOS, AOFAS, APMA Re	First Identified: April 2020  eferred to CPT Eferred to CPT Asst Publ  Global: 090 Issue	2020 Medicare Utilization: 6,080  Fished in CPT Asst:  Ostectomy	Operative Visits2  2022 Work RVU: 5.28  2022 NF PE RVU: 5.46  2022 Fac PE RVU: 1.80  Result: Decrease  Screen: Site of Service Anomaly (99238-Only)  2022 Work RVU: 5.15	
foot; multiple areas  Most Recent RUC Meeting: October 2020  RUC Recommendation: 5.28	Tab: 14  excision; fi  Tab: 16	Specialty Developing Recommendation:  irst metatarsal head  Specialty Developing Recommendation:	AAOS, AOFAS, APMA Re	First Identified: April 2020  eferred to CPT Eferred to CPT Asst Publ  Global: 090 Issue	2020 Medicare Utilization: 6,080  Fished in CPT Asst:  Costectomy  2020 Medicare Utilization: 1,064	Operative Visits2  2022 Work RVU: 5.28  2022 NF PE RVU: 5.46  2022 Fac PE RVU: 1.80  Result: Decrease  Screen: Site of Service Anomaly (99238-Only)  2022 Work RVU: 5.15  2022 NF PE RVU: 8.52	Complete? Yes

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28120 Partial excision (craterization, significant diaphysectomy) bone (eg, oste	saucerization, sequestrector omyelitis or bossing); talus		Global: 090 Issue:	Removal of Foot Bone	Screen: Site of Service Anomaly	Complete? Yes
Most Recent Tab: 19 RUC Meeting: February 2011	abanama) = aranapang	OFAS, APMA, AOS	First Identified: September 2007	2020 Medicare Utilization: 5,001	2022 Work RVU: 7.31 2022 NF PE RVU: 11.66 2022 Fac PE RVU: 6.38	
RUC Recommendation: 8.27			eferred to CPT eferred to CPT Asst	shed in CPT Asst:	Result: Increase	
28122 Partial excision (craterization, diaphysectomy) bone (eg, oste except talus or calcaneus				Removal of Foot Bone	Screen: Site of Service Anomaly	Complete? Yes
Most Recent Tab: 19 RUC Meeting: February 2011		OFAS, APMA, AOS	First Identified: September 2007	2020 Medicare Utilization: 14,389	2022 Work RVU: 6.76 2022 NF PE RVU: 9.96 2022 Fac PE RVU:5.38	
RUC Recommendation: 7.72			eferred to CPT eferred to CPT Asst Publi	shed in CPT Asst:	Result: Maintain	
28124 Partial excision (craterization, s diaphysectomy) bone (eg, oste	•	• .	Global: 090 Issue:	Toe Removal	Screen: Site of Service Anomaly (99238-Only)	Complete? Yes
<b></b> · · · · · · · · · · · · · · · · · ·	omyelitis or bossing); phala	inx of toe	Global: 090 Issue: First Identified: September 2007	Toe Removal  2020  Medicare Utilization: 9,041	(99238-Only)  2022 Work RVU: 5.00  2022 NF PE RVU: 8.61	Complete? Ye
diaphysectomy) bone (eg, oste Most Recent Tab: 16 RUC Meeting: September 2007	omyelitis or bossing); phala  Specialty Developing A	PMA, AAOS	First Identified: September 2007	2020 Medicare	(99238-Only)  2022 Work RVU: 5.00	Complete? Ye
diaphysectomy) bone (eg, oster Most Recent Tab: 16 RUC Meeting: September 2007	omyelitis or bossing); phala Specialty Developing A Recommendation:	PMA, AAOS Re	First Identified: September 2007  Inferred to CPT  Inferred to CPT Asst Publication	2020 Medicare Utilization: 9,041	(99238-Only)  2022 Work RVU: 5.00  2022 NF PE RVU: 8.61  2022 Fac PE RVU: 4.33	•
diaphysectomy) bone (eg, oste  Most Recent Tab: 16  RUC Meeting: September 2007  RUC Recommendation: Remove 99238  28285 Correction, hammertoe (eg, int	omyelitis or bossing); phala Specialty Developing A Recommendation:  erphalangeal fusion, partial Specialty Developing A	PMA, AAOS Re	First Identified: September 2007  Inferred to CPT  Inferred to CPT Asst Publication	2020 Medicare Utilization: 9,041 shed in CPT Asst: Orthopaedic	(99238-Only)  2022 Work RVU: 5.00  2022 NF PE RVU: 8.61  2022 Fac PE RVU: 4.33  Result: PE Only  Screen: Harvard Valued -	Complete? Ye

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28289 Hallux rigidus correction with cheilectomy, debridement and capsular release of Global: 090 Issue: Bunionectomy Screen: 090-Day Global Post-Complete? Yes Operative Visits the first metatarsophalangeal joint; without implant 2022 Work RVU: 6.90 **Tab:** 08 AAOS, AOFAS, 2020 **Most Recent** Specialty Developing First **RUC Meeting:** January 2016 Recommendation: **APMA** Identified: October 2015 Medicare 2022 NF PE RVU: 12.65 **Utilization:** 3,586 **2022 Fac PE RVU: 5.80** Result: Decrease **RUC Recommendation:** 6.90 Referred to CPT October 2015 Referred to CPT Asst **Published in CPT Asst:** 28290 Correction, hallux valgus (bunion), with or without sesamoidectomy; simple Screen: 090-Day Global Post-Global: Issue: Bunionectomy Complete? Yes exostectomy (eg, Silver type procedure) Operative Visits 2022 Work RVU: Most Recent **Tab:** 08 Specialty Developing AAOS, AOFAS, First 2020 **RUC Meeting:** January 2016 Recommendation: **APMA** Identified: October 2015 Medicare **2022 NF PE RVU: Utilization:** 2022 Fac PE RVU: RUC Recommendation: Deleted from CPT Referred to CPT October 2015 Result: Deleted from CPT Referred to CPT Asst Published in CPT Asst: Hallux rigidus correction with cheilectomy, debridement and capsular release of Global: 090 **Issue:** Bunionectomy Screen: 090-Day Global Post-Complete? Yes the first metatarsophalangeal joint; with implant Operative Visits 2022 Work RVU: 8.01 **Most Recent Tab:** 08 Specialty Developing AAOS, AOFAS 2020 First **RUC Meeting:** January 2016 Recommendation: **APMA** Identified: October 2015 Medicare 2022 NF PE RVU: 12.13 **Utilization:** 2,695 2022 Fac PE RVU: 5.61 Referred to CPT October 2015 **RUC Recommendation: 8.01** Result: Decrease

Referred to CPT Asst Published in CPT Asst:

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28292 Correction, hallux valgus (bunionectomy), with sesamoidectomy, when Global: 090 Issue: Bunionectomy Screen: 090-Day Global Post-Complete? Yes performed; with resection of proximal phalanx base, when performed, any Operative Visits method 2022 Work RVU: 7.44 Specialty Developing AAOS, AOFAS, **Most Recent Tab:** 08 **First** 2020 **RUC Meeting:** January 2016 Identified: October 2015 Recommendation: **APMA** Medicare 2022 NF PE RVU: 12.34 **Utilization:** 4,884 **2022 Fac PE RVU: 5.96 RUC Recommendation: 7.44** Referred to CPT October 2015 Result: Decrease Referred to CPT Asst **Published in CPT Asst:** 28293 Correction, hallux valgus (bunion), with or without sesamoidectomy; resection Screen: 090-Day Global Post-Complete? Yes Global: Issue: Bunionectomy of joint with implant Operative Visits 2022 Work RVU: **Most Recent Tab:** 08 Specialty Developing AAOS, AOFAS, 2020 Recommendation: **APMA RUC Meeting:** January 2016 Identified: January 2014 Medicare **2022 NF PE RVU: Utilization:** 2022 Fac PE RVU: RUC Recommendation: Deleted from CPT Referred to CPT October 2015 Result: Deleted from CPT Referred to CPT Asst Published in CPT Asst: Correction, hallux valgus (bunion), with or without sesamoidectomy; with Global: Screen: 090-Day Global Post-Complete? Yes Issue: Bunionectomy Operative Visits tendon transplants (eg, Joplin type procedure) 2022 Work RVU: **Most Recent** AAOS, AOFAS, 2020 **Tab:** 08 Specialty Developing First **RUC Meeting:** January 2016 Recommendation: **APMA** Identified: October 2015 Medicare **2022 NF PE RVU: Utilization:** 2022 Fac PE RVU:

Referred to CPT

Referred to CPT Asst

October 2015

**Published in CPT Asst:** 

Result: Deleted from CPT

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RUC Recommendation: Deleted from CPT

28295 Correction, hallux valgus (bunionectomy), with sesamoidectomy, when Global: 090 Issue: Bunionectomy Screen: 090-Day Global Post-Complete? Yes Operative Visits performed; with proximal metatarsal osteotomy, any method 2022 Work RVU: 8.57 **Most Recent** AAOS, AOFAS, 2020 **Tab:** 08 Specialty Developing First **RUC Meeting:** January 2016 Recommendation: **APMA** Identified: October 2015 Medicare 2022 NF PE RVU: 22.61 378 **Utilization: 2022 Fac PE RVU:**8.32 RUC Recommendation: 8.57 Referred to CPT October 2015 Result: Decrease Referred to CPT Asst **Published in CPT Asst:** 28296 Correction, hallux valgus (bunionectomy), with sesamoidectomy, when Global: 090 Issue: Bunionectomy **Screen:** Site of Service Anomaly Complete? Yes performed; with distal metatarsal osteotomy, any method 2022 Work RVU: 8.25 2020 Most Recent **Tab:** 08 Specialty Developing AAOS, AOFAS, First APMA Identified: September 2007 Medicare **RUC Meeting:** January 2016 Recommendation: 2022 NF PE RVU: 17.36 **Utilization:** 6.895 **2022 Fac PE RVU:** 6.02 **RUC Recommendation: 8.25** Referred to CPT October 2015 Result: Decrease Referred to CPT Asst Published in CPT Asst: 28297 Correction, hallux valgus (bunionectomy), with sesamoidectomy, when Global: 090 Issue: Bunionectomy Screen: 090-Day Global Post-Complete? Yes Operative Visits performed; with first metatarsal and medial cuneiform joint arthrodesis, any method 2022 Work RVU: 9.29 AAOS, AOFAS, Most Recent **Tab:** 08 Specialty Developing **First** 2020 **RUC Meeting:** January 2016 Recommendation: **APMA** Identified: October 2015 Medicare 2022 NF PE RVU: 20.37 **Utilization:** 2,423 2022 Fac PE RVU: 7.35 Referred to CPT October 2015 **RUC Recommendation: 9.29** Result: Decrease Referred to CPT Asst **Published in CPT Asst:** 28298 Correction, hallux valgus (bunionectomy), with sesamoidectomy, when Global: 090 **Issue:** Bunionectomy **Screen:** Site of Service Anomaly Complete? Yes performed; with proximal phalanx osteotomy, any method (99238-Only) 2022 Work RVU: 7.75 Most Recent **Tab:** 08 Specialty Developing AAOS, AOFAS, 2020 **RUC Meeting:** January 2016 **APMA** Identified: September 2007 Recommendation: Medicare **2022 NF PE RVU: 16.03 Utilization:** 2,486 **2022 Fac PE RVU: 6.13 RUC Recommendation: 7.75** Referred to CPT October 2015 Result: Decrease Referred to CPT Asst | Published in CPT Asst:

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28299 Correction, hallux valgus (bunionectomy), with sesamoidectomy, when Global: 090 Issue: Bunionectomy Screen: 090-Day Global Post-Complete? Yes Operative Visits performed; with double osteotomy, any method 2022 Work RVU: 9.29 AAOS, AOFAS, 2020 **Most Recent Tab:** 08 Specialty Developing First **RUC Meeting:** January 2016 Recommendation: **APMA** Identified: October 2015 Medicare 2022 NF PE RVU: 19.57 3,605 **Utilization: 2022 Fac PE RVU: 6.99** October 2015 **RUC Recommendation: 9.29** Referred to CPT Result: Decrease **Referred to CPT Asst Published in CPT Asst:** 28300 Osteotomy; calcaneus (eg, dwyer or chambers type procedure), with or without Global: 090 Issue: Osteotomy **Screen:** Site of Service Anomaly Complete? Yes internal fixation (99238-Only) 2022 Work RVU: 9.73 Most Recent **Tab:** 16 Specialty Developing AAOS First 2020 **RUC Meeting:** September 2007 Recommendation: Identified: September 2007 Medicare **2022 NF PE RVU: NA** Utilization: 2,231 **2022 Fac PE RVU: 7.95** RUC Recommendation: Reduce 99238 to 0.5 Referred to CPT Result: PE Only Referred to CPT Asst **Published in CPT Asst:** 28310 Osteotomy, shortening, angular or rotational correction; proximal phalanx, first Global: 090 Screen: Site of Service Anomaly Issue: Osteotomy Complete? Yes toe (separate procedure) (99238-Only) 2022 Work RVU: 5.57 Specialty Developing APMA, AAOS 2020 Most Recent **Tab**: 16 First **RUC Meeting:** September 2007 Identified: September 2007 Recommendation: Medicare **2022 NF PE RVU: 9.92 Utilization:** 1,366 2022 Fac PE RVU: 4.44 RUC Recommendation: Reduce 99238 to 0.5 Referred to CPT Result: PE Only Referred to CPT Asst **Published in CPT Asst:** 28470 Closed treatment of metatarsal fracture; without manipulation, each Global: 090 Treatment of Metatarsal Screen: Harvard Valued -Complete? Yes Utilization over 30,000 Fracture 2022 Work RVU: 2.03 Most Recent Specialty Developing AAOS, APMA, 2020 **Tab:** 15 First **RUC Meeting:** September 2011 Recommendation: **AOFAS** Identified: April 2011 Medicare **2022 NF PE RVU**: 4.19 23.950 **Utilization:** 2022 Fac PE RVU: 3.80 **RUC Recommendation: 2.03** Referred to CPT Result: Maintain Published in CPT Asst: Referred to CPT Asst

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28660 Closed treatment of in	nterphalan	geal joint dislocation; w	ithout anesthesia	Global: 010 Issue:	PE Subcommittee	Screen: Emergent Procedures	Complete? Yes
Most Recent	<b>Tab</b> : 46	Specialty Developing			2020	<b>2022 Work RVU:</b> 1.28	
RUC Meeting: April 2016		Recommendation:	orthopaedic subspecialties	Identified: October 2015	Medicare Utilization: 555	<b>2022 NF PE RVU</b> : 2.14	
			oubop columbs		otinzation.	<b>2022 Fac PE RVU</b> : 1.24	
RUC Recommendation: PE Cli	inical staff p	ore-time revised		ferred to CPT ferred to CPT Asst   ✓ Publ	ished in CPT Asst: Ja	Result: PE Only	
				Tubi	ionida in or i Aoot. Od	112010	
28725 Arthrodesis; subtalar				Global: 090 Issue:	Foot Arthrodesis	Screen: Site of Service Anomaly	Complete? Yes
Most Recent	<b>Tab</b> : 20	Specialty Developing	AOFAS, APMA,	First	2020	<b>2022 Work RVU</b> : 11.22	
RUC Meeting: February 2011		Recommendation:	AAOS	Identified: September 2007	Medicare Utilization: 4,005	2022 NF PE RVU: NA	
					Othization. 4,003	<b>2022 Fac PE RVU</b> : 9.95	
RUC Recommendation: 12.18				ferred to CPT ferred to CPT Asst	ished in CPT Asst:	Result: Maintain	
28730 Arthrodesis, midtarsa	ıl or tarsom	netatarsal, multiple or tra	ansverse;	Global: 090 Issue:	Foot Arthrodesis	Screen: Site of Service Anomaly	Complete? Yes
Most Recent	<b>Tab</b> : 20	Specialty Developing	ΔΟΕΔς ΔΡΜΔ	First	2020	<b>2022 Work RVU:</b> 10.70	
RUC Meeting: February 2011	1 <b>ab.</b> 20	Recommendation:	AAOS	Identified: September 2007	Medicare	2022 NF PE RVU: NA	
					Utilization: 3,431	<b>2022 Fac PE RVU</b> : 9.31	
RUC Recommendation: 12.42			Ref	ferred to CPT		Result: Maintain	
			Ref	ferred to CPT Asst U Publ	ished in CPT Asst:		
28740 Arthrodesis, midtarsa	ıl or tarson	netatarsal, single joint		Global: 090 Issue:	Arthrodesis	Screen: Site of Service Anomaly (99238-Only)	Complete? Yes
Most Recent	<b>Tab</b> : 16	Specialty Developing	AAOS	First	2020	<b>2022 Work RVU:</b> 9.29	
RUC Meeting: September 2007		Recommendation:		Identified: September 2007	Medicare	<b>2022 NF PE RVU</b> : 13.95	
					Utilization: 3,304	<b>2022 Fac PE RVU</b> : 7.65	
RUC Recommendation: Reduc	ce 99238 to	0.5		ferred to CPT		Result: PE Only	
			Ref	ferred to CPT Asst	ished in CPT Asst:		

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28820 Amputation, toe; meta	ntarsophala	angeal joint		Global: 000 Issu	e: Toe Amputation	Screen: Site of Service Anomaly - 2018	Complete? Yes
Most Recent	Tab: 11	Specialty Developing	AAOS, ACS,	First	2020	2022 Work RVU: 3.51	
RUC Meeting: April 2019		Recommendation:	AOFAS, APMA, SVS	Identified: October 2018	Medicare Utilization: 27,143	<b>2022 NF PE RVU</b> : 4.99	
			070		Ottilization. 21,140	<b>2022 Fac PE RVU</b> : 1.32	
RUC Recommendation: 4.10				Referred to CPT Referred to CPT Asst	olished in CPT Asst:	Result: Decrease	
28825 Amputation, toe; inter	phalangea	l joint		Global: 000 Issu	e: Toe Amputation	Screen: Site of Service Anomaly	Complete? Yes
Most Recent	Tab: 11	Specialty Developing	AAOS, ACS,	First	2020	2022 Work RVU: 3.41	
RUC Meeting: April 2019		Recommendation:	AOFAS, APMA, SVS	Identified: September 200	7 Medicare	<b>2022 NF PE RVU</b> : 4.94	
			373		Utilization: 13,343	<b>2022 Fac PE RVU</b> : 1.29	
RUC Recommendation: 4.00			F	Referred to CPT		Result: Decrease	
29075 Application, cast; elbo	ow to finge	r (short arm)		Global: 000 Issu	e: Application of Forearm C	Cast Screen: Harvard Valued - Utilization over 30,000	Complete? Yes
		,	AAOS ASSH				Complete? Yes
Most Recent	ow to finge Tab: 16	r (short arm)  Specialty Developing Recommendation:	AAOS, ASSH	Global: 000 Issu  First Identified: April 2011	2020 Medicare	Utilization over 30,000	Complete? Yes
lost Recent		Specialty Developing	AAOS, ASSH	First	2020	Utilization over 30,000 <b>2022 Work RVU:</b> 0.77	Complete? Yes
Most Recent RUC Meeting: September 2011		Specialty Developing		First	2020 Medicare	Utilization over 30,000  2022 Work RVU: 0.77  2022 NF PE RVU: 1.63	Complete? Yes
Most Recent RUC Meeting: September 2011		Specialty Developing	F	First Identified: April 2011	2020 Medicare	Utilization over 30,000  2022 Work RVU: 0.77  2022 NF PE RVU: 1.63  2022 Fac PE RVU: 0.90	Complete? Yes
29075 Application, cast; elbo Most Recent RUC Meeting: September 2011 RUC Recommendation: 0.77	<b>Tab</b> : 16	Specialty Developing Recommendation:	F	First Identified: April 2011 Referred to CPT Referred to CPT Asst Pub	2020 Medicare Utilization: 59,186	Utilization over 30,000 2022 Work RVU: 0.77 2022 NF PE RVU: 1.63 2022 Fac PE RVU: 0.90 Result: Maintain	Complete? Yes
Nost Recent RUC Meeting: September 2011 RUC Recommendation: 0.77 R9105 Application of long and	<b>Tab</b> : 16	Specialty Developing Recommendation:	AAOS, ACEP,	First Identified: April 2011  Referred to CPT Referred to CPT Asst Put  Global: 000 Issu  First	2020 Medicare Utilization: 59,186  Dished in CPT Asst:	Utilization over 30,000  2022 Work RVU: 0.77  2022 NF PE RVU: 1.63  2022 Fac PE RVU: 0.90  Result: Maintain  Screen: CMS 000-Day Global Typically Reported with	·
Most Recent RUC Meeting: September 2011 RUC Recommendation: 0.77 RUC Application of long and	Tab: 16	Specialty Developing Recommendation:	F	First Identified: April 2011  Referred to CPT Referred to CPT Asst Put  Global: 000 Issu	2020 Medicare Utilization: 59,186  Dished in CPT Asst:  e: Application of Long Arm Splint  2020 Medicare	Utilization over 30,000  2022 Work RVU: 0.77  2022 NF PE RVU: 1.63  2022 Fac PE RVU: 0.90  Result: Maintain  Screen: CMS 000-Day Global Typically Reported with an E/M	·
Most Recent RUC Meeting: September 2011 RUC Recommendation: 0.77	Tab: 16	Specialty Developing Recommendation:  houlder to hand)  Specialty Developing	AAOS, ACEP, ASSH	First Identified: April 2011  Referred to CPT Referred to CPT Asst Put  Global: 000 Issu  First	2020 Medicare Utilization: 59,186  Dished in CPT Asst:  e: Application of Long Arm Splint  2020	Utilization over 30,000  2022 Work RVU: 0.77  2022 NF PE RVU: 1.63  2022 Fac PE RVU: 0.90  Result: Maintain  Screen: CMS 000-Day Global Typically Reported with an E/M  2022 Work RVU: 0.80	·

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29200 Strapping; thorax			Global: 000 Issue:	Strapping Procedures	Screen: High Volume Growth2	Complete? Ye
Most Recent	<b>Tab:</b> 35	Specialty Developing APTA	First	2020	<b>2022 Work RVU:</b> 0.39	
RUC Meeting: January 2014		Recommendation:	Identified: April 2013	Medicare Utilization: 9.806	<b>2022 NF PE RVU</b> : 0.57	
				Othization: 9,000	2022 Fac PE RVU: 0.14	
RUC Recommendation: 0.39			Referred to CPT		Result: Decrease	
			Referred to CPT Asst	ished in CPT Asst:		
29220 Deleted from CPT			Global: Issue:	Strapping; low back	Screen: High Volume Growth1	Complete? Ye
Most Recent	<b>Tab:</b> 57	Specialty Developing AAFP	First	2020	2022 Work RVU:	
RUC Meeting: April 2008		Recommendation:	Identified: February 2008	Medicare	2022 NF PE RVU:	
				Utilization:	2022 Fac PE RVU:	
RUC Recommendation: Deleted	-l f CDT		Referred to CPT October 2008		Result: Deleted from CPT	
too recommendation. Deleter	a from CPT					
	a from CPT				eted from CPT, no further action necess	ary
		)	Referred to CPT Asst   Publ			ary  Complete? Ye
29240 Strapping; shoulder (e	eg, velpeau	•	Referred to CPT Asst   Publ	ished in CPT Asst: Del	eted from CPT, no further action necess	·
29240 Strapping; shoulder (e		) Specialty Developing APTA Recommendation:	Referred to CPT Asst  Publ  Global: 000  Issue:	shed in CPT Asst: Del Strapping Procedures  2020 Medicare	eted from CPT, no further action necess  Screen: High Volume Growth2	·
29240 Strapping; shoulder (e	eg, velpeau	Specialty Developing APTA	Referred to CPT Asst  Publ  Global: 000  Issue:	shed in CPT Asst: Del Strapping Procedures 2020	screen: High Volume Growth2 2022 Work RVU: 0.39	·
29240 Strapping; shoulder (e Most Recent RUC Meeting: January 2014	eg, velpeau	Specialty Developing APTA	Referred to CPT Asst  Publ  Global: 000  Issue:	shed in CPT Asst: Del Strapping Procedures  2020 Medicare	screen: High Volume Growth2 2022 Work RVU: 0.39 2022 NF PE RVU: 0.48	·
29240 Strapping; shoulder (e Most Recent RUC Meeting: January 2014	eg, velpeau	Specialty Developing APTA	Global: 000 Issue:  First Identified: April 2013  Referred to CPT	shed in CPT Asst: Del Strapping Procedures  2020 Medicare	Screen: High Volume Growth2  2022 Work RVU: 0.39  2022 NF PE RVU: 0.48  2022 Fac PE RVU: 0.13	·
29240 Strapping; shoulder (e Most Recent RUC Meeting: January 2014 RUC Recommendation: 0.39	eg, velpeau	Specialty Developing APTA	Global: 000 Issue:  First Identified: April 2013  Referred to CPT Referred to CPT Asst Publ	Strapping Procedures  2020  Medicare Utilization: 14,158	Screen: High Volume Growth2  2022 Work RVU: 0.39  2022 NF PE RVU: 0.48  2022 Fac PE RVU: 0.13	Complete? Ye
29240 Strapping; shoulder (e. Most Recent RUC Meeting: January 2014 RUC Recommendation: 0.39	eg, velpeau Tab: 35	Specialty Developing APTA Recommendation:	Global: 000 Issue:  First Identified: April 2013  Referred to CPT Referred to CPT Asst Publ  Global: 000 Issue:	Strapping Procedures  2020 Medicare Utilization: 14,158 ished in CPT Asst:	Screen: High Volume Growth2  2022 Work RVU: 0.39  2022 NF PE RVU: 0.48  2022 Fac PE RVU: 0.13  Result: Decrease	Complete? Ye
29240 Strapping; shoulder (e. Most Recent RUC Meeting: January 2014 RUC Recommendation: 0.39 29260 Strapping; elbow or with Most Recent	eg, velpeau	Specialty Developing APTA	Global: 000 Issue:  First Identified: April 2013  Referred to CPT Referred to CPT Asst Publ	Strapping Procedures  2020 Medicare Utilization: 14,158  ished in CPT Asst:  Strapping Procedures  2020 Medicare	Screen: High Volume Growth2  2022 Work RVU: 0.39  2022 NF PE RVU: 0.48  2022 Fac PE RVU: 0.13  Result: Decrease  Screen: High Volume Growth2	Complete? Ye
29240 Strapping; shoulder (e  Most Recent RUC Meeting: January 2014  RUC Recommendation: 0.39  29260 Strapping; elbow or wi  Most Recent RUC Meeting: January 2014	eg, velpeau Tab: 35	Specialty Developing APTA Recommendation:  Specialty Developing APTA	Global: 000 Issue:  First Identified: April 2013  Referred to CPT Referred to CPT Asst Publ  Global: 000 Issue:	Strapping Procedures  2020 Medicare Utilization: 14,158  ished in CPT Asst:  Strapping Procedures	Screen: High Volume Growth2  2022 Work RVU: 0.39  2022 NF PE RVU: 0.48  2022 Fac PE RVU: 0.13  Result: Decrease  Screen: High Volume Growth2  2022 Work RVU: 0.39  2022 NF PE RVU: 0.45	·
29240 Strapping; shoulder (e. Most Recent RUC Meeting: January 2014 RUC Recommendation: 0.39 29260 Strapping; elbow or will Most Recent	eg, velpeau Tab: 35	Specialty Developing APTA Recommendation:  Specialty Developing APTA	Global: 000 Issue:  First Identified: April 2013  Referred to CPT Referred to CPT Asst Publ  Global: 000 Issue:	Strapping Procedures  2020 Medicare Utilization: 14,158  ished in CPT Asst:  Strapping Procedures  2020 Medicare	Screen: High Volume Growth2 2022 Work RVU: 0.39 2022 NF PE RVU: 0.48 2022 Fac PE RVU: 0.13 Result: Decrease  Screen: High Volume Growth2 2022 Work RVU: 0.39	Complete? Ye

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29280 Strapping; hand or fin	ger			Global: 000 Issue:	Strapping Procedures	Screen: High Volume Growth2	Complete? Yes
Most Recent RUC Meeting: January 2014 RUC Recommendation: 0.39	<b>Tab</b> : 35	Specialty Developing Recommendation:	R	First Identified: October 2013  eferred to CPT eferred to CPT Asst  Publ	2020 Medicare Utilization: 3,111	2022 Work RVU: 0.39 2022 NF PE RVU: 0.44 2022 Fac PE RVU: 0.15 Result: Decrease	
29445 Application of rigid to	tal contact	leg cast		Global: 000 Issue:	Application of Rigid Leg	Screen: High Volume Growth3	Complete? Yes
Most Recent RUC Meeting: April 2016	<b>Tab:</b> 17	Specialty Developing Recommendation:	AAOS, AHKNS, AOFAS, AOA, NASS	First Identified: October 2015	2020 Medicare Utilization: 33,224	2022 Work RVU: 1.78 2022 NF PE RVU: 1.79 2022 Fac PE RVU: 0.93	
RUC Recommendation: 1.78				eferred to CPT eferred to CPT Asst  Publ	ished in CPT Asst:	Result: Maintain	
29520 Strapping; hip				Global: 000 Issue:	Strapping Procedures	Screen: High Volume Growth2	Complete? Yes
Most Recent RUC Meeting: January 2014	<b>Tab:</b> 35	Specialty Developing Recommendation:	APTA	First Identified: April 2013	2020 Medicare Utilization: 10,267	2022 Work RVU: 0.39 2022 NF PE RVU: 0.63 2022 Fac PE RVU: 0.13	
RUC Recommendation: 0.39				eferred to CPT eferred to CPT Asst  Publ	ished in CPT Asst:	Result: Decrease	
29530 Strapping; knee				Global: 000 Issue:	Strapping Procedures	Screen: High Volume Growth2	Complete? Yes
Most Recent RUC Meeting: January 2014	<b>Tab:</b> 35	Specialty Developing Recommendation:	APTA	First Identified: April 2013	2020 Medicare Utilization: 20,223	2022 Work RVU: 0.39 2022 NF PE RVU: 0.48	
RUC Recommendation: 0.39				eferred to CPT eferred to CPT Asst Publ	ished in CPT Asst:	2022 Fac PE RVU: 0.12  Result: Decrease	

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29540 Strapping; ankle and/o	or foot			Global: 000 ls	ssue:	Strapping Lower Extremity	Screen: Harvard Valued - Utilization over 100,000 / CMS 000-Day Global Typically Reported with an E/M	Complete? Yes
Most Recent RUC Meeting: April 2017 RUC Recommendation: 0.39	<b>Tab:</b> 41ii	Specialty Developing Recommendation:	Ret	First Identified: October 200 ferred to CPT ferred to CPT Asst		2020 Medicare Utilization: 167,744 Fished in CPT Asst:	2022 Work RVU: 0.39 2022 NF PE RVU: 0.39 2022 Fac PE RVU: 0.09 Result: Decrease	
			Rei	erred to CPT ASST	Publis	sned in CPT ASST:		
29550 Strapping; toes				Global: 000 ls	ssue:	Strapping Lower Extremity	Screen: Harvard Valued - Utilization over 100,000 / CMS 000-Day Global Typically Reported with an E/M	Complete? Yes
Most Recent RUC Meeting: April 2017	<b>Tab:</b> 41ii	Specialty Developing Recommendation:	АРМА	First Identified: February 20	)10	2020 Medicare Utilization: 44,200	2022 Work RVU: 0.25 2022 NF PE RVU: 0.29 2022 Fac PE RVU: 0.06	
RUC Recommendation: 0.25				ferred to CPT ferred to CPT Asst	Publis	F Shed in CPT Asst:	Result: Decrease	
29580 Strapping; unna boot				Global: 000 ls	ssue:	Strapping Multi Layer Compression	Screen: CMS High Expenditure Procedural Codes2	Complete? Yes
Most Recent RUC Meeting: October 2016	<b>Tab:</b> 13	Specialty Developing Recommendation:	ACS, APMA, SVS	First Identified: July 2015		2020 Medicare Utilization: 231,247	2022 Work RVU: 0.55 2022 NF PE RVU: 1.27 2022 Fac PE RVU: 0.16	
<b>RUC Recommendation:</b> 0.55				ferred to CPT	Publis	F shed in CPT Asst:	Result: Maintain	

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Application of multi-layer compression system; leg (below knee), including ankle Global: 000 Issue: Strapping Multi Laver Screen: CMS High Expenditure Complete? Yes Compression Procedural Codes2

and foot

2022 Work RVU: 0.60 **Tab:** 13 Specialty Developing ACS, APMA, SVS 2020 **Most Recent** 

**RUC Meeting:** October 2016 Recommendation: Identified: July 2015 Medicare 2022 NF PE RVU: 2.04 184,476 **Utilization:** 

**2022 Fac PE RVU: 0.18** 

**RUC Recommendation: 0.60** Referred to CPT Result: Maintain

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

29582 Application of multi-layer compression system; thigh and leg, including ankle Global: Issue: New Technology Review Screen: New Technology/New Complete? Yes

and foot, when performed

2022 Work RVU: Most Recent **Tab: 21** Specialty Developing APTA First 2020

**RUC Meeting:** October 2015 Recommendation: Identified: October 2015 Medicare **2022 NF PE RVU: Utilization:** 

2022 Fac PE RVU:

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

Referred to CPT Asst Published in CPT Asst: Aug 2016

Application of multi-layer compression system; upper arm and forearm Global: Issue: New Technology Review Screen: New Technology/New Complete? Yes

Services

Services

2022 Work RVU: Specialty Developing APTA First 2020 **Most Recent Tab**: 21

**RUC Meeting:** October 2015 Recommendation: Identified: October 2015 Medicare **2022 NF PE RVU: Utilization:** 

2022 Fac PE RVU:

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

Referred to CPT Asst Published in CPT Asst: Aug 2016

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Application of multi-layer compression system; upper arm, forearm, hand, and Global: 000 Issue: New Technology Review Screen: New Technology/New

fingers

Services / CPT Assistant

Utilization over 100,000

2022 Fac PE RVU:

Expense Review

Complete? Yes

**Analysis** 

**2022 Work RVU:** 0.35 Most Recent **Tab**: 20 Specialty Developing APTA First 2020

**RUC Meeting:** January 2022 Recommendation: Identified: October 2015 Medicare 2022 NF PE RVU: 2.10

**Utilization:** 1,728 2022 Fac PE RVU: 0.10

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

> Referred to CPT Asst ✓ Published in CPT Asst: Aug 2016

29590 Denis-Browne splint strapping Global: Issue: Dennis-Browne splint Screen: Harvard Valued -Complete? Yes

revision

2022 Work RVU: **Most Recent Tab: 07** Specialty Developing APMA First 2020 **RUC Meeting:** April 2012 Recommendation: **Identified:** February 2010 Medicare **2022 NF PE RVU:** 

**Utilization:** 

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

Referred to CPT Asst Published in CPT Asst:

Screen: CMS Request - Practice 29805 Arthroscopy, shoulder, diagnostic, with or without synovial biopsy (separate Global: 090 Issue: Arthroscopy Complete? Yes

procedure)

2022 Work RVU: 6.03 **Most Recent** Tab: 51 Specialty Developing AAOS First 2020 **RUC Meeting:** April 2008 Recommendation: Identified: NA Medicare **2022 NF PE RVU: NA** 

**Utilization:** 444 2022 Fac PE RVU: 6.75

RUC Recommendation: No NF PE inputs Referred to CPT Result: PE Only

Referred to CPT Asst Published in CPT Asst:

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29822 Arthroscopy, shoulder, surgical; debridement, limited, 1 or 2 discrete structures Global: 090 Issue: Shoulder Debridement Screen: CMS Fastest Growing Complete? Yes (eg. humeral bone, humeral articular cartilage, glenoid bone, glenoid articular cartilage, biceps tendon, biceps anchor complex, labrum, articular capsule, articular side of the rotator cuff. bursal side of the rotator cuff. subacromial bursa, foreign body[ies]) 2022 Work RVU: 7.03 **Most Recent** Tab: 11 **Specialty Developing** First 2020 Identified: October 2008 **RUC Meeting:** January 2020 Recommendation: Medicare **2022 NF PE RVU: NA Utilization:** 6,885 **2022 Fac PE RVU: 7.69** RUC Recommendation: 7.03 Referred to CPT September 2019 Result: Decrease Published in CPT Asst: Referred to CPT Asst 29823 Arthroscopy, shoulder, surgical; debridement, extensive, 3 or more discrete Global: 090 Issue: Shoulder Debridement Screen: Harvard-Valued Annual Complete? Yes structures (eq. humeral bone, humeral articular cartilage, glenoid bone, glenoid Allowed Charges Greater than \$10 million / articular cartilage, biceps tendon, biceps anchor complex, labrum, articular Harvard Valued capsule, articular side of the rotator cuff, bursal side of the rotator cuff, Utilization over 30,000subacromial bursa, foreign body[ies]) Part3 2022 Work RVU: 7.98 **Most Recent** 2020 **Tab**: 11 Specialty Developing First **RUC Meeting:** January 2020 Identified: October 2012 Recommendation: Medicare 2022 NF PE RVU: NA 40,783 **Utilization: 2022 Fac PE RVU: 8.09 RUC Recommendation:** 7.98 Referred to CPT September 2019 Result: Decrease Referred to CPT Asst Published in CPT Asst: 29824 Arthroscopy, shoulder, surgical; distal claviculectomy including distal articular Screen: Codes Reported Complete? Yes **Issue: RAW** Together 75% or Moresurface (mumford procedure) Part1 2022 Work RVU: 8.98 2020 Most Recent **Tab: 21** Specialty Developing AAOS First **RUC Meeting:** October 2015 Recommendation: **Identified:** February 2010 Medicare 2022 NF PE RVU: NA **Utilization:** 33.015 **2022 Fac PE RVU: 9.39 RUC Recommendation: 8.82** Referred to CPT Result: Maintain **Referred to CPT Asst Published in CPT Asst:** 

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29826 Arthroscopy, shoulder, surgical; decompression of subacromial space with Global: ZZZ Issue: RAW Screen: Codes Reported Complete? Yes partial acromioplasty, with coracoacromial ligament (ie, arch) release, when Together 75% or Moreperformed (list separately in addition to code for primary procedure) Part1 2022 Work RVU: 3.00 **Tab**: 21 Specialty Developing AAOS First 2020 **RUC Meeting:** October 2015 Recommendation: **Identified:** February 2010 Medicare 2022 NF PE RVU: NA **Utilization:** 66,775 **2022 Fac PE RVU: 1.50** RUC Recommendation: 3.00 Referred to CPT Result: Decrease Referred to CPT Asst **Published in CPT Asst:** Arthroscopy, shoulder, surgical; with rotator cuff repair Global: 090 Issue: RAW Screen: CMS Fastest Growing/ Complete? Yes Codes Reported Together 75% or More-Part1 / Pre-Time Analysis / Codes Reported Together 75% or More-Part5 2022 Work RVU: 15.59 **Most Recent Tab:** 13 Specialty Developing AAOS 2020 **RUC Meeting:** September 2022 Recommendation: Identified: October 2008 Medicare **2022 NF PE RVU: NA Utilization:** 60.014 2022 Fac PE RVU: 13.06 RUC Recommendation: 15.59. Maintain work RVU and adjust the times from Referred to CPT Result: Maintain pre-time package 3. Referred to CPT Asst **Published in CPT Asst:** 29828 Arthroscopy, shoulder, surgical; biceps tenodesis Screen: Codes Reported Global: 090 Issue: RAW Complete? Yes Together 75% or More-Part1 / Codes Reported Together 75% or More-Part5 2022 Work RVU: 13.16 **Most Recent Tab:** 13 Specialty Developing AAOS First 2020 **RUC Meeting:** September 2022 Recommendation: Identified: February 2010 Medicare 2022 NF PE RVU: NA **Utilization:** 17,169 **2022 Fac PE RVU: 11.45 RUC Recommendation: 13.16** Referred to CPT Result: Maintain Referred to CPT Asst ■ Published in CPT Asst:

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29830 Arthroscopy, elb procedure)	ow, diagnostic,	with or without synovial biopsy (separa	te Global: 090	Issue: Arthroscopy	Screen: CMS Request - Practice Expense Review	Complete? Yes
Most Recent	<b>Tab:</b> 51	Specialty Developing AAOS	First	2020	2022 Work RVU: 5.88	
RUC Meeting: April 2008		Recommendation:	Identified: NA	Medicare	2022 NF PE RVU: NA	
				Utilization: 108	<b>2022 Fac PE RVU</b> : 6.62	
RUC Recommendation:	No NF PE inputs		Referred to CPT		Result: PE Only	
		F	Referred to CPT Asst $\ oxdot$	Published in CPT Asst:		
29840 Arthroscopy, wri	st, diagnostic, v	rith or without synovial biopsy (separate	Global: 090	Issue: Arthroscopy	Screen: CMS Request - Practice Expense Review	Complete? Yes
Most Recent	<b>Tab:</b> 51	Specialty Developing AAOS	First	2020	<b>2022 Work RVU:</b> 5.68	
RUC Meeting: April 2008		Recommendation:	Identified: NA	Medicare Utilization: 135	2022 NF PE RVU: NA	
				Otilization. 133	<b>2022 Fac PE RVU</b> : 6.72	
	No NE PE innuts		Referred to CPT		Result: PE Only	
RUC Recommendation: N	to tti T E inputo		Referred to CPT Asst	Published in CPT Asst:		
29870 Arthroscopy, kne			Referred to CPT Asst	Published in CPT Asst:  Issue: Arthroscopy	Screen: CMS Request - Practice	Complete? Yes
29870 Arthroscopy, kne procedure)	ee, diagnostic, v	ith or without synovial biopsy (separate	Referred to CPT Asst Global: 090	Issue: Arthroscopy	Expense Review	Complete? Yes
29870 Arthroscopy, kne procedure) Most Recent	ee, diagnostic, w	F	Referred to CPT Asst		Expense Review  2022 Work RVU: 5.19	Complete? Yes
29870 Arthroscopy, kne	ee, diagnostic, w	rith or without synovial biopsy (separate Specialty Developing AAOS	Referred to CPT Asst  Global: 090  First	Issue: Arthroscopy	<b>2022 Work RVU:</b> 5.19 <b>2022 NF PE RVU:</b> 10.33	Complete? Yes
29870 Arthroscopy, kne procedure) Most Recent RUC Meeting: October 200	ee, diagnostic, w Tab: 13	rith or without synovial biopsy (separate Specialty Developing AAOS Recommendation:	Global: 090  First Identified: NA	Issue: Arthroscopy  2020 Medicare	<b>2022 Work RVU:</b> 5.19 <b>2022 NF PE RVU:</b> 10.33 <b>2022 Fac PE RVU:</b> 5.94	Complete? Yes
29870 Arthroscopy, kne procedure) Most Recent	ee, diagnostic, w Tab: 13	sith or without synovial biopsy (separate Specialty Developing AAOS Recommendation:	Referred to CPT Asst  Global: 090  First	Issue: Arthroscopy  2020 Medicare	<b>2022 Work RVU:</b> 5.19 <b>2022 NF PE RVU:</b> 10.33	Complete? Yes
29870 Arthroscopy, kne procedure)  Most Recent RUC Meeting: October 200  RUC Recommendation:	ee, diagnostic, w Tab: 13 09 New PE non-facili	sith or without synovial biopsy (separate Specialty Developing AAOS Recommendation:	Global: 090  First Identified: NA  Referred to CPT Referred to CPT	Issue: Arthroscopy  2020 Medicare Utilization: 693	<b>2022 Work RVU:</b> 5.19 <b>2022 NF PE RVU:</b> 10.33 <b>2022 Fac PE RVU:</b> 5.94	Complete? Yes  Complete? Yes
29870 Arthroscopy, knoprocedure)  Most Recent RUC Meeting: October 200  RUC Recommendation: N	ee, diagnostic, w Tab: 13 09 New PE non-facili	sith or without synovial biopsy (separate Specialty Developing AAOS Recommendation:	Global: 090  First Identified: NA  Referred to CPT Asst  Global: 090  First Identified: NA	Issue: Arthroscopy  2020 Medicare Utilization: 693  Published in CPT Asst:  Issue: ACL Repair  2020	Expense Review  2022 Work RVU: 5.19  2022 NF PE RVU: 10.33  2022 Fac PE RVU: 5.94  Result: PE Only	,
29870 Arthroscopy, knoprocedure)  Most Recent RUC Meeting: October 200  RUC Recommendation: No.	Tab: 13 9 New PE non-facili	Specialty Developing AAOS Recommendation:  ty inputs  ruciate ligament repair/augmentation of	Referred to CPT Asst  Global: 090  First Identified: NA  Referred to CPT Referred to CPT Asst	2020 Medicare Utilization: 693  Published in CPT Asst:  Issue: ACL Repair 2020 Ar 2007 Medicare	Expense Review  2022 Work RVU: 5.19  2022 NF PE RVU: 10.33  2022 Fac PE RVU: 5.94  Result: PE Only  Screen: Site of Service Anomaly	,
29870 Arthroscopy, knoprocedure)  Most Recent RUC Meeting: October 200  RUC Recommendation: Note that the second construction  Most Recent  Most Recent	Tab: 13 9 New PE non-facili	Specialty Developing AAOS Recommendation:  ty inputs  ruciate ligament repair/augmentation of	Global: 090  First Identified: NA  Referred to CPT Asst  Global: 090  First Identified: NA	Issue: Arthroscopy  2020 Medicare Utilization: 693  Published in CPT Asst:  Issue: ACL Repair 2020	Expense Review  2022 Work RVU: 5.19  2022 NF PE RVU: 10.33  2022 Fac PE RVU: 5.94  Result: PE Only  Screen: Site of Service Anomaly  2022 Work RVU: 14.30	,
29870 Arthroscopy, knoprocedure)  Most Recent RUC Meeting: October 200  RUC Recommendation: Note that the second construction  Most Recent  Most Recent	Tab: 13 New PE non-facili	Specialty Developing AAOS Recommendation:  ty inputs  Specialty Developing AAOS  Recommendation:  Specialty Developing AAOS  Recommendation:	Global: 090  First Identified: NA  Referred to CPT Asst  Global: 090  First Identified: NA	2020 Medicare Utilization: 693  Published in CPT Asst:  Issue: ACL Repair 2020 Ar 2007 Medicare	Expense Review  2022 Work RVU: 5.19  2022 NF PE RVU: 10.33  2022 Fac PE RVU: 5.94  Result: PE Only  Screen: Site of Service Anomaly  2022 Work RVU: 14.30  2022 NF PE RVU: NA	,

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29900 Arthroscopy, metacarpophalangeal joint, diagnostic, includes synovial biopsy Global: 090 Issue: Arthroscopy Screen: CMS Request - Practice Complete? Yes Expense Review 2022 Work RVU: 5.88 2020 **Most Recent Tab:** 51 Specialty Developing AAOS First **RUC Meeting:** April 2008 Recommendation: Identified: NA Medicare 2022 NF PE RVU: NA **Utilization:** 5 **2022 Fac PE RVU: 7.91** Result: PE Only RUC Recommendation: No NF PE inputs Referred to CPT **Referred to CPT Asst Published in CPT Asst:** Global: 000 30140 Submucous resection inferior turbinate, partial or complete, any method Issue: Resection of Inferior Screen: Harvard Valued -Complete? Yes **Turbinate** Utilization over 30,000-Part2 2022 Work RVU: 3.00 **Most Recent Tab:** 14 Specialty Developing AAOHNS First 2020 **RUC Meeting:** October 2016 Recommendation: Identified: October 2015 Medicare 2022 NF PE RVU: 5.46 **Utilization:** 37,031 2022 Fac PE RVU: 1.81 **RUC Recommendation: 3.00** Referred to CPT Result: Decrease Referred to CPT Asst **Published in CPT Asst:** 30465 Repair of nasal vestibular stenosis (eg, spreader grafting, lateral nasal wall Global: 090 Issue: Repair Nasal Stenosis Screen: Site of Service Anomaly Complete? Yes (99238-Only) reconstruction) 2022 Work RVU: 12.36 Most Recent **Tab: 16** Specialty Developing AAO-HNS First 2020 **RUC Meeting:** September 2007 Recommendation: Identified: September 2007 Medicare **2022 NF PE RVU: NA Utilization:** 3,440 2022 Fac PE RVU: 16.77

Referred to CPT

Referred to CPT Asst

Published in CPT Asst:

Result: PE Only

RUC Recommendation: Reduce 99238 to 0.5

Control nasal hemorrhage, anterior, simple (limited cautery and/or packing) any Global: 000 Issue: Control Nasal Hemorrhage Screen: Harvard Valued -Complete? Yes Utilization over 100.000 / method CMS Request - Final Rule for 2016 2022 Work RVU: 1.10 **Most Recent Tab: 20** Specialty Developing AAOHNS First 2020 **RUC Meeting:** April 2016 Recommendation: Identified: October 2009 Medicare **2022 NF PE RVU: 3.47 Utilization:** 70,328 2022 Fac PE RVU: 0.38 **RUC Recommendation: 1.10** Referred to CPT Result: Maintain Referred to CPT Asst **Published in CPT Asst:** 30903 Control nasal hemorrhage, anterior, complex (extensive cautery and/or packing) Global: 000 Issue: Control Nasal Hemorrhage Screen: CMS Request - Final Complete? Yes any method Rule for 2016 2022 Work RVU: 1.54 **Most Recent Tab: 20** Specialty Developing AAOHNS First 2020 **RUC Meeting:** April 2016 Recommendation: Identified: July 2015 Medicare **2022 NF PE RVU: 5.66** 39.728 **Utilization:** 2022 Fac PE RVU: 0.48 RUC Recommendation: 1 54 Referred to CPT Result: Maintain Referred to CPT Asst Published in CPT Asst: 30905 Control nasal hemorrhage, posterior, with posterior nasal packs and/or cautery, Global: 000 Issue: Control Nasal Hemorrhage Screen: CMS Request - Final Complete? Yes Rule for 2016 any method; initial 2022 Work RVU: 1.97 **Most Recent Tab: 20** Specialty Developing AAOHNS 2020 **RUC Meeting:** April 2016 Medicare Recommendation: Identified: July 2015 **2022 NF PE RVU: 8.35 Utilization:** 4,585 **2022 Fac PE RVU: 0.80 RUC Recommendation: 1.97** Referred to CPT Result: Maintain

**Referred to CPT Asst** 

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any method; subsequ		erior, with posterior nasal packs and/	or cautery, Global: 000 Issue	Control Nasal Hemorrhaç	ge Screen: CMS Request - Final Rule for 2016	Complete? Yes
Most Recent RUC Meeting: April 2016 RUC Recommendation: 2.45	<b>Tab:</b> 20	Specialty Developing AAOHNS Recommendation:	First Identified: July 2015  Referred to CPT Referred to CPT Asst  Publ	2020 Medicare Utilization: 824 ished in CPT Asst:	2022 Work RVU: 2.45 2022 NF PE RVU: 8.35 2022 Fac PE RVU: 1.16 Result: Maintain	
31231 Nasal endoscopy, dia	gnostic, un	ilateral or bilateral (separate procedu	ure) Global: 000 Issue	: Nasal/Sinus Endoscopy	Screen: MPC List	Complete? Yes
Most Recent RUC Meeting: January 2012	<b>Tab:</b> 19	Specialty Developing AAO-HNS Recommendation:	First Identified: October 2010	2020 Medicare Utilization: 476,427	2022 Work RVU: 1.10 2022 NF PE RVU: 4.42 2022 Fac PE RVU: 0.63	
RUC Recommendation: 1.10			Referred to CPT Referred to CPT Asst  Publ	ished in CPT Asst:	Result: Maintain	
31237 Nasal/sinus endoscop (separate procedure)	oy, surgical	; with biopsy, polypectomy or debrid	lement Global: 000 Issue	Nasal/Sinus Endoscopy	Screen: CMS High Expenditure Procedural Codes1	Complete? Yes
Most Recent RUC Meeting: April 2013	<b>Tab</b> : 19	Specialty Developing AAO-HNS Recommendation:	First Identified: September 2011	2020 Medicare Utilization: 105,242	2022 Work RVU: 2.60 2022 NF PE RVU: 4.66 2022 Fac PE RVU: 1.71	
RUC Recommendation: 2.60			Referred to CPT		Result: Decrease	
			Referred to CPT Asst	ished in CPT Asst:		
31238 Nasal/sinus endoscop	у, surgical	; with control of nasal hemorrhage		ished in CPT Asst:  Nasal/Sinus Endoscopy	Screen: CMS High Expenditure Procedural Codes1	Complete? Yes
31238 Nasal/sinus endoscop  Most Recent RUC Meeting: April 2013	py, surgical Tab: 19	; with control of nasal hemorrhage  Specialty Developing AAO-HNS Recommendation:				Complete? Yes

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31239 Nasal/sinus endosco	py, surgica	l; with dacryocystorhinostomy	Global: 010 Issue	: Nasal/Sinus Endoscopy	Screen: CMS High Expenditure Procedural Codes1	Complete? Yes
Most Recent	<b>Tab</b> : 19	Specialty Developing AAO-HNS	First	2020	<b>2022 Work RVU:</b> 9.04	
RUC Meeting: April 2013		Recommendation:	Identified: January 2012	Medicare Utilization: 1.012	2022 NF PE RVU: NA	
				Othization: 1,012	<b>2022 Fac PE RVU:</b> 7.90	
RUC Recommendation: 9.04			Referred to CPT Referred to CPT Asst  Pub	lished in CPT Asst:	Result: Decrease	
31240 Nasal/sinus endosco	py, surgica	l; with concha bullosa resection	Global: 000 Issue	: Nasal/Sinus Endoscopy	Screen: CMS High Expenditure Procedural Codes1	Complete? Yes
Most Recent	<b>Tab</b> : 19	Specialty Developing AAO-HNS	First	2020	2022 Work RVU: 2.61	
RUC Meeting: April 2013		Recommendation:	Identified: January 2012	Medicare Utilization: 3,630	2022 NF PE RVU: NA	
				Othization. 3,030	<b>2022 Fac PE RVU:</b> 1.67	
RUC Recommendation: 2.61			Referred to CPT Referred to CPT Asst  Pub	lished in CPT Asst:	Result: Maintain	
31241 Nasal/sinus endosco	py, surgica	l; with ligation of sphenopalatine arte	ry Global: 000 Issue	: Nasal/Sinus Endoscopy	Screen: Codes Reported Together 75% or More- Part3	Complete? Yes
Most Recent	<b>Tab:</b> 07	Specialty Developing AAOHNS	First	2020	2022 Work RVU: 8.00	
RUC Meeting: January 2017		Recommendation:	Identified: April 2015	Medicare Utilization: 397	2022 NF PE RVU: NA	
					<b>2022 Fac PE RVU</b> : 3.93	
RUC Recommendation: 8.51			Referred to CPT September 2 Referred to CPT Asst Pub	016 lished in CPT Asst:	Result: Decrease	

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31253 Nasal/sinus endoscopy, surgical with ethmoidectomy; total (anterior and Global: 000 Issue: Nasal/Sinus Endoscopy Screen: Codes Reported Complete? Yes Together 75% or Moreposterior), including frontal sinus exploration, with removal of tissue from Part3 frontal sinus, when performed 2022 Work RVU: 9.00 Most Recent **Tab:** 07 Specialty Developing AAOHNS First 2020 **RUC Meeting:** January 2017 Recommendation: Identified: April 2015 Medicare 2022 NF PE RVU: NA **Utilization:** 6,522 **2022 Fac PE RVU:** 4.42 **RUC Recommendation: 9.00** Referred to CPT September 2016 Result: Decrease Referred to CPT Asst Published in CPT Asst: 31254 Nasal/sinus endoscopy, surgical with ethmoidectomy; partial (anterior) Global: 000 Issue: Nasal/Sinus Endoscopy Screen: CMS Request - Final Complete? Yes Rule for 2016 2022 Work RVU: 4.27 **Most Recent Tab:** 07 Specialty Developing AAOHNS First 2020 **RUC Meeting:** January 2017 Recommendation: Identified: July 2015 Medicare 2022 NF PE RVU: 8.31 **Utilization:** 10,074 2022 Fac PE RVU: 2.27 Result: Decrease **RUC Recommendation: 4.27** Referred to CPT September 2016 Referred to CPT Asst □ Published in CPT Asst: 31255 Nasal/sinus endoscopy, surgical with ethmoidectomy; total (anterior and Global: 000 Issue: Nasal/Sinus Endoscopy Screen: Codes Reported Complete? Yes Together 75% or Moreposterior) Part3 / CMS Request -Final Rule for 2016 2022 Work RVU: 5.75 **Most Recent Tab: 07** Specialty Developing AAOHNS First 2020

Identified: April 2015

Referred to CPT

Medicare

September 2016

Referred to CPT Asst Published in CPT Asst:

**Utilization:** 

7,772

2022 NF PE RVU: NA

**2022 Fac PE RVU: 2.95** 

Result: Decrease

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Recommendation:

**RUC Meeting:** January 2017

**RUC Recommendation:** 5.75

31256 Nasal/sinus endosco	py, surgica	l, with maxillary antrostomy;	Global: 000 Is	sue: Nasal/Sinus Endoscopy	Screen: CMS Request - Final Rule for 2016	Complete? Yes
Most Recent	<b>Tab</b> : 07	Specialty Developing AAOHNS	First	2020	2022 Work RVU: 3.11	
RUC Meeting: January 2017		Recommendation:	Identified: July 2015	Medicare Utilization: 10,991	2022 NF PE RVU: NA	
				Utilization: 10,991	2022 Fac PE RVU: 1.74	
RUC Recommendation: 3.11			Referred to CPT Septemb		Result: Decrease	
			Referred to CPT Asst 📙 I	Published in CPT Asst:		
31257 Nasal/sinus endosco posterior), including		l with ethmoidectomy; total (anterior omy	r and Global: 000 Is	ssue: Nasal/Sinus Endoscopy	Screen: Codes Reported Together 75% or More- Part3	Complete? Yes
Most Recent	<b>Tab:</b> 07	Specialty Developing AAOHNS	First	2020	<b>2022 Work RVU:</b> 8.00	
RUC Meeting: January 2017		Recommendation:	Identified: April 2015	Medicare	2022 NF PE RVU: NA	
				Utilization: 4,615	2022 Fac PE RVU: 3.98	
RUC Recommendation: 8.00			Referred to CPT Septemb		Result: Decrease	
			Referred to CPT Asst 📙 I	Published in CPT Asst:		
		l with ethmoidectomy; total (anterior omy, with removal of tissue from the		ssue: Nasal/Sinus Endoscopy	Screen: Codes Reported Together 75% or More- Part3	Complete? Yes
Most Recent	<b>Tab</b> : 07	Specialty Developing AAOHNS	First	2020	2022 Work RVU: 8.48	
RUC Meeting: January 2017		Recommendation:	Identified: April 2015	Medicare	2022 NF PE RVU: NA	
				Utilization: 6,410	2022 Fac PE RVU: 4.18	
RUC Recommendation: 8.48			Referred to CPT Septemb		Result: Decrease	
			Referred to CPT Asst	Published in CPT Asst:		

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31267 Nasal/sinus endoscopy, surgical, with maxillary antrostomy; with removal of Global: 000 Issue: Nasal/Sinus Endoscopy Screen: CMS Request - Final Complete? Yes Rule for 2016 tissue from maxillary sinus 2022 Work RVU: 4.68 **Tab: 07** 2020 **Most Recent** Specialty Developing AAOHNS First **RUC Meeting:** January 2017 Recommendation: Identified: July 2015 Medicare 2022 NF PE RVU: NA 21,660 **Utilization: 2022 Fac PE RVU: 2.45 RUC Recommendation: 4.68** Referred to CPT September 2016 Result: Decrease Referred to CPT Asst ■ Published in CPT Asst: 31276 Nasal/sinus endoscopy, surgical, with frontal sinus exploration, including Global: 000 Issue: Nasal/Sinus Endoscopy Screen: Codes Reported Complete? Yes removal of tissue from frontal sinus, when performed Together 75% or More-Part3 / CMS Request -Final Rule for 2016 2022 Work RVU: 6.75 **Most Recent Tab: 07** Specialty Developing AAOHNS 2020 Recommendation: Identified: April 2015 **RUC Meeting:** January 2017 Medicare 2022 NF PE RVU: NA 11.927 **Utilization:** 2022 Fac PE RVU: 3.40 RUC Recommendation: 6.75 Referred to CPT September 2016 Result: Decrease Published in CPT Asst: Referred to CPT Asst Global: 000 Issue: Nasal/Sinus Endoscopy Screen: Codes Reported Complete? Yes 31287 Nasal/sinus endoscopy, surgical, with sphenoidotomy; Together 75% or More-Part3 / CMS Request -Final Rule for 2016 2022 Work RVU: 3.50 **Most Recent** Specialty Developing AAOHNS 2020 **Tab:** 07 First **RUC Meeting:** January 2017 Identified: April 2015 Recommendation: Medicare 2022 NF PE RVU: NA **Utilization:** 2,449 **2022 Fac PE RVU: 1.92 RUC Recommendation: 3.50** Referred to CPT September 2016 Result: Decrease Referred to CPT Asst ■ Published in CPT Asst:

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31288 Nasal/sinus endosco from the sphenoid sin		l, with sphenoidotomy; with removal	of tissue Global: 000 Issue	e: Nasal/Sinus Endoscopy	Screen: Codes Reported Together 75% or More- Part3 / CMS Request - Final Rule for 2016	Complete? Yes
Most Recent	<b>Tab</b> : 07	Specialty Developing AAOHNS	First	2020	<b>2022 Work RVU:</b> 4.10	
RUC Meeting: January 2017		Recommendation:	Identified: April 2015	Medicare Utilization: 3,260	2022 NF PE RVU: NA	
				Otilization. 5,200	<b>2022 Fac PE RVU</b> :2.19	
RUC Recommendation: 4.10			Referred to CPT September 2 Referred to CPT Asst Pub	2016 blished in CPT Asst:	Result: Decrease	
31295 Nasal/sinus endosco sinus ostium, transna		I, with dilation (eg, balloon dilation); canine fossa	maxillary Global: 000 Issu	e: Nasal/Sinus Endoscopy	Screen: Codes Reported Together 75% or More- Part3 / CMS Request - Final Rule for 2016	Complete? Yes
Most Recent	<b>Tab:</b> 07	Specialty Developing AAOHNS	First	2020	<b>2022 Work RVU:</b> 2.70	
RUC Meeting: January 2017		Recommendation:	Identified: April 2015	Medicare Utilization: 21,542	<b>2022 NF PE RVU</b> : 48.76	
				Othization. 21,342	<b>2022 Fac PE RVU:</b> 1.55	
<b>RUC Recommendation:</b> 2.70			Referred to CPT		Result: Maintain	
			Referred to CPT Asst	olished in CPT Asst:		
31296 Nasal/sinus endosco sinus ostium	py, surgica	l, with dilation (eg, balloon dilation);	frontal Global: 000 Issue	e: Nasal/Sinus Endoscopy	Screen: Codes Reported Together 75% or More- Part3	Complete? Yes
Most Recent	<b>Tab:</b> 07	Specialty Developing AAOHNS	First	2020	2022 Work RVU: 3.10	
RUC Meeting: January 2017		Recommendation:	Identified: April 2015	Medicare	<b>2022 NF PE RVU</b> : 49.06	
				Utilization: 5,960	<b>2022 Fac PE RVU</b> : 1.73	
RUC Recommendation: 3.10			Referred to CPT September 2 Referred to CPT Asst Pub		Result: Decrease	

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31297 Nasal/sinus endoscopy, surgical, with dilation (eg, balloon dilation); sphenoid Global: 000 Issue: Nasal/Sinus Endoscopy Screen: Codes Reported

sinus ostium

Together 75% or More-

Complete? Yes

2022 Work RVU: 2.44 Most Recent **Tab: 07** Specialty Developing AAOHNS First 2020

**RUC Meeting:** January 2017 Recommendation: Medicare

2022 NF PE RVU: 48.64

**Utilization:** 1,530 **2022 Fac PE RVU: 1.43** 

**RUC Recommendation: 2.44** Referred to CPT September 2016 Result: Decrease

> Referred to CPT Asst Published in CPT Asst:

31298 Nasal/sinus endoscopy, surgical, with dilation (eg, balloon dilation); frontal and Global: 000 Issue: Nasal/Sinus Endoscopy Screen: Codes Reported Complete? Yes

Identified: April 2015

sphenoid sinus ostia

Together 75% or More-

Part3 / PE Units Screen

2022 Work RVU: 4.50 **Most Recent Tab: 24** Specialty Developing AAOHNS First 2020

**RUC Meeting:** October 2020 Recommendation: Identified: April 2015 Medicare

2022 NF PE RVU: 92.54 **Utilization:** 15,631

2022 Fac PE RVU: 2.37

**RUC Recommendation: 4.50** Referred to CPT September 2016 Result: Decrease

> Published in CPT Asst: Referred to CPT Asst

Global: 000 Issue: Endotracheal Intubation Screen: CMS High Expenditure Complete? Yes 31500 Intubation, endotracheal, emergency procedure

Procedural Codes2 / Modifer -51 Exempt

2022 Work RVU: 3.00 **Most Recent Tab: 27** Specialty Developing ACEP, ASA First 2020

**RUC Meeting:** October 2018 Recommendation: Identified: July 2015 Medicare 2022 NF PE RVU: NA **Utilization:** 298,685

**2022 Fac PE RVU: 0.73** 

**RUC Recommendation: 3.00** Referred to CPT Result: Increase

Referred to CPT Asst Published in CPT Asst: Oct 2016

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31551 Laryngoplasty; for laryngeal s placement, younger than 12 y	tenosis, with graft, without indwelling ste ears of age	nt Global: 090 Issue:	: Laryngoplasty	<b>Screen:</b> 090-Day Global Post- Operative Visits	Complete? Yes
Most Recent Tab: 0	9 Specialty Developing AAOHNS	First	2020	<b>2022 Work RVU:</b> 21.50	
RUC Meeting: January 2016	Recommendation:	Identified: October 2015	Medicare Utilization:	2022 NF PE RVU: NA	
			Othization.	2022 Fac PE RVU:21.37	
RUC Recommendation: 21.50		Referred to CPT October 2015		Result: Decrease	
		Referred to CPT Asst U Publ	ished in CPT Asst:		
31552 Laryngoplasty; for laryngeal s placement, age 12 years or ol	tenosis, with graft, without indwelling ste der	nt Global: 090 Issue:	: Laryngoplasty	Screen: 090-Day Global Post- Operative Visits	Complete? Yes
Most Recent Tab: 0	9 Specialty Developing AAOHNS	First	2020	<b>2022 Work RVU</b> : 20.50	
RUC Meeting: January 2016	Recommendation:	Identified: October 2015	Medicare Utilization: 12	2022 NF PE RVU: NA	
			Othization. 12	<b>2022 Fac PE RVU</b> :20.94	
RUC Recommendation: 20.50		Referred to CPT October 2015	i	Result: Decrease	
		Referred to CPT Asst	ished in CPT Asst:		
31553 Laryngoplasty; for laryngeal s placement, younger than 12 y	stenosis, with graft, with indwelling stent		ished in CPT Asst:  : Laryngoplasty	Screen: 090-Day Global Post- Operative Visits	Complete? Yes
placement, younger than 12 y	stenosis, with graft, with indwelling stent ears of age				Complete? Yes
placement, younger than 12 y	stenosis, with graft, with indwelling stent ears of age	Global: 090 Issue:	: Laryngoplasty  2020  Medicare	Operative Visits	Complete? Yes
placement, younger than 12 y	stenosis, with graft, with indwelling stent ears of age  9 Specialty Developing AAOHNS	Global: 090 Issue:	: Laryngoplasty	Operative Visits  2022 Work RVU: 22.00	Complete? Yes
placement, younger than 12 y	stenosis, with graft, with indwelling stent ears of age  9 Specialty Developing AAOHNS Recommendation:	Global: 090 Issue: First Identified: October 2015  Referred to CPT October 2015	2020 Medicare Utilization: 1	Operative Visits  2022 Work RVU: 22.00  2022 NF PE RVU: NA	Complete? Yes
placement, younger than 12 y  Most Recent Tab: 0  RUC Meeting: January 2016  RUC Recommendation: 22.00	stenosis, with graft, with indwelling stent ears of age  9 Specialty Developing AAOHNS Recommendation:	Global: 090 Issue:  First Identified: October 2015  Referred to CPT October 2015  Referred to CPT Asst Publ	: Laryngoplasty  2020  Medicare  Utilization: 1	Operative Visits  2022 Work RVU: 22.00  2022 NF PE RVU: NA  2022 Fac PE RVU: 25.13	
placement, younger than 12 y  Most Recent Tab: 0  RUC Meeting: January 2016  RUC Recommendation: 22.00	stenosis, with graft, with indwelling stent ears of age  9 Specialty Developing AAOHNS Recommendation:	Global: 090 Issue:  First Identified: October 2015  Referred to CPT October 2015  Referred to CPT Asst Publ	2020 Medicare Utilization: 1 ished in CPT Asst:	Operative Visits  2022 Work RVU: 22.00  2022 NF PE RVU: NA  2022 Fac PE RVU: 25.13  Result: Decrease  Screen: 090-Day Global Post-	
placement, younger than 12 y  lost Recent Tab: 0  RUC Meeting: January 2016  RUC Recommendation: 22.00  S1554 Laryngoplasty; for laryngeal s placement, age 12 years or ollost Recent Tab: 0	stenosis, with graft, with indwelling stent ears of age  9 Specialty Developing AAOHNS Recommendation:	Global: 090 Issue:  First Identified: October 2015  Referred to CPT October 2015  Referred to CPT Asst Publ  Global: 090 Issue:	2020 Medicare Utilization: 1 ished in CPT Asst:  Laryngoplasty  2020 Medicare	Operative Visits  2022 Work RVU: 22.00  2022 NF PE RVU: NA  2022 Fac PE RVU: 25.13  Result: Decrease  Screen: 090-Day Global Post- Operative Visits	•
placement, younger than 12 y  Most Recent Tab: 0  RUC Meeting: January 2016  RUC Recommendation: 22.00  B1554 Laryngoplasty; for laryngeal s placement, age 12 years or ol	stenosis, with graft, with indwelling stent ears of age  9 Specialty Developing AAOHNS Recommendation:  stenosis, with graft, with indwelling stent der  9 Specialty Developing AAOHNS	Global: 090 Issue:  First Identified: October 2015  Referred to CPT October 2015  Referred to CPT Asst Publ  Global: 090 Issue:	2020 Medicare Utilization: 1 ished in CPT Asst: : Laryngoplasty 2020	Operative Visits  2022 Work RVU: 22.00  2022 NF PE RVU: NA  2022 Fac PE RVU: 25.13  Result: Decrease  Screen: 090-Day Global Post-Operative Visits  2022 Work RVU: 22.00	Complete? Yes

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31571 Laryngoscopy, direct, with injection into vocal cord(s), therapeutic; v operating microscope or telescope	rith Global: 000 Issue: Laryngoscopy	Screen: Site of Service Anomaly Complete? Yes (99238-Only)
Most Recent Tab: 16 Specialty Developing AAO-HNS	First 2020	<b>2022 Work RVU</b> : 4.26
RUC Meeting: September 2007 Recommendation:	Identified: September 2007 Medicare Utilization: 4.609	2022 NF PE RVU: NA
	Ctilization: 1,500	<b>2022 Fac PE RVU</b> : 2.42
RUC Recommendation: Reduce 99238 to 0.5	Referred to CPT	Result: PE Only
	Referred to CPT Asst	
31575 Laryngoscopy, flexible; diagnostic	Global: 000 Issue:	Screen: MPC List / CMS High Expenditure Procedural Codes2
Most Recent Tab: 08 Specialty Developing AAO-HNS	First 2020	<b>2022 Work RVU:</b> 0.94
RUC Meeting: October 2015 Recommendation:	Identified: October 2010 Medicare Utilization: 478.91	<b>2022 NF PE RVU</b> : 2.79
	otilization. 470,01	<b>2022 Fac PE RVU</b> : 0.91
RUC Recommendation: 1.00	Referred to CPT	Result: Decrease
	Referred to CPT Asst	
31579 Laryngoscopy, flexible or rigid telescopic, with stroboscopy	Global: 000 Issue: Laryngoscopy	Screen: CMS Fastest Growing / Complete? Yes CMS High Expenditure Procedural Codes2
Most Recent Tab: 08 Specialty Developing AAO-HNS	First 2020	2022 Work RVU: 1.88
RUC Meeting: October 2015 Recommendation:	Identified: October 2008 Medicare	<b>2022 NF PE RVU</b> : 3.78
	Utilization: 63,562	<b>2022 Fac PE RVU</b> : 1.36
RUC Recommendation: 1.94	Referred to CPT	Result: Decrease
	Referred to CPT Asst	

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31580 Laryngoplasty; for laryngeal wel	o, with indwelling keel or stent inserti	on Global: 090 Issu	e: Laryngoplasty	Screen: 090-Day Global Post- Operative Visits	Complete? Yes
Most Recent Tab: 09	Specialty Developing AAO-HNS	First	2020	<b>2022 Work RVU:</b> 14.60	
RUC Meeting: January 2016	Recommendation:	Identified: April 2014	Medicare Utilization: 20	<b>2022 NF PE RVU</b> : NA	
			Otilization. 20	<b>2022 Fac PE RVU</b> :21.79	
RUC Recommendation: 14.60		Referred to CPT October 201	-	Result: Decrease	
		Referred to CPT Asst	olished in CPT Asst:		
31582 Laryngoplasty; for laryngeal ster tracheotomy	nosis, with graft or core mold, includi	ng Global: Issu	e: Laryngoplasty	Screen: 090-Day Global Post- Operative Visits	Complete? Yes
Most Recent Tab: 09	Specialty Developing AAO-HNS	First	2020	2022 Work RVU:	
RUC Meeting: January 2015	Recommendation:	Identified: April 2014	Medicare Utilization:	2022 NF PE RVU:	
			Otilization.	2022 Fac PE RVU:	
	-	Referred to CPT October 201	5	Result: Deleted from CPT	
RUC Recommendation: Deleted from CP1			olished in CPT Asst:		
	ion and fixation of (eg, plating) fractu	Referred to CPT Asst		Screen: 090-Day Global Post- Operative Visits	Complete? Yes
31584 Laryngoplasty; with open reductincludes tracheostomy, if perfor	cion and fixation of (eg, plating) fractu med Specialty Developing AAO-HNS	Referred to CPT Asst Put  re, Global: 090 Issue	e: Laryngoplasty  2020	Screen: 090-Day Global Post-	Complete? Yes
31584 Laryngoplasty; with open reductincludes tracheostomy, if perfor	ion and fixation of (eg, plating) fractu	Referred to CPT Asst Put	e: Laryngoplasty  2020 Medicare	Screen: 090-Day Global Post- Operative Visits	Complete? Yes
includes tracheostomy, if perfor  Most Recent Tab: 09  RUC Meeting: January 2016	cion and fixation of (eg, plating) fractu med Specialty Developing AAO-HNS	Referred to CPT Asst Put  re, Global: 090 Issue  First Identified: April 2014	e: Laryngoplasty  2020 Medicare Utilization: 18	Screen: 090-Day Global Post- Operative Visits  2022 Work RVU: 17.58  2022 NF PE RVU: NA  2022 Fac PE RVU:22.27	Complete? Yes
31584 Laryngoplasty; with open reductincludes tracheostomy, if perfor	cion and fixation of (eg, plating) fractu med Specialty Developing AAO-HNS	Referred to CPT Asst Put  re, Global: 090 Issue  First Identified: April 2014  Referred to CPT October 201	e: Laryngoplasty  2020 Medicare Utilization: 18	Screen: 090-Day Global Post- Operative Visits  2022 Work RVU: 17.58  2022 NF PE RVU: NA	Complete? Yes
31584 Laryngoplasty; with open reductincludes tracheostomy, if perfor  Most Recent Tab: 09  RUC Meeting: January 2016	tion and fixation of (eg, plating) fractumed  Specialty Developing AAO-HNS Recommendation:	Referred to CPT Asst  Put  re, Global: 090 Issue  First Identified: April 2014  Referred to CPT October 201  Referred to CPT Asst  Put	e: Laryngoplasty  2020 Medicare Utilization: 18	Screen: 090-Day Global Post- Operative Visits  2022 Work RVU: 17.58  2022 NF PE RVU: NA  2022 Fac PE RVU:22.27	Complete? Yes
Al Laryngoplasty; with open reductincludes tracheostomy, if performance of the second	tion and fixation of (eg, plating) fractumed  Specialty Developing AAO-HNS Recommendation:	Referred to CPT Asst  Put  re, Global: 090 Issue  First Identified: April 2014  Referred to CPT October 201  Referred to CPT Asst  Put	e: Laryngoplasty  2020 Medicare Utilization: 18  5 blished in CPT Asst:	Screen: 090-Day Global Post-Operative Visits  2022 Work RVU: 17.58  2022 NF PE RVU: NA  2022 Fac PE RVU:22.27  Result: Decrease  Screen: 090-Day Global Post-	
A1584 Laryngoplasty; with open reduct includes tracheostomy, if performation Tab: 09  RUC Meeting: January 2016  RUC Recommendation: 20.00  B1587 Laryngoplasty, cricoid split, with Most Recent Tab: 09	tion and fixation of (eg, plating) fractumed  Specialty Developing AAO-HNS Recommendation:	Referred to CPT Asst  Put  re, Global: 090 Issue  First Identified: April 2014  Referred to CPT October 201  Referred to CPT Asst  Put  Global: 090 Issue	e: Laryngoplasty  2020 Medicare Utilization: 18  5 Dished in CPT Asst:  e: Laryngoplasty  2020 Medicare	Screen: 090-Day Global Post-Operative Visits  2022 Work RVU: 17.58  2022 NF PE RVU: NA  2022 Fac PE RVU:22.27  Result: Decrease  Screen: 090-Day Global Post-Operative Visits	
31584 Laryngoplasty; with open reduct includes tracheostomy, if performance of the continuous forms of	cion and fixation of (eg, plating) fractumed  Specialty Developing AAO-HNS Recommendation:  Specialty Developing AAO-HNS	Referred to CPT Asst  Put  re, Global: 090 Issue  First Identified: April 2014  Referred to CPT October 201  Referred to CPT Asst  Put  Global: 090 Issue  First	e: Laryngoplasty  2020 Medicare Utilization: 18  5 blished in CPT Asst:  e: Laryngoplasty  2020	Screen: 090-Day Global Post-Operative Visits  2022 Work RVU: 17.58  2022 NF PE RVU: NA  2022 Fac PE RVU:22.27  Result: Decrease  Screen: 090-Day Global Post-Operative Visits  2022 Work RVU: 15.27	

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31588 Laryngoplasty, not of partial laryngectomy		ecified (eg, for burns, reconstruction	after Global: Issue	e: Laryngoplasty	Screen: 090-Day Global Post- Operative Visits	Complete? Yes
Most Recent	<b>Tab</b> : 09	Specialty Developing AAO-HNS	First	2020	2022 Work RVU:	
RUC Meeting: January 2016		Recommendation:	Identified: January 2014	Medicare	2022 NF PE RVU:	
				Utilization:	2022 Fac PE RVU:	
RUC Recommendation: Delet	ed from CPT	-	Referred to CPT October 201		Result: Deleted from CPT	
			Referred to CPT Asst	olished in CPT Asst:		
31591 Laryngoplasty, media	alization, un	ilateral	Global: 090 Issue	e: Laryngoplasty	Screen: 090-Day Global Post- Operative Visits	Complete? Yes
lost Recent Tab:		Specialty Developing AAOHNS	First	2020	<b>2022 Work RVU:</b> 13.56	
RUC Meeting: January 2016		Recommendation:	Identified: October 2015	Medicare	2022 NF PE RVU: NA	
				Utilization: 857	<b>2022 Fac PE RVU</b> : 17.33	
RUC Recommendation: 15.60			Referred to CPT October 201 Referred to CPT Asst  Pub		Result: Decrease	
31592 Cricotracheal resecti	on		Global: 090 Issue	e: Laryngoplasty	Screen: 090-Day Global Post- Operative Visits	Complete? Yes
Most Recent	<b>Tab</b> : 09	Specialty Developing AAOHNS	First	2020	<b>2022 Work RVU:</b> 25.00	
RUC Meeting: January 2016	100100	Recommendation:	Identified: October 2015	Medicare	2022 NF PE RVU: NA	
				Utilization: 24	<b>2022 Fac PE RVU</b> : 22.99	
RUC Recommendation: 25.00			Referred to CPT October 201		Result: Decrease	
			Referred to CPT Asst	olished in CPT Asst:		
31600 Tracheostomy, plann	ed (separat	e procedure);	Global: 000 Issue	e: Tracheostomy	Screen: CMS High Expenditure Procedural Codes2	Complete? Yes
Nost Recent	<b>Tab</b> : 21	Specialty Developing AAOHNS	First	2020	<b>2022 Work RVU:</b> 5.56	
RUC Meeting: April 2016		Recommendation:	Identified: July 2015	Medicare	2022 NF PE RVU: NA	
				Utilization: 24,837	<b>2022 Fac PE RVU</b> : 2.41	
RUC Recommendation: 5.56			Referred to CPT		Result: Increase	

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31601 Tracheostomy, planne	ed (separat	te procedure); younger t	han 2 years	Global: 000 Issu	e: Tracheostomy	Screen: CMS High Expenditure Procedural Codes2	Complete? Yes
Most Recent	<b>Tab</b> : 21	Specialty Developing	AAOHNS	First	2020	2022 Work RVU: 8.00	
RUC Meeting: April 2016		Recommendation:		Identified: July 2015	Medicare	2022 NF PE RVU: NA	
					Utilization: 5	2022 Fac PE RVU: 4.08	
RUC Recommendation: 8.00				Referred to CPT		Result: Increase	
				Referred to CPT Asst	blished in CPT Asst:		
31603 Tracheostomy, emerg	ency proce	edure; transtracheal		Global: 000 Issu	e: Tracheostomy	Screen: CMS High Expenditure Procedural Codes2	Complete? Yes
Most Recent	<b>Tab</b> : 21	Specialty Developing	AAOHNS	First	2020	<b>2022 Work RVU:</b> 6.00	
RUC Meeting: April 2016		Recommendation:		Identified: July 2015	Medicare	2022 NF PE RVU: NA	
					Utilization: 740	2022 Fac PE RVU: 2.37	
RUC Recommendation: 6.00				Referred to CPT		Result: Increase	
					blished in CPT Asst:		
				Referred to CPT Asst			
31605 Tracheostomy, emerg	ency proce	edure; cricothyroid mem			e: Tracheostomy	Screen: CMS High Expenditure Procedural Codes2	Complete? Yes
Nost Recent	ency proce	edure; cricothyroid mem	brane	Global: 000 Issu	e: Tracheostomy		Complete? Yes
Nost Recent			brane	Global: 000 Issu	2020 Medicare	Procedural Codes2	Complete? Yes
Most Recent		Specialty Developing	brane	Global: 000 Issu	2020	Procedural Codes2  2022 Work RVU: 6.45	Complete? Yes
Most Recent RUC Meeting: April 2016		Specialty Developing	brane AAOHNS	Global: 000 Issu	2020 Medicare	Procedural Codes2  2022 Work RVU: 6.45  2022 NF PE RVU: NA	Complete? Yes
Most Recent RUC Meeting: April 2016		Specialty Developing	brane AAOHNS	Global: 000 Issu First Identified: July 2015 Referred to CPT	2020 Medicare	Procedural Codes2  2022 Work RVU: 6.45  2022 NF PE RVU: NA  2022 Fac PE RVU: 2.07	Complete? Yes
Most Recent RUC Meeting: April 2016 RUC Recommendation: 6.45	<b>Tab</b> : 21	Specialty Developing Recommendation:	brane AAOHNS	Global: 000 Issu  First Identified: July 2015  Referred to CPT  Referred to CPT Asst Pul	2020 Medicare Utilization: 254	Procedural Codes2  2022 Work RVU: 6.45  2022 NF PE RVU: NA  2022 Fac PE RVU: 2.07	Complete? Yes  Complete? Yes
Most Recent RUC Meeting: April 2016 RUC Recommendation: 6.45	<b>Tab</b> : 21	Specialty Developing Recommendation:	brane AAOHNS	Global: 000 Issu  First Identified: July 2015  Referred to CPT Referred to CPT Asst Pul  Global: 090 Issu	2020 Medicare Utilization: 254 blished in CPT Asst:	Procedural Codes2 2022 Work RVU: 6.45 2022 NF PE RVU: NA 2022 Fac PE RVU: 2.07 Result: Increase  Screen: CMS High Expenditure	
Most Recent RUC Meeting: April 2016 RUC Recommendation: 6.45 R1610 Tracheostomy, fenesti	Tab: 21	Specialty Developing Recommendation:	brane AAOHNS	Global: 000 Issu  First Identified: July 2015  Referred to CPT Referred to CPT Asst Pul  Global: 090 Issu	2020 Medicare Utilization: 254  blished in CPT Asst:  e: Tracheostomy  2020 Medicare	Procedural Codes2  2022 Work RVU: 6.45  2022 NF PE RVU: NA  2022 Fac PE RVU: 2.07  Result: Increase  Screen: CMS High Expenditure Procedural Codes2	
Most Recent RUC Meeting: April 2016  RUC Recommendation: 6.45  31610 Tracheostomy, fenesti	Tab: 21	Specialty Developing Recommendation:  cedure with skin flaps  Specialty Developing	brane AAOHNS	Global: 000 Issu  First Identified: July 2015  Referred to CPT Referred to CPT Asst Pul  Global: 090 Issu  First	2020 Medicare Utilization: 254  blished in CPT Asst:  e: Tracheostomy  2020	Procedural Codes2 2022 Work RVU: 6.45 2022 NF PE RVU: NA 2022 Fac PE RVU:2.07 Result: Increase  Screen: CMS High Expenditure Procedural Codes2 2022 Work RVU: 12.00	
31605 Tracheostomy, emergations and an arrangement and a second and a	Tab: 21	Specialty Developing Recommendation:  cedure with skin flaps  Specialty Developing	AAOHNS, ACS	Global: 000 Issu  First Identified: July 2015  Referred to CPT Referred to CPT Asst Pul  Global: 090 Issu  First	2020 Medicare Utilization: 254  blished in CPT Asst:  e: Tracheostomy  2020 Medicare	Procedural Codes2  2022 Work RVU: 6.45  2022 NF PE RVU: NA  2022 Fac PE RVU: 2.07  Result: Increase  Screen: CMS High Expenditure Procedural Codes2  2022 Work RVU: 12.00  2022 NF PE RVU: NA	

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		eal fistula and subsequent insertion of g, voice button, blom-singer prosthesis		: Speech Prosthesis	Screen: Site of Service Anomaly	Complete? Yes
Most Recent RUC Meeting: February 2008  RUC Recommendation: Reduce	<b>Tab</b> : S e 99238 to		First Identified: September 2007	Utilization: 729	2022 Work RVU: 6.00 2022 NF PE RVU: NA 2022 Fac PE RVU: 9.16 Result: PE Only	
			Referred to CPT Asst	ished in CPT Asst:		
		S) during bronchoscopic diagnostic or separately in addition to code for prima		: Endobronchial Ultrasound EBUS	d - Screen: High Volume Growth2	Complete? Yes
Most Recent RUC Meeting: January 2015	<b>Tab</b> : 05	Specialty Developing ACCP, ATS Recommendation:	First Identified: April 2013	2020 Medicare Utilization:	2022 Work RVU: 2022 NF PE RVU: 2022 Fac PE RVU:	
RUC Recommendation: Deleted	d from CPT		Referred to CPT October 2014 Referred to CPT Asst  Publ	ished in CPT Asst:	Result: Deleted from CPT	
		including fluoroscopic guidance, when washing, when performed (separate pr		: Bronchial Aspiration of Tracheobronchial Tree	Screen: High Volume Growth2	Complete? Yes
Most Recent RUC Meeting: January 2015	<b>Tab</b> : 05	Specialty Developing ACCP, ATS Recommendation:	First Identified: April 2013	2020 Medicare Utilization: 39,918	2022 Work RVU: 2.53 2022 NF PE RVU: 4.60 2022 Fac PE RVU: 1.04	
RUC Recommendation: 2.78			Referred to CPT October 2014 Referred to CPT Asst  Publ	ished in CPT Asst:	Result: Maintain	
31623 Bronchoscopy, rigid o performed; with brush	r flexible, ing or pro	including fluoroscopic guidance, when tected brushings	Global: 000 Issue	: Diagnostic Bronchoscopy	Screen: High Volume Growth4	Complete? Yes
Most Recent RUC Meeting: October 2017	<b>Tab</b> : 09	Specialty Developing ATS, CHEST Recommendation:	First Identified: October 2016	2020 Medicare Utilization: 19,304	2022 Work RVU: 2.63 2022 NF PE RVU: 5.48 2022 Fac PE RVU: 1.02	
RUC Recommendation: 2.63			Referred to CPT Referred to CPT Asst	ished in CPT Asst:	Result: Maintain	

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31624 Bronchoscopy, rigid of performed; with bronchistory		ncluding fluoroscopic guidance, whe ar lavage	n Global: 000 Issue	e: Diagnostic Bronchoscopy	Screen: High Volume Growth4	Complete? Yes
Most Recent RUC Meeting: October 2017  RUC Recommendation: 2.63	<b>Tab:</b> 09	Specialty Developing ATS, CHEST Recommendation:	First Identified: October 2017  Referred to CPT	2020 Medicare Utilization: 91,904	2022 Work RVU: 2.63 2022 NF PE RVU: 4.82 2022 Fac PE RVU: 1.05 Result: Maintain	
				lished in CPT Asst:	Result. Walltail	
		ncluding fluoroscopic guidance, whe lobronchial biopsy(s), single or multip		e: Endobronchial Ultrasound EBUS	- Screen: High Volume Growth2	Complete? Yes
Most Recent	<b>Tab:</b> 05	Specialty Developing ATS, CHEST		2020	<b>2022 Work RVU:</b> 3.11	
RUC Meeting: January 2015		Recommendation:	Identified: April 2013	Medicare Utilization: 14,651	<b>2022 NF PE RVU</b> : 7.26	
				Otinzation. 14,001	<b>2022 Fac PE RVU</b> : 1.18	
RUC Recommendation: 3.36			Referred to CPT October 201		Result: Maintain	
			Referred to CPT Asst U Pub	maned in or 1 Asst.		
performed; with place		ncluding fluoroscopic guidance, whe ucial markers, single or multiple  Specialty Developing ACCP, ATS Recommendation:		e: Endobronchial Ultrasound EBUS 2020 Medicare	- Screen: High Volume Growth2  2022 Work RVU: 3.91  2022 NF PE RVU: 20.18	Complete? Ye
performed; with place Most Recent	ement of fid	ucial markers, single or multiple  Specialty Developing ACCP, ATS	n Global: 000 Issue	e: Endobronchial Ultrasound EBUS 2020	<b>2022 Work RVU:</b> 3.91	Complete? Yes
performed; with place Most Recent RUC Meeting: January 2015	ement of fid	ucial markers, single or multiple  Specialty Developing ACCP, ATS	n Global: 000 Issue	e: Endobronchial Ultrasound EBUS  2020 Medicare Utilization: 1,820	2022 Work RVU: 3.91 2022 NF PE RVU: 20.18	Complete? Yes
performed; with place Most Recent RUC Meeting: January 2015 RUC Recommendation: 4.16  31628 Bronchoscopy, rigid of	Tab: 05	ucial markers, single or multiple  Specialty Developing ACCP, ATS	First Identified: April 2013  Referred to CPT October 201.  Referred to CPT Asst Pub	e: Endobronchial Ultrasound EBUS  2020 Medicare Utilization: 1,820  4  blished in CPT Asst:	2022 Work RVU: 3.91 2022 NF PE RVU: 20.18 2022 Fac PE RVU: 1.41	•
performed; with place Most Recent RUC Meeting: January 2015  RUC Recommendation: 4.16  31628 Bronchoscopy, rigid of performed; with trans Most Recent	Tab: 05	specialty Developing ACCP, ATS Recommendation:  ncluding fluoroscopic guidance, whe ung biopsy(s), single lobe  Specialty Developing ACCP, ATS	First Identified: April 2013  Referred to CPT October 201. Referred to CPT Asst Pub  In Global: 000 Issue	e: Endobronchial Ultrasound EBUS  2020 Medicare Utilization: 1,820  4  blished in CPT Asst:  e: Endobronchial Ultrasound EBUS 2020	2022 Work RVU: 3.91 2022 NF PE RVU: 20.18 2022 Fac PE RVU:1.41 Result: Maintain	•
performed; with place Most Recent RUC Meeting: January 2015  RUC Recommendation: 4.16  31628 Bronchoscopy, rigid of performed; with trans Most Recent	Tab: 05  Tab: 05  or flexible, isbronchial I	ucial markers, single or multiple  Specialty Developing ACCP, ATS Recommendation:  ncluding fluoroscopic guidance, whe ung biopsy(s), single lobe	First Identified: April 2013  Referred to CPT October 201. Referred to CPT Asst Pub	e: Endobronchial Ultrasound EBUS  2020 Medicare Utilization: 1,820  4 blished in CPT Asst:  e: Endobronchial Ultrasound EBUS  2020 Medicare	2022 Work RVU: 3.91 2022 NF PE RVU: 20.18 2022 Fac PE RVU:1.41 Result: Maintain	Complete? Ye
performed; with place Most Recent RUC Meeting: January 2015  RUC Recommendation: 4.16  31628 Bronchoscopy, rigid of performed; with trans Most Recent RUC Meeting: January 2015	Tab: 05  Tab: 05  or flexible, isbronchial I	specialty Developing ACCP, ATS Recommendation:  ncluding fluoroscopic guidance, whe ung biopsy(s), single lobe  Specialty Developing ACCP, ATS	First Identified: April 2013  Referred to CPT October 2013  Referred to CPT Asst Pub  In Global: 000 Issue  First Identified: April 2013	e: Endobronchial Ultrasound EBUS  2020 Medicare Utilization: 1,820  4  dished in CPT Asst:  e: Endobronchial Ultrasound EBUS  2020 Medicare Utilization: 26,147	2022 Work RVU: 3.91 2022 NF PE RVU: 20.18 2022 Fac PE RVU: 1.41 Result: Maintain  - Screen: High Volume Growth2 2022 Work RVU: 3.55 2022 NF PE RVU: 7.48 2022 Fac PE RVU: 1.30	•
performed; with place Most Recent RUC Meeting: January 2015  RUC Recommendation: 4.16  31628 Bronchoscopy, rigid of	Tab: 05  Tab: 05  or flexible, isbronchial I	specialty Developing ACCP, ATS Recommendation:  ncluding fluoroscopic guidance, whe ung biopsy(s), single lobe  Specialty Developing ACCP, ATS	First Identified: April 2013  Referred to CPT October 201. Referred to CPT Asst Pub  In Global: 000 Issue  First Identified: April 2013  Referred to CPT October 201.	e: Endobronchial Ultrasound EBUS  2020 Medicare Utilization: 1,820  4  dished in CPT Asst:  e: Endobronchial Ultrasound EBUS  2020 Medicare Utilization: 26,147	2022 Work RVU: 3.91 2022 NF PE RVU: 20.18 2022 Fac PE RVU: 1.41 Result: Maintain  - Screen: High Volume Growth2 2022 Work RVU: 3.55 2022 NF PE RVU: 7.48	•

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perl		ronchial n	ncluding fluoroscopic g eedle aspiration biopsy	•	Global: 000 stem	Issue:	Endobronchial Ultrasound - EBUS	Screen: High Volume Growth2	Complete? Yes
Most Recent		<b>Tab</b> : 05	Specialty Developing	ACCP, ATS	First		2020	<b>2022 Work RVU:</b> 3.75	
RUC Meeting	: January 2015		Recommendation:		Identified: April 2013		Medicare Utilization: 12,212	<b>2022 NF PE RVU:</b> 9.80	
							Otmzation. 12,212	<b>2022 Fac PE RVU:</b> 1.36	
RUC Recomn	nendation: 4.00			Ref	erred to CPT Octobe	r 2014	R	esult: Decrease	
				Ref	erred to CPT Asst	Publi	shed in CPT Asst:		
perf	formed; with transb	ronchial lu	ncluding fluoroscopic g ung biopsy(s), each add primary procedure)		Global: ZZZ	Issue:	Endobronchial Ultrasound - EBUS	Screen: High Volume Growth2	Complete? Yes
Most Recent		<b>Tab</b> : 05	Specialty Developing	ACCP, ATS	First		2020	<b>2022 Work RVU:</b> 1.03	
RUC Meeting	: January 2015		Recommendation:		Identified: April 2013		Medicare	<b>2022 NF PE RVU</b> : 0.80	
							Utilization: 3,345	<b>2022 Fac PE RVU</b> : 0.32	
RUC Recomn	nendation: 1.03			Ref	erred to CPT		R	esult: Maintain	
				Ref	erred to CPT Asst	Publi	shed in CPT Asst:		
perf	formed; with transb	ronchial n	ncluding fluoroscopic g eedle aspiration biopsy e for primary procedure	(s), each additiona	Global: ZZZ I lobe	Issue:	Endobronchial Ultrasound - EBUS	Screen: High Volume Growth2	Complete? Yes
Most Recent		<b>Tab</b> : 05	Specialty Developing	ACCP, ATS	First		2020	<b>2022 Work RVU:</b> 1.32	
RUC Meeting	: January 2015		Recommendation:	,	Identified: April 2013		Medicare	<b>2022 NF PE RVU</b> : 0.95	
							Utilization: 965	<b>2022 Fac PE RVU</b> : 0.41	
RUC Recomn	nendation: 1.32			Ref	erred to CPT		R	esult: Maintain	
				Ref	erred to CPT Asst $\Box$	Publi	shed in CPT Asst:		

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31645 Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when Global: 000 Issue: Bronchial Aspiration of Screen: Harvard Valued -Complete? Yes Tracheobronchial Tree Utilization over 30.000performed: with therapeutic aspiration of tracheobronchial tree, initial 2022 Work RVU: 2.88 Most Recent **Tab:** 08 Specialty Developing ATS, CHEST First 2020 **RUC Meeting:** October 2016 Recommendation: Identified: October 2015 Medicare **2022 NF PE RVU: 5.07 Utilization:** 30,487 **2022 Fac PE RVU: 1.15 RUC Recommendation: 2.88** Referred to CPT May 2016 Result: Decrease Referred to CPT Asst Published in CPT Asst: 31646 Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when Global: 000 Issue: Bronchial Aspiration of Screen: Harvard Valued -Complete? Yes Tracheobronchial Tree Utilization over 30,000performed; with therapeutic aspiration of tracheobronchial tree, subsequent, Part2 same hospital stav 2022 Work RVU: 2.78 **Most Recent Tab:** 08 Specialty Developing ATS, CHEST 2020 **RUC Meeting:** October 2016 Recommendation: Identified: October 2015 Medicare 2022 NF PE RVU: NA **Utilization:** 3.746 2022 Fac PE RVU: 1.11 **RUC Recommendation: 278** Referred to CPT May 2016 Result: Increase Referred to CPT Asst Published in CPT Asst: 31652 Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when Global: 000 Issue: Endobronchial Ultrasound - Screen: High Volume Growth2 Complete? Yes performed; with endobronchial ultrasound (ebus) guided transtracheal and/or **EBUS** transbronchial sampling (eq. aspiration[s]/biopsy[ies]), one or two mediastinal and/or hilar lymph node stations or structures 2022 Work RVU: 4.46 **Most Recent Tab:** 05 Specialty Developing ATS, ACCP 2020 First **RUC Meeting:** January 2015 Recommendation: Identified: October 2014 Medicare 2022 NF PE RVU: 34.63 21.872 **Utilization: 2022 Fac PE RVU: 1.59 RUC Recommendation: 5.00** Referred to CPT October 2014 Result: Decrease

Referred to CPT Asst Published in CPT Asst:

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31653 Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when Global: 000 Issue: Endobronchial Ultrasound - Screen: High Volume Growth2 Complete? Yes **EBUS** performed: with endobronchial ultrasound (ebus) guided transtracheal and/or transbronchial sampling (eg, aspiration[s]/biopsy[ies]), 3 or more mediastinal and/or hilar lymph node stations or structures **2022 Work RVU**: 4.96 **Most Recent Tab:** 05 Specialty Developing ATS, ACCP First 2020 **RUC Meeting:** January 2015 Identified: October 2014 Recommendation: Medicare 2022 NF PE RVU: 35.59 **Utilization:** 12,420 **2022 Fac PE RVU: 1.75 RUC Recommendation:** 5.50 Referred to CPT October 2014 Result: Decrease Referred to CPT Asst **Published in CPT Asst:** 31654 Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when Global: ZZZ Issue: Bronchial Aspiration of Screen: High Volume Growth2 Complete? Yes Tracheobronchial Tree performed; with transendoscopic endobronchial ultrasound (ebus) during bronchoscopic diagnostic or therapeutic intervention(s) for peripheral lesion(s) (list separately in addition to code for primary procedure[s]) 2022 Work RVU: 1.40 **Most Recent** Specialty Developing ATS, ACCP 2020 **RUC Meeting:** January 2015 Identified: October 2014 Recommendation: Medicare **2022 NF PE RVU: 2.12 Utilization:** 7,822 2022 Fac PE RVU: 0.44 October 2014 **RUC Recommendation: 1.70** Referred to CPT Result: Decrease Referred to CPT Asst Published in CPT Asst: 32201 Pneumonostomy; with percutaneous drainage of abscess or cyst Global: Issue: Drainage of Abscess Screen: Codes Reported Complete? Yes Together 75% or More-Part2 2022 Work RVU: Most Recent **Tab:** 04 **Specialty Developing** 2020 **RUC Meeting:** January 2013 Identified: January 2012 Recommendation: Medicare **2022 NF PE RVU: Utilization:** 2022 Fac PE RVU:

Referred to CPT

October 2012

Referred to CPT Asst Published in CPT Asst:

Result: Deleted from CPT

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**RUC Recommendation:** Deleted from CPT

32405 Biopsy, lung or mediastinum, percutaneous needle Global: Issue: Lung Biopsy-CT Guidance Screen: Codes Reported Complete? Yes Bundle Together 75% or More-Part4 2022 Work RVU: Most Recent **Tab:** 05 Specialty Developing ACR, SIR First 2020 **RUC Meeting:** April 2019 Recommendation: Identified: October 2017 Medicare **2022 NF PE RVU: Utilization:** 58,546 2022 Fac PE RVU: **RUC Recommendation:** Deleted from CPT Referred to CPT February 2019 Result: Deleted from CPT Referred to CPT Asst Published in CPT Asst: 32408 Core needle biopsy, lung or mediastinum, percutaneous, including imaging Global: 000 Issue: Lung Biopsy-CT Guidance Screen: Codes Reported Complete? Yes Bundle Together 75% or Moreguidance, when performed Part4 2022 Work RVU: 3.18 **Most Recent Tab:** 05 Specialty Developing ACR, SIR 2020 **RUC Meeting:** April 2019 Recommendation: Identified: April 2019 Medicare 2022 NF PE RVU: 23.07 **Utilization:** 2022 Fac PE RVU: 1.00 Referred to CPT **RUC Recommendation:** 4 00 Result: Increase Published in CPT Asst: Referred to CPT Asst Global: Thoracentesis with Tube Screen: Harvard Valued -Complete? Yes 32420 Pneumocentesis, puncture of lung for aspiration Insertion Utilization over 30.000 2022 Work RVU: ACCP, ACR, ATS, **Most Recent Tab:** 17 Specialty Developing 2020 **RUC Meeting:** September 2011 Identified: September 2011 Medicare Recommendation: SIR, SCCM, STS **2022 NF PE RVU: Utilization:** 2022 Fac PE RVU: **RUC Recommendation:** Deleted from CPT Referred to CPT February 2012 Result: Deleted from CPT Referred to CPT Asst Published in CPT Asst:

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32421 Thoracentesis, puncture of pleur	al cavity for aspiration, in	nitial or subseque	nt Global: Issue	: Thoracentesis with Tube Insertion	Screen: Harvard Valued - Utilization over 30,000	Complete? Yes
Most Recent RUC Meeting: September 2011	Specialty Developing ACCP, ACR, A Recommendation: ACCP, ACR, A SIR, SCCM, S			2020 Medicare Utilization:	2022 Work RVU:	
		SIR, SCCM, S15			2022 NF PE RVU:	
RUC Recommendation: Deleted from CPT		Pofe	erred to CPT February 201	2	2022 Fac PE RVU:  Result: Deleted from CPT	
- Delica non-of-			erred to CPT Asst Publ		Nesult. Beleded Holli of T	
32422 Thoracentesis with insertion of to pneumothorax), when performed		(eg, for	Global: Issue	: Thoracentesis with Tube Insertion	Screen: Harvard Valued - Utilization over 30,000	Complete? Yes
Most Recent Tab: 17		ACCP, ACR, ATS,	S. First	2020	2022 Work RVU:	
RUC Meeting: September 2011		SIR, SCCM, STS	Identified: April 2011	Medicare Utilization:	2022 NF PE RVU:	
					2022 Fac PE RVU:	
RUC Recommendation: Deleted from CPT			erred to CPT February 201 erred to CPT Asst  Publ	2 ished in CPT Asst:	Result: Deleted from CPT	
32440 Removal of lung, pneumonector	ıy;		Global: 090 Issue	: RAW Review	Screen: CMS Request to Re- Review Families of Recently Reviewed CPT Codes / CMS Request - Final Rule for 2013	Complete? Yes
Most Recent Tab: 34 RUC Meeting: January 2013	Specialty Developing ACCP, ATS, ACI ACS, SIR, SCCM STS	ACCP, ATS, ACR,		2020 Medicare Utilization: 217	<b>2022 Work RVU</b> : 27.28	
		ACS, SIR, SCCM, STS			2022 NF PE RVU: NA	
				Cinzation. 211	<b>2022 Fac PE RVU:</b> 12.44	
RUC Recommendation: No reliable way to between open tho procedures.	determine incremental differacotomy to thoracoscopic		erred to CPT		Result: Remove from Screen	
·		Refe	erred to CPT Asst 🔲 Publ	ished in CPT Asst:		

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32480 Removal of lung, other than pneumonectomy; single lobe (lobectomy) Global: 090 Issue: RAW Review Screen: CMS Request to Re-Complete? Yes Review Families of Recently Reviewed CPT Codes / CMS Request -Final Rule for 2013 2022 Work RVU: 25.82 Most Recent **Tab:** 34 Specialty Developing ACCP, ATS, ACR, 2020 ACS, SIR, SCCM, **RUC Meeting:** January 2013 Recommendation: Identified: November 2011 Medicare 2022 NF PE RVU: NA STS **Utilization:** 3.477 2022 Fac PE RVU: 11.61 RUC Recommendation: No reliable way to determine incremental difference Referred to CPT Result: Remove from Screen between open thoracotomy to thoracoscopic procedures. **Referred to CPT Asst Published in CPT Asst:** 32482 Removal of lung, other than pneumonectomy; 2 lobes (bilobectomy) Screen: CMS Request to Re-Global: 090 Issue: RAW Review Complete? Yes Review Families of Recently Reviewed CPT Codes / CMS Request -Final Rule for 2013 2022 Work RVU: 27.44 **Most Recent Tab: 34** Specialty Developing ACCP, ATS, ACR, 2020 **RUC Meeting:** January 2013 Recommendation: ACS, SIR, SCCM, Identified: November 2011 Medicare 2022 NF PE RVU: NA STS **Utilization:** 243 2022 Fac PE RVU: 12.65 **RUC Recommendation:** No reliable way to determine incremental difference Referred to CPT Result: Remove from Screen between open thoracotomy to thoracoscopic procedures. Referred to CPT Asst Published in CPT Asst: Global: 090 Issue: RAW Review Screen: CMS Request to Re-Complete? Yes Removal of lung, other than pneumonectomy; with resection-plication of emphysematous lung(s) (bullous or non-bullous) for lung volume reduction. Review Families of Recently Reviewed CPT sternal split or transthoracic approach, includes any pleural procedure, when performed Codes 2022 Work RVU: 25.24 ACCP. ATS. ACR. 2020 Most Recent **Tab:** 30 Specialty Developing **RUC Meeting:** January 2012 ACS, SIR, SCCM, Identified: November 2011 Recommendation: Medicare 2022 NF PE RVU: NA STS Utilization: 15 2022 Fac PE RVU: 12.07 **RUC Recommendation:** Request further information from CMS Referred to CPT Result: Remove from Screen Referred to CPT Asst ☐ Published in CPT Asst:

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32551 Tube thoracostomy, i when performed, ope	n (separate	procedure)					
	<b>Tab:</b> 10				2020	<b>2022 Work RVU</b> : 3.04	
RUC Meeting: April 2012		Recommendation: ACS, SI STS	ACS, SIR, SCCM, STS	SCCM, Identified: April 2011	Medicare Utilization: 34,718	2022 NF PE RVU: NA	
					,	<b>2022 Fac PE RVU</b> : 1.02	
RUC Recommendation: 3.50				ferred to CPT February 20° ferred to CPT Asst Pub		Result: Increase	
32554 Thoracentesis, needle imaging guidance	e or cathete	r, aspiration of the pleu	ıral space; without	Global: 000 Issue	: Chest Tube Interventions	Screen: Harvard Valued - Utilization over 30,000	Complete? Yes
Most Recent Tab: 04	<b>Tab</b> : 04	4 Specialty Developing ACCP, ACR, Recommendation: SIR	ACCP, ACR, ATS,	ΓS, <b>First</b>	2020	<b>2022 Work RVU</b> : 1.82	
RUC Meeting: October 2012			SIR	Identified: October 2012	Medicare Utilization: 11,100	<b>2022 NF PE RVU</b> : 5.19	
						<b>2022 Fac PE RVU</b> : 0.60	
			_			Result: Decrease	
RUC Recommendation: 1.82				ferred to CPT February 20° ferred to CPT Asst Pub		Result. Decrease	
	e or cathete	r, aspiration of the pleu	Re	ferred to CPT Asst Pub			Complete? Yes
32555 Thoracentesis, needle			Re	aging Global: 000 Issue	lished in CPT Asst:  :: Chest Tube Interventions	Screen: Harvard Valued -	Complete? Yes
32555 Thoracentesis, needle guidance	e or cathete Tab: 04	r, aspiration of the pleu Specialty Developing Recommendation:	Re	aging Global: 000 Issue	e: Chest Tube Interventions  2020  Medicare	Screen: Harvard Valued - Utilization over 30,000	Complete? Yes
32555 Thoracentesis, needle guidance		Specialty Developing	Refural space; with ima	aging Global: 000 Issue	e: Chest Tube Interventions	Screen: Harvard Valued - Utilization over 30,000 2022 Work RVU: 2.27	Complete? Yes
32555 Thoracentesis, needle guidance Most Recent RUC Meeting: October 2012		Specialty Developing	Refural space; with imate ACCP, ACR, ATS, SIR	aging Global: 000 Issue  First Identified: October 2012  February 200	e: Chest Tube Interventions  2020 Medicare Utilization: 203,967	Screen: Harvard Valued - Utilization over 30,000  2022 Work RVU: 2.27  2022 NF PE RVU: 7.19	Complete? Yes
32555 Thoracentesis, needle guidance  Most Recent RUC Meeting: October 2012		Specialty Developing	Refural space; with imate ACCP, ACR, ATS, SIR	aging Global: 000 Issue  First Identified: October 2012	e: Chest Tube Interventions  2020  Medicare Utilization: 203,967	Screen: Harvard Valued - Utilization over 30,000  2022 Work RVU: 2.27  2022 NF PE RVU: 7.19  2022 Fac PE RVU:0.74	Complete? Ye
guidance  Most Recent RUC Meeting: October 2012  RUC Recommendation: 2.27	<b>Tab</b> : 04	Specialty Developing	Refural space; with imate ACCP, ACR, ATS, SIR  Ref	aging Global: 000 Issue  First Identified: October 2012  Ferred to CPT February 20  ferred to CPT Asst Pub	e: Chest Tube Interventions  2020  Medicare Utilization: 203,967	Screen: Harvard Valued - Utilization over 30,000  2022 Work RVU: 2.27  2022 NF PE RVU: 7.19  2022 Fac PE RVU:0.74	
32555 Thoracentesis, needle guidance  Most Recent RUC Meeting: October 2012  RUC Recommendation: 2.27  32556 Pleural drainage, pereimaging guidance	<b>Tab</b> : 04	Specialty Developing Recommendation:	Recurral space; with image ACCP, ACR, ATS, SIR  Recurred	aging Global: 000 Issue  First Identified: October 2012  Afterred to CPT February 200  Afterred to CPT Asst Pub  Bout Global: 000 Issue	e: Chest Tube Interventions  2020 Medicare Utilization: 203,967	Screen: Harvard Valued - Utilization over 30,000  2022 Work RVU: 2.27  2022 NF PE RVU: 7.19  2022 Fac PE RVU: 0.74  Result: Decrease  Screen: Harvard Valued -	Complete? Ye
32555 Thoracentesis, needle guidance  Most Recent RUC Meeting: October 2012  RUC Recommendation: 2.27	Tab: 04	Specialty Developing Recommendation:	Recurral space; with image ACCP, ACR, ATS, SIR  Recurred	aging Global: 000 Issue  First Identified: October 2012  Afterred to CPT February 200  Afterred to CPT Asst Pub  Bout Global: 000 Issue	ished in CPT Asst:  Chest Tube Interventions  2020 Medicare Utilization: 203,967  I2 Iished in CPT Asst:  Chest Tube Interventions  2020 Medicare	Screen: Harvard Valued - Utilization over 30,000  2022 Work RVU: 2.27  2022 NF PE RVU: 7.19  2022 Fac PE RVU:0.74  Result: Decrease  Screen: Harvard Valued - Utilization over 30,000	
32555 Thoracentesis, needle guidance  Most Recent RUC Meeting: October 2012  RUC Recommendation: 2.27  32556 Pleural drainage, pere imaging guidance  Most Recent	Tab: 04	Specialty Developing Recommendation:  with insertion of indweld Specialty Developing	Recural space; with image ACCP, ACR, ATS, SIR  Recurrence Recurren	aging Global: 000 Issue  First Identified: October 2012  Afterred to CPT February 200  Afterred to CPT Asst Pub  Brout Global: 000 Issue	ished in CPT Asst:  Chest Tube Interventions  2020 Medicare Utilization: 203,967  I2 Iished in CPT Asst:  Chest Tube Interventions	Screen: Harvard Valued - Utilization over 30,000  2022 Work RVU: 2.27  2022 NF PE RVU: 7.19  2022 Fac PE RVU:0.74  Result: Decrease  Screen: Harvard Valued - Utilization over 30,000  2022 Work RVU: 2.50	

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32557 Pleural drainage, percutaneous, with insertion of indwelling catheter; with Global: 000 Issue: Chest Tube Interventions Screen: Harvard Valued -Complete? Yes Utilization over 30.000 imaging guidance **2022 Work RVU:** 3.12 **Most Recent** ACCP, ACR, ATS, 2020 **Tab:** 04 Specialty Developing **RUC Meeting:** October 2012 Recommendation: SIR Identified: October 2012 Medicare 2022 NF PE RVU: 17.11 35.023 **Utilization: 2022 Fac PE RVU: 0.97** RUC Recommendation: 3.62 Referred to CPT February 2012 Result: Decrease Referred to CPT Asst **Published in CPT Asst:** 32663 Thoracoscopy, surgical; with lobectomy (single lobe) Global: 090 Issue: RAW review Screen: CMS Fastest Growing Complete? Yes 2022 Work RVU: 24.64 Most Recent **Tab: 34** Specialty Developing STS 2020 Identified: October 2008 **RUC Meeting:** January 2013 Recommendation: Medicare 2022 NF PE RVU: NA **Utilization:** 8.115 2022 Fac PE RVU: 10.60 RUC Recommendation: No reliable way to determine incremental difference Referred to CPT Result: Remove from Screen between open thoracotomy to thoracoscopic procedures. Referred to CPT Asst **Published in CPT Asst:** 33010 Pericardiocentesis; initial Global: Pericardiocentesis and Screen: Negative IWPUT Complete? Yes Pericardial Drainage 2022 Work RVU: **Most Recent Tab:** 04 **Specialty Developing** First 2020 **RUC Meeting:** January 2019 Recommendation: Identified: September 2018 Medicare **2022 NF PE RVU: Utilization:** 2022 Fac PE RVU: **RUC Recommendation:** Deleted from CPT Referred to CPT September 2018 Result: Deleted from CPT Published in CPT Asst: Referred to CPT Asst Pericardiocentesis; subsequent Global: Issue: Pericardiocentesis and Screen: Negative IWPUT Complete? Yes Pericardial Drainage 2022 Work RVU: Most Recent **Tab:** 04 **Specialty Developing** 2020 First Identified: September 2018 **RUC Meeting:** January 2019 Recommendation: Medicare **2022 NF PE RVU: Utilization:** 2022 Fac PE RVU: **RUC Recommendation:** Deleted from CPT September 2018 Result: Deleted from CPT Referred to CPT Referred to CPT Asst □ Published in CPT Asst:

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33015 Tube pericardiostomy Global: Issue: Pericardiocentesis and Screen: Negative IWPUT Complete? Yes Pericardial Drainage 2022 Work RVU: **Most Recent Tab:** 04 Specialty Developing ACC First 2020 **RUC Meeting:** January 2019 Identified: April 2017 Recommendation: Medicare **2022 NF PE RVU: Utilization:** 2022 Fac PE RVU: RUC Recommendation: Deleted from CPT Referred to CPT September 2018 Result: Deleted from CPT Published in CPT Asst: Referred to CPT Asst 33016 Pericardiocentesis, including imaging guidance, when performed Global: 000 Pericardiocentesis and Screen: Negative IWPUT Complete? Yes Pericardial Drainage 2022 Work RVU: 4.40 Most Recent **Tab:** 04 **Specialty Developing** First 2020 **RUC Meeting:** January 2019 Recommendation: Identified: September 2018 Medicare 2022 NF PE RVU: NA **Utilization:** 4,498 **2022 Fac PE RVU: 1.54 RUC Recommendation: 5.00** Referred to CPT September 2018 Result: Increase Published in CPT Asst: Referred to CPT Asst 33017 Pericardial drainage with insertion of indwelling catheter, percutaneous, Global: 000 Issue: Pericardiocentesis and Screen: Negative IWPUT Complete? Yes including fluoroscopy and/or ultrasound guidance, when performed; 6 years and Pericardial Drainage older without congenital cardiac anomaly 2022 Work RVU: 4.62 **Most Recent Tab: 04 Specialty Developing** 2020 **RUC Meeting:** January 2019 Recommendation: Identified: September 2018 Medicare 2022 NF PE RVU: NA **Utilization:** 2,767 2022 Fac PE RVU: 1.61

September 2018

Referred to CPT Asst Published in CPT Asst:

Result: Increase

Referred to CPT

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**RUC Recommendation:** 5.50

33018 Pericardial drainage with insertion of indwelling catheter, percutaneous, Global: 000 Issue: Pericardiocentesis and Screen: Negative IWPUT Complete? Yes Pericardial Drainage including fluoroscopy and/or ultrasound guidance, when performed: birth through 5 years of age or any age with congenital cardiac anomaly 2022 Work RVU: 5.40 **Most Recent Specialty Developing** First 2020 **RUC Meeting:** January 2019 Identified: September 2018 Recommendation: Medicare 2022 NF PE RVU: NA Utilization: 6 **2022 Fac PE RVU: 1.86** September 2018 RUC Recommendation: 6.00 Referred to CPT Result: Increase Referred to CPT Asst Published in CPT Asst: 33019 Pericardial drainage with insertion of indwelling catheter, percutaneous, Pericardiocentesis and Screen: Negative IWPUT Global: 000 Complete? Yes including ct guidance Pericardial Drainage 2022 Work RVU: 4.29 **Most Recent Tab:** 04 **Specialty Developing** First 2020 **RUC Meeting:** January 2019 Recommendation: **Identified:** September 2018 Medicare **2022 NF PE RVU: NA Utilization:** 275 2022 Fac PE RVU: 1.42 RUC Recommendation: 5 00 Referred to CPT September 2018 Result: Increase Referred to CPT Asst Published in CPT Asst: Pericardiotomy for removal of clot or foreign body (primary procedure) Global: 090 Issue: Pericardiotomy Screen: Negative IWPUT Complete? Yes **2022 Work RVU: 14.31 Most Recent** 2020 **Tab**: 10 Specialty Developing AATS, STS First **RUC Meeting:** April 2018 Recommendation: Identified: April 2018 Medicare 2022 NF PE RVU: NA 145 **Utilization:** 2022 Fac PE RVU: 6.69 **RUC Recommendation: 14.31** Referred to CPT May 2018 Result: Decrease Referred to CPT Asst Published in CPT Asst: Global: 090 Issue: Pericardiotomy Screen: Negative IWPUT Complete? Yes Creation of pericardial window or partial resection for drainage 2022 Work RVU: 13.20 Most Recent **Tab:** 10 Specialty Developing AATS, STS First 2020 **RUC Meeting:** April 2018 Identified: April 2017 Recommendation: Medicare 2022 NF PE RVU: NA **Utilization:** 3.936 **2022 Fac PE RVU: 6.33** RUC Recommendation: 13.20 Referred to CPT May 2018 Result: Decrease Referred to CPT Asst **Published in CPT Asst:** 

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33207 Insertion of new or replacement of permanent pacemaker with transvenous Global: 090 Issue: Pacemaker or Pacing Screen: Codes Reported Complete? Yes Carioverter - Defibrillator Together 75% or Moreelectrode(s): ventricular 2022 Work RVU: 7.80 Most Recent **Tab:** 10 Specialty Developing ACC First 2020 **RUC Meeting:** April 2011 Recommendation: **Identified:** February 2010 Medicare 2022 NF PE RVU: NA **Utilization:** 9,601 2022 Fac PE RVU: 4.57 RUC Recommendation: 8.05 Referred to CPT February 2011 Result: Maintain Referred to CPT Asst Published in CPT Asst: 33208 Insertion of new or replacement of permanent pacemaker with transvenous Global: 090 Issue: Pacemaker or Pacing Screen: Codes Reported Complete? Yes Carioverter - Defibrillator Together 75% or Moreelectrode(s); atrial and ventricular 2022 Work RVU: 8.52 **Most Recent Tab:** 10 Specialty Developing ACC 2020 **RUC Meeting:** April 2011 Recommendation: **Identified:** February 2010 Medicare 2022 NF PE RVU: NA 89.252 **Utilization:** 2022 Fac PE RVU: 4.89 **RUC Recommendation: 8 77** Referred to CPT 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 Pacemaker or Pacing Screen: Codes Reported Complete? Yes Carioverter - Defibrillator Together 75% or More-Part1 2022 Work RVU: 5.01 **Most Recent Tab:** 04 Specialty Developing ACC First 2020 **RUC Meeting:** September 2011 **Identified:** February 2010 Recommendation: Medicare 2022 NF PE RVU: NA **Utilization:** 258 **2022 Fac PE RVU: 3.39** 

Referred to CPT

February 2011

Referred to CPT Asst Published in CPT Asst:

Result: Decrease

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**RUC Recommendation: 5.26** 

33213 Insertion of pacemaker pulse generator only; with existing	g 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 Tab: 04 Specialty Developing			2020 Medicare Utilization: 988	<b>2022 Work RVU:</b> 5.28	
RUC Meeting: September 2011 Recommendation:	Iden	ntified: October 2008		<b>2022 NF PE RVU</b> : NA	
				<b>2022 Fac PE RVU:</b> 3.49	
RUC Recommendation: 5.53	Referred t Referred t	_ ,	1 ished in CPT Asst:	Result: Decrease	
33221 Insertion of pacemaker pulse generator only; with existing	g multiple leads	Global: 090 Issue:	: Pacemaker or Pacing Carioverter - Defibrillator	Screen: Codes Reported Together 75% or More- Part1	Complete? Yes
Most Recent Tab: 04 Specialty Developing	ACC First	First Identified: April 2011	2020	<b>2022 Work RVU:</b> 5.55	
RUC Meeting: September 2011 Recommendation:			Medicare	2022 NF PE RVU: NA	
			Utilization: 228	<b>2022 Fac PE RVU:</b> 3.88	
RUC Recommendation: 5.80	Referred t Referred t	_ ,	1 ished in CPT Asst:	Result: Decrease	
33227 Removal of permanent pacemaker pulse generator with re pacemaker pulse generator; single lead system	placement of	Global: 090 Issue:	: Pacemaker or Pacing Carioverter - Defibrillator	Screen: Codes Reported Together 75% or More- Part1	Complete? Yes
Most Recent Tab: 04 Specialty Developing	ACC First	First Identified: April 2011	2020 Medicare Utilization: 3,157	<b>2022 Work RVU:</b> 5.25	
RUC Meeting: September 2011 Recommendation:				2022 NF PE RVU: NA	
			Ottinzation: 5,157	<b>2022 Fac PE RVU</b> : 3.61	
RUC Recommendation: 5.50	Referred t Referred t	_ , .	1 ished in CPT Asst:	Result: Decrease	

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33228 Removal of permanent pacemaker pulse generator with replacement of Global: 090 Issue: Pacemaker or Pacing Screen: Codes Reported Complete? Yes Carioverter - Defibrillator Together 75% or Morepacemaker pulse generator; dual lead system **2022 Work RVU**: 5.52 Most Recent **Tab:** 04 Specialty Developing ACC First 2020 **RUC Meeting:** September 2011 Recommendation: Identified: April 2011 Medicare 2022 NF PE RVU: NA **Utilization:** 26,170 **2022 Fac PE RVU: 3.73 RUC Recommendation:** 5.77 Referred to CPT February 2011 Result: Decrease Referred to CPT Asst Published in CPT Asst: Removal of permanent pacemaker pulse generator with replacement of Global: 090 Issue: Pacemaker or Pacing Screen: Codes Reported Complete? Yes 33229 Carioverter - Defibrillator Together 75% or Morepacemaker pulse generator; multiple lead system 2022 Work RVU: 5.79 **Most Recent Tab:** 04 Specialty Developing ACC First 2020 **RUC Meeting:** September 2011 Recommendation: Identified: April 2011 Medicare 2022 NF PE RVU: NA 5.499 **Utilization:** 2022 Fac PE RVU: 4.00 **RUC Recommendation:** 6 04 Referred to CPT February 2011 Result: Decrease Referred to CPT Asst Published in CPT Asst: Global: 090 Pacemaker or Pacing Screen: Codes Reported Complete? Yes Insertion of implantable defibrillator pulse generator only; with existing dual Carioverter - Defibrillator Together 75% or Moreleads Part1 2022 Work RVU: 6.07 **Most Recent Tab:** 04 Specialty Developing ACC First 2020 **RUC Meeting:** September 2011 Identified: April 2011 Recommendation: Medicare 2022 NF PE RVU: NA **Utilization:** 102 **2022 Fac PE RVU: 3.93** 

Referred to CPT

February 2011

Referred to CPT Asst Published in CPT Asst:

Result: Decrease

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**RUC Recommendation: 6.32** 

33231 Insertion of implantable defibrillator pulse generator only leads	; with existing multiple Global: 090 Issue:	Pacemaker or Pacing Carioverter - Defibrillator	Screen: Codes Reported Together 75% or More- Part1	Complete? Yes				
Most Recent Tab: 04 Specialty Developing		2020 Medicare Utilization: 111	<b>2022 Work RVU:</b> 6.34					
RUC Meeting: September 2011 Recommendation:	Identified: April 2011		2022 NF PE RVU: NA					
			<b>2022 Fac PE RVU</b> :4.06					
RUC Recommendation: 6.59	Referred to CPT February 2011		Result: Decrease					
	Referred to CPT Asst	sned in CPT Asst:						
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 Tab: 10 Specialty Developing		2020 Medicare Utilization: 7.698	<b>2022 Work RVU</b> : 3.14					
RUC Meeting: April 2011 Recommendation:	Identified: February 2010		2022 NF PE RVU: NA					
	Referred to CPT February 2011	,	<b>2022 Fac PE RVU:</b> 3.06					
RUC Recommendation: 3.39	Result: Maintain							
Referred to CPT Asst								
33240 Insertion of implantable defibrillator pulse generator only; with existing single lead Insertion of implantable defibrillator pulse generator only; with existing single Global: 090 Issue: Pacemaker or Pacing Carioverter - Defibrillator Together 75% or More-Part1								
Most Recent Tab: 04 Specialty Developing		2020 Medicare Utilization: 174	<b>2022 Work RVU:</b> 5.80					
RUC Meeting: September 2011 Recommendation:	Identified: February 2010		2022 NF PE RVU: NA					
		omzaton. 174	<b>2022 Fac PE RVU:</b> 3.71					
RUC Recommendation: 6.06	l	Result: Decrease						
Referred to CPT Asst								

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33241 Removal of implantable defibrillator pulse generator only Global: 090 Issue: Pacemaker or Pacing Screen: Codes Reported Complete? Yes Carioverter - Defibrillator Together 75% or More-2022 Work RVU: 3.04 Most Recent Specialty Developing ACC First 2020 **RUC Meeting:** April 2011 Recommendation: **Identified:** February 2010 Medicare 2022 NF PE RVU: NA **Utilization:** 5,115 **2022 Fac PE RVU: 2.63 RUC Recommendation: 3.29** Referred to CPT February 2011 Result: Maintain Referred to CPT Asst Published in CPT Asst: 33249 Insertion or replacement of permanent implantable defibrillator system, with Global: 090 Issue: Pacemaker or Pacing Screen: Codes Reported Complete? Yes Carioverter - Defibrillator Together 75% or Moretransvenous lead(s), single or dual chamber 2022 Work RVU: 14.92 **Most Recent Tab:** 10 Specialty Developing ACC First 2020 **RUC Meeting:** April 2011 Recommendation: **Identified:** February 2010 Medicare 2022 NF PE RVU: NA **Utilization:** 34,980 2022 Fac PE RVU: 8.76 RUC Recommendation: 15 17 Referred to CPT February 2011 Result: Maintain Referred to CPT Asst Published in CPT Asst: 33262 Removal of implantable defibrillator pulse generator with replacement of **Global**: 090 Pacemaker or Pacing Screen: Codes Reported Complete? Yes Carioverter - Defibrillator Together 75% or Moreimplantable defibrillator pulse generator; single lead system Part1 2022 Work RVU: 5.81 **Most Recent Tab:** 04 Specialty Developing ACC First 2020 **RUC Meeting:** September 2011 Identified: April 2011 Recommendation: Medicare 2022 NF PE RVU: NA **Utilization:** 2,466 2022 Fac PE RVU: 3.94 **RUC Recommendation: 6.06** Referred to CPT February 2011 Result: Decrease Referred to CPT Asst Published in CPT Asst:

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33263 Removal of implantable defibrillator pulse generator with replacement of Global: 090 Issue: Pacemaker or Pacing Screen: Codes Reported Complete? Yes Carioverter - Defibrillator Together 75% or Moreimplantable defibrillator pulse generator; dual lead system 2022 Work RVU: 6.08 Most Recent **Tab: 04** Specialty Developing ACC First 2020 **RUC Meeting:** September 2011 Recommendation: Identified: April 2011 Medicare 2022 NF PE RVU: NA **Utilization:** 6,837 2022 Fac PE RVU: 4.04 **RUC Recommendation:** 6.33 Referred to CPT February 2011 Result: Decrease Referred to CPT Asst Published in CPT Asst: 33264 Removal of implantable defibrillator pulse generator with replacement of Global: 090 Issue: Pacemaker or Pacing Screen: Codes Reported Complete? Yes Carioverter - Defibrillator Together 75% or Moreimplantable defibrillator pulse generator; multiple lead system 2022 Work RVU: 6.35 **Most Recent Tab:** 04 Specialty Developing ACC First 2020 **RUC Meeting:** September 2011 Recommendation: Identified: April 2011 Medicare 2022 NF PE RVU: NA **Utilization:** 11.676 2022 Fac PE RVU: 4.18 **RUC Recommendation:** 6 60 Referred to CPT February 2011 Result: Decrease Referred to CPT Asst Published in CPT Asst: Global: Issue: Implantation and Removal Screen: CMS Request - Final Complete? Yes 33282 Implantation of patient-activated cardiac event recorder of Patient Activated Cardiac Rule for 2013 **Event Recorder** 2022 Work RVU: 2020 **Most Recent Tab: 20 Specialty Developing** First **RUC Meeting:** April 2013 Identified: October 2012 Recommendation: Medicare **2022 NF PE RVU: Utilization:** 2022 Fac PE RVU:

Referred to CPT

Referred to CPT Asst

February 2017

□ Published in CPT Asst:

Result: Decrease

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**RUC Recommendation: 3.50** 

33284 Removal of an implantable, patient-activated cardiac event recorder Global: **Issue:** Implantation and Removal Screen: CMS Request - Final Complete? Yes of Patient Activated Cardiac Rule for 2013 **Event Recorder** 2022 Work RVU: **Most Recent Specialty Developing First** 2020 **Tab: 20 RUC Meeting:** April 2013 Recommendation: Identified: October 2012 Medicare **2022 NF PE RVU: Utilization:** 2022 Fac PE RVU: **RUC Recommendation: 3.00** Referred to CPT February 2017 Result: Decrease Referred to CPT Asst Published in CPT Asst: 33405 Replacement, aortic valve, open, with cardiopulmonary bypass; with prosthetic Global: 090 Valve Replacement and **Screen:** CMS High Expenditure Complete? Yes CABG Procedures Procedural Codes1 valve other than homograft or stentless valve 2022 Work RVU: 41.32 **Most Recent Tab:** 40 Specialty Developing STS 2020 First **RUC Meeting:** April 2012 Recommendation: Identified: September 2011 Medicare 2022 NF PE RVU: NA **Utilization:** 12,189 2022 Fac PE RVU: 15.56 **RUC Recommendation: 41.32** Referred to CPT Result: Maintain Referred to CPT Asst ☐ Published in CPT Asst: 33430 Replacement, mitral valve, with cardiopulmonary bypass Global: 090 Issue: Valve Replacement and Screen: High IWPUT / CMS High Complete? Yes CABG Procedures **Expenditure Procedural** Codes1 2022 Work RVU: 50.93 Specialty Developing STS 2020 **Most Recent Tab:** 40 First **RUC Meeting:** April 2012 Identified: February 2008 Recommendation: Medicare 2022 NF PE RVU: NA **Utilization:** 6.096 **2022 Fac PE RVU: 19.28** Result: Maintain **RUC Recommendation: 50.93** Referred to CPT Referred to CPT Asst **Published in CPT Asst:** 

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

Global: 090 Issue: Valve Replacement and

**CABG Procedures** 

Screen: CMS High Expenditure Procedural Codes1

Complete? Yes

Complete? Yes

Complete? Yes

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

2020 First Identified: September 2011 Medicare

**Utilization:** 46.522 2022 NF PE RVU: NA

**RUC Recommendation: 34.98** 

Referred to CPT

**2022 Fac PE RVU: 13.24** 

2022 Work RVU: 33.75

Result: Increase

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

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

Global: 090

Issue: New Technology Review

Screen: New Technology/New

Services / CPT Assistant

Analysis 2018

**Most Recent RUC Meeting:** January 2019 **Tab: 37** 

Specialty Developing STS Recommendation:

First Identified: January 2015

2020 Medicare 2022 Work RVU: 30.00 2022 NF PE RVU: NA

**Utilization:** 66

2022 Fac PE RVU: 11.22

RUC Recommendation: CPT Article published July 2016. Maintain, CPT

Assistant addressed issues identified

Referred to CPT

Referred to CPT Asst

**✓ Published in CPT Asst**: July 2016

Result: Maintain

Transthoracic insertion of catheter for stent placement with catheter removal

and closure (eg, hybrid approach stage 1)

Global: 090

Issue: New Technology Review

✓ Published in CPT Asst: July 2016

Screen: New Technology/New

Services / CPT Assistant Analysis 2018

**Most Recent RUC Meeting:** January 2019

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

First Identified: January 2015 2020 Medicare Utilization: 2022 Work RVU: 16.18 2022 NF PE RVU: NA

2022 Fac PE RVU: 7.28

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

Referred to CPT

Result: Maintain

Referred to CPT Asst

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Reconstruction of complex cardiac anomaly (eg, single ventricle or hypoplastic Global: 090 Issue: New Technology Review Screen: New Technology/New Complete? Yes Services / CPT Assistant left heart) with palliation of single ventricle with aortic outflow obstruction and aortic arch hypoplasia, creation of cavopulmonary anastomosis, and removal of Analysis 2018 right and left pulmonary bands (eg. hybrid approach stage 2, norwood, bidirectional glenn, pulmonary artery debanding) 2022 Work RVU: 64.00 **Most Recent Tab:** 37 Specialty Developing STS First 2020 **RUC Meeting:** January 2019 Recommendation: Identified: January 2015 Medicare **2022 NF PE RVU: NA Utilization:** 2022 Fac PE RVU: 21.27 RUC Recommendation: CPT Article published July 2016. Maintain, CPT Referred to CPT Result: Maintain Assistant addressed issues identified. ✓ Published in CPT Asst: July 2016 Referred to CPT Asst Screen: CMS Request - Final 33741 Transcatheter atrial septostomy (tas) for congenital cardiac anomalies to create Global: 000 Issue: Atrial Septostomy Complete? Yes effective atrial flow, including all imaging guidance by the proceduralist, when Rule for 2019 performed, any method (eg, rashkind, sang-park, balloon, cutting balloon, blade) 2022 Work RVU: 14.00 **Most Recent Tab:** 13 **Specialty Developing** 2020 **Identified:** September 2019 **RUC Meeting:** January 2020 Recommendation: Medicare **2022 NF PE RVU: NA Utilization:** 2022 Fac PE RVU: 4.83 **RUC Recommendation: 14 00** Referred to CPT September 2019 Result: Maintain Referred to CPT Asst Published in CPT Asst: 33745 Transcatheter intracardiac shunt (tis) creation by stent placement for congenital Global: 000 Issue: Atrial Septostomy Screen: CMS Request - Final Complete? Yes Rule for 2019 cardiac anomalies to establish effective intracardiac flow, including all imaging quidance by the proceduralist, when performed, left and right heart diagnostic cardiac catheterization for congenital cardiac anomalies, and target zone angioplasty, when performed (eg, atrial septum, fontan fenestration, right ventricular outflow tract, mustard/senning/warden baffles); initial intracardiac shunt 2022 Work RVU: 20.00

September 2019 **RUC Recommendation: 20.00** Referred to CPT Result: Maintain

First

Referred to CPT Asst Published in CPT Asst:

Identified: September 2019

2020

Medicare

**Utilization:** 

2022 NF PE RVU: NA

**2022 Fac PE RVU: 6.90** 

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**Specialty Developing** 

Recommendation:

**Tab:** 13

**Most Recent** 

**RUC Meeting:** January 2020

Transcatheter intracardiac shunt (tis) creation by stent placement for congenital Global: ZZZ Issue: Atrial Septostomy Screen: CMS Request - Final Complete? Yes Rule for 2019 cardiac anomalies to establish effective intracardiac flow, including all imaging quidance by the proceduralist, when performed, left and right heart diagnostic cardiac catheterization for congenital cardiac anomalies, and target zone angioplasty, when performed (eg, atrial septum, fontan fenestration, right ventricular outflow tract, mustard/senning/warden baffles); each additional intracardiac shunt location (list separately in addition to code for primary procedure) 2022 Work RVU: 8.00 Most Recent **Tab:** 13 Specialty Developing First 2020 **RUC Meeting:** January 2020 Identified: September 2019 Medicare Recommendation: 2022 NF PE RVU: NA **Utilization: 2022 Fac PE RVU: 2.76** September 2019 RUC Recommendation: 10.50 Referred to CPT Result: Maintain Referred to CPT Asst Published in CPT Asst: 33863 Ascending aorta graft, with cardiopulmonary bypass, with aortic root Global: 090 **Issue:** Aortic Graft Screen: High IWPUT Complete? Yes replacement using valved conduit and coronary reconstruction (eg. bentall) 2022 Work RVU: 58.79 Specialty Developing STS, AATS 2020 Most Recent Tab: S First Identified: February 2008 **RUC Meeting:** February 2008 Recommendation: Medicare 2022 NF PE RVU: NA 1,627 **Utilization:** 2022 Fac PE RVU: 19.58 RUC Recommendation: Remove from screen Referred to CPT Result: Remove from Screen Referred to CPT Asst Published in CPT Asst: 33945 Heart transplant, with or without recipient cardiectomy Global: 090 Issue: ECMO-ECLS Screen: CMS Request - Final Complete? Yes Rule for 2014 2022 Work RVU: 89.50 **Most Recent Tab:** 11 Specialty Developing STS, AAP, ACC, 2020 **RUC Meeting:** April 2014 Identified: November 2014 Recommendation: **SCAI** Medicare 2022 NF PE RVU: NA **Utilization:** 668 **2022 Fac PE RVU: 31.93** 

Referred to CPT

February 2014

Referred to CPT Asst Published in CPT Asst:

Result: Maintain

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RUC Recommendation: 16.00

33946 Extracorporeal memb provided by physicial			poreal life support	t (ecls) Global: XXX Issue	: ECMO-ECLS	Screen: CMS Request - Final Rule for 2014	Complete? Yes
Most Recent	<b>Tab:</b> 11	Specialty Developing	STS, AAP, ACC,	First	2020	<b>2022 Work RVU:</b> 6.00	
RUC Meeting: April 2014		Recommendation:	SCAI, ACCP	Identified: November 2014	Medicare Utilization: 604	2022 NF PE RVU: NA	
					Othization: 001	<b>2022 Fac PE RVU:</b> 1.83	
RUC Recommendation: 6.00				eferred to CPT February 201 eferred to CPT Asst Publ		Result: Maintain	
33947 Extracorporeal memb			poreal life support	t (ecis) Global: XXX Issue	: ECMO-ECLS	Screen: CMS Request - Final Rule for 2014	Complete? Yes
Most Recent	<b>Tab:</b> 11	Specialty Developing	STS, AAP, ACC,	First	2020	<b>2022 Work RVU</b> : 6.63	
RUC Meeting: April 2014		Recommendation:	SCAI, ACCP	Identified: November 2013	Medicare Utilization: 1,278	<b>2022 NF PE RVU</b> : NA	
					Othization. 1,270	2022 Fac PE RVU: 2.00	
RUC Recommendation: 6.63				eferred to CPT February 201		Result: Maintain	
			Re	eferred to CPT Asst	lished in CPT Asst:		
provided by physicial	n; daily man	nagement, each day, ver	poreal life support	t (ecls) Global: XXX Issue	: ECMO-ECLS	Screen: CMS Request - Final Rule for 2014 2022 Work RVU: 4.73	Complete? Yes
provided by physicial  Most Recent			poreal life support		: ECMO-ECLS	Rule for 2014  2022 Work RVU: 4.73	Complete? Yes
provided by physicial  Most Recent	n; daily man	nagement, each day, ver Specialty Developing	poreal life support no-venous STS, AAP, ACC,	t (ecls) Global: XXX Issue	: ECMO-ECLS	Rule for 2014  2022 Work RVU: 4.73  2022 NF PE RVU: NA	Complete? Yes
provided by physicial  Most Recent  RUC Meeting: April 2014	n; daily man	nagement, each day, ver Specialty Developing	poreal life support no-venous STS, AAP, ACC, SCAI, ACCP	t (ecls) Global: XXX Issue	: ECMO-ECLS  2020 Medicare Utilization: 6,049	Rule for 2014  2022 Work RVU: 4.73	Complete? Yes
	n; daily man	nagement, each day, ver Specialty Developing	poreal life support no-venous STS, AAP, ACC, SCAI, ACCP	f (ecls) Global: XXX Issue  First Identified: November 2013	: ECMO-ECLS  2020 Medicare Utilization: 6,049	Rule for 2014  2022 Work RVU: 4.73  2022 NF PE RVU: NA  2022 Fac PE RVU: 1.48	Complete? Yes
provided by physicial Most Recent RUC Meeting: April 2014 RUC Recommendation: 4.73 33949 Extracorporeal members	n; daily man Tab: 11  orane oxyge	nagement, each day, ver Specialty Developing Recommendation:	poreal life support no-venous  STS, AAP, ACC, SCAI, ACCP  Re	First Identified: November 2013	: ECMO-ECLS  2020 Medicare Utilization: 6,049  4 lished in CPT Asst:	Rule for 2014  2022 Work RVU: 4.73  2022 NF PE RVU: NA  2022 Fac PE RVU: 1.48	Complete? Yes  Complete? Yes
provided by physicial Most Recent RUC Meeting: April 2014  RUC Recommendation: 4.73  33949 Extracorporeal memborovided by physicial	n; daily man Tab: 11  orane oxyge	Specialty Developing Recommendation:	poreal life support no-venous  STS, AAP, ACC, SCAI, ACCP  Re Re	First Identified: November 2013  eferred to CPT February 201 eferred to CPT Asst Publ	: ECMO-ECLS  2020 Medicare Utilization: 6,049  4 lished in CPT Asst:	Rule for 2014  2022 Work RVU: 4.73  2022 NF PE RVU: NA  2022 Fac PE RVU: 1.48  Result: Maintain  Screen: CMS Request - Final	
provided by physicial Most Recent RUC Meeting: April 2014  RUC Recommendation: 4.73  33949 Extracorporeal membrovided by physicial Most Recent	n; daily man Tab: 11  orane oxyge n; daily man	Specialty Developing Recommendation:	poreal life support no-venous  STS, AAP, ACC, SCAI, ACCP  Re Re	First Identified: November 2013  eferred to CPT February 201 eferred to CPT Asst Public (ecls) Global: XXX Issue	: ECMO-ECLS  2020 Medicare Utilization: 6,049  4 lished in CPT Asst:  : ECMO-ECLS  2020 Medicare	Rule for 2014  2022 Work RVU: 4.73  2022 NF PE RVU: NA  2022 Fac PE RVU: 1.48  Result: Maintain  Screen: CMS Request - Final Rule for 2014	
provided by physicial Most Recent RUC Meeting: April 2014 RUC Recommendation: 4.73  33949 Extracorporeal members	n; daily man Tab: 11  orane oxyge n; daily man	Specialty Developing Recommendation:  enation (ecmo)/extracorpagement, each day, ver	poreal life support no-venous  STS, AAP, ACC, SCAI, ACCP  Re Re  Re  poreal life support no-arterial  STS, AAP, ACC,	First Identified: November 2013  eferred to CPT February 201 eferred to CPT Asst Public (ecls) Global: XXX Issue	: ECMO-ECLS  2020 Medicare Utilization: 6,049  4 lished in CPT Asst: : ECMO-ECLS	Rule for 2014  2022 Work RVU: 4.73  2022 NF PE RVU: NA  2022 Fac PE RVU: 1.48  Result: Maintain  Screen: CMS Request - Final Rule for 2014  2022 Work RVU: 4.60	
provided by physicial Most Recent RUC Meeting: April 2014  RUC Recommendation: 4.73  33949 Extracorporeal membrovided by physicial Most Recent	n; daily man Tab: 11  orane oxyge n; daily man	Specialty Developing Recommendation:  enation (ecmo)/extracorpagement, each day, ver	poreal life support no-venous  STS, AAP, ACC, SCAI, ACCP  Re Re Poreal life support no-arterial  STS, AAP, ACC, SCAI, ACCP  Re	First Identified: November 2013  eferred to CPT February 201 eferred to CPT Asst Public (ecls) Global: XXX Issue	: ECMO-ECLS  2020 Medicare Utilization: 6,049  4  lished in CPT Asst:  : ECMO-ECLS  2020 Medicare Utilization: 5,136	Rule for 2014  2022 Work RVU: 4.73  2022 NF PE RVU: NA  2022 Fac PE RVU: 1.48  Result: Maintain  Screen: CMS Request - Final Rule for 2014  2022 Work RVU: 4.60  2022 NF PE RVU: NA	

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Extracorporeal membrane oxygenation (ecmo)/extracorporeal life support (ecls) Global: 000 Issue: ECMO-ECLS Screen: CMS Request - Final Complete? Yes provided by physician; insertion of peripheral (arterial and/or venous) Rule for 2014 cannula(e), percutaneous, birth through 5 years of age (includes fluoroscopic quidance, when performed) 2022 Work RVU: 8.15 **Most Recent Tab:** 11 Specialty Developing STS, AAP, ACC, First 2020 Recommendation: **SCAI** Identified: November 2013 **RUC Meeting:** April 2014 Medicare 2022 NF PE RVU: NA **Utilization:** 2022 Fac PE RVU: 2.35 **RUC Recommendation: 8.15** Referred to CPT February 2014 Result: Maintain Referred to CPT Asst Published in CPT Asst: 33952 Extracorporeal membrane oxygenation (ecmo)/extracorporeal life support (ecls) Global: 000 Issue: ECMO-ECLS Screen: CMS Request - Final Complete? Yes Rule for 2014 provided by physician; insertion of peripheral (arterial and/or venous) cannula(e), percutaneous, 6 years and older (includes fluoroscopic guidance, when performed) 2022 Work RVU: 8.15 **Most Recent Tab:** 11 Specialty Developing STS, AAP, ACC, 2020 **RUC Meeting:** April 2014 **SCAI Identified:** November 2013 Recommendation: Medicare 2022 NF PE RVU: NA 1,399 **Utilization:** 2022 Fac PE RVU: 2.57 **RUC Recommendation: 8.43** Referred to CPT February 2014 Result: Maintain Referred to CPT Asst Published in CPT Asst: 33953 Extracorporeal membrane oxygenation (ecmo)/extracorporeal life support (ecls) Global: 000 Issue: ECMO-ECLS Screen: CMS Request - Final Complete? Yes provided by physician; insertion of peripheral (arterial and/or venous) Rule for 2014 cannula(e), open, birth through 5 years of age 2022 Work RVU: 9.11 Specialty Developing STS. AAP. ACC. 2020 Most Recent **First RUC Meeting:** April 2014 Recommendation: **SCAI** Identified: November 2013 Medicare 2022 NF PE RVU: NA **Utilization:** 2022 Fac PE RVU: 2.61 February 2014 **RUC Recommendation:** 9.83 Referred to CPT Result: Maintain Referred to CPT Asst Published in CPT Asst:

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33954 Extracorporeal membrane oxygenation (ecmo)/extracorporeal life support (ecls) Global: 000 Issue: ECMO-ECLS Screen: CMS Request - Final Complete? Yes Rule for 2014 provided by physician; insertion of peripheral (arterial and/or venous) cannula(e), open, 6 years and older 2022 Work RVU: 9.11 Specialty Developing STS, AAP, ACC. **Most Recent Tab:** 11 2020 Identified: November 2014 **RUC Meeting:** April 2014 Recommendation: SCAL Medicare 2022 NF PE RVU: NA 298 **Utilization: 2022 Fac PE RVU: 2.74 RUC Recommendation: 9.43** Referred to CPT February 2014 Result: Maintain Referred to CPT Asst Published in CPT Asst: Screen: CMS Request - Final 33956 Extracorporeal membrane oxygenation (ecmo)/extracorporeal life support (ecls) Global: 000 Issue: ECMO-ECLS Complete? Yes provided by physician; insertion of central cannula(e) by sternotomy or Rule for 2014 thoracotomy, 6 years and older 2022 Work RVU: 16.00 Most Recent Tab: 11 Specialty Developing STS, AAP, ACC, First 2020 **RUC Meeting:** April 2014 **SCAI** Identified: November 2014 Recommendation: Medicare 2022 NF PE RVU: NA **Utilization:** 370 **2022 Fac PE RVU: 4.70 RUC Recommendation: 16.00** Referred to CPT February 2014 Result: Maintain Referred to CPT Asst ☐ Published in CPT Asst: 33957 Extracorporeal membrane oxygenation (ecmo)/extracorporeal life support (ecls) Issue: ECMO-ECLS Screen: CMS Request - Final Complete? Yes Global: 000 provided by physician; reposition peripheral (arterial and/or venous) cannula(e), Rule for 2014 percutaneous, birth through 5 years of age (includes fluoroscopic guidance, when performed) 2022 Work RVU: 3.51 Most Recent Tab: 11 Specialty Developing STS, AAP, ACC, 2020 **SCAI RUC Meeting:** April 2014 Recommendation: Identified: November 2014 Medicare 2022 NF PE RVU: NA **Utilization: 2022 Fac PE RVU: 1.07 RUC Recommendation: 4.00** Referred to CPT February 2014 Result: Maintain Referred to CPT Asst Published in CPT Asst:

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Extracorporeal membrane oxygenation (ecmo)/extracorporeal life support (ecls) Global: 000 Issue: ECMO-ECLS Screen: CMS Request - Final Complete? Yes Rule for 2014 provided by physician; reposition peripheral (arterial and/or venous) cannula(e). percutaneous, 6 years and older (includes fluoroscopic guidance, when performed) 2022 Work RVU: 3.51 **Most Recent Tab:** 11 Specialty Developing STS, AAP, ACC, First 2020 Recommendation: **SCAI** Identified: November 2014 **RUC Meeting:** April 2014 Medicare 2022 NF PE RVU: NA **Utilization:** 74 2022 Fac PE RVU: 1.07 **RUC Recommendation: 4.05** Referred to CPT February 2014 Result: Maintain Referred to CPT Asst Published in CPT Asst: 33959 Extracorporeal membrane oxygenation (ecmo)/extracorporeal life support (ecls) Global: 000 Issue: ECMO-ECLS Screen: CMS Request - Final Complete? Yes Rule for 2014 provided by physician; reposition peripheral (arterial and/or venous) cannula(e), open, birth through 5 years of age (includes fluoroscopic guidance, when performed) 2022 Work RVU: 4.47 **Most Recent** Tab: 11 Specialty Developing STS, AAP, ACC, 2020 **RUC Meeting:** April 2014 **SCAI Identified:** November 2014 Recommendation: Medicare 2022 NF PE RVU: NA **Utilization:** 2022 Fac PE RVU: 1.34 **RUC Recommendation: 4.69** Referred to CPT February 2014 Result: Maintain Referred to CPT Asst Published in CPT Asst: 33960 Prolonged extracorporeal circulation for cardiopulmonary insufficiency; initial Global: Issue: ECMO-ECLS Screen: CMS Request - Final Complete? Yes Rule for 2014 day 2022 Work RVU: Specialty Developing STS, AAP, ACC, **Most Recent Tab:** 11 First 2020 **RUC Meeting:** April 2014 Recommendation: SCAI, ACCP Identified: July 2013 Medicare **2022 NF PE RVU:** 

Referred to CPT

**Utilization:** 

February 2014

Referred to CPT Asst Published in CPT Asst:

2022 Fac PE RVU:

Result: Deleted from CPT

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RUC Recommendation: Deleted from CPT

33961 Prolonged extracorporeal circulation for cardiopulmonary insufficiency; each Global: Issue: ECMO-ECLS Screen: CMS Request - Final Complete? Yes Rule for 2014 subsequent day 2022 Work RVU: **Most Recent** Specialty Developing STS, AAP, ACC, 2020 **Tab**: 11 First **RUC Meeting:** April 2014 Recommendation: SCAI, ACCP Identified: July 2013 Medicare **2022 NF PE RVU: Utilization:** 2022 Fac PE RVU: **RUC Recommendation:** Deleted from CPT Referred to CPT February 2014 Result: Deleted from CPT Referred to CPT Asst **Published in CPT Asst:** 33962 Extracorporeal membrane oxygenation (ecmo)/extracorporeal life support (ecls) Global: 000 Issue: ECMO-ECLS Screen: CMS Request - Final Complete? Yes provided by physician; reposition peripheral (arterial and/or venous) cannula(e), Rule for 2014 open, 6 years and older (includes fluoroscopic guidance, when performed) 2022 Work RVU: 4.47 **Most Recent Tab**: 11 Specialty Developing STS, AAP, ACC, 2020 **RUC Meeting:** April 2014 Recommendation: **SCAI** Identified: November 2014 Medicare 2022 NF PE RVU: NA **Utilization:** 18 **2022 Fac PE RVU: 1.34 RUC Recommendation: 4.73** Referred to CPT February 2014 Result: Maintain Referred to CPT Asst Published in CPT Asst: Extracorporeal membrane oxygenation (ecmo)/extracorporeal life support (ecls) Global: 000 Issue: ECMO-ECLS Screen: CMS Request - Final Complete? Yes provided by physician; reposition of central cannula(e) by sternotomy or Rule for 2014 thoracotomy, birth through 5 years of age (includes fluoroscopic guidance, when performed) 2022 Work RVU: 9.00 **Most Recent** Tab: 11 Specialty Developing STS, AAP, ACC, First 2020 **RUC Meeting:** April 2014 Recommendation: **SCAI Identified:** November 2014 Medicare 2022 NF PE RVU: NA **Utilization: 2022 Fac PE RVU: 2.58** February 2014 **RUC Recommendation: 9.00** Referred to CPT Result: Maintain Referred to CPT Asst □ Published in CPT Asst:

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Extracorporeal membrane oxygenation (ecmo)/extracorporeal life support (ecls) Global: 000 Issue: ECMO-ECLS Screen: CMS Request - Final Complete? Yes Rule for 2014 provided by physician; reposition central cannula(e) by sternotomy or thoracotomy, 6 years and older (includes fluoroscopic guidance, when performed) 2022 Work RVU: 9.50 **Most Recent Tab:** 11 Specialty Developing STS, AAP, ACC, First 2020 **RUC Meeting:** April 2014 Recommendation: **SCAI** Identified: November 2014 Medicare 2022 NF PE RVU: NA **Utilization:** 13 **2022 Fac PE RVU: 2.72 RUC Recommendation: 9.50** Referred to CPT February 2014 Result: Maintain Referred to CPT Asst Published in CPT Asst: 33965 Extracorporeal membrane oxygenation (ecmo)/extracorporeal life support (ecls) Global: 000 Issue: ECMO-ECLS Screen: CMS Request - Final Complete? Yes Rule for 2014 provided by physician; removal of peripheral (arterial and/or venous) cannula(e), percutaneous, birth through 5 years of age 2022 Work RVU: 3.51 Most Recent Tab: 11 Specialty Developing STS, AAP, ACC, 2020 **RUC Meeting:** April 2014 Recommendation: **SCAI** Identified: November 2014 Medicare 2022 NF PE RVU: NA **Utilization:** 2022 Fac PE RVU: 1.07 **RUC Recommendation: 3.51** Referred to CPT February 2014 Result: Maintain Referred to CPT Asst Published in CPT Asst: 33966 Extracorporeal membrane oxygenation (ecmo)/extracorporeal life support (ecls) Global: 000 Issue: ECMO-ECLS Screen: CMS Request - Final Complete? Yes provided by physician; removal of peripheral (arterial and/or venous) cannula(e), Rule for 2014 percutaneous, 6 years and older 2022 Work RVU: 4.50 Most Recent Tab: 11 Specialty Developing STS, AAP, ACC, 2020 **SCAI RUC Meeting:** April 2014 Recommendation: Identified: November 2014 Medicare 2022 NF PE RVU: NA **Utilization:** 477 **2022 Fac PE RVU: 1.43 RUC Recommendation: 4.50** Referred to CPT February 2014 **Result:** Maintain Referred to CPT Asst | Published in CPT Asst:

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33969 Extracorporeal membrane oxygenation (ecmo)/extracorporeal life support (ecls) Global: 000 Issue: ECMO-ECLS Screen: CMS Request - Final Complete? Yes Rule for 2014 provided by physician; removal of peripheral (arterial and/or venous) cannula(e), open, birth through 5 years of age 2022 Work RVU: 5.22 Specialty Developing STS, AAP, ACC, **Most Recent Tab**: 11 2020 Identified: November 2014 **RUC Meeting:** April 2014 Recommendation: SCAL Medicare 2022 NF PE RVU: NA **Utilization:** 2022 Fac PE RVU: 1.54 **RUC Recommendation: 6.00** Referred to CPT February 2014 Result: Maintain Referred to CPT Asst Published in CPT Asst: Screen: CMS Request - Final 33984 Extracorporeal membrane oxygenation (ecmo)/extracorporeal life support (ecls) Issue: ECMO-ECLS Complete? Yes provided by physician; removal of peripheral (arterial and/or venous) cannula(e), Rule for 2014 open, 6 years and older 2022 Work RVU: 5.46 Most Recent Tab: 11 Specialty Developing STS, AAP, ACC, First 2020 **RUC Meeting:** April 2014 **SCAI** Identified: November 2014 Recommendation: Medicare 2022 NF PE RVU: NA **Utilization:** 426 2022 Fac PE RVU: 1.56 **RUC Recommendation:** 6.38 Referred to CPT February 2014 Result: Maintain Referred to CPT Asst Published in CPT Asst: 33985 Extracorporeal membrane oxygenation (ecmo)/extracorporeal life support (ecls) Global: 000 Issue: ECMO-ECLS Screen: CMS Request - Final Complete? Yes provided by physician; removal of central cannula(e) by sternotomy or Rule for 2014 thoracotomy, birth through 5 years of age 2022 Work RVU: 9.89 **Most Recent** Specialty Developing STS, AAP, ACC, 2020 Tab: 11 First **RUC Meeting:** April 2014 Recommendation: **SCAI** Identified: November 2014 Medicare 2022 NF PE RVU: NA **Utilization: 2022 Fac PE RVU: 2.83** 

Referred to CPT

February 2014

Referred to CPT Asst Published in CPT Asst:

Result: Maintain

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**RUC Recommendation: 9.89** 

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33986 Extracorporeal membrane oxygenation (ecmo)/extracorporeal life support (ecls) Global: 000 Issue: ECMO-ECLS Screen: CMS Request - Final Complete? Yes Rule for 2014 provided by physician; removal of central cannula(e) by sternotomy or thoracotomy, 6 years and older 2022 Work RVU: 10.00 Specialty Developing STS, AAP, ACC. **Most Recent Tab:** 11 2020 Identified: November 2014 **RUC Meeting:** April 2014 Recommendation: SCAL Medicare 2022 NF PE RVU: NA 212 **Utilization: 2022 Fac PE RVU: 2.99 RUC Recommendation: 10.00** Referred to CPT February 2014 Result: Maintain Referred to CPT Asst Published in CPT Asst: Arterial exposure with creation of graft conduit (eg, chimney graft) to facilitate Global: ZZZ Issue: ECMO-ECLS Screen: CMS Request - Final Complete? Yes arterial perfusion for ecmo/ecls (list separately in addition to code for primary Rule for 2014 procedure) 2022 Work RVU: 4.04 Most Recent Tab: 11 Specialty Developing STS, AAP, ACC, First 2020 **RUC Meeting:** April 2014 **SCAI** Identified: November 2014 Recommendation: Medicare 2022 NF PE RVU: NA **Utilization:** 36 **2022 Fac PE RVU: 1.12 RUC Recommendation: 4.08** Referred to CPT February 2014 Result: Maintain Referred to CPT Asst Published in CPT Asst: 33988 Insertion of left heart vent by thoracic incision (eg, sternotomy, thoracotomy) for Global: 000 Issue: ECMO-ECLS Screen: CMS Request - Final Complete? Yes Rule for 2014 ecmo/ecls 2022 Work RVU: 15.00 **Most Recent** Tab: 11 Specialty Developing STS, AAP, ACC, 2020 **SCAI** Identified: November 2014 **RUC Meeting:** April 2014 Recommendation: Medicare 2022 NF PE RVU: NA **Utilization:** 29

Referred to CPT

February 2014

Referred to CPT Asst Published in CPT Asst:

2022 Fac PE RVU: 4.23

Result: Maintain

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**RUC Recommendation: 15.00** 

Removal of left heart vent by thoracic incision (eg, sternotomy, thoracotomy) for Global: 000 Issue: ECMO-ECLS Screen: CMS Request - Final Complete? Yes Rule for 2014 ecmo/ecls 2022 Work RVU: 9.50 STS, AAP, ACC, 2020 Most Recent **Tab:** 11 Specialty Developing RUC Meeting: April 2014 Recommendation: **SCAI** Identified: November 2013 Medicare 2022 NF PE RVU: NA 15 **Utilization: 2022 Fac PE RVU:** 2.72 **RUC Recommendation: 9.50** Referred to CPT February 2014 Result: Maintain Referred to CPT Asst Published in CPT Asst: 34701 Endovascular repair of infrarenal aorta by deployment of an aorto-aortic tube Screen: Codes Reported Global: 090 Issue: Endovascular Repair Complete? Yes endograft including pre-procedure sizing and device selection, all nonselective Procedures (EVAR) Together 75% or More-Part3 catheterization(s), all associated radiological supervision and interpretation, all endograft extension(s) placed in the agrta from the level of the renal arteries to the aortic bifurcation, and all angioplasty/stenting performed from the level of the renal arteries to the aortic bifurcation; for other than rupture (eq. for aneurysm, pseudoaneurysm, dissection, penetrating ulcer) 2022 Work RVU: 23.71 **Most Recent** Specialty Developing SVS, SIR, STS, 2020 First **RUC Meeting:** January 2017 Recommendation: AATS, ACS Identified: January 2017 Medicare 2022 NF PE RVU: NA 650 **Utilization:** 2022 Fac PE RVU: 6 99 **RUC Recommendation: 23.71** Referred to CPT Result: Decrease Referred to CPT Asst **Published in CPT Asst:** 34702 Endovascular repair of infrarenal aorta by deployment of an aorto-aortic tube Global: 090 Issue: Endovascular Repair Screen: Codes Reported Complete? Yes Procedures (EVAR) Together 75% or Moreendograft including pre-procedure sizing and device selection, all nonselective Part3 catheterization(s), all associated radiological supervision and interpretation, all endograft extension(s) placed in the agrta from the level of the renal arteries to the aortic bifurcation, and all angioplasty/stenting performed from the level of the renal arteries to the aortic bifurcation; for rupture including temporary aortic and/or iliac balloon occlusion, when performed (eg. for aneurysm. pseudoaneurysm, dissection, penetrating ulcer, traumatic disruption) 2022 Work RVU: 36.00 Specialty Developing SVS, SIR, STS, **Tab:** 10 2020 Most Recent **RUC Meeting:** January 2017 Recommendation: AATS, ACS Identified: January 2017 Medicare **2022 NF PE RVU: NA** 97 **Utilization:** 2022 Fac PE RVU: 9.41 RUC Recommendation: 36.00 Referred to CPT Result: Decrease Referred to CPT Asst **Published in CPT Asst:** 

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34703 Endovascular repair of infrarenal aorta and/or iliac artery(ies) by deployment of Global: 090 Issue: Endovascular Repair Screen: Codes Reported Complete? Yes an aorto-uni-iliac endograft including pre-procedure sizing and device selection, Procedures (EVAR) Together 75% or More-Part3 all nonselective catheterization(s), all associated radiological supervision and interpretation, all endograft extension(s) placed in the aorta from the level of the renal arteries to the iliac bifurcation, and all angioplasty/stenting performed from the level of the renal arteries to the iliac bifurcation; for other than rupture (eg, for aneurysm, pseudoaneurysm, dissection, penetrating ulcer) **2022 Work RVU: 26.52** Specialty Developing SVS, SIR, STS, 2020 Most Recent **Tab**: 10 **RUC Meeting:** January 2017 Recommendation: AATS, ACS Identified: January 2017 Medicare 2022 NF PE RVU: NA **Utilization:** 795 2022 Fac PE RVU: 7.36 **RUC Recommendation: 26.52** Referred to CPT Result: Decrease Referred to CPT Asst Published in CPT Asst: 34704 Endovascular repair of infrarenal aorta and/or iliac artery(ies) by deployment of Global: 090 Endovascular Repair Screen: Codes Reported Complete? Yes an aorto-uni-iliac endograft including pre-procedure sizing and device selection, Procedures (EVAR) Together 75% or More-Part3 all nonselective catheterization(s), all associated radiological supervision and interpretation, all endograft extension(s) placed in the aorta from the level of the renal arteries to the iliac bifurcation, and all angioplasty/stenting performed from the level of the renal arteries to the iliac bifurcation; for rupture including temporary aortic and/or iliac balloon occlusion, when performed (eq. for aneurysm, pseudoaneurysm, dissection, penetrating ulcer, traumatic disruption) 2022 Work RVU: 45.00 **Most Recent** Specialty Developing SVS, SIR, STS, 2020 **Tab**: 10 **RUC Meeting:** January 2017 Recommendation: AATS, ACS Identified: January 2017 Medicare 2022 NF PE RVU: NA 99 **Utilization:** 2022 Fac PE RVU: 10.84

Result: Decrease

Referred to CPT

Referred to CPT Asst

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**RUC Recommendation: 45.00** 

34705 Endovascular repair of infrarenal aorta and/or iliac artery(ies) by deployment of an aorto-bi-iliac endograft including pre-procedure sizing and device selection. all nonselective catheterization(s), all associated radiological supervision and interpretation, all endograft extension(s) placed in the aorta from the level of the renal arteries to the iliac bifurcation, and all angioplasty/stenting performed from the level of the renal arteries to the iliac bifurcation; for other than rupture (eg, for aneurysm, pseudoaneurysm, dissection, penetrating ulcer)

Global: 090 Issue: Endovascular Repair Procedures (EVAR)

Screen: Codes Reported Together 75% or More-

Part3

Complete? Yes

Most Recent

Specialty Developing SVS, SIR, STS, **Tab**: 10

2020 Identified: January 2017

2022 Work RVU: 29.58

**RUC Meeting:** January 2017

Recommendation: AATS, ACS

Medicare **Utilization:** 

2022 NF PE RVU: NA 2022 Fac PE RVU: 8.06

**RUC Recommendation: 29.58** 

Referred to CPT

10,152

Referred to CPT Asst Published in CPT Asst:

34706 Endovascular repair of infrarenal aorta and/or iliac artery(ies) by deployment of an aorto-bi-iliac endograft including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, all endograft extension(s) placed in the aorta from the level of the renal arteries to the iliac bifurcation, and all angioplasty/stenting performed from the level of the renal arteries to the iliac bifurcation; for rupture including temporary aortic and/or iliac balloon occlusion, when performed (eq. for

Global: 090

Endovascular Repair Procedures (EVAR)

Screen: Codes Reported

Together 75% or More-

Part3

Result: Decrease

Complete? Yes

**Most Recent** 

**RUC Meeting:** January 2017

aneurysm, pseudoaneurysm, dissection, penetrating ulcer, traumatic disruption) Specialty Developing SVS, SIR, STS, **Tab**: 10 Recommendation:

AATS, ACS

Identified: January 2017

2020

Medicare 609 **Utilization:** 

2022 Work RVU: 45.00 2022 NF PE RVU: NA

2022 Fac PE RVU: 10.84

**RUC Recommendation: 45.00** 

Referred to CPT

Referred to CPT Asst

**Published in CPT Asst:** 

Result: Decrease

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Endovascular repair of iliac artery by deployment of an ilio-iliac tube endograft Global: 090 Issue: Endovascular Repair Screen: Codes Reported Complete? Yes Procedures (EVAR) Together 75% or Moreincluding pre-procedure sizing and device selection, all nonselective Part3 catheterization(s), all associated radiological supervision and interpretation, and all endograft extension(s) proximally to the aortic bifurcation and distally to the iliac bifurcation, and treatment zone angioplasty/stenting, when performed, unilateral; for other than rupture (eg, for aneurysm, pseudoaneurysm, dissection, arteriovenous malformation) 2022 Work RVU: 22.28 Specialty Developing SVS, SIR, STS, 2020 Most Recent **Tab**: 10 First **RUC Meeting:** January 2017 Recommendation: AATS, ACS Identified: January 2017 Medicare 2022 NF PE RVU: NA **Utilization:** 453 2022 Fac PE RVU: 6.34 **RUC Recommendation: 22.28** Referred to CPT Result: Decrease Referred to CPT Asst Published in CPT Asst: 34708 Endovascular repair of iliac artery by deployment of an ilio-iliac tube endograft Global: 090 Endovascular Repair Screen: Codes Reported Complete? Yes including pre-procedure sizing and device selection, all nonselective Procedures (EVAR) Together 75% or More-Part3 catheterization(s), all associated radiological supervision and interpretation, and all endograft extension(s) proximally to the aortic bifurcation and distally to the iliac bifurcation, and treatment zone angioplasty/stenting, when performed, unilateral: for rupture including temporary agrtic and/or iliac balloon occlusion. when performed (eg, for aneurysm, pseudoaneurysm, dissection, arteriovenous malformation, traumatic disruption) 2022 Work RVU: 36.50 **Most Recent Tab:** 10 Specialty Developing SVS, SIR, STS, 2020 First **RUC Meeting:** January 2017 Recommendation: AATS, ACS Identified: January 2017 Medicare 2022 NF PE RVU: NA Utilization: 76 **2022 Fac PE RVU: 9.06** 

Result: Decrease

Referred to CPT

Referred to CPT Asst

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**RUC Recommendation: 36.50** 

34709 Placement of extension prosthesis(es) distal to the common iliac artery(ies) or proximal to the renal artery(ies) for endovascular repair of infrarenal abdominal aortic or iliac aneurysm, false aneurysm, dissection, penetrating ulcer, including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, and treatment zone angioplasty/stenting, when performed, per vessel treated (list separately in addition to code for primary procedure)

Global: ZZZ Issue: Endovascular Repair

Screen: Codes Reported Procedures (EVAR) Together 75% or More-

Part3

Complete? Yes

Complete? Yes

Most Recent **RUC Meeting:** January 2017

Specialty Developing SVS, SIR, STS, **Tab**: 10 Recommendation:

AATS, ACS

First Identified: January 2017

2020 Medicare

2022 NF PE RVU: NA **Utilization:** 2,552

Result: Decrease

**2022 Fac PE RVU: 1.38** 

**2022 Work RVU: 6.50** 

**RUC Recommendation:** 6.50

Referred to CPT

Referred to CPT Asst Published in CPT Asst:

Delayed placement of distal or proximal extension prosthesis for endovascular

repair of infrarenal abdominal aortic or iliac aneurysm, false aneurysm, dissection, endoleak, or endograft migration, including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, and treatment zone angioplasty/stenting, when

performed: initial vessel treated

Most Recent **Tab:** 10 **RUC Meeting:** January 2017

Specialty Developing SVS, SIR, STS, AATS. ACS Recommendation:

First

Identified: January 2017

Global: 090

2020 Medicare **Utilization:** 1,049

Endovascular Repair

Procedures (EVAR)

2022 Work RVU: 15.00

Screen: Codes Reported

Part3

2022 NF PE RVU: NA 2022 Fac PE RVU: 4.70

Together 75% or More-

**RUC Recommendation: 15.00** Referred to CPT Result: Decrease

> Referred to CPT Asst ■ Published in CPT Asst:

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Delayed placement of distal or proximal extension prosthesis for endovascular Global: ZZZ Issue: Endovascular Repair Screen: Codes Reported Complete? Yes 34711 Procedures (EVAR) Together 75% or Morerepair of infrarenal abdominal aortic or iliac aneurysm, false aneurysm. dissection, endoleak, or endograft migration, including pre-procedure sizing and Part3 device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, and treatment zone angioplasty/stenting, when performed; each additional vessel treated (list separately in addition to code for primary procedure) 2022 Work RVU: 6.00 Specialty Developing SVS, SIR, STS, 2020 Most Recent **Tab**: 10 **RUC Meeting:** January 2017 Recommendation: AATS, ACS Identified: January 2017 Medicare 2022 NF PE RVU: NA **Utilization:** 306 **2022 Fac PE RVU: 1.19 RUC Recommendation: 6.00** Result: Decrease Referred to CPT Referred to CPT Asst Published in CPT Asst: Global: 090 34712 Transcatheter delivery of enhanced fixation device(s) to the endograft (eg, Endovascular Repair Screen: Codes Reported Complete? Yes anchor, screw, tack) and all associated radiological supervision and Procedures (EVAR) Together 75% or More-Part3 interpretation **2022 Work RVU: 12.00** Specialty Developing SVS, SIR, STS, 2020 **Most Recent Tab:** 10 **First RUC Meeting:** January 2017 Recommendation: AATS, ACS Identified: January 2017 Medicare 2022 NF PE RVU: NA **Utilization:** 1.001 2022 Fac PE RVU: 4.34 **RUC Recommendation: 12.00** Referred to CPT Result: Decrease **Referred to CPT Asst Published in CPT Asst:** 34713 Percutaneous access and closure of femoral artery for delivery of endograft Global: ZZZ Issue: Endovascular Repair Screen: Codes Reported Complete? Yes through a large sheath (12 french or larger), including ultrasound guidance. Procedures (EVAR) Together 75% or More-Part3 when performed, unilateral (list separately in addition to code for primary procedure) 2022 Work RVU: 2.50 Most Recent **Tab:** 10 Specialty Developing SVS. SIR. STS. 2020 First **RUC Meeting:** January 2017 AATS, ACS Identified: January 2017 Recommendation: Medicare **2022 NF PE RVU: NA Utilization:** 13.909 2022 Fac PE RVU: 0.51 RUC Recommendation: 2.50 Referred to CPT Result: Decrease

Referred to CPT Asst

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Open femoral artery exposure with creation of conduit for delivery of Global: ZZZ Issue: Endovascular Repair Screen: Codes Reported Complete? Yes Procedures (EVAR) Together 75% or Moreendovascular prosthesis or for establishment of cardiopulmonary bypass, by groin incision, unilateral (list separately in addition to code for primary Part3 procedure) 2022 Work RVU: 5.25 **Most Recent Tab:** 10 Specialty Developing SVS, SIR, STS, First 2020 Identified: January 2017 **RUC Meeting:** January 2017 Recommendation: AATS, ACS Medicare 2022 NF PE RVU: NA 472 **Utilization:** 2022 Fac PE RVU: 1.37 **RUC Recommendation:** 5.25 Referred to CPT Result: Decrease Referred to CPT Asst Published in CPT Asst: 34715 Open axillary/subclavian artery exposure for delivery of endovascular prosthesis Global: ZZZ Issue: Endovascular Repair Screen: Codes Reported Complete? Yes Procedures (EVAR) by infraclavicular or supraclavicular incision, unilateral (list separately in Together 75% or Moreaddition to code for primary procedure) Part3 2022 Work RVU: 6.00 2020 **Most Recent Tab**: 10 Specialty Developing SVS, SIR, STS, First **RUC Meeting:** January 2017 Recommendation: AATS, ACS Identified: January 2017 Medicare 2022 NF PE RVU: NA **Utilization:** 205 **2022 Fac PE RVU: 1.29 RUC Recommendation:** 6.00 Referred to CPT Result: Decrease **Referred to CPT Asst Published in CPT Asst:** 34716 Open axillary/subclavian artery exposure with creation of conduit for delivery of Global: ZZZ Endovascular Repair Screen: Codes Reported Complete? Yes endovascular prosthesis or for establishment of cardiopulmonary bypass, by Procedures (EVAR) Together 75% or More-Part3 infraclavicular or supraclavicular incision, unilateral (list separately in addition to code for primary procedure) 2022 Work RVU: 7.19 SVS, SIR, STS, Most Recent **Tab:** 10 Specialty Developing 2020 Identified: January 2017 **RUC Meeting:** January 2017 AATS, ACS Recommendation: Medicare **2022 NF PE RVU: NA** 966 **Utilization: 2022 Fac PE RVU: 1.99** RUC Recommendation: 7.19 Referred to CPT Result: Decrease

Referred to CPT Asst

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34800 Endovascular repair of infrarenal abdominal a using aorto-aortic tube prosthesis	ortic aneurysm or dissection;	Global: Issue:	Endovascular Repair Procedures (EVAR)	Screen: Codes Reported Together 75%or More- Part3	Complete? Yes
Most Recent RUC Meeting: January 2017 Tab: 10 Recommen  RUC Recommendation: Deleted from CPT	dation: Id	rst entified: October 2015 d to CPT d to CPT Asst Publi	2020 Medicare Utilization: ished in CPT Asst:	2022 Work RVU: 2022 NF PE RVU: 2022 Fac PE RVU: Result: Deleted from CPT	
34802 Endovascular repair of infrarenal abdominal a using modular bifurcated prosthesis (1 docking)		Global: Issue:	Endovascular Repair Procedures (EVAR)	Screen: Pre-Time Analysis / Codes Reported Together 75%or More- Part3	Complete? Yes
Most Recent RUC Meeting: January 2017 Tab: 10 Recommen		rst entified: January 2014	2020 Medicare Utilization:	2022 Work RVU: 2022 NF PE RVU: 2022 Fac PE RVU:	
RUC Recommendation: Deleted from CPT		d to CPT September 20 d to CPT Asst Publi	016 ished in CPT Asst:	Result: Deleted from CPT	
34803 Endovascular repair of infrarenal abdominal a using modular bifurcated prosthesis (2 docking)		Global: Issue:	Endovascular Repair Procedures (EVAR)	Screen: Codes Reported Together 75%or More- Part3	Complete? Yes
Most Recent Tab: 10 Specialty D RuC Meeting: January 2017 Recommen	eveloping SVS, SIR, STS, Fidation: AATS Id	rst entified: October 2015	2020 Medicare Utilization:	2022 Work RVU: 2022 NF PE RVU: 2022 Fac PE RVU:	
RUC Recommendation: Deleted from CPT		d to CPT d to CPT Asst	ished in CPT Asst:	Result: Deleted from CPT	

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34804 Endovascular repair of using unibody bifurcations		l abdominal aortic aneu esis	rysm or dissection;	Global:	Issue:	Endovascular Repair Procedures (EVAR)	Screen: Codes Reported Together 75%or More- Part3	Complete? Yes
Most Recent RUC Meeting: January 2017 RUC Recommendation: Delete	Tab: 10	Specialty Developing Recommendation:	AATS	First Identified: October 2	015	2020 Medicare Utilization:	2022 Work RVU: 2022 NF PE RVU: 2022 Fac PE RVU: Result: Deleted from CPT	
ROC Recommendation: Delete	ed Hom CP1			erred to CPT Asst	Publi	shed in CPT Asst:	Result: Deleted from CP1	
34805 Endovascular repair ousing aorto-uniiliac o		l abdominal aortic aneu femoral prosthesis	rysm or dissection;	Global:	Issue:	Endovascular Repair Procedures (EVAR)	Screen: Codes Reported Together 75%or More- Part3	Complete? Yes
Most Recent	<b>Tab:</b> 10	Specialty Developing	SVS, SIR, STS,	First		2020	2022 Work RVU:	
RUC Meeting: January 2017		AATS Identified: January 201	017	Medicare	2022 NF PE RVU:			
						Utilization:	2022 Fac PE RVU:	
RUC Recommendation: Delete	ed from CP1			erred to CPT erred to CPT Asst	Publi	shed in CPT Asst:	Result: Deleted from CPT	
during endovascular	repair, incl nent calibra	less physiologic sensor uding radiological supe ation, and collection of p r primary procedure)	rvision and	Global:	Issue:	Endovascular Repair Procedures (EVAR)	Screen: Codes Reported Together 75%or More- Part3	Complete? Yes
Most Recent	<b>Tab:</b> 10	Specialty Developing	SVS, SIR, STS,	First		2020	2022 Work RVU:	
RUC Meeting: January 2017		Recommendation:	AATS	Identified: January 2	017	Medicare Utilization:	2022 NF PE RVU:	
						Otilization.	2022 Fac PE RVU:	
RUC Recommendation: Delete	ed from CPT		Refe	erred to CPT			Result: Deleted from CPT	
			Refe	erred to CPT Asst	Publi	shed in CPT Asst:		

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34812 Open femoral artery exposure for delivery of endovascular prosthesis, by groin Global: ZZZ Issue: Endovascular Repair Screen: Pre-Time Analysis Complete? Yes Procedures (EVAR) incision, unilateral (list separately in addition to code for primary procedure) 2022 Work RVU: 4.13 **Most Recent Tab:** 10 Specialty Developing SVS, SIR, STS, **First** 2020 **RUC Meeting:** January 2017 Identified: January 2014 Recommendation: **AATS** Medicare 2022 NF PE RVU: NA **Utilization:** 6,601 2022 Fac PE RVU: 0.90 **RUC Recommendation: 4.13** September 2016 Referred to CPT Result: Decrease Referred to CPT Asst Published in CPT Asst: Endovascular Repair Screen: Codes Reported 34820 Open iliac artery exposure for delivery of endovascular prosthesis or iliac Global: ZZZ Complete? Yes Procedures (EVAR) Together 75% or Moreocclusion during endovascular therapy, by abdominal or retroperitoneal Part3 incision, unilateral (list separately in addition to code for primary procedure) 2022 Work RVU: 7.00 Specialty Developing SVS, SIR, STS, **Most Recent Tab:** 10 2020 **RUC Meeting:** January 2017 Recommendation: AATS Identified: January 2017 Medicare 2022 NF PE RVU: NA **Utilization:** 57 **2022 Fac PE RVU: 1.12 RUC Recommendation:** 7.00 Referred to CPT Result: Decrease Referred to CPT Asst **Published in CPT Asst:** Placement of proximal or distal extension prosthesis for endovascular repair of Global: Issue: Endovascular Repair Screen: Pre-Time Analysis / Complete? Yes infrarenal abdominal aortic or iliac aneurysm, false aneurysm, or dissection; Procedures (EVAR) Codes Reported Together 75% or Moreinitial vessel Part3 2022 Work RVU: **Most Recent Tab:** 10 Specialty Developing SVS. SIR. STS. First 2020 **RUC Meeting:** January 2017 Recommendation: **AATS** Identified: January 2014 Medicare **2022 NF PE RVU: Utilization:** 2022 Fac PE RVU: RUC Recommendation: Deleted from CPT Referred to CPT September 2016 Result: Deleted from CPT

Referred to CPT Asst

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34826 Placement of proximal or distal extension prosthesis for endovascular repair of Global: Issue: Endovascular Repair Screen: Codes Reported Complete? Yes Procedures (EVAR) Together 75% or Moreinfrarenal abdominal aortic or iliac aneurysm. false aneurysm. or dissection: Part3 each additional vessel (List separately in addition to code for primary procedure) 2022 Work RVU: **Tab:** 10 Specialty Developing SVS, SIR, STS, 2020 **RUC Meeting:** January 2017 Recommendation: AATS Identified: January 2017 Medicare **2022 NF PE RVU: Utilization:** 2022 Fac PE RVU: RUC Recommendation: Deleted from CPT Referred to CPT Result: Deleted from CPT Referred to CPT Asst **Published in CPT Asst:** 34833 Open iliac artery exposure with creation of conduit for delivery of endovascular Global: ZZZ Issue: Endovascular Repair Screen: Codes Reported Complete? Yes Procedures (EVAR) Together 75% or Moreprosthesis or for establishment of cardiopulmonary bypass, by abdominal or retroperitoneal incision, unilateral (list separately in addition to code for primary Part3 procedure) 2022 Work RVU: 8.16 2020 **Most Recent Tab:** 10 Specialty Developing SVS, SIR, STS, First **RUC Meeting:** January 2017 Recommendation: AATS Identified: January 2017 Medicare 2022 NF PE RVU: NA **Utilization:** 40 **2022 Fac PE RVU: 1.30 RUC Recommendation: 8.16** Referred to CPT Result: Decrease **Published in CPT Asst: Referred to CPT Asst** 34834 Open brachial artery exposure for delivery of endovascular prosthesis, unilateral Global: ZZZ Endovascular Repair Screen: Codes Reported Complete? Yes (list separately in addition to code for primary procedure) Procedures (EVAR) Together 75% or More-Part3 2022 Work RVU: 2.65 **Most Recent** Specialty Developing SVS, SIR, STS, 2020 **Tab**: 10 First **RUC Meeting:** January 2017 Recommendation: **AATS** Identified: January 2017 Medicare 2022 NF PE RVU: NA **Utilization:** 374 2022 Fac PE RVU: 0.48 **RUC Recommendation: 2.65** Referred to CPT Result: Decrease

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34900 Endovascular repair of iliac artery (eg, aneurysm, pseudoaneurysm, Global: Issue: Endovascular Repair Screen: Codes Reported Complete? Yes Procedures (EVAR) Together 75% or Morearteriovenous malformation, trauma) using ilio-iliac tube endoprosthesis Part3 2022 Work RVU: Most Recent **Tab:** 10 Specialty Developing SVS, SIR, STS, First 2020 **RUC Meeting:** January 2017 Recommendation: **AATS** Identified: January 2017 Medicare **2022 NF PE RVU: Utilization:** 2022 Fac PE RVU: **RUC Recommendation:** Deleted from CPT Referred to CPT Result: Deleted from CPT Referred to CPT Asst **Published in CPT Asst:** Thromboendarterectomy, including patch graft, if performed; carotid, vertebral, Global: 090 **Issue:** Thromboendarterectomy Screen: CMS High Expenditure Complete? Yes Procedural Codes1 subclavian, by neck incision 2022 Work RVU: 21.16 **Most Recent Tab: 21** Specialty Developing SVS First 2020 **RUC Meeting:** January 2013 Recommendation: Identified: September 2011 Medicare 2022 NF PE RVU: NA **Utilization:** 27,259 **2022 Fac PE RVU: 6.70 RUC Recommendation: 21.16** Referred to CPT Result: Increase **Published in CPT Asst:** Referred to CPT Asst Transluminal balloon angioplasty, open; renal or other visceral artery Global: Issue: Open and Percutaneous Screen: Codes Reported Complete? Yes Transluminal Angioplasty Together 75% or More-Part3 2022 Work RVU: **Most Recent Tab:** 15 Specialty Developing ACR, SIR, SVS 2020 **RUC Meeting:** January 2016 Medicare Recommendation: Identified: October 2015 **2022 NF PE RVU: Utilization:** 2022 Fac PE RVU: **RUC Recommendation:** Deleted from CPT Result: Deleted from CPT Referred to CPT

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35452 Transluminal balloon ang	gioplasty	y, open; aortic		Global:	Issue:	Open and Percutaneous Transluminal Angioplasty	Screer	n: Codes Reported Together 75% or More- Part3	Complete? Yes
Most Recent RUC Meeting: January 2016  RUC Recommendation: Deleted from	ab: 15	Specialty Developing Recommendation:	Ref	First Identified: October 2	7	2020 Medicare Utilization: shed in CPT Asst:	Result: [	2022 Work RVU: 2022 NF PE RVU: 2022 Fac PE RVU: Deleted from CPT	
35454 Deleted from CPT				Global:	Issue:	Endovascular Revascularization	Screer	n: CMS Fastest Growing	Complete? Yes
Most Recent Ta RUC Meeting: April 2010	<b>ab</b> : 07	Specialty Developing Recommendation:	ACC, ACR, SIR, SVS	First Identified: February	2010	2020 Medicare Utilization:		2022 Work RVU: 2022 NF PE RVU: 2022 Fac PE RVU:	
RUC Recommendation: Deleted from	om CPT			erred to CPT Febru	ary 2010 Publi		Result: [	Deleted from CPT	
35456 Deleted from CPT				Global:	Issue:	Endovascular Revascularization	Screer	n: CMS Fastest Growing	Complete? Yes
Most Recent Ta RUC Meeting: April 2010	<b>ab:</b> 07	Specialty Developing Recommendation:	ACC, ACR, SIR, SVS	First Identified: February	2010	2020 Medicare Utilization:		2022 Work RVU: 2022 NF PE RVU: 2022 Fac PE RVU:	
RUC Recommendation: Deleted from	om CPT		Ref	erred to CPT Febru	ary 2010	)	Result: [	Deleted from CPT	

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35458 Transluminal balloon angiopl each vessel	asty, open; brachiocephali	c trunk or branche	s, Global:	Issue:	Open and Percutaneous Transluminal Angioplasty		: Codes Reported Together 75% or More- Part3	Complete? Yes
Most Recent Tab: 1 RUC Meeting: January 2016  RUC Recommendation: Deleted from 0	Recommendation:	Ret	First Identified: Octobe  ferred to CPT ferred to CPT Asst		2020 Medicare Utilization: shed in CPT Asst:	Result: D	2022 Work RVU: 2022 NF PE RVU: 2022 Fac PE RVU: Deleted from CPT	
35459 Deleted from CPT			Global:	Issue:	Endovascular Revascularization	Screen	: CMS Fastest Growing	Complete? Yes
Most Recent Tab: 0 RUC Meeting: April 2010	7 Specialty Developing Recommendation:	ACC, ACR, SIR, SVS	First Identified: Februa	ry 2010	2020 Medicare Utilization:		2022 Work RVU: 2022 NF PE RVU: 2022 Fac PE RVU:	
RUC Recommendation: Deleted from 0	PT			oruary 2010	) shed in CPT Asst:	Result: D	Peleted from CPT	
35460 Transluminal balloon angiopl	asty, open; venous		Global:	Issue:	Open and Percutaneous Transluminal Angioplasty		: Codes Reported Together 75% or More- Part3	Complete? Yes
Most Recent Tab: 1	. ,	ACR, SIR, SVS	First Identified: Octobe		2020		2022 Work RVU:	
RUC Meeting: January 2016	Recommendation:			er 2015	Medicare Utilization:		2022 NF PE RVU:	
RUC Recommendation: Deleted from 0	PT		ferred to CPT ferred to CPT Asst	☐ Publi	shed in CPT Asst:	Result: D	2022 Fac PE RVU: Deleted from CPT	

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35470 Deleted from CPT Global: Issue: Endovascular Screen: CMS Fastest Growing Complete? Yes Revascularization 2022 Work RVU: **Most Recent Tab:** 07 Specialty Developing ACC, ACR, SIR, 2020 **RUC Meeting:** April 2010 **SVS** Identified: October 2008 Recommendation: Medicare **2022 NF PE RVU: Utilization:** 2022 Fac PE RVU: RUC Recommendation: Deleted from CPT Referred to CPT February 2010 Result: Deleted from CPT Referred to CPT Asst Published in CPT Asst: 35471 Transluminal balloon angioplasty, percutaneous; renal or visceral artery Issue: Open and Percutaneous Screen: CMS Fastest Growing / Complete? Yes Global: Transluminal Angioplasty Codes Reported Together 75% or More-Part3 2022 Work RVU: **Most Recent** Specialty Developing ACR, SIR, SVS First 2020 **Tab**: 15 **RUC Meeting:** January 2016 Recommendation: Identified: October 2009 Medicare **2022 NF PE RVU: Utilization:** 2022 Fac PE RVU: RUC Recommendation: Deleted from CPT Referred to CPT October 2015 Result: Deleted from CPT Referred to CPT Asst Published in CPT Asst: Screen: CMS Fastest Growing / 35472 Transluminal balloon angioplasty, percutaneous; aortic Issue: Open and Percutaneous Complete? Yes Global: Transluminal Angioplasty Codes Reported Together 75% or More-Part3 2022 Work RVU: **Most Recent** Specialty Developing ACR, SIR, SVS 2020 **Tab:** 15 **RUC Meeting:** January 2016 Identified: October 2009 Medicare Recommendation: **2022 NF PE RVU: Utilization:** 2022 Fac PE RVU: RUC Recommendation: Deleted from CPT Referred to CPT Removed from CPT referral Result: Deleted from CPT

Referred to CPT Asst Published in CPT Asst:

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35473 Deleted from CPT Global: Issue: Endovascular Screen: CMS Fastest Growing Complete? Yes Revascularization 2022 Work RVU: **Most Recent Tab:** 07 Specialty Developing ACC, ACR, SIR, 2020 **RUC Meeting:** April 2010 **SVS** Identified: February 2010 Recommendation: Medicare **2022 NF PE RVU: Utilization:** 2022 Fac PE RVU: RUC Recommendation: Deleted from CPT Referred to CPT February 2010 Result: Deleted from CPT Published in CPT Asst: Referred to CPT Asst 35474 Deleted from CPT Issue: Endovascular Screen: CMS Fastest Growing Complete? Yes Global: Revascularization 2022 Work RVU: Most Recent **Tab:** 07 Specialty Developing ACC, ACR, SIR, **First** 2020 **RUC Meeting:** April 2010 SVS Identified: October 2008 Recommendation: Medicare **2022 NF PE RVU: Utilization:** 2022 Fac PE RVU: RUC Recommendation: Deleted from CPT Referred to CPT February 2010 Result: Deleted from CPT Published in CPT Asst: Referred to CPT Asst 35475 Transluminal balloon angioplasty, percutaneous; brachiocephalic trunk or Issue: Open and Percutaneous Screen: CMS Fastest Growing / Complete? Yes Global: CMS High Expenditure Transluminal Angioplasty branches, each vessel Procedural Codes1 / Codes Reported Together 75% or More-Part3 / High Volume Growth3 2022 Work RVU: **Most Recent Tab:** 15 Specialty Developing ACR, SIR, SVS First 2020 Identified: September 2011 **RUC Meeting:** January 2016 Recommendation: Medicare **2022 NF PE RVU: Utilization:** 2022 Fac PE RVU: RUC Recommendation: Deleted from CPT Referred to CPT October 2015 Result: Deleted from CPT

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First	Open and Percutaneous Transluminal Angioplasty	Screen: CMS Fastest Growing / CMS High Expenditure Procedural Codes1 / Codes Reported Together 75% or More- Part3	Complete? Yes
	2020	2022 Work BVIII	
	Medicare Utilization:	2022 WORK RVU: 2022 NF PE RVU: 2022 Fac PE RVU:	
erred to CPT October 2015		Result: Deleted from CPT	
erred to CPT Asst	shed in CPT Asst:		
	Endovascular Revascularization	Screen: High Volume Growth1	Complete? Yes
Identified: April 2008	2020 Medicare Utilization:	2022 Work RVU: 2022 NF PE RVU: 2022 Fac PE RVU:	
erred to CPT February 2010 erred to CPT Asst Publis		Result: Deleted from CPT	
	Endovascular Revascularization	Screen: High Volume Growth1	Complete? Yes
Identified: April 2008	2020 Medicare Utilization:	2022 Work RVU: 2022 NF PE RVU:	
	Ottiization.	2022 Fac PE RVU:	
erred to CPT February 2010		2022 Fac PE RVU: Result: Deleted from CPT	
9	Global: Issue:  First Identified: April 2008  rred to CPT February 2010 rred to CPT Asst Publis  Global: Issue:  First	Global: Issue: Endovascular Revascularization  First 2020 Identified: April 2008 Medicare Utilization:  rred to CPT February 2010 rred to CPT Asst Published in CPT Asst:  Global: Issue: Endovascular Revascularization First 2020	rred to CPT October 2015  Result: Deleted from CPT  Screen: High Volume Growth1  2022 Work RVU: 2022 Work RVU: 2022 NF PE RVU: 2022 Fac PE RVU: 2022 Fac PE RVU: Result: Deleted from CPT  Result: Deleted from CPT

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35492 Deleted from CPT Global: Issue: Endovascular Screen: High Volume Growth1 Complete? Yes Revascularization 2022 Work RVU: **Most Recent Tab:** 07 Specialty Developing SIR, ACR, SVS 2020 **RUC Meeting:** April 2010 Identified: April 2008 Recommendation: Medicare **2022 NF PE RVU: Utilization:** 2022 Fac PE RVU: RUC Recommendation: Deleted from CPT Referred to CPT February 2010 Result: Deleted from CPT Published in CPT Asst: Referred to CPT Asst 35493 Deleted from CPT Issue: Endovascular Screen: High Volume Growth1 Complete? Yes Global: Revascularization 2022 Work RVU: Most Recent **Tab:** 07 Specialty Developing SIR, ACR, SVS 2020 **RUC Meeting:** April 2010 Identified: February 2008 Recommendation: Medicare **2022 NF PE RVU: Utilization:** 2022 Fac PE RVU: RUC Recommendation: Deleted from CPT Referred to CPT February 2010 Result: Deleted from CPT Published in CPT Asst: Referred to CPT Asst 35494 Deleted from CPT Issue: Endovascular Screen: High Volume Growth1 Global: Complete? Yes Revascularization 2022 Work RVU: **Most Recent Tab: 07** Specialty Developing SIR, ACR, SVS First 2020 **RUC Meeting:** April 2010 Identified: April 2008 Recommendation: Medicare **2022 NF PE RVU: Utilization:** 2022 Fac PE RVU: Referred to CPT February 2010 Result: Deleted from CPT **RUC Recommendation:** Deleted from CPT Referred to CPT Asst Published in CPT Asst: 35495 Deleted from CPT Global: Issue: Endovascular Screen: High Volume Growth1 Complete? Yes Revascularization 2022 Work RVU: **Most Recent Tab:** 07 Specialty Developing SIR, ACR, SVS First 2020 **RUC Meeting:** April 2010 **Identified:** February 2008 Recommendation: Medicare **2022 NF PE RVU: Utilization:** 2022 Fac PE RVU: RUC Recommendation: Deleted from CPT Referred to CPT February 2010 Result: Deleted from CPT Referred to CPT Asst Published in CPT Asst:

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35701 Exploration not follow	wed by surg	ical repair, artery; neck (eg, carotid,	subclavian) Global: 090 Issue:	Exploration of Artery	Screen: Negative IWPUT	Complete? Ye
Most Recent RUC Meeting: January 2019	<b>Tab</b> : 06	Specialty Developing ACS, SVS Recommendation:	First Identified: January 2018	2020 Medicare Utilization: 885	2022 Work RVU: 7.50 2022 NF PE RVU: NA 2022 Fac PE RVU:4.09	
RUC Recommendation: 7.50			Referred to CPT September 20 Referred to CPT Asst  Publ		Result: Decrease	
35702 Exploration not follobrachial, radial, ulna		ical repair, artery; upper extremity (e	g, axillary, Global: 090 Issue	: Exploration of Artery	Screen: Negative IWPUT	Complete? Ye
Most Recent	<b>Tab</b> : 06	Specialty Developing	First	2020	<b>2022 Work RVU:</b> 7.12	
RUC Meeting: January 2019		Recommendation:	Identified: September 2018	Medicare Utilization: 499	2022 NF PE RVU: NA	
				Othization: 400	<b>2022 Fac PE RVU:</b> 3.20	
RUC Recommendation: 7.12			Referred to CPT September 20 Referred to CPT Asst Publ	018 ished in CPT Asst:	Result: Decrease	
35703 Exploration not follo	wed by surg	ical repair, artery; lower extremity (e	g, common Global: 090 Issue	: Exploration of Artery	Screen: Negative IWPUT	Complete? Ye
femoral, deep femora	wed by surg al, superficia Tab: 06	al femoral, popliteal, tibial, peroneal)	g, common Global: 090 Issue.	: Exploration of Artery	Screen: Negative IWPUT  2022 Work RVU: 7.50	Complete? Ye
femoral, deep femora  Most Recent	al, superficia	ical repair, artery; lower extremity (eal femoral, popliteal, tibial, peroneal) Specialty Developing Recommendation:		2020 Medicare	Ğ	Complete? Ye
35703 Exploration not follow femoral, deep femoral Most Recent RUC Meeting: January 2019	al, superficia	al femoral, popliteal, tibial, peroneal)  Specialty Developing	First	2020	2022 Work RVU: 7.50	Complete? Ye
femoral, deep femora  Most Recent	al, superficia	al femoral, popliteal, tibial, peroneal)  Specialty Developing	First	2020 Medicare Utilization: 666	2022 Work RVU: 7.50 2022 NF PE RVU: NA	Complete? Ye
femoral, deep femora  Most Recent RUC Meeting: January 2019  RUC Recommendation: 7.50	al, superficia	al femoral, popliteal, tibial, peroneal)  Specialty Developing	First Identified: September 2018  Referred to CPT September 20  Referred to CPT Asst Publ	2020 Medicare Utilization: 666	2022 Work RVU: 7.50 2022 NF PE RVU: NA 2022 Fac PE RVU: 3.04	•
femoral, deep femoral Most Recent RUC Meeting: January 2019  RUC Recommendation: 7.50  35721 Exploration (not foliofemoral artery	al, superficia	al femoral, popliteal, tibial, peroneal)  Specialty Developing Recommendation:  gical repair), with or without lysis of a	First Identified: September 2018  Referred to CPT September 20  Referred to CPT Asst Publ	2020 Medicare Utilization: 666 018 ished in CPT Asst:	2022 Work RVU: 7.50 2022 NF PE RVU: NA 2022 Fac PE RVU: 3.04 Result: Decrease	•
femoral, deep femoral Most Recent RUC Meeting: January 2019  RUC Recommendation: 7.50  35721 Exploration (not follofemoral artery  Most Recent	Tab: 06	al femoral, popliteal, tibial, peroneal) Specialty Developing Recommendation:	First Identified: September 2018  Referred to CPT September 20 Referred to CPT Asst Publ  artery; Global: Issue:	2020 Medicare Utilization: 666  018 ished in CPT Asst:  Exploration of Artery  2020 Medicare	2022 Work RVU: 7.50 2022 NF PE RVU: NA 2022 Fac PE RVU: 3.04 Result: Decrease  Screen: Negative IWPUT	•
femoral, deep femoral Most Recent RUC Meeting: January 2019  RUC Recommendation: 7.50  35721 Exploration (not follow	Tab: 06	Specialty Developing Recommendation:  gical repair), with or without lysis of a	First Identified: September 2018  Referred to CPT September 20 Referred to CPT Asst Publ  artery; Global: Issue:	2020 Medicare Utilization: 666  018 ished in CPT Asst:  Exploration of Artery  2020	2022 Work RVU: 7.50 2022 NF PE RVU: NA 2022 Fac PE RVU: 3.04 Result: Decrease  Screen: Negative IWPUT 2022 Work RVU:	Complete? Ye
femoral, deep femoral Most Recent RUC Meeting: January 2019  RUC Recommendation: 7.50  35721 Exploration (not follofemoral artery  Most Recent	Tab: 06  Tab: 06	Specialty Developing Recommendation:  gical repair), with or without lysis of a Specialty Developing ACS, SVS Recommendation:	First Identified: September 2018  Referred to CPT September 20 Referred to CPT Asst Publ  artery; Global: Issue:	2020 Medicare Utilization: 666  018 ished in CPT Asst:  Exploration of Artery  2020 Medicare Utilization:	2022 Work RVU: 7.50 2022 NF PE RVU: NA 2022 Fac PE RVU: 3.04 Result: Decrease  Screen: Negative IWPUT 2022 Work RVU: 2022 NF PE RVU:	•

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35741 Exploration (not followed by s popliteal artery	urgical repair), with or without lysis of ar	tery; Global: Issue	Exploration of Artery	Screen: Negative IWPUT	Complete? Yes
Most Recent Tab: 06 RUC Meeting: January 2019	Specialty Developing ACS, SVS Recommendation:	First Identified: January 2018	2020 Medicare Utilization:	2022 Work RVU: 2022 NF PE RVU: 2022 Fac PE RVU:	
RUC Recommendation: Deleted from C	PT	Referred to CPT September 2 Referred to CPT Asst Publ	018 lished in CPT Asst:	Result: Deleted from CPT	
35761 Exploration (not followed by s other vessels	urgical repair), with or without lysis of ar	tery; Global: Issue	Exploration of Artery	Screen: Negative IWPUT	Complete? Yes
Most Recent Tab: 06	Specialty Developing ACS, SVS	First	2020	2022 Work RVU:	
RUC Meeting: January 2019	Recommendation:	Identified: April 2017	Medicare Utilization:	2022 NF PE RVU:	
			Otilization.	2022 Fac PE RVU:	
RUC Recommendation: Deleted from C	PT	Referred to CPT September 2 Referred to CPT Asst Publ	018 lished in CPT Asst:	Result: Deleted from CPT	
36000 Introduction of needle or intra	catheter, vein	Global: XXX Issue	: Introduction of Needle of Intracatheter	Screen: Harvard Valued - Utilization over 100,000	Complete? Yes
Wost Recent Tab: 45	Specialty Developing ACC, AUR, AA	AP. <b>First</b>	2020	<b>2022 Work RVU</b> : 0.18	
RUC Meeting: April 2010	Recommendation: AAFP, ACRh	Identified: October 2009	Medicare	<b>2022 NF PE RVU</b> : 0.70	
			Utilization:	2022 Fac PE RVU: 0.07	
RUC Recommendation: CMS consider a	bundled status for this code	Referred to CPT Referred to CPT Asst  Publ	lished in CPT Asst:	Result: Maintain	
36010 Introduction of catheter, super	ior or inferior vena cava	Global: XXX Issue	e: Introduction of Catheter	Screen: Codes Reported Together 75% or More- Part1	Complete? Yes
Most Recent Tab: 18	Specialty Developing ACR, SIR, SVS	S First	2020	2022 Work RVU: 2.18	
RUC Meeting: October 2013	Recommendation:	Identified: February 2010	Medicare	<b>2022 NF PE RVU</b> : 14.32	
			Utilization: 13,423	2022 Fac PE RVU: 0.61	
RUC Recommendation: Remove from re	e-review.	Referred to CPT February 201	11	Result: Remove from Screen	
		Referred to CPT Asst    Publ			

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36140 Introduction of needle or intracatheter, upper or lower extremity artery Global: XXX Issue: Introduction of Needle or Screen: Harvard Valued -Complete? Yes Intracatheter Utilization over 30.000 **2022 Work RVU: 1.76** SVS, SIR, ACR, 2020 **Most Recent Tab:** 18 Specialty Developing **First RUC Meeting:** October 2013 Recommendation: **ACRO** Identified: April 2011 Medicare 2022 NF PE RVU: 13.78 17.418 **Utilization: 2022 Fac PE RVU: 0.50** RUC Recommendation: Remove from re-review Referred to CPT Result: Remove from Screen **Referred to CPT Asst Published in CPT Asst:** 36145 Deleted from CPT Global: Issue: Arteriovenous Shunt Screen: Codes Reported Complete? Yes **Imaging** Together 95% or More / Harvard Valued -Utilization over 100.000 2022 Work RVU: **Most Recent Tab**: 9 **Specialty Developing** First 2020 **Identified:** February 2008 **RUC Meeting:** April 2009 Recommendation: Medicare **2022 NF PE RVU: Utilization:** 2022 Fac PE RVU: RUC Recommendation: Deleted from CPT Referred to CPT February 2009 Result: Deleted from CPT Referred to CPT Asst Published in CPT Asst: 36147 Introduction of needle and/or catheter, arteriovenous shunt created for dialysis Issue: Dialysis Circuit -1 Screen: Codes Reported Complete? Yes Global: Together 95% or More (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) 2022 Work RVU: ACR. RPA. SIR. Most Recent **Tab:** 14 **Specialty Developing** 2020 **RUC Meeting:** January 2016 Recommendation: **SVS** Identified: February 2008 Medicare **2022 NF PE RVU: Utilization:** 2022 Fac PE RVU: RUC Recommendation: Deleted from CPT Referred to CPT October 2008 Result: Deleted from CPT Referred to CPT Asst **Published in CPT Asst:** 

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36148 Introduction of needle and/or catheter, arteriovenous shunt created for dialysis Issue: Dialysis Circuit -1 Screen: Codes Reported Complete? Yes Together 95% or More (graft/fistula); additional access for therapeutic intervention (List separately in addition to code for primary procedure) 2022 Work RVU: **Most Recent Tab**: 14 Specialty Developing ACR, RPA, SIR, 2020 **Identified:** February 2008 **RUC Meeting:** January 2016 Recommendation: **SVS** Medicare **2022 NF PE RVU: Utilization:** 2022 Fac PE RVU: RUC Recommendation: Deleted from CPT Referred to CPT October 2008 Result: Deleted from CPT Referred to CPT Asst **Published in CPT Asst:** 36215 Selective catheter placement, arterial system; each first order thoracic or Global: 000 Issue: Selective Catheter Screen: Codes Reported Complete? Yes brachiocephalic branch, within a vascular family Placement Together 75% or More-Part1 / Harvard-Valued **Annual Allowed Charges** Greater than \$10 million / Harvard Valued -Utilization greater than 30,000-Part2 / CMS High **Expenditure Procedural** Codes2 2022 Work RVU: 4.17 **Most Recent Tab: 23** Specialty Developing ACR, RPA, SIR, First 2020 **RUC Meeting:** April 2016 Recommendation: **SVS Identified:** February 2010 Medicare 2022 NF PE RVU: 27.20 **Utilization:** 42,749 2022 Fac PE RVU: 1.46 Referred to CPT **RUC Recommendation: 4.17** Result: Decrease Referred to CPT Asst Published in CPT Asst: 36216 Selective catheter placement, arterial system; initial second order thoracic or Selective Catheter Screen: Codes Reported Global: 000 Issue: Complete? Yes brachiocephalic branch, within a vascular family **Placement** Together 75% or More-Part1 / CMS High **Expenditure Procedural** Codes2 2022 Work RVU: 5.27 **Most Recent** Specialty Developing ACR, SIR, SVS 2020 **Tab**: 23 **RUC Meeting:** April 2016 Recommendation: **Identified:** February 2010 Medicare 2022 NF PE RVU: 26.59 **Utilization:** 4,110 2022 Fac PE RVU: 1.63 **RUC Recommendation:** 5.27 Referred to CPT Result: Maintain Referred to CPT Asst ■ Published in CPT Asst:

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36217 Selective catheter placement, a thoracic or brachiocephalic bra	rterial system; initial third order or more selective Global: 000 nch, within a vascular family	Issue: Selective Catheter Placement	Screen: Harvard Valued - Utilization over 30,000 / CMS High Expenditure Procedural Codes2	Complete? Yes
Most Recent Tab: 23	Specialty Developing ACR, SIR, SVS First	2020	<b>2022 Work RVU</b> : 6.29	
RUC Meeting: April 2016	Recommendation: Identified: April 201	1 Medicare Utilization: 3.625	<b>2022 NF PE RVU</b> : 46.84	
		Otilization: 5,025	<b>2022 Fac PE RVU:</b> 1.99	
<b>RUC Recommendation:</b> 6.29	Referred to CPT		Result: Maintain	
	Referred to CPT Asst	☐ Published in CPT Asst:		
order, and beyond, thoracic or	rterial system; additional second order, third Global: ZZZ brachiocephalic branch, within a vascular family al second or third order vessel as appropriate)	Issue: Selective Catheter Placement	Screen: CMS High Expenditure Procedural Codes2	Complete? Yes
Most Recent Tab: 23	Specialty Developing ACR, SIR, SVS First	2020	2022 Work RVU: 1.01	
RUC Meeting: April 2016	Recommendation: Identified: July 201	5 Medicare Utilization: 1,773	<b>2022 NF PE RVU</b> : 4.97	
		Othization. 1,775	2022 Fac PE RVU: 0.31	
RUC Recommendation: 1.01	Referred to CPT		Result: Maintain	
	Referred to CPT Asst	Published in CPT Asst:		
extracranial carotid, vertebral, a	nt, thoracic aorta, with angiography of the Global: 000 and/or intracranial vessels, unilateral or bilateral, supervision and interpretation, includes bral arch, when performed	Issue: Cervicocerebral Angiography	Screen: Codes Reported Together 75% or More- Part1	Complete? Yes
Most Recent Tab: 14	Specialty Developing AAN, AANS, ACC, First	2020	<b>2022 Work RVU</b> : 3.92	
RUC Meeting: April 2012	Recommendation: ACR, ASN, CNS, Identified: February SIR, SVS	2010 Medicare Utilization: 1,758	<b>2022 NF PE RVU</b> : 25.89	
		Othization: 1,730	<b>2022 Fac PE RVU</b> : 1.09	
RUC Recommendation: 4.51		uary 2012	Result: Decrease	
	Referred to CPT Asst	☐ Published in CPT Asst:		

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Selective catheter placement, common carotid or innominate artery, unilateral, Global: 000 Issue: Cervicocerebral Screen: Codes Reported Complete? Yes Together 75% or Moreany approach, with angiography of the ipsilateral extracranial carotid circulation Angiography Part1 and all associated radiological supervision and interpretation, includes angiography of the cervicocerebral arch, when performed 2022 Work RVU: 5.28 **Most Recent Tab:** 14 Specialty Developing AAN, AANS, ACC, 2020 **RUC Meeting:** April 2012 ACR, ASN, CNS, Recommendation: **Identified:** February 2010 Medicare 2022 NF PE RVU: 30.52 SIR, SVS **Utilization:** 5,920 **2022 Fac PE RVU: 1.79 RUC Recommendation: 6.00** Referred to CPT February 2012 Result: Decrease Published in CPT Asst: Referred to CPT Asst 36223 Selective catheter placement, common carotid or innominate artery, unilateral, Global: 000 Issue: Cervicocerebral Screen: Codes Reported Complete? Yes Together 75% or Moreany approach, with angiography of the ipsilateral intracranial carotid circulation Angiography Part1 / PE Units Screen and all associated radiological supervision and interpretation, includes angiography of the extracranial carotid and cervicocerebral arch, when performed 2022 Work RVU: 5.75 **Most Recent Tab**: 24 Specialty Developing AAN, AANS, ACC, 2020 **RUC Meeting:** October 2020 Recommendation: ACR, ASN, CNS, **Identified:** February 2010 Medicare 2022 NF PE RVU: 41.86 SIR. SVS **Utilization:** 24,795 **2022 Fac PE RVU: 2.25 RUC Recommendation:** 6.50 Referred to CPT February 2012 Result: Decrease Referred to CPT Asst ☐ Published in CPT Asst: 36224 Selective catheter placement, internal carotid artery, unilateral, with angiography Global: 000 Screen: Codes Reported Issue: Cervicocerebral Complete? Yes of the ipsilateral intracranial carotid circulation and all associated radiological Angiography Together 75% or More-Part1 / PE Units Screen supervision and interpretation, includes angiography of the extracranial carotid and cervicocerebral arch, when performed **2022 Work RVU: 6.25** Most Recent **Tab: 24** Specialty Developing AAN, AANS, ACC, 2020 **RUC Meeting:** October 2020 ACR, ASN, CNS, Identified: February 2010 Recommendation: Medicare **2022 NF PE RVU: 53.61** SIR. SVS **Utilization:** 32,350 **2022 Fac PE RVU: 2.70 RUC Recommendation:** 7.55 Referred to CPT February 2012 Result: Decrease Referred to CPT Asst Published in CPT Asst:

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Selective catheter placement, subclavian or innominate artery, unilateral, with Global: 000 Issue: Cervicocerebral Screen: Codes Reported Complete? Yes Together 75% or Moreangiography of the ipsilateral vertebral circulation and all associated Angiography Part1 radiological supervision and interpretation, includes angiography of the cervicocerebral arch, when performed **2022 Work RVU: 5.75 Most Recent Tab:** 14 Specialty Developing AAN. AANS. ACC. 2020 **RUC Meeting:** April 2012 ACR, ASN, CNS, Recommendation: **Identified:** February 2010 Medicare 2022 NF PE RVU: 39.34 SIR, SVS **Utilization:** 9,398 2022 Fac PE RVU: 2.17 **RUC Recommendation: 6.50** Referred to CPT February 2012 Result: Decrease Referred to CPT Asst Published in CPT Asst: 36226 Selective catheter placement, vertebral artery, unilateral, with angiography of the Global: 000 Issue: Cervicocerebral Screen: Codes Reported Complete? Yes Together 75% or Moreipsilateral vertebral circulation and all associated radiological supervision and Angiography Part1 interpretation, includes angiography of the cervicocerebral arch, when performed 2022 Work RVU: 6.25 **Most Recent Tab: 14** Specialty Developing AAN, AANS, ACC, 2020 **RUC Meeting:** April 2012 ACR, ASN, CNS, **Identified:** February 2010 Recommendation: Medicare 2022 NF PE RVU: 51.43 SIR. SVS **Utilization:** 28,231 **2022 Fac PE RVU: 2.65** February 2012 RUC Recommendation: 7.55 Referred to CPT Result: Decrease Referred to CPT Asst Published in CPT Asst: 36227 Selective catheter placement, external carotid artery, unilateral, with Global: 777 Cervicocerebral Screen: Codes Reported Complete? Yes Together 75% or More-Angiography angiography of the ipsilateral external carotid circulation and all associated radiological supervision and interpretation (list separately in addition to code for Part1 primary procedure) 2022 Work RVU: 2.09 **Most Recent Tab:** 14 **Specialty Developing** AAN, AANS, ACC, 2020 ACR, ASN, CNS. **Identified:** February 2010 **RUC Meeting:** April 2012 Recommendation: Medicare 2022 NF PE RVU: 4.40 SIR, SVS 13,420 **Utilization:** 2022 Fac PE RVU: 0.84 **RUC Recommendation: 2.32** February 2012 Referred to CPT Result: Decrease

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Selective catheter placement, each intracranial branch of the internal carotid or Global: ZZZ Issue: Cervicocerebral Screen: Codes Reported Complete? Yes Together 75% or Morevertebral arteries, unilateral, with angiography of the selected vessel circulation Angiography and all associated radiological supervision and interpretation (eg. middle Part1 cerebral artery, posterior inferior cerebellar artery) (list separately in addition to code for primary procedure) 2022 Work RVU: 4.25 **Most Recent Tab:** 14 Specialty Developing AAN, AANS, ACC, 2020 ACR, ASN, CNS, **RUC Meeting:** April 2012 Recommendation: **Identified:** February 2010 Medicare 2022 NF PE RVU: 32.82 SIR. SVS **Utilization:** 1,948 2022 Fac PE RVU: 1.71 Referred to CPT **RUC Recommendation:** 4.25 February 2012 Result: Decrease Published in CPT Asst: Referred to CPT Asst 36245 Selective catheter placement, arterial system; each first order abdominal, pelvic, Global: XXX Selective Catheter Screen: Harvard Valued -Complete? Yes or lower extremity artery branch, within a vascular family **Placement** Utilization over 100,000 / Codes Reported Together 75% or More-Part1 / Harvard-Valued **Annual Allowed Charges** Greater than \$10 million 2022 Work RVU: 4.65 **Most Recent** Specialty Developing ACC, ACR, SIR, 2020 **Tab**: 22 **RUC Meeting:** January 2013 Recommendation: SCAI, SVS Identified: October 2009 Medicare 2022 NF PE RVU: 33.01 **Utilization:** 35,341 2022 Fac PE RVU: 1.42 **RUC Recommendation: 4.90** Referred to CPT February 2010 and February Result: Decrease Referred to CPT Asst **Published in CPT Asst:** 36246 Selective catheter placement, arterial system; initial second order abdominal, Global: 000 Issue: Vascular Injection Screen: Harvard Valued -Complete? Yes pelvic, or lower extremity artery branch, within a vascular family Procedures Utilization over 100,000 2022 Work RVU: 5.02 2020 Specialty Developing SVS, SIR, ACR, **Tab**: 27 **RUC Meeting:** October 2012 ACC **Identified:** February 2010 Recommendation: Medicare **2022 NF PE RVU: 19.75 Utilization:** 31,792 2022 Fac PE RVU: 1.34 RUC Recommendation: 5.27 Referred to CPT Result: Maintain Referred to CPT Asst □ Published in CPT Asst:

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Selective catheter placement, arterial system; initial third order or more selective Global: 000 Issue: Vascular Injection Screen: Harvard Valued -Complete? Yes Procedures Utilization over 100.000 abdominal, pelvic, or lower extremity artery branch, within a vascular family 2022 Work RVU: 6.04 **Tab: 27** Specialty Developing SVS, SIR, ACR, 2020 **Most Recent RUC Meeting:** October 2012 Recommendation: ACC Identified: February 2010 Medicare 2022 NF PE RVU: 37.03 60,496 **Utilization: 2022 Fac PE RVU: 1.63** RUC Recommendation: 7.00 Referred to CPT Result: Increase **Referred to CPT Asst Published in CPT Asst:** Global: ZZZ 36248 Selective catheter placement, arterial system; additional second order, third Screen: CMS Fastest Growing Issue: Catheter Placement Complete? Yes 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) 2022 Work RVU: 1.01 **Most Recent Tab:** 40 Specialty Developing ACR, SIR First 2020 **RUC Meeting:** October 2009 Identified: October 2008 Recommendation: Medicare **2022 NF PE RVU: 2.43** 25,988 **Utilization: 2022 Fac PE RVU: 0.28** RUC Recommendation: Remove from screen Referred to CPT February 2010 Result: Remove from Screen Published in CPT Asst: Referred to CPT Asst 36251 Selective catheter placement (first-order), main renal artery and any accessory Global: 000 Issue: Renal Angiography Screen: Codes Reported Complete? Yes Together 75% or Morerenal artery(s) for renal angiography, including arterial puncture and catheter Part1 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 2022 Work RVU: 5.10 **Most Recent** Specialty Developing ACR, SIR 2020 **RUC Meeting:** April 2011 Identified: February 2011 Recommendation: Medicare **2022 NF PE RVU: 33.88 Utilization:** 3.009 **2022 Fac PE RVU: 1.49 RUC Recommendation: 5.45** Referred to CPT Result: Decrease **Referred to CPT Asst Published in CPT Asst:** 

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36252 Selective catheter placement (first-order), main renal artery and any accessory Global: 000 Issue: Renal Angiography Screen: Codes Reported Complete? Yes Together 75% or Morerenal artery(s) for renal angiography, including arterial puncture and catheter placement(s), fluoroscopy, contrast injection(s), image postprocessing, Part1 permanent recording of images, and radiological supervision and interpretation. including pressure gradient measurements when performed, and flush aortogram when performed: bilateral 2022 Work RVU: 6.74 2020 **Most Recent Tab:** 11 Specialty Developing ACR, SIR First **RUC Meeting:** April 2011 Identified: February 2011 Recommendation: Medicare 2022 NF PE RVU: 34.76 **Utilization:** 6.222 2022 Fac PE RVU: 2.25 **RUC Recommendation:** 7.38 Referred to CPT Result: Decrease Referred to CPT Asst **Published in CPT Asst:** 36253 Superselective catheter placement (one or more second order or higher renal Global: 000 Issue: Renal Angiography Screen: Codes Reported Complete? Yes artery branches) renal artery and any accessory renal artery(s) for renal Together 75% or Moreangiography, including arterial puncture, catheterization, fluoroscopy, contrast Part1 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 2022 Work RVU: 7.30 **Tab**: 11 2020 **Most Recent** Specialty Developing ACR, SIR **RUC Meeting:** April 2011 Recommendation: **Identified:** February 2011 Medicare 2022 NF PE RVU: 54.16 **Utilization:** 1,559 **2022 Fac PE RVU: 2.15 RUC Recommendation:** 7.55 Referred to CPT Result: Decrease **Referred to CPT Asst Published in CPT Asst:** 36254 Superselective catheter placement (one or more second order or higher renal Global: 000 Issue: Renal Angiography Screen: Codes Reported Complete? Yes artery branches) renal artery and any accessory renal artery(s) for renal Together 75% or More-Part1 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 2022 Work RVU: 7.90 Specialty Developing ACR, SIR **Most Recent** 2020 Tab: 11 First **RUC Meeting:** April 2011 Recommendation: **Identified:** February 2011 Medicare 2022 NF PE RVU: 52.13 **Utilization:** 154 **2022 Fac PE RVU: 2.50 RUC Recommendation:** 8.15 Referred to CPT Result: Decrease **Referred to CPT Asst Published in CPT Asst:** 

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36410 Venipuncture, age 3 years or older, necessitating the skill of a physician or other Global: XXX Issue: Venipunture Screen: Harvard Valued -Complete? Yes Utilization over 100.000 qualified health care professional (separate procedure), for diagnostic or therapeutic purposes (not to be used for routine venipuncture) 2022 Work RVU: 0.18 **Most Recent** Specialty Developing ACP First 2020 Identified: October 2009 **RUC Meeting:** April 2010 Recommendation: Medicare 2022 NF PE RVU: 0.32 137,370 **Utilization:** 2022 Fac PE RVU: 0.07 **RUC Recommendation: 0.18** Referred to CPT Result: Maintain Referred to CPT Asst **Published in CPT Asst:** 36475 Endovenous ablation therapy of incompetent vein, extremity, inclusive of all Global: 000 Screen: High Volume Growth2 Issue: Endovenous Ablation Complete? Yes imaging guidance and monitoring, percutaneous, radiofrequency; first vein treated 2022 Work RVU: 5.30 Most Recent **Tab:** 38 Specialty Developing ACC, ACR, ACS, First 2020 **RUC Meeting:** April 2014 SCAI, SIR, SVS Identified: April 2013 Recommendation: Medicare **2022 NF PE RVU: 26.97 Utilization:** 82,131 **2022 Fac PE RVU: 1.72 RUC Recommendation:** 5.30 Referred to CPT Result: Decrease Referred to CPT Asst **Published in CPT Asst:** 36476 Endovenous ablation therapy of incompetent vein, extremity, inclusive of all Global: ZZZ Issue: Endovenous Ablation Screen: High Volume Growth2 Complete? Yes imaging guidance and monitoring, percutaneous, radiofrequency; subsequent vein(s) treated in a single extremity, each through separate access sites (list separately in addition to code for primary procedure) 2022 Work RVU: 2.65 Most Recent **Tab:** 38 Specialty Developing ACC, ACR, ACS, 2020 SCAI, SIR, SVS **RUC Meeting:** April 2014 Identified: October 2013 Recommendation: Medicare **2022 NF PE RVU: 5.47 Utilization:** 5,868 **2022 Fac PE RVU:** 0.72 **RUC Recommendation: 2.65** Referred to CPT Result: Decrease Referred to CPT Asst Published in CPT Asst:

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00-110		incompetent vein, extre ng, percutaneous, laser;		II Global: 000	Issue:	Endovenous Ablation	Screen: High Volume Growth2	Complete? Yes
Most Recent	<b>Tab:</b> 38	Specialty Developing	ACC, ACR, ACS,	First		2020	<b>2022 Work RVU:</b> 5.30	
RUC Meeting: April 2014		Recommendation:	SCAI, SIR, SVS	Identified: April 2013	3	Medicare Utilization: 37.437	<b>2022 NF PE RVU</b> : 24.09	
						Othization. 37,437	<b>2022 Fac PE RVU</b> : 1.76	
RUC Recommendation: 5.30			Ref	erred to CPT	,		Result: Decrease	
			Ref	erred to CPT Asst	Publi	ished in CPT Asst:		
imaging guidance and	d monitorin remity, eac	incompetent vein, extreng, percutaneous, laser; ch through separate acc procedure)	subsequent vein(s)	)	Issue:	Endovenous Ablation	Screen: High Volume Growth2	Complete? Yes
Most Recent	<b>Tab:</b> 38	Specialty Developing	ACC, ACR, ACS,	First		2020	2022 Work RVU: 2.65	
RUC Meeting: April 2014		Recommendation:	SCAI, SIR, SVS	Identified: April 2013	3	Medicare Utilization: 4,399	<b>2022 NF PE RVU</b> : 5.91	
						Utilization: 4,399	<b>2022 Fac PE RVU</b> : 0.78	
<b>RUC Recommendation:</b> 2.65			Ref	erred to CPT			Result: Decrease	
			Refe	erred to CPT Asst	Publi	ished in CPT Asst:		
36481 Percutaneous portal v	vein cathet	erization by any method	ı	Global: 000	Issue:	Interventional Radiology Procedures	Screen: CMS Request - Practice Expense Review	Complete? Yes
Most Recent	<b>Tab</b> : 21	Specialty Developing	ACR, SIR	First		2020	<b>2022 Work RVU:</b> 6.73	
RUC Meeting: February 2009		Recommendation:		Identified: NA		Medicare	<b>2022 NF PE RVU</b> : 46.31	
						Utilization: 709	<b>2022 Fac PE RVU</b> : 2.01	
RUC Recommendation: New P	PE Inputs		Ref	erred to CPT			Result: PE Only	

Referred to CPT Asst Published in CPT Asst:

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36511 Therapeutic apheresis; for white blood cells Global: 000 Issue: Therapeutic Apheresis Screen: CMS Request - Final

Rule for 2016

2022 Work RVU: 1.81

Complete? Yes

2022 Work RVU: 2.00 Specialty Developing CAP, RPA 2020 **Most Recent Tab:** 12 First

**RUC Meeting:** January 2017 Recommendation: Identified: January 2017 Medicare 2022 NF PE RVU: NA 278 **Utilization:** 

2022 Fac PE RVU: 1.07

RUC Recommendation: 2.00. Refer to CPT Assistant. Referred to CPT September 2016 Result: Increase

Referred to CPT Asst Published in CPT Asst: May 2018

36512 Therapeutic apheresis; for red blood cells Global: 000 Screen: CMS Request - Final **Issue:** Therapeutic Apheresis Complete? Yes

Rule for 2016

2022 Work RVU: 2.00 Most Recent Specialty Developing CAP, RPA First 2020

**RUC Meeting:** January 2017 Recommendation: Identified: January 2017 Medicare **2022 NF PE RVU: NA Utilization:** 2,926

**2022 Fac PE RVU: 1.00** 

RUC Recommendation: 2.00. Refer to CPT Assistant. Referred to CPT September 2016 Result: Increase

Referred to CPT Asst Published in CPT Asst: May 2018

36513 Therapeutic apheresis; for platelets Global: 000 **Issue:** Therapeutic Apheresis Screen: CMS Request - Final Complete? Yes

Rule for 2016

2022 Work RVU: 2.00 **Tab:** 12 Specialty Developing CAP, RPA 2020 Most Recent First **RUC Meeting:** January 2017 Recommendation: Identified: January 2017 Medicare

2022 NF PE RVU: NA **Utilization:** 179

2022 Fac PE RVU: 0.90

RUC Recommendation: 2.00. Refer to CPT Assistant. Referred to CPT September 2016 Result: Increase

Referred to CPT Asst Published in CPT Asst: May 2018

Global: 000 36514 Therapeutic apheresis; for plasma pheresis Issue: Therapeutic Apheresis Screen: CMS Request - Final Complete? Yes

Rule for 2016

2020

First **RUC Meeting:** January 2017 Recommendation: Identified: January 2017 Medicare 2022 NF PE RVU: 15.21

25.754 **Utilization:** 2022 Fac PE RVU: 0 79

RUC Recommendation: 1.81. Refer to CPT Assistant Referred to CPT September 2016 Result: Increase

Referred to CPT Asst Published in CPT Asst: May 2018

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Specialty Developing CAP, RPA

**Tab:** 12

Most Recent

36515 Therapeutic apheresis; with extracorporeal immunoadsorption and plasma Global: Issue: Therapeutic Apheresis Screen: CMS Request - Final

reinfusion

2022 Work RVU: **Tab:** 12 Specialty Developing CAP, RPA 2020 **Most Recent** First

**RUC Meeting:** January 2017 Recommendation: Identified: January 2017 Medicare **2022 NF PE RVU: Utilization:** 

2022 Fac PE RVU: **RUC Recommendation:** Deleted from CPT Referred to CPT September 2016 Result: Deleted from CPT

Referred to CPT Asst Published in CPT Asst: May 2018

36516 Therapeutic apheresis; with extracorporeal immunoadsorption, selective Global: 000 Screen: CMS Fastest Growing / **Issue:** Therapeutic Apheresis Complete? Yes

Complete? Yes

Rule for 2016

2022 Fac PE RVU: 0.65

2022 Fac PE RVU: 0.97

adsorption or selective filtration and plasma reinfusion

CMS Request - Final Rule for 2016

2022 Work RVU: 1.56 **Most Recent Tab:** 12 Specialty Developing CAP, RPA First 2020 **RUC Meeting:** January 2017 Recommendation: Identified: October 2008 Medicare

2022 NF PE RVU: 52.81 **Utilization:** 978

RUC Recommendation: 1.56. Refer to CPT Assistant Referred to CPT September 2016 Result: Increase

Referred to CPT Asst Published in CPT Asst: Sep 2009

Screen: CMS Request - Final 36522 Photopheresis, extracorporeal Global: 000 **Issue:** Therapeutic Apheresis Complete? Yes

Rule for 2016

2022 Work RVU: 1.75 Most Recent **Tab: 12** Specialty Developing CAP, RPA First 2020 **RUC Meeting:** January 2017 Identified: January 2017 Recommendation: Medicare

**2022 NF PE RVU**: 39.97 **Utilization:** 8.511

RUC Recommendation: 1.75. Refer to CPT Assistant Referred to CPT September 2016 Result: Increase

Referred to CPT Asst Published in CPT Asst: May 2018

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36555 Insertion of non-tunn than 5 years of age	eled centra	Illy inserted central venous catheter;	younger Global: 000 lss	sue: Insertion of Catheter	Screen: CMS High Expenditure Procedural Codes2	Complete? Yes
Most Recent	<b>Tab</b> : 16	Specialty Developing ACR, ASA	First	2020	<b>2022 Work RVU</b> : 1.93	
RUC Meeting: October 2016		Recommendation:	Identified: July 2015	Medicare Utilization: 34	<b>2022 NF PE RVU</b> : 3.64	
				Otinzation. 04	<b>2022 Fac PE RVU</b> : 0.38	
RUC Recommendation: 1.93			Referred to CPT	Published in CPT Asst:	Result: Decrease	
			Referred to CPT Asst	rublished in CFT ASSL.		
36556 Insertion of non-tunn or older	eled centra	Illy inserted central venous catheter;	age 5 years Global: 000 Iss	sue: Insertion of Catheter	Screen: CMS High Expenditure Procedural Codes2	Complete? Yes
Most Recent	<b>Tab</b> : 16	Specialty Developing ACR, ASA	First	2020	<b>2022 Work RVU</b> : 1.75	
RUC Meeting: October 2016		Recommendation:	Identified: July 2015	Medicare Utilization: 422,378	<b>2022 NF PE RVU</b> : 4.53	
				Otinzation: 422,570	<b>2022 Fac PE RVU</b> : 0.50	
RUC Recommendation: 1.75			Referred to CPT Referred to CPT Asst P	Published in CPT Asst:	Result: Decrease	
	•	d central venous catheter (picc), with hout imaging guidance; younger than		sue: PICC Line Procedures	Screen: Identified in RUC review of other services	Complete? Yes
Most Recent	<b>Tab:</b> 13	Specialty Developing ACR, SIR	First	2020	<b>2022 Work RVU:</b> 2.11	
RUC Meeting: September 2022		Recommendation:	Identified: October 2016	6 Medicare Utilization: 2	2022 NF PE RVU: NA	
					<b>2022 Fac PE RVU</b> : 0.35	
RUC Recommendation: 2.11			Referred to CPT September		Result: Decrease	
			Referred to CPT Asst	Published in CPT Asst:		

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36569 Insertion of peripherally inserted central venous catheter (picc), with subcutaneous port or pump, without imaging guidance; age 5 years		Screen: CMS High Expenditure Complete? Yes Procedural Codes2
Most Recent Tab: 13 Specialty Developing ACR, SIR	First 2020	<b>2022 Work RVU:</b> 1.90
RUC Meeting: September 2022 Recommendation:	Identified: July 2015 Medicare Utilization: 11,928	2022 NF PE RVU: NA
		<b>2022 Fac PE RVU</b> : 0.60
RUC Recommendation: 1.90.	Referred to CPT September 2017 Referred to CPT Asst  Published in CPT Asst:	Result: Decrease
36572 Insertion of peripherally inserted central venous catheter (picc), with subcutaneous port or pump, including all imaging guidance, image documentation, and all associated radiological supervision and interrequired to perform the insertion; younger than 5 years of age		Screen: CMS High Expenditure Complete? Yes Procedural Codes2
Most Recent Tab: 13 Specialty Developing ACR, SIR, S	VS First 2020	<b>2022 Work RVU:</b> 1.82
RUC Meeting: September 2022 Recommendation:	Identified: September 2017 Medicare Utilization: 26	<b>2022 NF PE RVU</b> : 9.46
	Othization. 20	<b>2022 Fac PE RVU</b> : 0.33
RUC Recommendation: 2.00	Referred to CPT	Result: Decrease
	Referred to CPT Asst	
36573 Insertion of peripherally inserted central venous catheter (picc), with subcutaneous port or pump, including all imaging guidance, image documentation, and all associated radiological supervision and interrequired to perform the insertion; age 5 years or older		Screen: CMS High Expenditure Complete? Yes Procedural Codes2
Most Recent Tab: 13 Specialty Developing ACR, SIR, S	VS First 2020	<b>2022 Work RVU:</b> 1.70
RUC Meeting: September 2022 Recommendation:	Identified: September 2017 Medicare Utilization: 75,480	<b>2022 NF PE RVU</b> : 9.96
	Utilization: 75,480	<b>2022 Fac PE RVU</b> : 0.56
RUC Recommendation: 1.90	Referred to CPT Referred to CPT Asst  Published in CPT Asst:	Result: Decrease

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Replacement, complete, of a peripherally inserted central venous catheter (picc), Global: 000 Issue: PICC Line Procedures Screen: Identified in RUC review Complete? Yes 36584 of other services without subcutaneous port or pump, through same venous access, including all imaging guidance, image documentation, and all associated radiological supervision and interpretation required to perform the replacement 2022 Work RVU: 1.20 **Most Recent Tab:** 13 Specialty Developing ACR, SIR First 2020 **RUC Meeting:** September 2022 Identified: October 2016 Recommendation: Medicare 2022 NF PE RVU: 8.86 **Utilization:** 3,570 **2022 Fac PE RVU: 0.40 RUC Recommendation: 1.47** Referred to CPT September 2017 Result: Decrease Referred to CPT Asst ■ Published in CPT Asst: 36620 Arterial catheterization or cannulation for sampling, monitoring or transfusion Global: 000 **Issue:** Insertion of Catheter Screen: CMS High Expenditure Complete? Yes Procedural Codes2 / (separate procedure); percutaneous Codes Reported Together 75% or More-Part4 / Modifier -51 Exempt 2022 Work RVU: 1.00 **Most Recent Tab:** 33 Specialty Developing ACR, ASA First 2020 **RUC Meeting:** April 2018 Recommendation: Identified: July 2015 Medicare **2022 NF PE RVU: NA** 537,935 **Utilization:** 2022 Fac PE RVU: 0.20 **RUC Recommendation: 1.00** Referred to CPT Result: Decrease **Published in CPT Asst:** Referred to CPT Asst 36818 Arteriovenous anastomosis, open; by upper arm cephalic vein transposition Global: 090 Issue: Arteriovenous Anastomosis Screen: CMS Request - Final Complete? Yes Rule for 2013 2022 Work RVU: 12.39 2020 **Most Recent Tab:** 10 Specialty Developing ACS, SVS **First RUC Meeting:** October 2013 Recommendation: **Identified:** November 2012 Medicare 2022 NF PE RVU: NA **Utilization:** 4,375 **2022 Fac PE RVU:** 4.83 Referred to CPT **RUC Recommendation: 13.00** Result: Increase

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36819 Arteriovenous anasto	mosis, ope	n; by upper arm basilic vein transpositio	on Global: 090 Issue	e: Arteriovenous Anastomo	sis <b>Screen:</b> CMS Request - Final Rule for 2013	Complete? Yes
Most Recent	<b>Tab:</b> 10	Specialty Developing ACS, SVS	First	2020	<b>2022 Work RVU</b> : 13.29	
RUC Meeting: October 2013		Recommendation:	Identified: November 2012		<b>2022 NF PE RVU</b> : NA	
				Utilization: 6,123	<b>2022 Fac PE RVU</b> : 4.90	
<b>RUC Recommendation:</b> 15.00		R	teferred to CPT		Result: Increase	
		R	eferred to CPT Asst	lished in CPT Asst:		
36820 Arteriovenous anasto	mosis, ope	n; by forearm vein transposition	Global: 090 Issue	e: Arteriovenous Anastomo	sis Screen: Site of Service Anomaly / CMS Request - Final Rule for 2013	Complete? Yes
Most Recent	<b>Tab:</b> 10	Specialty Developing ACS, SVS	First	2020	2022 Work RVU: 13.07	
RUC Meeting: October 2013		Recommendation:	Identified: September 200	7 Medicare	2022 NF PE RVU: NA	
				Utilization: 1,070	2022 Fac PE RVU: 4.88	
<b>RUC Recommendation</b> : 13.99		R	eferred to CPT		Result: Decrease	
		R	teferred to CPT Asst	lished in CPT Asst:		
36821 Arteriovenous anastor procedure)	mosis, ope	n; direct, any site (eg, cimino type) (sepa	arate Global: 090 Issu	e: Arteriovenous Anastomo	sis Screen: Site of Service Anomaly / CMS Request - Final Rule for 2013	Complete? Yes
Most Recent	<b>Tab:</b> 10	Specialty Developing ACS, SVS	First	2020	<b>2022 Work RVU:</b> 11.90	
RUC Meeting: October 2013	rubi .s	Recommendation:	Identified: September 200	7 Medicare	2022 NF PE RVU: NA	
				Utilization: 26,218	<b>2022 Fac PE RVU</b> :4.63	
<b>RUC Recommendation:</b> 11.90		R	eferred to CPT		Result: Decrease	
		R	Referred to CPT Asst 🔲 Pub	lished in CPT Asst:		

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36822 Insertion of cannula(s) for prolonged extracorporeal circulation for Global: Issue: ECMO-ECLS Screen: CMS Request - Final Complete? Yes Rule for 2014 cardiopulmonary insufficiency (ECMO) (separate procedure) 2022 Work RVU: Specialty Developing STS, AAP, ACC, 2020 **Most Recent Tab**: 11 First **RUC Meeting:** April 2014 Recommendation: **SCAI** Identified: February 2011 Medicare **2022 NF PE RVU: Utilization:** 2022 Fac PE RVU: **RUC Recommendation:** Deleted from CPT Referred to CPT February 2014 Result: Deleted from CPT Referred to CPT Asst **Published in CPT Asst:** 36825 Creation of arteriovenous fistula by other than direct arteriovenous anastomosis Global: 090 Issue: Arteriovenous Anastomosis Screen: Site of Service Anomaly / Complete? Yes (separate procedure); autogenous graft CMS Request - Final Rule for 2013 2022 Work RVU: 14.17 **Most Recent Tab:** 10 Specialty Developing ACS, SVS First 2020 **RUC Meeting:** October 2013 Recommendation: Identified: September 2007 Medicare 2022 NF PE RVU: NA **Utilization:** 1,533 **2022 Fac PE RVU:** 5.64 **RUC Recommendation: 15.93** Referred to CPT Result: Increase **Published in CPT Asst:** Referred to CPT Asst 36830 Creation of arteriovenous fistula by other than direct arteriovenous anastomosis Global: 090 Issue: Arteriovenous Anastomosis Screen: CMS Request - Final Complete? Yes Rule for 2013 (separate procedure); nonautogenous graft (eg, biological collagen, thermoplastic graft) 2022 Work RVU: 12.03 **Most Recent Tab:** 10 Specialty Developing ACS, SVS First 2020 **RUC Meeting:** October 2013 Recommendation: Identified: November 2012 Medicare 2022 NF PE RVU: NA 17,399 **Utilization:** 2022 Fac PE RVU: 4.60 **RUC Recommendation: 11.90** Referred to CPT Result: Decrease Referred to CPT Asst **Published in CPT Asst:** 

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36834 Deleted from CPT Global: Issue: Aneurysm Repair Screen: Site of Service Anomaly Complete? Yes 2022 Work RVU: **Most Recent Tab:** 16 Specialty Developing AVA, ACS First 2020 **RUC Meeting:** September 2007 Recommendation: **Identified:** September 2007 Medicare **2022 NF PE RVU: Utilization:** 2022 Fac PE RVU: RUC Recommendation: Deleted from CPT Referred to CPT February 2009 Result: Deleted from CPT Published in CPT Asst: Referred to CPT Asst 36870 Thrombectomy, percutaneous, arteriovenous fistula, autogenous or Global: Issue: Dialysis Circuit -1 Screen: Site of Service Anomaly Complete? Yes (99238-Only) / CMS High nonautogenous graft (includes mechanical thrombus extraction and intra-graft **Expenditure Procedural** thrombolysis) Codes / Codes Reported Together 75% or More-Part3 2022 Work RVU: Most Recent **Tab:** 14 Specialty Developing ACR, SIR, SVS First 2020 **RUC Meeting:** January 2016 Recommendation: Identified: September 2007 Medicare **2022 NF PE RVU: Utilization:** 2022 Fac PE RVU: RUC Recommendation: Deleted from CPT October 2015 Result: Deleted from CPT Referred to CPT Referred to CPT Asst **Published in CPT Asst:** 36901 Introduction of needle(s) and/or catheter(s), dialysis circuit, with diagnostic Global: 000 Issue: Dialysis Circuit -1 **Screen:** Codes Reported Complete? Yes Together 75% or Moreangiography of the dialysis circuit, including all direct puncture(s) and catheter placement(s), injection(s) of contrast, all necessary imaging from the arterial Part3 anastomosis and adjacent artery through entire venous outflow including the inferior or superior vena cava, fluoroscopic guidance, radiological supervision and interpretation and image documentation and report; 2022 Work RVU: 3.36 Specialty Developing ACR, RPA, SIR, 2020 **Most Recent Tab**: 14 **RUC Meeting:** January 2016 Recommendation: Identified: October 2015 Medicare 2022 NF PE RVU: 17.91 **Utilization:** 58,681 **2022 Fac PE RVU: 1.05 RUC Recommendation: 3.36** Referred to CPT October 2015 Result: Decrease

Referred to CPT Asst

**Published in CPT Asst:** 

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Introduction of needle(s) and/or catheter(s), dialysis circuit, with diagnostic Global: 000 Issue: Dialysis Circuit -1 Screen: Codes Reported Complete? Yes angiography of the dialysis circuit, including all direct puncture(s) and catheter Together 75% or Moreplacement(s), injection(s) of contrast, all necessary imaging from the arterial Part3 anastomosis and adjacent artery through entire venous outflow including the inferior or superior vena cava, fluoroscopic quidance, radiological supervision and interpretation and image documentation and report; with transluminal balloon angioplasty, peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty **2022 Work RVU: 4.83** Most Recent Specialty Developing ACR, RPA, SIR, 2020 **RUC Meeting:** January 2016 SVS Identified: October 2015 Recommendation: Medicare **2022 NF PE RVU: 31.90 Utilization:** 180.136 **2022 Fac PE RVU: 1.47** October 2015 RUC Recommendation: 4.83 Referred to CPT Result: Decrease Referred to CPT Asst Published in CPT Asst: 36903 Introduction of needle(s) and/or catheter(s), dialysis circuit, with diagnostic Global: 000 Issue: Dialysis Circuit -1 Screen: Codes Reported Complete? Yes Together 75% or Moreangiography of the dialysis circuit, including all direct puncture(s) and catheter placement(s), injection(s) of contrast, all necessary imaging from the arterial Part3 anastomosis and adjacent artery through entire venous outflow including the inferior or superior vena cava, fluoroscopic quidance, radiological supervision and interpretation and image documentation and report; with transcatheter placement of intravascular stent(s), peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the stenting, and all angioplasty within the peripheral dialysis segment 2022 Work RVU: 6.39 Specialty Developing ACR, RPA, SIR, 2020 Most Recent **Tab:** 14 **RUC Meeting:** January 2016 Recommendation: **SVS** Identified: October 2015 Medicare **2022 NF PE RVU: 127.30** 

Referred to CPT

Referred to CPT Asst

**Utilization:** 

**Published in CPT Asst:** 

October 2015

19.278

2022 Fac PE RVU: 1.82

Result: Decrease

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**RUC Recommendation:** 6.39

Percutaneous transluminal mechanical thrombectomy and/or infusion for Global: 000 36904 thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic

Issue: Dialysis Circuit -1 Screen: Codes Reported

Complete? Yes Together 75% or More-

Part3

**Most Recent** 

**Most Recent** 

**Tab:** 14

Specialty Developing ACR, RPA, SIR, SVS

First 2020 2022 Work RVU: 7.50

**RUC Meeting:** January 2016

Recommendation:

Identified: October 2015

Medicare

**2022 NF PE RVU: 47.32** 

**Utilization:** 3,960

**2022 Fac PE RVU: 2.15** 

**RUC Recommendation:** 7.50

injection(s);

Referred to CPT

October 2015

Result: Decrease

Published in CPT Asst: Referred to CPT Asst

36905 Percutaneous transluminal mechanical thrombectomy and/or infusion for

thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic injection(s); with transluminal balloon angioplasty, peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary

Global: 000 Issue: Dialysis Circuit -1 Screen: Codes Reported

Complete? Yes Together 75% or More-

Part3

to perform the angioplasty

**Tab:** 14

Specialty Developing ACR, RPA, SIR,

2020

2022 Work RVU: 9.00

**RUC Meeting:** January 2016 Recommendation: **SVS**  Identified: October 2015 Medicare

38,039 **Utilization:** 

2022 NF PE RVU: 60.63 **2022 Fac PE RVU:** 2.72

**RUC Recommendation: 9.00** 

Referred to CPT

October 2015

Result: Decrease

Referred to CPT Asst ☐ Published in CPT Asst:

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Percutaneous transluminal mechanical thrombectomy and/or infusion for Global: 000 Issue: Dialvsis Circuit -1 Screen: Codes Reported Complete? Yes 36906 Together 75% or Morethrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, Part3 catheter placement(s), and intraprocedural pharmacological thrombolytic injection(s); with transcatheter placement of intravascular stent(s), peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the stenting, and all angioplasty within the peripheral dialysis circuit **2022 Work RVU: 10.42** Most Recent **Tab:** 14 Specialty Developing ACR, RPA, SIR, 2020 **RUC Meeting:** January 2016 **SVS** Identified: October 2015 Recommendation: Medicare 2022 NF PE RVU: 158.47 **Utilization:** 13.925 2022 Fac PE RVU: 3.01 October 2015 **RUC Recommendation:** 10.42 Referred to CPT Result: Decrease Referred to CPT Asst Published in CPT Asst: 36907 Transluminal balloon angioplasty, central dialysis segment, performed through Global: ZZZ Issue: Dialysis Circuit -1 Screen: Codes Reported Complete? Yes Together 75% or Moredialysis circuit, including all imaging and radiological supervision and interpretation required to perform the angioplasty (list separately in addition to Part3 code for primary procedure) 2022 Work RVU: 3.00 Specialty Developing ACR, RPA, SIR, 2020 **Most Recent Tab:** 14 Identified: October 2015 **RUC Meeting:** January 2016 Recommendation: **SVS** Medicare 2022 NF PE RVU: 14.83 62.214 **Utilization: 2022 Fac PE RVU: 0.83 RUC Recommendation: 3.00** Referred to CPT October 2015 Result: Decrease Referred to CPT Asst Published in CPT Asst: 36908 Transcatheter placement of intravascular stent(s), central dialysis segment, Global: ZZZ Issue: Dialysis Circuit -1 Screen: Codes Reported Complete? Yes performed through dialysis circuit, including all imaging and radiological Together 75% or More-Part3 supervision and interpretation required to perform the stenting, and all angioplasty in the central dialysis segment (list separately in addition to code for primary procedure) 2022 Work RVU: 4.25 Most Recent **Tab**: 14 Specialty Developing ACR, RPA, SIR, 2020 **RUC Meeting:** January 2016 Recommendation: Identified: October 2015 Medicare 2022 NF PE RVU: 39.30 **Utilization:** 5,044 2022 Fac PE RVU: 1.11 RUC Recommendation: 4.25 Referred to CPT October 2015 Result: Decrease Referred to CPT Asst Published in CPT Asst:

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Dialysis circuit permanent vascular embolization or occlusion (including main Global: ZZZ Issue: Dialysis Circuit -1 Screen: Codes Reported Complete? Yes 36909 Together 75% or Morecircuit or any accessory veins), endovascular, including all imaging and Part3 radiological supervision and interpretation necessary to complete the intervention (list separately in addition to code for primary procedure) **2022 Work RVU: 4.12 Most Recent Tab:** 14 Specialty Developing ACR, RPA, SIR, First 2020 **RUC Meeting:** January 2016 **SVS** Identified: October 2015 Recommendation: Medicare 2022 NF PE RVU: 55.62 **Utilization:** 4,891 2022 Fac PE RVU: 1.11 **RUC Recommendation: 4.12** Referred to CPT October 2015 Result: Decrease Referred to CPT Asst Published in CPT Asst: 37183 Revision of transvenous intrahepatic portosystemic shunt(s) (tips) (includes Global: 000 Issue: Interventional Radiology Screen: CMS Request - Practice Complete? Yes venous access, hepatic and portal vein catheterization, portography with Procedures Expense Review hemodynamic evaluation, intrahepatic tract recannulization/dilatation, stent placement and all associated imaging guidance and documentation) 2022 Work RVU: 7.74 **Most Recent** Specialty Developing ACR, SIR **First** 2020 **RUC Meeting:** February 2009 Recommendation: Identified: NA Medicare **2022 NF PE RVU: 174.69 Utilization:** 850 2022 Fac PE RVU: 2.35 RUC Recommendation: New PE inputs Referred to CPT Result: PE Only Referred to CPT Asst **Published in CPT Asst:** 37191 Insertion of intravascular vena cava filter, endovascular approach including Global: 000 Issue: IVC Transcatheter Screen: Codes Reported Complete? Yes Together 75% or More-Procedure vascular access, vessel selection, and radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance (ultrasound Part1 and fluoroscopy), when performed 2022 Work RVU: 4.46 Specialty Developing ACR, SIR, SVS **Most Recent Tab:** 12 2020 First **Identified:** February 2011 **RUC Meeting:** April 2011 Recommendation: Medicare 2022 NF PE RVU: 58.48 **Utilization:** 22,388 2022 Fac PE RVU: 1.36 **RUC Recommendation: 4.71** Referred to CPT February 2011 Result: Decrease

Referred to CPT Asst Published in CPT Asst:

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37192 Repositioning of intravascular vena cava filter, endovascular approach including Global: 000 Issue: IVC Transcatheter Screen: Codes Reported Complete? Yes Procedure Together 75% or Morevascular access, vessel selection, and radiological supervision and Part1 interpretation, intraprocedural roadmapping, and imaging guidance (ultrasound and fluoroscopy), when performed 2022 Work RVU: 7.10 **Most Recent Tab:** 12 Specialty Developing ACR, SIR, SVS First 2020 Recommendation: Identified: February 2011 **RUC Meeting:** April 2011 Medicare 2022 NF PE RVU: 30.64 **Utilization:** 22 2022 Fac PE RVU: 1.21 **RUC Recommendation: 8.00** Referred to CPT February 2011 Result: Decrease Referred to CPT Asst Published in CPT Asst: 37193 Retrieval (removal) of intravascular vena cava filter, endovascular approach Global: 000 Issue: IVC Transcatheter Screen: Codes Reported Complete? Yes Together 75% or Moreincluding vascular access, vessel selection, and radiological supervision and Procedure Part1 interpretation, intraprocedural roadmapping, and imaging guidance (ultrasound and fluoroscopy), when performed 2022 Work RVU: 7.10 **Most Recent Tab:** 12 Specialty Developing ACR, SIR, SVS 2020 **RUC Meeting:** April 2011 **Identified:** February 2011 Recommendation: Medicare 2022 NF PE RVU: 38.17 **Utilization:** 5,916 **2022 Fac PE RVU: 1.99** February 2011 **RUC Recommendation: 8.00** Referred to CPT Result: Decrease Referred to CPT Asst Published in CPT Asst: 37201 Transcatheter therapy, infusion for thrombolysis other than coronary Global: Issue: Bundle Thrombolysis Screen: Codes Reported Complete? Yes Together 75% or More-Part1 2022 Work RVU: Most Recent **Tab:** 15 Specialty Developing ACR, SIR, SVS 2020 **RUC Meeting:** April 2012 **Identified:** February 2010 Recommendation: Medicare **2022 NF PE RVU: Utilization:** 2022 Fac PE RVU:

Referred to CPT

October 2011

Referred to CPT Asst Published in CPT Asst:

Result: Deleted from CPT

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**RUC Recommendation:** Deleted from CPT

37203 Transcatheter retrieval, percutan fractured venous or arterial cath	neous, of intravascular foreign body (eg, eter)	Global: Issue	Transcatheter Procedures	Screen: Codes Reported Together 75% or More- Part1	Complete? Yes
Most Recent RUC Meeting: September 2011  RUC Recommendation: Deleted from CPT	Specialty Developing Recommendation: ACC, ACR, SIR, SVS	First Identified: February 2010  eferred to CPT June 2011	2020 Medicare Utilization:	2022 Work RVU: 2022 NF PE RVU: 2022 Fac PE RVU: esult: Deleted from CPT	
	R	eferred to CPT Asst	ished in CPT Asst:		
0.20	olization (eg, for tumor destruction, to ac ar malformation), percutaneous, any met n-head or neck		Embolization and Occlusion Procedures	Screen: Codes Reported Together 75% or More- Part1	Complete? Yes
Most Recent Tab: 08	Specialty Developing ACC, ACR, SIR,	First	2020	2022 Work RVU:	
RUC Meeting: April 2013	Recommendation: SVS	Identified: February 2010	Medicare Utilization:	2022 NF PE RVU:	
BUO B	_	f 14 OPT 51 004		2022 Fac PE RVU:	
RUC Recommendation: Deleted from CPT		eferred to CPT February 201 eferred to CPT Asst Publ	3 ished in CPT Asst:	esult: Deleted from CPT	
		eleffed to of 1 Asst	ionicum of 1 Aost.		
37205 Transcatheter placement of an ir vertebral, iliac, and lower extrem	ntravascular stent(s) (except coronary, ca ity arteries), percutaneous; initial vessel	erotid, Global: Issue	Endovascular Revascularization	Screen: High Volume Growth1 / Codes Reported Together 75% or More- Part1	Complete? Yes
Most Recent Tab: 07	Specialty Developing SVS, ACS, SIR,	First	2020	2022 Work RVU:	
RUC Meeting: April 2010	Recommendation: ACR, ACC	Identified: February 2010	Medicare Utilization:	2022 NF PE RVU:	
			Utilization:	2022 Fac PE RVU:	
RUC Recommendation: Deleted from CPT	R	eferred to CPT February 201	3 R	esult: Deleted from CPT	
	R	eferred to CPT Asst 🛚 🖳 Publ	ished in CPT Asst:		

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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)  Issue: Endovascular Revasculariza	Screen: High Volume Growth1 Complete? Yes
Most Recent RUC Meeting: April 2010  Recommendation: Specialty Developing Recommendation: SVS, ACS, SIR, First ACR, ACC Identified: February 2010  Referred to CPT February 2013  Referred to CPT Asst Published in CPT Assessment Referred to CPT Assessment Referred t	2022 Work RVU: 2022 NF PE RVU: 2022 Fac PE RVU: Result: Deleted from CPT sst:
37207 Transcatheter placement of an intravascular stent(s) (except coronary, carotid, vertebral, iliac and lower extremity arteries), open; initial vessel  Issue: Endovascular Revasculariza	Screen: High Volume Growth1 Complete? Yes
Most Recent RUC Meeting: April 2010  Tab: 07 Specialty Developing SVS, ACS, SIR, Recommendation: ACR, ACC Identified: February 2010  Medicare Utilization:	2022 Work RVU: 2022 NF PE RVU: 2022 Fac PE RVU:
RUC Recommendation: Deleted from CPT  Referred to CPT February 2013  Referred to CPT Asst Published in CPT Ass	Result: Deleted from CPT
37208 Transcatheter placement of an intravascular stent(s) (except coronary, carotid, vertebral, iliac and lower extremity arteries), open; each additional vessel (List separately in addition to code for primary procedure)	Screen: High Volume Growth1 Complete? Yes
Most Recent RUC Meeting: April 2010  Tab: 07 Specialty Developing SVS, ACS, SIR, Recommendation: ACR, ACC Identified: February 2010  Medicare Utilization:	2022 Work RVU: 2022 NF PE RVU: 2022 Fac PE RVU:
RUC Recommendation: Deleted from CPT Referred to CPT February 2013  Referred to CPT Asst Dublished in CPT Asst	Result: Deleted from CPT sst:

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37209 Exchange of a previously placed intravascular catheter during thrombolytic Global: Issue: Bundle Thrombolysis Screen: Codes Reported Complete? Yes Together 75% or More-Part1 2022 Work RVU: Most Recent **Tab:** 15 Specialty Developing ACR, SIR, SVS First 2020 **RUC Meeting:** April 2012 Recommendation: **Identified:** February 2010 Medicare **2022 NF PE RVU: Utilization:** 2022 Fac PE RVU: RUC Recommendation: Deleted from CPT Referred to CPT October 2011 Result: Deleted from CPT Referred to CPT Asst **Published in CPT Asst:** 37210 Uterine fibroid embolization (UFE, embolization of the uterine arteries to treat Global: Issue: Embolization and Occlusion Screen: Codes Reported Complete? Yes Together 75% or More-Procedures uterine fibroids, leiomyomata), percutaneous approach inclusive of vascular access, vessel selection, embolization, and all radiological supervision and Part1 interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the procedure 2022 Work RVU: **Most Recent** Specialty Developing ACR, SIR, SVS 2020 **Tab:** 08 **RUC Meeting:** April 2013 Recommendation: **Identified:** February 2010 Medicare **2022 NF PE RVU: Utilization:** 2022 Fac PE RVU: RUC Recommendation: Deleted from CPT Referred to CPT February 2013 Result: Deleted from CPT Referred to CPT Asst Published in CPT Asst: 37211 Transcatheter therapy, arterial infusion for thrombolysis other than coronary or Issue: Bundle Thrombolysis Screen: Codes Reported Complete? Yes Global: 000 Together 75% or Moreintracranial, any method, including radiological supervision and interpretation, Part1 initial treatment day 2022 Work RVU: 7.75 Most Recent **Tab:** 15 Specialty Developing ACR, SIR, SVS First 2020 **RUC Meeting:** April 2012 Recommendation: **Identified:** February 2010 Medicare 2022 NF PE RVU: NA **Utilization:** 10,346 2022 Fac PE RVU: 2.10 **RUC Recommendation: 8.00** Referred to CPT Result: Decrease Referred to CPT Asst Published in CPT Asst:

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37212 Transcatheter therapy, venous infusion for thrombolysis, any method, including Global: 000 Issue: Bundle Thrombolysis Screen: Codes Reported Complete? Yes Together 75% or Moreradiological supervision and interpretation, initial treatment day Part1 2022 Work RVU: 6.81 Most Recent Specialty Developing ACR, SIR, SVS 2020 First RUC Meeting: April 2012 Recommendation: **Identified:** February 2010 Medicare 2022 NF PE RVU: NA **Utilization:** 2,474 **2022 Fac PE RVU: 1.89** RUC Recommendation: 7.06 Referred to CPT Result: Decrease Referred to CPT Asst **Published in CPT Asst:** 37213 Transcatheter therapy, arterial or venous infusion for thrombolysis other than Global: 000 Issue: Bundle Thrombolysis Screen: Codes Reported Complete? Yes Together 75% or Morecoronary, any method, including radiological supervision and interpretation, continued treatment on subsequent day during course of thrombolytic therapy. Part1 including follow-up catheter contrast injection, position change, or exchange, when performed; 2022 Work RVU: 4.75 **Most Recent** Specialty Developing ACR, SIR, SVS 2020 **Tab:** 15 **RUC Meeting:** April 2012 Recommendation: **Identified:** February 2010 Medicare **2022 NF PE RVU: NA Utilization:** 1,877 2022 Fac PE RVU: 1.22 **RUC Recommendation: 5.00** Referred to CPT Result: Decrease Referred to CPT Asst Published in CPT Asst: 37214 Transcatheter therapy, arterial or venous infusion for thrombolysis other than Global: 000 Issue: Bundle Thrombolysis Screen: Codes Reported Complete? Yes Together 75% or Morecoronary, any method, including radiological supervision and interpretation. Part1 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 2022 Work RVU: 2.49 Most Recent **Tab:** 15 Specialty Developing ACR, SIR, SVS 2020 First **RUC Meeting:** April 2012 Identified: February 2010 Recommendation: Medicare **2022 NF PE RVU: NA Utilization:** 5.072 2022 Fac PE RVU: 0.64 RUC Recommendation: 3.04 Referred to CPT Result: Decrease Referred to CPT Asst **Published in CPT Asst:** 

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37220 Revascularization, endovascular, open or percutaneous, iliac artery, unilateral, Global: 000 Issue: Endovascular Screen: High Volume Growth1 Complete? Yes Revascularization

Issue:

Revascularization

Screen: High Volume Growth1

Complete? No

initial vessel; with transluminal angioplasty

2022 Work RVU: 7.90 **Most Recent Tab:** 16 Specialty Developing SVS, ACS, SIR, **First** 2020 **RUC Meeting:** April 2022 ACR, ACC **Identified:** February 2010 Recommendation: Medicare

2022 NF PE RVU: 68.59 **Utilization:** 11,274

2022 Fac PE RVU: 2.02 February 2023 RUC Recommendation: Refer to CPT. 8.15 Result: Decrease

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

Endovascular

37221 Revascularization, endovascular, open or percutaneous, iliac artery, unilateral, Global: 000 initial vessel; with transluminal stent placement(s), includes angioplasty within

the same vessel, when performed

2022 Work RVU: 9.75 **Most Recent Tab:** 16 Specialty Developing SVS, ACS, SIR, **First** 2020

**RUC Meeting:** April 2022 Recommendation: ACR. ACC **Identified:** February 2010 Medicare **2022 NF PE RVU**: 84.63 **Utilization:** 30.206

2022 Fac PE RVU: 2.47

RUC Recommendation: Refer to CPT 10.00 Referred to CPT February 2023 Result: Decrease

Referred to CPT Asst Published in CPT Asst:

37222 Revascularization, endovascular, open or percutaneous, iliac artery, each **Global**: 777 Issue: Endovascular Screen: High Volume Growth1 Complete? No

additional ipsilateral iliac vessel; with transluminal angioplasty (list separately in Revascularization

addition to code for primary procedure)

2022 Work RVU: 3.73 Specialty Developing SVS, ACS, SIR, Most Recent **Tab:** 16 2020

RUC Meeting: April 2022 Recommendation: ACR, ACC **Identified:** February 2010 Medicare **2022 NF PE RVU: 14.34 Utilization:** 3.085

2022 Fac PE RVU: 0.85

RUC Recommendation: Refer to CPT. 3.73 February 2023 Referred to CPT Result: Decrease

Referred to CPT Asst Published in CPT Asst:

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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)

**Most Recent Tab:** 16 **RUC Meeting:** April 2022

Specialty Developing SVS, ACS, SIR,

Recommendation: ACR. ACC

First **Identified:** February 2010

Global: ZZZ

2020

Medicare **Utilization:** 

Revascularization

4,092

2022 NF PE RVU: 34.68 **2022 Fac PE RVU: 0.98** 

**2022 Work RVU: 4.25** 

RUC Recommendation: Refer to CPT. 4.25

Referred to CPT

Referred to CPT Asst

February 2023 Published in CPT Asst: Result: Decrease

37224 Revascularization, endovascular, open or percutaneous, femoral, popliteal

artery(s), unilateral; with transluminal angioplasty

Global: 000

Issue: Endovascular Revascularization

2020

Issue: Endovascular

Screen: High Volume Growth1

Screen: High Volume Growth1

Complete? No

Complete? No

Complete? No

**Most Recent RUC Meeting:** April 2022 **Tab:** 16

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

First **Identified:** February 2010

Medicare

**Utilization:** 30,467 2022 Work RVU: 8.75 2022 NF PE RVU: 80.87

2022 Fac PE RVU: 2.27

RUC Recommendation: Refer to CPT. 9.00

Referred to CPT February 2023

Referred to CPT Asst Published in CPT Asst: Result: Decrease

37225 Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with atherectomy, includes angioplasty within the same

vessel, when performed

Global: 000

Issue: Endovascular Revascularization Screen: High Volume Growth1 / PE Screen - High Cost

Supplies

**Tab:** 16 SVS, ACS, SIR, **Most Recent** Specialty Developing **First** 2020 **Identified:** February 2010 RUC Meeting: April 2022 Recommendation: ACR, ACC Medicare

**Utilization:** 41.114 2022 Work RVU: 11.75 **2022 NF PE RVU: 261.72** 

**2022 Fac PE RVU: 3.21** 

RUC Recommendation: Refer to CPT.

February 2023 Referred to CPT

**Referred to CPT Asst** 

Published in CPT Asst:

Result: Decrease

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37226 Revascularization, endovascular, open or percutaneous, femoral, popliteal

artery(s), unilateral; with transluminal stent placement(s), includes angioplasty

within the same vessel, when performed

**Most Recent** RUC Meeting: April 2022

**Tab:** 16

Specialty Developing SVS, ACS, SIR, Recommendation:

ACR, ACC

Identified: February 2010

Global: 000

22,168 **Utilization:** 

Revascularization

Result: Decrease

RUC Recommendation: Refer to CPT, 10.49

Referred to CPT

February 2023

Referred to CPT Asst Published in CPT Asst:

Issue: Endovascular

2020

Medicare

37227 Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with transluminal stent placement(s) and atherectomy,

includes angioplasty within the same vessel, when performed

Global: 000

Issue: Endovascular Revascularization Screen: High Volume Growth1 /

Screen: High Volume Growth1

Complete? No

Complete? No

Complete? No

PE Screen - High Cost

2022 Work RVU: 10.24

**2022 NF PE RVU**: 244.93

**2022 Fac PE RVU: 2.60** 

Supplies

**Most Recent** Specialty Developing SVS, ACS, SIR, 2020 **RUC Meeting:** April 2022 Recommendation: ACR. ACC **Identified:** February 2010 Medicare

Utilization: 21.431 2022 Work RVU: 14.25 2022 NF PE RVU: 336.35

**2022 Fac PE RVU: 3.65** 

RUC Recommendation: Refer to CPT. 14.50

Referred to CPT February 2023

Referred to CPT Asst Published in CPT Asst:

Result: Decrease

37228 Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, Global: 000

unilateral, initial vessel; with transluminal angioplasty

**Tab:** 16 Specialty Developing SVS, ACS, SIR,

Recommendation:

ACR, ACC

**Identified:** February 2010

Medicare **Utilization:** 32,986

Endovascular

2020

Revascularization

2022 Work RVU: 10.75

**2022 Fac PE RVU: 2.69** 

2022 NF PE RVU: 117.11

Result: Decrease

Screen: High Volume Growth1

RUC Recommendation: Refer to CPT, 11.00

Referred to CPT

February 2023

Referred to CPT Asst Published in CPT Asst:

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**Most Recent** 

**RUC Meeting:** April 2022

Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, Global: 000 Issue: Endovascular Screen: High Volume Growth1 / Complete? No Revascularization PE Screen - High Cost unilateral, initial vessel; with atherectomy, includes angioplasty within the same Supplies / High Volume vessel, when performed Growth5 2022 Work RVU: 13.80 Most Recent **Tab:** 16 **Specialty Developing** SVS, ACS, SIR, First 2020 **RUC Meeting:** April 2022 Recommendation: ACR. ACC **Identified:** February 2010 Medicare **2022 NF PE RVU: 262.74 Utilization:** 39,090 2022 Fac PE RVU: 3.66 February 2023 RUC Recommendation: Refer to CPT. 14.05 Referred to CPT Result: Decrease Referred to CPT Asst Published in CPT Asst: 37230 Revascularization, endovascular, open or percutaneous, tibial, peroneal artery. Issue: Endovascular Screen: High Volume Growth1 Complete? No Global: 000 unilateral, initial vessel; with transluminal stent placement(s), includes Revascularization angioplasty within the same vessel, when performed 2022 Work RVU: 13.55 **Most Recent Tab:** 16 Specialty Developing SVS, ACS, SIR, 2020 First **RUC Meeting:** April 2022 **Identified:** February 2010 Recommendation: ACR. ACC Medicare **2022 NF PE RVU**: 264.62 **Utilization:** 2,731 **2022 Fac PE RVU: 3.78** RUC Recommendation: Refer to CPT, 13.80 February 2023 Referred to CPT Result: Decrease Published in CPT Asst: Referred to CPT Asst Issue: Endovascular 37231 Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, Global: 000 Screen: High Volume Growth1 Complete? No unilateral, initial vessel; with transluminal stent placement(s) and atherectomy, Revascularization includes angioplasty within the same vessel, when performed **2022 Work RVU: 14.75** 2020 **Most Recent Tab:** 16 Specialty Developing SVS, ACS, SIR, **RUC Meeting:** April 2022 Recommendation: ACR, ACC **Identified:** February 2010 Medicare

Referred to CPT

Referred to CPT Asst

**Utilization:** 

Published in CPT Asst:

February 2023

2,909

**2022 NF PE RVU: 349.39** 

**2022 Fac PE RVU: 4.00** 

Result: Decrease

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RUC Recommendation: Refer to CPT. 15.00

37232 Revascularization, endovascular, open or percutaneous, tibial/peroneal artery. Global: ZZZ Issue: Endovascular Screen: High Volume Growth1 Complete? No Revascularization unilateral, each additional vessel; with transluminal angioplasty (list separately in addition to code for primary procedure) 2022 Work RVU: 4.00 Specialty Developing SVS, ACS, SIR, **Most Recent Tab**: 16 2020 Identified: February 2010 RUC Meeting: April 2022 Recommendation: ACR, ACC Medicare **2022 NF PE RVU: 20.61 Utilization:** 15,768 2022 Fac PE RVU: 1.01 RUC Recommendation: Refer to CPT. 4.00 Referred to CPT February 2023 Result: Decrease Referred to CPT Asst Published in CPT Asst: 37233 Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, Global: ZZZ Issue: Endovascular Screen: High Volume Growth1 Complete? No unilateral, each additional vessel; with atherectomy, includes angioplasty within Revascularization the same vessel, when performed (list separately in addition to code for primary procedure) 2022 Work RVU: 6.50 **Most Recent Tab:** 16 Specialty Developing SVS, ACS, SIR, 2020 **RUC Meeting:** April 2022 Recommendation: ACR, ACC **Identified:** February 2010 Medicare **2022 NF PE RVU: 24.00 Utilization:** 8,651 2022 Fac PE RVU: 1.62 RUC Recommendation: Refer to CPT. 6.50 Referred to CPT February 2023 Result: Decrease Referred to CPT Asst Published in CPT Asst: Global: ZZZ Issue: Endovascular Screen: High Volume Growth1 Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, Complete? No unilateral, each additional vessel; with transluminal stent placement(s), includes Revascularization angioplasty within the same vessel, when performed (list separately in addition to code for primary procedure) 2022 Work RVU: 5.50 SVS. ACS. SIR. 2020 Most Recent **Tab:** 16 Specialty Developing First Identified: February 2010 RUC Meeting: April 2022 Recommendation: ACR, ACC Medicare **2022 NF PE RVU: 106.58 Utilization:** 402 2022 Fac PE RVU: 1.56 RUC Recommendation: Refer to CPT. 5.50 February 2023 Referred to CPT Result: Decrease

Referred to CPT Asst

Published in CPT Asst:

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37235 Revascularization, endovascular, open or percutaneous, tibial/peroneal artery. Global: ZZZ Issue: Endovascular Screen: High Volume Growth1 Complete? No Revascularization 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) 2022 Work RVU: 7.80 **Most Recent Tab:** 16 Specialty Developing SVS, ACS, SIR, First 2020 **RUC Meeting:** April 2022 ACR. ACC Identified: February 2010 Recommendation: Medicare 2022 NF PE RVU: 112.18 **Utilization:** 139 2022 Fac PE RVU: 2.12 RUC Recommendation: Refer to CPT. 7.80 Referred to CPT February 2023 Result: Decrease Referred to CPT Asst Published in CPT Asst: 37236 Transcatheter placement of an intravascular stent(s) (except lower extremity Global: 000 Issue: Transcatheter Placement of Screen: Codes Reported Complete? Yes Together 75% or More-Intravascular Stent artery(s) for occlusive disease, cervical carotid, extracranial vertebral or Part1 intrathoracic carotid, intracranial, or coronary), open or percutaneous, including radiological supervision and interpretation and including all angioplasty within the same vessel, when performed; initial artery 2022 Work RVU: 8.75 **Most Recent Tab:** 09 Specialty Developing SVS, ACS, SIR, **First** 2020 **RUC Meeting:** April 2013 Recommendation: ACR. ACC **Identified:** February 2013 Medicare 2022 NF PE RVU: 75.20 **Utilization:** 11,118 **2022 Fac PE RVU: 2.28 RUC Recommendation: 9.00** Referred to CPT February 2013 Result: Decrease Referred to CPT Asst Published in CPT Asst: 37237 Transcatheter placement of an intravascular stent(s) (except lower extremity Transcatheter Placement of Screen: Codes Reported Global: ZZZ Complete? Yes artery(s) for occlusive disease, cervical carotid, extracranial vertebral or Intravascular Stent Together 75% or More-Part1 intrathoracic carotid, intracranial, or coronary), open or percutaneous, including radiological supervision and interpretation and including all angioplasty within the same vessel, when performed; each additional artery (list separately in addition to code for primary procedure) 2022 Work RVU: 4.25 **Most Recent Tab**: 09 Specialty Developing SVS, ACS, SIR, First 2020 ACR, ACC **Identified:** February 2013 **RUC Meeting:** April 2013 Recommendation: Medicare 2022 NF PE RVU: 34.98 **Utilization:** 1,341 **2022 Fac PE RVU: 0.97 RUC Recommendation: 4.25** Referred to CPT February 2013 Result: Decrease Referred to CPT Asst Published in CPT Asst:

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Transcatheter placement of an intravascular stent(s), open or percutaneous, Global: 000 Issue: Transcatheter Placement of Screen: Codes Reported Complete? Yes Intravascular Stent Together 75% or Moreincluding radiological supervision and interpretation and including angioplasty Part1 within the same vessel, when performed; initial vein 2022 Work RVU: 6.04 Most Recent **Tab:** 09 Specialty Developing SVS, ACS, SIR, 2020 **RUC Meeting:** April 2013 Recommendation: ACR, ACC **Identified:** February 2013 Medicare **2022 NF PE RVU: 100.31 Utilization:** 10,491 2022 Fac PE RVU: 1.71 **RUC Recommendation:** 6.29 Referred to CPT February 2013 Result: Decrease Referred to CPT Asst Published in CPT Asst: 37239 Transcatheter placement of an intravascular stent(s), open or percutaneous, Global: ZZZ Issue: Transcatheter Placement of Screen: Codes Reported Complete? Yes Intravascular Stent Together 75% or Moreincluding radiological supervision and interpretation and including angioplasty within the same vessel, when performed: each additional vein (list separately in Part1 addition to code for primary procedure) 2022 Work RVU: 2.97 2020 **Most Recent Tab**: 09 Specialty Developing SVS, ACS, SIR, First **RUC Meeting:** April 2013 Recommendation: ACR. ACC **Identified:** February 2013 Medicare 2022 NF PE RVU: 49.57 **Utilization:** 4,194 **2022 Fac PE RVU: 0.82 RUC Recommendation: 3.34** Referred to CPT February 2013 Result: Decrease ☐ Published in CPT Asst: Referred to CPT Asst Vascular embolization or occlusion, inclusive of all radiological supervision and Global: 000 Issue: Embolization and Occlusion Screen: Codes Reported Complete? Yes interpretation, intraprocedural roadmapping, and imaging guidance necessary Procedures Together 75% or More-Part1 to complete the intervention; venous, other than hemorrhage (eq. congenital or acquired venous malformations, venous and capillary hemangiomas, varices, varicoceles) 2022 Work RVU: 8.75 **Most Recent Tab:** 08 Specialty Developing SVS, ACS, SIR, 2020 **RUC Meeting:** April 2013 Recommendation: ACR. ACC Identified: February 2010 Medicare 2022 NF PE RVU: 136.01 **Utilization:** 1.852 2022 Fac PE RVU: 2.47 **RUC Recommendation: 9.00** Referred to CPT February 2013 Result: Decrease

Referred to CPT Asst Published in CPT Asst:

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Vascular embolization or occlusion, inclusive of all radiological supervision and Global: 000 Issue: Embolization and Occlusion Screen: Codes Reported Complete? Yes Procedures Together 75% or Moreinterpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; arterial, other than hemorrhage or tumor (eg. Part1 congenital or acquired arterial malformations, arteriovenous malformations, arteriovenous fistulas, aneurysms, pseudoaneurysms) 2022 Work RVU: 9.80 **Most Recent Tab:** 08 Specialty Developing SVS, ACS, SIR, 2020 ACR, ACC Identified: February 2010 **RUC Meeting:** April 2013 Recommendation: Medicare **2022 NF PE RVU**: 212.05 **Utilization:** 8,018 **2022 Fac PE RVU: 2.55 RUC Recommendation: 11.98** Referred to CPT February 2013 Result: Decrease Published in CPT Asst: Referred to CPT Asst 37243 Vascular embolization or occlusion, inclusive of all radiological supervision and Global: 000 Issue: Embolization and Occlusion Screen: Codes Reported Complete? Yes interpretation, intraprocedural roadmapping, and imaging guidance necessary Procedures Together 75% or More-Part1 to complete the intervention; for tumors, organ ischemia, or infarction 2022 Work RVU: 11.74 Most Recent **Tab:** 08 Specialty Developing SVS, ACS, SIR, 2020 **RUC Meeting:** April 2013 Recommendation: ACR. ACC **Identified:** February 2010 Medicare **2022 NF PE RVU**: 256.53 **Utilization:** 13,506 2022 Fac PE RVU: 3.33 **RUC Recommendation: 14 00** Referred to CPT February 2013 Result: Decrease Referred to CPT Asst | Published in CPT Asst: 37244 Vascular embolization or occlusion, inclusive of all radiological supervision and Issue: Embolization and Occlusion Screen: Codes Reported Complete? Yes Global: 000 Procedures Together 75% or Moreinterpretation, intraprocedural roadmapping, and imaging guidance necessary Part1 to complete the intervention; for arterial or venous hemorrhage or lymphatic extravasation 2022 Work RVU: 13.75 **Most Recent Tab:** 08 Specialty Developing SVS, ACS, SIR, 2020 **RUC Meeting:** April 2013 ACR. ACC Identified: February 2010 Recommendation: Medicare **2022 NF PE RVU: 190.53 Utilization:** 13.195 2022 Fac PE RVU: 4.05 **RUC Recommendation: 14.00** Referred to CPT February 2013 Result: Decrease

Referred to CPT Asst Published in CPT Asst:

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37246 Transluminal balloon angioplasty (except lower extremity artery(ies) for Global: 000 Issue: Open and Percutaneous Screen: Codes Reported Complete? Yes Transluminal Angioplasty Together 75% or Moreocclusive disease, intracranial, coronary, pulmonary, or dialysis circuit), open or Part3 percutaneous, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty within the same artery: initial artery 2022 Work RVU: 7.00 **Most Recent Tab:** 15 Specialty Developing ACR, SIR, SVS 2020 First Identified: October 2015 **RUC Meeting:** January 2016 Recommendation: Medicare 2022 NF PE RVU: 48.61 **Utilization:** 7,743 **2022 Fac PE RVU: 1.89** October 2015 RUC Recommendation: 7.00 Referred to CPT Result: Decrease Referred to CPT Asst Published in CPT Asst: 37247 Transluminal balloon angioplasty (except lower extremity artery(ies) for Global: ZZZ Issue: Open and Percutaneous Screen: Codes Reported Complete? Yes Together 75% or Moreocclusive disease, intracranial, coronary, pulmonary, or dialysis circuit), open or Transluminal Angioplasty Part3 percutaneous, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty within the same artery; each additional artery (list separately in addition to code for primary procedure) 2022 Work RVU: 3.50 Specialty Developing ACR, SIR, SVS 2020 Most Recent **Tab**: 15 **RUC Meeting:** January 2016 Recommendation: Identified: October 2015 Medicare 2022 NF PE RVU: 12 64 651 **Utilization:** 2022 Fac PE RVU: 0.73 Result: Decrease RUC Recommendation: 3 50 Referred to CPT October 2015 Referred to CPT Asst Published in CPT Asst: 37248 Transluminal balloon angioplasty (except dialysis circuit), open or Global: 000 Issue: Open and Percutaneous Screen: Codes Reported Complete? Yes Transluminal Angioplasty Together 75% or Morepercutaneous, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty within the same vein; initial Part3 vein 2022 Work RVU: 6.00 2020 Most Recent **Tab**: 15 Specialty Developing ACR, SIR, SVS First **RUC Meeting:** January 2016 Identified: October 2015 Recommendation: Medicare 2022 NF PE RVU: 35.48 **Utilization:** 14.716 **2022 Fac PE RVU: 1.79** 

Referred to CPT

October 2015

Referred to CPT Asst Published in CPT Asst:

Result: Decrease

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**RUC Recommendation: 6.00** 

37249 Transluminal balloon angioplasty (except dialysis circuit), open or Global: ZZZ Issue: Open and Percutaneous Screen: Codes Reported Complete? Yes percutaneous, including all imaging and radiological supervision and Transluminal Angioplasty Together 75% or Moreinterpretation necessary to perform the angioplasty within the same vein; each Part3 additional vein (list separately in addition to code for primary procedure) 2022 Work RVU: 2.97 **Most Recent Tab:** 15 Specialty Developing ACR, SIR, SVS First 2020 **RUC Meeting:** January 2016 Identified: October 2015 Recommendation: Medicare 2022 NF PE RVU: 10.13 **Utilization:** 3,590 **2022 Fac PE RVU: 0.76 RUC Recommendation: 2.97** Referred to CPT October 2015 Result: Decrease Referred to CPT Asst **Published in CPT Asst:** 37250 Intravascular ultrasound (non-coronary vessel) during diagnostic evaluation Global: Issue: Intravascular Ultrasound Screen: Final Rule for 2015 Complete? Yes and/or therapeutic intervention; initial vessel (List separately in addition to code for primary procedure) 2022 Work RVU: **Most Recent Tab:** 07 Specialty Developing ACC, SCAI, SIR, 2020 **RUC Meeting:** January 2015 Recommendation: **SVS** Identified: July 2014 Medicare **2022 NF PE RVU: Utilization:** 2022 Fac PE RVU: Result: Deleted from CPT RUC Recommendation: Deleted from CPT Referred to CPT October 2014 Referred to CPT Asst **Published in CPT Asst:** 37251 Intravascular ultrasound (non-coronary vessel) during diagnostic evaluation Issue: Intravascular Ultrasound Screen: Final Rule for 2015 Complete? Yes Global: and/or therapeutic intervention; each additional vessel (List separately in addition to code for primary procedure) 2022 Work RVU: Most Recent **Tab:** 07 Specialty Developing ACC, SCAI, SIR, First 2020 **RUC Meeting:** January 2015 **SVS** Identified: July 2014 Recommendation: Medicare **2022 NF PE RVU: Utilization:** 2022 Fac PE RVU: RUC Recommendation: Deleted from CPT Referred to CPT October 2014 Result: Deleted from CPT Published in CPT Asst:

Referred to CPT Asst

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Intravascular ultrasound (noncoronary vessel) during diagnostic evaluation and/or therapeutic intervention, including radiological supervision and interpretation; initial noncoronary vessel (list separately in addition to code for primary procedure)

Global: ZZZ Issue: Intravascular Ultrasound Work Neutrality (CPT 2016)

Complete? Yes

Complete? Yes

Screen: Final Rule for 2015 /

2016)

Work Neutrality (CPT

**2022 Fac PE RVU**: 0.45

RUC Recommendation: 1.80 Referred to CPT October 2014 Result: Decrease Referred to CPT Asst:

37253 Intravascular ultrasound (noncoronary vessel) during diagnostic evaluation Global: ZZZ Issue: Intravascular Ultrasound

and/or therapeutic intervention, including radiological supervision and interpretation; each additional noncoronary vessel (list separately in addition to

code for primary procedure)

Most Recent Tab: 14 Specialty Developing ACC,SCAI, SIR, First 2020 2022 Work RVU: 1.44 RUC Meeting: October 2018 Recommendation: SVS Identified: July 2014 Medicare 2022 NF PE RVU: 3.38

Utilization: 105,426

2022 Fac PE RVU: 0.36

RUC Recommendation: 1.44 Referred to CPT October 2014 Result: Decrease

Referred to CPT Asst: 
Published in CPT Asst:

37609 Ligation or biopsy, temporal artery

Global: 010 Issue: Ligation

Screen: Site of Service Anomaly (99238-Only)

Most Recent Tab: 16 Specialty Developing SVS, ACS First 2020 2022 Work RVU: 3.05

RUC Meeting: September 2007 Recommendation: Identified: September 2007 Medicare
Utilization: 11,518

2022 Fac PE RVU: 2.36

RUC Recommendation: Reduce 99238 to 0.5 Referred to CPT Result: PE Only

Referred to CPT Asst Published in CPT Asst:

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37619 Ligation of inferior vena cava Global: 090 Issue: Ligation of Inferior Vena Screen: Codes Reported Complete? Yes Cava Together 75% or More-2022 Work RVU: 30.00 Most Recent Specialty Developing ACS, SVS First 2020 **RUC Meeting:** April 2011 Recommendation: **Identified:** February 2011 Medicare 2022 NF PE RVU: NA **Utilization:** 51 **2022 Fac PE RVU: 13.84 RUC Recommendation: 37.60** Referred to CPT February 2011 Result: Increase Referred to CPT Asst Published in CPT Asst: 37620 Interruption, partial or complete, of inferior vena cava by suture, ligation, Global: Issue: Major Vein Revision Screen: Codes Reported Complete? Yes Together 75% or Moreplication, clip, extravascular, intravascular (umbrella device) Part1 2022 Work RVU: **Most Recent Tab:** 45 Specialty Developing ACR, SIR, SVS 2020 **RUC Meeting:** April 2010 Recommendation: **Identified:** February 2010 Medicare **2022 NF PE RVU: Utilization:** 2022 Fac PE RVU: RUC Recommendation: Deleted from CPT Referred to CPT February 2011 Result: Deleted from CPT Referred to CPT Asst Published in CPT Asst: 37760 Ligation of perforator veins, subfascial, radical (linton type), including skin graft, Global: 090 Issue: Perorator Vein Ligation Screen: Site of Service Anomaly Complete? Yes when performed, open,1 leg **2022 Work RVU**: 10.78 **Most Recent Tab:** 10 Specialty Developing SVS, ACS 2020 First **RUC Meeting:** April 2009 Recommendation: Identified: September 2007 Medicare 2022 NF PE RVU: NA **Utilization:** 39 2022 Fac PE RVU: 3.47 **RUC Recommendation: 10.69** Referred to CPT February 2009 Result: Maintain

Referred to CPT Asst Published in CPT Asst:

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37761 Ligation of perforator when performed, 1 le		fascial, open, including ultrasound gu	idance, Global: 090 Issue	: Perforator Vein Ligation	Screen: Site of Service Anomaly	Complete? Yes
Most Recent RUC Meeting: April 2009 RUC Recommendation: 9.00	<b>Tab:</b> 10	Specialty Developing SVS, ACS Recommendation:	First Identified: April 2009 Referred to CPT	2020 Medicare Utilization: 227	2022 Work RVU: 9.13 2022 NF PE RVU: NA 2022 Fac PE RVU: 4.46 Result: Increase	
CO RECOMMENDATION. C.GO				lished in CPT Asst:	Nosale moreage	
37765 Stab phlebectomy of	varicose ve	ns, 1 extremity; 10-20 stab incisions	Global: 010 Issue	s: Stab Phlebectomy of Varicose Veins	Screen: High Volume Growth1 / CMS Fastest Growing	Complete? Yes
Most Recent	<b>Tab:</b> 12	Specialty Developing ACS, SIR, SVS	First	2020	<b>2022 Work RVU</b> : 4.80	
RUC Meeting: April 2018		Recommendation:	Identified: February 2008	Medicare	<b>2022 NF PE RVU</b> : 7.04	
				Utilization: 9,983	<b>2022 Fac PE RVU</b> : 2.12	
RUC Recommendation: 4.80			Referred to CPT		Result: Decrease	
			Referred to CPT Asst	lished in CPT Asst:		
37766 Stab phlebectomy of	varicose ve	ns, 1 extremity; more than 20 incisions		e: Stab Phlebectomy of Varicose Veins	Screen: High Volume Growth1 / CMS Fastest Growing	Complete? Yes
		ns, 1 extremity; more than 20 incisions	s Global: 010 Issue	e: Stab Phlebectomy of Varicose Veins	Screen: High Volume Growth1 / CMS Fastest Growing	Complete? Yes
lost Recent	varicose vei		s Global: 010 Issue	e: Stab Phlebectomy of Varicose Veins 2020 Medicare	CMS Fastest Growing	Complete? Yes
Nost Recent		ns, 1 extremity; more than 20 incisions  Specialty Developing ACS, SIR, SVS	s Global: 010 Issue	e: Stab Phlebectomy of Varicose Veins 2020	<b>2022 Work RVU:</b> 6.00 <b>2022 NF PE RVU:</b> 7.69	Complete? Yes
Nost Recent RUC Meeting: April 2018		ns, 1 extremity; more than 20 incisions  Specialty Developing ACS, SIR, SVS  Recommendation:	s Global: 010 Issue	e: Stab Phlebectomy of Varicose Veins 2020 Medicare	CMS Fastest Growing  2022 Work RVU: 6.00	Complete? Yes
Most Recent RUC Meeting: April 2018		ns, 1 extremity; more than 20 incisions  Specialty Developing ACS, SIR, SVS  Recommendation:	First Identified: February 2008	e: Stab Phlebectomy of Varicose Veins 2020 Medicare	CMS Fastest Growing  2022 Work RVU: 6.00  2022 NF PE RVU: 7.69  2022 Fac PE RVU: 2.44	Complete? Yes
Most Recent RUC Meeting: April 2018 RUC Recommendation: 6.00	<b>Tab</b> : 12	ns, 1 extremity; more than 20 incisions  Specialty Developing ACS, SIR, SVS  Recommendation:	First Identified: February 2008  Referred to CPT  Referred to CPT Asst Publ	e: Stab Phlebectomy of Varicose Veins  2020  Medicare  Utilization: 8,158	CMS Fastest Growing  2022 Work RVU: 6.00  2022 NF PE RVU: 7.69  2022 Fac PE RVU: 2.44	
Nost Recent RUC Meeting: April 2018 RUC Recommendation: 6.00 R7785 Ligation, division, an	<b>Tab</b> : 12	ns, 1 extremity; more than 20 incisions  Specialty Developing ACS, SIR, SVS  Recommendation:	First Identified: February 2008  Referred to CPT Referred to CPT Asst Publ	2020 Medicare Utilization: 8,158	CMS Fastest Growing 2022 Work RVU: 6.00 2022 NF PE RVU: 7.69 2022 Fac PE RVU: 2.44 Result: Decrease  Screen: Site of Service Anomaly	
Most Recent RUC Meeting: April 2018 RUC Recommendation: 6.00 87785 Ligation, division, an	Tab: 12  d/or excision Tab: 16	ns, 1 extremity; more than 20 incisions  Specialty Developing ACS, SIR, SVS  Recommendation:	First Identified: February 2008  Referred to CPT Referred to CPT Asst Publ	e: Stab Phlebectomy of Varicose Veins  2020 Medicare Utilization: 8,158  lished in CPT Asst:  e: Ligation  2020 Medicare	CMS Fastest Growing 2022 Work RVU: 6.00 2022 NF PE RVU: 7.69 2022 Fac PE RVU: 2.44 Result: Decrease  Screen: Site of Service Anomaly (99238-Only)	
Most Recent RUC Meeting: April 2018 RUC Recommendation: 6.00	Tab: 12  d/or excision Tab: 16	ns, 1 extremity; more than 20 incisions  Specialty Developing ACS, SIR, SVS Recommendation:  n of varicose vein cluster(s), 1 leg  Specialty Developing APMA, SVS, A	First Identified: February 2008  Referred to CPT Referred to CPT Asst Publ  Global: 090 Issue	e: Stab Phlebectomy of Varicose Veins  2020 Medicare Utilization: 8,158  lished in CPT Asst:	CMS Fastest Growing 2022 Work RVU: 6.00 2022 NF PE RVU: 7.69 2022 Fac PE RVU:2.44 Result: Decrease  Screen: Site of Service Anomaly (99238-Only) 2022 Work RVU: 3.93	Complete? Yes
Nost Recent RUC Meeting: April 2018 RUC Recommendation: 6.00 R7785 Ligation, division, an	d/or excision	ns, 1 extremity; more than 20 incisions  Specialty Developing ACS, SIR, SVS Recommendation:  n of varicose vein cluster(s), 1 leg  Specialty Developing APMA, SVS, Accommendation:	First Identified: February 2008  Referred to CPT Referred to CPT Asst Publ  Global: 090 Issue	e: Stab Phlebectomy of Varicose Veins  2020 Medicare Utilization: 8,158  lished in CPT Asst:  e: Ligation  2020 Medicare	CMS Fastest Growing  2022 Work RVU: 6.00  2022 NF PE RVU: 7.69  2022 Fac PE RVU: 2.44  Result: Decrease  Screen: Site of Service Anomaly (99238-Only)  2022 Work RVU: 3.93  2022 NF PE RVU: 5.77	

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38220 Diagnostic bone marrow; aspiration(s) Global: XXX Issue: Diagnostic Bone Marrow Screen: CMS High Expenditure Complete? Yes Aspiration and Biopsy Procedural Codes2 2022 Work RVU: 1.20 **Most Recent Tab:** 06 Specialty Developing ASCO, ASH, CAP 2020 **RUC Meeting:** April 2016 Recommendation: **ASBMT** Identified: February 2016 Medicare 2022 NF PE RVU: 3.35 4,953 **Utilization: 2022 Fac PE RVU: 0.70** Result: Decrease **RUC Recommendation: 1.20** Referred to CPT February 2016 Referred to CPT Asst ■ Published in CPT Asst: Global: XXX Issue: Diagnostic Bone Marrow Screen: CMS High Expenditure Diagnostic bone marrow; biopsy(ies) Complete? Yes Aspiration and Biopsy **Procedural Codes2** 2022 Work RVU: 1.28 2020 Most Recent **Tab:** 06 Specialty Developing ASCO, ASH, CAP **RUC Meeting:** April 2016 Recommendation: **ASBMT** Identified: July 2015 Medicare **2022 NF PE RVU: 3.46 Utilization:** 8,935 **2022 Fac PE RVU: 0.70 RUC Recommendation: 1.28** Referred to CPT February 2016 Result: Decrease Referred to CPT Asst Published in CPT Asst: 38222 Diagnostic bone marrow; biopsy(ies) and aspiration(s) Global: XXX Diagnostic Bone Marrow Screen: CMS High Expenditure Complete? Yes Aspiration and Biopsy Procedural Codes2 2022 Work RVU: 1.44 ASCO, ASH, CAP **Most Recent** Specialty Developing 2020 **Tab:** 06 First **RUC Meeting:** April 2016 Recommendation: ASBMT **Identified:** February 2016 Medicare 2022 NF PE RVU: 3.68 **Utilization:** 112,874 2022 Fac PE RVU: 0.68 **RUC Recommendation: 1.44** Referred to CPT February 2016 Result: Decrease

Referred to CPT Asst Published in CPT Asst:

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38505 Biopsy or excision of lymph node(s); by needle, superficial (eg, cervical, Global: 000 Issue: Needle Biopsy of Lymph Screen: Harvard Valued -Complete? Yes Nodes Utilization over 30.000inguinal, axillary) 2022 Work RVU: 1.59 Most Recent **Tab:** 15 Specialty Developing ACR, SIR First 2020 **RUC Meeting:** October 2020 Recommendation: Identified: October 2019 Medicare 2022 NF PE RVU: 3.60 **Utilization:** 32,769 2022 Fac PE RVU: 0.77 **RUC Recommendation:** 1.59 Referred to CPT Result: Increase Referred to CPT Asst **Published in CPT Asst:** Dissection, deep jugular node(s) Global: 090 Issue: Jugular Node Dissection **Screen:** Site of Service Anomaly Complete? Yes 2022 Work RVU: 7.95 Most Recent **Tab:** 40 Specialty Developing ACS, AAO-HNS First 2020 **RUC Meeting:** April 2008 Identified: September 2007 Recommendation: Medicare 2022 NF PE RVU: NA **Utilization:** 503 **2022 Fac PE RVU: 6.19 RUC Recommendation:** 7.85 Referred to CPT Result: Increase **Referred to CPT Asst Published in CPT Asst:** 38570 Laparoscopy, surgical; with retroperitoneal lymph node sampling (biopsy), Screen: 010-Day Global Post-Global: 010 Issue: Laparoscopy Complete? Yes Lymphadenectomy Operative Visits single or multiple 2022 Work RVU: 8.49 **Most Recent Tab: 12** Specialty Developing AUA First 2020 **RUC Meeting:** September 2014 Recommendation: Identified: January 2014 Medicare 2022 NF PE RVU: NA **Utilization:** 5,794 2022 Fac PE RVU: 5.28 **RUC Recommendation: 9.34** Referred to CPT Result: Maintain

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38571 Laparoscopy, surgical; w	vith bilate	ral total pelvic lymphadenectomy	Global: 010 Issue	Laparoscopy Lymphadenectomy	Screen: CMS Fastest Growing / 010-Day Global Post- Operative Visits	Complete? Yes
Most Recent T	Г <b>аb</b> : 12	Specialty Developing AUA	First	2020	<b>2022 Work RVU</b> : 12.00	
RUC Meeting: September 2014		Recommendation:	Identified: October 2008	Medicare	<b>2022 NF PE RVU</b> : NA	
				Utilization: 16,802	2022 Fac PE RVU: 5.89	
RUC Recommendation: 12.00			Referred to CPT		Result: Decrease	
			Referred to CPT Asst	ished in CPT Asst:		
38572 Laparoscopy, surgical; was aortic lymph node sampl		ral total pelvic lymphadenectomy a sy), single or multiple	nd peri- Global: 010 Issue	Laparoscopy Lymphadenectomy	Screen: 010-Day Global Post- Operative Visits	Complete? Yes
	Г <b>аb:</b> 12	Specialty Developing ACOG	First	2020	<b>2022 Work RVU</b> : 15.60	
RUC Meeting: September 2014		Recommendation:	Identified: January 2014	Medicare Utilization: 1.824	2022 NF PE RVU: NA	
				Othization: 1,024	<b>2022 Fac PE RVU:</b> 8.72	
RUC Recommendation: 15.60			Referred to CPT Referred to CPT Asst Publ		Result: Decrease	
20702 Injection procedure: radii	ioactivo tr	acer for identification of sentinel no	ode Global: 000 Issue	Radioactive Tracer	Screen: Negative IWPUT	Complete? Yes
38792 Injection procedure; radi	ioactive ti	acer for identification of sentifier in	Global. 000 Issue	Tradioactive Tracei		Complete: 103
Most Recent T RUC Meeting: January 2018		Specialty Developing Recommendation:	First Identified: April 2017	2020 Medicare	2022 Work RVU: 0.65	
too meeting. January 2010	Recommendation:	Necommendation.	identified: April 2017	Utilization: 29,251	2022 NF PE RVU: 1.72	
RUC Recommendation: 0.65			Referred to CPT		2022 Fac PE RVU: 0.23 Result: Increase	
OC Recommendation. 0.03				ished in CPT Asst:	Result. IIIdease	
39400 Mediastinoscopy, include	es biopsy	(ies), when performed	Global: Issue	Mediastinoscopy with Biopsy	Screen: Pre-Time Analysis	Complete? Yes
Most Recent T	Г <b>аb</b> : 08	Specialty Developing STS	First	2020	2022 Work RVU:	
RUC Meeting: January 2015	Recommendation:		Identified: January 2014	Medicare	2022 NF PE RVU:	
				Utilization:	2022 Fac PE RVU:	
RUC Recommendation: Deleted fr	rom CPT		Referred to CPT October 2014		Result: Deleted from CPT	

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Mediastinoscopy; includes biopsy(ies) of mediastinal mass (eg, lymphoma), Global: 000 Issue: Mediastinoscopy with Screen: Pre-Time Analysis Complete? Yes when performed Biopsy 2022 Work RVU: 5.44 **Most Recent Tab:** 08 Specialty Developing STS First 2020 **RUC Meeting:** January 2015 Identified: October 2014 Recommendation: Medicare 2022 NF PE RVU: NA **Utilization:** 375 2022 Fac PE RVU: 2.32 **RUC Recommendation: 5.44** Referred to CPT October 2014 Result: Decrease Referred to CPT Asst Published in CPT Asst: 39402 Mediastinoscopy; with lymph node biopsy(ies) (eg, lung cancer staging) Global: 000 Mediastinoscopy with Screen: Pre-Time Analysis Complete? Yes Biopsy 2022 Work RVU: 7.25 **Most Recent Tab:** 08 Specialty Developing STS First 2020 **RUC Meeting:** January 2015 Identified: October 2014 Recommendation: Medicare 2022 NF PE RVU: NA **Utilization:** 3.044 2022 Fac PE RVU: 2.87 Referred to CPT October 2014 **RUC Recommendation:** 7.50 Result: Increase Referred to CPT Asst **Published in CPT Asst:** 40490 Biopsy of lip Global: 000 Issue: Biopsy of Lip Screen: Harvard Valued -Complete? Yes Utilization over 30.000 2022 Work RVU: 1.22 Most Recent Specialty Developing AAO-HNS, AAD 2020 **RUC Meeting:** September 2011 Identified: April 2011 Recommendation: Medicare **2022 NF PE RVU: 2.32 Utilization:** 26.035 2022 Fac PE RVU: 0.68 Referred to CPT RUC Recommendation: 1.22 Result: Maintain Referred to CPT Asst **Published in CPT Asst:** 40650 Repair lip, full thickness; vermilion only Issue: PE Subcommittee Screen: Emergent Procedures Global: 090 Complete? Yes 2022 Work RVU: 3.78 AAOS, ACEP, and 2020 **Most Recent Tab:** 46 Specialty Developing First Identified: October 2015 **RUC Meeting:** April 2016 Recommendation: orthopaedic Medicare 2022 NF PE RVU: 9.90 subspecialties **Utilization:** 311 2022 Fac PE RVU: 4.74 RUC Recommendation: PE Clinical staff pre-time revised Referred to CPT Result: PE Only ✓ Published in CPT Asst: Nov 2016 **Referred to CPT Asst** 

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40800 Drainage of abscess, cyst, hematoma, vestibule of mouth; simple Global: 010 Issue: RAW Screen: 010-Day Global Post-Complete? Yes Operative Visits 2022 Work RVU: 1.23 **Tab:** 52 2020 **Most Recent Specialty Developing** First **RUC Meeting:** April 2014 Recommendation: Identified: January 2014 Medicare 2022 NF PE RVU: 4.76 2,838 **Utilization: 2022 Fac PE RVU: 2.15 RUC Recommendation:** Maintain Referred to CPT Result: Maintain Referred to CPT Asst **Published in CPT Asst:** 40801 Drainage of abscess, cyst, hematoma, vestibule of mouth; complicated Global: 010 Issue: Ostectomy **Screen:** Site of Service Anomaly Complete? Yes (99238-Only) / 010-Day Global Post-Operative Visits2 2022 Work RVU: 2.63 **Most Recent Tab: 37** Specialty Developing APMA, AAOS 2020 Identified: September 2007 **RUC Meeting:** January 2020 Recommendation: Medicare 2022 NF PE RVU: 5.75 **Utilization:** 1,342 2022 Fac PE RVU: 2.91 RUC Recommendation: Maintain, Reduced 99238 to 0.5 Referred to CPT Result: PE Only Referred to CPT Asst Published in CPT Asst: Global: 010 Issue: Biopsy of Mouth Lesion Screen: Negative IWPUT Complete? Yes Biopsy, vestibule of mouth **2022 Work RVU**: 1.05 **Most Recent Tab:** 13 Specialty Developing AAOHNS, AAOMS 2020 Medicare **RUC Meeting:** April 2018 Recommendation: Identified: April 2017 2022 NF PE RVU: 3.89 **Utilization:** 7,939 2022 Fac PE RVU: 1.40 **RUC Recommendation: 1.05** Referred to CPT Result: Increase Referred to CPT Asst Published in CPT Asst:

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40812 Excision of lesion repair	of mucosa an	d submucosa, vestibule of mouth; w	ith simple Global: 010 Issue	: RAW	Screen: 010-Day Global Post- Operative Visits	Complete? Yes
Most Recent	<b>Tab</b> : 52	Specialty Developing	First	2020	2022 Work RVU: 2.37	
RUC Meeting: April 2014		Recommendation:	Identified: January 2014	Medicare	<b>2022 NF PE RVU</b> : 5.94	
				Utilization: 5,069	2022 Fac PE RVU: 2.85	
RUC Recommendation: Ma	aintain		Referred to CPT		Result: Maintain	
			Referred to CPT Asst	ished in CPT Asst:		
10820 Destruction of lesi laser, thermal, cry		vestibule of mouth by physical metho	ods (eg, Global: 010 Issue	: RAW	Screen: 010-Day Global Post- Operative Visits	Complete? Yes
Most Recent	<b>Tab</b> : 52	Specialty Developing	First	2020	2022 Work RVU: 1.34	
RUC Meeting: April 2014		Recommendation:	Identified: January 2014	Medicare Utilization: 870	<b>2022 NF PE RVU</b> : 6.44	
				Otilization: 670	2022 Fac PE RVU: 3.54	
					2022   ac   L   (V 0.0.04	
RUC Recommendation: Ma	aintain		Referred to CPT Referred to CPT Asst  Pub	lished in CPT Asst:	Result: Maintain	
11530 Submucosal ablat		gue base, radiofrequency, 1 or more s	Referred to CPT Asst	: Submucosal ablation of		Complete? Yes
11530 Submucosal ablat session	ion of the tong	•	Referred to CPT Asst  Pub	: Submucosal ablation of tongue base	Result: Maintain  Screen: Final Rule for 2015	Complete? Yes
11530 Submucosal ablat session		gue base, radiofrequency, 1 or more s Specialty Developing AAO-HNS Recommendation:	Referred to CPT Asst	: Submucosal ablation of	Result: Maintain  Screen: Final Rule for 2015  2022 Work RVU: 3.50	Complete? Yes
41530 Submucosal ablat	ion of the tong	Specialty Developing AAO-HNS	Referred to CPT Asst  Pub sites, per Global: 000 Issue	: Submucosal ablation of tongue base 2020	Result: Maintain  Screen: Final Rule for 2015  2022 Work RVU: 3.50 2022 NF PE RVU: 24.36	Complete? Yes
11530 Submucosal ablat session Most Recent RUC Meeting: April 2015	ion of the tong Tab: 26	Specialty Developing AAO-HNS	Referred to CPT Asst  Pub sites, per Global: 000 Issue	: Submucosal ablation of tongue base  2020  Medicare	Result: Maintain  Screen: Final Rule for 2015  2022 Work RVU: 3.50	Complete? Yes
11530 Submucosal ablat session Most Recent	ion of the tong Tab: 26	Specialty Developing AAO-HNS	Referred to CPT Asst Pub sites, per Global: 000 Issue First Identified: July 2014 Referred to CPT	: Submucosal ablation of tongue base  2020  Medicare	Result: Maintain  Screen: Final Rule for 2015  2022 Work RVU: 3.50 2022 NF PE RVU: 24.36 2022 Fac PE RVU:7.41	Complete? Yes
11530 Submucosal ablat session Most Recent RUC Meeting: April 2015 RUC Recommendation: 3.5	Tab: 26	Specialty Developing AAO-HNS	Referred to CPT Asst  Pub  sites, per Global: 000 Issue  First Identified: July 2014  Referred to CPT  Referred to CPT Asst  Pub	: Submucosal ablation of tongue base 2020 Medicare Utilization: 248	Result: Maintain  Screen: Final Rule for 2015  2022 Work RVU: 3.50 2022 NF PE RVU: 24.36 2022 Fac PE RVU:7.41	•
1530 Submucosal ablat session  lost Recent UC Meeting: April 2015  UC Recommendation: 3.9	Tab: 26	Specialty Developing AAO-HNS Recommendation:	Referred to CPT Asst  Pub  sites, per Global: 000 Issue  First Identified: July 2014  Referred to CPT  Referred to CPT Asst  Pub	: Submucosal ablation of tongue base  2020  Medicare Utilization: 248  lished in CPT Asst:  : Palatopharyngoplasty	Screen: Final Rule for 2015  2022 Work RVU: 3.50  2022 NF PE RVU: 24.36  2022 Fac PE RVU: 7.41  Result: Decrease	•
Submucosal ablat session  Most Recent RUC Meeting: April 2015  RUC Recommendation: 3.6	Tab: 26	Specialty Developing AAO-HNS Recommendation:	Referred to CPT Asst  Pub  sites, per Global: 000 Issue  First Identified: July 2014  Referred to CPT Referred to CPT Asst  Pub  goplasty) Global: 090 Issue	: Submucosal ablation of tongue base  2020  Medicare  Utilization: 248  dished in CPT Asst:  : Palatopharyngoplasty  2020  Medicare	Screen: Final Rule for 2015  2022 Work RVU: 3.50 2022 NF PE RVU: 24.36 2022 Fac PE RVU: 7.41 Result: Decrease  Screen: Site of Service Anomaly	•
Submucosal ablat session  Nost Recent RUC Meeting: April 2015  RUC Recommendation: 3.6	Tab: 26	Specialty Developing AAO-HNS Recommendation:  palatopharyngoplasty, uvulopharyng Specialty Developing AAO-HNS	Referred to CPT Asst  Pub  sites, per Global: 000 Issue  First Identified: July 2014  Referred to CPT Referred to CPT Asst  Pub  goplasty) Global: 090 Issue  First	: Submucosal ablation of tongue base  2020  Medicare  Utilization: 248  dished in CPT Asst:  : Palatopharyngoplasty  2020	Screen: Final Rule for 2015  2022 Work RVU: 3.50 2022 NF PE RVU: 24.36 2022 Fac PE RVU: 7.41 Result: Decrease  Screen: Site of Service Anomaly 2022 Work RVU: 9.78	•
11530 Submucosal ablat session Most Recent RUC Meeting: April 2015 RUC Recommendation: 3.5	Tab: 26  asty (eg, uvulo	Specialty Developing AAO-HNS Recommendation:  palatopharyngoplasty, uvulopharyng Specialty Developing AAO-HNS	Referred to CPT Asst  Pub  sites, per Global: 000 Issue  First Identified: July 2014  Referred to CPT Referred to CPT Asst  Pub  goplasty) Global: 090 Issue  First	: Submucosal ablation of tongue base  2020  Medicare  Utilization: 248  dished in CPT Asst:  : Palatopharyngoplasty  2020  Medicare	Screen: Final Rule for 2015  2022 Work RVU: 3.50 2022 NF PE RVU: 24.36 2022 Fac PE RVU: 7.41 Result: Decrease  Screen: Site of Service Anomaly 2022 Work RVU: 9.78 2022 NF PE RVU: NA	Complete? Yes

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42415 Excision of parotid tu preservation of facial		otid gland; lateral lobe, with dissection an	nd Global: 090 Issue	: Excise Parotid Gland/L	Lesion Screen: Site of Service Anomaly	Complete? Yes
Most Recent RUC Meeting: February 2011	<b>Tab</b> : 27	Specialty Developing ACS, AAO-HNS Recommendation:	First Identified: September 2007	2020 Medicare Utilization: 4,301	2022 Work RVU: 17.16 2022 NF PE RVU: NA 2022 Fac PE RVU:11.64	
RUC Recommendation: 18.12		Re	eferred to CPT		Result: Maintain	
		Re	eferred to CPT Asst	ished in CPT Asst:		
42420 Excision of parotid tu preservation of facial		otid gland; total, with dissection and	Global: 090 Issue	: Excise Parotid Gland/L	Lesion Screen: Site of Service Anomaly	Complete? Yes
Most Recent	<b>Tab:</b> 27	Specialty Developing ACS, AAO-HNS	First	2020	<b>2022 Work RVU:</b> 19.53	
RUC Meeting: February 2011		Recommendation:	Identified: September 2007		2022 NF PE RVU: NA	
				Utilization: 1,345	<b>2022 Fac PE RVU</b> : 12.70	
RUC Recommendation: 21.00		Re	eferred to CPT		Result: Maintain	
		Re	eferred to CPT Asst	ished in CPT Asst:		
42440 Excision of submandi	bular (subi	maxillary) gland	Global: 090 Issue	: Submandibular Gland Excision	Screen: Site of Service Anomaly	Complete? Yes
Most Recent	<b>Tab</b> : 64	Specialty Developing AAO-HNS, ACS	First	2020	<b>2022 Work RVU:</b> 6.14	
RUC Meeting: October 2010		Recommendation:	Identified: September 2007		2022 NF PE RVU: NA	
				Utilization: 1,464	2022 Fac PE RVU: 5.27	
RUC Recommendation: 7.13		Re	eferred to CPT		Result: Maintain	
		Re	eferred to CPT Asst	ished in CPT Asst:		
		; diagnostic, including collection of speci erformed (separate procedure)	men(s) Global: 000 Issue	: Esophagoscopy	Screen: MPC List	Complete? Yes
Most Recent	<b>Tab:</b> 10	Specialty Developing AAO-HNS, ASGE		2020	<b>2022 Work RVU</b> : 2.49	
RUC Meeting: October 2012		Recommendation: SAGES	Identified: September 2011		2022 NF PE RVU: NA	
				Utilization: 2,534	<b>2022 Fac PE RVU</b> : 1.69	
RUC Recommendation: 2.78		Re	eferred to CPT		Result: Increase	
		_	eferred to CPT Asst D Publ	ished in CPT Asst:		

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43192 Esophagoscopy, rigic substance	l, transoral;	; with directed submuce	osal injection(s), an	Global: 000 Issue:	Esophagoscopy	Screen: MPC List	Complete? Yes
Most Recent RUC Meeting: October 2012	<b>Tab:</b> 10	Specialty Developing Recommendation:	AAO-HNS, ASGE, SAGES	First Identified: September 2011	2020 Medicare Utilization: 164	2022 Work RVU: 2.79 2022 NF PE RVU: NA 2022 Fac PE RVU: 1.79	
RUC Recommendation: 3.21				erred to CPT erred to CPT Asst  Publi	shed in CPT Asst:	Result: Increase	
43193 Esophagoscopy, rigio	l, transoral;	; with biopsy, single or	multiple	Global: 000 Issue:	Esophagoscopy	Screen: MPC List	Complete? Yes
Most Recent RUC Meeting: October 2012	<b>Tab:</b> 10	Specialty Developing Recommendation:	AAO-HNS, ASGE, SAGES	First Identified: September 2011	2020 Medicare Utilization: 196	2022 Work RVU: 2.79 2022 NF PE RVU: NA 2022 Fac PE RVU: 1.78	
RUC Recommendation: 3.36				erred to CPT erred to CPT Asst  Publi	shed in CPT Asst:	Result: Increase	
43194 Esophagoscopy, rigic	l, transoral;	; with removal of foreig	n body(s)	Global: 000 Issue:	Esophagoscopy	Screen: MPC List	Complete? Yes
Most Recent RUC Meeting: October 2012	<b>Tab:</b> 10	Specialty Developing Recommendation:	AAO-HNS, ASGE, SAGES	First Identified: September 2011	2020 Medicare Utilization: 118	2022 Work RVU: 3.51 2022 NF PE RVU: NA 2022 Fac PE RVU: 1.60	
RUC Recommendation: 3.99				erred to CPT erred to CPT Asst  Publi	shed in CPT Asst:	Result: Increase	
43195 Esophagoscopy, rigio diameter)	l, transoral;	; with balloon dilation (I	ess than 30 mm	Global: 000 Issue:	Esophagoscopy	Screen: MPC List	Complete? Yes
Most Recent RUC Meeting: October 2012	<b>Tab:</b> 10	Specialty Developing Recommendation:	AAO-HNS, ASGE, SAGES	First Identified: September 2011	2020 Medicare Utilization: 493	2022 Work RVU: 3.07 2022 NF PE RVU: NA 2022 Fac PE RVU: 1.91	
						2022 Fac PE RVU. 1.91	

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43196 Esophagoscopy, rigid, dilation over guide wire		with insertion of guide	wire followed by	Global: 000 Issue:	Esophagoscopy	Screen: MPC List	Complete? Yes
Most Recent RUC Meeting: October 2012	<b>Tab</b> : 10	Specialty Developing Recommendation:	AAO-HNS, ASGE, SAGES	First Identified: September 2011	2020 Medicare Utilization: 375	2022 Work RVU: 3.31 2022 NF PE RVU: NA 2022 Fac PE RVU: 2.00	
RUC Recommendation: 3.36				erred to CPT erred to CPT Asst  Publi	shed in CPT Asst:	Result: Increase	
13197 Esophagoscopy, flexib specimen(s) by brushi		asal; diagnostic, includi ning, when performed (s			Esophagoscopy	Screen: MPC List	Complete? Yes
Most Recent RUC Meeting: October 2012	<b>Tab</b> : 10	Specialty Developing Recommendation:	AAO-HNS, ASGE, SAGES, AGA	First Identified: September 2011	2020 Medicare Utilization: 909	2022 Work RVU: 1.52 2022 NF PE RVU: 4.04 2022 Fac PE RVU:0.67	
RUC Recommendation: 1.59				erred to CPT erred to CPT Asst	shed in CPT Asst:	Result: Maintain	
			TO.	circuito di l'Abbt			
13198 Esophagoscopy, flexib	ole, transna	asal; with biopsy, single			Esophagoscopy	Screen: MPC List	Complete? Yes
Most Recent	ble, transna Tab: 10	asal; with biopsy, single Specialty Developing Recommendation:	or multiple			Screen: MPC List  2022 Work RVU: 1.82  2022 NF PE RVU: 4.33  2022 Fac PE RVU: 0.82	Complete? Yes
Most Recent RUC Meeting: October 2012		Specialty Developing	or multiple  AAO-HNS, ASGE, SAGES, AGA	Global: 000 Issue: First Identified: September 2011 Ferred to CPT	Esophagoscopy  2020 Medicare	2022 Work RVU: 1.82 2022 NF PE RVU: 4.33	Complete? Yes
Nost Recent RUC Meeting: October 2012 RUC Recommendation: 1.89	Tab: 10	Specialty Developing	AAO-HNS, ASGE, SAGES, AGA  Reference	Global: 000 Issue:  First Identified: September 2011  Ferred to CPT Ferred to CPT Asst Public  Global: 000 Issue:	Esophagoscopy  2020 Medicare Utilization: 210	2022 Work RVU: 1.82 2022 NF PE RVU: 4.33 2022 Fac PE RVU: 0.82	·
Most Recent RUC Meeting: October 2012 RUC Recommendation: 1.89 43200 Esophagoscopy, flexib	Tab: 10	Specialty Developing Recommendation:	AAO-HNS, ASGE, SAGES, AGA  Reference  g collection of separate procedure	Global: 000 Issue:  First Identified: September 2011  Ferred to CPT Ferred to CPT Asst Public  Global: 000 Issue:	Esophagoscopy  2020 Medicare Utilization: 210  shed in CPT Asst:  Esophagoscopy  2020	2022 Work RVU: 1.82 2022 NF PE RVU: 4.33 2022 Fac PE RVU: 0.82 Result: Maintain	Complete? Yes

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substance	Die, transo	ral; with directed submu	icosal injection(s	), any Global: 000 Issue:	Esophagoscopy	Screen: MPC List	Complete? Ye
Most Recent RUC Meeting: October 2012 RUC Recommendation: 1.90	<b>Tab</b> : 10	Specialty Developing Recommendation:	SAGES	First Identified: September 2011	2020 Medicare Utilization: 200	2022 Work RVU: 1.72 2022 NF PE RVU: 5.98 2022 Fac PE RVU:1.06 Result: Decrease	
				eferred to CPT Asst  Publi	shed in CPT Asst:		
43202 Esophagoscopy, flexi	ble, transo	ral; with biopsy, single c	or multiple	Global: 000 Issue:	Esophagoscopy	Screen: MPC List	Complete? Ye
Most Recent RUC Meeting: October 2012	<b>Tab:</b> 10	Specialty Developing Recommendation:	AAO-HNS, AGA, ASGE, SAGES	First Identified: September 2011	2020 Medicare Utilization: 1,940	2022 Work RVU: 1.72 2022 NF PE RVU: 9.12 2022 Fac PE RVU:1.07	
RUC Recommendation: 1.89				eferred to CPT May 2012 eferred to CPT Asst Publ	shed in CPT Asst:	Result: Maintain	
43204 Esophagoscopy, flexi	blo tranco						
varices	טופ, נומווטטו	ral; with injection sclero	sis of esophagea	d Global: 000 Issue:	Esophagoscopy	Screen: MPC List	Complete? Ye
	Tab: 10	Specialty Developing Recommendation:		First Identified: September 2011	2020	2022 Work RVU: 2.33 2022 NF PE RVU: NA	Complete? Ye
varices Most Recent		Specialty Developing	AGA, ASGE, SAGES	First Identified: September 2011	2020 Medicare	<b>2022 Work RVU</b> : 2.33	Complete? Ye
varices  Most Recent RUC Meeting: October 2012  RUC Recommendation: 2.89	<b>Tab:</b> 10	Specialty Developing	AGA, ASGE, SAGES	First Identified: September 2011 eferred to CPT May 2012 eferred to CPT Asst Publication	2020 Medicare Utilization: 17	2022 Work RVU: 2.33 2022 NF PE RVU: NA 2022 Fac PE RVU: 1.36	
varices  Most Recent RUC Meeting: October 2012  RUC Recommendation: 2.89	<b>Tab:</b> 10	Specialty Developing Recommendation:	AGA, ASGE, SAGES  Reference of the second se	First Identified: September 2011 eferred to CPT May 2012 eferred to CPT Asst Publication	2020 Medicare Utilization: 17 Shed in CPT Asst:  Esophagoscopy 2020	2022 Work RVU: 2.33 2022 NF PE RVU: NA 2022 Fac PE RVU:1.36 Result: Decrease	Complete? Ye

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43206 Esophagoscopy, flex	ible, transo	ral; with optical endomi	icroscopy	Global: 000 Issue:	Esophagoscopy	Screen: MPC List	Complete? Ye
Most Recent RUC Meeting: October 2012	<b>Tab:</b> 10	Specialty Developing Recommendation:	AGA, ASGE, SAGES	First Identified: September 2011	2020 Medicare Utilization: 26	2022 Work RVU: 2.29 2022 NF PE RVU: 6.70 2022 Fac PE RVU: 1.35	
RUC Recommendation: 2.39				Referred to CPT Referred to CPT Asst  Publi	ished in CPT Asst:	Result: Decrease	
43211 Esophagoscopy, flex	ible, transo	ral; with endoscopic mu	ucosal resectio	n Global: 000 Issue:	Esophagoscopy	Screen: MPC List	Complete? Ye
Most Recent RUC Meeting: October 2012	<b>Tab:</b> 10	Specialty Developing Recommendation:	AGA, ASGE, SAGES	First Identified: September 2011	2020 Medicare Utilization: 67	2022 Work RVU: 4.20 2022 NF PE RVU: NA 2022 Fac PE RVU:2.20	
RUC Recommendation: 4.58				Referred to CPT	tabadia ORT Asada	Result: Decrease	
				Referred to CPT Asst	ished in CPT Asst:		
		ral; with placement of e and guide wire passage		nt Global: 000 Issue:	Esophagoscopy	Screen: MPC List	Complete? Ye
			, when perform	nt Global: 000 Issue:	Esophagoscopy	Screen: MPC List  2022 Work RVU: 3.40  2022 NF PE RVU: NA  2022 Fac PE RVU: 1.58	Complete? Ye
(includes pre- and po	st-dilation a	and guide wire passage Specialty Developing	, when perform AGA, ASGE,	nt Global: 000 Issue: ned)  First Identified: September 2011  Referred to CPT	Esophagoscopy  2020 Medicare	2022 Work RVU: 3.40 2022 NF PE RVU: NA	Complete? Ye
(includes pre- and po Most Recent RUC Meeting: October 2012 RUC Recommendation: 3.73	st-dilation a	and guide wire passage Specialty Developing	AGA, ASGE, SAGES	rit Global: 000 Issue: ned)  First Identified: September 2011  Referred to CPT Referred to CPT Asst  Publi	Esophagoscopy  2020 Medicare Utilization: 493	2022 Work RVU: 3.40 2022 NF PE RVU: NA 2022 Fac PE RVU: 1.58	Complete? Ye
(includes pre- and po Most Recent RUC Meeting: October 2012 RUC Recommendation: 3.73	st-dilation a	sind guide wire passage Specialty Developing Recommendation:	AGA, ASGE, SAGES	rit Global: 000 Issue: ned)  First Identified: September 2011  Referred to CPT Referred to CPT Asst  Publi	Esophagoscopy  2020 Medicare Utilization: 493  shed in CPT Asst:	2022 Work RVU: 3.40 2022 NF PE RVU: NA 2022 Fac PE RVU: 1.58 Result: Decrease	

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		ral; with dilation of esop			Esophagoscopy	Screen: MPC List	Complete? Yes
Most Recent RUC Meeting: October 2012 RUC Recommendation: 3.78	<b>Tab</b> : 10	Specialty Developing Recommendation:	SAGES	First Identified: September 2011 eferred to CPT eferred to CPT Asst Publi	2020 Medicare Utilization: 146 shed in CPT Asst:	2022 Work RVU: 3.40 2022 NF PE RVU: NA 2022 Fac PE RVU:1.81 Result: Decrease	
43215 Esophagoscopy, flex	ible, transo	ral; with removal of fore	eign body(s)	Global: 000 Issue:	Esophagoscopy	Screen: MPC List	Complete? Yes
Most Recent RUC Meeting: October 2012	<b>Tab:</b> 10	Specialty Developing Recommendation:	AAO-HNS, AGA, ASGE, SAGES	First Identified: September 2011	2020 Medicare Utilization: 752	2022 Work RVU: 2.44 2022 NF PE RVU: 9.33 2022 Fac PE RVU:1.34	
RUC Recommendation: 2.60				eferred to CPT May 2012 eferred to CPT Asst Publi	shed in CPT Asst:	Result: Maintain	
43216 Esophagoscopy, flexi lesion(s) by hot biops		ral; with removal of tum	or(s), polyp(s), or	other Global: 000 Issue:	Esophagoscopy	Screen: MPC List	Complete? Yes
Most Recent RUC Meeting: October 2012	<b>Tab</b> : 10	Specialty Developing Recommendation:	AGA, ASGE, SAGES	First Identified: September 2011	2020 Medicare Utilization: 135	2022 Work RVU: 2.30 2022 NF PE RVU: 10.15 2022 Fac PE RVU:1.35	
RUC Recommendation: 2.40				eferred to CPT May 2012 eferred to CPT Asst Publi	shed in CPT Asst:	Result: Maintain	
43217 Esophagoscopy, flexi lesion(s) by snare tec		ral; with removal of tum	nor(s), polyp(s), or	other Global: 000 Issue:	Esophagoscopy	Screen: MPC List	Complete? Yes
Most Recent RUC Meeting: October 2012	<b>Tab</b> : 10	Specialty Developing Recommendation:	AGA, ASGE, SAGES	First Identified: September 2011	2020 Medicare Utilization: 28	2022 Work RVU: 2.80 2022 NF PE RVU: 9.85	
RUC Recommendation: 2.90			R	eferred to CPT May 2012		2022 Fac PE RVU: 1.57 Result: Maintain	

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43219 Esophagoscopy, rigid o	or flexible;	with insertion of plasti	c tube or stent	Global: Issue	Esophagoscopy	Screen: MPC List	Complete? Yes
Most Recent RUC Meeting: October 2012	<b>Tab:</b> 10	Specialty Developing Recommendation:	AGA, ASGE, SAGES	First Identified: September 2011	2020 Medicare Utilization:	2022 Work RVU: 2022 NF PE RVU: 2022 Fac PE RVU:	
RUC Recommendation: Deleted	from CPT			Referred to CPT May 2012 Referred to CPT Asst  Publ	ished in CPT Asst:	Result: Deleted from CPT	
13220 Esophagoscopy, flexible than 30 mm diameter)	le, transor	al; with transendoscop	ic balloon dilatio	on (less Global: 000 Issue	Esophagoscopy	Screen: MPC List	Complete? Yes
Most Recent RUC Meeting: October 2012	<b>Tab:</b> 10	Specialty Developing Recommendation:	AGA, ASGE, SAGES	First Identified: September 2011	2020 Medicare Utilization: 1,676	2022 Work RVU: 2.00 2022 NF PE RVU: 26.03 2022 Fac PE RVU: 1.20	
RUC Recommendation: 2.10				Referred to CPT May 2012 Referred to CPT Asst Dubl	ished in CPT Asst:	Result: Maintain	
I3226 Esophagoscopy, flexible passage of dilator(s) ov			de wire followed	d by Global: 000 Issue	Esophagoscopy	Screen: MPC List	Complete? Yes
passage of dilator(s) ov					2020	2022 Work RVU: 2.24 2022 NF PE RVU: 9.29	Complete? Yes
passage of dilator(s) ov	ver guide v	wire Specialty Developing	AAO-HNS, AGA ASGE, SAGES	r, First Identified: September 2011	2020 Medicare	<b>2022 Work RVU</b> : 2.24	Complete? Yes
passage of dilator(s) ov Most Recent RUC Meeting: October 2012 RUC Recommendation: 2.34	ver guide v	wire  Specialty Developing Recommendation:	AAO-HNS, AGA ASGE, SAGES	Referred to CPT Asst Publ	2020 Medicare Utilization: 1,386	2022 Work RVU: 2.24 2022 NF PE RVU: 9.29 2022 Fac PE RVU:1.25	•
passage of dilator(s) ov Most Recent RUC Meeting: October 2012 RUC Recommendation: 2.34	ver guide v	wire  Specialty Developing Recommendation:	AAO-HNS, AGA ASGE, SAGES F H	Referred to CPT Asst Publ	2020 Medicare Utilization: 1,386 ished in CPT Asst: Esophagoscopy 2020	2022 Work RVU: 2.24 2022 NF PE RVU: 9.29 2022 Fac PE RVU: 1.25 Result: Maintain	Complete? Yes

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		; with ablation of tumor ral by hot biopsy forcep			: Esophagoscopy	Screen: MPC List	Complete? Ye
Most Recent RUC Meeting: October 2012	<b>Tab</b> : 10	Specialty Developing Recommendation:	AGA, ASGE, SAGES	First Identified: September 2011	2020 Medicare Utilization:	2022 Work RVU: 2022 NF PE RVU: 2022 Fac PE RVU:	
RUC Recommendation: Delete	ed from CPT			Referred to CPT May 2012 Referred to CPT Asst Dubl	ished in CPT Asst:	Result: Deleted from CPT	
		ral; with ablation of tum -dilation and guide wire			: Esophagoscopy	Screen: MPC List	Complete? Ye
Most Recent RUC Meeting: October 2012	<b>Tab:</b> 10	Specialty Developing Recommendation:	AGA, ASGE, SAGES	First Identified: September 2011	2020 Medicare Utilization: 1,542	2022 Work RVU: 3.49 2022 NF PE RVU: 18.25 2022 Fac PE RVU: 1.85	
RUC Recommendation: 3.72				Referred to CPT Referred to CPT Asst	ished in CPT Asst:	Result: Decrease	
43231 Esophagoscopy, flexi	ble, transo	ral; with endoscopic ult	rasound exami	nation Global: 000 Issue	: Esophagoscopy	Screen: MPC List	Complete? Ye
lost Recent RUC Meeting: April 2013	<b>Tab</b> : 10	Specialty Developing Recommendation:	AGA, ASGE, SAGES	First Identified: September 2011	2020 Medicare Utilization: 486	2022 Work RVU: 2.80 2022 NF PE RVU: NA 2022 Fac PE RVU: 1.55	
RUC Recommendation: 3.19				Referred to CPT May 2012 Referred to CPT Asst	ished in CPT Asst:	Result: Maintain	
		ral; with transendoscop edle aspiration/biopsy(s		uided Global: 000 Issue	: Esophagoscopy	Screen: MPC List	Complete? Ye
Most Recent	<b>Tab:</b> 10	Specialty Developing Recommendation:	AGA, ASGE, SAGES	First Identified: September 2011	2020 Medicare Utilization: 330	<b>2022 Work RVU:</b> 3.59 <b>2022 NF PE RVU:</b> NA	
RUC Meeting: April 2013						2022 Fac PE RVU: 1.85	

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43233 Esophagogastroduodenoscopy, flexible, transoral; with dilation of esophagus Global: 000 Issue: EGD Screen: MPC List Complete? Yes with balloon (30 mm diameter or larger) (includes fluoroscopic guidance, when performed) 2022 Work RVU: 4.07 **First Most Recent Tab:** 08 Specialty Developing AGA, ASGE, 2020 **RUC Meeting:** January 2013 Identified: October 2012 Recommendation: SAGES Medicare 2022 NF PE RVU: NA **Utilization:** 1,145 **2022 Fac PE RVU: 2.06 RUC Recommendation: 4.45** Referred to CPT October 2012 Result: Decrease Referred to CPT Asst **Published in CPT Asst:** 43234 Upper gastrointestinal endoscopy, simple primary examination (eg, with small Issue: Esophagoscopy Screen: MPC List Complete? Yes Global: diameter flexible endoscope) (separate procedure) 2022 Work RVU: **Most Recent Tab:** 10 Specialty Developing AGA, ASGE, First 2020 **RUC Meeting:** April 2013 Recommendation: SAGES Identified: September 2011 Medicare **2022 NF PE RVU: Utilization:** 2022 Fac PE RVU: RUC Recommendation: Deleted from CPT Referred to CPT February 2012 Result: Deleted from CPT Referred to CPT Asst Published in CPT Asst: 43235 Esophagogastroduodenoscopy, flexible, transoral; diagnostic, including Global: 000 Issue: EGD Screen: MPC List / CMS High Complete? Yes collection of specimen(s) by brushing or washing, when performed (separate **Expenditure Procedural** Codes1 procedure) 2022 Work RVU: 2.09 **Most Recent Tab:** 08 Specialty Developing AGA, ASGE, **First** 2020 SAGES **RUC Meeting:** January 2013 Identified: October 2010 Recommendation: Medicare 2022 NF PE RVU: 6.75 **Utilization:** 253,237 **2022 Fac PE RVU: 1.25 RUC Recommendation: 2.26** Referred to CPT October 2012 Result: Decrease Referred to CPT Asst Published in CPT Asst:

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43236 Esophagogastroduodenoscopy, flexible, transoral; with directed submucosal Global: 000 Issue: EGD Screen: CMS Fastest Growing / Complete? Yes MPC List injection(s), any substance **2022 Work RVU: 2.39 Tab:** 08 Specialty Developing AGA, ASGE, 2020 **Most Recent** First **RUC Meeting:** January 2013 Recommendation: SAGES Identified: October 2008 Medicare 2022 NF PE RVU: 9.76 13.996 **Utilization: 2022 Fac PE RVU: 1.38 RUC Recommendation: 2.57** Referred to CPT October 2012 Result: Decrease Referred to CPT Asst Published in CPT Asst: Apr 2009 and Jun 2010 43237 Esophagogastroduodenoscopy, flexible, transoral; with endoscopic ultrasound Global: 000 Screen: MPC List Issue: EGD Complete? Yes examination limited to the esophagus, stomach or duodenum, and adjacent structures 2022 Work RVU: 3.47 **Most Recent Tab**: 11 Specialty Developing AGA, ASGE, First 2020 Identified: September 2011 SAGES RUC Meeting: April 2013 Recommendation: Medicare 2022 NF PE RVU: NA **Utilization:** 16,466 **2022 Fac PE RVU: 1.87 RUC Recommendation: 3.85** Referred to CPT February 2013 Result: Decrease Referred to CPT Asst Published in CPT Asst:

**2022 Fac PE RVU: 2.18** 

43238 Esophagogastroduodenoscopy, flexible, transoral; with transendoscopic Global: 000 Issue: EGD Screen: MPC List Complete? Yes ultrasound-guided intramural or transmural fine needle aspiration/biopsy(s), (includes endoscopic ultrasound examination limited to the esophagus,

stomach or duodenum, and adjacent structures)

Most Recent Tab: 11 Specialty Developing AGA, ASGE, First 2020 2022 Work RVU: 4.16

RUC Meeting: April 2013 Recommendation: SAGES Identified: September 2011 Medicare Utilization: 13,506

RUC Recommendation: 4.50 Referred to CPT February 2013 Result: Decrease

Referred to CPT February 2013 Referred to CPT Asst Published in CPT Asst:

43239 Esophagogastroduodenoscopy, flexible, transoral; with biopsy, single or Global: 000 Issue: EGD with Biopsy Screen: MPC List / CMS Complete? Yes Request - Final Rule for multiple **2022 Work RVU**: 2.39 Most Recent **Tab:** 12 Specialty Developing ACG, ACS, AGA, 2020 **RUC Meeting:** April 2019 Recommendation: ASGE, SAGES Identified: October 2010 Medicare **2022 NF PE RVU: 8.97 Utilization:** 1,131,001 **2022 Fac PE RVU: 1.38 RUC Recommendation: 2.39** Referred to CPT Result: Maintain Referred to CPT Asst **Published in CPT Asst:** 43240 Esophagogastroduodenoscopy, flexible, transoral; with transmural drainage of Global: 000 Issue: EGD Screen: MPC List Complete? Yes pseudocyst (includes placement of transmural drainage catheter[s]/stent[s], when performed, and endoscopic ultrasound, when performed) 2022 Work RVU: 7.15 **Most Recent** Specialty Developing AGA, ASGE, 2020 First **RUC Meeting:** April 2013 Recommendation: SAGES Identified: September 2011 Medicare 2022 NF PE RVU: NA **Utilization:** 1,053 2022 Fac PE RVU: 3.51 **RUC Recommendation:** 7.25 Referred to CPT February 2013 Result: Increase Referred to CPT Asst Published in CPT Asst: 43241 Esophagogastroduodenoscopy, flexible, transoral; with insertion of intraluminal Global: 000 Issue: EGD Screen: MPC List Complete? Yes tube or catheter **2022 Work RVU: 2.49 Most Recent Tab:** 08 Specialty Developing AGA, ASGE, First 2020 **RUC Meeting:** January 2013 SAGES Identified: September 2011 Recommendation: Medicare 2022 NF PE RVU: NA **Utilization:** 4,196 **2022 Fac PE RVU: 1.37** 

Referred to CPT

October 2012

Referred to CPT Asst Published in CPT Asst:

Result: Maintain

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**RUC Recommendation: 2.59** 

43242 Esophagogastroduodenoscopy, flexible, transoral; with transendoscopic ultrasound-guided intramural or transmural fine needle aspiration/biopsy(s) (includes endoscopic ultrasound examination of the esophagus, stomach, and either the duodenum or a surgically altered stomach where the jejunum is

examined distal to the anastomosis)

Most Recent Tab: 11 Specialty Developing AGA, ASGE, ACG First 2020 2022 Work RVU: 4.73

RUC Meeting: April 2013 Recommendation: Identified: October 2008 Medicare 2022 NF PE RVU: NA

Utilization: 23,675

2022 Fac PE RVU: 2.44

Screen: CMS Fastest Growing /

MPC List

Complete? Yes

RUC Recommendation: 5.39 Referred to CPT February 2013 Result: Decrease

Referred to CPT Asst Published in CPT Asst: Mar 2009

Issue: EGD

43243 Esophagogastroduodenoscopy, flexible, transoral; with injection sclerosis of Global: 000 Issue: EGD Screen: MPC List Complete? Yes

Global: 000

esophageal/gastric varices

Most Recent Tab: 08 Specialty Developing AGA, ASGE, First 2020 2022 Work RVU: 4.27

RUC Meeting: January 2013 Recommendation: SAGES Identified: September 2011 Medicare Utilization: 491

**2022 Fac PE RVU**: 2.16

RUC Recommendation: 4.37 Referred to CPT October 2012 Result: Decrease

Referred to CPT Asst Published in CPT Asst:

43244 Esophagogastroduodenoscopy, flexible, transoral; with band ligation of Global: 000 Issue: EGD Screen: MPC List Complete? Yes

esophageal/gastric varices

Most Recent Tab: 08 Specialty Developing AGA, ASGE, First 2020 2022 Work RVU: 4.40

RUC Meeting: January 2013 Recommendation: SAGES Identified: September 2011 Medicare
Utilization: 18,306

**2022 Fac PE RVU**: 2.29

RUC Recommendation: 4.50 Referred to CPT October 2012 Result: Decrease

Referred to CPT Asst: Published in CPT Asst:

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43245 Esophagogastroduod gastric/duodenal stric		flexible, transoral; with balloon, bougie)	dilation of	Global: 000 Issue	e: EGD	Screen: MPC List	Complete? Yes
Most Recent RUC Meeting: January 2013	<b>Tab:</b> 08	Specialty Developing Recommendation:	AGA, ASGE, SAGES	First Identified: September 201	Utilization: 12,727	2022 Work RVU: 3.08 2022 NF PE RVU: 15.01 2022 Fac PE RVU: 1.65	
UC Recommendation: 3.18				Referred to CPT Asst Pub	lished in CPT Asst:	Result: Maintain	
.3246 Esophagogastroduod percutaneous gastros		flexible, transoral; with	directed place	ment of Global: 000 Issue	e: EGD	Screen: MPC List	Complete? Yes
Nost Recent RUC Meeting: April 2013	<b>Tab:</b> 11	Specialty Developing Recommendation:	AGA, ASGE, SAGES	First Identified: September 201	2020 1 Medicare Utilization: 66,201	2022 Work RVU: 3.56 2022 NF PE RVU: NA 2022 Fac PE RVU:1.79	
<b>PUC Recommendation:</b> 4.32				Referred to CPT October 201 Referred to CPT Asst Pub	2 Ilished in CPT Asst:	Result: Maintain	
3247 Esophagogastroduod body(s)	lenoscopy,	flexible, transoral; with	removal of for	eign Global: 000 Issue	e: EGD	Screen: MPC List	Complete? Yes
body(s)	lenoscopy, Tab: 08	flexible, transoral; with Specialty Developing Recommendation:		eign Global: 000 Issue First Identified: September 201	2020	2022 Work RVU: 3.11 2022 NF PE RVU: 8.25	Complete? Yes
body(s) lost Recent UC Meeting: January 2013		Specialty Developing	AGA, ASGE,	First	2020 1 Medicare Utilization: 23,932	2022 Work RVU: 3.11	Complete? Yes
body(s) ost Recent UC Meeting: January 2013 UC Recommendation: 3.27 3248 Esophagogastroduod	Tab: 08	Specialty Developing	AGA, ASGE, SAGES	First Identified: September 201  Referred to CPT October 201  Referred to CPT Asst Pub	2020 1 Medicare Utilization: 23,932	2022 Work RVU: 3.11 2022 NF PE RVU: 8.25 2022 Fac PE RVU: 1.68	Complete? Ye
body(s)  Most Recent RUC Meeting: January 2013  RUC Recommendation: 3.27	Tab: 08	Specialty Developing Recommendation:	AGA, ASGE, SAGES insertion of guer guide wire	First Identified: September 201  Referred to CPT October 201  Referred to CPT Asst Pub	2020 Medicare Utilization: 23,932  Ilished in CPT Asst:	2022 Work RVU: 3.11 2022 NF PE RVU: 8.25 2022 Fac PE RVU:1.68 Result: Decrease	

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Esophagogastroduodenoscopy, flexible, transoral; with transendoscopic Global: 000 Issue: EGD Screen: MPC List Complete? Yes balloon dilation of esophagus (less than 30 mm diameter) 2022 Work RVU: 2.67 **Most Recent Tab:** 08 Specialty Developing AGA, ASGE, First 2020 SAGES Identified: September 2011 **RUC Meeting:** January 2013 Recommendation: Medicare 2022 NF PE RVU: 31.12 **Utilization:** 103,830 2022 Fac PE RVU: 1.50 **RUC Recommendation: 2.77** Referred to CPT October 2012 Result: Decrease Referred to CPT Asst Published in CPT Asst: Screen: MPC List 43250 Esophagogastroduodenoscopy, flexible, transoral; with removal of tumor(s), Global: 000 Issue: EGD Complete? Yes polyp(s), or other lesion(s) by hot biopsy forceps 2022 Work RVU: 2.97 **Most Recent Tab:** 08 Specialty Developing AGA, ASGE, First 2020 **RUC Meeting:** January 2013 Recommendation: SAGES Identified: September 2011 Medicare 2022 NF PE RVU: 10.58 **Utilization:** 2,969 **2022 Fac PE RVU: 1.59** Referred to CPT October 2012 **RUC Recommendation: 3.07** Result: Decrease **Referred to CPT Asst Published in CPT Asst:** 43251 Esophagogastroduodenoscopy, flexible, transoral; with removal of tumor(s), Global: 000 Issue: EGD Screen: MPC List Complete? Yes polyp(s), or other lesion(s) by snare technique 2022 Work RVU: 3.47 AGA, ASGE, 2020 **Most Recent Tab**: 11 Specialty Developing First **RUC Meeting:** April 2013 Identified: September 2011 Recommendation: SAGES Medicare **2022 NF PE RVU: 11.44** 31.307 **Utilization: 2022 Fac PE RVU: 1.86** October 2012 RUC Recommendation: 3.57 Referred to CPT Result: Decrease

Referred to CPT Asst

□ Published in CPT Asst:

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Esophagogastroduodenoscopy, flexible, transoral; with transendoscopic Global: 000 Issue: EGD Screen: MPC List Complete? Yes ultrasound-quided transmural injection of diagnostic or therapeutic substance(s) (eg, anesthetic, neurolytic agent) or fiducial marker(s) (includes endoscopic ultrasound examination of the esophagus, stomach, and either the duodenum or a surgically altered stomach where the jejunum is examined distal to the anastomosis) 2022 Work RVU: 4.73 **Most Recent Tab:** 11 Specialty Developing AGA, ASGE, First 2020 **RUC Meeting:** April 2013 SAGES **Identified:** February 2012 Recommendation: Medicare 2022 NF PE RVU: NA **Utilization:** 2.011 2022 Fac PE RVU: 2.43 **RUC Recommendation:** 5.39 Referred to CPT February 2013 Result: Decrease Referred to CPT Asst Published in CPT Asst: 43254 Esophagogastroduodenoscopy, flexible, transoral; with endoscopic mucosal Global: 000 Issue: EGD Screen: MPC List Complete? Yes resection 2022 Work RVU: 4.87 **Most Recent Tab:** 08 **Specialty Developing** AGA, ASGE, First 2020 **RUC Meeting:** January 2013 SAGES Identified: October 2012 Recommendation: Medicare 2022 NF PE RVU: NA **Utilization:** 4,869 2022 Fac PE RVU: 2.49 October 2012 RUC Recommendation: 5.25 Referred to CPT Result: Decrease Referred to CPT Asst Published in CPT Asst: 43255 Esophagogastroduodenoscopy, flexible, transoral; with control of bleeding, any Global: 000 Issue: EGD Screen: MPC List Complete? Yes method 2022 Work RVU: 3.56 Most Recent **Tab:** 08 Specialty Developing AGA, ASGE, First 2020 **RUC Meeting:** January 2013 SAGES Identified: September 2011 Recommendation: Medicare 2022 NF PE RVU: 15.52 **Utilization:** 57,096 **2022 Fac PE RVU: 1.91** Referred to CPT **RUC Recommendation: 4.20** October 2012 Result: Decrease

Referred to CPT Asst | Published in CPT Asst:

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43256 Upper gastrointestinal endoscopy including esophag duodenum and/or jejunum as appropriate; with trans placement (includes predilation)	, ,	: EGD	Screen: MPC List	Complete? Yes
Most Recent RUC Meeting: January 2013 Specialty Developing Recommendation:  RUC Recommendation: Deleted from CPT	SAGES Identified: September 2011  Referred to CPT October 2012	Utilization:	2022 Work RVU: 2022 NF PE RVU: 2022 Fac PE RVU: Result: Deleted from CPT	
43257 Esophagogastroduodenoscopy, flexible, transoral; we energy to the muscle of lower esophageal sphincter at treatment of gastroesophageal reflux disease		: EGD	Screen: MPC List	Complete? Yes
Most Recent RUC Meeting: January 2013 Tab: 08 Specialty Developing Recommendation:	ng AGA, ASGE, First Identified: September 2011	2020 Medicare Utilization: 106	2022 Work RVU: 4.15 2022 NF PE RVU: NA 2022 Fac PE RVU: 2.13	
RUC Recommendation: 4.25	Referred to CPT October 2012 Referred to CPT Asst Publ	ished in CPT Asst:	Result: Decrease	
43258 Upper gastrointestinal endoscopy including esophag duodenum and/or jejunum as appropriate; with ablati other lesion(s) not amenable to removal by hot biops or snare technique	on of tumor(s), polyp(s), or	: EGD	Screen: MPC List	Complete? Yes
Most Recent Tab: 08 Specialty Developing RUC Meeting: January 2013 Recommendation:	ng AGA, ASGE, First Identified: September 2011	2020 Medicare Utilization:	2022 Work RVU: 2022 NF PE RVU: 2022 Fac PE RVU:	
RUC Recommendation: Deleted from CPT	Referred to CPT October 2012 Referred to CPT Asst Publ	ished in CPT Asst:	Result: Deleted from CPT	

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13259 Esophagogastroduodenoscopy, flexible, transoral; with endoscopic ultrasound Global: 000 Issue: EGD Screen: CMS Fastest Growing Complete? Yes examination, including the esophagus, stomach, and either the duodenum or a

examination, including the esophagus, stomach, and either the duodenum or a surgically altered stomach where the jejunum is examined distal to the

anastomosis

Most Recent Tab: 11 Specialty Developing AGA, ASGE, ACG First 2020 2022 Work RVU: 4.04

RUC Meeting: April 2013 Recommendation: Identified: October 2008 Medicare Utilization: 28,786

RUC Recommendation: 4.74

Referred to CPT February 2013

Result: Decrease

Referred to CPT Asst Published in CPT Asst: Mar 2009

43260 Endoscopic retrograde cholangiopancreatography (ercp); diagnostic, including Global: 000 Issue: ERCP Screen: MPC List Complete? Yes

collection of specimen(s) by brushing or washing, when performed (separate

procedure)

Most Recent Tab: 12 Specialty Developing AGA, ASGE, First 2020 2022 Work RVU: 5.85

RUC Meeting: April 2013 Recommendation: SAGES Identified: September 2011 Medicare Utilization: 4,228

2022 Fac PE RVU: 2.93

RUC Recommendation: 5.95 Referred to CPT February 2013 Result: Maintain

Referred to CPT Asst Published in CPT Asst:

43261 Endoscopic retrograde cholangiopancreatography (ercp); with biopsy, single or Global: 000 Issue: ERCP Screen: MPC List Complete? Yes

multiple

Most Recent Tab: 12 Specialty Developing AGA, ASGE, First 2020 2022 Work RVU: 6.15

RUC Meeting: April 2013 Recommendation: SAGES Identified: September 2011 Medicare 2022 Work RVU: 6.15

RUC Meeting: April 2013 Recommendation: SAGES Identified: September 2011 Medicare Utilization: 6.788

**2022 Fac PE RVU:** 3.07

RUC Recommendation: 6.25 Referred to CPT January 2013 Result: Decrease

Referred to CPT Asst: Dublished in CPT Asst:

43262 Endoscopic retrograde cholangiopancreatography (ercp); with Global: 000 Issue: ERCP Screen: MPC List Complete? Yes sphincterotomy/papillotomy 2022 Work RVU: 6.50 **Most Recent Tab:** 12 **Specialty Developing** AGA, ASGE, First 2020 **RUC Meeting:** April 2013 SAGES Identified: September 2011 Recommendation: Medicare 2022 NF PE RVU: NA **Utilization:** 26,478 2022 Fac PE RVU: 3.23 **RUC Recommendation: 6.60** January 2013 Referred to CPT Result: Decrease Referred to CPT Asst Published in CPT Asst: Screen: MPC List 43263 Endoscopic retrograde cholangiopancreatography (ercp); with pressure Global: 000 Issue: ERCP Complete? Yes measurement of sphincter of oddi 2022 Work RVU: 6.50 **Most Recent Tab:** 12 **Specialty Developing** AGA, ASGE, First 2020 **RUC Meeting:** April 2013 Recommendation: SAGES Identified: September 2011 Medicare 2022 NF PE RVU: NA **Utilization:** 47 **2022 Fac PE RVU: 3.23 RUC Recommendation:** 7.28 Referred to CPT February 2013 Result: Maintain Referred to CPT Asst **Published in CPT Asst:** 43264 Endoscopic retrograde cholangiopancreatography (ercp); with removal of Global: 000 Issue: ERCP Screen: Harvard Valued -Complete? Yes calculi/debris from biliary/pancreatic duct(s) Utilization over 30,000 / MPC List / Harvard-Valued Annual Allowed Charges Greater than \$10 million 2022 Work RVU: 6.63 **Most Recent Tab:** 12 **Specialty Developing** AGA, ASGE, First 2020 **RUC Meeting:** April 2013 Recommendation: SAGES Identified: April 2011 Medicare **2022 NF PE RVU: NA Utilization:** 51,951 2022 Fac PE RVU: 3.28 **RUC Recommendation:** 6.73 Referred to CPT February 2013 Result: Decrease Referred to CPT Asst Published in CPT Asst:

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43265 Endoscopic retrograde cholangiopancreatography (ercp); with destruction of Global: 000 Issue: ERCP Screen: MPC List Complete? Yes calculi, any method (eg, mechanical, electrohydraulic, lithotripsy) 2022 Work RVU: 7.93 **Most Recent Tab:** 12 Specialty Developing AGA, ASGE, **First** 2020 **RUC Meeting:** April 2013 SAGES Identified: September 2011 Recommendation: Medicare 2022 NF PE RVU: NA **Utilization:** 2,379 2022 Fac PE RVU: 3.87 **RUC Recommendation: 8.03** February 2013 Referred to CPT Result: Decrease Referred to CPT Asst Published in CPT Asst: Screen: MPC List 43266 Esophagogastroduodenoscopy, flexible, transoral; with placement of Global: 000 Issue: EGD Complete? Yes endoscopic stent (includes pre- and post-dilation and guide wire passage, when performed) 2022 Work RVU: 3.92 **Most Recent Tab:** 08 Specialty Developing AGA, ASGE, **First** 2020 **RUC Meeting:** January 2013 Recommendation: SAGES Identified: October 2012 Medicare **2022 NF PE RVU: NA Utilization:** 5.609 2022 Fac PE RVU: 1.96 **RUC Recommendation:** 4 40 Referred to CPT October 2012 Result: Decrease Referred to CPT Asst Published in CPT Asst: 43267 Endoscopic retrograde cholangiopancreatography (ERCP); with endoscopic Global: Issue: FRCP Screen: MPC List Complete? Yes retrograde insertion of nasobiliary or nasopancreatic drainage tube 2022 Work RVU: **Most Recent Tab:** 12 Specialty Developing AGA, ASGE, First 2020 **RUC Meeting:** April 2013 Recommendation: SAGES Identified: September 2011 Medicare **2022 NF PE RVU: Utilization:** 2022 Fac PE RVU:

Referred to CPT

February 2013

Referred to CPT Asst | Published in CPT Asst:

Result: Deleted from CPT

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**RUC Recommendation:** Deleted from CPT

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43268 Endoscopic retrograde cholangiopancreatography (ERCP); with endoscopic Global: Issue: ERCP Screen: Harvard Valued -Complete? Yes Utilization over 30.000 / retrograde insertion of tube or stent into bile or pancreatic duct MPC List 2022 Work RVU: Most Recent **Tab:** 12 Specialty Developing AGA, ASGE, First 2020 **RUC Meeting:** April 2013 Recommendation: SAGES Identified: April 2011 Medicare **2022 NF PE RVU: Utilization:** 2022 Fac PE RVU: **RUC Recommendation:** Deleted from CPT Referred to CPT February 2013 Result: Deleted from CPT Referred to CPT Asst Published in CPT Asst: 43269 Endoscopic retrograde cholangiopancreatography (ERCP); with endoscopic Global: Issue: ERCP Screen: MPC List Complete? Yes retrograde removal of foreign body and/or change of tube or stent 2022 Work RVU: Specialty Developing AGA, ASGE, **Most Recent Tab**: 12 2020 **RUC Meeting:** April 2013 **SAGES** Identified: September 2011 Recommendation: Medicare **2022 NF PE RVU: Utilization:** 2022 Fac PE RVU: **RUC Recommendation:** Deleted from CPT Referred to CPT February 2013 Result: Deleted from CPT Referred to CPT Asst Published in CPT Asst: 43270 Esophagogastroduodenoscopy, flexible, transoral; with ablation of tumor(s), Global: 000 Issue: EGD Screen: MPC List Complete? Yes polyp(s), or other lesion(s) (includes pre- and post-dilation and guide wire passage, when performed) 2022 Work RVU: 4.01 **Most Recent Tab:** 08 Specialty Developing AGA, ASGE, First 2020 **RUC Meeting:** January 2013 SAGES Identified: October 2012 Recommendation: Medicare 2022 NF PE RVU: 18.26 **Utilization:** 17,190 2022 Fac PE RVU: 2.11 **RUC Recommendation: 4.39** Referred to CPT October 2012 Result: Decrease Referred to CPT Asst Published in CPT Asst:

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43271 Endoscopic retrograde cholangiopancreatography (ERCP); with endoscopic Global: Issue: ERCP Screen: MPC List Complete? Yes retrograde balloon dilation of ampulla, biliary and/or pancreatic duct(s) 2022 Work RVU: **Most Recent Tab:** 12 Specialty Developing AGA, ASGE, First 2020 **RUC Meeting:** April 2013 SAGES Identified: September 2011 Recommendation: Medicare **2022 NF PE RVU: Utilization:** 2022 Fac PE RVU: February 2013 Result: Deleted from CPT **RUC Recommendation:** Deleted from CPT Referred to CPT Referred to CPT Asst Published in CPT Asst: Issue: ERCP Screen: MPC List 43272 Endoscopic retrograde cholangiopancreatography (ERCP); with ablation of Global: Complete? Yes tumor(s), polyp(s), or other lesion(s) not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique 2022 Work RVU: **Most Recent Tab:** 12 Specialty Developing AGA, ASGE, **First** 2020 **RUC Meeting:** April 2013 Recommendation: SAGES Identified: September 2011 Medicare **2022 NF PE RVU: Utilization:** 2022 Fac PE RVU: RUC Recommendation: Deleted from CPT Referred to CPT February 2013 Result: Deleted from CPT Referred to CPT Asst Published in CPT Asst: 43273 Endoscopic cannulation of papilla with direct visualization of Global: 777 Issue: ERCP Screen: MPC List Complete? Yes pancreatic/common bile duct(s) (list separately in addition to code(s) for primary procedure) 2022 Work RVU: 2.24 Specialty Developing AGA, ASGE, Most Recent **Tab:** 12 2020 Identified: September 2011 **RUC Meeting:** April 2013 Recommendation: SAGES Medicare 2022 NF PE RVU: NA **Utilization:** 7.409 2022 Fac PE RVU: 1.00 February 2013 **RUC Recommendation: 2.24** Referred to CPT Result: Maintain

Referred to CPT Asst

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Endoscopic retrograde cholangiopancreatography (ercp); with placement of Global: 000 Issue: ERCP Screen: MPC List Complete? Yes endoscopic stent into biliary or pancreatic duct, including pre- and post-dilation and guide wire passage, when performed, including sphincterotomy, when performed, each stent 2022 Work RVU: 8.48 **Most Recent Tab:** 12 Specialty Developing AGA, ASGE, First 2020 Recommendation: SAGES Identified: September 2011 **RUC Meeting:** April 2013 Medicare 2022 NF PE RVU: NA **Utilization:** 40,694 **2022 Fac PE RVU:** 4.10 **RUC Recommendation: 8.74** Referred to CPT February 2013 Result: Decrease Referred to CPT Asst Published in CPT Asst: 43275 Endoscopic retrograde cholangiopancreatography (ercp); with removal of Global: 000 Issue: ERCP Screen: MPC List Complete? Yes foreign body(s) or stent(s) from biliary/pancreatic duct(s) 2022 Work RVU: 6.86 **Most Recent** Specialty Developing AGA, ASGE, First 2020 **RUC Meeting:** April 2013 Identified: September 2011 Recommendation: SAGES Medicare 2022 NF PE RVU: NA **Utilization:** 12,746 **2022 Fac PE RVU: 3.38 RUC Recommendation: 6.96** Referred to CPT February 2013 Result: Decrease Referred to CPT Asst □ Published in CPT Asst: 43276 Endoscopic retrograde cholangiopancreatography (ercp); with removal and Global: 000 Issue: ERCP Screen: MPC List Complete? Yes exchange of stent(s), biliary or pancreatic duct, including pre- and post-dilation and guide wire passage, when performed, including sphincterotomy, when performed, each stent exchanged 2022 Work RVU: 8.84 Most Recent **Tab**: 12 Specialty Developing AGA, ASGE, **First** 2020 **RUC Meeting:** April 2013 SAGES Identified: September 2011 Recommendation: Medicare 2022 NF PE RVU: NA **Utilization:** 15,929 **2022 Fac PE RVU: 4.27 RUC Recommendation: 9.10** Referred to CPT February 2013 Result: Decrease Referred to CPT Asst | Published in CPT Asst:

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43277 Endoscopic retrograde cholangiopancreatography (ercp); with trans-endoscopic Global: 000 Issue: ERCP Screen: MPC List Complete? Yes balloon dilation of biliary/pancreatic duct(s) or of ampulla (sphincteroplasty), including sphincterotomy, when performed, each duct 2022 Work RVU: 6.90 **Most Recent Tab**: 12 Specialty Developing AGA, ASGE, **First** 2020 Identified: September 2011 **RUC Meeting:** April 2013 Recommendation: SAGES Medicare 2022 NF PE RVU: NA **Utilization:** 6.431 **2022 Fac PE RVU: 3.41** February 2013 RUC Recommendation: 7.11 Referred to CPT Result: Decrease Referred to CPT Asst Published in CPT Asst: 43278 Endoscopic retrograde cholangiopancreatography (ercp); with ablation of Global: 000 Issue: ERCP Screen: MPC List Complete? Yes tumor(s), polyp(s), or other lesion(s), including pre- and post-dilation and guide wire passage, when performed 2022 Work RVU: 7.92 Most Recent **Tab:** 12 Specialty Developing AGA, ASGE, First 2020 SAGES Identified: September 2011 **RUC Meeting:** April 2013 Recommendation: Medicare 2022 NF PE RVU: NA **Utilization:** 456 2022 Fac PE RVU: 3.86 **RUC Recommendation: 8.08** Referred to CPT February 2013 Result: Decrease Referred to CPT Asst Published in CPT Asst: 43450 Dilation of esophagus, by unguided sound or bougie, single or multiple passes Issue: Dilation of Esophagus Screen: MPC List Complete? Yes Global: 000 2022 Work RVU: 1.28 2020 Most Recent **Tab:** 17 Specialty Developing AGA, ASGE, First **RUC Meeting:** October 2012 SAGES, AAO-HNS Identified: September 2011 Recommendation: Medicare 2022 NF PE RVU: 4.29 **Utilization:** 53,506 2022 Fac PE RVU: 0.90 **RUC Recommendation: 1.30** Referred to CPT Result: Decrease Referred to CPT Asst Published in CPT Asst: Screen: MPC List 43453 Dilation of esophagus, over guide wire Global: 000 Issue: Dilation of Esophagus Complete? Yes 2022 Work RVU: 1.41 AGA, ASGE, 2020 Most Recent **Tab:** 17 **Specialty Developing RUC Meeting:** October 2012 Recommendation: SAGES, AAO-HNS Identified: September 2011 Medicare 2022 NF PE RVU: 23.63 **Utilization:** 1,132 2022 Fac PE RVU: 0.94 **RUC Recommendation: 1.51** Referred to CPT May 2012 Result: Maintain Referred to CPT Asst Published in CPT Asst:

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43456 Dilation of esophagus, by balloo	on or dilator, retrograde		Global: Is	ssue:	Dilation of Esophagus	Screen: MPC List	Complete? Yes
Most Recent Tab: 17 RUC Meeting: October 2012  RUC Recommendation: Deleted from CP		GES, AAO-HNS Refe	First Identified: September 2  rred to CPT October  rred to CPT Asst	2012	2020 Medicare Utilization:	2022 Work RVU: 2022 NF PE RVU: 2022 Fac PE RVU: Result: Deleted from CPT	
43458 Dilation of esophagus with ballo	oon (30 mm diameter or large	er) for achalasia	Global: Is	ssue:	Dilation of Esophagus	Screen: MPC List	Complete? Yes
Most Recent RUC Meeting: October 2012  RUC Recommendation: Deleted from CP		GES, AAO-HNS Refe	First Identified: September 2  rred to CPT October  rred to CPT Asst	2012	2020 Medicare Utilization: shed in CPT Asst:	2022 Work RVU: 2022 NF PE RVU: 2022 Fac PE RVU: Result: Deleted from CPT	
43760 Change of gastrostomy tube, pe	rcutaneous, without imaging	g or endoscopic	Global: Is	ssue:	Gastrostomy Tube Replacement	Screen: CMS 000-Day Global Typically Reported with an E/M	Complete? Yes
Most Recent Tab: 11 RUC Meeting: January 2018	Specialty Developing ACE Recommendation: AGA	EP, ACG, ACS, A, ASGE	First Identified: July 2016		2020 Medicare Utilization:	2022 Work RVU: 2022 NF PE RVU: 2022 Fac PE RVU:	
<b>RUC Recommendation:</b> Deleted from CP	Г		rred to CPT Septemb			Result: Deleted from CPT	
43762 Replacement of gastrostomy tuperformed, without imaging or egastrostomy tract				ssue:	Gastrostomy Tube Replacement	Screen: CMS 000-Day Global Typically Reported with an E/M	Complete? Yes
Most Recent Tab: 20 RUC Meeting: January 2022	Specialty Developing ACE Recommendation: AGA	EP, ACG, ACS, A, ASGE	First Identified: September 2	2017	2020 Medicare Utilization: 46,820	2022 Work RVU: 0.75 2022 NF PE RVU: 6.14 2022 Fac PE RVU: 0.22	
RUC Recommendation: 0.75. CPT Assist	ant article	Refe	rred to CPT			Result: Decrease	
		Refe	rred to CPT Asst	Publis	shed in CPT Asst: Jun	e 2022	

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43763 Replacement of gastrostomy tube, percutaneous, includes removal, when Global: 000 Issue: Gastrostomy Tube Screen: CMS 000-Day Global Complete? Yes performed, without imaging or endoscopic guidance; requiring revision of Replacement Typically Reported with an E/M gastrostomy tract 2022 Work RVU: 1.41 Most Recent **Tab**: 20 Specialty Developing ACEP, ACG, ACS, 2020 **RUC Meeting:** January 2022 Recommendation: AGA. ASGE Identified: September 2017 Medicare **2022 NF PE RVU: 8.92 Utilization:** 2,006 2022 Fac PE RVU: 0.84 RUC Recommendation: 1.41. CPT Assistant article Referred to CPT Result: Decrease Referred to CPT Asst ✓ Published in CPT Asst: June 2022 44143 Colectomy, partial; with end colostomy and closure of distal segment (hartmann Global: 090 Issue: RAW Screen: High Level E/M in Global Complete? Yes Period type procedure) 2022 Work RVU: 27.79 **Most Recent Tab:** 54 **Specialty Developing** First 2020 **RUC Meeting:** January 2016 Identified: October 2015 Recommendation: Medicare 2022 NF PE RVU: NA **Utilization:** 8,929 2022 Fac PE RVU: 15.00 RUC Recommendation: 99214 visit appropriate. Remove from screen. Referred to CPT Result: Remove from Screen Referred to CPT Asst Published in CPT Asst: 44205 Laparoscopy, surgical; colectomy, partial, with removal of terminal ileum with Global: 090 Issue: Laproscopic Procedures Screen: CMS Fastest Growing Complete? Yes ileocolostomy 2022 Work RVU: 22.95 **Most Recent** Specialty Developing ACS, ASCRS 2020 **Tab**: 26 First Identified: October 2008 **RUC Meeting:** October 2008 Recommendation: Medicare 2022 NF PE RVU: NA 10,094 **Utilization:** 2022 Fac PE RVU: 11.81 RUC Recommendation: Remove from screen Referred to CPT Result: Remove from Screen **Referred to CPT Asst Published in CPT Asst:** 44207 Laparoscopy, surgical; colectomy, partial, with anastomosis, with Global: 090 Issue: Laproscopic Procedures Screen: CMS Fastest Growing Complete? Yes coloproctostomy (low pelvic anastomosis) 2022 Work RVU: 31.92 Most Recent **Tab: 26** Specialty Developing ACS, ASCRS 2020 Identified: February 2008 **RUC Meeting:** October 2008 Recommendation: Medicare 2022 NF PE RVU: NA **Utilization:** 8,396 **2022 Fac PE RVU: 15.29** RUC Recommendation: Remove from screen Referred to CPT Result: Remove from Screen Referred to CPT Asst Published in CPT Asst:

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		ostic, including collection formed (separate proced		n(s) by Global: 000 Issue:	lleoscopy lleoscopy	Screen: MPC List	Complete? Yes
Most Recent RUC Meeting: October 2013	<b>Tab:</b> 04	Specialty Developing Recommendation:	AGA, ASGE, ACG	First Identified: September 2011	2020 Medicare Utilization: 1,720	2022 Work RVU: 0.87 2022 NF PE RVU: 5.01 2022 Fac PE RVU: 0.68	
RUC Recommendation: 0.97				Referred to CPT May 2013  Referred to CPT Asst   Publi	shed in CPT Asst:	Result: Decrease	
44381 lleoscopy, through st	oma; with t	ransendoscopic balloon	dilation	Global: 000 Issue:	lleoscopy	Screen: MPC List	Complete? Yes
Most Recent RUC Meeting: October 2013	<b>Tab:</b> 04	Specialty Developing Recommendation:	AGA, ASGE, ACG	First Identified: May 2013	2020 Medicare	2022 Work RVU: 1.38	
NOO Meeting. Colossol 2010		Recommendation.	A00	identified. May 2010	Utilization: 155	2022 NF PE RVU: 28.87 2022 Fac PE RVU: 0.90	
RUC Recommendation: 1.48				Referred to CPT May 2013 Referred to CPT Asst Publi	shed in CPT Asst:	Result: Decrease	
44382 lleoscopy, through st	oma; with b	oiopsy, single or multiple	e	Global: 000 Issue:	lleoscopy lleoscopy lleoscopy lleoscopy	Screen: MPC List	Complete? Yes
Most Recent	<b>Tab:</b> 04	Specialty Developing		First	2020	<b>2022 Work RVU:</b> 1.17	
RUC Meeting: October 2013		Recommendation:	ACG	Identified: September 2011	Medicare Utilization: 1,292	2022 NF PE RVU: 7.95 2022 Fac PE RVU: 0.84	
RUC Recommendation: 1.27				Referred to CPT May 2013 Referred to CPT Asst Publi	shed in CPT Asst:	Result: Maintain	
44383 lleoscopy, through stopredilation)	oma; with t	ransendoscopic stent p	lacement (incl	udes Global: Issue:	lleoscopy	Screen: MPC List	Complete? Yes
Most Recent	<b>Tab:</b> 04		AGA, ASGE,	First	2020	2022 Work RVU:	
RUC Meeting: October 2013		Recommendation:	ACG	Identified: September 2011	Medicare Utilization:	2022 NF PE RVU:	
RUC Recommendation: Delete	ed from CPT			Referred to CPT May 2013		2022 Fac PE RVU: Result: Deleted from CPT	
				Referred to CPT Asst	shed in CPT Asst:		

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		placement of endoscopi passage, when perform		ore- Global: 000 Issue:	lleoscopy	Screen: MPC List	Complete? Yes
Most Recent	<b>Tab</b> : 04	Specialty Developing	AGA, ASGE,	First	2020	<b>2022 Work RVU:</b> 2.85	
RUC Meeting: October 2013		Recommendation:	ACG	Identified: May 2013	Medicare Utilization: 99	2022 NF PE RVU: NA	
					Utilization: 99	<b>2022 Fac PE RVU</b> : 1.32	
RUC Recommendation: 3.11			Ref	ferred to CPT May 2013		Result: Decrease	
			Ref	ferred to CPT Asst U Publi	ished in CPT Asst:		
	cluding co	intestinal pouch (eg, koo llection of specimen(s) dure)			Pouchoscopy	Screen: MPC List	Complete? Yes
Most Recent	<b>Tab</b> : 05	Specialty Developing	ACG. ACS. AGA.	First	2020	<b>2022 Work RVU:</b> 1.20	
RUC Meeting: October 2013	145100	Recommendation:	ASGE, ASCRS,	Identified: September 2011	Medicare	<b>2022 NF PE RVU:</b> 5.18	
			SAGES		Utilization: 1,065	<b>2022 Fac PE RVU</b> : 0.76	
						Result: Decrease	
RUC Recommendation: 1.30			Ref	ferred to CPT May 2013		Result: Decrease	
RUC Recommendation: 1.30				·—	ished in CPT Asst:	Result: Decrease	
		intestinal pouch (eg, kod ultiple Specialty Developing Recommendation:	Ref ck pouch, ileal rese ACG, ACS, AGA, ASGE, ASCRS,	ferred to CPT Asst Dubl	Pouchoscopy	Screen: MPC List  2022 Work RVU: 1.50	Complete? Yes
44386 Endoscopic evaluatio [s or j]); with biopsy, s	single or m	ultiple  Specialty Developing	Ref ck pouch, ileal reso ACG, ACS, AGA,	ferred to CPT Asst Publication	Pouchoscopy	Screen: MPC List  2022 Work RVU: 1.50  2022 NF PE RVU: 7.92	Complete? Yes
44386 Endoscopic evaluatio [s or j]); with biopsy, s	single or m	ultiple  Specialty Developing	Ref ck pouch, ileal reso ACG, ACS, AGA, ASGE, ASCRS, SAGES	ferred to CPT Asst Publication	Pouchoscopy  2020  Medicare	Screen: MPC List  2022 Work RVU: 1.50	Complete? Yes
44386 Endoscopic evaluatio [s or j]); with biopsy, s  Most Recent RUC Meeting: October 2013	single or m	ultiple  Specialty Developing	Ref ck pouch, ileal rese ACG, ACS, AGA, ASGE, ASCRS, SAGES	ervoir Global: 000 Issue:  First Identified: September 2011	2020 Medicare Utilization: 1,677	Screen: MPC List  2022 Work RVU: 1.50  2022 NF PE RVU: 7.92  2022 Fac PE RVU: 0.92	Complete? Yes
44386 Endoscopic evaluatio [s or j]); with biopsy, s  Most Recent RUC Meeting: October 2013  RUC Recommendation: 1.60  44388 Colonoscopy through	single or m Tab: 05 stoma; dia	ultiple  Specialty Developing Recommendation:	ACG, ACS, AGA, ASGE, ASCRS, SAGES  Reference of specimen	ervoir Global: 000 Issue:  First Identified: September 2011  ferred to CPT May 2013 ferred to CPT Asst Publi	2020 Medicare Utilization: 1,677 ished in CPT Asst:	Screen: MPC List  2022 Work RVU: 1.50  2022 NF PE RVU: 7.92  2022 Fac PE RVU: 0.92	Complete? Yes  Complete? Yes
44386 Endoscopic evaluatio [s or j]); with biopsy, s  Most Recent RUC Meeting: October 2013  RUC Recommendation: 1.60  44388 Colonoscopy through brushing or washing,  Most Recent	single or m Tab: 05 stoma; dia	Specialty Developing Recommendation:  agnostic, including collection (separate proced Specialty Developing	ACG, ACS, AGA, ASGE, ASCRS, SAGES  Reference of specimen ure)  ASCRS, ACS,	ervoir Global: 000 Issue:  First Identified: September 2011  ferred to CPT May 2013 ferred to CPT Asst Public  (s) by Global: 000 Issue:	2020 Medicare Utilization: 1,677 ished in CPT Asst:  Colonoscopy through s	Screen: MPC List  2022 Work RVU: 1.50  2022 NF PE RVU: 7.92  2022 Fac PE RVU: 0.92  Result: Decrease	, , , , , , , , , , , , , , , , , , ,
44386 Endoscopic evaluatio [s or j]); with biopsy, s  Most Recent RUC Meeting: October 2013  RUC Recommendation: 1.60  44388 Colonoscopy through brushing or washing,	single or m Tab: 05 stoma; dia when perfo	Specialty Developing Recommendation:  agnostic, including colleprimed (separate proced)	Ref ck pouch, ileal rese ACG, ACS, AGA, ASGE, ASCRS, SAGES Ref Ref ection of specimen ure) ASCRS, ACS, SAGES, AGA,	ervoir Global: 000 Issue:  First Identified: September 2011  ferred to CPT May 2013 ferred to CPT Asst Publication	2020 Medicare Utilization: 1,677 ished in CPT Asst:  Colonoscopy through s 2020 Medicare	Screen: MPC List  2022 Work RVU: 1.50 2022 NF PE RVU: 7.92 2022 Fac PE RVU: 0.92 Result: Decrease	, , , , , , , , , , , , , , , , , , ,
44386 Endoscopic evaluatio [s or j]); with biopsy, s  Most Recent RUC Meeting: October 2013  RUC Recommendation: 1.60  44388 Colonoscopy through brushing or washing,  Most Recent RUC Meeting: January 2014	single or m Tab: 05 stoma; dia when perfo	Specialty Developing Recommendation:  agnostic, including collection (separate proced Specialty Developing	ACG, ACS, AGA, ASGE, ASCRS, SAGES  Retection of specimenure)  ASCRS, ACS, SAGES, ACS, SAGES, ACS, SAGES, ACS, SAGES, ACS, SAGES, ACS, SAGES, ACG	ervoir Global: 000 Issue:  First Identified: September 2011  ferred to CPT May 2013 ferred to CPT Asst Public  (s) by Global: 000 Issue:  First Identified: September 2011	2020 Medicare Utilization: 1,677 ished in CPT Asst:  Colonoscopy through s 2020 Medicare Utilization: 3,386	Screen: MPC List  2022 Work RVU: 1.50 2022 NF PE RVU: 7.92 2022 Fac PE RVU:0.92 Result: Decrease  stoma Screen: MPC List  2022 Work RVU: 2.72 2022 NF PE RVU: 6.49 2022 Fac PE RVU:1.46	, , , , , , , , , , , , , , , , , , ,
44386 Endoscopic evaluatio [s or j]); with biopsy, s  Most Recent RUC Meeting: October 2013  RUC Recommendation: 1.60  44388 Colonoscopy through brushing or washing,  Most Recent	single or m Tab: 05 stoma; dia when perfo	Specialty Developing Recommendation:  agnostic, including collection (separate proced Specialty Developing	ACG, ACS, AGA, ASGE, ASCRS, SAGES  Retection of specimenure)  ASCRS, ACS, SAGES, SAGES, ACS, SAGES, AGA, ASGE, ACG	rervoir Global: 000 Issue:  First Identified: September 2011  ferred to CPT May 2013 ferred to CPT Asst Public  (s) by Global: 000 Issue:  First Identified: September 2011  ferred to CPT October 2013	2020 Medicare Utilization: 1,677 ished in CPT Asst:  Colonoscopy through s 2020 Medicare Utilization: 3,386	Screen: MPC List  2022 Work RVU: 1.50 2022 NF PE RVU: 7.92 2022 Fac PE RVU: 0.92 Result: Decrease  stoma Screen: MPC List  2022 Work RVU: 2.72 2022 NF PE RVU: 6.49	, , , , , , , , , , , , , , , , , , ,

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	n stoma; wi	th biopsy, single or mul	tiple	Global: 000 Issue:	Colonoscopy thro	ough stoma Screen: MPC List	Complete? Yes
Most Recent RUC Meeting: January 2014 RUC Recommendation: 3.12	<b>Tab:</b> 08	Specialty Developing Recommendation:	SAGES, AGA, ASGE, ACG	First Identified: September 2011  Referred to CPT October 2013	Utilization: 2,0	2022 Work RVU: 3.02 2022 NF PE RVU: 9.22 2022 Fac PE RVU: 1.62 Result: Decrease	
			I	Referred to CPT Asst	ished in CPT Asst	:	
44390 Colonoscopy through	ı stoma; wi	th removal of foreign bo	ody(s)	Global: 000 Issue:	: Colonoscopy thro	ough stoma Screen: MPC List	Complete? Yes
Most Recent RUC Meeting: January 2014	<b>Tab:</b> 08	Specialty Developing Recommendation:	ASCRS, ACS, SAGES, AGA, ASGE, ACG	First Identified: September 2011	2020 Medicare Utilization: 16	2022 Work RVU: 3.74 2022 NF PE RVU: 8.16 2022 Fac PE RVU:1.99	
RUC Recommendation: 3.82				Referred to CPT October 2013 Referred to CPT Asst Publ		Result: Maintain :	
44391 Colonoscopy through	n stoma; wi	th control of bleeding, a	ny method	Global: 000 Issue:	Colonoscopy thro	ough stoma Screen: MPC List	Complete? Ye
Most Recent	n stoma; wi		_	Global: 000 Issue: First Identified: September 2011	2020	2022 Work RVU: 4.12 2022 NF PE RVU: 15.15	Complete? Ye
Most Recent RUC Meeting: January 2014		Specialty Developing	ASCRS, ACS, SAGES, AGA, ASGE, ACG	First	2020 Medicare Utilization: 15	2022 Work RVU: 4.12 2022 NF PE RVU: 15.15 2022 Fac PE RVU: 2.13 Result: Decrease	Complete? Ye
Most Recent RUC Meeting: January 2014 RUC Recommendation: 4.22	Tab: 08	Specialty Developing Recommendation:	ASCRS, ACS, SAGES, AGA, ASGE, ACG	First Identified: September 2011  Referred to CPT October 2013  Referred to CPT Asst Publication	2020 Medicare Utilization: 15 ished in CPT Asst:	2022 Work RVU: 4.12 2022 NF PE RVU: 15.15 2022 Fac PE RVU: 2.13 Result: Decrease	Complete? Ye
Most Recent RUC Meeting: January 2014  RUC Recommendation: 4.22  44392 Colonoscopy through lesion(s) by hot biops  Most Recent RUC Meeting: January 2014	Tab: 08	Specialty Developing Recommendation:  th removal of tumor(s),	ASCRS, ACS, SAGES, AGA, ASGE, ACG	First Identified: September 2011  Referred to CPT October 2013  Referred to CPT Asst Publication	2020 Medicare Utilization: 15 ished in CPT Asst: Colonoscopy thro	2022 Work RVU: 4.12 2022 NF PE RVU: 15.15 2022 Fac PE RVU: 2.13 Result: Decrease :  2022 Work RVU: 3.53 2022 NF PE RVU: 7.67	·

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44393 Colonoscopy through stoma; with ablation of tumor(s), polyp(s), or other Global: Issue: Colonoscopy through stoma Screen: MPC List Complete? Yes lesion(s) not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique 2022 Work RVU: ASCRS, ACS, **Most Recent Tab:** 08 Specialty Developing **First** 2020 SAGES, AGA, Identified: September 2011 **RUC Meeting:** January 2014 Recommendation: Medicare **2022 NF PE RVU:** ASGE, ACG **Utilization:** 2022 Fac PE RVU: RUC Recommendation: Deleted from CPT Referred to CPT October 2013 Result: Deleted from CPT Referred to CPT Asst **Published in CPT Asst:** 44394 Colonoscopy through stoma; with removal of tumor(s), polyp(s), or other Global: 000 Issue: Colonoscopy through stoma Screen: MPC List Complete? Yes lesion(s) by snare technique 2022 Work RVU: 4.03 **Most Recent Tab:** 08 **Specialty Developing** ASCRS. ACS. First 2020 **RUC Meeting:** January 2014 Recommendation: SAGES, AGA. **Identified:** September 2011 Medicare **2022 NF PE RVU: 8.82** ASGE, ACG **Utilization:** 1.664 2022 Fac PE RVU: 2.05 **RUC Recommendation:** 4 13 Referred to CPT October 2013 Result: Decrease Referred to CPT Asst Published in CPT Asst: 44397 Colonoscopy through stoma; with transendoscopic stent placement (includes Global: Issue: Colonoscopy through stoma Screen: MPC List Complete? Yes predilation) 2022 Work RVU: **Most Recent Tab:** 08 **Specialty Developing** ASCRS, ACS, 2020 First **RUC Meeting:** January 2014 SAGES, AGA. Identified: September 2011 Recommendation: Medicare **2022 NF PE RVU:** ASGE, ACG **Utilization:** 2022 Fac PE RVU: RUC Recommendation: Deleted from CPT Referred to CPT October 2013 Result: Deleted from CPT Referred to CPT Asst Published in CPT Asst:

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		h ablation of tumor(s),   dilation and guide wire		r Global: 000 Issue	: Colonoscopy thro	ough stoma <b>Screen:</b> MPC List	Complete? Yes
Most Recent RUC Meeting: January 2014 RUC Recommendation: 4.44	<b>Tab:</b> 08	Specialty Developing Recommendation:		First Identified: September 2011 Referred to CPT October 2013 Referred to CPT Asst Publ	Utilization: 47	2022 Fac PE RVU: 2.26 Result: Decrease	
	h atawa a wait	hd				•	Commission Vo
14402 Colonoscopy throug and post-dilation and		passage, when perform		ig pre- Global: 000 issue	: Colonoscopy unit	ough stoma Screen: MPC List	Complete? Yes
Most Recent	<b>Tab:</b> 08	Specialty Developing		First	2020	<b>2022 Work RVU</b> : 4.70	
RUC Meeting: January 2014		Recommendation:	SAGES, AGA, ASGE, ACG	Identified: January 2014	Medicare Utilization: 15	<b>2022 NF PE RVU</b> : NA	
			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			<b>2022 Fac PE RVU</b> : 2.43	
RUC Recommendation: 4.96				Referred to CPT October 2013 Referred to CPT Asst Publ		Result: Decrease t:	
	h stoma; wit	h endoscopic mucosal	R	Referred to CPT Asst	ished in CPT Assi		Complete? Yes
14403 Colonoscopy throug	h stoma; wit		resection	Referred to CPT Asst	ished in CPT Assi	t:	Complete? Ye
44403 Colonoscopy throug		h endoscopic mucosal Specialty Developing Recommendation:	resection  ASCRS, ACS, SAGES, AGA,	Referred to CPT Asst  Publ  Global: 000 Issue	: Colonoscopy thro 2020 Medicare	ough stoma Screen: MPC List  2022 Work RVU: 5.50  2022 NF PE RVU: NA	Complete? Yes
14403 Colonoscopy throug		Specialty Developing	resection ASCRS, ACS,	Global: 000 Issue	: Colonoscopy thro	ough stoma Screen: MPC List  2022 Work RVU: 5.50  2022 NF PE RVU: NA	Complete? Yes
14403 Colonoscopy throug Most Recent RUC Meeting: January 2014		Specialty Developing	resection  ASCRS, ACS, SAGES, AGA, ASGE, ACG	Global: 000 Issue First Identified: January 2014  Referred to CPT October 2013	: Colonoscopy thro 2020 Medicare Utilization: 68	t:  ough stoma Screen: MPC List  2022 Work RVU: 5.50  2022 NF PE RVU: NA  2022 Fac PE RVU: 2.78  Result: Decrease	Complete? Yes
44403 Colonoscopy throug Most Recent RUC Meeting: January 2014		Specialty Developing	resection  ASCRS, ACS, SAGES, AGA, ASGE, ACG	Global: 000 Issue  First Identified: January 2014  Referred to CPT October 2013	: Colonoscopy thro 2020 Medicare Utilization: 68	t:  ough stoma Screen: MPC List  2022 Work RVU: 5.50  2022 NF PE RVU: NA  2022 Fac PE RVU: 2.78  Result: Decrease	Complete? Ye.
A4403 Colonoscopy throug  Most Recent RUC Meeting: January 2014  RUC Recommendation: 5.81	<b>Tab</b> : 08	Specialty Developing Recommendation:	resection  ASCRS, ACS, SAGES, AGA, ASGE, ACG	Global: 000 Issue First Identified: January 2014  Referred to CPT October 2013 Referred to CPT Asst Publ	: Colonoscopy thro 2020 Medicare Utilization: 68	t:  ough stoma Screen: MPC List  2022 Work RVU: 5.50  2022 NF PE RVU: NA  2022 Fac PE RVU: 2.78  Result: Decrease	·
Most Recent RUC Meeting: January 2014 RUC Recommendation: 5.81  14404 Colonoscopy throug substance	<b>Tab</b> : 08	Specialty Developing Recommendation:	resection  ASCRS, ACS, SAGES, AGA, ASGE, ACG  Injection(s), any ASCRS, ACS,	Global: 000 Issue  First Identified: January 2014  Referred to CPT October 2013 Referred to CPT Asst Publ	: Colonoscopy thro 2020 Medicare Utilization: 68	t:  ough stoma Screen: MPC List  2022 Work RVU: 5.50  2022 NF PE RVU: NA  2022 Fac PE RVU:2.78  Result: Decrease  t:	·
14403 Colonoscopy throug Most Recent RUC Meeting: January 2014 RUC Recommendation: 5.81	Tab: 08	Specialty Developing Recommendation:	resection  ASCRS, ACS, SAGES, AGA, ASGE, ACG  injection(s), any  ASCRS, ACS, SAGES, AGA,	Global: 000 Issue  First Identified: January 2014  Referred to CPT October 2013 Referred to CPT Asst Publ	: Colonoscopy thro 2020 Medicare Utilization: 68 ished in CPT Assi : Colonoscopy thro 2020 Medicare	ough stoma Screen: MPC List  2022 Work RVU: 5.50  2022 NF PE RVU: NA  2022 Fac PE RVU: 2.78  Result: Decrease t:  2022 Work RVU: 3.02  2022 NF PE RVU: 9.55	Complete? Yes
Most Recent RUC Meeting: January 2014 RUC Recommendation: 5.81  14404 Colonoscopy throug substance	Tab: 08	Specialty Developing Recommendation:  h directed submucosal Specialty Developing	resection  ASCRS, ACS, SAGES, AGA, ASGE, ACG  injection(s), any  ASCRS, ACS, SAGES, AGA, ASGE, ACG	Global: 000 Issue  First Identified: January 2014  Referred to CPT October 2013 Referred to CPT Asst Publ	: Colonoscopy thro 2020 Medicare Utilization: 68 ished in CPT Assi : Colonoscopy thro 2020 Medicare Utilization: 17	t:  ough stoma Screen: MPC List  2022 Work RVU: 5.50  2022 NF PE RVU: NA  2022 Fac PE RVU:2.78  Result: Decrease t:  ough stoma Screen: MPC List  2022 Work RVU: 3.02	·

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44405 Colonoscopy through stoma	a; with transendoscopic balloon dilation	Global: 000 Issue	: Colonoscopy through stoma Screen: MPC List	Complete? Yes
Most Recent RUC Meeting: January 2014  RUC Recommendation: 3.33	Specialty Developing ASCRS, ACS, Recommendation: ASGE, ACG, ASGE, ACG	Referred to CPT October 2013	2020 2022 Work RVU: 3.23  Medicare Utilization: 54  Colored PERVU: 13.62  2022 Fac PE RVU: 1.77  Result: Decrease  ished in CPT Asst:	2
	a; with endoscopic ultrasound examination transverse, or ascending colon and cecum		: Colonoscopy through stoma Screen: MPC List	Complete? Yes
Most Recent Tab: RUC Meeting: January 2014	Specialty Developing ASCRS, ACS, Recommendation: ASCRS, ACS, AGES, AGA, ASGE, ACG		2020 2022 Work RVU: 4.10  Medicare 2022 NF PE RVU: NA Utilization: 3  2022 Fac PE RVU: 2.16	
RUC Recommendation: 4.41		Referred to CPT October 2013 Referred to CPT Asst Publ	Result: Decrease ished in CPT Asst:	
intramural or transmural fine	a; with transendoscopic ultrasound guided e needle aspiration/biopsy(s), includes end ted to the sigmoid, descending, transverse n and adjacent structures	oscopic	: Colonoscopy through stoma Screen: MPC List	Complete? Yes
Most Recent Tab: RUC Meeting: January 2014	Specialty Developing ASCRS, ACS, Recommendation: SAGES, ACG, ASGE, ACG	First Identified: January 2014	2020 2022 Work RVU: 4.96  Medicare 2022 NF PE RVU: NA Utilization: 2  2022 Fac PE RVU: 2.54	
RUC Recommendation: 5.06		Referred to CPT October 2013 Referred to CPT Asst Publ		

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		th decompression (for pa ling placement of decom			e: Colonoscopy through sto	oma Screen: MPC List	Complete? Ye
lost Recent RUC Meeting: January 2014	<b>Tab:</b> 08	Specialty Developing Recommendation:	ASCRS, ACS, SAGES, AGA, ASGE, ACG	First Identified: January 2014	2020 Medicare Utilization: 60	2022 Work RVU: 4.14 2022 NF PE RVU: NA 2022 Fac PE RVU:2.17	
RUC Recommendation: 4.24				Referred to CPT October 2013		Result: Decrease	
				Referred to CPT Asst	lished in CPT Asst:		
14901 Incision and drainage	of appendi	ceal abscess; percutane	eous	Global: Issue	: Drainage of Abscess	Screen: Codes Reported Together 75% or More- Part2	Complete? Ye
Most Recent	<b>Tab</b> : 04	Specialty Developing		First	2020	2022 Work RVU:	
RUC Meeting: January 2013		Recommendation:		Identified: January 2012	Medicare Utilization:	2022 NF PE RVU:	
RUC Recommendation: Delete	ed from CPT			Referred to CPT October 2012	2	2022 Fac PE RVU:  Result: Deleted from CPT	
					lished in CPT Asst:		
44970 Laparoscopy, surgica	al, appended	ctomy		Global: 090 Issue	: Laproscopic Procedures	Screen: CMS Fastest Growing	Complete? Ye
Most Recent	al, appended	ctomy  Specialty Developing	ACS	First	e: Laproscopic Procedures	Screen: CMS Fastest Growing 2022 Work RVU: 9.45	Complete? Ye
Most Recent		•	ACS		2020 Medicare	Ç	Complete? Ye
Most Recent RUC Meeting: October 2008	<b>Tab</b> : 26	Specialty Developing Recommendation:		First Identified: October 2008	2020 Medicare	2022 Work RVU: 9.45 2022 NF PE RVU: NA 2022 Fac PE RVU: 6.25	Complete? Ye
44970 Laparoscopy, surgica  Most Recent RUC Meeting: October 2008  RUC Recommendation: Remo	<b>Tab</b> : 26	Specialty Developing Recommendation:		First Identified: October 2008  Referred to CPT	2020 Medicare	2022 Work RVU: 9.45 2022 NF PE RVU: NA	Complete? Ye
Most Recent RUC Meeting: October 2008 RUC Recommendation: Remo	<b>Tab</b> : 26	Specialty Developing Recommendation:		First Identified: October 2008  Referred to CPT Referred to CPT Asst  Pub	2020 Medicare Utilization: 20,116	2022 Work RVU: 9.45 2022 NF PE RVU: NA 2022 Fac PE RVU: 6.25	
Most Recent RUC Meeting: October 2008 RUC Recommendation: Remo	<b>Tab</b> : 26	Specialty Developing Recommendation:		First Identified: October 2008  Referred to CPT Referred to CPT Asst  Pub	2020 Medicare Utilization: 20,116  lished in CPT Asst:	2022 Work RVU: 9.45 2022 NF PE RVU: NA 2022 Fac PE RVU:6.25 Result: Remove from Screen	
Most Recent RUC Meeting: October 2008  RUC Recommendation: Remo  45170 Deleted from CPT  Most Recent	Tab: 26	Specialty Developing Recommendation:		First Identified: October 2008  Referred to CPT Referred to CPT Asst  Pub  Global: Issue	2020 Medicare Utilization: 20,116  lished in CPT Asst:  E: Rectal Tumor Excision 2020 Medicare	2022 Work RVU: 9.45 2022 NF PE RVU: NA 2022 Fac PE RVU: 6.25 Result: Remove from Screen  Screen: Site of Service Anomaly	Complete? Ye
Most Recent RUC Meeting: October 2008 RUC Recommendation: Remo	Tab: 26  ove from scree  Tab: 11	Specialty Developing Recommendation:  een  Specialty Developing Recommendation:	ACS, ASCRS, ASGS	First Identified: October 2008  Referred to CPT Referred to CPT Asst	2020 Medicare Utilization: 20,116  lished in CPT Asst:  E: Rectal Tumor Excision 2020 Medicare Utilization:	2022 Work RVU: 9.45 2022 NF PE RVU: NA 2022 Fac PE RVU: 6.25 Result: Remove from Screen  Screen: Site of Service Anomaly 2022 Work RVU:	

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45171 Excision of rectal tumor, tra	ransanal approach; not including muscularis ເ	oropria Global: 090 Issue: Rectal Tumor Excis	ion Screen: Site of Service Anomaly Complete? Yes
Most Recent RUC Meeting: February 2009  RUC Recommendation: 8.00		First 2020 Identified: September 2007 Medicare Utilization: 1,96 Referred to CPT Referred to CPT Asst Published in CPT Asst:	2022 Work RVU: 8.13 2022 NF PE RVU: NA 2022 Fac PE RVU: 8.81 Result: Decrease
	ransanal approach; including muscularis prop		ion Screen: Site of Service Anomaly Complete? Yes
full thickness)  Most Recent Tab RUC Meeting: February 2009	b: 11 Specialty Developing ACS, ASCRS, Recommendation: ASGS	First 2020 Medicare Utilization: 1,56	2022 Work RVU: 12.13 2022 NF PE RVU: NA 6 2022 Fac PE RVU: 10.29
RUC Recommendation: 12.00		Referred to CPT Referred to CPT Asst  Published in CPT Asst:	Result: Decrease
10000	d; diagnostic, with or without collection of or washing (separate procedure)	Global: 000 Issue: Diagnostic Proctosigmoidosco Rigid	Screen: CMS 000-Day Global Complete? Yes by - Typically Reported with an E/M
Most Recent Tab RUC Meeting: April 2017	b:13 Specialty Developing ACS, ASCRS, Recommendation: SAGES	First 2020 Identified: July 2016 Medicare Utilization: 17,3	2022 Work RVU: 0.80 2022 NF PE RVU: 2.98 2022 Fac PE RVU: 0.49
RUC Recommendation: 0.80	F	Referred to CPT	Result: Maintain

Referred to CPT Asst Published in CPT Asst:

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		stic, including collection ormed (separate proced		y Global: 000 Issue	: Flexible Sigmoidoscopy	Screen: Harvard Valued - Utilization over 30,000 / MPC List	Complete? Yes
Most Recent RUC Meeting: October 2013  RUC Recommendation: 0.84	<b>Tab</b> : 06	Specialty Developing Recommendation:	ASGE, ASCRS, SAGES	First Identified: April 2011  ferred to CPT May 2013 ferred to CPT Asst Publ	2020 Medicare Utilization: 40,039 ished in CPT Asst:	2022 Work RVU: 0.84 2022 NF PE RVU: 4.72 2022 Fac PE RVU: 0.69 Result: Decrease	
45331 Sigmoidoscopy, flexib Most Recent RUC Meeting: October 2013 RUC Recommendation: 1.14	ole; with bio	opsy, single or multiple Specialty Developing Recommendation:	ACG, ACS, AGA, ASGE, ASCRS, SAGES	Global: 000 Issue: First Identified: September 2011  ferred to CPT May 2013	: Flexible Sigmoidoscopy  2020  Medicare  Utilization: 28,866	Screen: MPC List  2022 Work RVU: 1.14  2022 NF PE RVU: 7.58  2022 Fac PE RVU: 0.83  Result: Decrease	Complete? Yes
45332 Sigmoidoscopy, flexib	ole; with re	moval of foreign body(s Specialty Developing	)	Global: 000 Issue	ished in CPT Asst:  : Flexible Sigmoidoscopy 2020	Screen: MPC List  2022 Work RVU: 1.76	Complete? Yes
RUC Recommendation: 1.85		Recommendation:	ASGE, ASCRS, SAGES	Identified: September 2011  ferred to CPT May 2013  ferred to CPT Asst Publ	Utilization: 279	2022 NF PE RVU: 6.51 2022 Fac PE RVU: 1.09 Result: Decrease	
45333 Sigmoidoscopy, flexib hot biopsy forceps	ole; with re	moval of tumor(s), polyp	p(s), or other lesion	n(s) by Global: 000 Issue	: Flexible Sigmoidoscopy	Screen: MPC List	Complete? Yes
Most Recent RUC Meeting: October 2013	<b>Tab</b> : 06	Specialty Developing Recommendation:	ACG, ACS, AGA, ASGE, ASCRS, SAGES	First Identified: September 2011	2020 Medicare Utilization: 480	2022 Work RVU: 1.55 2022 NF PE RVU: 8.40 2022 Fac PE RVU: 0.98	
RUC Recommendation: 1.65				ferred to CPT May 2013 ferred to CPT Asst Publ	ished in CPT Asst:	Result: Decrease	

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15334 Sigmoidoscopy, flexib	ble; with co	ntrol of bleeding, any m	nethod	Global: 000 Issue:	Flexible Sigmoidoscopy	Screen: MPC List	Complete? Ye
Most Recent RUC Meeting: October 2013	<b>Tab</b> : 06	Specialty Developing Recommendation:	ACG, ACS, AGA, ASGE, ASCRS, SAGES	First Identified: September 2011	2020 Medicare Utilization: 2,921	2022 Work RVU: 2.00 2022 NF PE RVU: 13.14 2022 Fac PE RVU:1.21	
RUC Recommendation: 2.10				erred to CPT May 2013 Ferred to CPT Asst Dubli	shed in CPT Asst:	Result: Decrease	
15335 Sigmoidoscopy, flexib	ble; with dir	ected submucosal injec	ction(s), any substa	ance Global: 000 Issue:	Flexible Sigmoidoscopy	Screen: MPC List	Complete? Ye
Most Recent RUC Meeting: October 2013	<b>Tab</b> : 06	Specialty Developing Recommendation:	ACG, ACS, AGA, ASGE, ASCRS, SAGES	First Identified: September 2011	2020 Medicare Utilization: 2,544	2022 Work RVU: 1.04 2022 NF PE RVU: 7.84 2022 Fac PE RVU:0.77	
RUC Recommendation: 1.15				erred to CPT May 2013 Ferred to CPT Asst Deli	shed in CPT Asst:	Result: Decrease	
				<u> </u>	<u></u>		
		compression (for patho placement of decompre		eg, Global: 000 Issue:	Flexible Sigmoidoscopy	Screen: MPC List	Complete? Ye
volvulus, megacolon),		placement of decompre	ession tube, when	eg, Global: 000 Issue:  First Identified: September 2011	2020	2022 Work RVU: 2.10 2022 NF PE RVU: NA	Complete? Ye
volvulus, megacolon), performed	, including	placement of decompre	ACG, ACS, AGA, ASGE, ASCRS, SAGES	First Identified: September 2011	2020 Medicare	<b>2022 Work RVU:</b> 2.10	Complete? Ye
volvulus, megacolon), performed Most Recent RUC Meeting: October 2013	, including	placement of decompre Specialty Developing Recommendation:	ACG, ACS, AGA, ASGE, ASCRS, SAGES	First Identified: September 2011 Ferred to CPT May 2013 Ferred to CPT Asst Publication	2020 Medicare Utilization: 1,484	2022 Work RVU: 2.10 2022 NF PE RVU: NA 2022 Fac PE RVU:1.01	Complete? You
volvulus, megacolon), performed  Most Recent RUC Meeting: October 2013  RUC Recommendation: 2.20	, including	Specialty Developing Recommendation:	ACG, ACS, AGA, ASGE, ASCRS, SAGES  Ref Ref  D(s), or other lesion	First Identified: September 2011 Ferred to CPT May 2013 Ferred to CPT Asst Publication	2020 Medicare Utilization: 1,484 shed in CPT Asst:	2022 Work RVU: 2.10 2022 NF PE RVU: NA 2022 Fac PE RVU:1.01 Result: Decrease	

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		olation of tumor(s), polyp biopsy forceps, bipolar		(s) Global: Issue:	Flexible Sigmoidoscopy	Screen: MPC List	Complete? Yes
Most Recent RUC Meeting: October 2013 RUC Recommendation: Deleted	Tab: 06	Specialty Developing Recommendation:		First Identified: September 2011  erred to CPT May 2013 erred to CPT Asst Publi	2020 Medicare Utilization:	2022 Work RVU: 2022 NF PE RVU: 2022 Fac PE RVU: Result: Deleted from CPT	
45340 Sigmoidoscopy, flexib	le; with tra	nsendoscopic balloon	dilation	Global: 000 Issue:	Flexible Sigmoidoscopy	Screen: MPC List	Complete? Yes
Most Recent RUC Meeting: October 2013	<b>Tab</b> : 06	Specialty Developing Recommendation:	ACG, ACS, AGA, ASGE, ASCRS, SAGES	First Identified: September 2011	2020 Medicare Utilization: 1,058	2022 Work RVU: 1.25 2022 NF PE RVU: 12.88 2022 Fac PE RVU:0.86	
RUC Recommendation: 1.35				erred to CPT May 2013 erred to CPT Asst Publi	ished in CPT Asst:	Result: Decrease	
45341 Sigmoidoscopy, flexib	le; with en	doscopic ultrasound ex	kamination	Global: 000 Issue:	Flexible Sigmoidoscopy	Screen: MPC List	Complete? Yes
Most Recent RUC Meeting: January 2014	<b>Tab:</b> 09	Specialty Developing Recommendation:	AGA, ASGE, ACG, ASCRS, SAGES, ACS	First Identified: September 2011	2020 Medicare Utilization: 1,958	2022 Work RVU: 2.12 2022 NF PE RVU: NA 2022 Fac PE RVU:1.27	
RUC Recommendation: 2.43				erred to CPT October 2013 erred to CPT Asst Publi	shed in CPT Asst:	Result: Increase	
45342 Sigmoidoscopy, flexib transmural fine needle			ınd guided intramur	ral or Global: 000 Issue:	Flexible Sigmoidoscopy	Screen: MPC List	Complete? Yes
Most Recent RUC Meeting: January 2014	<b>Tab</b> : 09	Specialty Developing Recommendation:	AGA, ASGE, ACG, ASCRS, SAGES, ACS	First Identified: September 2011	2020 Medicare Utilization: 311	2022 Work RVU: 2.98 2022 NF PE RVU: NA	
RUC Recommendation: 3.08				erred to CPT October 2013 erred to CPT Asst Publi	ished in CPT Asst:	2022 Fac PE RVU:1.65 Result: Decrease	

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45345 Sigmoidoscopy, flexib predilation)	le; with tra	nsendoscopic stent pla	acement (includes	Global: Issue:	Flexible Sigmoidoscopy	Screen: MPC List	Complete? Yes
Most Recent RUC Meeting: October 2013	<b>Tab</b> : 06	Specialty Developing Recommendation:	ACG, ACS, AGA, ASGE, ASCRS, SAGES	First Identified: September 2011	2020 Medicare Utilization:	2022 Work RVU: 2022 NF PE RVU: 2022 Fac PE RVU:	
RUC Recommendation: Deleted	d from CPT	•		erred to CPT May 2013 erred to CPT Asst Publi	shed in CPT Asst:	Result: Deleted from CPT	
15346 Sigmoidoscopy, flexib (includes pre- and pos		lation of tumor(s), poly and guide wire passage		n(s) Global: 000 Issue:	Flexible Sigmoidoscopy	Screen: MPC List	Complete? Yes
Most Recent RUC Meeting: October 2013	<b>Tab</b> : 06	Specialty Developing Recommendation:	ACG, ACS, AGA, ASGE, ASCRS, SAGES	First Identified: May 2013	2020 Medicare Utilization: 931	2022 Work RVU: 2.81 2022 NF PE RVU: 69.68 2022 Fac PE RVU: 1.55	
RUC Recommendation: 2.97				erred to CPT May 2013 erred to CPT Asst Dubli	shed in CPT Asst:	Result: Decrease	
		acement of endoscopic sage, when performed)	stent (includes pre	- and Global: 000 Issue:	Flexible Sigmoidoscopy	Screen: MPC List	Complete? Yes
lost Recent UC Meeting: October 2013	<b>Tab</b> : 06	Specialty Developing Recommendation:	ACG, ACS, AGA, ASGE, ASCRS, SAGES	First Identified: May 2013	2020 Medicare Utilization: 613	2022 Work RVU: 2.72 2022 NF PE RVU: NA 2022 Fac PE RVU: 1.48	
RUC Recommendation: 2.98				erred to CPT May 2013 erred to CPT Asst Publi	shed in CPT Asst:	Result: Decrease	
45349 Sigmoidoscopy, flexib	le; with en	doscopic mucosal rese	ection	Global: 000 Issue:	Flexible Sigmoidoscopy	Screen: MPC List	Complete? Yes
Most Recent RUC Meeting: April 2014	<b>Tab:</b> 13	Specialty Developing Recommendation:	AGA, ASGE, ACG, ASCRS, SAGES, ACS	First Identified: January 2014	2020 Medicare Utilization: 506	2022 Work RVU: 3.52 2022 NF PE RVU: NA 2022 Fac PE RVU:1.88	
RUC Recommendation: 3.83				erred to CPT October 2013	shed in CPT Asst:	Result: Decrease	

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45350 Sigmoidoscopy, flexible; wit	th band ligation(s) (eg, hemo	orrhoids)	Global: 000 Issue	Flexible Sigmoidoscopy	Screen: MPC List	Complete? Yes
Most Recent Tab: RUC Meeting: April 2014	: 13 Specialty Developing Recommendation:	AGA, ASGE, ACG, ASCRS, SAGES, ACS	First Identified: January 2014	2020 Medicare Utilization: 922	2022 Work RVU: 1.68 2022 NF PE RVU: 19.15 2022 Fac PE RVU: 1.06	
RUC Recommendation: 1.78			erred to CPT October 2013 erred to CPT Asst Publ	shed in CPT Asst:	Result: Decrease	
45355 Colonoscopy, rigid or flexibl	le, transabdominal via coloto	omy, single or multi	ple Global: Issue	Colonoscopy via stoma	Screen: MPC List	Complete? Yes
Most Recent Tab: RUC Meeting: January 2014	:08 Specialty Developing Recommendation:	AGA, ASGE, ACG, ASCRS, SAGES, ACS	First Identified: September 2011	2020 Medicare Utilization:	2022 Work RVU: 2022 NF PE RVU: 2022 Fac PE RVU:	
RUC Recommendation: Deleted from	CPT		erred to CPT February 201 erred to CPT Asst Publ		Result: Deleted from CPT	
45378 Colonoscopy, flexible; diagr brushing or washing, when			Global: 000 Issue	Colonoscopy	Screen: CMS High Expenditure Procedural Codes1 / MPC List	Complete? Ye
	performed (separate proced	ure)		2020	Procedural Codes1 / MPC List  2022 Work RVU: 3.26  2022 NF PE RVU: 6.66	Complete? Ye
brushing or washing, when  Most Recent Tab:	performed (separate proced : 10 Specialty Developing	AGA, ASGE, ACG, ASCRS, ACS, SAGES	First Identified: September 2011  erred to CPT October 2013	2020 Medicare Utilization: 263,929	Procedural Codes1 / MPC List  2022 Work RVU: 3.26	Complete? Ye
brushing or washing, when  Most Recent Tab:  RUC Meeting: January 2014	performed (separate proced : 10 Specialty Developing Recommendation:	AGA, ASGE, ACG, ASCRS, ACS, SAGES	First Identified: September 2011 erred to CPT October 2013 erred to CPT Asst Publ	2020 Medicare Utilization: 263,929	Procedural Codes1 / MPC List  2022 Work RVU: 3.26  2022 NF PE RVU: 6.66  2022 Fac PE RVU:1.74	•
brushing or washing, when  Most Recent Tab: RUC Meeting: January 2014  RUC Recommendation: 3.36	performed (separate proced:  10 Specialty Developing Recommendation:  removal of foreign body(s)	AGA, ASGE, ACG, ASCRS, ACS, SAGES	First Identified: September 2011  erred to CPT October 2013 erred to CPT Asst Publ  Global: 000 Issue	2020 Medicare Utilization: 263,929 ished in CPT Asst:  Colonoscopy 2020	Procedural Codes1 / MPC List  2022 Work RVU: 3.26  2022 NF PE RVU: 6.66  2022 Fac PE RVU: 1.74  Result: Decrease	Complete? Ye

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45380 Colonoscopy, flexible	e; with biop	sy, single or multiple		Global: 000 Issue	Colonoscopy		Screen: MPC List	Complete? Yes
Most Recent	<b>Tab</b> : 10	Specialty Developing	AGA, ASGE, ACG,	First	2020		2022 Work RVU: 3.56	
RUC Meeting: January 2014		Recommendation:	ASCRS, ACS,	Identified: October 2010	Medicare		<b>2022 NF PE RVU</b> : 9.33	
			SAGES		Utilization:	811,967	<b>2022 Fac PE RVU</b> : 1.89	
RUC Recommendation: 3.66			Ref	erred to CPT October 2013			Result: Decrease	
					ished in CPT A	sst:		
45381 Colonoscopy, flexible	e; with dire	cted submucosal injecti	on(s), any substand	ce Global: 000 Issue	Colonoscopy		Screen: CMS Fastest Growing / MPC List / Codes Reported Together 75%or More-Part4	Complete? Yes
Most Recent	<b>Tab:</b> 31	Specialty Developing	AGA, ASGE, ACG,	First	2020		2022 Work RVU: 3.56	
RUC Meeting: January 2018		Recommendation:	ASCRS, ACS,	Identified: October 2008	Medicare		<b>2022 NF PE RVU</b> : 9.60	
			SAGES		Utilization:	63,277	<b>2022 Fac PE RVU:</b> 1.89	
RUC Recommendation: 3.67			Ref	erred to CPT October 2013			Result: Decrease	
			Ref	erred to CPT Asst 🗹 Publ	ished in CPT A	sst: Jun	2010	
45382 Colonoscopy, flexible	e; with con	trol of bleeding, any me	thod	Global: 000 Issue	Colonoscopy		Screen: MPC List	Complete? Yes
Most Decemb	T-h: 10	One sight. Developing	ACA ACCE ACC	Fire	0000		<b>2022 Work RVU:</b> 4.66	
Most Recent RUC Meeting: January 2014	<b>Tab</b> : 10	Specialty Developing Recommendation:	AGA, ASGE, ACG, ASCRS, ACS,	First Identified: September 2011	2020 Medicare		2022 NF PE RVU: 15.39	
			SAGES	•	Utilization:	21,198		
RUC Recommendation: 4.76			Def	erred to CPT October 2013			2022 Fac PE RVU: 2.39 Result: Decrease	
RUC Recommendation: 4.76					ished in CPT A		Result. Decrease	
			Ret	erreu to CPT ASSL 🗀 Publ	isned in CPT A	551.		

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45383 Colonoscopy, flexible, proximal to splenic flexure; with ablation of tumor(s), Global: Issue: Colonoscopy Screen: MPC List Complete? Yes polyp(s), or other lesion(s) not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique 2022 Work RVU: **Most Recent Tab:** 10 Specialty Developing AGA, ASGE, ACG, 2020 ASCRS, ACS, Identified: September 2011 **RUC Meeting:** January 2014 Recommendation: Medicare **2022 NF PE RVU:** SAGES **Utilization:** 2022 Fac PE RVU: RUC Recommendation: Deleted from CPT Referred to CPT October 2013 Result: Deleted from CPT Referred to CPT Asst **Published in CPT Asst:** Issue: Colonoscopy Screen: MPC List Complete? Yes 45384 Colonoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by Global: 000 hot biopsy forceps 2022 Work RVU: 4.07 **Most Recent Tab:** 10 Specialty Developing AGA. ASGE. ACG. 2020 **RUC Meeting:** January 2014 Recommendation: ASCRS. ACS. Identified: September 2011 Medicare **2022 NF PE RVU**: 10.30 SAGES **Utilization:** 50.204 2022 Fac PE RVU: 2.03 **RUC Recommendation: 4 17** Referred to CPT October 2013 Result: Decrease Referred to CPT Asst Published in CPT Asst: 45385 Colonoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by Screen: MPC List / Codes Global: 000 Issue: Colonoscopy Complete? Yes Reported Together snare technique 75% or More-Part4 / CMS Request - Final Rule for 2019 2022 Work RVU: 4.57 **Most Recent** Specialty Developing AGA. ASGE. ACG. 2020 **Tab:** 13 ASCRS. SAGES Identified: October 2010 **RUC Meeting:** April 2019 Recommendation: Medicare **2022 NF PE RVU**: 8.72 **Utilization:** 766,664 2022 Fac PE RVU: 2.34 **RUC Recommendation: 4.57** Referred to CPT October 2013 Result: Maintain Published in CPT Asst: Referred to CPT Asst

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45386 Colonoscopy, flexible	e; with transe	endoscopic balloon dil	ation	Global: 000 Issue:	Colonoscopy	Screen: MPC List	Complete? Yes
Most Recent RUC Meeting: January 2014	<b>Tab</b> : 10	Specialty Developing Recommendation:	AGA, ASGE, ACG, ASCRS, ACS, SAGES	Identified: September 2011	Utilization: 1,879	2022 Work RVU: 3.77 2022 NF PE RVU: 14.69 2022 Fac PE RVU:1.97	
RUC Recommendation: 3.87				erred to CPT October 2013 erred to CPT Asst Publi	shed in CPT Asst:	Result: Decrease	
45387 Colonoscopy, flexible placement (includes p		o splenic flexure; with t	transendoscopic s	tent Global: Issue:	Colonoscopy	Screen: MPC List	Complete? Yes
Most Recent RUC Meeting: January 2014	<b>Tab</b> : 10	Specialty Developing Recommendation:	AGA, ASGE, ACG, ASCRS, ACS, SAGES	First Identified: September 2011	2020 Medicare Utilization:	2022 Work RVU: 2022 NF PE RVU: 2022 Fac PE RVU:	
RUC Recommendation: Delete	ed from CPT			erred to CPT October 2013	shed in CPT Asst:	Result: Deleted from CPT	
		on of tumor(s), polyp(s nd guide wire passage		) Global: 000 Issue:	Colonoscopy	Screen: MPC List	Complete? Yes
(includes pre- and pos	st-dilation ar		, when performed)	•	Colonoscopy  2020 Medicare Utilization: 19,852	<b>2022 Work RVU:</b> 4.88 <b>2022 NF PE RVU:</b> 72.13	Complete? Yes
	st-dilation ar	nd guide wire passage Specialty Developing	AGA, ASGE, ACG, ASCRS, ACS, SAGES	First	2020 Medicare Utilization: 19,852	2022 Work RVU: 4.88	Complete? Yes
(includes pre- and pos Most Recent RUC Meeting: January 2014 RUC Recommendation: 4.98	st-dilation ar Tab: 10	nd guide wire passage. Specialty Developing Recommendation:	AGA, ASGE, ACG, ASCRS, ACS, SAGES  Ref	First Identified: January 2014 Ferred to CPT October 2013	2020 Medicare Utilization: 19,852 Shed in CPT Asst:	2022 Work RVU: 4.88 2022 NF PE RVU: 72.13 2022 Fac PE RVU: 2.43	Complete? Yes
(includes pre- and pos Most Recent RUC Meeting: January 2014 RUC Recommendation: 4.98	st-dilation ar Tab: 10	nd guide wire passage. Specialty Developing Recommendation:	AGA, ASGE, ACG, ASCRS, ACS, SAGES  Ref	First Identified: January 2014  Ferred to CPT October 2013  Ferred to CPT Asst Publication	2020 Medicare Utilization: 19,852 Shed in CPT Asst:	2022 Work RVU: 4.88 2022 NF PE RVU: 72.13 2022 Fac PE RVU: 2.43 Result: Decrease	•

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15390 Colonoscopy, flexible	; with endo	oscopic mucosal resect	ion	Global: 000 Issue:	Colonoscopy	Screen: MPC List	Complete? Yes
Most Recent RUC Meeting: January 2014 RUC Recommendation: 6.35	<b>Tab</b> : 10	Specialty Developing Recommendation:		Identified: January 2014 erred to CPT October 2013	2020 Medicare Utilization: 19,558	2022 Work RVU: 6.04 2022 NF PE RVU: NA 2022 Fac PE RVU: 3.01 Result: Decrease	
rectum, sigmoid, desc		oscopic ultrasound exar ansverse, or ascending	mination limited to t	the Global: 000 Issue:	Colonoscopy	Screen: MPC List	Complete? Yes
adjacent structures  lost Recent  LUC Meeting: January 2014	<b>Tab:</b> 10	Specialty Developing Recommendation:	AGA, ASGE, ACG, ASCRS, ACS, SAGES	First Identified: September 2011	2020 Medicare Utilization: 714	2022 Work RVU: 4.64 2022 NF PE RVU: NA 2022 Fac PE RVU:2.39	
UC Recommendation: 4.95				erred to CPT October 2013 erred to CPT Asst Publi	shed in CPT Asst:	Result: Decrease	
transmural fine needle	e aspiration the rectur	sendoscopic ultrasounc n/biopsy(s), includes en m, sigmoid, descending d adjacent structures	doscopic ultrasoun		Colonoscopy	Screen: MPC List	Complete? Yes
ost Recent UC Meeting: January 2014	<b>Tab:</b> 10	Specialty Developing Recommendation:	AGA, ASGE, ACG, ASCRS, ACS, SAGES	First Identified: September 2011	2020 Medicare Utilization: 104	2022 Work RVU: 5.50 2022 NF PE RVU: NA 2022 Fac PE RVU:2.77	
RUC Recommendation: 5.60				erred to CPT October 2013	shed in CPT Asst:	Result: Decrease	

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		ompression (for patholo placement of decompre		Global: 000 Issue:	Colonoscopy	Screen: MPC List	Complete? Yes
Most Recent RUC Meeting: January 2014 RUC Recommendation: 4.78	<b>Tab:</b> 10	Specialty Developing Recommendation:	ASCRS, ACS, SAGES	Identified: January 2014  erred to CPT October 2013	2020 Medicare Utilization: 1,934 ished in CPT Asst:	2022 Work RVU: 4.68 2022 NF PE RVU: NA 2022 Fac PE RVU: 2.12 Result: Decrease	
45398 Colonoscopy, flexib	le; with ban	d ligation(s) (eg, hemorr	hoids)	Global: 000 Issue:	Colonoscopy	Screen: MPC List	Complete? Yes
Most Recent RUC Meeting: January 2014	<b>Tab:</b> 10	Specialty Developing Recommendation:	AGA, ASGE, ACG, ASCRS, ACS, SAGES	First Identified: January 2014	2020 Medicare Utilization: 2,937	<ul><li>2022 Work RVU: 4.20</li><li>2022 NF PE RVU: 20.94</li><li>2022 Fac PE RVU: 2.09</li></ul>	
RUC Recommendation: 4.30				erred to CPT October 2013 erred to CPT Asst Publi	ished in CPT Asst:	Result: Decrease	
46020 Placement of seton				Global: 010 Issue:	Placement/Removal of Seton	Screen: 010-Day Global Post- Operative Visits2	Complete? Yes
Most Recent RUC Meeting: October 2020	<b>Tab</b> : 16	Specialty Developing Recommendation:	ACS, ASCRS (col)	First Identified: October 2019	2020 Medicare Utilization: 1,239	2022 Work RVU: 1.86 2022 NF PE RVU: NA 2022 Fac PE RVU:1.22	
RUC Recommendation: 3.50				erred to CPT erred to CPT Asst	ished in CPT Asst:	Result: Increase	
46030 Removal of anal set	on, other ma	arker		Global: 010 Issue:	Placement/ Removal of Seton	Screen: 010-Day Global Post- Operative Visits2	Complete? Yes
Most Recent RUC Meeting: October 2020	<b>Tab</b> : 16	Specialty Developing Recommendation:	ACS, ASCRS (col)	First Identified: April 2020	2020 Medicare Utilization: 301	<b>2022 Work RVU:</b> 1.48 <b>2022 NF PE RVU:</b> 6.09	
RUC Recommendation: 2.00				erred to CPT erred to CPT Asst  Publ	ished in CPT Asst:	2022 Fac PE RVU: 0.84 Result: Increase	

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46200 Fissurectomy, includin	g sphinct	erotomy, when performed	I	Global: 090 Issue	: Fissurectomy	Screen: Site of Service Anomaly (99238-Only)	Complete? Yes
Most Recent	<b>Tab</b> : 16	Specialty Developing A	ACS	First	2020	<b>2022 Work RVU</b> : 3.59	
RUC Meeting: September 2007		Recommendation:		Identified: September 2007	Medicare	<b>2022 NF PE RVU:</b> 10.13	
					Utilization: 818	2022 Fac PE RVU: 5.85	
RUC Recommendation: Reduce	99238 to	0.5	R	eferred to CPT		Result: PE Only	
			F	eferred to CPT Asst	ished in CPT Asst:		
46500 Injection of sclerosing	solution,	hemorrhoids		Global: 010 Issue	: Hemorrhoid Injection	Screen: 010-Day Global Post- Operative Visits / Negative IWPUT	Complete? Yes
Most Recent	<b>Tab</b> : 24	Specialty Developing A	ACS, ASCRS	First	2020	2022 Work RVU: 1.74	
RUC Meeting: January 2018		. ,	colon)	Identified: January 2014	Medicare	<b>2022 NF PE RVU</b> : 7.59	
					Utilization: 10,311	2022 Fac PE RVU: 3.56	
RUC Recommendation: 2.00			R	eferred to CPT		Result: Increase	
			F	eferred to CPT Asst	ished in CPT Asst:		
47011 Hepatotomy; for percur	taneous d	rainage of abscess or cys	st, 1 or 2 stages	s Global: Issue	: Drainage of Abscess	Screen: Codes Reported Together 75% or More- Part2	Complete? Yes
Most Recent	<b>Tab</b> : 04	Specialty Developing		First	2020	2022 Work RVU:	
RUC Meeting: January 2013		Recommendation:		Identified: January 2012	Medicare	2022 NF PE RVU:	
					Utilization:	2022 Fac PE RVU:	
RUC Recommendation: Deleted	from CPT	•	F	eferred to CPT October 2012	2	Result: Deleted from CPT	
			F	eferred to CPT Asst 🔲 Publ	ished in CPT Asst:		

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47135 Liver allotransplantation, ort donor, any age	hotopic, partial or whole, from cadaver o	r living Global: 090 Issue	: Liver Allotransplantation	Screen: 090-Day Global Post- Operative Visits	Complete? Yes
Most Recent RUC Meeting: September 2014  RUC Recommendation: 91.78	14 Specialty Developing ACS, ASTS Recommendation:	First Identified: January 2014  Referred to CPT Referred to CPT Asst Pub	2020 Medicare Utilization: 1,612 lished in CPT Asst:	2022 Work RVU: 90.00 2022 NF PE RVU: NA 2022 Fac PE RVU:47.67 Result: Increase	
47136 Liver allotransplantation; het donor, any age	erotopic, partial or whole, from cadaver	or living Global: Issue	: RAW	Screen: 090-Day Global Post- Operative Visits	Complete? Yes
Most Recent Tab: RUC Meeting: April 2014	52 Specialty Developing ACS, ASTS Recommendation:	First Identified: April 2014	2020 Medicare Utilization:	2022 Work RVU: 2022 NF PE RVU: 2022 Fac PE RVU:	
RUC Recommendation: Deleted from	CPT	Referred to CPT October 2014 Referred to CPT Asst Pub	4 lished in CPT Asst:	Result: Deleted from CPT	
47382 Ablation, 1 or more liver tum	or(s), percutaneous, radiofrequency	Global: 010 Issue	: Interventional Radiology Procedures	Screen: CMS Request - Practice Expense Review	Complete? Yes
Most Recent Tab:	13 Specialty Developing ACR, SIR	First	2020	<b>2022 Work RVU</b> : 14.97	
RUC Meeting: October 2008	Recommendation:	Identified: NA	Medicare Utilization: 2,796	<b>2022 NF PE RVU</b> : 97.90	
			_,, -,	<b>2022 Fac PE RVU:</b> 5.00	
RUC Recommendation: New PE Input	S	Referred to CPT Referred to CPT Asst Pub	lished in CPT Asst:	Result: PE Only	
		Referred to of 1 Addit - Fub	nonca in or i Asst.		

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47490 Cholecystostomy, percutaneous, complete procedure, including imaging Global: 010 Issue: Cholecystostomy Screen: CMS Fastest Growing Complete? Yes guidance, catheter placement, cholecystogram when performed, and radiological supervision and interpretation 2022 Work RVU: 4.76 **Most Recent Tab:** 04 Specialty Developing ACR First 2020 **RUC Meeting:** October 2009 Identified: October 2008 Recommendation: Medicare 2022 NF PE RVU: NA 11.779 **Utilization:** 2022 Fac PE RVU: 4.57 **RUC Recommendation: 4.76** Referred to CPT June 2009 Result: Decrease Referred to CPT Asst Published in CPT Asst: 47500 Injection procedure for percutaneous transhepatic cholangiography Percutaneous Biliary Screen: Codes Reported Complete? Yes Global: **Procedures Bundling** Together 75% or More-Part2 2022 Work RVU: **Most Recent** Specialty Developing ACR, SIR 2020 **Tab:** 06 First **RUC Meeting:** October 2015 Recommendation: Identified: October 2012 Medicare **2022 NF PE RVU: Utilization:** 2022 Fac PE RVU: **RUC Recommendation:** Deleted from CPT Referred to CPT February 2015 Result: Deleted from CPT Referred to CPT Asst Published in CPT Asst: 47505 Injection procedure for cholangiography through an existing catheter (eg, Global: Percutaneous Biliary Screen: Codes Reported Complete? Yes **Procedures Bundling** Together 75% or Morepercutaneous transhepatic or T-tube) Part2 2022 Work RVU: Most Recent **Tab: 06** Specialty Developing ACR, SIR 2020 Identified: October 2012 **RUC Meeting:** October 2015 Recommendation: Medicare **2022 NF PE RVU: Utilization:** 2022 Fac PE RVU: RUC Recommendation: Deleted from CPT February 2015 Result: Deleted from CPT Referred to CPT

Referred to CPT Asst Published in CPT Asst:

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47510 Introduction of percutaneous tra	nshepatic catheter for biliary drainage	e Global: Issue	: Percutaneous Biliary Procedures Bundling	Screen: Codes Reported Together 75% or More- Part2	Complete? Yes
Most Recent Tab: 06	Specialty Developing ACR, SIR	First	2020	2022 Work RVU:	
RUC Meeting: October 2015	Recommendation:	Identified: October 2012	Medicare Utilization:	2022 NF PE RVU:	
				2022 Fac PE RVU:	
RUC Recommendation: Deleted from CP1	Г	Referred to CPT February 201		Result: Deleted from CPT	
		Referred to CPT Asst	ished in CPT Asst:		
47511 Introduction of percutaneous tra	nshepatic stent for internal and extern	nal biliary Global: Issue	: Percutaneous Biliary Procedures Bundling	Screen: Codes Reported Together 75% or More- Part2	Complete? Yes
Most Recent Tab: 06	Specialty Developing ACR, SIR	First	2020	2022 Work RVU:	
RUC Meeting: October 2015	Recommendation:	Identified: October 2012	Medicare	2022 NF PE RVU:	
			Utilization:	2022 Fac PE RVU:	
RUC Recommendation: Deleted from CPT	Г	Referred to CPT February 201	5	Result: Deleted from CPT	
		Referred to CPT Asst	ished in CPT Asst:		
47525 Change of percutaneous biliary	drainage catheter	Global: Issue	: Percutaneous Biliary Procedures Bundling	Screen: High IWPUT	Complete? Yes
Most Recent Tab: 06	Specialty Developing ACR, SIR	First	2020	2022 Work RVU:	
RUC Meeting: October 2015	Recommendation:	Identified: February 2008	Medicare Utilization:	2022 NF PE RVU:	
			Otilization:	2022 Fac PE RVU:	
RUC Recommendation: Deleted from CP1	Г	Referred to CPT February 201 Referred to CPT Asst Publ	5 ished in CPT Asst:	Result: Deleted from CPT	

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47530 Revision and/or reins	ertion of tra	nshepatic tube		Global:	Issue:	Percutaneous Biliary Procedures Bundling	Screen: Codes Reported Together 75% or More- Part2	Complete? Yes
Most Recent	<b>Tab</b> : 06	Specialty Developing	ACR, SIR	First		2020	2022 Work RVU:	
RUC Meeting: October 2015		Recommendation:		Identified: February 2	015	Medicare Utilization:	2022 NF PE RVU:	
						Otilization.	2022 Fac PE RVU:	
RUC Recommendation: Delete	ed from CPT			Referred to CPT Februar Referred to CPT Asst	,	shed in CPT Asst:	Result: Deleted from CPT	
procedure including	imaging gui	ography, percutaneous, dance (eg, ultrasound a vision and interpretatio	ınd/or fluorosco <sub>l</sub>	oy) and	Issue:	Percutaneous Biliary Procedures Bundling	Screen: Codes Reported Together 75% or More- Part2	Complete? Yes
Most Recent	<b>Tab</b> : 04	Specialty Developing	ACR SIR	First		2020	<b>2022 Work RVU</b> : 1.30	
RUC Meeting: October 2015	100101	Recommendation:	7,011, 0.11	Identified: February 2	015	Medicare	<b>2022 NF PE RVU</b> : 11.78	
						Utilization: 7,294	<b>2022 Fac PE RVU</b> : 0.62	
RUC Recommendation: 1.30				Referred to CPT Februar Referred to CPT Asst	,	shed in CPT Asst:	Result: Increase	
procedure including	imaging gui ogical super	ography, percutaneous, dance (eg, ultrasound a vision and interpretation ingiogram)	ınd/or fluorosco	oy) and	Issue:	Percutaneous Biliary Procedures Bundling	Screen: Codes Reported Together 75% or More- Part2	Complete? Yes
	Tab: 04	Specialty Developing	ACR SIR	First		2020	<b>2022 Work RVU</b> : 4.25	
Most Recent			, .o. , o		015	Medicare	0000 NE DE DVIII 04 00	
		Recommendation:		Identified: February 2	015		<b>2022 NF PE RVU</b> : 21.33	
Most Recent RUC Meeting: October 2015	123101	Recommendation:		identified: February 2	015	Utilization: 514	2022 NF PE RVU: 21.33 2022 Fac PE RVU: 1.46	
	123101	Recommendation:	F	Identified: February 2		Utilization: 514		

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47533 Placement of biliary drainage catheter, percutaneous, including diagnostic Global: 000 Issue: Percutaneous Biliary Screen: Codes Reported Complete? Yes Procedures Bundling Together 75% or Morecholangiography when performed, imaging guidance (eg. ultrasound and/or fluoroscopy), and all associated radiological supervision and interpretation; Part2 external 2022 Work RVU: 5.38 **Most Recent Tab:** 04 Specialty Developing ACR, SIR First 2020 **RUC Meeting:** October 2015 Recommendation: Identified: February 2015 Medicare 2022 NF PE RVU: 30.26 **Utilization:** 1,402 **2022 Fac PE RVU: 1.78 RUC Recommendation: 5.63** Referred to CPT February 2015 Result: Increase Referred to CPT Asst Published in CPT Asst: 47534 Placement of biliary drainage catheter, percutaneous, including diagnostic Global: 000 Issue: Percutaneous Biliary Screen: Codes Reported Complete? Yes cholangiography when performed, imaging guidance (eg, ultrasound and/or Procedures Bundling Together 75% or Morefluoroscopy), and all associated radiological supervision and interpretation; Part2 internal-external 2022 Work RVU: 7.60 **Most Recent Tab: 04** Specialty Developing ACR, SIR First 2020 **RUC Meeting:** October 2015 **Identified:** February 2015 Recommendation: Medicare 2022 NF PE RVU: 31.09 **Utilization:** 4,184 **2022 Fac PE RVU: 2.39** February 2015 RUC Recommendation: 7.85 Referred to CPT Result: Increase Referred to CPT Asst Published in CPT Asst: 47535 Conversion of external biliary drainage catheter to internal-external biliary Global: 000 Percutaneous Biliary Screen: Codes Reported Complete? Yes Together 75% or Moredrainage catheter, percutaneous, including diagnostic cholangiography when **Procedures Bundling** performed, imaging quidance (eq. fluoroscopy), and all associated radiological Part2 supervision and interpretation 2022 Work RVU: 3.95 **Most Recent Tab: 04** Specialty Developing ACR, SIR 2020 First **Identified:** February 2015 Medicare **RUC Meeting:** October 2015 Recommendation: 2022 NF PE RVU: 23.20 377 **Utilization:** 2022 Fac PE RVU: 1.36 **RUC Recommendation: 4.20** Referred to CPT February 2015 Result: Increase

Referred to CPT Asst Published in CPT Asst:

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47536 Exchange of biliary drainage catheter (eg, external, internal-external, or Global: 000 Issue: Percutaneous Biliary Screen: Codes Reported Complete? Yes Procedures Bundling Together 75% or Moreconversion of internal-external to external only), percutaneous, including diagnostic cholangiography when performed, imaging guidance (eg. Part2 fluoroscopy), and all associated radiological supervision and interpretation 2022 Work RVU: 2.61 **Most Recent Tab:** 04 Specialty Developing ACR, SIR First 2020 **RUC Meeting:** October 2015 **Identified:** February 2015 Recommendation: Medicare 2022 NF PE RVU: 16.89 **Utilization:** 13,827 **2022 Fac PE RVU: 0.95 RUC Recommendation: 2.86** Referred to CPT February 2015 Result: Increase Referred to CPT Asst Published in CPT Asst: Global: 000 47537 Removal of biliary drainage catheter, percutaneous, requiring fluoroscopic Issue: Percutaneous Biliary Screen: Codes Reported Complete? Yes guidance (eg, with concurrent indwelling biliary stents), including diagnostic Procedures Bundling Together 75% or Morecholangiography when performed, imaging quidance (eg, fluoroscopy), and all Part2 associated radiological supervision and interpretation 2022 Work RVU: 1.84 **Most Recent** Specialty Developing ACR, SIR **First** 2020 **RUC Meeting:** October 2015 **Identified:** February 2015 Recommendation: Medicare 2022 NF PE RVU: 13.28 **Utilization:** 1,851 2022 Fac PE RVU: 0.77 February 2015 RUC Recommendation: 1.85 Referred to CPT Result: Increase Referred to CPT Asst Published in CPT Asst: 47538 Placement of stent(s) into a bile duct, percutaneous, including diagnostic Global: 000 Percutaneous Biliary Screen: Codes Reported Complete? Yes Together 75% or Morecholangiography, imaging guidance (eg, fluoroscopy and/or ultrasound), balloon **Procedures Bundling** dilation, catheter exchange(s) and catheter removal(s) when performed, and all Part2 associated radiological supervision and interpretation; existing access 2022 Work RVU: 4.75 **Most Recent Tab:** 04 Specialty Developing ACR, SIR First 2020 **Identified:** February 2015 **RUC Meeting:** October 2015 Recommendation: Medicare **2022 NF PE RVU: 113.39** 997 **Utilization:** 

Referred to CPT

February 2015

Referred to CPT Asst Published in CPT Asst:

**2022 Fac PE RVU: 1.60** 

Result: Increase

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**RUC Recommendation: 5.00** 

Placement of stent(s) into a bile duct, percutaneous, including diagnostic Global: 000 Issue: Percutaneous Biliary Screen: Codes Reported Complete? Yes Procedures Bundling Together 75% or Morecholangiography, imaging guidance (eg. fluoroscopy and/or ultrasound), balloon dilation, catheter exchange(s) and catheter removal(s) when performed, and all Part2 associated radiological supervision and interpretation; new access, without placement of separate biliary drainage catheter 2022 Work RVU: 8.75 **Most Recent Tab:** 04 Specialty Developing ACR, SIR 2020 First Identified: February 2015 **RUC Meeting:** October 2015 Recommendation: Medicare 2022 NF PE RVU: 121.81 **Utilization:** 160 **2022 Fac PE RVU: 2.60 RUC Recommendation: 9.00** Referred to CPT February 2015 Result: Increase Published in CPT Asst: Referred to CPT Asst 47540 Placement of stent(s) into a bile duct, percutaneous, including diagnostic Global: 000 Issue: Percutaneous Biliary Screen: Codes Reported Complete? Yes Together 75% or Morecholangiography, imaging guidance (eq. fluoroscopy and/or ultrasound), balloon Procedures Bundling Part2 dilation, catheter exchange(s) and catheter removal(s) when performed, and all associated radiological supervision and interpretation; new access, with placement of separate biliary drainage catheter (eq. external or internal-external) 2022 Work RVU: 9.03 Specialty Developing ACR, SIR 2020 Most Recent **Tab**: 04 **RUC Meeting:** October 2015 Recommendation: **Identified:** February 2015 Medicare 2022 NF PE RVU: 123 24 215 **Utilization:** 2022 Fac PE RVU: 2.83 **RUC Recommendation:** 9.28 Referred to CPT February 2015 Result: Increase Referred to CPT Asst | Published in CPT Asst: Global: 000 Issue: Percutaneous Biliary Screen: Codes Reported Complete? Yes 47541 Placement of access through the biliary tree and into small bowel to assist with Procedures Bundling Together 75% or Morean endoscopic biliary procedure (eg, rendezvous procedure), percutaneous, including diagnostic cholangiography when performed, imaging guidance (eg. Part2 ultrasound and/or fluoroscopy), and all associated radiological supervision and interpretation, new access 2022 Work RVU: 6.75 **Most Recent Tab:** 04 Specialty Developing ACR, SIR First 2020 **RUC Meeting:** October 2015 Identified: February 2015 Recommendation: Medicare 2022 NF PE RVU: 28.35 **Utilization:** 159 2022 Fac PE RVU: 2.26 **RUC Recommendation:** 7.00 February 2015 Referred to CPT Result: Increase Referred to CPT Asst Published in CPT Asst:

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Balloon dilation of biliary duct(s) or of ampulla (sphincteroplasty), percutaneous, Global: ZZZ Issue: Percutaneous Biliary Screen: Codes Reported Complete? Yes Procedures Bundling Together 75% or Moreincluding imaging guidance (eg. fluoroscopy), and all associated radiological supervision and interpretation, each duct (list separately in addition to code for Part2 primary procedure) **2022 Work RVU**: 2.85 **Most Recent Tab:** 04 Specialty Developing ACR, SIR First 2020 **RUC Meeting:** October 2015 **Identified:** February 2015 Recommendation: Medicare 2022 NF PE RVU: 12.27 **Utilization:** 1,063 2022 Fac PE RVU: 0.81 February 2015 **RUC Recommendation: 2.85** Referred to CPT Result: Increase Referred to CPT Asst Published in CPT Asst: 47543 Endoluminal biopsy(ies) of biliary tree, percutaneous, any method(s) (eg, brush, Global: ZZZ Issue: Percutaneous Biliary Screen: Codes Reported Complete? Yes forceps, and/or needle), including imaging guidance (eg, fluoroscopy), and all Procedures Bundling Together 75% or Moreassociated radiological supervision and interpretation, single or multiple (list Part2 separately in addition to code for primary procedure) 2022 Work RVU: 3.00 **Most Recent** Specialty Developing ACR, SIR **First** 2020 **RUC Meeting:** October 2015 **Identified:** February 2015 Recommendation: Medicare **2022 NF PE RVU: 8.76 Utilization:** 642 2022 Fac PE RVU: 0.88 February 2015 RUC Recommendation: 3.00 Referred to CPT Result: Increase Referred to CPT Asst Published in CPT Asst: 47544 Removal of calculi/debris from biliary duct(s) and/or gallbladder, percutaneous, Global: ZZZ Percutaneous Biliary Screen: Codes Reported Complete? Yes Together 75% or Moreincluding destruction of calculi by any method (eg. mechanical, electrohydraulic, **Procedures Bundling** lithotripsy) when performed, imaging guidance (eg, fluoroscopy), and all Part2 associated radiological supervision and interpretation (list separately in addition to code for primary procedure) 2022 Work RVU: 3.28 Most Recent **Tab:** 04 Specialty Developing ACR, SIR 2020 **RUC Meeting:** October 2015 **Identified:** February 2015 Recommendation: Medicare **2022 NF PE RVU: 22.48 Utilization:** 312 2022 Fac PE RVU: 0.91 **RUC Recommendation: 3.28** February 2015 Referred to CPT Result: Increase Referred to CPT Asst Published in CPT Asst:

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47560 Laparoscopy, surgical; with guided transhepatic cholangiography, without Global: Issue: RAW Screen: CMS Request - Final Complete? Yes Rule for 2014 2022 Work RVU: **Tab:** 18 2020 **Most Recent Specialty Developing** First **RUC Meeting:** October 2013 Recommendation: Identified: July 2013 Medicare **2022 NF PE RVU: Utilization:** 2022 Fac PE RVU: **RUC Recommendation:** Deleted from CPT Referred to CPT Result: Maintain **Referred to CPT Asst Published in CPT Asst:** Global: 090 Issue: RAW review Screen: CMS High Expenditure 47562 Laparoscopy, surgical; cholecystectomy Complete? Yes Procedural Codes1 / CMS Request - Final Rule for 2014 / Pre-Time Analysis 2022 Work RVU: 10.47 2020 **Most Recent Tab**: 21 Specialty Developing ACS First **RUC Meeting:** September 2014 Recommendation: Identified: September 2011 Medicare 2022 NF PE RVU: NA 81,282 **Utilization: 2022 Fac PE RVU: 6.68** RUC Recommendation: Maintain work RVU and adjust the times from pre-Result: Maintain Referred to CPT time package 3. Referred to CPT Asst **Published in CPT Asst:** 47563 Laparoscopy, surgical; cholecystectomy with cholangiography Global: 090 Issue: RAW review Screen: CMS High Expenditure Complete? Yes Procedural Codes1 / CMS Request - Final Rule for 2014 2022 Work RVU: 11.47 **Specialty Developing** Most Recent **Tab:** 18 First 2020 **RUC Meeting:** October 2013 Identified: September 2011 Recommendation: Medicare 2022 NF PE RVU: NA **Utilization:** 32,357 **2022 Fac PE RVU:** 7.18 RUC Recommendation: No further action. 12.11 Referred to CPT **Result:** Maintain **Referred to CPT Asst Published in CPT Asst:** 

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47600 Cholecystectomy;				Global: 090 Issue:	Cholecystectomy	Screen: CMS Request - Final Rule for 2012	Complete? Yes
Most Recent RUC Meeting: April 2012	<b>Tab:</b> 36	Specialty Developing Recommendation:	ACS, SAGES	First Identified: September 2011	2020 Medicare Utilization: 6,677	2022 Work RVU: 17.48 2022 NF PE RVU: NA 2022 Fac PE RVU: 10.19	
RUC Recommendation: 20.00				Referred to CPT		Result: Increase	
				Referred to CPT Asst  Publ	ished in CPT Asst:		
47605 Cholecystectomy; with	h cholangi	ography		Global: 090 Issue:	Cholecystectomy	Screen: CMS Request - Final Rule for 2012	Complete? Yes
Most Recent	<b>Tab:</b> 36	Specialty Developing	ACS, SAGES	First	2020	<b>2022 Work RVU</b> : 18.48	
RUC Meeting: April 2012		Recommendation:		Identified: September 2011	Medicare Utilization: 1.050	2022 NF PE RVU: NA	
					Otilization. 1,000	<b>2022 Fac PE RVU:</b> 10.65	
RUC Recommendation: 21.00				Referred to CPT		Result: Increase	
				Referred to CPT Asst	ished in CPT Asst:		
48102 Biopsy of pancreas, p	ercutaneo	us needle		Global: 010 Issue:	Percutaneous Needle Biopsy	Screen: Site of Service Anomaly (99238-Only)	Complete? Yes
Most Recent	<b>Tab:</b> 16	Specialty Developing	SIR	First	2020	<b>2022 Work RVU:</b> 4.70	
RUC Meeting: September 2007		Recommendation:		Identified: September 2007	Medicare Utilization: 836	<b>2022 NF PE RVU</b> : 10.59	
					Janzadon. 550	2022 Fac PE RVU: 1.74	
RUC Recommendation: Reduc	e 99238 to	0.5		Referred to CPT		Result: PE Only	

Referred to CPT Asst Published in CPT Asst:

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48511 External drainage, pseudocyst of pancreas; percutaneous	Global: Issue:	Drainage of Abscess	Screen: Codes Reported Together 75% or More- Part2	Complete? Yes
Most Recent Tab: 04 Specialty Developing	First	2020	2022 Work RVU:	
RUC Meeting: January 2013 Recommendation:	, ,	Medicare Utilization:	2022 NF PE RVU:	
		Otilization:	2022 Fac PE RVU:	
RUC Recommendation: Deleted from CPT	Referred to CPT October 2012 Referred to CPT Asst Publis	hed in CPT Asst:	Result: Deleted from CPT	
49021 Drainage of peritoneal abscess or localized peritonitis, excl abscess; percutaneous	usive of appendiceal Global: Issue:	Drainage of Abscess	Screen: Codes Reported Together 75% or More- Part2	Complete? Yes
Most Recent Tab: 04 Specialty Developing AC	R. SIR First	2020	2022 Work RVU:	
RUC Meeting: January 2013 Recommendation:	Identified: January 2012	Medicare	2022 NF PE RVU:	
		Utilization:	2022 Fac PE RVU:	
RUC Recommendation: Deleted from CPT	Referred to CPT October 2012 Referred to CPT Asst  Publis	hed in CPT Asst:	Result: Deleted from CPT	
49041 Drainage of subdiaphragmatic or subphrenic abscess; perc	utaneous Global: Issue:	Drainage of Abscess	Screen: Codes Reported Together 75% or More- Part2	Complete? Yes
Most Recent Tab: 04 Specialty Developing AC	R. SIR First	2020	2022 Work RVU:	
RUC Meeting: January 2013 Recommendation:	Identified: January 2012	Medicare	2022 NF PE RVU:	
		Utilization:	2022 Fac PE RVU:	
RUC Recommendation: Deleted from CPT	Referred to CPT October 2012		Result: Deleted from CPT	
	Referred to CPT Asst  Publis	hed in CPT Asst:		

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49061 Drainage of retroperitoneal abscess; percutaneous	Global: Issue: Drain	nage of Abscess  Screen: Codes Reported Together 75% or More- Part2  Complete? Yes
Most Recent Tab: 04 Specialty Developing AC RUC Meeting: January 2013 Recommendation:  RUC Recommendation: Deleted from CPT	Identified: January 2012 Medi	ization:  2022 NF PE RVU:  2022 Fac PE RVU:  Result: Deleted from CPT
49080 Peritoneocentesis, abdominal paracentesis, or peritoneal law therapeutic); initial	rage (diagnostic or Global: Issue: Perito	toneocentesis Screen: Harvard Valued - Complete? Yes Utilization over 100,000
	,	2022 Work RVU: licare 2022 NF PE RVU: ization: 2022 Fac PE RVU:
RUC Recommendation: Deleted from CPT	Referred to CPT June 2010 Referred to CPT Asst Published i	Result: Deleted from CPT
49081 Peritoneocentesis, abdominal paracentesis, or peritoneal law therapeutic); subsequent	rage (diagnostic or Global: Issue: Perito	toneocentesis Screen: Harvard Valued - Complete? Yes Utilization over 100,000
	,	2022 Work RVU: licare 2022 NF PE RVU: ization: 2022 Fac PE RVU:
RUC Recommendation: Deleted from CPT	Referred to CPT June 2010	Result: Deleted from CPT

Referred to CPT Asst Published in CPT Asst:

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49082 Abdominal paracentes	sis (diagno	estic or therapeutic); wit	hout imaging guida	ince Global: 000 Issue	: Abdominal Paracentesis	Screen: Harvard Valued - Utilization over 100,000	Complete? Yes
Most Recent	<b>Tab:</b> 05	Specialty Developing	ACR, ACS, AGA,	First	2020	2022 Work RVU: 1.24	
RUC Meeting: October 2010		Recommendation:	ASGE, SIR	Identified: February 2010	Medicare Utilization: 10,481	<b>2022 NF PE RVU:</b> 5.05	
					Othization. 10,401	<b>2022 Fac PE RVU</b> : 0.73	
<b>RUC Recommendation:</b> 1.35				erred to CPT June 2010		Result: Decrease	
			Ref	erred to CPT Asst	ished in CPT Asst:		
49083 Abdominal paracentes	sis (diagno	estic or therapeutic); wit	h imaging guidance	e Global: 000 Issue	: Abdominal Paracentesis	Screen: Harvard Valued - Utilization over 100,000	Complete? Yes
Most Recent	<b>Tab:</b> 05	Specialty Developing	ACR, ACS, AGA,	First	2020	2022 Work RVU: 2.00	
RUC Meeting: October 2010		Recommendation:	ASGE, SIR	Identified: February 2010	Medicare	<b>2022 NF PE RVU</b> : 6.78	
					Utilization: 252,899	<b>2022 Fac PE RVU</b> : 0.91	
<b>RUC Recommendation:</b> 2.00				erred to CPT June 2010		Result: Decrease	
			Ref	erred to CPT Asst L Publ	ished in CPT Asst:		
49084 Peritoneal lavage, incl	luding ima	ging guidance, when pe	rformed	Global: 000 Issue	: Abdominal Paracentesis	Screen: Harvard Valued - Utilization over 100,000	Complete? Yes
Most Recent	<b>Tab:</b> 05	Specialty Developing	ACR, ACS, AGA,	First	2020	2022 Work RVU: 2.00	
RUC Meeting: October 2010		Recommendation:	ASGE, SIR	Identified: February 2010	Medicare	2022 NF PE RVU: NA	
					Utilization: 1,630	<b>2022 Fac PE RVU</b> :0.74	
<b>RUC Recommendation: 2.50</b>			Ref	erred to CPT June 2010		Result: Increase	
			Ref	erred to CPT Asst 🛚 Publ	ished in CPT Asst:		

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49405 Image-guided fluid collection drainage by catheter (eg. abscess, hematoma, Global: 000 Issue: Drainage of Abscess Screen: Codes Reported Complete? Yes Together 75% or Moreseroma, lymphocele, cyst); visceral (eg, kidney, liver, spleen, lung/mediastinum), Part2 percutaneous 2022 Work RVU: 4.00 **Most Recent Tab:** 04 Specialty Developing ACR, SIR 2020 **RUC Meeting:** January 2013 Recommendation: Identified: January 2012 Medicare 2022 NF PE RVU: 23.06 **Utilization:** 5,663 **2022 Fac PE RVU: 1.31 RUC Recommendation:** 4.25 Referred to CPT October 2012 Result: Decrease Referred to CPT Asst **Published in CPT Asst:** 49406 Image-guided fluid collection drainage by catheter (eg, abscess, hematoma, Global: 000 Issue: Drainage of Abscess Screen: Codes Reported Complete? Yes Together 75% or Moreseroma, lymphocele, cyst); peritoneal or retroperitoneal, percutaneous Part2 2022 Work RVU: 4.00 **Most Recent Tab:** 04 Specialty Developing ACR, SIR 2020 **RUC Meeting:** January 2013 Recommendation: Identified: January 2012 Medicare 2022 NF PE RVU: 23.05 30,881 **Utilization:** 2022 Fac PE RVU: 1.30 **RUC Recommendation:** 4 25 Referred to CPT October 2012 Result: Decrease Referred to CPT Asst Published in CPT Asst: Global: 000 Issue: Drainage of Abscess Screen: Codes Reported Complete? Yes 49407 Image-guided fluid collection drainage by catheter (eg, abscess, hematoma, Together 75% or Moreseroma, lymphocele, cyst); peritoneal or retroperitoneal, transvaginal or Part2 transrectal 2022 Work RVU: 4.25 Most Recent **Tab:** 04 Specialty Developing ACR, SIR First 2020 **RUC Meeting:** January 2013 Identified: January 2012 Recommendation: Medicare 2022 NF PE RVU: 18.40 **Utilization:** 194 **2022 Fac PE RVU: 1.33 RUC Recommendation: 4.50** Referred to CPT October 2012 Result: Decrease Referred to CPT Asst Published in CPT Asst:

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49418 Insertion of tunneled intraperitoneal catheter (eg, dialysis, intraperitoneal Global: 000 Issue: Intraperitoneal Catheter Screen: Site of Service Anomaly Complete? Yes Codes chemotherapy instillation, management of ascites), complete procedure. including imaging guidance, catheter placement, contrast injection when performed, and radiological supervision and interpretation, percutaneous **2022 Work RVU: 3.96 Most Recent** Tab: 11 Specialty Developing ACS, ACR, SIR First 2020 **RUC Meeting:** April 2010 **Identified:** February 2010 Recommendation: Medicare 2022 NF PE RVU: 26.16 **Utilization:** 6,801 **2022 Fac PE RVU: 1.49 RUC Recommendation: 4.21** Referred to CPT February 2010 Result: Decrease Referred to CPT Asst Published in CPT Asst: 49420 Deleted from CPT Global: **Issue:** Insertion of Intraperitoneal Screen: Site of Service Anomaly Complete? Yes Cannula or Catheter 2022 Work RVU: Most Recent **Tab:** 40 Specialty Developing ACS First 2020 **RUC Meeting:** October 2009 Recommendation: Identified: April 2008 Medicare **2022 NF PE RVU: Utilization:** 2022 Fac PE RVU: February 2010 **RUC Recommendation:** Deleted from CPT Referred to CPT Result: Deleted from CPT Published in CPT Asst: Referred to CPT Asst Insertion of tunneled intraperitoneal catheter for dialysis, open Global: 000 Issue: Intraperitoneal Catheter Screen: Site of Service Anomaly Complete? Yes Codes 2022 Work RVU: 4.21 **Most Recent Tab:** 11 Specialty Developing ACS, ACR, SIR 2020

RUC Recommendation: 4.21 Referred to CPT February 2010 Result: Decrease

Referred to CPT Asst Published in CPT Asst:

Medicare

**Utilization:** 

1,637

2022 NF PE RVU: NA

**2022 Fac PE RVU: 1.52** 

Identified: September 2007

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Recommendation:

**RUC Meeting:** April 2010

49422 Removal of tunneled	intraperiton	eal catheter	Global: 000 Issue:	Removal of Intraperitonea Catheter	Screen: Site of Service Anomaly - 2016	Complete? Yes
Most Recent	Tab: 14	Specialty Developing ACS, SVS	First	2020	2022 Work RVU: 4.00	
RUC Meeting: April 2017		Recommendation:	Identified: October 2016	Medicare	2022 NF PE RVU: NA	
				Utilization: 12,418	<b>2022 Fac PE RVU</b> : 1.63	
RUC Recommendation: 4.00			Referred to CPT		Result: Decrease	
			Referred to CPT Asst	ished in CPT Asst:		
49436 Delayed creation of exintraperitoneal cannu		embedded subcutaneous segment o er	f Global: 010 Issue:	Delayed Creation of Exit Site from Embedded Catheter	Screen: CMS Request - Final Rule for 2022	Complete? Yes
Most Recent	<b>Tab</b> : 16	Specialty Developing ACS	First	2020	2022 Work RVU: 2.72	
RUC Meeting: January 2022	140.10	Recommendation:	Identified: November 2021	Medicare	<b>2022 NF PE RVU</b> : NA	
				Utilization: 297	2022 Fac PE RVU: 2.23	
RUC Recommendation: PE Inp	puts		Referred to CPT		Result: PE Only	
RUC Recommendation: PE Inp	puts			ished in CPT Asst:	Result: PE Only	
		5 years or older; reducible	Referred to CPT Asst		Screen: CMS High Expenditure Procedural Codes1	Complete? Yes
19505 Repair initial inguinal	I hernia, age	•	Referred to CPT Asst Publ  Global: 090 Issue:	RAW review	Screen: CMS High Expenditure	Complete? Yes
19505 Repair initial inguinal		Specialty Developing ACS Recommendation:	Referred to CPT Asst	RAW review  2020 Medicare	Screen: CMS High Expenditure Procedural Codes1	Complete? Yes
49505 Repair initial inguinal	I hernia, age	Specialty Developing ACS	Global: 090 Issue:	RAW review	Screen: CMS High Expenditure Procedural Codes1 2022 Work RVU: 7.96 2022 NF PE RVU: NA	Complete? Yes
49505 Repair initial inguinal  Most Recent RUC Meeting: January 2012	I hernia, age Tab: 30	Specialty Developing ACS	Global: 090 Issue:	RAW review  2020 Medicare	Screen: CMS High Expenditure Procedural Codes1 2022 Work RVU: 7.96	Complete? Yes
49505 Repair initial inguinal  Most Recent RUC Meeting: January 2012	I hernia, age Tab: 30	Specialty Developing ACS	Global: 090 Issue:  First Identified: September 2011  Referred to CPT	RAW review  2020 Medicare	Screen: CMS High Expenditure Procedural Codes1  2022 Work RVU: 7.96  2022 NF PE RVU: NA  2022 Fac PE RVU: 5.72	Complete? Yes
49505 Repair initial inguinal  Most Recent RUC Meeting: January 2012  RUC Recommendation: Reaffi	I hernia, age Tab: 30	Specialty Developing ACS	Global: 090 Issue:  First Identified: September 2011  Referred to CPT Referred to CPT Asst Publ	RAW review  2020 Medicare Utilization: 39,341	Screen: CMS High Expenditure Procedural Codes1  2022 Work RVU: 7.96  2022 NF PE RVU: NA  2022 Fac PE RVU: 5.72	Complete? Yes  Complete? Yes
19505 Repair initial inguinal Most Recent RUC Meeting: January 2012 RUC Recommendation: Reaffi	Tab: 30 irmed I hernia, age	Specialty Developing ACS Recommendation:	Global: 090 Issue:  First Identified: September 2011  Referred to CPT Referred to CPT Asst Publication	RAW review  2020 Medicare Utilization: 39,341 ished in CPT Asst:	Screen: CMS High Expenditure Procedural Codes1  2022 Work RVU: 7.96  2022 NF PE RVU: NA  2022 Fac PE RVU:5.72  Result: Maintain	·
19505 Repair initial inguinal  Nost Recent RUC Meeting: January 2012  RUC Recommendation: Reaffi	I hernia, age Tab: 30	Specialty Developing ACS Recommendation:	Global: 090 Issue:  First Identified: September 2011  Referred to CPT Referred to CPT Asst Publ	RAW review  2020 Medicare Utilization: 39,341 ished in CPT Asst:	Screen: CMS High Expenditure Procedural Codes1  2022 Work RVU: 7.96  2022 NF PE RVU: NA  2022 Fac PE RVU:5.72  Result: Maintain  Screen: Site of Service Anomaly  2022 Work RVU: 9.09	·
49505 Repair initial inguinal Most Recent RUC Meeting: January 2012 RUC Recommendation: Reaffi 49507 Repair initial inguinal Most Recent	Tab: 30 irmed I hernia, age	Specialty Developing ACS Recommendation:  5 years or older; incarcerated or stra Specialty Developing ACS	Global: 090 Issue:  First Identified: September 2011  Referred to CPT Referred to CPT Asst Publ  ngulated Global: 090 Issue:  First	2020 Medicare Utilization: 39,341 ished in CPT Asst:  Hernia Repair 2020	Screen: CMS High Expenditure Procedural Codes1  2022 Work RVU: 7.96  2022 NF PE RVU: NA  2022 Fac PE RVU:5.72  Result: Maintain  Screen: Site of Service Anomaly  2022 Work RVU: 9.09  2022 NF PE RVU: NA	·
49505 Repair initial inguinal  Most Recent RUC Meeting: January 2012  RUC Recommendation: Reaffi	Tab: 30 irmed I hernia, age Tab: 29	Specialty Developing ACS Recommendation:  5 years or older; incarcerated or stra Specialty Developing ACS	Global: 090 Issue:  First Identified: September 2011  Referred to CPT Referred to CPT Asst Publ  ngulated Global: 090 Issue:  First	2020 Medicare Utilization: 39,341 sished in CPT Asst:  Hernia Repair 2020 Medicare Utilization: 8,333	Screen: CMS High Expenditure Procedural Codes1  2022 Work RVU: 7.96  2022 NF PE RVU: NA  2022 Fac PE RVU:5.72  Result: Maintain  Screen: Site of Service Anomaly  2022 Work RVU: 9.09	·

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19521 Repair recurrent inguinal hernia,	any age; incarcerated o	r strangulated	Global: 090 Issue:	Hernia Repair	Screen: Site of Service Anomaly	Complete? Yes
lost Recent Tab: 29	Specialty Developing	ACS	First	2020	<b>2022 Work RVU</b> : 11.48	
RUC Meeting: February 2011	Recommendation:		Identified: September 2007	Medicare Utilization: 1,541	2022 NF PE RVU: NA	
		_		_	2022 Fac PE RVU: 7.11	
RUC Recommendation: 12.44			Referred to CPT Referred to CPT Asst	ished in CPT Asst:	Result: Maintain	
19560 Repair initial incisional or ventral	hernia; reducible		Global: 090 Issue:	Anterior Abdominal Hernia Repair	Screen: Site of Service Anomaly - 2019	Complete? Yes
Most Recent Tab: 09	Specialty Developing	ACS, ASCRS (c	ol), <b>First</b>	2020	<b>2022 Work RVU:</b> 11.92	
UC Meeting: April 2021	Recommendation:	SAGES	Identified: February 2021	Medicare	2022 NF PE RVU: NA	
				Utilization: 16,538	2022 Fac PE RVU: 7.23	
UC Recommendation: Deleted from CPT			Referred to CPT February 202		Result: Deleted from CPT	
19561 Repair initial incisional or ventral	hernia; incarcerated or		Referred to CPT Asst  Publi Global: 090 Issue:	Anterior Abdominal Hernia	Screen: Site of Service Anomaly -	Complete? Yes
	hernia; incarcerated or Specialty Developing Recommendation:	strangulated	Global: 090 Issue:		2019 2022 Work RVU: 15.38	Complete? Yes
19561 Repair initial incisional or ventral	Specialty Developing	strangulated  ACS, ASCRS (c	Global: 090 Issue:	Anterior Abdominal Hernia Repair 2020	2019 2022 Work RVU: 15.38 2022 NF PE RVU: NA	Complete? Yes
19561 Repair initial incisional or ventral  Most Recent Tab: 09  RUC Meeting: April 2021	Specialty Developing	ACS, ASCRS (c SAGES	Global: 090 Issue: ol), First Identified: February 2021 Referred to CPT February 2022	Anterior Abdominal Hernia Repair  2020  Medicare  Utilization: 10,420	2019 2022 Work RVU: 15.38	Complete? Yes
19561 Repair initial incisional or ventral	Specialty Developing Recommendation:	ACS, ASCRS (c SAGES	Global: 090 Issue:  oil), First Identified: February 2021  Referred to CPT February 2022  Referred to CPT Asst Public	Anterior Abdominal Hernia Repair  2020  Medicare  Utilization: 10,420  1 Fished in CPT Asst:	2019 2022 Work RVU: 15.38 2022 NF PE RVU: NA 2022 Fac PE RVU:8.59	·
9561 Repair initial incisional or ventral lost Recent Tab: 09 UC Meeting: April 2021  UC Recommendation: Deleted from CPT	Specialty Developing Recommendation:	ACS, ASCRS (c SAGES	Global: 090 Issue:  oi), First Identified: February 2021  Referred to CPT February 2022  Referred to CPT Asst Public  Global: 090 Issue:	Anterior Abdominal Hernia Repair  2020 Medicare Utilization: 10,420  1 Fished in CPT Asst:  Anterior Abdominal Hernia	2019 2022 Work RVU: 15.38 2022 NF PE RVU: NA 2022 Fac PE RVU:8.59 Result: Deleted from CPT  Screen: Site of Service Anomaly -	·
9561 Repair initial incisional or ventral lost Recent Tab: 09 UC Meeting: April 2021  UC Recommendation: Deleted from CPT  9565 Repair recurrent incisional or ver	Specialty Developing Recommendation:	ACS, ASCRS (c SAGES	Global: 090 Issue:  oi), First Identified: February 2021  Referred to CPT February 2022  Referred to CPT Asst Public  Global: 090 Issue:	Anterior Abdominal Hernia Repair  2020 Medicare Utilization: 10,420  1 Fished in CPT Asst:  Anterior Abdominal Hernia Repair  2020 Medicare	2019 2022 Work RVU: 15.38 2022 NF PE RVU: NA 2022 Fac PE RVU:8.59 Result: Deleted from CPT  Screen: Site of Service Anomaly - 2019	·
19561 Repair initial incisional or ventral lost Recent Tab: 09 PUC Meeting: April 2021 PUC Recommendation: Deleted from CPT	Specialty Developing Recommendation:  ntral hernia; reducible  Specialty Developing	ACS, ASCRS (constant)	Global: 090 Issue:  oil), First Identified: February 2021  Referred to CPT February 2022  Referred to CPT Asst Public  Global: 090 Issue:	Anterior Abdominal Hernia Repair  2020 Medicare Utilization: 10,420  1 Fished in CPT Asst:  Anterior Abdominal Hernia Repair  2020	2019 2022 Work RVU: 15.38 2022 NF PE RVU: NA 2022 Fac PE RVU:8.59 Result: Deleted from CPT  Screen: Site of Service Anomaly - 2019 2022 Work RVU: 12.37	·

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49566 Repair recurrent incisional or ventral hernia; incarcerated or strangulated Global: 090 Issue: Anterior Abdominal Hernia Screen: Site of Service Anomaly - Complete? Yes Repair 2019 2022 Work RVU: 15.53 **Tab:** 09 ACS, ASCRS (col), First 2020 **Most Recent** Specialty Developing **RUC Meeting:** April 2021 Recommendation: SAGES Identified: February 2021 Medicare 2022 NF PE RVU: NA 2.899 **Utilization: 2022 Fac PE RVU: 8.66 RUC Recommendation:** Deleted from CPT Referred to CPT February 2021 Result: Deleted from CPT Referred to CPT Asst Published in CPT Asst: 49568 Implantation of mesh or other prosthesis for open incisional or ventral hernia Global: ZZZ repair or mesh for closure of debridement for necrotizing soft tissue infection Repair (list separately in addition to code for the incisional or ventral hernia repair) 2022 Work RVU: 4.88 **Most Recent Tab:** 09 Specialty Developing ACS, ASCRS (col), 2020 SAGES Identified: February 2021 RUC Meeting: April 2021 Recommendation: Medicare 2022 NF PE RVU: NA **Utilization:** 20,800 **2022 Fac PE RVU: 1.83 RUC Recommendation:** Deleted from CPT Referred to CPT February 2021 Result: Deleted from CPT Referred to CPT Asst Published in CPT Asst: 49570 Repair epigastric hernia (eg, preperitoneal fat); reducible (separate procedure) Global: 090 Screen: Site of Service Anomaly - Complete? Yes Issue: Anterior Abdominal Hernia Repair 2019 2022 Work RVU: 6.05 **Tab:** 09 ACS, ASCRS (col), 2020 Most Recent Specialty Developing **RUC Meeting:** April 2021 Recommendation: SAGES Identified: February 2021 Medicare 2022 NF PE RVU: NA **Utilization:** 461 2022 Fac PE RVU: 5.03 RUC Recommendation: Deleted from CPT Referred to CPT February 2021 Result: Deleted from CPT

Referred to CPT Asst

■ Published in CPT Asst:

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	peritoneal fat); incarcera	ated or strangulated	d Global: 090 Issue	e: Anterior Abdominal Hernia Repair	Screen: Site of Service Anomaly - 2019	Complete? Yes
Most Recent Tab: 09	Specialty Developing	ACS, ASCRS (col),	, First	2020	2022 Work RVU: 7.87	
RUC Meeting: April 2021	Recommendation:	SAGES	Identified: February 2021	Medicare Utilization: 393	2022 NF PE RVU: NA	
				Otilization. 393	<b>2022 Fac PE RVU:</b> 5.73	
RUC Recommendation: Deleted from CPT			erred to CPT February 200 erred to CPT Asst Pub		Result: Deleted from CPT	
49580 Repair umbilical hernia, younger	than age 5 years; reduc	cible	Global: 090 Issue	e: Anterior Abdominal Hernia Repair	Screen: Site of Service Anomaly - 2019	Complete? Yes
Most Recent Tab: 09	Specialty Developing	ACS, ASCRS (col),		2020	2022 Work RVU: 4.47	
RUC Meeting: April 2021	Recommendation:	SAGES	Identified: February 2021	Medicare Utilization: 3	<b>2022 NF PE RVU</b> : NA	
				Otilization. 5	<b>2022 Fac PE RVU:</b> 4.53	
RUC Recommendation: Deleted from CPT			erred to CPT February 20: erred to CPT Asst	21 dished in CPT Asst:	Result: Deleted from CPT	
49582 Repair umbilical hernia, younge	than age 5 years; incar	cerated or strangul	lated Global: 090 Issue	e: Anterior Abdominal Hernia	Screen: Site of Service Anomaly -	Complete? Yes
Most Recent Tab: 09	than age 5 years; incar Specialty Developing Recommendation:			Repair 2020 Medicare	Screen: Site of Service Anomaly - 2019  2022 Work RVU: 7.13  2022 NF PE RVU: NA	Complete? Yes
Most Recent Tab: 09 RUC Meeting: April 2021	Specialty Developing Recommendation:	ACS, ASCRS (col), SAGES	, <b>First Identified:</b> February 2021	Repair 2020 Medicare Utilization:	2019 2022 Work RVU: 7.13 2022 NF PE RVU: NA 2022 Fac PE RVU:5.63	Complete? Yes
Most Recent Tab: 09	Specialty Developing Recommendation:	ACS, ASCRS (col), SAGES	, First	Repair  2020  Medicare  Utilization:	2019 2022 Work RVU: 7.13 2022 NF PE RVU: NA	Complete? Yes
Most Recent Tab: 09 RUC Meeting: April 2021	Specialty Developing Recommendation:	ACS, ASCRS (col), SAGES	, First Identified: February 2021 erred to CPT February 202 erred to CPT Asst □ Pub	Repair  2020 Medicare Utilization: 21  Slished in CPT Asst:	2019 2022 Work RVU: 7.13 2022 NF PE RVU: NA 2022 Fac PE RVU:5.63	·
Most Recent Tab: 09 RUC Meeting: April 2021  RUC Recommendation: Deleted from CPT  49585 Repair umbilical hernia, age 5 years	Specialty Developing Recommendation:	ACS, ASCRS (col), SAGES Refe	First Identified: February 2021  erred to CPT February 202  erred to CPT Asst Pub  Global: 090 Issue	Repair  2020 Medicare Utilization:  21  Dished in CPT Asst:	2019 2022 Work RVU: 7.13 2022 NF PE RVU: NA 2022 Fac PE RVU: 5.63 Result: Deleted from CPT  Screen: Site of Service Anomaly -	·
Most Recent Tab: 09 RUC Meeting: April 2021  RUC Recommendation: Deleted from CPT  49585 Repair umbilical hernia, age 5 ye  Most Recent Tab: 09	Specialty Developing Recommendation:	ACS, ASCRS (col), SAGES Refe	First Identified: February 2021  erred to CPT February 202  erred to CPT Asst Pub  Global: 090 Issue	Repair  2020 Medicare Utilization:  21  Dished in CPT Asst:  2: Anterior Abdominal Hernia Repair  2020 Medicare	2019 2022 Work RVU: 7.13 2022 NF PE RVU: NA 2022 Fac PE RVU: 5.63 Result: Deleted from CPT  Screen: Site of Service Anomaly - 2019	·
Most Recent Tab: 09 RUC Meeting: April 2021  RUC Recommendation: Deleted from CPT  49585 Repair umbilical hernia, age 5 years	Specialty Developing Recommendation:  ars or older; reducible Specialty Developing	ACS, ASCRS (col), SAGES  Refe Refe  ACS, ASCRS (col),	First Identified: February 2021  erred to CPT February 202  erred to CPT Asst Pub  Global: 090 Issue	Repair  2020 Medicare Utilization: 21  Dished in CPT Asst:  E: Anterior Abdominal Hernia Repair  2020	2019 2022 Work RVU: 7.13 2022 NF PE RVU: NA 2022 Fac PE RVU: 5.63 Result: Deleted from CPT  Screen: Site of Service Anomaly - 2019 2022 Work RVU: 6.59	·
Most Recent Tab: 09 RUC Meeting: April 2021  RUC Recommendation: Deleted from CPT  49585 Repair umbilical hernia, age 5 ye  Most Recent Tab: 09	Specialty Developing Recommendation:  ars or older; reducible  Specialty Developing Recommendation:	ACS, ASCRS (col), SAGES  Reference  ACS, ASCRS (col), SAGES  Reference	First Identified: February 2021  erred to CPT February 202  erred to CPT Asst Pub  Global: 090 Issue	Repair  2020 Medicare Utilization:  21  Dished in CPT Asst:  E: Anterior Abdominal Hernia Repair  2020 Medicare Utilization: 13,977	2019 2022 Work RVU: 7.13 2022 NF PE RVU: NA 2022 Fac PE RVU: 5.63 Result: Deleted from CPT  Screen: Site of Service Anomaly - 2019 2022 Work RVU: 6.59 2022 NF PE RVU: NA	·

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49587 Repair umbilical hernia, age 5 years or older; incarcerated or strangulated Global: 090 **Issue:** Anterior Abdominal Hernia **Screen:** Site of Service Anomaly Complete? Yes Repair 2022 Work RVU: 7.08 Specialty Developing ACS, ASCRS (col), **Most Recent Tab:** 09 2020 **RUC Meeting:** April 2021 Identified: September 2007 Medicare Recommendation: SAGES 2022 NF PE RVU: NA 5,975 **Utilization:** 2022 Fac PE RVU: 5.51 RUC Recommendation: Deleted from CPT Referred to CPT February 2021 Result: Deleted from CPT Referred to CPT Asst Published in CPT Asst: Global: 090 49590 Repair spigelian hernia Repair 2019 2022 Work RVU: 8.90 ACS, ASCRS (col), 2020 **Most Recent Tab:** 09 Specialty Developing **RUC Meeting:** April 2021 Recommendation: SAGES Identified: February 2021 Medicare 2022 NF PE RVU: NA **Utilization:** 506 **2022 Fac PE RVU: 6.09 RUC Recommendation:** Deleted from CPT Referred to CPT February 2021 Result: Deleted from CPT Referred to CPT Asst Published in CPT Asst: Repair of anterior abdominal hernia(s) (ie, epigastric, incisional, ventral, Global: Issue: Anterior Abdominal Hernia Screen: Site of Service Anomaly - Complete? Yes umbilical, spigelian), any approach (ie, open, laparoscopic, robotic), initial, Repair including implantation of mesh or other prosthesis when performed, total length of defect(s); less than 3 cm, reducible 2022 Work RVU: **Most Recent Tab**: 09 Specialty Developing ACS, ASCRS (col), 2020 SAGES Identified: February 2021 Medicare **RUC Meeting:** April 2021 Recommendation: **2022 NF PE RVU: Utilization:** 2022 Fac PE RVU:

Referred to CPT

February 2021

Referred to CPT Asst Published in CPT Asst:

Result: Decrease

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**RUC Recommendation: 6.27** 

49592 Repair of anterior abdominal hernia(s) (ie, epigastric, incisional, ventral, Global: Issue: Anterior Abdominal Hernia Screen: Site of Service Anomaly - Complete? Yes 2019 umbilical, spigelian), any approach (ie. open, laparoscopic, robotic), initial, Repair including implantation of mesh or other prosthesis when performed, total length of defect(s); less than 3 cm, incarcerated or strangulated 2022 Work RVU: **Most Recent Tab:** 09 Specialty Developing ACS, ASCRS (col), 2020 **RUC Meeting:** April 2021 SAGES Identified: February 2021 Recommendation: Medicare **2022 NF PE RVU: Utilization:** 2022 Fac PE RVU: **RUC Recommendation: 9.00** Referred to CPT February 2021 Result: Decrease Referred to CPT Asst Published in CPT Asst: 49593 Repair of anterior abdominal hernia(s) (ie, epigastric, incisional, ventral, Global: umbilical, spigelian), any approach (ie, open, laparoscopic, robotic), initial, Repair including implantation of mesh or other prosthesis when performed, total length of defect(s); 3 cm to 10 cm, reducible 2022 Work RVU: **Most Recent Tab:** 09 Specialty Developing ACS, ASCRS (col), 2020 **RUC Meeting:** April 2021 SAGES Identified: February 2021 Recommendation: Medicare **2022 NF PE RVU: Utilization:** 2022 Fac PE RVU: February 2021 RUC Recommendation: 10.80 Referred to CPT Result: Decrease Referred to CPT Asst Published in CPT Asst: 49594 Repair of anterior abdominal hernia(s) (ie, epigastric, incisional, ventral, Global: Issue: Anterior Abdominal Hernia Screen: Site of Service Anomaly - Complete? Yes Repair 2019 umbilical, spigelian), any approach (ie, open, laparoscopic, robotic), initial, including implantation of mesh or other prosthesis when performed, total length of defect(s); 3 cm to 10 cm, incarcerated or strangulated 2022 Work RVU: Specialty Developing ACS, ASCRS (col), **Most Recent Tab:** 09 2020 **Identified:** February 2021 **RUC Meeting:** April 2021 Recommendation: SAGES Medicare **2022 NF PE RVU: Utilization:** 2022 Fac PE RVU: **RUC Recommendation: 14.00** Referred to CPT February 2021 Result: Decrease Referred to CPT Asst Published in CPT Asst:

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49595 Repair of anterior abdominal hernia(s) (ie, epigastric, incisional, ventral, Global: Issue: Anterior Abdominal Hernia Screen: Site of Service Anomaly - Complete? Yes 2019 umbilical, spigelian), any approach (ie. open, laparoscopic, robotic), initial, Repair including implantation of mesh or other prosthesis when performed, total length of defect(s); greater than 10 cm, reducible 2022 Work RVU: **Most Recent Tab:** 09 Specialty Developing ACS, ASCRS (col), 2020 **RUC Meeting:** April 2021 SAGES Identified: February 2021 Recommendation: Medicare **2022 NF PE RVU: Utilization:** 2022 Fac PE RVU: **RUC Recommendation: 14.88** Referred to CPT February 2021 Result: Decrease Referred to CPT Asst Published in CPT Asst: 49596 Repair of anterior abdominal hernia(s) (ie, epigastric, incisional, ventral, Global: umbilical, spigelian), any approach (ie, open, laparoscopic, robotic), initial, Repair including implantation of mesh or other prosthesis when performed, total length of defect(s); greater than 10 cm, incarcerated or strangulated 2022 Work RVU: **Most Recent** Specialty Developing ACS, ASCRS (col), 2020 **RUC Meeting:** April 2021 SAGES Identified: February 2021 Recommendation: Medicare **2022 NF PE RVU: Utilization:** 2022 Fac PE RVU: February 2021 RUC Recommendation: 20.00 Referred to CPT Result: Decrease Referred to CPT Asst Published in CPT Asst: 49613 Repair of anterior abdominal hernia(s) (ie, epigastric, incisional, ventral, Global: Issue: Anterior Abdominal Hernia Screen: Site of Service Anomaly - Complete? Yes Repair 2019 umbilical, spigelian), any approach (ie, open, laparoscopic, robotic), recurrent, including implantation of mesh or other prosthesis when performed, total length of defect(s); less than 3 cm, reducible 2022 Work RVU: Specialty Developing ACS, ASCRS (col), **Most Recent Tab:** 09 2020 **Identified:** February 2021 **RUC Meeting:** April 2021 Recommendation: SAGES Medicare **2022 NF PE RVU: Utilization:** 2022 Fac PE RVU: **RUC Recommendation:** 7.75 Referred to CPT February 2021 Result: Decrease Referred to CPT Asst Published in CPT Asst:

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Repair of anterior abdominal hernia(s) (ie, epigastric, incisional, ventral, Global: Issue: Anterior Abdominal Hernia Screen: Site of Service Anomaly - Complete? Yes 2019 umbilical, spigelian), any approach (ie. open, laparoscopic, robotic), recurrent, Repair including implantation of mesh or other prosthesis when performed, total length of defect(s); less than 3 cm, incarcerated or strangulated 2022 Work RVU: **Most Recent Tab:** 09 Specialty Developing ACS, ASCRS (col), 2020 **RUC Meeting:** April 2021 SAGES Identified: February 2021 Recommendation: Medicare **2022 NF PE RVU: Utilization:** 2022 Fac PE RVU: **RUC Recommendation: 10.79** Referred to CPT February 2021 Result: Decrease Referred to CPT Asst Published in CPT Asst: 49615 Repair of anterior abdominal hernia(s) (ie, epigastric, incisional, ventral, Global: umbilical, spigelian), any approach (ie, open, laparoscopic, robotic), recurrent, Repair including implantation of mesh or other prosthesis when performed, total length of defect(s); 3 cm to 10 cm, reducible 2022 Work RVU: **Most Recent Tab:** 09 Specialty Developing ACS, ASCRS (col), 2020 **RUC Meeting:** April 2021 SAGES Identified: February 2021 Recommendation: Medicare **2022 NF PE RVU: Utilization:** 2022 Fac PE RVU: February 2021 **RUC Recommendation: 12.00** Referred to CPT Result: Decrease Referred to CPT Asst Published in CPT Asst: 49616 Repair of anterior abdominal hernia(s) (ie, epigastric, incisional, ventral, Global: Issue: Anterior Abdominal Hernia Screen: Site of Service Anomaly - Complete? Yes Repair 2019 umbilical, spigelian), any approach (ie, open, laparoscopic, robotic), recurrent, including implantation of mesh or other prosthesis when performed, total length of defect(s); 3 cm to 10 cm, incarcerated or strangulated 2022 Work RVU: Specialty Developing ACS, ASCRS (col), First **Most Recent Tab:** 09 2020 **Identified:** February 2021 **RUC Meeting:** April 2021 Recommendation: SAGES Medicare **2022 NF PE RVU: Utilization:** 2022 Fac PE RVU: **RUC Recommendation: 16.50** Referred to CPT February 2021 Result: Decrease Referred to CPT Asst Published in CPT Asst:

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49617 Repair of anterior abdominal hernia(s) (ie, epigastric, incisional, ventral, Global: Issue: Anterior Abdominal Hernia Screen: Site of Service Anomaly - Complete? Yes 2019 umbilical, spigelian), any approach (ie. open, laparoscopic, robotic), recurrent, Repair including implantation of mesh or other prosthesis when performed, total length of defect(s): greater than 10 cm, reducible 2022 Work RVU: **Most Recent Tab:** 09 Specialty Developing ACS, ASCRS (col), 2020 **RUC Meeting:** April 2021 Recommendation: Identified: February 2021 SAGES Medicare **2022 NF PE RVU: Utilization:** 2022 Fac PE RVU: **RUC Recommendation: 16.97** Referred to CPT February 2021 Result: Decrease Referred to CPT Asst Published in CPT Asst: 49618 Repair of anterior abdominal hernia(s) (ie, epigastric, incisional, ventral, Global: Issue: Anterior Abdominal Hernia Screen: Site of Service Anomaly - Complete? Yes umbilical, spigelian), any approach (ie, open, laparoscopic, robotic), recurrent, Repair 2019 including implantation of mesh or other prosthesis when performed, total length of defect(s); greater than 10 cm, incarcerated or strangulated 2022 Work RVU: **Most Recent** Specialty Developing ACS, ASCRS (col), 2020 **RUC Meeting:** April 2021 SAGES Identified: February 2021 Recommendation: Medicare **2022 NF PE RVU: Utilization:** 2022 Fac PE RVU: February 2021 **RUC Recommendation: 24.00** Referred to CPT Result: Decrease Referred to CPT Asst Published in CPT Asst: 49621 Repair of parastomal hernia, any approach (ie, open, laparoscopic, robotic), Global: Issue: Anterior Abdominal Hernia Screen: Site of Service Anomaly - Complete? Yes initial or recurrent, including implantation of mesh or other prosthesis, when Repair 2019 performed; reducible 2022 Work RVU: **Tab:** 09 ACS. ASCRS (col). 2020 Most Recent Specialty Developing Identified: February 2021 **RUC Meeting:** April 2021 Recommendation: SAGES Medicare **2022 NF PE RVU: Utilization:** 2022 Fac PE RVU: February 2021 **RUC Recommendation: 14.24** Referred to CPT Result: Decrease Referred to CPT Asst Published in CPT Asst:

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49622 Repair of parastomal hernia, any approach (ie, open, laparoscopic, robotic). Global: Issue: Anterior Abdominal Hernia Screen: Site of Service Anomaly - Complete? Yes Repair 2019 initial or recurrent, including implantation of mesh or other prosthesis, when performed; incarcerated or strangulated 2022 Work RVU: Specialty Developing ACS, ASCRS (col), **Most Recent Tab**: 09 2020 Identified: February 2021 **RUC Meeting:** April 2021 Recommendation: SAGES Medicare **2022 NF PE RVU: Utilization:** 2022 Fac PE RVU: **RUC Recommendation: 18.00** Referred to CPT February 2021 Result: Decrease Referred to CPT Asst Published in CPT Asst: 49623 Removal of total or near total non-infected mesh or other prosthesis at the time Issue: Anterior Abdominal Hernia Screen: Site of Service Anomaly - Complete? Yes of initial or recurrent anterior abdominal hernia repair or parastomal hernia Repair 2019 repair, any approach (ie, open, laparoscopic, robotic) (list separately in addition to code for primary procedure) 2022 Work RVU: Specialty Developing ACS, ASCRS (col), **Most Recent Tab:** 09 2020 RUC Meeting: April 2021 Recommendation: SAGES **Identified:** February 2021 Medicare **2022 NF PE RVU: Utilization:** 2022 Fac PE RVU: **RUC Recommendation: 5.00** Referred to CPT February 2021 Result: Decrease Referred to CPT Asst Published in CPT Asst: Global: 090 Issue: Anterior Abdominal Hernia Screen: Site of Service Anomaly 49652 Laparoscopy, surgical, repair, ventral, umbilical, spigelian or epigastric hernia Complete? Yes (includes mesh insertion, when performed); reducible Repair 2022 Work RVU: 11.92 **Most Recent Tab:** 09 **Specialty Developing** ACS, ASCRS (col), 2020 SAGES **RUC Meeting:** April 2021 Recommendation: Identified: June 2010 Medicare 2022 NF PE RVU: NA 7.685 **Utilization:** 2022 Fac PE RVU: 7.37 RUC Recommendation: Deleted from CPT Referred to CPT February 2021 Result: Deleted from CPT Referred to CPT Asst Published in CPT Asst:

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49653 Laparoscopy, surgical, repair, v (includes mesh insertion, when			rnia Global: 090 Issue	: Anterior Abdominal Hernia Repair	Screen: Site of Service Anomaly	Complete? Yes
Most Recent Tab: 09	Specialty Developing	ACS, ASCRS (col)	, First	2020	<b>2022 Work RVU:</b> 14.94	
RUC Meeting: April 2021	Recommendation:	SAGES	Identified: June 2010	Medicare	2022 NF PE RVU: NA	
				Utilization: 4,902	<b>2022 Fac PE RVU</b> : 9.19	
RUC Recommendation: Deleted from CF	Г		ferred to CPT February 202 ferred to CPT Asst Pub	1 Fished in CPT Asst:	Result: Deleted from CPT	
49654 Laparoscopy, surgical, repair, i performed); reducible	ncisional hernia (include	s mesh insertion, w	when Global: 090 Issue	: Anterior Abdominal Hernia Repair	Screen: Site of Service Anomaly	Complete? Yes
Most Recent Tab: 09	Specialty Developing	ACS, ASCRS (col)	, First	2020	<b>2022 Work RVU:</b> 13.76	
RUC Meeting: April 2021	Recommendation:	SAGES	Identified: June 2010	Medicare Utilization: 6,115	2022 NF PE RVU: NA	
				Utilization: 6,115	2022 Fac PE RVU: 8.08	
	Т	Ref	ferred to CPT February 202		Result: Deleted from CPT	
RUC Recommendation: Deleted from CF			referred to CPT Asst Publ		Screen: Site of Service Anomaly	Complete? Ves
49655 Laparoscopy, surgical, repair, i performed); incarcerated or str.  Most Recent Tab: 09 RUC Meeting: April 2021  RUC Recommendation: Deleted from CF	ncisional hernia (include angulated Specialty Developing Recommendation:	s mesh insertion, w ACS, ASCRS (col), SAGES	when Global: 090 Issue  First Identified: June 2010  Ferred to CPT February 202	: Anterior Abdominal Hernia Repair 2020 Medicare Utilization: 4,090	Screen: Site of Service Anomaly  2022 Work RVU: 16.84  2022 NF PE RVU: NA  2022 Fac PE RVU:9.90  Result: Deleted from CPT	Complete? Yes
49655 Laparoscopy, surgical, repair, i performed); incarcerated or stra  Most Recent Tab: 09  RUC Meeting: April 2021	ncisional hernia (include angulated Specialty Developing Recommendation:	s mesh insertion, w ACS, ASCRS (col), SAGES Ref	when Global: 090 Issue  First Identified: June 2010  Ferred to CPT February 202  Ferred to CPT Asst Publ	: Anterior Abdominal Hernia Repair  2020  Medicare  Utilization: 4,090	2022 Work RVU: 16.84 2022 NF PE RVU: NA 2022 Fac PE RVU:9.90 Result: Deleted from CPT	·
49655 Laparoscopy, surgical, repair, i performed); incarcerated or str.  Most Recent Tab: 09  RUC Meeting: April 2021  RUC Recommendation: Deleted from CF	ncisional hernia (include angulated Specialty Developing Recommendation:	ACS, ASCRS (col), SAGES  Ref. Ref.	when Global: 090 Issue  First Identified: June 2010  Ferred to CPT February 202  Ferred to CPT Asst Publication    Global: 090 Issue	: Anterior Abdominal Hernia Repair  2020 Medicare Utilization: 4,090  11 Fished in CPT Asst:  : Anterior Abdominal Hernia Repair	2022 Work RVU: 16.84 2022 NF PE RVU: NA 2022 Fac PE RVU:9.90 Result: Deleted from CPT  Screen: Site of Service Anomaly -	·
49655 Laparoscopy, surgical, repair, i performed); incarcerated or str.  Most Recent Tab: 09  RUC Meeting: April 2021  RUC Recommendation: Deleted from CF	ncisional hernia (include angulated Specialty Developing Recommendation:	ACS, ASCRS (col), SAGES  Ref. Ref.	when Global: 090 Issue  First Identified: June 2010  Ferred to CPT February 202  Ferred to CPT Asst Publication    Global: 090 Issue	: Anterior Abdominal Hernia Repair  2020 Medicare Utilization: 4,090  1 Fished in CPT Asst:  : Anterior Abdominal Hernia Repair  2020 Medicare	2022 Work RVU: 16.84 2022 NF PE RVU: NA 2022 Fac PE RVU:9.90 Result: Deleted from CPT  Screen: Site of Service Anomaly - 2019	·
49655 Laparoscopy, surgical, repair, i performed); incarcerated or str.  Most Recent Tab: 09 RUC Meeting: April 2021  RUC Recommendation: Deleted from CF  49656 Laparoscopy, surgical, repair, rinsertion, when performed); rec	ncisional hernia (include angulated  Specialty Developing Recommendation:  T  ecurrent incisional hernicucible  Specialty Developing	ACS, ASCRS (col); SAGES  Refi Refi  (a (includes mesh  ACS, ASCRS (col));	when Global: 090 Issue  First Identified: June 2010  Ferred to CPT February 202  Ferred to CPT Asst Publication Publication CPT Issue	: Anterior Abdominal Hernia Repair  2020 Medicare Utilization: 4,090  1 Fished in CPT Asst:  : Anterior Abdominal Hernia Repair  2020	2022 Work RVU: 16.84 2022 NF PE RVU: NA 2022 Fac PE RVU:9.90 Result: Deleted from CPT  Screen: Site of Service Anomaly - 2019 2022 Work RVU: 15.08	·
49655 Laparoscopy, surgical, repair, i performed); incarcerated or str.  Most Recent Tab: 09 RUC Meeting: April 2021  RUC Recommendation: Deleted from CF  49656 Laparoscopy, surgical, repair, rinsertion, when performed); rec	ncisional hernia (include: angulated  Specialty Developing Recommendation:  T  ecurrent incisional hernicucible  Specialty Developing Recommendation:	ACS, ASCRS (col); SAGES  Refi Refi  (a (includes mesh  ACS, ASCRS (col); SAGES	when Global: 090 Issue  First Identified: June 2010  Ferred to CPT February 202  Ferred to CPT Asst Publication Publication CPT Issue	: Anterior Abdominal Hernia Repair  2020 Medicare Utilization: 4,090  1 Fished in CPT Asst:  : Anterior Abdominal Hernia Repair  2020 Medicare Utilization: 1,309	2022 Work RVU: 16.84 2022 NF PE RVU: NA 2022 Fac PE RVU:9.90 Result: Deleted from CPT  Screen: Site of Service Anomaly - 2019 2022 Work RVU: 15.08 2022 NF PE RVU: NA	·

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49657 Laparoscopy, surgical, repair, recurrent incisional hernia (includes mesh Global: 090 Issue: Anterior Abdominal Hernia Screen: Site of Service Anomaly - Complete? Yes Repair 2019 insertion, when performed); incarcerated or strangulated 2022 Work RVU: 22.11 **Tab:** 09 Specialty Developing ACS, ASCRS (col), First 2020 **Most Recent RUC Meeting:** April 2021 Recommendation: SAGES Identified: February 2021 Medicare 2022 NF PE RVU: NA 1,349 **Utilization: 2022 Fac PE RVU: 11.79 RUC Recommendation:** Deleted from CPT Referred to CPT February 2021 Result: Deleted from CPT Referred to CPT Asst **Published in CPT Asst:** 50021 Drainage of perirenal or renal abscess; percutaneous Screen: Codes Reported Global: Issue: Drainage of Abscess Complete? Yes Together 75% or More-Part2 2022 Work RVU: **Most Recent Tab:** 04 **Specialty Developing** First 2020 **RUC Meeting:** January 2013 Recommendation: Identified: January 2012 Medicare **2022 NF PE RVU: Utilization:** 2022 Fac PE RVU: Referred to CPT October 2012 **RUC Recommendation:** Deleted from CPT Result: Deleted from CPT Referred to CPT Asst Published in CPT Asst: 50080 Percutaneous nephrolithotomy or pyelolithotomy, lithotripsy, stone extraction. Global: 090 Issue: Percutaneous Screen: Site of Service Anomaly - Complete? Yes antegrade ureteroscopy, antegrade stent placement and nephrostomy tube Nephrostolithotomy 2019 placement, when performed, including imaging guidance; simple (eg, stone[s] up to 2 cm in single location of kidney or renal pelvis, nonbranching stones) 2022 Work RVU: 15.74 Most Recent Specialty Developing AUA First 2020 **Tab:** 08 **RUC Meeting:** January 2022 Recommendation: Identified: October 2019 Medicare 2022 NF PE RVU: NA **Utilization:** 2,092 2022 Fac PE RVU: 7.76 **RUC Recommendation: 13.50** Referred to CPT September 2021 Result: Decrease

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Percutaneous nephrolithotomy or pyelolithotomy, lithotripsy, stone extraction, Global: 090 Issue: Percutaneous Screen: Site of Service Anomaly - Complete? Yes 50081 Nephrostolithotomy 2019 antegrade ureteroscopy, antegrade stent placement and nephrostomy tube placement, when performed, including imaging guidance; complex (eg, stone[s] > 2 cm. branching stones, stones in multiple locations, ureter stones. complicated anatomy) 2022 Work RVU: 23.50 **Most Recent Tab:** 08 Specialty Developing AUA First 2020 Identified: October 2019 **RUC Meeting:** January 2022 Recommendation: Medicare **2022 NF PE RVU: NA Utilization:** 5,083 **2022 Fac PE RVU: 10.98 RUC Recommendation: 22.00** Referred to CPT September 2021 Result: Decrease Published in CPT Asst: Referred to CPT Asst 50200 Renal biopsy; percutaneous, by trocar or needle Global: 000 Issue: Interventional Radiology Screen: CMS Request - Practice Complete? Yes Procedures Expense Review 2022 Work RVU: 2.38 **Tab:** 13 Specialty Developing ACR, SIR 2020 Most Recent First **RUC Meeting:** October 2008 Identified: NA Recommendation: Medicare 2022 NF PE RVU: 13.33 32,365 **Utilization: 2022 Fac PE RVU: 1.10 RUC Recommendation:** New PE Inputs Referred to CPT Result: PE Only Referred to CPT Asst Published in CPT Asst: 50360 Renal allotransplantation, implantation of graft; without recipient nephrectomy Global: 090 Issue: Renal Allotransplantation Screen: Harvard-Valued Annual Complete? Yes Allowed Charges Greater than \$10 million 2022 Work RVU: 39.88 2020 **Most Recent Tab**: 21 Specialty Developing ACR, SIR **RUC Meeting:** April 2013 Recommendation: Identified: July 2012 Medicare 2022 NF PE RVU: NA 12.214 **Utilization:** 

Referred to CPT

**Referred to CPT Asst** 

**2022 Fac PE RVU: 22.73** 

Result: Maintain

**Published in CPT Asst:** 

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**RUC Recommendation:** 40.90

50387 Removal and replacement of externally accessible nephroureteral catheter (eg, Global: 000 Issue: Genitourinary Catheter Screen: Codes Reported Complete? Yes Procedures Together 75% or Moreexternal/internal stent) requiring fluoroscopic guidance, including radiological Part2 supervision and interpretation **2022 Work RVU**: 1.75 Most Recent **Tab:** 09 Specialty Developing ACR, SIR **First** 2020 **RUC Meeting:** January 2015 Recommendation: Identified: October 2012 Medicare 2022 NF PE RVU: 15.44 **Utilization:** 7,840 2022 Fac PE RVU: 0.50 **RUC Recommendation: 2.00** Referred to CPT October 2014 Result: Maintain Referred to CPT Asst **Published in CPT Asst:** 50392 Introduction of intracatheter or catheter into renal pelvis for drainage and/or Global: Issue: Genitourinary Catheter Screen: Codes Reported Complete? Yes Procedures Together 75% or Moreinjection, percutaneous Part2 2022 Work RVU: **Most Recent Tab:** 09 Specialty Developing ACR, SIR 2020 **RUC Meeting:** January 2015 Recommendation: Identified: October 2012 Medicare **2022 NF PE RVU: Utilization:** 2022 Fac PE RVU: RUC Recommendation: Deleted from CPT Referred to CPT October 2014 Result: Deleted from CPT Referred to CPT Asst Published in CPT Asst: Global: Issue: Genitourinary Catheter Screen: Codes Reported Complete? Yes 50393 Introduction of ureteral catheter or stent into ureter through renal pelvis for Procedures Together 75% or Moredrainage and/or injection, percutaneous Part2 2022 Work RVU: **Most Recent Tab:** 09 Specialty Developing ACR, SIR First 2020 **RUC Meeting:** January 2015 Identified: October 2012 Recommendation: Medicare **2022 NF PE RVU: Utilization:** 2022 Fac PE RVU: RUC Recommendation: Deleted from CPT Referred to CPT October 2014 Result: Deleted from CPT

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50394 Injection procedure for pyelography (as nephrostogram, pyelostogram, Global: Issue: Genitourinary Catheter Screen: Codes Reported Complete? Yes Procedures Together 75% or Moreantegrade pyeloureterograms) through nephrostomy or pyelostomy tube, or Part2 indwelling ureteral catheter 2022 Work RVU: **Most Recent Tab:** 09 Specialty Developing ACR, SIR First 2020 **RUC Meeting:** January 2015 Recommendation: Identified: October 2012 Medicare **2022 NF PE RVU: Utilization:** 2022 Fac PE RVU: **RUC Recommendation:** Deleted from CPT Referred to CPT October 2014 Result: Deleted from CPT Referred to CPT Asst **Published in CPT Asst:** 50395 Introduction of guide into renal pelvis and/or ureter with dilation to establish Global: Issue: Dilation of Urinary Tract Screen: Codes Reported Complete? Yes Together 75% or Morenephrostomy tract, percutaneous Part2 2022 Work RVU: **Most Recent Tab:** 12 Specialty Developing ACR, SIR 2020 Identified: October 2014 **RUC Meeting:** January 2018 Recommendation: Medicare **2022 NF PE RVU: Utilization:** 2022 Fac PE RVU: RUC Recommendation: Deleted from CPT Referred to CPT September 2017 Result: Deleted from CPT Published in CPT Asst: Referred to CPT Asst 50398 Change of nephrostomy or pyelostomy tube Global: Issue: Genitourinary Catheter Screen: Codes Reported Complete? Yes Procedures Together 75% or More-Part2 2022 Work RVU: **Most Recent Tab:** 09 Specialty Developing ACR, SIR First 2020 **RUC Meeting:** January 2015 Identified: October 2012 Recommendation: Medicare **2022 NF PE RVU: Utilization:** 2022 Fac PE RVU: **RUC Recommendation:** Deleted from CPT Referred to CPT October 2014 Result: Deleted from CPT

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Injection procedure for antegrade nephrostogram and/or ureterogram, complete Global: 000 Issue: Genitourinary Catheter Screen: Codes Reported Complete? Yes 50430 Procedures Together 75% or Morediagnostic procedure including imaging guidance (eg. ultrasound and fluoroscopy) and all associated radiological supervision and interpretation; new Part2 access **2022 Work RVU**: 2.90 **Most Recent Tab:** 09 Specialty Developing ACR, SIR First 2020 **RUC Meeting:** January 2015 Identified: October 2014 Recommendation: Medicare 2022 NF PE RVU: 16.23 915 **Utilization:** 2022 Fac PE RVU: 1.27 **RUC Recommendation: 3.15** Referred to CPT October 2014 Result: Increase Referred to CPT Asst **Published in CPT Asst:** Screen: Codes Reported 50431 Injection procedure for antegrade nephrostogram and/or ureterogram, complete Global: 000 Issue: Genitourinary Catheter Complete? Yes diagnostic procedure including imaging guidance (eg, ultrasound and Procedures Together 75% or Morefluoroscopy) and all associated radiological supervision and interpretation; Part2 existing access 2022 Work RVU: 1.10 **Most Recent Tab:** 09 Specialty Developing ACR, SIR **First** 2020 **RUC Meeting:** January 2015 Identified: October 2014 Recommendation: Medicare **2022 NF PE RVU: 8.78 Utilization:** 7,532 2022 Fac PE RVU: 0.69 October 2014 **RUC Recommendation: 1.42** Referred to CPT Result: Increase Referred to CPT Asst Published in CPT Asst: 50432 Placement of nephrostomy catheter, percutaneous, including diagnostic Global: 000 Issue: Dilation of Urinary Tract Screen: Codes Reported Complete? Yes Together 75% or Morenephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and Part2 interpretation 2022 Work RVU: 4.00 **Most Recent Tab:** 12 Specialty Developing ACR, SIR 2020 First **RUC Meeting:** January 2018 Recommendation: Identified: October 2014 Medicare 2022 NF PE RVU: 23.66 **Utilization:** 26,858 2022 Fac PE RVU: 1.56 **RUC Recommendation: 4.00** Referred to CPT October 2014 Result: Maintain

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50433 Placement of nephroureteral catheter, percutaneous, including diagnostic Global: 000 Issue: Dilation of Urinary Tract Screen: Codes Reported Complete? Yes Together 75% or Morenephrostogram and/or ureterogram when performed, imaging guidance (eg. ultrasound and/or fluoroscopy) and all associated radiological supervision and Part2 interpretation, new access 2022 Work RVU: 5.05 **Most Recent Tab**: 12 **Specialty Developing** First 2020 **RUC Meeting:** January 2018 Identified: September 2017 Recommendation: Medicare 2022 NF PE RVU: 29.40 **Utilization:** 5,157 **2022 Fac PE RVU: 1.83 RUC Recommendation:** 5.05 Referred to CPT Result: Maintain Referred to CPT Asst Published in CPT Asst: 50434 Convert nephrostomy catheter to nephroureteral catheter, percutaneous. Screen: Codes Reported Global: 000 Issue: Genitourinary Catheter Complete? Yes including diagnostic nephrostogram and/or ureterogram when performed, Procedures Together 75% or Moreimaging guidance (eg. ultrasound and/or fluoroscopy) and all associated Part2 radiological supervision and interpretation, via pre-existing nephrostomy tract 2022 Work RVU: 3.75 **Most Recent** Specialty Developing ACR, SIR 2020 **RUC Meeting:** January 2015 Identified: October 2014 Recommendation: Medicare 2022 NF PE RVU: 23.98 **Utilization:** 2,127 **2022 Fac PE RVU: 1.42** October 2014 **RUC Recommendation: 4.20** Referred to CPT Result: Increase Referred to CPT Asst Published in CPT Asst: 50435 Exchange nephrostomy catheter, percutaneous, including diagnostic Global: 000 Genitourinary Catheter Screen: Codes Reported Complete? Yes Together 75% or Morenephrostogram and/or ureterogram when performed, imaging guidance (eg. Procedures ultrasound and/or fluoroscopy) and all associated radiological supervision and Part2 interpretation 2022 Work RVU: 1.82 **Most Recent Tab:** 09 Specialty Developing ACR, SIR 2020 First **RUC Meeting:** January 2015 Recommendation: Identified: October 2014 Medicare 2022 NF PE RVU: 16.69 45,304 **Utilization:** 2022 Fac PE RVU: 0.89 **RUC Recommendation: 2.00** Referred to CPT October 2014 Result: Increase

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Dilation of existing tract, percutaneous, for an endourologic procedure including Global: 000 Issue: Dilation of Urinary Tract Screen: Codes Reported Complete? Yes Together 75% or Moreimaging guidance (eg. ultrasound and/or fluoroscopy) and all associated Part2 radiological supervision and interpretation, with postprocedure tube placement, when performed: 2022 Work RVU: 2.78 **Most Recent Tab:** 12 **Specialty Developing** First 2020 **RUC Meeting:** January 2018 Identified: September 2017 Recommendation: Medicare 2022 NF PE RVU: NA **Utilization:** 502 **2022 Fac PE RVU: 1.31 RUC Recommendation: 3.37** Referred to CPT Result: Decrease Referred to CPT Asst Published in CPT Asst: 50437 Dilation of existing tract, percutaneous, for an endourologic procedure including Global: 000 Issue: Dilation of Urinary Tract Screen: Codes Reported Complete? Yes imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated Together 75% or Moreradiological supervision and interpretation, with postprocedure tube placement, Part2 when performed; including new access into the renal collecting system 2022 Work RVU: 4.85 **Most Recent Specialty Developing** 2020 **RUC Meeting:** January 2018 Identified: September 2017 Medicare Recommendation: 2022 NF PE RVU: NA Utilization: 778 **2022 Fac PE RVU: 1.92** RUC Recommendation: 5.44 Referred to CPT Result: Decrease Referred to CPT Asst **Published in CPT Asst:** 50542 Laparoscopy, surgical; ablation of renal mass lesion(s), including intraoperative Global: 090 Issue: Laproscopic Procedures Screen: CMS Fastest Growing Complete? Yes ultrasound guidance and monitoring, when performed 2022 Work RVU: 21.36 Most Recent **Tab**: 26 Specialty Developing AUA **First** 2020 **RUC Meeting:** October 2008 Identified: October 2008 Recommendation: Medicare 2022 NF PE RVU: NA **Utilization:** 113 2022 Fac PE RVU: 10.11 Referred to CPT RUC Recommendation: Remove from screen Result: Remove from Screen

Referred to CPT Asst

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50548 Laparoscopy, surgical; nephrectomy with total ureterectomy Global: 090 Issue: Laproscopic Procedures Screen: CMS Fastest Growing Complete? Yes 2022 Work RVU: 25.36 **Most Recent Tab**: 26 Specialty Developing AUA First 2020 **RUC Meeting:** October 2008 Recommendation: Identified: October 2008 Medicare 2022 NF PE RVU: NA **Utilization:** 2,275 2022 Fac PE RVU: 10.74 Referred to CPT RUC Recommendation: Remove from screen Result: Remove from Screen Referred to CPT Asst Published in CPT Asst: 50590 Lithotripsy, extracorporeal shock wave Screen: CMS High Expenditure Global: 090 Issue: Lithotripsy Complete? Yes Procedural Codes1 2022 Work RVU: 9.77 **Most Recent Tab:** 42 Specialty Developing AUA 2020 RUC Meeting: April 2012 Identified: September 2011 Recommendation: Medicare **2022 NF PE RVU: 11.05 Utilization:** 44.104 2022 Fac PE RVU: 5.78 **RUC Recommendation: 9.77** Referred to CPT Result: Maintain Referred to CPT Asst **Published in CPT Asst:** Screen: CMS Fastest Growing / 50605 Ureterotomy for insertion of indwelling stent, all types Global: 090 Issue: Ureterotomy Complete? Yes **CPT Assistant Analysis** 2022 Work RVU: 16.79 **Most Recent Tab: 21** Specialty Developing AUA, SIR First 2020 **RUC Meeting:** October 2015 Recommendation: Identified: October 2008 Medicare 2022 NF PE RVU: NA **Utilization:** 3,249 **2022 Fac PE RVU: 9.26** Referred to CPT RUC Recommendation: Review action plan at the RAW Oct 2015. CPT Result: Maintain Assistant article published.

Referred to CPT Asst

✓ Published in CPT Asst: Dec 2009

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Endoluminal biopsy of ureter and/or renal pelvis, non-endoscopic, including Global: ZZZ Issue: Genitourinary Catheter Screen: Codes Reported Complete? Yes 50606 Procedures Together 75% or Moreimaging guidance (eg. ultrasound and/or fluoroscopy) and all associated Part2 radiological supervision and interpretation (list separately in addition to code for primary procedure) **2022 Work RVU: 3.16 Most Recent Tab:** 08 Specialty Developing ACR, SIR First 2020 Identified: October 2014 **RUC Meeting:** April 2015 Recommendation: Medicare 2022 NF PE RVU: 11.31 **Utilization:** 78 **2022 Fac PE RVU**: 0.52 **RUC Recommendation: 3.16** Referred to CPT October 2014 Result: Increase Referred to CPT Asst **Published in CPT Asst:** 50693 Placement of ureteral stent, percutaneous, including diagnostic nephrostogram Global: 000 Issue: Genitourinary Catheter Screen: Codes Reported Complete? Yes and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or Procedures Together 75% or Morefluoroscopy), and all associated radiological supervision and interpretation; pre-Part2 existing nephrostomy tract 2022 Work RVU: 3.96 **Most Recent Tab: 09** Specialty Developing ACR, SIR **First** 2020 **RUC Meeting:** January 2015 Identified: October 2014 Recommendation: Medicare **2022 NF PE RVU**: 26.44 **Utilization:** 3,910 2022 Fac PE RVU: 1.56 October 2014 **RUC Recommendation: 4.60** Referred to CPT Result: Increase Referred to CPT Asst Published in CPT Asst: 50694 Placement of ureteral stent, percutaneous, including diagnostic nephrostogram Global: 000 Genitourinary Catheter Screen: Codes Reported Complete? Yes Together 75% or Moreand/or ureterogram when performed, imaging quidance (eg, ultrasound and/or Procedures fluoroscopy), and all associated radiological supervision and interpretation; new Part2 access, without separate nephrostomy catheter 2022 Work RVU: 5.25 **Most Recent Tab:** 09 Specialty Developing ACR, SIR 2020 First **RUC Meeting:** January 2015 Recommendation: Identified: October 2014 Medicare 2022 NF PE RVU: 28.70 826 **Utilization: 2022 Fac PE RVU: 1.97 RUC Recommendation: 6.00** Referred to CPT October 2014 Result: Increase

Referred to CPT Asst Published in CPT Asst:

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50695 Placement of ureteral stent, percutaneous, including diagnostic nephrostogram Global: 000 Issue: Genitourinary Catheter Screen: Codes Reported Complete? Yes Procedures Together 75% or Moreand/or ureterogram when performed, imaging guidance (eg. ultrasound and/or fluoroscopy), and all associated radiological supervision and interpretation; new Part2 access, with separate nephrostomy catheter 2022 Work RVU: 6.80 **Most Recent Tab:** 09 Specialty Developing ACR, SIR First 2020 **RUC Meeting:** January 2015 Identified: October 2014 Recommendation: Medicare 2022 NF PE RVU: 33.93 **Utilization:** 1,243 **2022 Fac PE RVU: 2.48 RUC Recommendation:** 7.55 Referred to CPT October 2014 Result: Increase Referred to CPT Asst **Published in CPT Asst:** 50705 Ureteral embolization or occlusion, including imaging guidance (eg, ultrasound Global: ZZZ Issue: Genitourinary Catheter Screen: Codes Reported Complete? Yes and/or fluoroscopy) and all associated radiological supervision and Procedures Together 75% or Moreinterpretation (list separately in addition to code for primary procedure) Part2 2022 Work RVU: 4.03 2020 **Most Recent Tab:** 08 Specialty Developing ACR, SIR First **RUC Meeting:** April 2015 Recommendation: Identified: October 2014 Medicare 2022 NF PE RVU: 52.88 **Utilization:** 63 **2022 Fac PE RVU: 0.66** Referred to CPT **RUC Recommendation:** 4.03 October 2014 Result: Increase Published in CPT Asst: Referred to CPT Asst 50706 Balloon dilation, ureteral stricture, including imaging guidance (eg. ultrasound Global: ZZZ Genitourinary Catheter **Screen:** Codes Reported Complete? Yes and/or fluoroscopy) and all associated radiological supervision and Procedures Together 75% or More-Part2 interpretation (list separately in addition to code for primary procedure) 2022 Work RVU: 3.80 **Most Recent** Specialty Developing ACR, SIR First 2020 **Tab:** 08 **RUC Meeting:** April 2015 Recommendation: Identified: October 2014 Medicare 2022 NF PE RVU: 21.82 **Utilization:** 1.346 **2022 Fac PE RVU: 1.09** 

Referred to CPT

October 2014

Referred to CPT Asst Published in CPT Asst:

Result: Increase

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**RUC Recommendation: 3.80** 

Complete? Your 4.49 U: NA /U: 3.51
U: NA
/ <b>U</b> :3.51
Anomaly Complete? You
J: 2.70
<b>U</b> : 4.24
<b>/U</b> : 1.22
nditure <b>Complete?</b> Yo
<b>J:</b> 0.60
<b>U</b> : 1.60
<b>/U</b> :0.21
nditure Complete? You
J: 0.50
<b>U:</b> 0.75
<b>/U:</b> 0.18
U VI

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51702 Insertion of temporary	y indwelling	g bladder catheter; simple (e	g, foley)	Global: 000 lss	ue: Bladder Catheter	Screen: CMS High Expenditure Procedural Codes2	Complete? Yes
Most Recent	<b>Tab</b> : 32	ab: 32 Specialty Developing AUA	Ą	First	2020	<b>2022 Work RVU:</b> 0.50	
RUC Meeting: January 2016		Recommendation:		Identified: July 2015	Medicare	2022 NF PE RVU: 1.28	
					Utilization: 214	2022 Fac PE RVU: 0.18	
RUC Recommendation: 0.50			Ref	ferred to CPT		Result: Maintain	
			Ref	ferred to CPT Asst P	ublished in CPT Asst:		
51703 Insertion of temporary anatomy, fractured ca			ted (eg, altere	d Global: 000 Iss	ue: Bladder Catheter	Screen: CMS High Expenditure Procedural Codes2	Complete? Yes
ost Recent Tab: 32 Specialty Developing AUA			A	First	2020	2022 Work RVU: 1.47	
RUC Meeting: January 2016		Recommendation:		Identified: July 2015	Medicare	2022 NF PE RVU: 2.84	
					Utilization: 51,5	2022 Fac PE RVU: 0.58	
RUC Recommendation: 1.47				ferred to CPT ferred to CPT Asst P	ublished in CPT Asst:	Result: Maintain	
	anticarcine	ogenic agent (including reter	Ref	ferred to CPT Asst P		Result: Maintain  ler Lesion Screen: CMS High Expenditure Procedural Codes2	Complete? Yes
	f anticarcino		Ref	ferred to CPT Asst P		ler Lesion <b>Screen</b> : CMS High Expenditure	Complete? Yes
51720 Bladder instillation of		ogenic agent (including reter Specialty Developing AUA Recommendation:	Ref	Global: 000 Iss	ue: Treatment of Bladd  2020  Medicare	ler Lesion <b>Screen</b> : CMS High Expenditure Procedural Codes2 <b>2022 Work RVU</b> : 0.87 <b>2022 NF PE RVU</b> : 1.62	Complete? Yes
51720 Bladder instillation of		Specialty Developing AUA	Ref	Global: 000 Iss	ue: Treatment of Bladd	ler Lesion <b>Screen</b> : CMS High Expenditure Procedural Codes2 <b>2022 Work RVU</b> : 0.87 <b>2022 NF PE RVU</b> : 1.62	Complete? Yes
51720 Bladder instillation of Most Recent RUC Meeting: January 2016		Specialty Developing AUA	Ref	Global: 000 Iss	ue: Treatment of Bladd  2020  Medicare	ler Lesion Screen: CMS High Expenditure Procedural Codes2  2022 Work RVU: 0.87  2022 NF PE RVU: 1.62	Complete? Yes
51720 Bladder instillation of		Specialty Developing AUA	Ref ntion time)	Global: 000 Iss  First Identified: July 2015	ue: Treatment of Bladd  2020  Medicare	ler Lesion Screen: CMS High Expenditure Procedural Codes2  2022 Work RVU: 0.87  2022 NF PE RVU: 1.62  2022 Fac PE RVU:0.30	Complete? Yes
51720 Bladder instillation of  Most Recent RUC Meeting: January 2016  RUC Recommendation: 0.87	<b>Tab</b> : 33	Specialty Developing AUA	Ref ntion time)	Global: 000 Iss  First Identified: July 2015  Ferred to CPT Ferred to CPT Asst P	ue: Treatment of Bladd  2020  Medicare  Utilization: 154	ler Lesion Screen: CMS High Expenditure Procedural Codes2  2022 Work RVU: 0.87  2022 NF PE RVU: 1.62  2022 Fac PE RVU:0.30  Result: Decrease	
Most Recent RUC Meeting: January 2016 RUC Recommendation: 0.87	<b>Tab</b> : 33	Specialty Developing AUA Recommendation:	Ref ntion time)	Global: 000 Iss  First Identified: July 2015  Ferred to CPT Ferred to CPT Asst P	ue: Treatment of Bladd  2020  Medicare  Utilization: 154	ler Lesion Screen: CMS High Expenditure Procedural Codes2  2022 Work RVU: 0.87  2022 NF PE RVU: 1.62  2022 Fac PE RVU:0.30  Result: Decrease	Complete? Yes
S1720 Bladder instillation of lost Recent RUC Meeting: January 2016 RUC Recommendation: 0.87	Tab: 33	Specialty Developing AUA Recommendation:	Ref ntion time)	Global: 000 Iss  First Identified: July 2015  Ferred to CPT Ferred to CPT Asst Pi  Global: 000 Iss	ue: Treatment of Bladd  2020 Medicare Utilization: 154  ublished in CPT Asst:  ue: Urodynamic Studie  2020 Medicare  Medicare	ler Lesion Screen: CMS High Expenditure Procedural Codes2  2022 Work RVU: 0.87  2022 NF PE RVU: 1.62  2022 Fac PE RVU:0.30  Result: Decrease  Screen: Codes Reported Together 95% or More  2022 Work RVU: 1.71  2022 NF PE RVU: 7.24	
Most Recent RUC Meeting: January 2016 RUC Recommendation: 0.87  51726 Complex cystometrog	Tab: 33	Specialty Developing AUA Recommendation:  librated electronic equipment Specialty Developing AUA	Ref ntion time)	Global: 000 Iss  First Identified: July 2015  Ferred to CPT Ferred to CPT Asst Program Global: 000 Iss  First	ue: Treatment of Bladd  2020 Medicare Utilization: 154  ublished in CPT Asst:  ue: Urodynamic Studie  2020	ler Lesion Screen: CMS High Expenditure Procedural Codes2  2022 Work RVU: 0.87  2022 NF PE RVU: 1.62  2022 Fac PE RVU:0.30  Result: Decrease  Screen: Codes Reported Together 95% or More  2022 Work RVU: 1.71  2022 NF PE RVU: 7.24	
51720 Bladder instillation of  Most Recent RUC Meeting: January 2016  RUC Recommendation: 0.87	Tab: 33	Specialty Developing AUA Recommendation:  librated electronic equipment Specialty Developing AUA	Reference of Refer	Global: 000 Iss  First Identified: July 2015  Ferred to CPT Ferred to CPT Asst Program Global: 000 Iss  First	ue: Treatment of Bladd  2020 Medicare Utilization: 154  ublished in CPT Asst:  ue: Urodynamic Studie  2020  Medicare Utilization: 3,27	der Lesion Screen: CMS High Expenditure Procedural Codes2  2022 Work RVU: 0.87  2022 NF PE RVU: 1.62  2022 Fac PE RVU: 0.30  Result: Decrease  Screen: Codes Reported Together 95% or More  2022 Work RVU: 1.71  2022 NF PE RVU: 7.24	

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51727 Complex cystometrogram (ie, calibrated electronic equipment); with urethral Global: 000 Issue: Urodynamic Studies Screen: Codes Reported Together 95% or More

pressure profile studies (ie, urethral closure pressure profile), any technique

2022 Work RVU: 2.11 **Tab:** 16 Specialty Developing AUA, ACOG 2020 **Most Recent** First Recommendation: Identified: February 2009

**RUC Meeting:** April 2009 Medicare 2022 NF PE RVU: 8.66 1,347 **Utilization:** 

2022 Fac PE RVU: NA **RUC Recommendation: 2.11** Referred to CPT Result: Decrease

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

Screen: Codes Reported 51728 Complex cystometrogram (ie, calibrated electronic equipment); with voiding Global: 000 Issue: Urodynamic Studies Complete? No

Complete? Yes

Part5

Part5

pressure studies (ie, bladder voiding pressure), any technique Together 95% or More / Codes Reported Together 75% or More-

2022 Work RVU: 2.11 2020 **Most Recent Tab:** 13 Specialty Developing AUA, ACOG First

**RUC Meeting:** September 2022 Recommendation: **Identified:** February 2009 Medicare 2022 NF PE RVU: 8.76 67,834

**Utilization:** 2022 Fac PE RVU: NA

RUC Recommendation: Refer to CPT Assistant. 2.11 Referred to CPT Result: Decrease

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

51729 Complex cystometrogram (ie, calibrated electronic equipment); with voiding Global: 000 Issue: Urodynamic Studies Screen: Codes Reported Complete? No pressure studies (ie, bladder voiding pressure) and urethral pressure profile Together 95% or More /

Codes Reported studies (ie, urethral closure pressure profile), any technique Together 75% or More-

2022 Work RVU: 2.51 Most Recent **Tab:** 13 Specialty Developing AUA, ACOG 2020 First **RUC Meeting:** September 2022 Recommendation: **Identified:** February 2009 Medicare **2022 NF PE RVU: 8.93** 

**Utilization:** 46,890 2022 Fac PE RVU: NA

RUC Recommendation: Refer to CPT Assistant. 2.51 Result: Decrease Referred to CPT

✓ Published in CPT Asst: Referred to CPT Asst

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51736 Simple uroflowmetry (ufr) (eg, stop-watch flow rate, mechanical uroflowmeter) Global: XXX Issue: Uroflowmetry Screen: Harvard Valued -Complete? Yes Utilization over 100.000 2022 Work RVU: 0.17 2020 **Most Recent Tab**: 11 Specialty Developing AUA First **RUC Meeting:** October 2010 Recommendation: Identified: February 2010 Medicare 2022 NF PE RVU: 0.20 7,700 **Utilization:** 2022 Fac PE RVU: NA **RUC Recommendation: 0.17** Referred to CPT Result: Decrease **Referred to CPT Asst Published in CPT Asst:** 51741 Complex uroflowmetry (eg, calibrated electronic equipment) Global: XXX Screen: Harvard Valued -**Issue:** Uroflowmetry Complete? No Utilization over 100,000 / Codes Reported Together 75% or More-Part5 2022 Work RVU: 0.17 2020 **Most Recent Tab:** 13 Specialty Developing AUA First **RUC Meeting:** September 2022 Identified: October 2009 Recommendation: Medicare 2022 NF PE RVU: 0.21 321,257 **Utilization:** 2022 Fac PE RVU: NA RUC Recommendation: Refer to CPT Assistant. 0.17 Referred to CPT Result: Decrease **✓** Published in CPT Asst: Referred to CPT Asst 51772 Deleted from CPT Issue: Urodynamic Studies Screen: Codes Reported Global: Complete? Yes Together 95% or More / **CMS Fastest Growing** 2022 Work RVU: **Most Recent Tab:** 16 Specialty Developing AUA 2020 First **RUC Meeting:** April 2009 **Identified:** February 2008 Recommendation: Medicare **2022 NF PE RVU: Utilization:** 2022 Fac PE RVU: RUC Recommendation: Deleted from CPT Referred to CPT February 2009 Result: Deleted from CPT Referred to CPT Asst Published in CPT Asst:

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1784 Electromyography studies (emg) of anal or urethral sphincter, other than needle, Global: XXX Issue: Electromyography Studies Screen: Codes Reported

any technique

(EMG) Studies Screen: Codes Reported
Together 75% or More-

Part2 / CMS High Expenditure Procedural Codes2 / CPT Assistant Analysis 2018 / Codes Reported Together 75%

2022 Fac PE RVU: NA

Complete? No

Complete? Yes

or More-Part5

Most Recent Tab: 13 Specialty Developing AUA First 2020 2022 Work RVU: 0.75

RUC Meeting: September 2022 Recommendation: Identified: October 2012 Medicare Utilization: 107,600

**RUC Recommendation:** Refer to CPT Assistant. 0.75. **Referred to CPT** February 2014 **Result:** Decrease

Referred to CPT Asst Published in CPT Asst: Feb 2014

51792 Stimulus evoked response (eg, measurement of bulbocavernosus reflex latency Global: 000 Issue: Urinary Reflex Studies with Screen: Codes Reported Complete? Yes

time)

EMG Together 75% or More-

Part2 / CPT Assistant Analysis 2018

Most Recent Tab: 37 Specialty Developing AUA First 2020 2022 Work RVU: 1.10

RUC Meeting: January 2019 Recommendation: Identified: October 2012 Medicare

Medicare 2022 NF PE RVU: 6.98 Utilization: 4,508

RUC Recommendation: CPT edits and CPT Assistant article complete. Referred to CPT February 2014 Result: Maintain

Referred to CPT Asst 🗹 Published in CPT Asst: Feb 2014

51795 Deleted from CPT Global: Issue: Urology Studies Screen: Codes Reported

Together 95% or More

Most Recent Tab: S Specialty Developing First 2020 2022 Work RVU: RUC Meeting: February 2008 Recommendation: Identified: February 2008 Medicare Utilization:

2022 Fac PE RVU:

RUC Recommendation: Deleted from CPT Referred to CPT February 2009 Result: Deleted from CPT

Referred to CPT Asst Published in CPT Asst:

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51797 Voiding pressure studies, intra-abdominal (ie, rectal, gastric, intraperitoneal) (list Global: ZZZ Issue: Urology Studies Screen: Codes Reported Complete? Yes Together 95% or More separately in addition to code for primary procedure) 2022 Work RVU: 0.80 2020 **Most Recent** Tab: S Specialty Developing First **RUC Meeting:** February 2008 Recommendation: Identified: February 2008 Medicare 2022 NF PE RVU: 5.04 88,637 **Utilization:** 2022 Fac PE RVU: NA **RUC Recommendation: 0.80** Referred to CPT February 2009 Result: Maintain Referred to CPT Asst Published in CPT Asst: 51798 Measurement of post-voiding residual urine and/or bladder capacity by Global: XXX **Issue:** Voiding Pressure Studies Screen: CMS High Expenditure Complete? Yes ultrasound, non-imaging **Procedural Codes2** 2022 Work RVU: 0.00 2020 Most Recent **Tab: 25** Specialty Developing AUA First **RUC Meeting:** April 2016 Recommendation: Identified: July 2015 Medicare 2022 NF PE RVU: 0.30 **Utilization:** 1,685,762 2022 Fac PE RVU: NA RUC Recommendation: PE Only Referred to CPT Result: PE Only Referred to CPT Asst **Published in CPT Asst:** Cystourethroscopy (separate procedure) Global: 000 Issue: Cystourethroscopy Screen: MPC List / CMS High Complete? Yes **Expenditure Procedural** Codes2 2022 Work RVU: 1.53 Most Recent **Tab:** 35 Specialty Developing AUA, ACOG First 2020 **RUC Meeting:** January 2016 Recommendation: Identified: October 2010 Medicare **2022 NF PE RVU**: 5.59 **Utilization:** 760.641 2022 Fac PE RVU: 0.63 **RUC Recommendation: 1.75** Referred to CPT Result: Decrease

Referred to CPT Asst

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52214 Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) of Global: 000 Issue: Cystourethroscopy Screen: High Volume Growth1 / Complete? Yes

**CPT Assistant Analysis** 

**CPT Assistant Analysis** 

Utilization over 30,000 /

**CPT Assistant Analysis** 

2018

trigone, bladder neck, prostatic fossa, urethra, or periurethral glands

Most Recent Tab: 19 Specialty Developing AUA First 2020 2022 Work RVU: 3.50

RUC Meeting: October 2017 Recommendation: Identified: June 2008 Medicare
Utilization: 15,203

**2022 Fac PE RVU**: 1.19

RUC Recommendation: 3.50 Referred to CPT Result: Decrease

Referred to CPT Asst Published in CPT Asst: Aug 2009 and May 2016

52224 Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) or Global: 000 Issue: Cystourethroscopy Screen: High Volume Growth1 / Complete? Yes

treatment of minor (less than 0.5 cm) lesion(s) with or without biopsy

Most Recent Tab: 19 Specialty Developing AUA First 2020 2022 Work RVU: 4.05

RUC Meeting: October 2017 Recommendation: Identified: February 2008 Medicare Utilization: 31,440

 Utilization:
 31,440

 2022 Fac PE RVU: 1.36

RUC Recommendation: 4.05 Referred to CPT Result: Increase

Referred to CPT Asst V Published in CPT Asst: Aug 2009 and May 2016

52234 Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) Global: 000 Issue: Cystourethroscopy and Screen: Harvard Valued - Complete? Yes

Ureteroscopy

and/or resection of; small bladder tumor(s) (0.5 up to 2.0 cm)

cet Recent Tab: 29 Specialty Developing ALIA First 2020 2022 Work RVU: 4.62

Most Recent Tab: 29 Specialty Developing AUA First 2020 2022 Work RVU: 4.02 RUC Meeting: January 2021 Recommendation: Identified: September 2011 Medicare 2022 WF PE RVU: NA

Utilization: 25,413
2022 Fac PE RVU: 1.95

RUC Recommendation: 4.62 Referred to CPT Result: Maintain

Referred to CPT Asst 
Published in CPT Asst: May 2016

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52235 Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) Global: 000 Issue: Cystourethroscopy and Screen: Harvard Valued -

and/or resection of; medium bladder tumor(s) (2.0 to 5.0 cm)

Ureteroscopy Utilization over 30.000 /

**2022 Fac PE RVU: 2.26** 

Complete? Yes

**CPT Assistant Analysis** 

2022 Work RVU: 5.44 Most Recent **Tab:** 19 Specialty Developing AUA First 2020 **RUC Meeting:** October 2017 Recommendation: Identified: April 2011 Medicare 2022 NF PE RVU: NA

**Utilization:** 31,288

**RUC Recommendation:** 5.44 Referred to CPT Result: Maintain

Referred to CPT Asst Published in CPT Asst: May 2016

52240 Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) Global: 000 Issue: Cystourethroscopy and Screen: Harvard Valued -Complete? Yes

and/or resection of; large bladder tumor(s)

Ureteroscopy

Utilization over 30,000 / **CPT Assistant Analysis** 

2018

2022 Work RVU: 7.50 2020 **Most Recent Tab**: 29 Specialty Developing AUA First

Identified: September 2011 **RUC Meeting:** January 2021 Recommendation: Medicare 2022 NF PE RVU: NA

20,714 **Utilization: 2022 Fac PE RVU: 2.96** 

Referred to CPT Result: Decrease **RUC Recommendation:** 8.75

> **✓ Published in CPT Asst**: May 2016 Referred to CPT Asst

52281 Cystourethroscopy, with calibration and/or dilation of urethral stricture or Global: 000 Issue: Cystourethroscopy Screen: Harvard Valued -Complete? Yes Utilization over 100,000

stenosis, with or without meatotomy, with or without injection procedure for

cystography, male or female

2022 Work RVU: 2.75 Most Recent **Tab:** 38 Specialty Developing AUA First 2020 Recommendation: Identified: October 2009 Medicare

**RUC Meeting:** April 2010 2022 NF PE RVU: 6.81 **Utilization:** 52,605

2022 Fac PE RVU: 1.33

**RUC Recommendation: 2.80** Referred to CPT Result: Maintain Referred to CPT Asst Published in CPT Asst:

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52287 Cystourethroscopy, w	vith injectio	on(s) for chemodenervation of the bladder	r Global: 000 Issue	:	Screen: High Volume Growth6	Complete? Yes
Most Recent RUC Meeting: January 2020	<b>Tab</b> : 37	Specialty Developing Recommendation:	First Identified: October 2019	2020 Medicare	2022 Work RVU: 3.20 2022 NF PE RVU: 8.19	
, , , , , , , , , , , , , , , , , , ,				Utilization: 46,656	2022 Fac PE RVU: 1.32	
RUC Recommendation: Remo	ve from Scr	een Ro	eferred to CPT		Result: Remove from Screen	
		Ro	eferred to CPT Asst	ished in CPT Asst:		
52332 Cystourethroscopy, w double-j type)	vith insertic	on of indwelling ureteral stent (eg, gibbon	ns or Global: 000 Issue	: Cystourethroscopy	Screen: Harvard Valued - Utilization over 100,000 / Codes Reported Together 75% or More- Part2	Complete? Yes
Most Recent	<b>Tab:</b> 13	Specialty Developing AUA	First	2020	<b>2022 Work RVU</b> : 2.82	
RUC Meeting: April 2013		Recommendation:	Identified: October 2009	Medicare Utilization: 138,775	<b>2022 NF PE RVU:</b> 9.07	
				Othization. 130,773	<b>2022 Fac PE RVU:</b> 1.35	
<b>RUC Recommendation:</b> 2.82			eferred to CPT February 201		Result: Maintain	
		R	eferred to CPT Asst	ished in CPT Asst:		
52334 Cystourethroscopy w establish a percutane		n of ureteral guide wire through kidney to ostomy, retrograde	o Global: 000 Issue	: Dilation of Urinary Tract	Screen: Codes Reported Together 75% or More- Part2	Complete? Yes
Most Recent	<b>Tab</b> : 12	Specialty Developing	First	2020	2022 Work RVU: 3.37	
RUC Meeting: January 2018		Recommendation:	Identified: September 2017	Medicare	2022 NF PE RVU: NA	
				Utilization: 212	<b>2022 Fac PE RVU:</b> 1.52	
<b>RUC Recommendation:</b> 3.37		Re	eferred to CPT		Result: Decrease	
		R	eferred to CPT Asst 🔲 Publ	ished in CPT Asst:		

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52341 Cystourethroscopy; laser, electrocautery		ent of ureteral stricture (eg, balloon on)	dilation, Global: 000 Issue	e: Urological Procedures	Screen: Site of Service Anomaly	Complete? Yes
Most Recent RUC Meeting: October 2010	<b>Tab:</b> 65	5 Specialty Developing AUA Recommendation:	First Identified: April 2008	2020 Medicare	2022 Work RVU: 5.35 2022 NF PE RVU: NA	
g.			•	Utilization: 2,126		
RUC Recommendation: 5.35			Referred to CPT Referred to CPT Asst  Pub	olished in CPT Asst:	Result: Decrease	
52342 Cystourethroscopy; balloon dilation, lase		ent of ureteropelvic junction strictu utery, and incision)	re (eg, Global: 000 Issue	e: Urological Procedures	Screen: Site of Service Anomaly	Complete? Yes
Most Recent	<b>Tab:</b> 65	Specialty Developing AUA	First	2020	<b>2022 Work RVU:</b> 5.85	
RUC Meeting: October 2010		Recommendation:	Identified: April 2008	Medicare Utilization: 150	2022 NF PE RVU: NA	
					<b>2022 Fac PE RVU</b> : 2.40	
RUC Recommendation: 5.85			Referred to CPT  Referred to CPT Asst  Pub	olished in CPT Asst:	Result: Decrease	
			Relemente en l'Acce 🗀 l'all			
laser, electrocautery	, and incisio	,	on dilation, Global: 000 Issue	e: Urological Procedures	Screen: Site of Service Anomaly	Complete? Yes
laser, electrocautery  Most Recent		,	on dilation, Global: 000 Issue		2022 Work RVU: 6.55	Complete? Yes
laser, electrocautery  Most Recent	, and incisio	on) Specialty Developing AUA	on dilation, Global: 000 Issue	e: Urological Procedures	2022 Work RVU: 6.55 2022 NF PE RVU: NA	Complete? Yes
laser, electrocautery  Most Recent  RUC Meeting: October 2010	, and incisio	on) Specialty Developing AUA	on dilation, Global: 000 Issue First Identified: April 2008 Referred to CPT	e: Urological Procedures  2020  Medicare	2022 Work RVU: 6.55	Complete? Yes
laser, electrocautery  Most Recent RUC Meeting: October 2010  RUC Recommendation: 6.55	, and incisio Tab: 65	Specialty Developing AUA Recommendation:	on dilation, Global: 000 Issue  First Identified: April 2008  Referred to CPT Referred to CPT Asst  Pub	2020 Medicare Utilization: 27	2022 Work RVU: 6.55 2022 NF PE RVU: NA 2022 Fac PE RVU: 2.64	
laser, electrocautery Most Recent RUC Meeting: October 2010  RUC Recommendation: 6.55  52344 Cystourethroscopy oballoon dilation, lase	, and incisio Tab: 65	Specialty Developing AUA Recommendation:  scopy; with treatment of ureteral structure, and incision)	on dilation, Global: 000 Issue  First Identified: April 2008  Referred to CPT Referred to CPT Asst  Pub	2020 Medicare Utilization: 27	2022 Work RVU: 6.55 2022 NF PE RVU: NA 2022 Fac PE RVU: 2.64 Result: Decrease	
laser, electrocautery  Most Recent RUC Meeting: October 2010  RUC Recommendation: 6.55  52344 Cystourethroscopy value balloon dilation, lase  Most Recent	, and incisio Tab: 65 with ureteroser, electrocal	Specialty Developing AUA Recommendation:	First Identified: April 2008  Referred to CPT Referred to CPT Asst Pub	2020 Medicare Utilization: 27  Dished in CPT Asst:  e: Urological Procedures  2020 7 Medicare	2022 Work RVU: 6.55 2022 NF PE RVU: NA 2022 Fac PE RVU: 2.64 Result: Decrease  Screen: Site of Service Anomaly	
laser, electrocautery  Most Recent RUC Meeting: October 2010  RUC Recommendation: 6.55  52344 Cystourethroscopy	, and incisio Tab: 65 with ureteroser, electrocal	Specialty Developing AUA Recommendation:  scopy; with treatment of ureteral strutery, and incision) Specialty Developing AUA	First Identified: April 2008  Referred to CPT Referred to CPT Asst Pub	2020 Medicare Utilization: 27  Dished in CPT Asst:  e: Urological Procedures 2020	2022 Work RVU: 6.55 2022 NF PE RVU: NA 2022 Fac PE RVU: 2.64 Result: Decrease  Screen: Site of Service Anomaly 2022 Work RVU: 7.05	
laser, electrocautery  Most Recent RUC Meeting: October 2010  RUC Recommendation: 6.55  52344 Cystourethroscopy v balloon dilation, lase	, and incisio Tab: 65 with ureteroser, electrocal	Specialty Developing AUA Recommendation:  scopy; with treatment of ureteral strutery, and incision) Specialty Developing AUA	First Identified: April 2008  Referred to CPT Referred to CPT Asst Pub	2020 Medicare Utilization: 27  Dished in CPT Asst:  e: Urological Procedures  2020 7 Medicare	2022 Work RVU: 6.55 2022 NF PE RVU: NA 2022 Fac PE RVU: 2.64 Result: Decrease  Screen: Site of Service Anomaly 2022 Work RVU: 7.05 2022 NF PE RVU: NA	Complete? Yes

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						0 1 1 0 1 /
		scopy; with treatment of ureteropely er, electrocautery, and incision)	ic junction Global: 000 Issue	Urological Procedures	Screen: Site of Service Anomaly	Complete? Ye
lost Recent	<b>Tab:</b> 65	Specialty Developing AUA	First	2020	<b>2022 Work RVU:</b> 7.55	
RUC Meeting: October 2010		Recommendation:	Identified: April 2008	Medicare	2022 NF PE RVU: NA	
				Utilization: 414	<b>2022 Fac PE RVU</b> : 2.97	
RUC Recommendation: 7.55			Referred to CPT		Result: Decrease	
			Referred to CPT Asst  Publ	ished in CPT Asst:		
52346 Cystourethroscopy wi balloon dilation, laser,		scopy; with treatment of intra-renal s utery, and incision)	stricture (eg, Global: 000 Issue	Urological Procedures	Screen: Site of Service Anomaly	Complete? Ye
Most Recent	<b>Tab</b> : 65	Specialty Developing AUA	First	2020	2022 Work RVU: 8.58	
RUC Meeting: October 2010		Recommendation:	Identified: April 2008	Medicare	2022 NF PE RVU: NA	
				Utilization: 280	2022 Fac PE RVU: 3.34	
			Referred to CPT		Result: Decrease	
RUC Recommendation: 8.58			Referred to CFT			
RUC Recommendation: 8.58				ished in CPT Asst:		
	ith uretero	scopy and/or pyeloscopy; diagnosti	Referred to CPT Asst	Cystourethroscopy and Ureteroscopy	Screen: Harvard Valued - Utilization over 30,000	Complete? Ye
52351 Cystourethroscopy, w	ith uretero		Referred to CPT Asst	Cystourethroscopy and	Screen: Harvard Valued -	Complete? Ye
52351 Cystourethroscopy, w		scopy and/or pyeloscopy; diagnosti  Specialty Developing AUA Recommendation:	Referred to CPT Asst  Publ	Cystourethroscopy and Ureteroscopy  2020 Medicare	Screen: Harvard Valued - Utilization over 30,000	Complete? Ye
52351 Cystourethroscopy, w		Specialty Developing AUA	Referred to CPT Asst  Public Global: 000 Issue	Cystourethroscopy and Ureteroscopy	Screen: Harvard Valued - Utilization over 30,000 2022 Work RVU: 5.75 2022 NF PE RVU: NA	Complete? Ye
52351 Cystourethroscopy, w  Most Recent RUC Meeting: September 2011		Specialty Developing AUA	Referred to CPT Asst  Public Global: 000 Issue	Cystourethroscopy and Ureteroscopy  2020 Medicare	Screen: Harvard Valued - Utilization over 30,000 2022 Work RVU: 5.75	Complete? Ye
		Specialty Developing AUA	Referred to CPT Asst  Public Global: 000 Issue  First Identified: September 2011  Referred to CPT	Cystourethroscopy and Ureteroscopy  2020 Medicare	Screen: Harvard Valued - Utilization over 30,000  2022 Work RVU: 5.75  2022 NF PE RVU: NA 2022 Fac PE RVU: 2.33	Complete? Ye
52351 Cystourethroscopy, w  Most Recent RUC Meeting: September 2011  RUC Recommendation: 5.75	Tab: 23	Specialty Developing AUA	Referred to CPT Asst  Public  C Global: 000 Issue  First Identified: September 2011  Referred to CPT Referred to CPT Asst  Public	Cystourethroscopy and Ureteroscopy  2020 Medicare Utilization: 21,257	Screen: Harvard Valued - Utilization over 30,000  2022 Work RVU: 5.75  2022 NF PE RVU: NA 2022 Fac PE RVU: 2.33	·
Most Recent RUC Meeting: September 2011 RUC Recommendation: 5.75  Cystourethroscopy, w	Tab: 23 ith uretero	Specialty Developing AUA Recommendation:  scopy and/or pyeloscopy; with remo	Referred to CPT Asst  Public  C Global: 000 Issue  First Identified: September 2011  Referred to CPT Referred to CPT Asst  Public	Cystourethroscopy and Ureteroscopy  2020 Medicare Utilization: 21,257 ished in CPT Asst:	Screen: Harvard Valued - Utilization over 30,000  2022 Work RVU: 5.75  2022 NF PE RVU: NA 2022 Fac PE RVU:2.33  Result: Decrease  Screen: Harvard Valued -	•
Most Recent RUC Meeting: September 2011 RUC Recommendation: 5.75  52352 Cystourethroscopy, w manipulation of calcul	Tab: 23	Specialty Developing AUA Recommendation:	Referred to CPT Asst  Public Global: 000 Issue  First Identified: September 2011  Referred to CPT Referred to CPT Asst  Public P	Cystourethroscopy and Ureteroscopy  2020 Medicare Utilization: 21,257  ished in CPT Asst:  Cystourethroscopy and Ureteroscopy  2020 Medicare	Screen: Harvard Valued - Utilization over 30,000  2022 Work RVU: 5.75  2022 NF PE RVU: NA  2022 Fac PE RVU: 2.33  Result: Decrease  Screen: Harvard Valued - Utilization over 30,000	•
52351 Cystourethroscopy, w  Most Recent RUC Meeting: September 2011  RUC Recommendation: 5.75  52352 Cystourethroscopy, w manipulation of calcul	Tab: 23 ith uretero	Specialty Developing AUA Recommendation:  scopy and/or pyeloscopy; with remole catheterization is included)  Specialty Developing AUA	Referred to CPT Asst  Public Global: 000 Issue  First Identified: September 2011  Referred to CPT Referred to CPT Asst  Public P	Cystourethroscopy and Ureteroscopy  2020 Medicare Utilization: 21,257 ished in CPT Asst:  Cystourethroscopy and Ureteroscopy  2020	Screen: Harvard Valued - Utilization over 30,000  2022 Work RVU: 5.75 2022 NF PE RVU: NA 2022 Fac PE RVU:2.33  Result: Decrease  Screen: Harvard Valued - Utilization over 30,000 2022 Work RVU: 6.75	•
52351 Cystourethroscopy, w  Most Recent RUC Meeting: September 2011  RUC Recommendation: 5.75	Tab: 23 ith uretero	Specialty Developing AUA Recommendation:  scopy and/or pyeloscopy; with remole catheterization is included)  Specialty Developing AUA	Referred to CPT Asst  Public Global: 000 Issue  First Identified: September 2011  Referred to CPT Referred to CPT Asst  Public P	Cystourethroscopy and Ureteroscopy  2020 Medicare Utilization: 21,257  ished in CPT Asst:  Cystourethroscopy and Ureteroscopy  2020 Medicare	Screen: Harvard Valued - Utilization over 30,000  2022 Work RVU: 5.75  2022 NF PE RVU: NA  2022 Fac PE RVU: 2.33  Result: Decrease  Screen: Harvard Valued - Utilization over 30,000  2022 Work RVU: 6.75  2022 NF PE RVU: NA	Complete? Ye

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Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with lithotripsy Global: 000 Issue: Cystourethroscopy Screen: Harvard Valued -Complete? Yes Utilization over 30.000 / (ureteral catheterization is included) Harvard-Valued Annual Allowed Charges Greater than \$10 million / Codes Reported Together 75% or More-Part2 2022 Work RVU: 7.50 Most Recent **Tab:** 13 Specialty Developing AUA First 2020 **RUC Meeting:** April 2013 Identified: April 2011 Medicare Recommendation: 2022 NF PE RVU: NA **Utilization:** 10,162 **2022 Fac PE RVU: 2.96 RUC Recommendation:** 7.50 Referred to CPT February 2013 Result: Decrease Referred to CPT Asst | Published in CPT Asst: 52354 Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with biopsy and/or Global: 000 Cystourethroscopy and Screen: Harvard Valued -Complete? Yes fulguration of ureteral or renal pelvic lesion Ureteroscopy Utilization over 30.000 2022 Work RVU: 8.00 2020 **Most Recent Tab: 23** Specialty Developing AUA First **RUC Meeting:** September 2011 Recommendation: Identified: September 2011 Medicare 2022 NF PE RVU: NA **Utilization:** 8.420 2022 Fac PE RVU: 3.13 **RUC Recommendation:** 8.58 Referred to CPT Result: Increase Referred to CPT Asst **Published in CPT Asst:** 52355 Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with resection of Issue: Cystourethroscopy and Screen: Harvard Valued -Global: 000 Complete? Yes ureteral or renal pelvic tumor Ureteroscopy Utilization over 30.000 2022 Work RVU: 9.00 **Most Recent** Tab: 23 Specialty Developing AUA First 2020 **RUC Meeting:** September 2011 Recommendation: Identified: September 2011 Medicare 2022 NF PE RVU: NA **Utilization:** 892 2022 Fac PE RVU: 3.46 **RUC Recommendation:** 10 00 Referred to CPT Result: Increase Referred to CPT Asst Published in CPT Asst:

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02000 7		scopy and/or pyeloscopy; with li ureteral stent (eg, gibbons or do			ssue:	Cystourethroscopy	Screen: Codes Reported Together 75% or More- Part2	Complete? Yes
Most Recent RUC Meeting: April 2013	<b>Tab:</b> 13	Specialty Developing AUA Recommendation:		First Identified: January 20°	13	2020 Medicare	2022 Work RVU: 8.00 2022 NF PE RVU: NA	
RUC Recommendation: 8.00			Refe	erred to CPT		Utilization: 72,899	2022 Fac PE RVU: 3.09 Result: Decrease	
			Refe	erred to CPT Asst	Publis	shed in CPT Asst:		
		ı, fulguration, or resection of con genital obstructive hypertrophic			ssue:	Urological Procedures	Screen: Site of Service Anomaly	Complete? Yes
Most Recent	<b>Tab:</b> 65	Specialty Developing AUA		First		2020	<b>2022 Work RVU:</b> 8.69	
RUC Meeting: October 2010		Recommendation:		Identified: September	2007	Medicare Utilization: 72	2022 NF PE RVU: NA	
						Utilization: 72	<b>2022 Fac PE RVU:</b> 4.20	
<b>RUC Recommendation:</b> 8.69			Refe	erred to CPT			Result: Decrease	
			Refe	erred to CPT Asst	Publis	shed in CPT Asst:		
<u> </u>	al perman	on of permanent adjustable trans ent adjustable transprostatic imp r primary procedure)	•	Global: ZZZ Is	ssue:	PE Subcommittee	Screen: PE Units Screen	Complete? Yes
Most Recent	<b>Tab</b> : 24	Specialty Developing AUA, AA	ACU	First		2020	<b>2022 Work RVU:</b> 1.01	
RUC Meeting: October 2020		Recommendation:		Identified: April 2020		Medicare	<b>2022 NF PE RVU</b> : 25.86	
						Utilization: 97,548	2022 Fac PE RVU: 0.34	
RUC Recommendation: Mainta	iin		Refe	erred to CPT			Result: Maintain	
			Refe	erred to CPT Asst	Publis	shed in CPT Asst:		

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52500 Transurethral resection	on of bladd	er neck (separate procedure)	Global: 090 Issue:	Urological Procedures	Screen: Site of Service Anomaly	Complete? Yes
Most Recent	<b>Tab:</b> 65	Specialty Developing AUA	First	2020	<b>2022 Work RVU</b> : 8.14	
RUC Meeting: October 2010		Recommendation:	Identified: September 2007	Medicare Utilization: 2,486	<b>2022 NF PE RVU</b> : NA	
				Otilization. 2,400	<b>2022 Fac PE RVU</b> : 5.29	
RUC Recommendation: 8.14			Referred to CPT		Result: Decrease	
			Referred to CPT Asst	shed in CPT Asst:		
postoperative bleedin	g, complet	section of prostate, including cor e (vasectomy, meatotomy, cystoon, and internal urethrotomy are i	rethroscopy,	Transurethral Electrosurgical Resection of Prostate (TURP)	Screen: Site of Service Anomaly - 2015	Complete? Yes
Most Recent	<b>Tab</b> : 26	Specialty Developing AUA	First	2020	<b>2022 Work RVU:</b> 13.16	
RUC Meeting: April 2016		Recommendation:	Identified: October 2015	Medicare Utilization: 37,340	<b>2022 NF PE RVU</b> : NA	
				Utilization: 37,340	2022 Fac PE RVU: 6.58	
<b>RUC Recommendation:</b> 13.16			Referred to CPT		Result: Decrease	
			Referred to CPT Asst  Publi	shed in CPT Asst:		
52640 Transurethral resection	on; of post	operative bladder neck contractu	re Global: 090 Issue:	Urological Procedures	Screen: Site of Service Anomaly	Complete? Yes
Most Recent	<b>Tab</b> : 45	Specialty Developing AUA	First	2020	<b>2022 Work RVU</b> : 4.79	
RUC Meeting: April 2008		Recommendation:	Identified: September 2007	Medicare Utilization: 1,312	2022 NF PE RVU: NA	
				Otmzation. 1,012	<b>2022 Fac PE RVU</b> :4.05	
<b>RUC Recommendation:</b> 4.79			Referred to CPT		Result: Decrease	
			Referred to CPT Asst  Publi	shed in CPT Asst:		

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52648 Laser vaporization of prostate, including control of postoperative bleeding, Global: 090 Issue: Laser Surgery of Prostate Screen: High Volume Growth1 Complete? Yes complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, internal urethrotomy and transurethral resection of prostate are included if performed) 2022 Work RVU: 12.15 **Most Recent Tab:** 57 Specialty Developing AUA First 2020 **RUC Meeting:** April 2008 Recommendation: **Identified:** February 2008 Medicare 2022 NF PE RVU: 35.48 **Utilization:** 14,196 2022 Fac PE RVU: 6.66 RUC Recommendation: Remove from screen Referred to CPT Result: Remove from Screen Referred to CPT Asst Published in CPT Asst: 53445 Insertion of inflatable urethral/bladder neck sphincter, including placement of Global: 090 Issue: Urological Procedures Screen: Site of Service Anomaly Complete? Yes pump, reservoir, and cuff 2022 Work RVU: 13.00 **Most Recent Tab:** 31 Specialty Developing AUA **First** 2020 **RUC Meeting:** February 2011 Identified: September 2007 **Medicare** Recommendation: 2022 NF PE RVU: NA **Utilization:** 1,617 2022 Fac PE RVU: 7.60 **RUC Recommendation: 13.00** Referred to CPT Result: Decrease Referred to CPT Asst **Published in CPT Asst:** Issue: Transurethral Destruction Screen: CMS High Expenditure Transurethral destruction of prostate tissue; by microwave thermotherapy Global: 090 Complete? Yes of Prostate Tissue Procedural Codes1 2022 Work RVU: 5.42 **Most Recent Tab:** 43 Specialty Developing AUA First 2020 **RUC Meeting:** April 2012 Recommendation: **Identified:** September 2011 Medicare 2022 NF PE RVU: 37.52 **Utilization:** 1.438 2022 Fac PE RVU: 4.31 Referred to CPT **RUC Recommendation: 10.08** Result: Maintain

Referred to CPT Asst

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Insertion of multi-cor of pump, cylinders, a		flatable penile prosthesis, includin r	g placement Global: 090 Issu	e: Urological Procedures	Screen: Site of Service Anomaly	Complete? Ye
Most Recent	<b>Tab</b> : 45	Specialty Developing AUA	First	2020	<b>2022 Work RVU:</b> 14.52	
RUC Meeting: April 2008		Recommendation:	Identified: September 200		2022 NF PE RVU: NA	
				Utilization: 4,163	2022 Fac PE RVU: 7.41	
RUC Recommendation: 14.39			Referred to CPT		Result: Maintain	
			Referred to CPT Asst	olished in CPT Asst:		
54410 Removal and replace penile prosthesis at t		component(s) of a multi-componer erative session	nt, inflatable Global: 090 Issu	e: Urological Procedures	Screen: Site of Service Anomaly	Complete? Ye
Most Recent	<b>Tab:</b> 31	Specialty Developing AUA	First	2020	2022 Work RVU: 15.18	
RUC Meeting: February 2011		Recommendation:	Identified: September 200		2022 NF PE RVU: NA	
				Utilization: 1,160	2022 Fac PE RVU: 8.27	
RUC Recommendation: 15.18			Referred to CPT		Result: Decrease	
RUC Recommendation: 15.18				olished in CPT Asst:	Result: Decrease	
	(including s	subcapsular), with or without testion	Referred to CPT Asst	e: Removal of Testical	Screen: Site of Service Anomaly (99238-Only)	Complete? Ye
54520 Orchiectomy, simple prosthesis, scrotal or	(including s	pproach	Referred to CPT Asst Pul	e: Removal of Testical	Screen: Site of Service Anomaly	Complete? Ye
54520 Orchiectomy, simple prosthesis, scrotal or	(including s r inguinal ap Tab: 16		Referred to CPT Asst	e: Removal of Testical  2020 7 Medicare	Screen: Site of Service Anomaly (99238-Only)	Complete? Ye
54520 Orchiectomy, simple prosthesis, scrotal or	(including s r inguinal ap Tab: 16	Specialty Developing AUA	Referred to CPT Asst Pul cular Global: 090 Issu	e: Removal of Testical  2020	Screen: Site of Service Anomaly (99238-Only) 2022 Work RVU: 5.30 2022 NF PE RVU: NA	Complete? Ye
54520 Orchiectomy, simple prosthesis, scrotal or Most Recent RUC Meeting: September 2007	(including s ringuinal ap Tab: 16	Specialty Developing AUA Recommendation:	Referred to CPT Asst Pul cular Global: 090 Issu	e: Removal of Testical  2020 7 Medicare	Screen: Site of Service Anomaly (99238-Only)  2022 Work RVU: 5.30	Complete? Ye
54520 Orchiectomy, simple prosthesis, scrotal or Most Recent RUC Meeting: September 2007	(including s ringuinal ap Tab: 16	Specialty Developing AUA Recommendation:	Referred to CPT Asst Pulcular Global: 090 Issu  First Identified: September 200  Referred to CPT	e: Removal of Testical  2020 7 Medicare	Screen: Site of Service Anomaly (99238-Only)  2022 Work RVU: 5.30  2022 NF PE RVU: NA  2022 Fac PE RVU: 3.64	Complete? Ye
54520 Orchiectomy, simple prosthesis, scrotal or Most Recent RUC Meeting: September 2007	(including sometime inguinal approximation Tab: 16	Specialty Developing AUA Recommendation:	Referred to CPT Asst  Pul  Cular Global: 090 Issu  First Identified: September 200  Referred to CPT Referred to CPT Asst  Pul	2020 7 Medicare Utilization: 2,160	Screen: Site of Service Anomaly (99238-Only)  2022 Work RVU: 5.30  2022 NF PE RVU: NA  2022 Fac PE RVU: 3.64	
54520 Orchiectomy, simple prosthesis, scrotal or Most Recent RUC Meeting: September 2007 RUC Recommendation: Redu	(including some finguinal appropriate the content of the content o	Specialty Developing AUA Recommendation:  0.5	Referred to CPT Asst  Pul  Cular Global: 090 Issu  First Identified: September 200  Referred to CPT  Referred to CPT Asst  Pul  Global: 090 Issu	2020 7 Medicare Utilization: 2,160  Dilished in CPT Asst:	Screen: Site of Service Anomaly (99238-Only)  2022 Work RVU: 5.30  2022 NF PE RVU: NA  2022 Fac PE RVU: 3.64  Result: PE Only  Screen: Site of Service Anomaly	
54520 Orchiectomy, simple prosthesis, scrotal or Most Recent RUC Meeting: September 2007 RUC Recommendation: Redu	(including sometime inguinal approximation Tab: 16	Specialty Developing AUA Recommendation:	Referred to CPT Asst  Pul  Cular Global: 090 Issu  First Identified: September 200  Referred to CPT Referred to CPT Asst  Pul	e: Removal of Testical  2020 7 Medicare Utilization: 2,160  olished in CPT Asst:  e: Urological Procedures 2020	Screen: Site of Service Anomaly (99238-Only)  2022 Work RVU: 5.30  2022 NF PE RVU: NA  2022 Fac PE RVU: 3.64  Result: PE Only  Screen: Site of Service Anomaly  2022 Work RVU: 8.46	
54520 Orchiectomy, simple prosthesis, scrotal or Most Recent RUC Meeting: September 2007 RUC Recommendation: Redu	(including some finguinal appropriate the content of the content o	Specialty Developing AUA Recommendation:  0.5  inguinal approach Specialty Developing AUA	Referred to CPT Asst  Pul  Cular Global: 090 Issu  First Identified: September 200  Referred to CPT Referred to CPT Asst  Pul  Global: 090 Issu  First	e: Removal of Testical  2020 7 Medicare Utilization: 2,160  olished in CPT Asst:  e: Urological Procedures 2020	Screen: Site of Service Anomaly (99238-Only)  2022 Work RVU: 5.30  2022 NF PE RVU: NA  2022 Fac PE RVU: 3.64  Result: PE Only  Screen: Site of Service Anomaly  2022 Work RVU: 8.46  2022 NF PE RVU: NA	Complete? Ye
54520 Orchiectomy, simple	(including some finguinal appropriate the content of the content o	Specialty Developing AUA Recommendation:  0.5  inguinal approach Specialty Developing AUA	Referred to CPT Asst  Pul  Cular Global: 090 Issu  First Identified: September 200  Referred to CPT Referred to CPT Asst  Pul  Global: 090 Issu  First	e: Removal of Testical  2020 7 Medicare Utilization: 2,160  Dished in CPT Asst:  e: Urological Procedures  2020 7 Medicare	Screen: Site of Service Anomaly (99238-Only)  2022 Work RVU: 5.30  2022 NF PE RVU: NA  2022 Fac PE RVU: 3.64  Result: PE Only  Screen: Site of Service Anomaly  2022 Work RVU: 8.46	

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55700 Biopsy, prostate; needle or punch, single or multiple, any approach Global: 000 Issue: Biopsy of Prostate Screen: CMS High Expenditure Complete? No Procedural Codes2 / Codes Reported Together 75% or More-Part5 2022 Work RVU: 2.50 Most Recent **Tab:** 13 Specialty Developing ACR, AUA 2020 **RUC Meeting:** September 2022 Identified: July 2015 Recommendation: Medicare 2022 NF PE RVU: 4.43 **Utilization:** 131,593 2022 Fac PE RVU: 0.99 RUC Recommendation: Refer to CPT 2 50 Referred to CPT May 2023 Result: Decrease Referred to CPT Asst Published in CPT Asst: Biopsies, prostate, needle, transperineal, stereotactic template guided Global: 010 Issue: RAW Screen: 010-Day Global Post-Complete? Yes Operative Visits saturation sampling, including imaging guidance 2022 Work RVU: 6.28 2020 **Most Recent Tab:** 52 **Specialty Developing** First Identified: January 2014 **RUC Meeting:** April 2014 Recommendation: Medicare 2022 NF PE RVU: NA 1,955 **Utilization: 2022 Fac PE RVU: 4.00** Referred to CPT Result: Maintain **RUC Recommendation:** Maintain Referred to CPT Asst **Published in CPT Asst:** Global: 090 Screen: CMS Request - Final Prostatectomy, retropubic radical, with or without nerve sparing; Issue: Complete? Yes Rule for 2014 2022 Work RVU: 21.36 **Most Recent Tab:** 31 Specialty Developing AUA First 2020 **RUC Meeting:** April 2014 Identified: October 2013 Recommendation: Medicare 2022 NF PE RVU: NA **Utilization:** 1,486 **2022 Fac PE RVU: 10.22 RUC Recommendation: 21.36** Referred to CPT Result: Decrease **Referred to CPT Asst Published in CPT Asst:** 

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55842 Prostatectomy, retropubic radical, with or without nerve sparing; with lymph Global: 090 Issue: Screen: CMS Request - Final Complete? Yes Rule for 2014 node biopsy(s) (limited pelvic lymphadenectomy) 2022 Work RVU: 21.36 Specialty Developing AUA 2020 **Most Recent Tab:** 31 First **RUC Meeting:** April 2014 Recommendation: Identified: October 2013 Medicare 2022 NF PE RVU: NA 126 **Utilization: 2022 Fac PE RVU: 10.23** Result: Decrease **RUC Recommendation: 24.16** Referred to CPT **Referred to CPT Asst Published in CPT Asst:** 55845 Prostatectomy, retropubic radical, with or without nerve sparing; with bilateral Screen: CMS Request - Final Global: 090 Issue: RAW Complete? Yes pelvic lymphadenectomy, including external iliac, hypogastric, and obturator Rule for 2014 nodes 2022 Work RVU: 25.18 2020 **Most Recent Tab:** 31 Specialty Developing AUA First Identified: July 2013 RUC Meeting: April 2014 Recommendation: Medicare 2022 NF PE RVU: NA **Utilization:** 728 2022 Fac PE RVU: 11.51 **RUC Recommendation: 29.07** Referred to CPT Result: Decrease Referred to CPT Asst Published in CPT Asst: 55866 Laparoscopy, surgical prostatectomy, retropubic radical, including nerve Global: 090 Issue: Laparoscopic Radical Screen: New Technology / CMS Complete? Yes sparing, includes robotic assistance, when performed Prostatectomy Fastest Growing / CMS Request - Final Rule for 2014 2022 Work RVU: 26.80 Most Recent **Tab: 27** Specialty Developing AUA 2020 Identified: September 2007 **RUC Meeting:** April 2015 Recommendation: Medicare 2022 NF PE RVU: NA **Utilization:** 18.557 2022 Fac PE RVU: 12.02 RUC Recommendation: 26.80 Referred to CPT Result: Decrease Referred to CPT Asst **Published in CPT Asst:** 

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55873 Cryosurgical ablation of th monitoring)	e prostate (includes ultrasonic guidance a	and Global: 090 Issue	Cryoablation of Prostate	Screen: CMS Request - Practice Expense Review	Complete? Yes
	25 Specialty Developing AUA	First	2020	<b>2022 Work RVU</b> : 13.60	
RUC Meeting: February 2009	Recommendation:	Identified: September 2007	Medicare Utilization: 1,362	<b>2022 NF PE RVU</b> : 162.77	
			• .,e =	2022 Fac PE RVU: 7.14	
RUC Recommendation: 13.45		Referred to CPT Referred to CPT Asst  Publ	ished in CPT Asst:	Result: Decrease	
55875 Transperineal placement o radioelement application, v	f needles or catheters into prostate for int vith or without cystoscopy	erstitial Global: 090 Issue	RAW	Screen: RUC request	Complete? Yes
ost Recent Tab: 21 Specialty Developing		First	2020	<b>2022 Work RVU</b> : 13.46	
RUC Meeting: October 2015	Recommendation:	Identified: April 2015	Medicare	2022 NF PE RVU: NA	
			Utilization: 5,423	<b>2022 Fac PE RVU:</b> 7.83	
	a at RAW	Referred to CPT		Result: Not Part of RAW	
RUC Recommendation: Review data		Referred to CPT Asst	ished in CPT Asst:		
	lva; extensive (eg, laser surgery, electros		ished in CPT Asst:  Destruction of Lesions	Screen: Site of Service Anomaly (99238-Only)	Complete? Yes
56515 Destruction of lesion(s), vucryosurgery, chemosurger	lva; extensive (eg, laser surgery, electros y) o:16 Specialty Developing ACOG	urgery, Global: 010 Issue	Destruction of Lesions		Complete? Yes
56515 Destruction of lesion(s), vucryosurgery, chemosurger	lva; extensive (eg, laser surgery, electros y)	urgery, Global: 010 Issue	Destruction of Lesions  2020  Medicare	(99238-Only)	Complete? Yes
cryosurgery, chemosurger  Most Recent Tal  RUC Meeting: September 2007	lva; extensive (eg, laser surgery, electros y) o: 16 Specialty Developing ACOG Recommendation:	urgery, Global: 010 Issue  First Identified: September 2007	Destruction of Lesions  2020  Medicare	(99238-Only)  2022 Work RVU: 3.08  2022 NF PE RVU: 4.79  2022 Fac PE RVU: 2.76	Complete? Yes
56515 Destruction of lesion(s), vucryosurgery, chemosurger	lva; extensive (eg, laser surgery, electros y) o: 16 Specialty Developing ACOG Recommendation:	urgery, Global: 010 Issue  First Identified: September 2007  Referred to CPT	Destruction of Lesions  2020  Medicare	(99238-Only)  2022 Work RVU: 3.08  2022 NF PE RVU: 4.79	Complete? Yes
56515 Destruction of lesion(s), vucryosurgery, chemosurger  Most Recent Tal  RUC Meeting: September 2007  RUC Recommendation: Reduce 992	lva; extensive (eg, laser surgery, electros y) o: 16 Specialty Developing ACOG Recommendation:	rirst Identified: September 2007  Referred to CPT Referred to CPT Asst Publ	2020 Medicare Utilization: 2,247	(99238-Only)  2022 Work RVU: 3.08  2022 NF PE RVU: 4.79  2022 Fac PE RVU: 2.76  Result: PE Only	
56515 Destruction of lesion(s), vucryosurgery, chemosurger  Most Recent Tal RUC Meeting: September 2007  RUC Recommendation: Reduce 992  56620 Vulvectomy simple; partial  Most Recent Tal	lva; extensive (eg, laser surgery, electros y) o: 16 Specialty Developing ACOG Recommendation:	rirst Identified: September 2007  Referred to CPT Referred to CPT Asst Publ  Global: 090 Issue	2020 Medicare Utilization: 2,247 ished in CPT Asst: Partial Removal of Vulva	(99238-Only)  2022 Work RVU: 3.08  2022 NF PE RVU: 4.79  2022 Fac PE RVU: 2.76  Result: PE Only	
56515 Destruction of lesion(s), vucryosurgery, chemosurger  Most Recent Tal  RUC Meeting: September 2007  RUC Recommendation: Reduce 992  56620 Vulvectomy simple; partial  Most Recent Tal	Iva; extensive (eg, laser surgery, electros y) o: 16 Specialty Developing ACOG Recommendation:	First Identified: September 2007  Referred to CPT Referred to CPT Asst Publ  Global: 090 Issue	2020 Medicare Utilization: 2,247 ished in CPT Asst: Partial Removal of Vulva 2020 Medicare	(99238-Only)  2022 Work RVU: 3.08  2022 NF PE RVU: 4.79  2022 Fac PE RVU: 2.76  Result: PE Only  Screen: Site of Service Anomaly	
56515 Destruction of lesion(s), vucryosurgery, chemosurger  Most Recent Tal  RUC Meeting: September 2007  RUC Recommendation: Reduce 992	Iva; extensive (eg, laser surgery, electros y)  10: 16	rirst Identified: September 2007  Referred to CPT Referred to CPT Asst Publ  Global: 090 Issue	2020 Medicare Utilization: 2,247 ished in CPT Asst: Partial Removal of Vulva	(99238-Only)  2022 Work RVU: 3.08  2022 NF PE RVU: 4.79  2022 Fac PE RVU: 2.76  Result: PE Only  Screen: Site of Service Anomaly  2022 Work RVU: 7.53	
56515 Destruction of lesion(s), vucryosurgery, chemosurger  Most Recent Tal  RUC Meeting: September 2007  RUC Recommendation: Reduce 992  56620 Vulvectomy simple; partial  Most Recent Tal	Iva; extensive (eg, laser surgery, electros y)  10: 16	First Identified: September 2007  Referred to CPT Referred to CPT Asst Publ  Global: 090 Issue  First Identified: September 2007	2020 Medicare Utilization: 2,247 ished in CPT Asst: Partial Removal of Vulva 2020 Medicare	(99238-Only)  2022 Work RVU: 3.08  2022 NF PE RVU: 4.79  2022 Fac PE RVU: 2.76  Result: PE Only  Screen: Site of Service Anomaly  2022 Work RVU: 7.53  2022 NF PE RVU: NA	Complete? Yes

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57150 Irrigation of vagina and/or application of medicament for treatment of bacterial, Global: 000 **Issue:** Vaginal Treatments Screen: CMS 000-Day Global Complete? Yes Typically Reported with parasitic, or fungoid disease an E/M 2022 Work RVU: 0.50 Most Recent **Tab:** 15 Specialty Developing ACOG First 2020 **RUC Meeting:** April 2017 Recommendation: Identified: July 2016 Medicare 2022 NF PE RVU: 1.20 **Utilization:** 19,829 **2022 Fac PE RVU: 0.19 RUC Recommendation: 0.50** Referred to CPT Result: Decrease Referred to CPT Asst **Published in CPT Asst:** 57155 Insertion of uterine tandem and/or vaginal ovoids for clinical brachytherapy Global: 000 Issue: RAW Screen: Site of Service Anomaly / Complete? Yes Different Performing Specialty from Survey 2022 Work RVU: 5.15 **Most Recent Tab:** 30 Specialty Developing ACOG, ASTRO 2020 Recommendation: Identified: September 2007 **RUC Meeting:** January 2017 Medicare 2022 NF PE RVU: 6.05 2.870 **Utilization:** 2022 Fac PE RVU: 2.72 RUC Recommendation: 5 40 Referred to CPT October 2009 Result: Decrease Referred to CPT Asst **Published in CPT Asst:** Issue: RAW Screen: Site of Service Anomaly Complete? Yes 57156 Insertion of a vaginal radiation afterloading apparatus for clinical brachytherapy Global: 000 **2022 Work RVU**: 2.69 **Most Recent Tab:** 30 Specialty Developing ACOG, ASTRO 2020 Identified: September 2007 **RUC Meeting:** January 2017 Recommendation: Medicare 2022 NF PE RVU: 3.84 **Utilization:** 14,536 2022 Fac PE RVU: 1.51 **RUC Recommendation: 2.69** Referred to CPT October 2009 Result: Decrease

Referred to CPT Asst Published in CPT Asst:

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57160 Fitting and insertion o	of pessary	or other intravaginal support device	Global: 000 Issue:	Vaginal Treatments	Screen: CMS 000-Day Global Typically Reported with an E/M	Complete? Yes
Most Recent RUC Meeting: April 2017	<b>Tab</b> : 15	Specialty Developing ACOG Recommendation:	First Identified: July 2016	2020 Medicare	2022 Work RVU: 0.89	
Noo meeting. April 2017		Necommendation.	identified. July 2010	Utilization: 68,682	2022 NF PE RVU: 1.21	
RUC Recommendation: 0.89			Referred to CPT Referred to CPT Asst  Publi	ished in CPT Asst:	2022 Fac PE RVU: 0.33 Result: Maintain	
57240 Anterior colporrhaphy including cystourethro		cystocele with or without repair of u	rethrocele, Global: 090 Issue:	Colporrhaphy with Cystourethroscopy	Screen: Site of Service Anomaly - 2015	Complete? Yes
Most Recent RUC Meeting: January 2017	<b>Tab:</b> 14	Specialty Developing ACOG Recommendation:	First Identified: October 2015	2020 Medicare Utilization: 6,545	2022 Work RVU: 10.08 2022 NF PE RVU: NA 2022 Fac PE RVU:6.66	
RUC Recommendation: 10.08			Referred to CPT September 20 Referred to CPT Asst Publi	o16 ished in CPT Asst:	Result: Decrease	
57250 Posterior colporrhaph	ıy, repair o	f rectocele with or without perineorrl	haphy Global: 090 Issue:	Colporrhaphy with Cystourethroscopy	Screen: Site of Service Anomaly - 2015	Complete? Yes
Most Recent	<b>Tab:</b> 14	Specialty Developing ACOG	First	2020	<b>2022 Work RVU</b> : 10.08	
RUC Meeting: January 2017		Recommendation:	Identified: April 2016	Medicare Utilization: 6,951	<b>2022 NF PE RVU</b> : NA	
				3,301	<b>2022 Fac PE RVU</b> :6.70	

Referred to CPT September 2016

Referred to CPT Asst Published in CPT Asst:

Result: Decrease

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**RUC Recommendation: 10.08** 

57260 Combined anteroposto performed;	erior colpo	rrhaphy, including cystourethrosco	ppy, when Global: 090 Issue	e: Colporrhaphy with Cystourethroscopy	Screen: Site of Service Anomaly - 2015	Complete? Yes
Most Recent	<b>Tab:</b> 14	Specialty Developing ACOG	First	2020	<b>2022 Work RVU:</b> 13.25	
RUC Meeting: January 2017		Recommendation:	Identified: April 2016	Medicare Utilization: 7.243	2022 NF PE RVU: NA	
				Ottilization: 7,240	<b>2022 Fac PE RVU</b> : 7.86	
RUC Recommendation: 13.25			Referred to CPT September 2 Referred to CPT Asst Pub	2016 Dished in CPT Asst:	Result: Decrease	
57265 Combined anteroposte performed; with entero		rrhaphy, including cystourethrosco r	opy, when Global: 090 Issue	e: Colporrhaphy with Cystourethroscopy	Screen: Site of Service Anomaly - 2015	Complete? Yes
Most Recent Tab: 1		Specialty Developing ACOG	First	2020	<b>2022 Work RVU:</b> 15.00	
RUC Meeting: January 2017		Recommendation:	Identified: April 2016	Medicare Utilization: 3,214	2022 NF PE RVU: NA	
				Otilization. 5,214	<b>2022 Fac PE RVU:</b> 8.57	
RUC Recommendation: 15.00			Referred to CPT September 2		Result: Decrease	
			Referred to CPT Asst	olished in CPT Asst:		
		neal approach (sacrospinous, ilioco	occygeus) Global: 090 Issue	e: Colpopexy	Screen: Site of Service Anomaly - 2019	Complete? Yes
Most Recent	xtra-peritor Tab: 26	Specialty Developing	occygeus) Global: 090 Issue	e: Colpopexy	2019 2022 Work RVU: 11.63	Complete? Yes
Most Recent			occygeus) Global: 090 Issue	e: Colpopexy	2019 2022 Work RVU: 11.63 2022 NF PE RVU: NA	Complete? Yes
57282 Colpopexy, vaginal; ex  Most Recent RUC Meeting: January 2020  RUC Recommendation: 13.48		Specialty Developing	First Identified: October 2019	e: Colpopexy  2020 Medicare Utilization: 5,394	2019 2022 Work RVU: 11.63	Complete? Ye
Most Recent RUC Meeting: January 2020 RUC Recommendation: 13.48	<b>Tab</b> : 26	Specialty Developing	First Identified: October 2019  Referred to CPT Referred to CPT Asst Pub	e: Colpopexy  2020 Medicare	2019 2022 Work RVU: 11.63 2022 NF PE RVU: NA 2022 Fac PE RVU: 7.25 Result: Increase  Screen: Site of Service Anomaly -	·
Most Recent RUC Meeting: January 2020 RUC Recommendation: 13.48	Tab: 26	Specialty Developing Recommendation:	First Identified: October 2019  Referred to CPT Referred to CPT Asst Pub	2020 Medicare Utilization: 5,394  Dished in CPT Asst:	2019 2022 Work RVU: 11.63 2022 NF PE RVU: NA 2022 Fac PE RVU:7.25 Result: Increase	·
Most Recent RUC Meeting: January 2020 RUC Recommendation: 13.48 57283 Colpopexy, vaginal; in	<b>Tab</b> : 26	Specialty Developing Recommendation:	First Identified: October 2019  Referred to CPT Referred to CPT Asst Pub	2020 Medicare Utilization: 5,394	2019 2022 Work RVU: 11.63 2022 NF PE RVU: NA 2022 Fac PE RVU: 7.25 Result: Increase  Screen: Site of Service Anomaly - 2019	·
Most Recent RUC Meeting: January 2020 RUC Recommendation: 13.48	Tab: 26	Specialty Developing Recommendation:  eal approach (uterosacral, levator r	First Identified: October 2019  Referred to CPT Referred to CPT Asst Pub  myorrhaphy) Global: 090 Issue	2020 Medicare Utilization: 5,394  Dished in CPT Asst:	2019 2022 Work RVU: 11.63 2022 NF PE RVU: NA 2022 Fac PE RVU: 7.25 Result: Increase  Screen: Site of Service Anomaly - 2019 2022 Work RVU: 11.66	·
Most Recent RUC Meeting: January 2020 RUC Recommendation: 13.48  57283 Colpopexy, vaginal; in	Tab: 26	Specialty Developing Recommendation:  eal approach (uterosacral, levator r	First Identified: October 2019  Referred to CPT Referred to CPT Asst Pub  myorrhaphy) Global: 090 Issue	e: Colpopexy  2020 Medicare Utilization: 5,394  Dished in CPT Asst:  e: Colpopexy  2020 Medicare	2019 2022 Work RVU: 11.63 2022 NF PE RVU: NA 2022 Fac PE RVU: 7.25 Result: Increase  Screen: Site of Service Anomaly - 2019 2022 Work RVU: 11.66 2022 NF PE RVU: NA	·

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57287 Remo	oval or revision o	f sling for	stress incontinence (eg, fascia o	synthetic)	Global: 090 Iss	ue:	Urological Procedures	Screen: Site of Service Anomaly	Complete? Yes
Nost Recent		Tab: C	Specialty Developing AUA		First		2020	<b>2022 Work RVU:</b> 11.15	
RUC Meeting:	February 2008		Recommendation:		Identified: September 20	007	Medicare	2022 NF PE RVU: NA	
							Utilization: 1,245	<b>2022 Fac PE RVU</b> : 9.37	
RUC Recomme	endation: 10.97			Refer	red to CPT			Result: Decrease	
				Refer	red to CPT Asst 🔲 P	ublis	shed in CPT Asst:		
57288 Sling	g operation for str	ess incont	inence (eg, fascia or synthetic)		Global: 090 lss	ue:	Sling Operation for Stress Incontinence	Screen: New Technology	Complete? Yes
Most Recent		Tab: O	Specialty Developing ACOG, A	AUA	First		2020	2022 Work RVU: 12.13	
	February 2008		Recommendation:		Identified: September 20	007	Medicare	<b>2022 NF PE RVU</b> : NA	
							Utilization: 18,279	<b>2022 Fac PE RVU</b> : 8.17	
RUC Recomme	endation: 12.00			Refer	red to CPT			Result: Decrease	
				Refer	red to CPT Asst	ublis	shed in CPT Asst:		
57425 Lapa	ıroscopy, surgical	, colpopex	y (suspension of vaginal apex)		Global: 090 lss	ue:	Laparoscopic Colopexy	Screen: Site of Service Anomaly - 2019	Complete? Yes
Most Recent		<b>Tab</b> : 27	Specialty Developing		First		2020	2022 Work RVU: 17.03	
	January 2020	140121	Recommendation:		Identified: October 2019	1	Medicare	<b>2022 NF PE RVU</b> : NA	
							Utilization: 8,288	<b>2022 Fac PE RVU</b> : 9.29	
UC Recomme	endation: 18.02			Refer	red to CPT			Result: Increase	
				Refer	red to CPT Asst	ublis	shed in CPT Asst:		
			vith or without endocervical sam thod (separate procedure)	oling (biops	y), Global: 000 Iss	sue:	Biopsy of Uterus Lining	Screen: CMS 000-Day Global Typically Reported with an E/M	Complete? Yes
Most Recent		<b>Tab</b> : 16	Specialty Developing ACOG		First		2020	2022 Work RVU: 1.21	
UC Meeting:	April 2017		Recommendation:		Identified: July 2016		Medicare	<b>2022 NF PE RVU</b> : 1.66	
							Utilization: 59,095	<b>2022 Fac PE RVU:</b> 0.47	
_									
RUC Recomme	endation: 1.21			Refer	red to CPT			Result: Decrease	

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58110 Endometrial sampling (biopsy) performed in conjunction with colposcopy (list Global: ZZZ Issue: Biopsy of Uterus Lining Screen: CMS 000-Day Global Complete? Yes Typically Reported with separately in addition to code for primary procedure) an E/M 2022 Work RVU: 0.77 Most Recent **Tab:** 16 Specialty Developing ACOG First 2020 **RUC Meeting:** April 2017 Recommendation: Identified: April 2017 Medicare **2022 NF PE RVU: 0.59 Utilization:** 583 2022 Fac PE RVU: 0.30 **RUC Recommendation: 0.77** Referred to CPT Result: Maintain Referred to CPT Asst **Published in CPT Asst:** 58555 Hysteroscopy, diagnostic (separate procedure) Global: 000 Issue: Hysteroscopy Screen: CMS Request - Practice Complete? Yes Expense Review 2022 Work RVU: 2.65 **Most Recent Tab:** 37 Specialty Developing ACOG First 2020 **RUC Meeting:** January 2016 Recommendation: Identified: NA Medicare 2022 NF PE RVU: 8.03 **Utilization:** 1,214 2022 Fac PE RVU: 1.37 Result: Decrease **RUC Recommendation: 3.07** Referred to CPT Referred to CPT Asst **Published in CPT Asst:** Global: 000 58558 Hysteroscopy, surgical; with sampling (biopsy) of endometrium and/or **Issue:** Hysteroscopy Screen: CMS Request - Practice Complete? Yes Expense Review / CMS polypectomy, with or without d & c High Expenditure Procedural Codes2 2022 Work RVU: 4.17 **Most Recent Tab: 37** Specialty Developing ACOG First 2020 **RUC Meeting:** January 2016 Recommendation: Identified: NA Medicare **2022 NF PE RVU: 36.73 Utilization:** 37,701 **2022 Fac PE RVU: 1.96** 

Referred to CPT

**Referred to CPT Asst** 

**Published in CPT Asst:** 

Result: Decrease

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**RUC Recommendation: 4.37** 

58559 Hysteroscopy, surgical; with lysis of intrauterine adhesions (any method) Global: 000 Issue: Hysteroscopy Screen: CMS High Expenditure Complete? Yes Procedural Codes2 2022 Work RVU: 5.20 **Tab:** 37 2020 **Most Recent** Specialty Developing ACOG First **RUC Meeting:** January 2016 Recommendation: Identified: July 2015 Medicare 2022 NF PE RVU: NA **Utilization:** 101 **2022 Fac PE RVU: 2.34** Result: Decrease **RUC Recommendation:** 5.54 Referred to CPT **Referred to CPT Asst Published in CPT Asst:** 58560 Hysteroscopy, surgical; with division or resection of intrauterine septum (any Issue: Hysteroscopy Screen: CMS High Expenditure Global: 000 Complete? Yes method) **Procedural Codes2** 2022 Work RVU: 5.75 2020 Most Recent **Tab: 37** Specialty Developing ACOG First **RUC Meeting:** January 2016 Recommendation: Identified: July 2015 Medicare 2022 NF PE RVU: NA Utilization: 43 **2022 Fac PE RVU: 2.53** RUC Recommendation: 6.15 Referred to CPT Result: Decrease **Referred to CPT Asst Published in CPT Asst:** Hysteroscopy, surgical; with removal of leiomyomata Global: 000 Issue: Hysteroscopy Screen: CMS High Expenditure Complete? Yes Procedural Codes2 2022 Work RVU: 6.60 **Most Recent** 2020 **Tab: 37** Specialty Developing ACOG First Medicare **RUC Meeting:** January 2016 Recommendation: Identified: July 2015 2022 NF PE RVU: NA **Utilization:** 1,828 2022 Fac PE RVU: 2.88 **RUC Recommendation:** 7.00 Result: Decrease Referred to CPT

Referred to CPT Asst

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58562 Hysteroscopy, surgic	al; with ren	noval of impacted foreign body	Global: 000	ssue: Hysteroscopy	Screen: CMS Request - Practice Expense Review / CMS High Expenditure Procedural Codes2	Complete? Yes
Most Recent RUC Meeting: January 2016	<b>Tab:</b> 37	Specialty Developing ACOG Recommendation:	First Identified: NA	2020 Medicare Utilization: 204	<b>2022 Work RVU:</b> 4.00	
					<b>2022 NF PE RVU</b> : 8.54	
				Otilization. 204	<b>2022 Fac PE RVU:</b> 1.88	
RUC Recommendation: 4.17			Referred to CPT		Result: Decrease	
			Referred to CPT Asst	Published in CPT Asst:		
58563 Hysteroscopy, surgic electrosurgical ablatic		dometrial ablation (eg, endometrial reseablation)	ection, Global: 000 I	ssue: Hysteroscopy	Screen: CMS Request - Practice Expense Review / CMS High Expenditure Procedural Codes2	Complete? Yes
Most Recent RUC Meeting: January 2016	<b>Tab:</b> 37	Specialty Developing ACOG Recommendation:	First Identified: NA	2020	2022 Work RVU: 4.47	
				Medicare Utilization: 1,978	<b>2022 NF PE RVU</b> : 61.14	
					2022 Fac PE RVU: 2.05	
<b>RUC Recommendation:</b> 4.62			Referred to CPT		Result: Decrease	
			Referred to CPT Asst	Published in CPT Asst:		
58660 Laparoscopy, surgica (separate procedure)	ıl; with lysi	s of adhesions (salpingolysis, ovarioly	sis) Global: 090 I	ssue: Laproscopic Procedures	Screen: Site of Service Anomaly (99238-Only)	Complete? Yes
Most Recent	<b>Tab:</b> 16	Specialty Developing AUA, ACOG Recommendation:	First Identified: September 20	2020	<b>2022 Work RVU</b> : 11.59	
RUC Meeting: September 2007					2022 NF PE RVU: NA	
				Utilization: 669	<b>2022 Fac PE RVU</b> : 6.57	
RUC Recommendation: Reduce 99238 to 0.5			Referred to CPT		Result: PE Only	
			Referred to CPT Asst	Published in CPT Asst:		

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58661 Laparoscopy, surgical; with removal of adnexal structures (partial or total Global: 010 Issue: Laproscopic Procedures Screen: Site of Service Anomaly Complete? Yes (99238-Only) oophorectomy and/or salpingectomy) 2022 Work RVU: 11.35 2020 **Most Recent Tab:** 16 Specialty Developing ACOG First **RUC Meeting:** September 2007 Recommendation: Identified: September 2007 Medicare 2022 NF PE RVU: NA 10,413 **Utilization: 2022 Fac PE RVU: 6.17** Result: PE Only RUC Recommendation: Reduce 99238 to 0.5 Referred to CPT **Referred to CPT Asst Published in CPT Asst:** 58823 Drainage of pelvic abscess, transvaginal or transrectal approach, percutaneous Global: Issue: Drainage of Abscess Screen: Codes Reported Complete? Yes (eg, ovarian, pericolic) Together 75% or More-Part2 2022 Work RVU: **Most Recent Tab:** 04 **Specialty Developing** First 2020 **RUC Meeting:** January 2013 Recommendation: Identified: January 2012 Medicare **2022 NF PE RVU: Utilization:** 2022 Fac PE RVU: Referred to CPT October 2012 **RUC Recommendation:** Deleted from CPT Result: Deleted from CPT Referred to CPT Asst **Published in CPT Asst:** 59400 Routine obstetric care including antepartum care, vaginal delivery (with or Global: MMM Issue: Obstetrical Care Screen: High IWPUT Complete? Yes without episiotomy, and/or forceps) and postpartum care 2022 Work RVU: 36.58 **Most Recent** Specialty Developing ACOG, AAFP 2020 First Identified: February 2008 **RUC Meeting:** October 2009 Recommendation: Medicare 2022 NF PE RVU: NA **Utilization:** 2,504 2022 Fac PE RVU: 24.98 **RUC Recommendation: 32.69** Referred to CPT Result: Increase **Referred to CPT Asst Published in CPT Asst:** Vaginal delivery only (with or without episiotomy and/or forceps); Global: MMM Issue: Obstetrical Care Screen: High IWPUT Complete? Yes 2022 Work RVU: 14.37 2020 Most Recent **Tab:** 15 Specialty Developing ACOG, AAFP First **RUC Meeting:** October 2009 Recommendation: **Identified:** February 2008 Medicare 2022 NF PE RVU: NA **Utilization:** 1,424 **2022 Fac PE RVU: 5.63 RUC Recommendation: 14.37** Referred to CPT Result: Increase Referred to CPT Asst **Published in CPT Asst:** 

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59410 Vaginal delivery only (with or without episiotomy and/or forceps); including Global: MMM Issue: Obstetrical Care Screen: High IWPUT Complete? Yes postpartum care 2022 Work RVU: 18.34 **Most Recent Tab:** 15 Specialty Developing ACOG, AAFP First 2020 **RUC Meeting:** October 2009 **Identified:** February 2008 Recommendation: Medicare 2022 NF PE RVU: NA **Utilization:** 692 **2022 Fac PE RVU: 8.29 RUC Recommendation: 18.54** Referred to CPT 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 2022 Work RVU: 1.71 Specialty Developing ACOG, AAFP 2020 **Most Recent Tab:** 15 First **RUC Meeting:** October 2009 Recommendation: Identified: April 2008 Medicare 2022 NF PE RVU: NA **Utilization:** 24 2022 Fac PE RVU: 0.82 **RUC Recommendation: 1.71** Referred to CPT 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 2022 Work RVU: 1.61 **Most Recent** Specialty Developing ACOG, AAFP 2020 **Tab:** 15 First **RUC Meeting:** October 2009 Recommendation: Identified: April 2008 Medicare **2022 NF PE RVU: NA** Utilization: 62 2022 Fac PE RVU: 0.61 **RUC Recommendation: 1.61** Referred to CPT 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 2022 Work RVU: 7.80 **Most Recent Tab:** 15 Specialty Developing ACOG, AAFP First 2020 **RUC Meeting:** October 2009 Recommendation: Identified: April 2008 Medicare 2022 NF PE RVU: 6.81 **Utilization:** 586 **2022 Fac PE RVU: 3.02 RUC Recommendation: 6.31** Referred to CPT Result: Decrease Referred to CPT Asst Published in CPT Asst:

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59426 Antepartum care only;	7 or more	visits		Global: MMM Issue	: Obstetrical Care	Screen: High IWPUT	Complete? Yes
Most Recent RUC Meeting: October 2009	<b>Tab:</b> 15	Specialty Developing A Recommendation:	ACOG, AAFP	First Identified: April 2008	2020 Medicare Utilization: 572	2022 Work RVU: 14.30 2022 NF PE RVU: 12.43 2022 Fac PE RVU: 5.57	
RUC Recommendation: 11.16				eferred to CPT eferred to CPT Asst	lished in CPT Asst:	Result: Decrease	
59430 Postpartum care only	(separate <sub>l</sub>	procedure)		Global: MMM Issue	: Obstetrical Care	Screen: High IWPUT	Complete? Yes
Most Recent RUC Meeting: October 2009	<b>Tab:</b> 15	Specialty Developing A Recommendation:	ACOG, AAFP	First Identified: April 2008	2020 Medicare Utilization: 815	2022 Work RVU: 3.22 2022 NF PE RVU: 3.84 2022 Fac PE RVU: 1.25	
RUC Recommendation: 2.47				eferred to CPT eferred to CPT Asst	lished in CPT Asst:	Result: Increase	
59510 Routine obstetric care postpartum care	including	antepartum care, cesarea	an delivery, and	Global: MMM Issue	: Obstetrical Care	Screen: High IWPUT	Complete? Ye
	including Tab: 15	antepartum care, cesarea Specialty Developing A Recommendation:		Global: MMM Issue First Identified: February 2008	: Obstetrical Care  2020 Medicare Utilization: 2,156	2022 Work RVU: 40.39 2022 NF PE RVU: NA	Complete? Yes
postpartum care  Most Recent		Specialty Developing	ACOG, AAFP	First Identified: February 2008	2020 Medicare	<b>2022 Work RVU:</b> 40.39	Complete? Ye
postpartum care  Most Recent RUC Meeting: October 2009  RUC Recommendation: 36.17	<b>Tab</b> : 15	Specialty Developing	ACOG, AAFP	First Identified: February 2008	2020 Medicare Utilization: 2,156 lished in CPT Asst:	2022 Work RVU: 40.39 2022 NF PE RVU: NA 2022 Fac PE RVU: 26.62	•
postpartum care  Most Recent RUC Meeting: October 2009	<b>Tab</b> : 15	Specialty Developing	ACOG, AAFP R R	First Identified: February 2008  eferred to CPT eferred to CPT Asst Publ	2020 Medicare Utilization: 2,156 lished in CPT Asst:	2022 Work RVU: 40.39 2022 NF PE RVU: NA 2022 Fac PE RVU: 26.62 Result: Increase	Complete? Ye

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59515 Cesarean delivery only	y; includinç	g postpartum care	Global: MMM Issue	e: Obstetrical Care	Screen: High IWPUT	Complete? Ye
Most Recent	<b>Tab:</b> 15	Specialty Developing ACOG, AAFP	First	2020	<b>2022 Work RVU:</b> 22.13	
RUC Meeting: October 2009		Recommendation:	Identified: April 2008	Medicare Utilization: 662	2022 NF PE RVU: NA	
				Otilization: 002	<b>2022 Fac PE RVU</b> : 10.21	
RUC Recommendation: 22.00			Referred to CPT		Result: Increase	
			Referred to CPT Asst	lished in CPT Asst:		
		antepartum care, vaginal delivery (with ps) and postpartum care, after previou		e: Obstetrical Care	Screen: High IWPUT	Complete? Ye
Wost Recent	<b>Tab:</b> 15	Specialty Developing ACOG, AAFP	First	2020	2022 Work RVU: 38.29	
RUC Meeting: October 2009		Recommendation:	Identified: April 2008	Medicare	2022 NF PE RVU: NA	
				Utilization: 69	<b>2022 Fac PE RVU</b> : 25.05	
					- · · ·	
RUC Recommendation: 34.40			Referred to CPT	liched in CDT Acets	Result: Increase	
RUC Recommendation: 34.40				lished in CPT Asst:	Result: Increase	
		ous cesarean delivery (with or without	Referred to CPT Asst  Pub	e: Obstetrical Care	Screen: High IWPUT	Complete? Ye
59612 Vaginal delivery only, episiotomy and/or ford			Referred to CPT Asst  Pub			Complete? Ye
59612 Vaginal delivery only, episiotomy and/or force	ceps);	ous cesarean delivery (with or without  Specialty Developing ACOG, AAFP Recommendation:	Referred to CPT Asst  Pub  Global: MMM Issue	e: Obstetrical Care  2020  Medicare	Screen: High IWPUT	Complete? Ye
59612 Vaginal delivery only,	ceps);	Specialty Developing ACOG, AAFP	Referred to CPT Asst  Pub  Global: MMM Issue	e: Obstetrical Care	Screen: High IWPUT  2022 Work RVU: 16.09	Complete? Ye
59612 Vaginal delivery only, episiotomy and/or force Most Recent RUC Meeting: October 2009	ceps);	Specialty Developing ACOG, AAFP	Referred to CPT Asst  Pub  Global: MMM Issue	e: Obstetrical Care  2020  Medicare	Screen: High IWPUT  2022 Work RVU: 16.09  2022 NF PE RVU: NA	Complete? Ye
59612 Vaginal delivery only, episiotomy and/or force Most Recent RUC Meeting: October 2009	ceps);	Specialty Developing ACOG, AAFP	Global: MMM Issue First Identified: April 2008  Referred to CPT	e: Obstetrical Care  2020  Medicare	Screen: High IWPUT  2022 Work RVU: 16.09  2022 NF PE RVU: NA  2022 Fac PE RVU: 6.08	Complete? Ye
59612 Vaginal delivery only, episiotomy and/or force Most Recent RUC Meeting: October 2009  RUC Recommendation: 16.09	ceps); Tab: 15	Specialty Developing ACOG, AAFP Recommendation:	Global: MMM Issue First Identified: April 2008  Referred to CPT Referred to CPT Asst Pub	2020 Medicare Utilization: 51	Screen: High IWPUT  2022 Work RVU: 16.09  2022 NF PE RVU: NA  2022 Fac PE RVU: 6.08	
59612 Vaginal delivery only, episiotomy and/or force Most Recent RUC Meeting: October 2009  RUC Recommendation: 16.09  59614 Vaginal delivery only, episiotomy and/or force Most Recent	ceps); Tab: 15	Specialty Developing ACOG, AAFP Recommendation:	Global: MMM Issue First Identified: April 2008  Referred to CPT Referred to CPT Asst Pub  Global: MMM Issue First	2020 Medicare Utilization: 51	Screen: High IWPUT  2022 Work RVU: 16.09  2022 NF PE RVU: NA  2022 Fac PE RVU: 6.08  Result: Increase	
59612 Vaginal delivery only, episiotomy and/or force Most Recent RUC Meeting: October 2009  RUC Recommendation: 16.09  59614 Vaginal delivery only, episiotomy and/or force Most Recent	ceps); Tab: 15  after previoceps); inclu	Specialty Developing ACOG, AAFP Recommendation:  ous cesarean delivery (with or without ding postpartum care	Global: MMM Issue  First Identified: April 2008  Referred to CPT Referred to CPT Asst Pub  Global: MMM Issue	2020 Medicare Utilization: 51  Slished in CPT Asst:  2: Obstetrical Care 2020 Medicare	Screen: High IWPUT  2022 Work RVU: 16.09 2022 NF PE RVU: NA 2022 Fac PE RVU:6.08 Result: Increase  Screen: High IWPUT	
59612 Vaginal delivery only, episiotomy and/or force was recent RUC Meeting: October 2009  RUC Recommendation: 16.09	ceps); Tab: 15  after previoceps); inclu	Specialty Developing ACOG, AAFP Recommendation:  ous cesarean delivery (with or without ding postpartum care  Specialty Developing ACOG, AAFP	Global: MMM Issue First Identified: April 2008  Referred to CPT Referred to CPT Asst Pub  Global: MMM Issue First	2020 Medicare Utilization: 51  Slished in CPT Asst:  2020	Screen: High IWPUT  2022 Work RVU: 16.09 2022 NF PE RVU: NA 2022 Fac PE RVU: 6.08 Result: Increase  Screen: High IWPUT  2022 Work RVU: 20.06	
59612 Vaginal delivery only, episiotomy and/or force Most Recent RUC Meeting: October 2009  RUC Recommendation: 16.09  59614 Vaginal delivery only, episiotomy and/or force Most Recent	ceps); Tab: 15  after previoceps); inclu	Specialty Developing ACOG, AAFP Recommendation:  ous cesarean delivery (with or without ding postpartum care  Specialty Developing ACOG, AAFP	Global: MMM Issue First Identified: April 2008  Referred to CPT Referred to CPT Asst Pub  Global: MMM Issue First Identified: April 2008  Referred to CPT	2020 Medicare Utilization: 51  Slished in CPT Asst:  2: Obstetrical Care 2020 Medicare	Screen: High IWPUT  2022 Work RVU: 16.09 2022 NF PE RVU: NA 2022 Fac PE RVU: 6.08  Result: Increase  Screen: High IWPUT  2022 Work RVU: 20.06 2022 NF PE RVU: NA	Complete? Ye

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EGG4G Pouting abotetuis com							
		antepartum care, cesarea npted vaginal delivery afte			: Obstetrical Care	Screen: High IWPUT	Complete? Yes
Most Recent RUC Meeting: October 2009	<b>Tab:</b> 15	Specialty Developing A Recommendation:	COG, AAFP	First Identified: April 2008	2020 Medicare Utilization: 18	2022 Work RVU: 40.91 2022 NF PE RVU: NA 2022 Fac PE RVU: 26.67	
RUC Recommendation: 36.69				ferred to CPT ferred to CPT Asst	ished in CPT Asst:	Result: Increase	
9620 Cesarean delivery onl cesarean delivery;	ly, followinç	g attempted vaginal delive	ry after previous	Global: MMM Issue	: Obstetrical Care	Screen: High IWPUT	Complete? Yes
lost Recent RUC Meeting: October 2009	<b>Tab:</b> 15	Specialty Developing A Recommendation:	COG, AAFP	First Identified: April 2008	2020 Medicare Utilization: 18	2022 Work RVU: 16.66 2022 NF PE RVU: NA 2022 Fac PE RVU: 6.30	
<b>PUC Recommendation:</b> 16.66				ferred to CPT ferred to CPT Asst	ished in CPT Asst:	Result: Decrease	
9622 Cesarean delivery onl		g attempted vaginal delive	ry after previous	Global: MMM Issue	: Obstetrical Care	Screen: High IWPUT	Complete? Ye
cesarean delivery; inc				Global: MMM Issue First Identified: April 2008		2022 Work RVU: 22.66 2022 NF PE RVU: NA	Complete? Yes
cesarean delivery; ind lost Recent BUC Meeting: October 2009	cluding pos	tpartum care  Specialty Developing A	COG, AAFP	First Identified: April 2008	: Obstetrical Care  2020  Medicare	<b>2022 Work RVU</b> : 22.66	Complete? Yes
cesarean delivery; ind lost Recent UC Meeting: October 2009 UC Recommendation: 22.53	Cluding pos	tpartum care  Specialty Developing A	COG, AAFP Ref	First Identified: April 2008  ferred to CPT ferred to CPT Asst Publ	: Obstetrical Care  2020  Medicare  Utilization: 9	2022 Work RVU: 22.66 2022 NF PE RVU: NA 2022 Fac PE RVU: 10.94	·
cesarean delivery; ind Most Recent RUC Meeting: October 2009 RUC Recommendation: 22.53	Cluding pos	tpartum care  Specialty Developing A Recommendation:	COG, AAFP Ref Ref	First Identified: April 2008  ferred to CPT ferred to CPT Asst Publ	: Obstetrical Care  2020 Medicare Utilization: 9  ished in CPT Asst:  : Total Thyroid Lobectomy  2020	2022 Work RVU: 22.66 2022 NF PE RVU: NA 2022 Fac PE RVU:10.94 Result: Increase	Complete? Yes

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60225 Total thyroid lobectomy, unilateral; with contralateral subtotal lobectomy, Global: 090 Issue: Total Thyroid Lobectomy Screen: Site of Service Anomaly Complete? Yes including isthmusectomy 2022 Work RVU: 14.79 **Most Recent Tab:** 46 Specialty Developing ACS, AAO-HNS First 2020 **RUC Meeting:** April 2008 Identified: September 2007 Recommendation: Medicare 2022 NF PE RVU: NA **Utilization:** 210 2022 Fac PE RVU: 10.34 **RUC Recommendation: 14.67** Referred to CPT Result: Maintain **Published in CPT Asst: Referred to CPT Asst** Screen: CMS Request to Re-Thymectomy, partial or total; transcervical approach (separate procedure) Global: 090 Issue: RAW Review Complete? Yes Review Families of Recently Reviewed CPT Codes / CMS Request -Final Rule for 2013 2022 Work RVU: 17.16 **Most Recent Tab: 34 Specialty Developing** 2020 First **RUC Meeting:** January 2013 Recommendation: Identified: November 2011 Medicare 2022 NF PE RVU: NA **Utilization:** 336 2022 Fac PE RVU: 10.09 RUC Recommendation: No reliable way to determine an incremental Referred to CPT Result: Remove from Screen difference from open thoracotomy to thoracoscopic procedures. **Published in CPT Asst:** Referred to CPT Asst 60521 Thymectomy, partial or total; sternal split or transthoracic approach, without Screen: CMS Request to Re-Global: 090 Issue: RAW Review Complete? Yes Review Families of radical mediastinal dissection (separate procedure) Recently Reviewed CPT Codes / CMS Request -Final Rule for 2013 2022 Work RVU: 19.18 Most Recent **Tab: 34 Specialty Developing First** 2020 **RUC Meeting:** January 2013 Identified: November 2011 Recommendation: Medicare **2022 NF PE RVU: NA Utilization:** 214 2022 Fac PE RVU: 9.35 RUC Recommendation: No reliable way to determine an incremental Referred to CPT Result: Remove from Screen difference from open thoracotomy to thoracoscopic procedures. Referred to CPT Asst **Published in CPT Asst:** 

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Thymectomy, partial or total; sternal split or transthoracic approach, with radical Global: 090 Issue: RAW Review Screen: CMS Request to Re-Complete? Yes Review Families of mediastinal dissection (separate procedure) Recently Reviewed CPT Codes / CMS Request -Final Rule for 2013 2022 Work RVU: 23.48 Most Recent **Tab: 34** Specialty Developing 2020 **RUC Meeting:** January 2013 Recommendation: Identified: November 2011 Medicare 2022 NF PE RVU: NA **Utilization:** 91 2022 Fac PE RVU: 11.28 RUC Recommendation: No reliable way to determine an incremental Referred to CPT Result: Remove from Screen difference from open thoracotomy to thoracoscopic procedures. Referred to CPT Asst **Published in CPT Asst:** 61055 Cisternal or lateral cervical (c1-c2) puncture; with injection of medication or Global: 000 Issue: Myelography **Screen:** Codes Reported Complete? Yes other substance for diagnosis or treatment Together 75% or More-Part2 2022 Work RVU: 2.10 Most Recent **Tab:** 17 Specialty Developing First 2020 Recommendation: Identified: January 2014 **RUC Meeting:** April 2014 Medicare 2022 NF PE RVU: NA **Utilization:** 166 2022 Fac PE RVU: 1.03 **RUC Recommendation:** Editorial change Referred to CPT October 2013 Result: Remove from Screen Referred to CPT Asst Published in CPT Asst: 61624 Transcatheter permanent occlusion or embolization (eg, for tumor destruction, Global: 000 **Issue: RAW** Screen: Codes Reported Complete? No Together 75% or Moreto achieve hemostasis, to occlude a vascular malformation), percutaneous, any method; central nervous system (intracranial, spinal cord) Part5 2022 Work RVU: 20.12 Specialty Developing AANS, ACR, CNS 2020 Most Recent **Tab:** 13 **RUC Meeting:** September 2022 Recommendation: Identified: April 2022 Medicare 2022 NF PE RVU: NA **Utilization:** 7,557 2022 Fac PE RVU: 8.27 **RUC Recommendation:** Refer to CPT for code bundling solution Referred to CPT Result: Referred to CPT Asst Published in CPT Asst:

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Stereotactic computer-assisted (navigational) procedure; cranial, intradural (list Global: ZZZ Issue: Stereotactic Computer-Screen: CMS Fastest Growing Complete? Yes Assisted Volumetric separately in addition to code for primary procedure) **Navigational Procedures** 2022 Work RVU: 3.75 **Most Recent** 2020 **Tab:** 13 Specialty Developing NASS, AANS/CNS **RUC Meeting:** February 2010 Recommendation: Identified: October 2009 Medicare 2022 NF PE RVU: NA **Utilization:** 15,164 **2022 Fac PE RVU: 1.78 RUC Recommendation: 3.75** Referred to CPT October 2009 Result: Decrease **Published in CPT Asst:** Referred to CPT Asst 61782 Stereotactic computer-assisted (navigational) procedure; cranial, extradural (list Global: ZZZ Stereotactic Computer-Screen: CMS Fastest Growing Complete? Yes Assisted Volumetric separately in addition to code for primary procedure) **Navigational Procedures** 2022 Work RVU: 3.18 Most Recent **Tab:** 13 **Specialty Developing** NASS. 2020 First **RUC Meeting:** February 2010 AANS/CNS. AAO-Identified: October 2009 Recommendation: Medicare **2022 NF PE RVU: NA** HNS **Utilization:** 15,306 2022 Fac PE RVU: 1.45 **RUC Recommendation: 3.18** Referred to CPT October 2009 Result: Decrease Referred to CPT Asst Published in CPT Asst: 61783 Stereotactic computer-assisted (navigational) procedure; spinal (list separately Global: ZZZ Issue: Stereotactic Computer-Screen: CMS Fastest Growing Complete? Yes Assisted Volumetric in addition to code for primary procedure) **Navigational Procedures** 2022 Work RVU: 3.75 2020 **Most Recent Tab:** 13 Specialty Developing NASS, AANS/CNS **RUC Meeting:** February 2010 Recommendation: Identified: October 2009 Medicare 2022 NF PE RVU: NA **Utilization:** 19,623

Referred to CPT

October 2009

Referred to CPT Asst | Published in CPT Asst:

2022 Fac PE RVU: 1.82

Result: Decrease

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**RUC Recommendation: 3.75** 

61793 Deleted from CPT Global: Issue: Stereotactic Radiosurgery Screen: CMS Fastest Growing,

Site of Service Anomaly

Complete? Yes

(99238-Only)

2022 Fac PE RVU:

Final Rule

Most Recent Tab: 26 Specialty Developing AANS First 2020 2022 Work RVU: RUC Meeting: October 2008 Recommendation: Identified: September 2007 Medicare 2022 NF PF RVII

Medicare 2022 NF PE RVU: Utilization:

RUC Recommendation: Deleted from CPT Referred to CPT February 2008 Result: Deleted from CPT

Referred to CPT Asst Published in CPT Asst:

61795 Deleted from CPT Global: Issue: Stereotactic Radiosurgery Screen: CMS Fastest Growing Complete? Yes

Most RecentTab: 38Specialty Developing<br/>RUC Meeting: February 2009NASS, AAO-HNS, First<br/>Recommendation:First<br/>AANS20202022 Work RVU:Identified: October 2008Medicare2022 NF PE RVU:

Utilization: 2022 Fac PE RVU:

RUC Recommendation: Deleted from CPT Referred to CPT October 2009 Result: Deleted from CPT

Referred to CPT Asst Published in CPT Asst:

61796 Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); 1 Global: 090 Issue: Stereotactic Radiosurgery Screen: CMS Request - 2009 Complete? Yes

simple cranial lesion

Most Recent Tab: 38 Specialty Developing First 2020 2022 Work RVU: 13.93

RUC Meeting: February 2009 Recommendation: Identified: NA Medicare Utilization: 6.404

2022 Fac PE RVU: 11.07

RUC Recommendation: 15.50 Referred to CPT Result: Decrease

Referred to CPT Asst: Dublished in CPT Asst:

61797 Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); each Global: ZZZ Issue: Stereotactic Radiosurgery Screen: CMS Request - 2009 Complete? Yes additional cranial lesion, simple (list separately in addition to code for primary Final Rule procedure) 2022 Work RVU: 3.48 **Most Recent Tab:** 38 **Specialty Developing** First 2020 **RUC Meeting:** February 2009 Recommendation: Identified: NA Medicare 2022 NF PE RVU: NA 8,507 **Utilization: 2022 Fac PE RVU: 1.66 RUC Recommendation: 3.48** Referred to CPT Result: Decrease Referred to CPT Asst **Published in CPT Asst:** 61798 Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); 1 Issue: Stereotactic Radiosurgery Screen: CMS Request - 2009 Global: 090 Complete? Yes complex cranial lesion Final Rule 2022 Work RVU: 19.85 **Most Recent Tab:** 38 **Specialty Developing** First 2020 **RUC Meeting:** February 2009 Recommendation: Identified: NA Medicare 2022 NF PE RVU: NA **Utilization:** 3,174 **2022 Fac PE RVU: 13.75 RUC Recommendation: 19.75** Referred to CPT Result: Decrease **Referred to CPT Asst Published in CPT Asst:** Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); each Global: ZZZ Screen: CMS Request - 2009 Complete? Yes Issue: Stereotactic Radiosurgery additional cranial lesion, complex (list separately in addition to code for primary Final Rule procedure) 2022 Work RVU: 4.81 **Most Recent Tab:** 38 **Specialty Developing** First 2020 **RUC Meeting:** February 2009 Recommendation: Identified: NA Medicare 2022 NF PE RVU: NA **Utilization:** 786 2022 Fac PE RVU: 2.29 **RUC Recommendation: 4.81** Referred to CPT Result: Decrease

Referred to CPT Asst

**Published in CPT Asst:** 

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61800 Application of stereotactic headframe for stereotactic radiosurgery (list Global: ZZZ Issue: Stereotactic Radiosurgery Screen: CMS Fastest Growing. Complete? Yes separately in addition to code for primary procedure) Site of Service Anomaly (99238-Only) 2022 Work RVU: 2.25 Most Recent **Tab:** 16 **Specialty Developing** First 2020 **RUC Meeting:** April 2008 Recommendation: **Identified:** February 2008 Medicare 2022 NF PE RVU: NA **Utilization:** 4,520 **2022 Fac PE RVU: 1.36** RUC Recommendation: 2.25 Referred to CPT Result: Decrease Referred to CPT Asst **Published in CPT Asst:** 61885 Insertion or replacement of cranial neurostimulator pulse generator or receiver, Global: 090 Issue: Vagal Nerve Stimulator **Screen:** Site of Service Anomaly Complete? Yes direct or inductive coupling; with connection to a single electrode array 2022 Work RVU: 6.05 **Most Recent Tab:** 14 Specialty Developing AANS/CNS 2020 Identified: September 2007 **RUC Meeting:** February 2010 Recommendation: Medicare 2022 NF PE RVU: NA **Utilization:** 4,795 **2022 Fac PE RVU: 7.43 RUC Recommendation: 6.44** Referred to CPT October 2009 Result: Decrease Referred to CPT Asst Published in CPT Asst: Percutaneous lysis of epidural adhesions using solution injection (eg, Global: 010 Issue: Epidual Lysis Screen: Site of Service Anomaly Complete? Yes hypertonic saline, enzyme) or mechanical means (eq. catheter) including radiologic localization (includes contrast when administered), multiple adhesiolysis sessions; 2 or more days 2022 Work RVU: 5.00 **Most Recent Tab:** 66 Specialty Developing AAPM, 2020 **RUC Meeting:** October 2010 AANS/CNS, ASA, Identified: September 2007 Recommendation: Medicare **2022 NF PE RVU: 13.50** NASS **Utilization:** 205 **2022 Fac PE RVU: 3.70** Referred to CPT RUC Recommendation: 6.54 Result: Maintain **Referred to CPT Asst Published in CPT Asst:** 

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62270 Spinal puncture, lumb	ar, diagno	stic;	Global: 000 Issue:	Lumbar Puncture	Screen: Different Performing Specialty from Survey	Complete? Yes
Most Recent	<b>Tab:</b> 09	Specialty Developing ACR, ASNR, SIR	First	2020	<b>2022 Work RVU:</b> 1.22	
RUC Meeting: January 2019		Recommendation:	Identified: October 2017	Medicare	<b>2022 NF PE RVU</b> : 2.35	
				Utilization: 25,821	<b>2022 Fac PE RVU</b> : 0.40	
<b>RUC Recommendation:</b> 1.44		Re	ferred to CPT September 20	)18	Result: Increase	
		Re	ferred to CPT Asst L Publi	ished in CPT Asst:		
62272 Spinal puncture, thera catheter);	apeutic, for	drainage of cerebrospinal fluid (by needle	e or Global: 000 Issue:	Lumbar Puncture	Screen: Different Performing Specialty from Survey	Complete? Yes
Most Recent	<b>Tab:</b> 09	Specialty Developing	First	2020	<b>2022 Work RVU</b> : 1.58	
RUC Meeting: January 2019		Recommendation:	Identified: September 2018		<b>2022 NF PE RVU</b> : 3.17	
				Utilization: 3,334	2022 Fac PE RVU: 0.66	
RUC Recommendation: 1.80			ferred to CPT September 20 ferred to CPT Asst Dubli	018 ished in CPT Asst:	Result: Increase	
<b>0220</b> : ,	•	ubstance (eg, alcohol, phenol, iced saline therapeutic substance; epidural, cervical		Injection of Neurolytic A	gent <b>Screen</b> : Site of Service Anomaly (99238-Only)	Complete? Yes
Most Recent	<b>Tab:</b> 16	Specialty Developing ASA	First	2020	<b>2022 Work RVU</b> : 2.66	
RUC Meeting: September 2007		Recommendation:	Identified: September 2007	Medicare Utilization: 244	<b>2022 NF PE RVU</b> : 4.20	
				Ounzation: 244	2022 Fac PE RVU: 1.73	

Referred to CPT Asst Published in CPT Asst: Q&A May 2010

Referred to CPT

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**RUC Recommendation:** Remove 99238

62284 Injection procedure for myelography and/or computed tomography, lumbar Global: 000 Issue: Myelography Screen: Codes Reported Complete? Yes Together 75% or More-Part2 2022 Work RVU: 1.54 Most Recent Specialty Developing ACR, ASNR First 2020 **RUC Meeting:** April 2014 Recommendation: Identified: October 2012 Medicare 2022 NF PE RVU: 4.11 **Utilization:** 14,134 2022 Fac PE RVU: 0.76 RUC Recommendation: 1.54 Referred to CPT October 2013 Result: Maintain Referred to CPT Asst **Published in CPT Asst:** 62287 Decompression procedure, percutaneous, of nucleus pulposus of intervertebral Global: 090 **Issue:** Percutaneous Diskectomy **Screen:** Site of Service Anomaly Complete? Yes (99238-Only) disc, any method utilizing needle based technique to remove disc material under fluoroscopic imaging or other form of indirect visualization, with discography and/or epidural injection(s) at the treated level(s), when performed, single or multiple levels, lumbar 2022 Work RVU: 9.03 **Most Recent Tab:** 16 Specialty Developing ASA First 2020 **RUC Meeting:** September 2007 Recommendation: Identified: September 2007 Medicare **2022 NF PE RVU: NA Utilization:** 96 **2022 Fac PE RVU: 6.98** RUC Recommendation: Reduce 99238 to 0.5 Referred to CPT 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 Tab: 45 Specialty Developing RUC Meeting: April 2010 Specialty Developing Recommendation: AAMPR, AUR, Identified: October 2009 Medicare 2022 Work RVU: 3.00 Medicare 3.00

NASS, ACR, Utilization: 5,808
ASNR, ISIS, AANS
2022 Fac PE RVU: 1.42

RUC Recommendation: 3.00, CPT Assistant article published. Referred to CPT Result: Maintain

Referred to CPT Asst Published in CPT Asst: Mar 2011

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62302 Myelography via lumbar injection, including radiological supervision and Global: 000 Issue: Myelography Screen: Codes Reported Complete? Yes Together 75% or Moreinterpretation: cervical Part2 2022 Work RVU: 2.29 Most Recent Specialty Developing ACR, ASNR First 2020 **RUC Meeting:** April 2014 Recommendation: Identified: October 2012 Medicare **2022 NF PE RVU: 5.35 Utilization:** 2,942 **2022 Fac PE RVU: 1.00 RUC Recommendation: 2.29** Referred to CPT October 2013 Result: Decrease Referred to CPT Asst **Published in CPT Asst:** 62303 Myelography via lumbar injection, including radiological supervision and Global: 000 Issue: Myelography Screen: Codes Reported Complete? Yes Together 75% or Moreinterpretation; thoracic Part2 2022 Work RVU: 2.29 **Most Recent Tab:** 17 Specialty Developing ACR, ASNR 2020 **RUC Meeting:** April 2014 Recommendation: Identified: October 2012 Medicare 2022 NF PE RVU: 5.49 340 **Utilization:** 2022 Fac PE RVU: 1.01 **RUC Recommendation: 2 29** Referred to CPT October 2013 Result: Decrease Referred to CPT Asst Published in CPT Asst: Myelography via lumbar injection, including radiological supervision and Global: 000 Issue: Myelography Screen: Codes Reported Complete? Yes Together 75% or Moreinterpretation; lumbosacral Part2 2022 Work RVU: 2.25 **Most Recent Tab:** 17 Specialty Developing ACR, ASNR First 2020 **RUC Meeting:** April 2014 Identified: October 2012 Recommendation: Medicare 2022 NF PE RVU: 5.30

**Utilization:** 

October 2013

12,583

2022 Fac PE RVU: 0.99

Result: Decrease

Referred to CPT Asst Published in CPT Asst:

Referred to CPT

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**RUC Recommendation: 2.25** 

62305 Myelography via lumbar injection, including radiological supervision and Global: 000 Issue: Myelography Screen: Codes Reported Complete? Yes Together 75% or Moreinterpretation: 2 or more regions (eq. lumbar/thoracic, cervical/thoracic. lumbar/cervical, lumbar/thoracic/cervical) Part2 2022 Work RVU: 2.35 Most Recent **Tab:** 17 Specialty Developing ACR, ASNR First 2020 **RUC Meeting:** April 2014 Recommendation: Identified: October 2012 Medicare 2022 NF PE RVU: 5.89 **Utilization:** 4,788 **2022 Fac PE RVU: 1.03** RUC Recommendation: 2.35 Referred to CPT October 2013 Result: Decrease Referred to CPT Asst **Published in CPT Asst:** 62310 Injection(s), of diagnostic or therapeutic substance(s) (including anesthetic, Global: Issue: Epidural Injections Screen: CMS High Expenditure Complete? Yes Procedural Codes1 / antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, includes contrast for Final Rule for 2015 localization when performed, epidural or subarachnoid; cervical or thoracic 2022 Work RVU: 2020 **Most Recent Tab:** 10 Specialty Developing AAPM, AAPMR, First **RUC Meeting:** October 2015 Recommendation: ASA, ISIS, NASS, Identified: January 2012 Medicare **2022 NF PE RVU:** ASNR, ASIPP **Utilization:** 2022 Fac PE RVU: Referred to CPT RUC Recommendation: Deleted from CPT May 2015 Result: Deleted from CPT ☐ Published in CPT Asst: Referred to CPT Asst Injection(s), of diagnostic or therapeutic substance(s) (including anesthetic, Global: Issue: Epidural Injections Screen: CMS High Expenditure Complete? Yes antispasmodic, opioid, steroid, other solution), not including neurolytic Procedural Codes1 / Final Rule for 2015 substances, including needle or catheter placement, includes contrast for localization when performed, epidural or subarachnoid; lumbar or sacral (caudal) 2022 Work RVU: Specialty Developing AAPM, AAPMR, Most Recent **Tab:** 10 2020 **RUC Meeting:** October 2015 ASA, ISIS, NASS, Identified: September 2011 Recommendation: Medicare **2022 NF PE RVU:** ASNR, ASIPP **Utilization:** 2022 Fac PE RVU: RUC Recommendation: Deleted from CPT May 2015 Result: Deleted from CPT Referred to CPT

Referred to CPT Asst

Published in CPT Asst:

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Injection(s), including indwelling catheter placement, continuous infusion or Global: Issue: Epidural Injections Screen: CMS High Expenditure Complete? Yes 62318 Procedural Codes1 / intermittent bolus, of diagnostic or therapeutic substance(s) (including anesthetic, antispasmodic, opioid, steroid, other solution), not including Final Rule for 2015 neurolytic substances, includes contrast for localization when performed. epidural or subarachnoid; cervical or thoracic 2022 Work RVU: **Most Recent Tab:** 10 Specialty Developing AAPM, AAPMR, 2020 First ASA, ISIS, NASS, **RUC Meeting:** October 2015 Recommendation: Identified: January 2012 Medicare **2022 NF PE RVU:** ASNR. ASIPP **Utilization:** 2022 Fac PE RVU: RUC Recommendation: Deleted from CPT Referred to CPT May 2015 Result: Deleted from CPT Referred to CPT Asst Published in CPT Asst: 62319 Injection(s), including indwelling catheter placement, continuous infusion or Global: Issue: Epidural Injections Screen: CMS High Expenditure Complete? Yes intermittent bolus, of diagnostic or therapeutic substance(s) (including Procedural Codes1 / Final Rule for 2015 anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, includes contrast for localization when performed, epidural or subarachnoid: lumbar or sacral (caudal) 2022 Work RVU: **Tab**: 10 Specialty Developing AAPM, AAPMR, 2020 Most Recent First **RUC Meeting:** October 2015 ASA, ISIS, NASS, Identified: January 2012 Recommendation: Medicare **2022 NF PE RVU:** ASNR, ASIPP **Utilization:** 2022 Fac PE RVU: Result: Deleted from CPT RUC Recommendation: Deleted from CPT Referred to CPT May 2015 Referred to CPT Asst | Published in CPT Asst: 62320 Injection(s), of diagnostic or therapeutic substance(s) (eg., anesthetic, Global: 000 Issue: Epidural Injections Screen: Final Rule for 2015 Complete? Yes antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, cervical or thoracic; without imaging guidance 2022 Work RVU: 1.80 2020 Most Recent **Tab**: 10 Specialty Developing AANS, AANEM, **RUC Meeting:** October 2015 AAPM, AAPM&R, Recommendation: Identified: May 2015 Medicare **2022 NF PE RVU: 2.87** ACR, ASIPP, ASA, **Utilization:** 3.992 ASNR, CNS, ISIS, **2022 Fac PE RVU: 0.89** NASS **RUC Recommendation: 1.80** Referred to CPT May 2015 Result: Decrease Referred to CPT Asst Published in CPT Asst:

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Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, Global: 000 Issue: Epidural Injections Screen: Final Rule for 2015 Complete? Yes 62321 antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, cervical or thoracic; with imaging guidance (ie. fluoroscopy or ct) 2022 Work RVU: 1.95 **Most Recent Tab:** 10 Specialty Developing AANS, AANEM, 2020 **RUC Meeting:** October 2015 Recommendation: AAPM, AAPM&R, Identified: May 2015 Medicare 2022 NF PE RVU: 5.77 ACR, ASIPP, ASA, **Utilization:** 179,705 ASNR, CNS, ISIS, **2022 Fac PE RVU: 0.99** NASS **RUC Recommendation: 1.95** Referred to CPT May 2015 Result: Decrease Referred to CPT Asst **Published in CPT Asst:** 62322 Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, Global: 000 Issue: Epidural Injections Screen: Final Rule for 2015 Complete? Yes antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, lumbar or sacral (caudal); without imaging guidance 2022 Work RVU: 1.55 **Most Recent Tab:** 10 Specialty Developing AANS, AANEM, First 2020 Identified: May 2015 **RUC Meeting:** October 2015 Recommendation: AAPM. AAPM&R. Medicare **2022 NF PE RVU: 2.43** ACR, ASIPP, ASA, **Utilization:** 31.138 ASNR, CNS, ISIS, 2022 Fac PE RVU: 0.64 NASS **RUC Recommendation: 1.55** Referred to CPT May 2015 Result: Decrease Referred to CPT Asst Published in CPT Asst: 62323 Injection(s), of diagnostic or therapeutic substance(s) (eg. anesthetic. Global: 000 Issue: Epidural Injections Screen: Final Rule for 2015 Complete? Yes antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, lumbar or sacral (caudal); with imaging guidance (ie. fluoroscopy or ct) 2022 Work RVU: 1.80 Specialty Developing 2020 **Most Recent Tab**: 10 AANS, AANEM, Identified: May 2015 **RUC Meeting:** October 2015 Recommendation: AAPM, AAPM&R, Medicare 2022 NF PE RVU: 5.82 ACR. ASIPP. ASA. **Utilization:** 565,221 ASNR. CNS. ISIS. **2022 Fac PE RVU:** 0.92 NASS **RUC Recommendation: 1.80** Referred to CPT May 2015 Result: Decrease Referred to CPT Asst Published in CPT Asst:

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Injection(s), including indwelling catheter placement, continuous infusion or Global: 000 Issue: Epidural Injections Screen: Final Rule for 2015 Complete? Yes 62324 intermittent bolus, of diagnostic or therapeutic substance(s) (eg. anesthetic. antispasmodic, opioid, steroid, other solution), not including neurolytic substances, interlaminar epidural or subarachnoid, cervical or thoracic; without imaging guidance 2022 Work RVU: 1.89 **Most Recent Tab:** 10 Specialty Developing AANS, AANEM, 2020 First AAPM, AAPM&R, **RUC Meeting:** October 2015 Recommendation: Identified: May 2015 Medicare **2022 NF PE RVU: 2.06** ACR, ASIPP, ASA, **Utilization:** 15,111 ASNR, CNS, ISIS, 2022 Fac PE RVU: 0.56 NASS **RUC Recommendation: 1.89** Referred to CPT May 2015 Result: Decrease Referred to CPT Asst Published in CPT Asst: Injection(s), including indwelling catheter placement, continuous infusion or Global: 000 Issue: Epidural Injections Screen: Final Rule for 2015 Complete? Yes intermittent bolus, of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, interlaminar epidural or subarachnoid, cervical or thoracic; with imaging guidance (ie, fluoroscopy or ct) 2022 Work RVU: 2.20 **Most Recent Tab:** 10 Specialty Developing AANS, AANEM, First 2020 AAPM, AAPM&R, **RUC Meeting:** October 2015 Recommendation: Identified: May 2015 Medicare 2022 NF PE RVU: 5.26 ACR, ASIPP, ASA, **Utilization:** 933 ASNR, CNS, ISIS, 2022 Fac PE RVU: 0.85 NASS

Referred to CPT Asst \_\_\_ Published in CPT Asst:

Result: Decrease

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**RUC Recommendation: 2.20** 

intermittent bolus, of diagnostic or the antispasmodic, opioid, steroid, other s	heter placement, continuous infusion or nerapeutic substance(s) (eg, anesthetic, solution), not including neurolytic subarachnoid, lumbar or sacral (caudal);		Epidural Injections	Screen: Final Rule for 2015	Complete? Yes
			2020	<b>2022 Work RVU</b> : 1.78	
RUC Meeting: October 2015 Rec	ACR, ASIPP, ASA,	• • • • •	Medicare Utilization: 3,169	2022 NF PE RVU: 2.22	
	ASNR, CNS, ISIS, NASS			<b>2022 Fac PE RVU</b> : 0.57	
RUC Recommendation: 1.78		ed to CPT May 2015		Result: Decrease	
	Referre	ed to CPT Asst	hed in CPT Asst:		
intermittent bolus, of diagnostic or the antispasmodic, opioid, steroid, other	subarachnoid, lumbar or sacral (caudal);		Epidural Injections	Screen: Final Rule for 2015	Complete? Yes
			2020	<b>2022 Work RVU</b> : 1.90	
RUC Meeting: October 2015 Rec	commendation: AAPM, AAPM&R, Id ACR, ASIPP, ASA,	,	Medicare Utilization: 1,681	<b>2022 NF PE RVU</b> : 5.89	
	ASNR, CNS, ISIS, NASS			<b>2022 Fac PE RVU</b> : 0.97	
RUC Recommendation: 1.90		ed to CPT May 2015		Result: Decrease	
	Referre	ed to CPT Asst	hed in CPT Asst:		
62328 Spinal puncture, lumbar, diagnostic; v	with fluoroscopic or ct guidance	Global: 000 Issue:	Lumbar Puncture	Screen: Different Performing Specialty from Survey	Complete? Yes
Most Recent Tab: 09 Spe			2020	<b>2022 Work RVU:</b> 1.73	
RUC Meeting: January 2019 Rec	commendation: lo	• • • • • • •	Medicare Utilization: 38,297	<b>2022 NF PE RVU</b> : 5.32	
			·	<b>2022 Fac PE RVU</b> : 0.62	
RUC Recommendation: 1.95		ed to CPT September 201 ed to CPT Asst Publis	8 Feed in CPT Asst:	Result: Increase	

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62329 Spinal puncture, thera catheter); with fluoros		drainage of cerebrospii t guidance	nal fluid (by needle	or Global: 000 Issue:	Lumbar Puncture	<b>Screen:</b> Different Performing Specialty from Survey	Complete? Yes
Most Recent	<b>Tab</b> : 09	Specialty Developing		First	2020	<b>2022 Work RVU:</b> 2.03	
RUC Meeting: January 2019		Recommendation:		Identified: September 2018		<b>2022 NF PE RVU</b> : 6.76	
					Utilization: 1,956	<b>2022 Fac PE RVU</b> : 0.82	
RUC Recommendation: 2.25				erred to CPT September 20 erred to CPT Asst Derivative Public	shed in CPT Asst:	Result: Increase	
catheter, for long-tern	n medicatio	ioning of tunneled intrat on administration via an ump; without laminector	external pump or	Global: 010 Issue:	Intrathecal Epidural Catheters & Pumps	Screen: Site of Service Anomaly	Complete? Yes
Most Recent	<b>Tab:</b> 67	. ,	AAPM,	First	2020	<b>2022 Work RVU:</b> 6.05	
RUC Meeting: October 2010		Recommendation:	AANS/CNS, ASA, ISIS, NASS	Identified: September 2007	Medicare Utilization: 4,328	2022 NF PE RVU: NA	
			1010, 14, 100		• 4,020	<b>2022 Fac PE RVU</b> : 4.54	
RUC Recommendation: 6.05				erred to CPT erred to CPT Asst	shed in CPT Asst:	Result: Decrease	
62355 Removal of previously	y implanted	d intrathecal or epidural	catheter	Global: 010 Issue:	Intrathecal Epidural Catheters & Pumps	Screen: Site of Service Anomaly	Complete? Yes
			AAPM,	First	2020	2022 Work RVU: 3.55	
Most Recent	Tab: 67	Specialty Developing					
	<b>Tab</b> : 67	Specialty Developing Recommendation:	AANS/CNS, ASA,	Identified: September 2007	Medicare	<b>2022 NF PE RVU</b> : NA	
Most Recent RUC Meeting: October 2010	<b>Tab</b> : 67		,			2022 NF PE RVU: NA 2022 Fac PE RVU: 3.75	
	<b>Tab</b> : 67		AANS/CNS, ASA, ISIS, NASS	Identified: September 2007	Medicare		
RUC Meeting: October 2010  RUC Recommendation: 4.35	cement of d		AANS/CNS, ASA, ISIS, NASS Ref	Identified: September 2007 erred to CPT erred to CPT Asst Publi	Medicare Utilization: 899	<b>2022 Fac PE RVU</b> :3.75	Complete? Yes
RUC Recommendation: 4.35  BUC Recommendation: 4.35  BUC Recommendation or replace subcutaneous reserved	cement of d	Recommendation:	AANS/CNS, ASA, ISIS, NASS Ref Ref	Identified: September 2007  erred to CPT  erred to CPT Asst Publication; Global: 010 Issue:	Medicare Utilization: 899  shed in CPT Asst:  Intrathecal Epidural Catheters & Pumps	2022 Fac PE RVU: 3.75 Result: Decrease	Complete? Yes
RUC Recommendation: 4.35	cement of d	Recommendation:	AANS/CNS, ASA, ISIS, NASS  Ref Ref  Ppidural drug infus  AAPMR, ASA, NASS, AAPM,	Identified: September 2007 erred to CPT erred to CPT Asst Publi	Medicare Utilization: 899  shed in CPT Asst:  Intrathecal Epidural Catheters & Pumps  2020 Medicare	2022 Fac PE RVU: 3.75 Result: Decrease  Screen: Site of Service Anomaly	Complete? Yes
RUC Recommendation: 4.35  BUC Recommendation: 4.35  BUC Recommendation: 4.35  BUC Recommendation or replace subcutaneous reserved	cement of d	Recommendation:	AANS/CNS, ASA, ISIS, NASS  Ref Ref  Pepidural drug infus  AAPMR, ASA,	Identified: September 2007  erred to CPT  erred to CPT Asst Publication; Global: 010 Issue:  First	Medicare Utilization: 899  shed in CPT Asst:  Intrathecal Epidural Catheters & Pumps  2020	2022 Fac PE RVU: 3.75 Result: Decrease  Screen: Site of Service Anomaly 2022 Work RVU: 4.33	Complete? Yes
RUC Recommendation: 4.35  BUC Recommendation: 4.35  BUC Recommendation: 4.35  BUC Recommendation or replace subcutaneous reserved	cement of d	Recommendation:	AANS/CNS, ASA, ISIS, NASS  Ref Ref  Ppidural drug infus  AAPMR, ASA, NASS, AAPM, AANS/CNS	Identified: September 2007  erred to CPT  erred to CPT Asst Publication; Global: 010 Issue:  First	Medicare Utilization: 899  shed in CPT Asst:  Intrathecal Epidural Catheters & Pumps  2020 Medicare	2022 Fac PE RVU: 3.75 Result: Decrease  Screen: Site of Service Anomaly  2022 Work RVU: 4.33 2022 NF PE RVU: NA	Complete? Yes

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62361 Implantation or replacement of device for intrathecal or epidural drug infusion; Global: 010 Issue: Intrathecal Epidural Screen: Site of Service Anomaly Complete? Yes Catheters & Pumps nonprogrammable pump 2022 Work RVU: 5.00 **Most Recent Tab:** 67 **Specialty Developing** AAPM, **First** 2020 **RUC Meeting:** October 2010 AANS/CNS, ASA, Recommendation: Identified: April 2008 Medicare 2022 NF PE RVU: NA ISIS. NASS **Utilization:** 16 2022 Fac PE RVU: 6.00 **RUC Recommendation:** 5.65 Referred to CPT Result: Decrease **Referred to CPT Asst** Published in CPT Asst: Screen: Site of Service Anomaly 62362 Implantation or replacement of device for intrathecal or epidural drug infusion; Global: 010 Issue: Intrathecal Epidural Complete? Yes Catheters & Pumps programmable pump, including preparation of pump, with or without programming 2022 Work RVU: 5.60 **Most Recent Tab:** 67 **Specialty Developing** AAPM. **First** 2020 **RUC Meeting:** October 2010 Recommendation: AANS/CNS. ASA. Identified: September 2007 Medicare **2022 NF PE RVU: NA** ISIS, NASS **Utilization:** 6,365 2022 Fac PE RVU: 4.53 **RUC Recommendation:** 6 10 Referred to CPT Result: Decrease Referred to CPT Asst **Published in CPT Asst:** 62365 Removal of subcutaneous reservoir or pump, previously implanted for Global: 010 Issue: Intrathecal Epidural Screen: Site of Service Anomaly Complete? Yes intrathecal or epidural infusion Catheters & Pumps **2022 Work RVU: 3.93 Most Recent Specialty Developing** AAPMR, ASA, First 2020 **Tab**: 67 **RUC Meeting:** October 2010 NASS, AAPM, Identified: September 2007 Recommendation: Medicare 2022 NF PE RVU: NA AANS/CNS **Utilization:** 1,020 **2022 Fac PE RVU: 3.89 RUC Recommendation: 4.65** Referred to CPT Result: Decrease Referred to CPT Asst Published in CPT Asst:

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Electronic analysis of programmable, implanted pump for intrathecal or epidural Global: XXX Issue: Electronic Analysis Screen: Different Performing Complete? Yes 62367 Implanted Pump (PE Only) Specialty from Survey drug infusion (includes evaluation of reservoir status, alarm status, drug prescription status); without reprogramming or refill 2022 Work RVU: 0.48 Specialty Developing AAPM, AAPMR. **Most Recent Tab:** 14 First 2020 Identified: October 2009 **RUC Meeting:** April 2018 Recommendation: ASA, SIS Medicare **2022 NF PE RVU: 0.39 Utilization:** 7,561 **2022 Fac PE RVU: 0.19** October 2010 RUC Recommendation: New PE inputs. 0.48 Referred to CPT Result: Maintain Referred to CPT Asst Published in CPT Asst: 62368 Electronic analysis of programmable, implanted pump for intrathecal or epidural Global: XXX Electronic Analysis Screen: Different Performing Complete? Yes drug infusion (includes evaluation of reservoir status, alarm status, drug Implanted Pump (PE Only) Specialty from Survey / Codes Reported prescription status); with reprogramming Together 75% or More-Part1 2022 Work RVU: 0.67 Specialty Developing AAPM, AAPMR, Most Recent **Tab: 14** 2020 **RUC Meeting:** April 2018 Recommendation: ASA, SIS Identified: October 2009 Medicare **2022 NF PE RVU: 0.55 Utilization:** 33,073 2022 Fac PE RVU: 0.27 RUC Recommendation: New PE inputs. 0.67 Referred to CPT October 2010 Result: Decrease Referred to CPT Asst Published in CPT Asst: 62369 Electronic analysis of programmable, implanted pump for intrathecal or epidural Global: XXX Electronic Analysis Screen: Codes Reported Complete? Yes drug infusion (includes evaluation of reservoir status, alarm status, drug Implanted Pump (PE Only) Together 75% or More-Part1 prescription status); with reprogramming and refill 2022 Work RVU: 0.67 Most Recent **Tab: 14** Specialty Developing AAPM, AAPMR, 2020 **RUC Meeting:** April 2018 ASA, SIS Identified: October 2010 Recommendation: Medicare 2022 NF PE RVU: 2.00 **Utilization:** 27.725 2022 Fac PE RVU: 0.28

Referred to CPT

October 2010

Referred to CPT Asst Published in CPT Asst:

Result: Decrease

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RUC Recommendation: New PE inputs. 0.67

Electronic analysis of programmable, implanted pump for intrathecal or epidural Global: XXX Issue: Electronic Analysis Screen: Codes Reported Complete? Yes 62370 Implanted Pump (PE Only) Together 75% or Moredrug infusion (includes evaluation of reservoir status, alarm status, drug Part1 prescription status); with reprogramming and refill (requiring skill of a physician or other qualified health care professional) **2022 Work RVU: 0.90 Most Recent Tab:** 14 Specialty Developing AAPM, AAPMR, First 2020 **RUC Meeting:** April 2018 Identified: October 2010 Recommendation: ASA. SIS Medicare 2022 NF PE RVU: 1.78 **Utilization:** 100,936 **2022 Fac PE RVU: 0.35** RUC Recommendation: New PE inputs. 1.10 Referred to CPT October 2010 Result: Decrease Referred to CPT Asst **Published in CPT Asst:** 63020 Laminotomy (hemilaminectomy), with decompression of nerve root(s), including Global: 090 Issue: Lumbar Laminotomy with Screen: Site of Service Anomaly - Complete? Yes partial facetectomy, foraminotomy and/or excision of herniated intervertebral Decompression 2018 disc; 1 interspace, cervical 2022 Work RVU: 16.20 **Specialty Developing** Most Recent **Tab:** 17 AANS, AAOS, 2020 **RUC Meeting:** January 2022 Recommendation: CNS, ISASS, Identified: January 2022 Medicare 2022 NF PE RVU: NA NASS **Utilization:** 1,043 2022 Fac PE RVU: 13.26 **RUC Recommendation: 15.95** Referred to CPT Result: Decrease Referred to CPT Asst **Published in CPT Asst:** 63030 Laminotomy (hemilaminectomy), with decompression of nerve root(s), including Global: 090 Issue: Lumbar Laminotomy with Screen: Pre-Time Analysis / Site Complete? Yes partial facetectomy, foraminotomy and/or excision of herniated intervertebral Decompression of Service Anomaly -2018 disc; 1 interspace, lumbar 2022 Work RVU: 13.18 Most Recent **Tab:** 17 Specialty Developing AANS, AAOS, First 2020 CNS. ISASS. Identified: January 2014 **RUC Meeting:** January 2022 Recommendation: Medicare 2022 NF PE RVU: NA NASS **Utilization:** 22,190 2022 Fac PE RVU: 11.76 Result: Maintain **RUC Recommendation: 13.18** Referred to CPT September 2021

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63035 Laminotomy (hemilaminectomy), with decompression of nerve root(s), including Global: ZZZ Issue: Lumbar Laminotomy with Screen: Site of Service Anomaly - Complete? Yes partial facetectomy, foraminotomy and/or excision of herniated intervertebral Decompression 2018 disc; each additional interspace, cervical or lumbar (list separately in addition to code for primary procedure) 2022 Work RVU: 3.15 **Most Recent Tab:** 17 **Specialty Developing** AANS, AAOS, First 2020 **RUC Meeting:** January 2022 CNS. ISASS. Identified: January 2022 Recommendation: Medicare 2022 NF PE RVU: NA NASS **Utilization:** 5,431 2022 Fac PE RVU: 1.54 **RUC Recommendation: 4.00** Referred to CPT Result: Increase Referred to CPT Asst Published in CPT Asst: 63042 Laminotomy (hemilaminectomy), with decompression of nerve root(s), including Global: 090 Issue: RAW Screen: Pre-Time Analysis Complete? Yes partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc, reexploration, single interspace; lumbar 2022 Work RVU: 18.76 Most Recent **Tab:** 21 **Specialty Developing** AANS, AAOS, 2020 **RUC Meeting:** September 2014 Recommendation: NASS Identified: January 2014 Medicare 2022 NF PE RVU: NA 9,447 **Utilization:** 2022 Fac PE RVU: 14.36 RUC Recommendation: Maintain work RVU and adjust the times from pre-Referred to CPT Result: Maintain time package 4. Referred to CPT Asst **Published in CPT Asst:** 63045 Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with Global: 090 **Issue:** Laminectomy Screen: CMS Request - Final Complete? Yes decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or Rule for 2014 lateral recess stenosis]), single vertebral segment; cervical **2022 Work RVU: 17.95 Most Recent Tab:** 16 **Specialty Developing** First 2020 **RUC Meeting:** September 2014 Recommendation: **Identified:** November 2013 Medicare 2022 NF PE RVU: NA **Utilization:** 10,007 2022 Fac PE RVU: 14.31 Result: Maintain **RUC Recommendation: 17.95** Referred to CPT Referred to CPT Asst Published in CPT Asst:

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63046 Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with Global: 090 Issue: Laminectomy Screen: CMS Request - Final Complete? Yes decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or Rule for 2014 lateral recess stenosis]), single vertebral segment; thoracic 2022 Work RVU: 17.25 **Most Recent Tab**: 16 **Specialty Developing** First 2020 **RUC Meeting:** September 2014 Identified: November 2013 Recommendation: Medicare 2022 NF PE RVU: NA **Utilization:** 3,965 **2022 Fac PE RVU: 13.80** Referred to CPT RUC Recommendation: 17.25 Result: Maintain Referred to CPT Asst **Published in CPT Asst:** 63047 Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with Global: 090 Screen: CMS High Expenditure Issue: Laminectomy Complete? Yes decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or **Procedural Codes1** lateral recess stenosis]), single vertebral segment; lumbar 2022 Work RVU: 15.37 Most Recent **Tab: 24** Specialty Developing NASS, AANS First 2020 Identified: September 2011 **RUC Meeting:** January 2013 Recommendation: Medicare 2022 NF PE RVU: NA **Utilization:** 83,353 **2022 Fac PE RVU: 12.81 RUC Recommendation: 15.37** Referred to CPT Result: Maintain Referred to CPT Asst Published in CPT Asst: 63048 Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with Global: ZZZ Issue: Laminectomy Screen: CMS High Expenditure Complete? Yes decompression of spinal cord, cauda equina and/or nerve root[s], [eq. spinal or Procedural Codes1 lateral recess stenosis]), single vertebral segment; each additional vertebral segment, cervical, thoracic, or lumbar (list separately in addition to code for primary procedure) 2022 Work RVU: 3.47 Specialty Developing NASS, AANS 2020 Most Recent **Tab: 24** First **RUC Meeting:** January 2013 Recommendation: Identified: January 2012 Medicare 2022 NF PE RVU: NA **Utilization:** 108.554 2022 Fac PE RVU: 1.70 **RUC Recommendation: 3.47** Referred to CPT Result: Maintain Referred to CPT Asst **Published in CPT Asst:** 

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63056 Transpedicular approach with decompression of spinal cord, equina and/or nerve root(s) (eq. herniated intervertebral disc), single segment; lumbar (including transfacet, or lateral extraforaminal approach) (eg. far lateral

herniated intervertebral disc)

Global: 090 Issue: RAW Screen: CMS Fastest Growing /

**CPT Assistant Analysis** 

Complete? Yes

**Most Recent RUC Meeting:** October 2015 **Tab:** 21 Specialty Developing NASS, AANS

Recommendation:

First 2020 Identified: October 2008 Medicare 2022 Work RVU: 21.86 2022 NF PE RVU: NA

4,943 **Utilization:** 

2022 Fac PE RVU: 15.60

RUC Recommendation: Review action plan at RAW Oct 2015. Maintain

Referred to CPT February 2010 Result: Maintain

Referred to CPT Asst Published in CPT Asst: Oct 2009

63075 Discectomy, anterior, with decompression of spinal cord and/or nerve root(s),

Global: 090

Issue: Arthrodesis Including

Discectomy

**Utilization:** 

Screen: Codes Reported

Complete? Yes

Most Recent **RUC Meeting:** February 2010 Tab: 5 Recommendation:

including osteophytectomy; cervical, single interspace

Specialty Developing NASS, AANS/CNS

2020 Identified: February 2008

Medicare 346 **2022 Work RVU: 19.60** 2022 NF PE RVU: NA

Together 95% or More

**2022 Fac PE RVU: 14.70** 

**RUC Recommendation: 19.60** 

Referred to CPT October 2009

Referred to CPT Asst Published in CPT Asst: Result: Maintain

63076 Discectomy, anterior, with decompression of spinal cord and/or nerve root(s), Global: ZZZ including osteophytectomy; cervical, each additional interspace (list separately

Arthrodesis Including Discectomy

Screen: Codes Reported Together 95% or More Complete? Yes

in addition to code for primary procedure)

Most Recent **RUC Meeting:** February 2010 **Tab:** 5 Recommendation:

Specialty Developing NASS, AANS/CNS

First Identified: 2020

Medicare **Utilization:** 274 2022 Work RVU: 4.04 2022 NF PE RVU: NA

**2022 Fac PE RVU: 1.98** 

**RUC Recommendation: 4.04** 

Referred to CPT

October 2009

Result: Maintain

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

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Vertebral corpectomy (vertebral body resection), partial or complete, anterior Global: 090 Issue: RAW Screen: Codes Reported

approach with decompression of spinal cord and/or nerve root(s); cervical,

single segment

2022 Work RVU: 26.10 **Most Recent Tab:** 13 Specialty Developing AANS, AAOS, First 2020

**RUC Meeting:** September 2022 Recommendation: CNS, ISASS, Identified: April 2022 Medicare 2022 NF PE RVU: NA NASS **Utilization:** 4,386

**RUC Recommendation:** Refer to CPT Assistant Referred to CPT Result:

> Referred to CPT Asst ✓ Published in CPT Asst:

> > Arthrodesis

Complete? No

Together 75% or More-

**2022 Fac PE RVU: 17.99** 

Together 75% or More-

Part5

Part3

63090 Vertebral corpectomy (vertebral body resection), partial or complete, Global: 090 Issue: Vertebral Corpectomy with Screen: Codes Reported Complete? Yes

transperitoneal or retroperitoneal approach with decompression of spinal cord,

cauda equina or nerve root(s), lower thoracic, lumbar, or sacral; single segment

2022 Work RVU: 30.93 **Most Recent** Specialty Developing AAOS, AANS 2020

**RUC Meeting:** September 2022 Recommendation: Identified: January 2015 Medicare 2022 NF PE RVU: NA 738 **Utilization:** 

2022 Fac PE RVU: 18.90

**RUC Recommendation:** Maintain Referred to CPT September 2016 Result: Maintain

Published in CPT Asst: Referred to CPT Asst

Global: 090 Issue: Stereotactic Radiosurgery Screen: CMS Request - 2009 Complete? Yes 63620 Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); 1 Final Rule

spinal lesion

2022 Work RVU: 15.60 2020 **Most Recent Tab:** 38 **Specialty Developing** First **RUC Meeting:** February 2009 Recommendation: Identified: NA Medicare 2022 NF PE RVU: NA

**Utilization:** 570 2022 Fac PE RVU: 11.88

**RUC Recommendation: 15.50** Referred to CPT Result: Decrease

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

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Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); each Global: ZZZ Issue: Stereotactic Radiosurgery Screen: CMS Request - 2009 Complete? Yes Final Rule additional spinal lesion (list separately in addition to code for primary procedure) 2022 Work RVU: 4.00 **Tab:** 38 2020 **Most Recent Specialty Developing** First **RUC Meeting:** February 2009 Recommendation: Identified: NA Medicare 2022 NF PE RVU: NA **Utilization:** 177 **2022 Fac PE RVU: 1.91 RUC Recommendation: 4.00** Referred to CPT Result: Decrease **Referred to CPT Asst Published in CPT Asst:** Percutaneous implantation of neurostimulator electrode array, epidural Global: 010 Issue: Percutaneous implantation Screen: Site of Service Anomaly / Complete? Yes of neurostimulator CMS Fastest Growing / CMS Request - Final Rule for 2013 / PE Units Screen **2022 Work RVU:** 7.15 2020 **Most Recent Tab: 24** Specialty Developing AAPM, AANS/CNS, ASA, Identified: September 2007 **RUC Meeting:** October 2020 Recommendation: Medicare 2022 NF PE RVU: 62.84 ISIS, NASS 76,274 **Utilization: 2022 Fac PE RVU:** 4.23 RUC Recommendation: 7.20. New PE Inputs Referred to CPT Result: Decrease Referred to CPT Asst **Published in CPT Asst:** 63655 Laminectomy for implantation of neurostimulator electrodes, plate/paddle, Global: 090 Issue: Neurostimulator (Spinal) Screen: CMS Fastest Growing Complete? Yes epidural 2022 Work RVU: 10.92 **Most Recent Tab: 17** Specialty Developing NASS, AANS First 2020 Identified: October 2008 Medicare **RUC Meeting:** April 2009 Recommendation: 2022 NF PE RVU: NA **Utilization:** 6.648 2022 Fac PE RVU: 10.41 **RUC Recommendation: 11.43** Referred to CPT Result: Maintain

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63660 Deleted from CPT				Global: Issue	: Neurostimulator (Spinal)	Screen: Site of Service Anomaly / CMS Fastest Growing	Complete? Yes
Most Recent RUC Meeting: April 2009 RUC Recommendation: Deleted to	Tab: 17	Specialty Developing Recommendation:		First Identified: September 2007 Ferred to CPT October 2006 Ferred to CPT Asst Pub	Utilization:	2022 Work RVU: 2022 NF PE RVU: 2022 Fac PE RVU: Result: Deleted from CPT	
33661 Removal of spinal neuro	ostimulato	or electrode percutanec			: Neurostimulator (Spinal)	Screen: Site of Service Anomaly /	Complete? Yes
fluoroscopy, when perfo Most Recent RUC Meeting: April 2009	ormed Tab: 17	Specialty Developing Recommendation:	AANS/CNS, ASA, AAPM	First Identified: April 2008	2020 Medicare Utilization: 3,183	CMS Fastest Growing  2022 Work RVU: 5.08  2022 NF PE RVU: 14.57  2022 Fac PE RVU: 3.66  Result: Decrease	
RUC Recommendation: 5.03							
RUC Recommendation: 5.03			Ref	erred to CPT Asst	lished in CPT Asst:		
			le(s) placed via		lished in CPT Asst:  e: Neurostimulator (Spinal)	Screen: Site of Service Anomaly / CMS Fastest Growing	Complete? Yes
laminotomy or laminecto			le(s) placed via en performed				Complete? Yes
63662 Removal of spinal neuro laminotomy or laminecto	omy, inclu	uding fluoroscopy, whe	le(s) placed via en performed ISIS, NASS, AANS/CNS, ASA, AAPM	Global: 090 Issue First Identified: April 2008	2020 Medicare	CMS Fastest Growing  2022 Work RVU: 11.00  2022 NF PE RVU: NA	Complete? Yes
63662 Removal of spinal neuro laminotomy or laminector Most Recent RUC Meeting: April 2009 RUC Recommendation: 10.87	omy, inclu Tab: 17	uding fluoroscopy, whe Specialty Developing Recommendation:	le(s) placed via en performed ISIS, NASS, AANS/CNS, ASA, AAPM Ref	Global: 090 Issue  First Identified: April 2008  Ferred to CPT Ferred to CPT Asst Pub	2020 Medicare Utilization: 2,049	2022 Work RVU: 11.00 2022 NF PE RVU: NA 2022 Fac PE RVU:10.58	•
63662 Removal of spinal neurolaminotomy or laminector Most Recent RUC Meeting: April 2009  RUC Recommendation: 10.87  63663 Revision including replate electrode percutaneous	omy, inclu Tab: 17	uding fluoroscopy, whe Specialty Developing Recommendation:	le(s) placed via en performed ISIS, NASS, AANS/CNS, ASA, AAPM Ref Ref	Global: 090 Issue  First Identified: April 2008  Ferred to CPT Ferred to CPT Asst Pub	2020 Medicare Utilization: 2,049  lished in CPT Asst:	CMS Fastest Growing  2022 Work RVU: 11.00  2022 NF PE RVU: NA  2022 Fac PE RVU: 10.58  Result: Decrease  Screen: Site of Service Anomaly /	Complete? Yes

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63664 Revision including replacement, when performed, of spinal neurostimulator Global: 090 Issue: Neurostimulator (Spinal) Screen: Site of Service Anomaly / Complete? Yes CMS Fastest Growing electrode plate/paddle(s) placed via laminotomy or laminectomy, including fluoroscopy, when performed 2022 Work RVU: 11.52 **Most Recent Tab: 17 Specialty Developing** ISIS, NASS, **First** 2020 AANS/CNS, ASA, Identified: April 2008 **RUC Meeting:** April 2009 Recommendation: Medicare 2022 NF PE RVU: NA **AAPM** 580 **Utilization: 2022 Fac PE RVU: 10.88** Referred to CPT RUC Recommendation: 11.39 Result: Decrease Referred to CPT Asst **Published in CPT Asst:** 63685 Insertion or replacement of spinal neurostimulator pulse generator or receiver, Issue: Spinal Neurostimulator Screen: Site of Service Anomaly / Global: 010 Complete? Yes direct or inductive coupling CMS Fastest Growing/ High Volume Growth7 2022 Work RVU: 5.19 **Most Recent** AANS, AAPM, 2020 **Tab:** 04 Specialty Developing **RUC Meeting:** September 2022 AAPM&R. ASA. Identified: September 2007 Medicare Recommendation: 2022 NF PE RVU: NA ASIPP, CNS. **Utilization:** 24,783 NANS, NASS, SIS **2022 Fac PE RVU:** 4.43 **Referred to CPT RUC Recommendation:** 5.19 Result: Decrease **Published in CPT Asst:** Referred to CPT Asst Revision or removal of implanted spinal neurostimulator pulse generator or Global: 010 Issue: Spinal Neurostimulator **Screen:** Site of Service Anomaly Complete? Yes receiver 2022 Work RVU: 5.30 **Tab: 04** AANS, AAPM, 2020 **Most Recent Specialty Developing** First **RUC Meeting:** September 2022 Recommendation: AAPM&R. ASA. Identified: September 2007 Medicare 2022 NF PE RVU: NA ASIPP, CNS, 6,983 **Utilization:** NANS, NASS, SIS 2022 Fac PE RVU: 4.57 **RUC Recommendation: 4.35** Referred to CPT Result: Decrease Referred to CPT Asst Published in CPT Asst:

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64400 Injection(s), anestheti (ie, ophthalmic, maxill		and/or steroid; trigemin ibular)	al nerve, each brar	nch Global: 000 Issue	Somatic Nerve Injections	Screen: Added as part of family	Complete? Yes
Most Recent RUC Meeting: October 2021	<b>Tab:</b> 05	Specialty Developing Recommendation:	AAN, AAPM&R, AAPM, NANS, SIS	First Identified: October 2021	2020 Medicare Utilization: 34,519	2022 Work RVU: 0.75 2022 NF PE RVU: 2.44 2022 Fac PE RVU: 0.54	
RUC Recommendation: 1.00				ferred to CPT ferred to CPT Asst	ished in CPT Asst:	Result: Decrease	
64405 Injection(s), anestheti	c agent(s)	and/or steroid; greater o	occipital nerve	Global: 000 Issue	Somatic Nerve Injections	Screen: CMS 000-Day Global Typically Reported with an E/M	Complete? Yes
Most Recent RUC Meeting: October 2021	<b>Tab</b> : 05	Specialty Developing Recommendation:	AAN, AAPM, AAPM&R, NANS, SIS	First Identified: July 2016	2020 Medicare Utilization: 116,809	2022 Work RVU: 0.94 2022 NF PE RVU: 1.09 2022 Fac PE RVU: 0.41	
RUC Recommendation: 0.94				ferred to CPT ferred to CPT Asst	ished in CPT Asst:	Result: Maintain	
64408 Injection(s), anestheti	c agent(s)	and/or steroid; vagus n	erve	Global: 000 Issue	Somatic Nerve Injections	Screen: Added as part of family	Complete? Yes
Most Recent RUC Meeting: October 2021	<b>Tab</b> : 05	Specialty Developing Recommendation:	AAPM, NANS, SIS	First Identified: October 2021	2020 Medicare Utilization: 873	2022 Work RVU: 0.75 2022 NF PE RVU: 1.58 2022 Fac PE RVU: 0.46	
RUC Recommendation: 0.90				ferred to CPT ferred to CPT Asst	ished in CPT Asst:	Result: Decrease	
64412 Injection, anesthetic a	gent; spin	al accessory nerve		Global: Issue	Anesthetic Injection – Spinal Nerve	Screen: High Volume Growth2	Complete? Yes
Most Recent RUC Meeting: April 2014	<b>Tab</b> : 36	Specialty Developing Recommendation:	AAN, ASA, AAPMR, ISIS	First Identified: April 2013	2020 Medicare Utilization:	2022 Work RVU: 2022 NF PE RVU:	
RUC Recommendation: Delete	d from CP	г		ferred to CPT October 2014		2022 Fac PE RVU: Result: Deleted from CPT Sept 2015	

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64415 Injection(s), anesthetic agent(s) and/or steroid; brachial plexus, including Global: 000 Issue: Somatic Nerve Injections Screen: CMS Fastest Growing Complete? Yes imaging guidance, when performed 2022 Work RVU: 1.35 **Most Recent Tab:** 05 Specialty Developing AAPM, ASA First 2020 **RUC Meeting:** October 2021 Identified: October 2008 Recommendation: Medicare **2022 NF PE RVU: 1.89 Utilization:** 179,440 2022 Fac PE RVU: 0.38 **RUC Recommendation: 1.50** Referred to CPT May 2021 Result: Increase Referred to CPT Asst Published in CPT Asst: Dec 2011 & Apr 2012 Issue: Somatic Nerve Injections Screen: Site of Service Anomaly / 64416 Injection(s), anesthetic agent(s) and/or steroid; brachial plexus, continuous Global: 000 Complete? Yes High Volume Growth2 infusion by catheter (including catheter placement), including imaging guidance, when performed 2022 Work RVU: 1.48 **Most Recent Tab:** 05 Specialty Developing AAPM, ASA **First** 2020 **RUC Meeting:** October 2021 Recommendation: Identified: September 2007 Medicare 2022 NF PE RVU: NA **Utilization:** 14.758 2022 Fac PE RVU: 0.27 **RUC Recommendation: 180** Referred to CPT May 2021 Result: Decrease Referred to CPT Asst Published in CPT Asst: 64417 Injection(s), anesthetic agent(s) and/or steroid; axillary nerve, including imaging Global: 000 Issue: Somatic Nerve Injections Screen: part of New/Revised Complete? Yes guidance, when performed Review 2022 Work RVU: 1.27 Specialty Developing AAPM, ASA Most Recent **Tab:** 05 First 2020 **RUC Meeting:** October 2021 Recommendation: Identified: October 2018 Medicare **2022 NF PE RVU: 2.80 Utilization:** 15,139 2022 Fac PE RVU: 0.40

Referred to CPT

Referred to CPT Asst

May 2021

Published in CPT Asst:

Result: Decrease

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**RUC Recommendation: 1.31** 

64418 Injection(s), anestheti	c agent(s)	and/or steroid; suprasca	apular nerve	Global: 000 Issue	: Somatic Nerve Injections	Screen: Harvard Valued - Utilization over 30,000- Part2	Complete? Yes
Most Recent	<b>Tab</b> : 05	Specialty Developing	AAPM, SIS	First	2020	<b>2022 Work RVU:</b> 1.10	
RUC Meeting: October 2021		Recommendation:	·	Identified: October 2015	Medicare Utilization: 29,410	<b>2022 NF PE RVU</b> : 1.40	
					Otilization: 29,410	<b>2022 Fac PE RVU</b> : 0.43	
RUC Recommendation: 1.10				eferred to CPT		Result: Decrease	
			Re	eferred to CPT Asst	ished in CPT Asst:		
54420 Injection(s), anesthetic	c agent(s)	and/or steroid; intercost	tal nerve, single le	evel Global: 000 Issue	: Somatic Nerve Injections	Screen: Added as part of family	Complete? Yes
Most Recent	<b>Tab</b> : 05	Specialty Developing	AAPM. AAPM&R.	. First	2020	<b>2022 Work RVU:</b> 1.08	
RUC Meeting: October 2021		Recommendation:	NANS, SIS	Identified: October 2021	Medicare	2022 NF PE RVU: 1.71	
					Utilization: 18,096	2022 Fac PE RVU: 0.54	
			_	f 14 ODT		Result: Maintain	
RUC Recommendation: 1.18				eferred to CPT eferred to CPT Asst	ished in CPT Asst:	Result: Maintain	
54421 Injection(s), anestheti		and/or steroid; intercost	Retal nerve, each ad	eferred to CPT Asst  Publ		Screen: Added as part of family	Complete? Ye
64421 Injection(s), anestheti level (list separately in	addition t	o code for primary proc	Re tal nerve, each ad edure)	eferred to CPT Asst  Publication  Publicatio	ished in CPT Asst:  : Somatic Nerve Injections	Screen: Added as part of family	Complete? Ye
			Re tal nerve, each ad edure)	eferred to CPT Asst  Publication  Publicatio	ished in CPT Asst:	Screen: Added as part of family  2022 Work RVU: 0.50	Complete? Ye
54421 Injection(s), anesthetic level (list separately in Most Recent	addition t	o code for primary proc Specialty Developing	tal nerve, each ad edure) AAPM, AAPM&R,	eferred to CPT Asst  Publiditional Global: ZZZ Issue	ished in CPT Asst:  : Somatic Nerve Injections 2020	Screen: Added as part of family  2022 Work RVU: 0.50  2022 NF PE RVU: 0.43	Complete? Ye
104421 Injection(s), anesthetic level (list separately in lost Recent BUC Meeting: October 2021	addition t	o code for primary proc Specialty Developing	tal nerve, each ad edure) AAPM, AAPM&R, NANS, SIS	eferred to CPT Asst  Publiditional Global: ZZZ Issue	ished in CPT Asst:  : Somatic Nerve Injections  2020 Medicare	Screen: Added as part of family  2022 Work RVU: 0.50	Complete? Yes
54421 Injection(s), anesthetic level (list separately in Most Recent	addition t	o code for primary proc Specialty Developing	tal nerve, each ad edure) AAPM, AAPM&R, NANS, SIS	ditional Global: ZZZ Issue  First Identified: October 2021	ished in CPT Asst:  : Somatic Nerve Injections  2020 Medicare	Screen: Added as part of family  2022 Work RVU: 0.50  2022 NF PE RVU: 0.43  2022 Fac PE RVU: 0.18	Complete? Ye
Injection(s), anesthetic level (list separately in Most Recent RUC Meeting: October 2021 RUC Recommendation: 0.60	addition t	o code for primary proc Specialty Developing	tal nerve, each ad edure) AAPM, AAPM&R, NANS, SIS	ditional Global: ZZZ Issue  First Identified: October 2021  eferred to CPT eferred to CPT Asst Publ	: Somatic Nerve Injections  2020  Medicare  Utilization: 16,120	Screen: Added as part of family  2022 Work RVU: 0.50  2022 NF PE RVU: 0.43  2022 Fac PE RVU: 0.18	
Injection(s), anesthetic level (list separately in Most Recent RUC Meeting: October 2021 RUC Recommendation: 0.60	addition t	o code for primary processor Specialty Developing Recommendation:	tal nerve, each ad edure) AAPM, AAPM&R, NANS, SIS	ditional Global: ZZZ Issue  First Identified: October 2021  eferred to CPT eferred to CPT Asst Public Global: 000 Issue	ished in CPT Asst:  : Somatic Nerve Injections  2020     Medicare     Utilization: 16,120  ished in CPT Asst:	Screen: Added as part of family  2022 Work RVU: 0.50  2022 NF PE RVU: 0.43  2022 Fac PE RVU: 0.18  Result: Decrease	
Injection(s), anesthetic level (list separately in Most Recent RUC Meeting: October 2021 RUC Recommendation: 0.60	Tab: 05	o code for primary processor Specialty Developing Recommendation:	tal nerve, each ad edure)  AAPM, AAPM&R, NANS, SIS  Re	ditional Global: ZZZ Issue  First Identified: October 2021  eferred to CPT eferred to CPT Asst Public Global: 000 Issue	ished in CPT Asst:  : Somatic Nerve Injections  2020     Medicare     Utilization: 16,120  ished in CPT Asst:  : Somatic Nerve Injections  2020     Medicare	Screen: Added as part of family  2022 Work RVU: 0.50  2022 NF PE RVU: 0.43  2022 Fac PE RVU: 0.18  Result: Decrease  Screen: Added as part of family	
Injection(s), anesthetic level (list separately in Most Recent RUC Meeting: October 2021 RUC Recommendation: 0.60	Tab: 05	o code for primary processor Specialty Developing Recommendation:  and/or steroid; ilioinguing Specialty Developing	tal nerve, each ad edure)  AAPM, AAPM&R, NANS, SIS  Re Re	ditional Global: ZZZ Issue  First Identified: October 2021  eferred to CPT eferred to CPT Asst Public Global: 000 Issue  First	ished in CPT Asst:  : Somatic Nerve Injections  2020     Medicare     Utilization: 16,120  ished in CPT Asst:  : Somatic Nerve Injections  2020	Screen: Added as part of family  2022 Work RVU: 0.50  2022 NF PE RVU: 0.43  2022 Fac PE RVU: 0.18  Result: Decrease  Screen: Added as part of family  2022 Work RVU: 1.00	Complete? Ye

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64430 Injection(s), anesthet	ic agent(s) a	and/or steroid; pudenda	il nerve	Global: 000 Issue	: Somatic Nerve Injections	Screen: Added as part of family	Complete? Y
lost Recent	<b>Tab:</b> 05	Specialty Developing	AAPM, ACOG.	First	2020	<b>2022 Work RVU</b> : 1.00	
RUC Meeting: October 2021		Recommendation:	NANS, SIS	Identified: October 2021	Medicare	<b>2022 NF PE RVU</b> : 1.83	
					Utilization: 3,768	<b>2022 Fac PE RVU</b> : 0.48	
RUC Recommendation: 1.15			Re	ferred to CPT		Result: Decrease	
			Re	ferred to CPT Asst U Pub	ished in CPT Asst:		
64435 Injection(s), anesthet	ic agent(s) a	and/or steroid; paracery	vical (uterine) nerv	e Global: 000 Issue	: Somatic Nerve Injections	Screen: Added as part of family	Complete? Y
Most Recent	<b>Tab:</b> 05	Specialty Developing	AAPM, ACOG,	First	2020	<b>2022 Work RVU</b> : 0.75	
RUC Meeting: October 2021		Recommendation:	NANS, SIS	Identified: October 2021	Medicare	<b>2022 NF PE RVU</b> : 1.56	
					Utilization: 30	2022 Fac PE RVU: 0.41	
RUC Recommendation: 0.75			Re	ferred to CPT		Result: Decrease	
			Re	ferred to CPT Asst 🔲 Pub	ished in CPT Asst:		
		and/or steroid; sciatic n	erve, including im	aging Global: 000 Issue	: Somatic Nerve Injections	Screen: CMS Fastest Growing	Complete? Y
guidance, when perfo		Specialty Developing	AAPM, AAPM&R,	First	2020	Screen: CMS Fastest Growing  2022 Work RVU: 1.00	Complete? You
guidance, when perfo	ormed	·			,	· ·	Complete? Y
guidance, when perfo Most Recent RUC Meeting: October 2021	ormed	Specialty Developing	AAPM, AAPM&R, ASA	First Identified: October 2008	2020 Medicare Utilization: 120,873	2022 Work RVU: 1.00 2022 NF PE RVU: 2.66 2022 Fac PE RVU: 0.47	Complete? You
guidance, when perfo	ormed	Specialty Developing	AAPM, AAPM&R, ASA	First Identified: October 2008	2020 Medicare Utilization: 120,873	2022 Work RVU: 1.00 2022 NF PE RVU: 2.66 2022 Fac PE RVU: 0.47 Result: Decrease	Complete? Y
guidance, when perfo Most Recent RUC Meeting: October 2021	ormed	Specialty Developing	AAPM, AAPM&R, ASA	First Identified: October 2008	2020 Medicare Utilization: 120,873	2022 Work RVU: 1.00 2022 NF PE RVU: 2.66 2022 Fac PE RVU: 0.47 Result: Decrease	Complete? Y
guidance, when performance guidance gui	Tab: 05	Specialty Developing	AAPM, AAPM&R, ASA  Re Re	First Identified: October 2008  ferred to CPT ferred to CPT Asst Pub  Global: 000 Issue	2020 Medicare Utilization: 120,873	2022 Work RVU: 1.00 2022 NF PE RVU: 2.66 2022 Fac PE RVU: 0.47 Result: Decrease	•
guidance, when performed  Most Recent RUC Meeting: October 2021  RUC Recommendation: 1.39  64446 Injection(s), anestheting infusion by catheter (when performed  Most Recent	Tab: 05	Specialty Developing Recommendation:	AAPM, AAPM&R, ASA  Re Re erve, continuous uding imaging gui	First Identified: October 2008  ferred to CPT ferred to CPT Asst Pub  Global: 000 Issue dance,	2020 Medicare Utilization: 120,873 ished in CPT Asst: Dec 2	2022 Work RVU: 1.00 2022 NF PE RVU: 2.66 2022 Fac PE RVU: 0.47  Result: Decrease 2011 & Apr 2012  Screen: Site of Service Anomaly /	•
guidance, when performed  Most Recent RUC Meeting: October 2021  RUC Recommendation: 1.39  64446 Injection(s), anestheting infusion by catheter (when performed  Most Recent	Tab: 05  Tab: 05  ic agent(s) a including ca	Specialty Developing Recommendation: and/or steroid; sciatic natheter placement), incl	AAPM, AAPM&R, ASA  Re Re erve, continuous uding imaging gui	First Identified: October 2008  ferred to CPT ferred to CPT Asst Pub  Global: 000 Issue dance,	2020 Medicare Utilization: 120,873 ished in CPT Asst: Dec 2 : Somatic Nerve Injections  2020 Medicare	2022 Work RVU: 1.00 2022 NF PE RVU: 2.66 2022 Fac PE RVU: 0.47 Result: Decrease 011 & Apr 2012  Screen: Site of Service Anomaly / High Volume Growth1	•
guidance, when performance guidance guidance, when performance guidance, when performance guidance gui	Tab: 05  Tab: 05  ic agent(s) a including ca	Specialty Developing Recommendation:  and/or steroid; sciatic natheter placement), incl	AAPM, AAPM&R, ASA  Re Re erve, continuous uding imaging gui	First Identified: October 2008  ferred to CPT ferred to CPT Asst Pub  Global: 000 Issue dance,	2020 Medicare Utilization: 120,873 ished in CPT Asst: Dec 2 : Somatic Nerve Injections  2020 Medicare Utilization: 5,151	2022 Work RVU: 1.00 2022 NF PE RVU: 2.66 2022 Fac PE RVU: 0.47  Result: Decrease 011 & Apr 2012  Screen: Site of Service Anomaly / High Volume Growth1  2022 Work RVU: 1.36 2022 NF PE RVU: NA 2022 Fac PE RVU: 0.25	·
guidance, when performed  Most Recent RUC Meeting: October 2021  RUC Recommendation: 1.39  64446 Injection(s), anestheting infusion by catheter (when performed  Most Recent	Tab: 05  Tab: 05  ic agent(s) a including ca	Specialty Developing Recommendation:  and/or steroid; sciatic natheter placement), incl	AAPM, AAPM&R, ASA  Re Re erve, continuous uding imaging gui	First Identified: October 2008  ferred to CPT ferred to CPT Asst Pub  Global: 000 Issue dance,	2020 Medicare Utilization: 120,873 ished in CPT Asst: Dec 2 : Somatic Nerve Injections  2020 Medicare Utilization: 5,151	2022 Work RVU: 1.00 2022 NF PE RVU: 2.66 2022 Fac PE RVU: 0.47  Result: Decrease 011 & Apr 2012  Screen: Site of Service Anomaly / High Volume Growth1  2022 Work RVU: 1.36 2022 NF PE RVU: NA	Complete? Y

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64447 Injection(s), anesthetic agent(s) and/or steroid; femoral nerve, including imaging Global: 000 Issue: Somatic Nerve Injections Screen: CMS Fastest Growing /

guidance, when performed

Codes Reported Together 75% or MoreComplete? Yes

Part5

2022 Work RVU: 1.10 **Most Recent Tab:** 05 Specialty Developing AAPM, ASA First 2020

Identified: October 2008 **RUC Meeting:** October 2021 Recommendation: Medicare 2022 NF PE RVU: 1.44

**Utilization:** 257,364 2022 Fac PE RVU: 0.35

**RUC Recommendation: 1.34** Referred to CPT May 2021 Result: Decrease

> Referred to CPT Asst ✓ Published in CPT Asst: Dec 2011 & Apr 2012

64448 Injection(s), anesthetic agent(s) and/or steroid; femoral nerve, continuous Screen: Site of Service Anomaly / Global: 000 Issue: Somatic Nerve Injections Complete? Yes

infusion by catheter (including catheter placement), including imaging guidance,

when performed

High Volume Growth1 / CMS Fastest Growing /

High Volume Growth2

2022 Work RVU: 1.41 **Most Recent Tab:** 05 Specialty Developing AAPM, ASA First 2020

**RUC Meeting:** October 2021 **Identified:** February 2008 Recommendation: Medicare

**2022 NF PE RVU: NA Utilization:** 31,899 2022 Fac PE RVU: 0.25

**RUC Recommendation: 1.68** Referred to CPT May 2021 Result: Increase

> Referred to CPT Asst Published in CPT Asst:

64449 Injection(s), anesthetic agent(s) and/or steroid; lumbar plexus, posterior Global: 000 **Issue:** Somatic Nerve Injections **Screen:** Site of Service Anomaly Complete? Yes approach, continuous infusion by catheter (including catheter placement)

2022 Work RVU: 1.27 **Most Recent Tab:** 05 Specialty Developing AAPM, NANS, SIS 2020 **RUC Meeting:** October 2021 Identified: September 2007 Recommendation: Medicare 2022 NF PE RVU: NA

**Utilization:** 1,353 **2022 Fac PE RVU: 0.42** 

**RUC Recommendation: 1.55** Referred to CPT February 2008 Result: Decrease

Referred to CPT Asst Published in CPT Asst:

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64450 Injection(s), anesthetic agent(s) and/or steroid; other peripheral nerve or branch Global: 000 Issue: Somatic Nerve Injections Screen: Harvard Valued - Complete? Yes

Utilization over 100,000 / Harvard-Valued Annual Allowed Charges Greater than \$10 million / High Volume Growth4

Most Recent Tab: 05 Specialty Developing AAPM, AAPM&R, First 2020 2022 Work RVU: 0.75

RUC Meeting: October 2021 Recommendation: APMA, NANS, SIS Identified: October 2009 Medicare Utilization: 345,018

**2022 Fac PE RVU**: 0.40

RUC Recommendation: 0.75 Referred to CPT Result: Maintain

Referred to CPT Asst 

✓ Published in CPT Asst: Jan 2013

64451 Injection(s), anesthetic agent(s) and/or steroid; nerves innervating the sacroiliac Global: 000 Issue: Somatic Nerve Injections Screen: Added as part of family Complete? Yes

joint, with image guidance (ie, fluoroscopy or computed tomography)

Most RecentTab: 05Specialty Developing<br/>RUC Meeting: October 2021AAPM, AAPM&R,<br/>Recommendation:First20202022 Work RVU: 1.52RUC Meeting: October 2021Recommendation:NANS, SISIdentified: October 2021Medicare2022 NF PE RVU: 5.27

Utilization: 18,395

**2022 Fac PE RVU**: 0.73

RUC Recommendation: 1.52 Referred to CPT Result: Maintain

Referred to CPT Asst Published in CPT Asst:

64454 Injection(s), anesthetic agent(s) and/or steroid; genicular nerve branches, Global: 000 Issue: Somatic Nerve Injections Screen: Added as part of family Complete? Yes

including imaging guidance, when performed

Most Recent Tab: 05 Specialty Developing AAPM, NANS, SIS First 2020 2022 Work RVU: 1.52

RUC Meeting: October 2021 Recommendation: Identified: October 2021 Medicare 2022 NF PE RVU: 5.05

Utilization: 26,332 2022 Fac PE RVU: 0.74

RUC Recommendation: 1.52 Referred to CPT Result: Maintain

Referred to CPT Asst | Published in CPT Asst:

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64455 Injection(s), anesthetic agent(s) and/or steroid; plantar common digital nerve(s) Global: 000 Issue: Somatic Nerve Injections Screen: High Volume Growth4 /

(eg, morton's neuroma)

CMS 000-Day Global

Typically Reported with

Complete? Yes

an E/M

2022 Work RVU: 0.75 **Most Recent Tab:** 05 Specialty Developing AAPM, APMA, First 2020

Identified: October 2016 **RUC Meeting:** October 2021 Recommendation: NANS. SIS Medicare 2022 NF PE RVU: 0.65

**Utilization:** 61,227 2022 Fac PE RVU: 0.17

**RUC Recommendation: 0.75** Referred to CPT Result: Maintain

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

64461 Paravertebral block (pvb) (paraspinous block), thoracic; single injection site Global: 000 Issue: Paravertebral Block Screen: New code for CPT 2016. Complete? Yes

(includes imaging guidance, when performed)

2022 Work RVU: 1.75 2020 **Most Recent** Specialty Developing ASA First **Tab:** 10 **RUC Meeting:** April 2015 Recommendation: Identified: April 2015 Medicare **2022 NF PE RVU: 2.14** 

**Utilization:** 5,928 **2022 Fac PE RVU: 0.38** 

Injection

RUC Recommendation: CPT Assistant article published Jan 2016 Referred to CPT Result: Not Part of RAW

> Referred to CPT Asst ✓ Published in CPT Asst: Jan 2016

64462 Paravertebral block (pvb) (paraspinous block), thoracic; second and any Complete? Yes Global: ZZZ Paravertebral Block Screen: New code for CPT 2016.

Injection additional injection site(s) (includes imaging guidance, when performed) (list

separately in addition to code for primary procedure)

2022 Work RVU: 1.10 2020 **Most Recent Tab:** 10 Specialty Developing ASA First

**RUC Meeting:** April 2015 Recommendation: Identified: April 2015 Medicare 2022 NF PE RVU: 0.97 **Utilization:** 1.686

2022 Fac PE RVU: 0.24

RUC Recommendation: CPT Assistant article published Jan 2016 Referred to CPT Result: Not Part of RAW

Referred to CPT Asst Published in CPT Asst: Jan 2016

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64463 Paravertebral block (pvb) (paraspinous block), thoracic; continuous infusion by Global: 000 Issue: Paravertebral Block Screen: New code for CPT 2016. Complete? Yes

catheter (includes imaging guidance, when performed)

Most Recent Tab: 10 Specialty Developing ASA First 2020 2022 Work RVU: 1.90

RUC Meeting: April 2015 Recommendation: Identified: April 2015 Medicare 2022 NF PE RVU: 5.02

 Utilization:
 1,574

 2022 Fac PE RVU: 0.35

RUC Recommendation: CPT Assistant article published Jan 2016 Referred to CPT Result: Not Part of RAW

Referred to CPT Asst Published in CPT Asst: Jan 2016

Injection

64470 Deleted from CPT Global: Issue: Injection Anesthetic Agent Screen: High Volume Growth1 Complete? Yes

Most Recent Tab: 57 Specialty Developing ASA, NASS, AAPM First 2020 2022 Work RVU:

RUC Meeting: April 2008 Recommendation: Identified: April 2008 Medicare 2022 NF PE RVIII

RUC Meeting: April 2008 Recommendation: Identified: April 2008 Medicare 2022 NF PE RVU:

RUC Recommendation: Deleted from CPT Referred to CPT February 2009 Result: Deleted from CPT

Referred to CPT Asst: U Published in CPT Asst:

64472 Deleted from CPT Global: Issue: Injection Anesthetic Agent Screen: High Volume Growth1 Complete? Yes

Most Recent Tab: 57 Specialty Developing ASA, NASS, AAPM First 2020 2022 Work RVU:

RUC Meeting: April 2008 Recommendation: Identified: February 2008 Medicare Utilization: 2022 NF PE RVU:

2022 Fac PE RVU:

RUC Recommendation: Deleted from CPT Referred to CPT February 2009 Result: Deleted from CPT

Referred to CPT Asst Published in CPT Asst:

64475 Deleted from CPT Global: Issue: Injection Anesthetic Agent Screen: High Volume Growth1 Complete? Yes

Most Recent Tab: 57 Specialty Developing ASA, NASS, AAPM First 2020 2022 Work RVU:

RUC Meeting: April 2008 Recommendation: Identified: April 2008 Medicare Utilization:

2022 Fac PE RVU:

RUC Recommendation: Deleted from CPT Referred to CPT February 2009 Result: Deleted from CPT

64476 Deleted from CPT				Global: Issu	e: Injection Anesthetic Agent	Screen: High Volume Growth1	Complete? Yes
ost Recent UC Meeting: April 2008	<b>Tab</b> : 57	Specialty Developing Recommendation:	ASA, NASS, AAPN	M First Identified: April 2008	2020 Medicare Utilization:	2022 Work RVU: 2022 NF PE RVU: 2022 Fac PE RVU:	
UC Recommendation: Deleted	d from CPT			ferred to CPT February 20 ferred to CPT Asst	09 Dlished in CPT Asst:	Result: Deleted from CPT	
		and/or steroid; transfora r ct), cervical or thoraci		th Global: 000 Issu	e: Injection Anesthetic Agent	Screen: CMS Fastest Growing	Complete? Yes
Most Recent RUC Meeting: October 2009	<b>Tab</b> : 05	Specialty Developing Recommendation:	AAPM, ISIS, ASA, NASS, AAPMR	First Identified: October 2008	2020 Medicare Utilization: 37,416	2022 Work RVU: 2.29 2022 NF PE RVU: 5.49 2022 Fac PE RVU:1.33	
RUC Recommendation: 2.29				ferred to CPT June 2009 ferred to CPT Asst Delta	olished in CPT Asst:	Result: Increase	
imaging guidance (fluc	oroscopy o	and/or steroid; transfora r ct), cervical or thoraci e for primary procedure	ic, each additional		e: Injection Anesthetic Agent	Screen: CMS Fastest Growing	Complete? Ye
	oroscopy o	r ct), cervical or thoraci	ic, each additional e)	level	2020 Medicare Utilization: 16,251	Screen: CMS Fastest Growing  2022 Work RVU: 1.20 2022 NF PE RVU: 2.75 2022 Fac PE RVU: 0.48	Complete? Ye
imaging guidance (fluo (list separately in addi	oroscopy o tion to cod	r ct), cervical or thoraci e for primary procedure Specialty Developing	ic, each additional e) AAPM, ISIS, ASA, NASS, AAPMR Ref	level First	2020 Medicare Utilization: 16,251	2022 Work RVU: 1.20 2022 NF PE RVU: 2.75	Complete? Ye
imaging guidance (fluc (list separately in additional separately in add	oroscopy o tion to cod Tab: 05	r ct), cervical or thoraci e for primary procedure Specialty Developing	ic, each additional e)  AAPM, ISIS, ASA, NASS, AAPMR  Ref Ref	First Identified: October 2008  ferred to CPT June 2009 ferred to CPT Asst Pul	2020 Medicare Utilization: 16,251	2022 Work RVU: 1.20 2022 NF PE RVU: 2.75 2022 Fac PE RVU: 0.48	Complete? Ye
imaging guidance (fluc (list separately in additional separately in add	oroscopy o tion to cod Tab: 05	r ct), cervical or thoraci e for primary procedure Specialty Developing Recommendation:	ic, each additional e)  AAPM, ISIS, ASA, NASS, AAPMR  Ref Ref aminal epidural, wisingle level	First Identified: October 2008  ferred to CPT June 2009 ferred to CPT Asst Put  th Global: 000 Issu	2020 Medicare Utilization: 16,251  Dlished in CPT Asst:	2022 Work RVU: 1.20 2022 NF PE RVU: 2.75 2022 Fac PE RVU: 0.48 Result: Decrease	

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64484 Injection(s), anesthetic agent(s) and/or steroid; transforaminal epidural, with Global: ZZZ Issue: Injection of Anesthetic Screen: CMS Fastest Growing Complete? Yes imaging guidance (fluoroscopy or ct), lumbar or sacral, each additional level (list Agent separately in addition to code for primary procedure) 2022 Work RVU: 1.00 Specialty Developing AAPM, ISIS, ASA. **Most Recent** 2020 **RUC Meeting:** October 2009 NASS, AAPMR Identified: October 2008 Recommendation: Medicare **2022 NF PE RVU: 2.27** 358,506 **Utilization:** 2022 Fac PE RVU: 0.41 **RUC Recommendation: 1.00** Referred to CPT June 2009 Result: Decrease Referred to CPT Asst **Published in CPT Asst:** 64488 Transversus abdominis plane (tap) block (abdominal plane block, rectus sheath Screen: High Volume Growth8 Issue: RAW Complete? Yes block) bilateral; by injections (includes imaging guidance, when performed) 2022 Work RVU: 1.60 **Most Recent** Specialty Developing ANA, ASA 2020 **Tab**: 13 First **RUC Meeting:** September 2022 Recommendation: Identified: April 2022 Medicare **2022 NF PE RVU: 2.44 Utilization:** 55.886 2022 Fac PE RVU: 0.29 **RUC Recommendation:** Maintain Referred to CPT Result: Maintain Referred to CPT Asst **Published in CPT Asst:** 64490 Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) Global: 000 Issue: Facet Joint Injections Screen: High Volume Growth1 Complete? Yes joint (or nerves innervating that joint) with image guidance (fluoroscopy or ct), cervical or thoracic; single level **2022 Work RVU:** 1.82 Most Recent **Tab:** 18 Specialty Developing ASA. NASS. First 2020 **RUC Meeting:** April 2009 Recommendation: ASNR, AAPMR, Identified: Medicare **2022 NF PE RVU: 3.68** AANS/CNS. **Utilization:** 219.560 AAPM, ISIS **2022 Fac PE RVU: 1.08 RUC Recommendation: 182** Referred to CPT Result: Decrease Referred to CPT Asst Published in CPT Asst:

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joint (or nerve	es innervating that j	eutic agent, paraverteb joint) with image guidan I (list separately in addi	ce (fluoroscopy or	ct),	Issue: Facet Joint Injections	Screen: High Volume Growth1	Complete? Yes
Most Recent RUC Meeting: April 200	<b>Tab</b> : 18	Specialty Developing Recommendation:	ASA, NASS, ASNR, AAPMR, AANS/CNS, AAPM, ISIS	First Identified:	2020 Medicare Utilization: 195,781	2022 Work RVU: 1.16 2022 NF PE RVU: 1.60 2022 Fac PE RVU: 0.47	
RUC Recommendation	: 1.16			erred to CPT erred to CPT Asst	Published in CPT Asst:	Result: Decrease	
joint (or nerve cervical or the	es innervating that j	eutic agent, paraverteb joint) with image guidan y additional level(s) (list	ce (fluoroscopy or	ct),	Issue: Facet Joint Injections	Screen: High Volume Growth1	Complete? Yes
Most Recent RUC Meeting: April 200	<b>Tab</b> : 18	Specialty Developing Recommendation:	ASA, NASS, ASNR, AAPMR, AANS/CNS, AAPM, ISIS	First Identified:	2020 Medicare Utilization: 126,112	2022 Work RVU: 1.16 2022 NF PE RVU: 1.61 2022 Fac PE RVU: 0.49	
RUC Recommendation	: 1.16			erred to CPT erred to CPT Asst	Published in CPT Asst:	Result: Decrease	
joint (or nerve		eutic agent, paraverteb joint) with image guidan			Issue: Facet Joint Injections	Screen: High Volume Growth1	Complete? Yes
Most Recent RUC Meeting: April 200	<b>Tab</b> : 18	Specialty Developing Recommendation:	ASA, NASS, ASNR, AAPMR, AANS/CNS, AAPM, ISIS	First Identified:	2020 Medicare Utilization: 738,559	2022 Work RVU: 1.52 2022 NF PE RVU: 3.56 2022 Fac PE RVU: 0.97	
RUC Recommendation	: 1.52			erred to CPT erred to CPT Asst	Published in CPT Asst:	Result: Decrease	

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joint (or nerves innerv	ating that	peutic agent, paraverteb joint) with image guidar list separately in addition	ice (fluoroscopy or	ct),	Issue: Facet Joint Injections	Screen: High Volume Growth1	Complete? Yes
Most Recent	<b>Tab:</b> 18	Specialty Developing	ASA, NASS,	First	2020	<b>2022 Work RVU</b> : 1.00	
RUC Meeting: April 2009		Recommendation:	ASNR, AAPMR, AANS/CNS,	Identified:	Medicare Utilization: 655,091	<b>2022 NF PE RVU</b> : 1.60	
			AAPM, ISIS		Ottinzation: 000,001	<b>2022 Fac PE RVU</b> : 0.40	
RUC Recommendation: 1.00			Ref	erred to CPT		Result: Decrease	
			Ref	erred to CPT Asst	Published in CPT Asst:		
joint (or nerves innerv	ating that I and any a	peutic agent, paraverteb joint) with image guidar additional level(s) (list se	ce (fluoroscopy or	ct),	Issue: Facet Joint Injections	Screen: High Volume Growth1	Complete? Yes
Most Recent	<b>Tab:</b> 18	Specialty Developing	ASA, NASS,	First	2020	<b>2022 Work RVU</b> : 1.00	
RUC Meeting: April 2009		Recommendation:	ASNR, AAPMR, AANS/CNS,	Identified:	Medicare Utilization: 372,208	<b>2022 NF PE RVU</b> : 1.59	
			AAPM, ISIS		Utilization: 372,200	<b>2022 Fac PE RVU</b> : 0.42	
RUC Recommendation: 1.00			Ref	erred to CPT		Result: Decrease	
			Ref	erred to CPT Asst	Published in CPT Asst:		
64510 Injection, anesthetic a	gent; stell	ate ganglion (cervical sy	vmpathetic)	Global: 000	Issue: Fluroscopy	Screen: CMS Request - Practice Expense Review	Complete? Yes
Most Recent	<b>Tab</b> : 27	Specialty Developing	ASA, ISIS, AAPM,	First	2020	<b>2022 Work RVU</b> : 1.22	
RUC Meeting: April 2009	rabiz.	Recommendation:	APM&R	Identified: April 2009	Medicare	<b>2022 NF PE RVU</b> : 3.07	
					Utilization: 5,831	<b>2022 Fac PE RVU</b> : 0.92	
RUC Recommendation: New P	E inputs		Ref	erred to CPT		Result: PE Only	
			Ref	erred to CPT Asst	Published in CPT Asst:		

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64520 Injection, anesthetic agent; lumbar or thoracic (paravertebral sympathetic) Global: 000 Issue: Fluroscopy Screen: CMS Request - Practice Complete? Yes Expense Review **2022 Work RVU:** 1.35 **Tab: 27** ASA, ISIS, AAPM, 2020 **Most Recent** Specialty Developing **RUC Meeting:** April 2009 Recommendation: APM&R Identified: April 2009 Medicare 2022 NF PE RVU: 5.48 **Utilization:** 15,244 **2022 Fac PE RVU: 1.00** Result: PE Only RUC Recommendation: PE Review - no change Referred to CPT **Referred to CPT Asst Published in CPT Asst:** 64550 Application of surface (transcutaneous) neurostimulator (eg, TENS unit) Screen: Final Rule for 2015 Global: **Issue:** Percutaneous Complete? Yes NeurostimulatorPlacement 2022 Work RVU: 2020 **Most Recent Tab**: 29 Specialty Developing AANS, CNS, AOTA First **RUC Meeting:** January 2017 Recommendation: Identified: January 2017 Medicare **2022 NF PE RVU: Utilization:** 2022 Fac PE RVU: **RUC Recommendation:** Deleted from CPT Referred to CPT June 2017 Result: Deleted from CPT Referred to CPT Asst **Published in CPT Asst:** Percutaneous implantation of neurostimulator electrode array; cranial nerve Global: 010 Issue: Percutaneous Screen: Final Rule for 2015 Complete? Yes NeurostimulatorPlacement 2022 Work RVU: 6.13 2020 **Most Recent** Specialty Developing AANS, CNS, ASA **Tab:** 15 **RUC Meeting:** January 2017 Recommendation: Identified: July 2014 Medicare 2022 NF PE RVU: 69.85 **Utilization:** 199 2022 Fac PE RVU: 4.32

September 2016

Referred to CPT Asst Published in CPT Asst:

Result: Increase

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Referred to CPT

**RUC Recommendation:** 6.13

2018

Most Recent Tab: 37 Specialty Developing AANS, CNS, ASA First 2020 2022 Work RVU: 5.76

RUC Meeting: January 2019 Recommendation: Identified: February 2008 Medicare Utilization: 5,358

2022 Fac PE RVU: 3.21

RUC Recommendation: 5.76. Article published Jan2016 and addressed Referred to CPT September 2016 Result: Increase

issues.

Referred to CPT Asst Published in CPT Asst: Jan 2016

64561 Percutaneous implantation of neurostimulator electrode array; sacral nerve Global: 010 Issue: Percutaneous Screen: CMS Fastest Growing / Complete? Yes

(transforaminal placement) including image guidance, if performed NeurostimulatorPlacement High V

High Volume Growth2 / High Level E/M in Global Period / PE Units Screen

Most Recent Tab: 24 Specialty Developing AANS, CNS First 2020 2022 Work RVU: 5.44

RUC Meeting: October 2020 Recommendation: Identified: October 2008 Medicare
Utilization: 14.187

2022 Fac PE RVU: 2.75

RUC Recommendation: 5.44. 99214 visit appropriate. Remove from screen. Referred to CPT September 2016 Result: Decrease

Referred to CPT Asst Published in CPT Asst:

64565 Percutaneous implantation of neurostimulator electrode array; neuromuscular Global: Issue: Percutaneous Screen: Final Rule for 2015 Complete? Yes

NeurostimulatorPlacement

Most Recent Tab: 15 Specialty Developing AANS, CNS First 2020 2022 Work RVU:

RUC Meeting: January 2017 Recommendation: Identified: January 2017 Medicare 2022 NE PE RVIII

IC Meeting: January 2017 Recommendation: Identified: January 2017 Medicare Utilization: 2022 NF PE RVU:

2022 Fac PE RVU:

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

Referred to CPT Asst Published in CPT Asst:

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64566	Posterior tibial neuros treatment, includes pre		, percutaneous needle electrode, sing	lle Global: 000	Issue:	Posterior Tibial Neurostimulation	Screen: CMS Request - Final Rule for 2014 / High Volume Growth5	Complete? Yes
Most Re	cent	<b>Tab:</b> 37	Specialty Developing ACOG, AUA	First		2020	<b>2022 Work RVU:</b> 0.60	
RUC Me	eting: January 2019		Recommendation:	Identified: July 2013		Medicare Utilization: 144,067	<b>2022 NF PE RVU</b> : 2.89	
						omzatom 111,001	<b>2022 Fac PE RVU</b> : 0.21	
RUC Red	commendation: 0.60			Referred to CPT			Result: Maintain	
				Referred to CPT Asst	Publis	shed in CPT Asst:		
64568	Open implantation of carray and pulse genera		ve (eg, vagus nerve) neurostimulator o	electrode Global: 090	Issue:	Vagus Nerve Stimulator	Screen: Site of Service Anomaly	Complete? Yes
Most Re	cent	<b>Tab:</b> 14	Specialty Developing AANS/CNS	First		2020	<b>2022 Work RVU</b> : 9.00	
RUC Me	eting: February 2010		Recommendation:	<b>Identified:</b> February 2	009	Medicare Utilization: 1,108	2022 NF PE RVU: NA	
						Utilization. 1,100	2022 Fac PE RVU: 7.06	
RUC Red	commendation: 11.19			Referred to CPT October	r 2009		Result: Decrease	
				Referred to CPT Asst	Publis	shed in CPT Asst:		
64573	Deleted from CPT			Global:	Issue:	Neurosurgical Procedures	S Screen: Site of Service Anomaly	Complete? Yes
Most Re	cent	<b>Tab</b> : 28	Specialty Developing AANS/CNS	First		2020	2022 Work RVU:	
	eting: February 2009		Recommendation:	Identified: September	2007	Medicare Utilization:	2022 NF PE RVU:	
						Utilization:	2022 Fac PE RVU:	
RUC Red	commendation: Delete	d from CPT		Referred to CPT October	r 2009		Result: Deleted from CPT	
				Referred to CPT Asst	Publis	shed in CPT Asst:		

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Open implantation of neurostimulator electrode array; sacral nerve Global: 090 Issue: Urological Procedures Screen: Site of Service Anomaly / Complete? Yes High Level E/M in Global (transforaminal placement) Period 2022 Work RVU: 12.20 Most Recent **Tab:** 54 Specialty Developing AUA First 2020 **RUC Meeting:** January 2016 Recommendation: Identified: September 2007 Medicare 2022 NF PE RVU: NA **Utilization:** 9,833 **2022 Fac PE RVU: 5.49** RUC Recommendation: 12.20. 99214 visit appropriate. Remove from screen. Referred to CPT Result: Decrease Referred to CPT Asst **Published in CPT Asst:** 64590 Insertion or replacement of peripheral or gastric neurostimulator pulse Global: 010 Issue: RAW Screen: Harvard-Valued Annual Complete? Yes Allowed Charges Greater generator or receiver, direct or inductive coupling than \$10 million / Different Performing Specialty from Survey 2022 Work RVU: 2.45 **Most Recent** Specialty Developing ACOG, AUA 2020 **Tab**: 31 First Identified: October 2012 **RUC Meeting:** January 2018 Recommendation: Medicare 2022 NF PE RVU: 5.11 **Utilization:** 11,819 **2022 Fac PE RVU: 1.94** RUC Recommendation: Remove from screen Referred to CPT Result: Remove from Screen Referred to CPT Asst **Published in CPT Asst:** 64590 Insertion or replacement of peripheral or gastric neurostimulator pulse Global: Issue: Neurostimulator Services-Screen: RUC recommendation Complete? No **Bladder Dysfunction** generator or receiver, direct or inductive coupling process, not part of RAW screens 2022 Work RVU: Most Recent Tab: 07 Specialty Developing ACOG, AUA First 2020 **RUC Meeting:** April 2022 Recommendation: Identified: April 2022 Medicare **2022 NF PE RVU: Utilization:** 2022 Fac PE RVU:

Referred to CPT

Referred to CPT Asst Published in CPT Asst:

Result: Not Part of RAW

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RUC Recommendation: CPT Assistant Article

64595 Revision or removal of peripheral or gastric neurostimulator pulse generator or Issue: Neurostimulator Services-Screen: RUC recommendation Complete? No Bladder Dysfunction process, not part of RAW receiver screens 2022 Work RVU: Most Recent **Tab: 07** Specialty Developing ACOG, AUA First 2020 **RUC Meeting:** April 2022 Recommendation: Identified: April 2022 Medicare **2022 NF PE RVU:** 

RUC Recommendation: CPT Assistant Article Referred to CPT Result: Not Part of RAW

Referred to CPT Asst Published in CPT Asst:

**Utilization:** 

2020

2022 Fac PE RVU:

2022 Work RVU: 1.85

**2022 Fac PE RVU: 1.19** 

Expense Review, High

Volume Growth1 / CMS Fastest Growing, Harvard Valued -

64615 Chemodenervation of muscle(s); muscle(s) innervated by facial, trigeminal, Global: 010 Issue: Screen: High Volume Growth6 Complete? Yes

cervical spinal and accessory nerves, bilateral (eg, for chronic migraine)

Specialty Developing AAN, AANEM,

**Tab**: 23

RUC Meeting: October 2020 Recommendation: AAPM&R, NANS Identified: October 2019 Medicare 2022 NF PE RVU: 2.14

Utilization: 137,679

RUC Recommendation: Maintain Referred to CPT Result: Maintain

Referred to CPT Asst Published in CPT Asst:

64622 Destruction by neurolytic agent, paravertebral facet joint nerve; lumbar or Global: Issue: Fluroscopy Screen: CMS Request - Practice Complete? Yes

sacral, single level

**Most Recent** 

Most Recent Tab: 27 Specialty Developing Recommendation: APM&R First 2020 Medicare 2022 Work RVU:

RUC Meeting: April 2009 ASA, ISIS, AAPM, APM&R Identified: April 2008 Medicare 2022 NF PE RVU:

Utilization:
2022 Fac PE RVU:

RUC Recommendation: PE Review - no change Referred to CPT June 2008 and Feb 2011 Result: Deleted from CPT

Referred to CPT Asst: Dublished in CPT Asst:

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64623 Destruction by neurolytic agent, paravertebral facet joint nerve; lumbar or Global: Issue: Destruction by Neurolytic Screen: High Volume Growth1. Complete? Yes sacral, each additional level (List separately in addition to code for primary Harvard Valued -Agent Utilization over 100,000 procedure) 2022 Work RVU: **Most Recent Tab:** 57 Specialty Developing ASA, NASS, AAPM First 2020 **RUC Meeting:** April 2008 Recommendation: **Identified:** February 2008 Medicare **2022 NF PE RVU: Utilization:** 2022 Fac PE RVU: RUC Recommendation: Deleted from CPT Referred to CPT June 2008 and Feb 2011 Result: Deleted from CPT Referred to CPT Asst Published in CPT Asst: 64626 Destruction by neurolytic agent, paravertebral facet joint nerve; cervical or Global: Issue: Fluroscopy Screen: CMS Request - Practice Complete? Yes Expense Review, High thoracic, single level Volume Growth1 / CMS **Fastest Growing** 2022 Work RVU: **Tab: 27** ASA, ISIS, AAPM, 2020 **Most Recent** Specialty Developing **RUC Meeting:** April 2009 Recommendation: APM&R Identified: April 2008 Medicare **2022 NF PE RVU: Utilization:** 2022 Fac PE RVU: RUC Recommendation: PE Review - no change Referred to CPT June 2008 and Feb 2011 Result: Deleted from CPT **Referred to CPT Asst Published in CPT Asst:** 64627 Destruction by neurolytic agent, paravertebral facet joint nerve; cervical or Issue: Destruction by Neurolytic Screen: High Volume Growth1/ Complete? Yes Global: thoracic, each additional level (List separately in addition to code for primary Agent CMS Fastest Growing procedure) 2022 Work RVU: Most Recent **Tab:** 57 Specialty Developing ASA, NASS, AAPM First 2020 **RUC Meeting:** April 2008 Recommendation: Identified: April 2008 Medicare **2022 NF PE RVU: Utilization:** 2022 Fac PE RVU: RUC Recommendation: Deleted from CPT Referred to CPT June 2008 and Feb 2011 Result: Deleted from CPT Referred to CPT Asst Published in CPT Asst:

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64633 Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging Global: 010 Issue: Destruction by Neurolytic Screen: Work Neutrality Review Complete? Yes

guidance (fluoroscopy or ct); cervical or thoracic, single facet joint

Most Recent Tab: 17 Specialty Developing ASA, AAPM, First 2020 2022 Work RVU: 3.32

RUC Meeting: October 2020 Recommendation: AAPMR, ASIPP, Identified: September 2014 Medicare Utilization: 76,381

NASS, SIS 2022 Fac PE RVU: 1.97

Agent

RUC Recommendation: 3.42 Referred to CPT May 2015 Result: Decrease

Referred to CPT Asst Published in CPT Asst: February 2015

Agent

64634 Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging Global: ZZZ Issue: Destruction by Neurolytic Screen: Work Neutrality Review Complete? Yes

quidance (fluoroscopy or ct); cervical or thoracic, each additional facet joint (list Agent

separately in addition to code for primary procedure)

Most Recent Tab: 17 Specialty Developing ASA, AAPM, First 2020 2022 Work RVU: 1.32 RUC Meeting: October 2020 Recommendation: AAPMR, ASIPP, Identified: September 2014 Medicare 2022 NE PE PVII: 6.41

Recommendation: AAPMR, ASIPP, Identified: September 2014 Medicare 2022 NF PE RVU: 6.41
ISIS, NANS, Utilization: 122,270
NASS, SIS
2022 Fac PE RVU: 0.52

RUC Recommendation: 1.32 Referred to CPT May 2015 Result: Maintain

Referred to CPT Asst Published in CPT Asst: February 2015

64635 Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging Global: 010 Issue: Destruction by Neurolytic Screen: Work Neutrality Review Complete? Yes

guidance (fluoroscopy or ct); lumbar or sacral, single facet joint

Most Recent Tab: 17 Specialty Developing ASA, AAPM, First 2020 2022 Work RVU: 3.32

RUC Meeting: October 2020

Recommendation:
AAPMR, ASIPP, Identified: September 2014 Medicare
Utilization: 307,360

AAPMR, ASIPP, ISIS, NANS, NASS, SIS

2022 NF PE RVU: 9.74
2022 Fac PE RVU: 1.98

RUC Recommendation: 3.42 Referred to CPT May 2015 Result: Decrease Referred to CPT Asst: ✓ Published in CPT Asst: February 2015

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64636 Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging Global: ZZZ Issue: Destruction by Neurolytic Screen: Work Neutrality Review Complete? Yes guidance (fluoroscopy or ct); lumbar or sacral, each additional facet joint (list Agent separately in addition to code for primary procedure) 2022 Work RVU: 1.16 Specialty Developing ASA, AAPM, 2020 AAPMR, ASIPP, Identified: September 2014 **RUC Meeting:** October 2020 Recommendation: Medicare **2022 NF PE RVU: 6.14** ISIS, NANS, **Utilization:** 473.019 NASS, SIS **2022 Fac PE RVU: 0.46 RUC Recommendation: 1.16** Referred to CPT May 2015 Result: Maintain Referred to CPT Asst Published in CPT Asst: Feb 2015 Destruction by neurolytic agent; other peripheral nerve or branch Global: 010 Issue: Injection Treatment of Nerve Screen: Site of Service Anomaly Complete? Yes (99238-Only) / Harvard Valued - Utilization over 30.000 2022 Work RVU: 1.98 2020 Most Recent **Tab**: 25 Specialty Developing ASAM AAPM, First **RUC Meeting:** September 2011 Recommendation: APMA, ASIPP Identified: September 2007 Medicare 2022 NF PE RVU: 5.25 67,205 **Utilization: 2022 Fac PE RVU: 1.30** RUC Recommendation: 1.23. Remove 99238. Referred to CPT Result: Decrease Referred to CPT Asst **Published in CPT Asst:** 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 2022 Work RVU: 6.36 **Most Recent** Specialty Developing AOFAS, ASSH, 2020 **Tab**: 69 First **RUC Meeting:** October 2010 AAOS, ASPS Identified: September 2007 Recommendation: Medicare 2022 NF PE RVU: NA **Utilization:** 5,462 2022 Fac PE RVU: 7.41 **RUC Recommendation: 6.36** Referred to CPT Result: Maintain

Referred to CPT Asst

Published in CPT Asst:

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Neuroplasty, major per	ipheral ne	rve, arm or leg, open; s	ciatic nerve	Global: 090	lssue:	Neuroplasty – Leg or Arm	Screen: Site of Service Anomaly	Complete? Yes
Most Recent RUC Meeting: October 2009	<b>Tab:</b> 40	Specialty Developing Recommendation:	AOFAS, ASSH AAOS, ASPS	, First Identified: September	2007	2020 Medicare Utilization: 692	2022 Work RVU: 8.07 2022 NF PE RVU: NA 2022 Fac PE RVU: 7.96	
RUC Recommendation: Remove	e from scre	een		Referred to CPT Februar Referred to CPT Asst	,	) shed in CPT Asst:	Result: Remove from Screen	
54831 Suture of digital nerve,	hand or fo	oot; 1 nerve		Global: 090	lssue:	Neurorrhaphy – Finger	Screen: Site of Service Anomaly	Complete? Yes
Most Recent RUC Meeting: October 2010	<b>Tab</b> : 70	Specialty Developing Recommendation:	AAOS, ASPS, ASSH	First Identified: September	2007	2020 Medicare Utilization: 929	2022 Work RVU: 9.16 2022 NF PE RVU: NA 2022 Fac PE RVU: 9.71	
RUC Recommendation: 9.16				Referred to CPT Referred to CPT Asst	Publi	shed in CPT Asst:	Result: Decrease	
64XX2				Global:	Issue:	Spinal Neurostimulator	Screen: Contractor Price-Survey below 30	Complete? No
lost Recent RUC Meeting: September 2022	<b>Tab</b> : 04	Specialty Developing Recommendation:	AAPM, ASA, ASIPP, NANS	First Identified: September	2022	2020 Medicare Utilization:	2022 Work RVU: 2022 NF PE RVU: 2022 Fac PE RVU:	
RUC Recommendation: Review	action pla	n. Contractor Price.		Referred to CPT Referred to CPT Asst	Publi	shed in CPT Asst:	Result: Contractor Price	
4XX3				Global:	lssue:	Spinal Neurostimulator	Screen: Contractor Price-Survey below 30	Complete? No
Most Recent RUC Meeting: September 2022	<b>Tab:</b> 04	Specialty Developing Recommendation:	AAPM, ASA, ASIPP, NANS	First Identified: September	2022	2020 Medicare Utilization:	2022 Work RVU: 2022 NF PE RVU:	
RUC Recommendation: Review	action pla	n. Contractor Price.		Referred to CPT Referred to CPT Asst	Publi	shed in CPT Asst:	2022 Fac PE RVU: Result: Contractor Price	

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64XX4	Global: Issue: S	Spinal Neurostimulator Screen	n: Contractor Price-Survey below 30	Complete? No
Most Recent Tab: 04 Specialty Developing AAPM, ASA	, First 20	2020	2022 Work RVU:	
RUC Meeting: September 2022 Recommendation: ASIPP, NAM	•	Medicare Jtilization:	2022 NF PE RVU:	
	-		2022 Fac PE RVU:	
RUC Recommendation: Review action plan. Contractor Price.	Referred to CPT Referred to CPT Asst Published	Result: ( ned in CPT Asst:	Contractor Price	
	Referred to CPT Asst  Publishe	led in CPT Asst:		
65105 Enucleation of eye; with implant, muscles attached to implant	Global: 090 Issue: O	Ophthalmologic Procedures Screen	n: Site of Service Anomaly (99238-Only)	Complete? Yes
Most Recent Tab: 16 Specialty Developing AAO	First 20	2020	<b>2022 Work RVU</b> : 9.93	
RUC Meeting: September 2007 Recommendation:	•	Medicare Jtilization: 711	2022 NF PE RVU: NA	
	U	Junzation. 711	<b>2022 Fac PE RVU:</b> 17.60	
RUC Recommendation: Reduce 99238 to 0.5	Referred to CPT	Result: F	PE Only	
	Referred to CPT Asst	ned in CPT Asst:		
65205 Removal of foreign body, external eye; conjunctival superficial		Removal of Foreign Body - <b>Screer</b> Eye	n: CMS 000-Day Global Typically Reported with an E/M	Complete? Yes
Most Recent Tab: 19 Specialty Developing AAO, AOA	First 20	2020	<b>2022 Work RVU:</b> 0.49	
RUC Meeting: April 2017 Recommendation:	•	Medicare	<b>2022 NF PE RVU</b> : 0.32	
	U	Jtilization: 21,465	<b>2022 Fac PE RVU</b> : 0.32	
RUC Recommendation: 0.49	Referred to CPT	Result: [	Decrease	
	Referred to CPT Asst Published	ned in CPT Asst:		

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		al eye; conjunctival emb r scleral nonperforating		Global: 000 Issu	e: Removal of For Eye	reign Body -	Screen: CMS 000-Day Global Typically Reported with an E/M	Complete? Yes
Most Recent	<b>Tab</b> : 19	Specialty Developing	AAO AOA	First	2020		<b>2022 Work RVU</b> : 0.61	
RUC Meeting: April 2017	Tab. 19	Recommendation:	AAO, AOA	Identified: July 2016	Medicare		<b>2022 NF PE RVU</b> : 0.49	
					<b>Utilization:</b>	20,949	2022 Fac PE RVU: 0.40	
RUC Recommendation: 0.75			R	Referred to CPT		R	esult: Decrease	
			R	Referred to CPT Asst	blished in CPT As	sst:		
65222 Removal of foreign bo	ody, externa	al eye; corneal, with slit	lamp	Global: 000 Issu	e: Removal of Fo	reign Body	Screen: Harvard Valued - Utilization over 30,000	Complete? Yes
Most Recent	<b>Tab</b> : 26	Specialty Developing	AAO, AOA	First	2020		<b>2022 Work RVU:</b> 0.84	
RUC Meeting: September 2011	140.20	Recommendation:	(optometric)	Identified: April 2011	Medicare		<b>2022 NF PE RVU</b> : 1.09	
					Utilization:	21,931	<b>2022 Fac PE RVU</b> : 0.57	
				Referred to CPT		R	esult: Maintain	
RUC Recommendation: 0.93							Court. Maintain	
RUC Recommendation: 0.93					blished in CPT As		Court. Walliam	
		or sclera, perforating, w	R	Referred to CPT Asst	blished in CPT As	sst:	Screen: Site of Service Anomaly	Complete? Yes
65285 Repair of laceration; o		or sclera, perforating, w Specialty Developing	R vith reposition or	Referred to CPT Asst		sst:		Complete? Yes
65285 Repair of laceration; of resection of uveal tiss	sue		R vith reposition or	eferred to CPT Asst Pu Global: 090 Issu	e: Repair of Eye \ 2020 7 Medicare	sst: Wound	Screen: Site of Service Anomaly	Complete? Yes
65285 Repair of laceration; or resection of uveal tiss Most Recent	sue	Specialty Developing	R vith reposition or	Referred to CPT Asst Pu  Global: 090 Issu  First	e: Repair of Eye \ 2020 7 Medicare	sst:	Screen: Site of Service Anomaly  2022 Work RVU: 15.36	Complete? Yes
65285 Repair of laceration; of resection of uveal tiss  Most Recent RUC Meeting: February 2011	sue	Specialty Developing	rith reposition or	Referred to CPT Asst Pu  Global: 090 Issu  First	e: Repair of Eye \ 2020 7 Medicare	wound	Screen: Site of Service Anomaly  2022 Work RVU: 15.36  2022 NF PE RVU: NA	Complete? Yes
65285 Repair of laceration; of resection of uveal tiss	sue	Specialty Developing	/ith reposition or AAO	eferred to CPT Asst Pu  Global: 090 Issu  First Identified: September 200	e: Repair of Eye \ 2020 7 Medicare	wound 683	Screen: Site of Service Anomaly  2022 Work RVU: 15.36  2022 NF PE RVU: NA  2022 Fac PE RVU:15.47	Complete? Yes
65285 Repair of laceration; of resection of uveal tiss  Most Recent RUC Meeting: February 2011  RUC Recommendation: 16.00	Tab: 8	Specialty Developing	/ith reposition or AAO	First Identified: September 200 Referred to CPT Referred to CPT Referred to CPT Asst Pu	2020 7 Medicare Utilization:	wound 683	Screen: Site of Service Anomaly  2022 Work RVU: 15.36  2022 NF PE RVU: NA  2022 Fac PE RVU:15.47	Complete? Yes  Complete? No
65285 Repair of laceration; or resection of uveal tiss  Most Recent RUC Meeting: February 2011  RUC Recommendation: 16.00	Tab: 8	Specialty Developing Recommendation:	vith reposition or AAO  R R R	First Identified: September 200 Referred to CPT Referred to CPT Referred to CPT Referred to CPT Asst Pu	2020 07 Medicare Utilization: blished in CPT As	wound 683	Screen: Site of Service Anomaly  2022 Work RVU: 15.36  2022 NF PE RVU: NA  2022 Fac PE RVU:15.47  desult: Decrease	•
RUC Recommendation: 16.00  RUC Recommendation: 16.00  65778 Placement of amniotical desired and the content of	Tab: 8	Specialty Developing Recommendation:	vith reposition or AAO  R R R	First Identified: September 200 Referred to CPT Referred to CPT Referred to CPT Asst Pu	2020 07 Medicare Utilization: blished in CPT As ue: RAW 2020 Medicare	Wound 683 Rest:	Screen: Site of Service Anomaly  2022 Work RVU: 15.36  2022 NF PE RVU: NA  2022 Fac PE RVU: 15.47  result: Decrease  Screen: High Volume Growth8	•
Repair of laceration; of resection of uveal tiss  Most Recent RUC Meeting: February 2011  RUC Recommendation: 16.00  65778 Placement of amniotic	Tab: 8	Specialty Developing Recommendation:  e on the ocular surface; Specialty Developing	vith reposition or AAO  R R R	First Identified: September 200 Referred to CPT Referred to CPT Referred to CPT Asst Pu  Global: 000 Issue  First	2020 07 Medicare Utilization: blished in CPT As ue: RAW 2020 Medicare	wound 683	Screen: Site of Service Anomaly  2022 Work RVU: 15.36  2022 NF PE RVU: NA  2022 Fac PE RVU:15.47  desult: Decrease  Screen: High Volume Growth8  2022 Work RVU: 1.00	•
65285 Repair of laceration; of resection of uveal tiss  Most Recent  RUC Meeting: February 2011  RUC Recommendation: 16.00	Tab: 8  c membrane Tab: 13	Specialty Developing Recommendation:  e on the ocular surface; Specialty Developing	AAO  without sutures	First Identified: September 200 Referred to CPT Referred to CPT Referred to CPT Asst Pu  Global: 000 Issue  First	2020 07 Medicare Utilization: blished in CPT As ue: RAW 2020 Medicare	Sst: Wound 683 R Sst:	Screen: Site of Service Anomaly  2022 Work RVU: 15.36  2022 NF PE RVU: NA  2022 Fac PE RVU: 15.47  Result: Decrease  Screen: High Volume Growth8  2022 Work RVU: 1.00  2022 NF PE RVU: 39.77	•

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65779 Placement of amniotic men	nbrane on the ocular surface; singl	e layer, sutured Global: Issu	e: RAW	Screen: High Volume Growth8	Complete? No
lost Recent Tab RUC Meeting: September 2022	Specialty Developing AAO Recommendation:	First Identified: September 202	2020 22 Medicare Utilization:	2022 Work RVU: 2022 NF PE RVU: 2022 Fac PE RVU:	
RUC Recommendation: Survey		Referred to CPT Referred to CPT Asst	blished in CPT Asst:	Result:	
65780 Ocular surface reconstruct layers	ion; amniotic membrane transplan	tation, multiple Global: 090 Issu	e: Ocular Reconstruction Transplant	Screen: CMS Fastest Growing / 090-Day Global Post- Operative Visits	Complete? No
Most Recent Tab RUC Meeting: September 2022	p: 13 Specialty Developing AAO Recommendation:	First Identified: October 2008	2020 Medicare Utilization: 1,462	2022 Work RVU: 7.81 2022 NF PE RVU: NA 2022 Fac PE RVU: 10.96	
RUC Recommendation: Survey. 8.80	0	Referred to CPT	blished in CDT Asster them	Result: Decrease	
		Referred to CPT Asst 🔽 Pu	blished in CPT Asst: Jun	2009	
65800 Paracentesis of anterior ch aqueous	namber of eye (separate procedure)		e: Paracentesis of the Eye		Complete? Ye
aqueous  Most Recent Tab	namber of eye (separate procedure) 0:21 Specialty Developing AAO Recommendation:	; with removal of Global: 000 Issu	e: Paracentesis of the Eye	Screen: Harvard Valued - Utilization over 30,000  2022 Work RVU: 1.53  2022 NF PE RVU: 1.83	Complete? Ye
aqueous  Most Recent Tab  RUC Meeting: April 2012	p:21 Specialty Developing AAO	; with removal of Global: 000 Issu  First Identified: September 201  Referred to CPT October 20	2020 11 Medicare Utilization: 19,460	Screen: Harvard Valued - Utilization over 30,000 2022 Work RVU: 1.53	Complete? Ye
aqueous  Most Recent Tak  RUC Meeting: April 2012  RUC Recommendation: 1.53	p:21 Specialty Developing AAO	First Identified: September 201  Referred to CPT October 20  Referred to CPT Asst Pu	2020 11 Medicare Utilization: 19,460	Screen: Harvard Valued - Utilization over 30,000  2022 Work RVU: 1.53  2022 NF PE RVU: 1.83  2022 Fac PE RVU: 0.94  Result: Decrease	
aqueous  Most Recent Tab RUC Meeting: April 2012  RUC Recommendation: 1.53  65805 Paracentesis of anterior ch release of aqueous	p: 21 Specialty Developing AAO Recommendation:	First Identified: September 201  Referred to CPT October 20  Referred to CPT Asst Pu  ; with therapeutic Global: Issue	2020 11 Medicare Utilization: 19,460 11 blished in CPT Asst:	Screen: Harvard Valued - Utilization over 30,000  2022 Work RVU: 1.53  2022 NF PE RVU: 1.83  2022 Fac PE RVU: 0.94  Result: Decrease  Screen: Harvard Valued -	Complete? Ye

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65855 Trabeculoplasty by las	ser surgery			Global: 010 Issu	ie: Trabeculoplasty by Lase Surgery	Screen: 010-Day Global Post- Operative Visits	Complete? Yes
Most Recent	<b>Tab:</b> 11	Specialty Developing	AAO	First	2020	2022 Work RVU: 3.00	
RUC Meeting: April 2015		Recommendation:		Identified: January 2014	Medicare	<b>2022 NF PE RVU</b> : 3.95	
					Utilization: 122,871	2022 Fac PE RVU: 2.71	
RUC Recommendation: 3.00			Refe	erred to CPT February 2	015	Result: Decrease	
			Refe	erred to CPT Asst U Pu	blished in CPT Asst:		
66170 Fistulization of sclera previous surgery	for glaucor	na; trabeculectomy ab ex	cterno in absence	of Global: 090 Issu	ue: Glaucoma Surgery	Screen: 090-Day Global Post- Operative Visits	Complete? Yes
Most Recent	<b>Tab:</b> 32	Specialty Developing A	AAO	First	2020	<b>2022 Work RVU</b> : 13.94	
RUC Meeting: April 2015		Recommendation:		Identified: January 2014	Medicare	2022 NF PE RVU: NA	
					Utilization: 5,495	<b>2022 Fac PE RVU</b> : 16.66	
			Defe	amed to CDT		Result: Decrease	
RUC Recommendation: 13.94				erred to CPT erred to CPT Asst  Pu	blished in CPT Asst:	Nesult. Declease	
66172 Fistulization of sclera		na; trabeculectomy ab ex	Refe	erred to CPT Asst Pu	blished in CPT Asst:  ue: Glaucoma Surgery	Screen: 090-Day Global Post-	Complete? Yes
66172 Fistulization of sclera from previous ocular s	surgery or t	rauma (includes injection	Refe externo with scarring n of antifibrotic ag	erred to CPT Asst Pu	ie: Glaucoma Surgery	Screen: 090-Day Global Post- Operative Visits	Complete? Yes
66172 Fistulization of sclera from previous ocular s			Refe externo with scarring n of antifibrotic ag	erred to CPT Asst Pu		Screen: 090-Day Global Post- Operative Visits 2022 Work RVU: 14.84	Complete? Yes
66172 Fistulization of sclera from previous ocular s	surgery or t	rauma (includes injection Specialty Developing	Refe externo with scarring n of antifibrotic ag	orred to CPT Asst Pung Global: 090 Issuents)	ie: Glaucoma Surgery	Screen: 090-Day Global Post- Operative Visits  2022 Work RVU: 14.84  2022 NF PE RVU: NA	Complete? Yes
66172 Fistulization of sclera from previous ocular s Most Recent RUC Meeting: April 2015	surgery or t	rauma (includes injection Specialty Developing	Refe externo with scarring n of antifibrotic ag	ag Global: 090 Issuents)  First Identified: January 2014	ie: Glaucoma Surgery  2020  Medicare	Screen: 090-Day Global Post- Operative Visits  2022 Work RVU: 14.84  2022 NF PE RVU: NA  2022 Fac PE RVU: 18.58	Complete? Yes
66172 Fistulization of sclera from previous ocular s Most Recent RUC Meeting: April 2015	surgery or t	rauma (includes injection Specialty Developing	Reference with scarring of antifibrotic agreement AAO	erred to CPT Asst Pung Global: 090 Issuents)  First Identified: January 2014	ie: Glaucoma Surgery  2020  Medicare	Screen: 090-Day Global Post- Operative Visits  2022 Work RVU: 14.84  2022 NF PE RVU: NA	Complete? Yes
66172 Fistulization of sclera from previous ocular s  Most Recent RUC Meeting: April 2015  RUC Recommendation: 14.81	Tab: 32	rauma (includes injection Specialty Developing	Reference with scarring n of antifibrotic agraeman	erred to CPT Asst Puring Global: 090 Issuents)  First Identified: January 2014  erred to CPT erred to CPT Asst Puring Identified: Puring Identified Puring Identifia Puring Identified Puring Identified Puring Identified Puring Id	2020 Medicare Utilization: 2,201 blished in CPT Asst:	Screen: 090-Day Global Post- Operative Visits  2022 Work RVU: 14.84  2022 NF PE RVU: NA  2022 Fac PE RVU: 18.58	
from previous ocular solution of sclera from previous ocular solution of sclera from previous ocular solution. April 2015  RUC Recommendation: 14.81  66174 Transluminal dilation of retention of device or solution.	Tab: 32  of aqueous stent	Specialty Developing A Recommendation:  outflow canal (eg, canale	Reference with scarring of antifibrotic agraemance AAO Reference R	erred to CPT Asst Puring Global: 090 Issuents)  First Identified: January 2014  erred to CPT erred to CPT Asst Puring Identified: Puring Identified Puring Identifia Puring Identified Puring Identified Puring Identified Puring Id	2020 Medicare Utilization: 2,201  blished in CPT Asst:  ue: Dilation of Aqueous Outle Canal	Screen: 090-Day Global Post-Operative Visits  2022 Work RVU: 14.84  2022 NF PE RVU: NA  2022 Fac PE RVU: 18.58  Result: Decrease	Complete? Yes  Complete? Yes
66172 Fistulization of sclera from previous ocular s  Most Recent RUC Meeting: April 2015  RUC Recommendation: 14.81  66174 Transluminal dilation of retention of device or s  Most Recent	Tab: 32	rauma (includes injection Specialty Developing A Recommendation:	Reference with scarring of antifibrotic agraemance AAO Reference R	erred to CPT Asst  Pung Global: 090 Issuents)  First Identified: January 2014  erred to CPT erred to CPT Asst  Pung Global: 090 Issuents	2020 Medicare Utilization: 2,201  blished in CPT Asst:  Dilation of Aqueous Outle Canal  2020 Medicare	Screen: 090-Day Global Post-Operative Visits  2022 Work RVU: 14.84  2022 NF PE RVU: NA  2022 Fac PE RVU: 18.58  Result: Decrease	
66172 Fistulization of sclera from previous ocular s  Most Recent RUC Meeting: April 2015  RUC Recommendation: 14.81  66174 Transluminal dilation of retention of device or s  Most Recent	Tab: 32  of aqueous stent	Specialty Developing A control of the commendation:	Reference with scarring of antifibrotic agraemance AAO Reference R	erred to CPT Asst  Pung Global: 090 Issuents)  First Identified: January 2014  erred to CPT Perred to CPT Asst  Pung Global: 090 Issuents	2020 Medicare Utilization: 2,201  blished in CPT Asst:  Dilation of Aqueous Outle Canal 2020	Screen: 090-Day Global Post-Operative Visits  2022 Work RVU: 14.84  2022 NF PE RVU: NA  2022 Fac PE RVU: 18.58  Result: Decrease  flow Screen: New Technology/ New Service  2022 Work RVU: 7.62	
from previous ocular s  Most Recent RUC Meeting: April 2015  RUC Recommendation: 14.81  66174 Transluminal dilation of	Tab: 32  of aqueous stent	Specialty Developing A control of the commendation:	Reference with scarring of antifibrotic agraya.  AAO  Reference control of the co	g Global: 090 Issuents)  First Identified: January 2014  erred to CPT erred to CPT Asst Purchase  Purchase	2020 Medicare Utilization: 2,201  blished in CPT Asst:  Dilation of Aqueous Outto Canal  2020 Medicare Utilization: 10,433	Screen: 090-Day Global Post-Operative Visits  2022 Work RVU: 14.84  2022 NF PE RVU: NA  2022 Fac PE RVU: 18.58  Result: Decrease  flow Screen: New Technology/ New Service  2022 Work RVU: 7.62  2022 NF PE RVU: NA	

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66175 Transluminal dilation of aqueous outflow canal (eg, canaloplasty); with retention Global: 090 Issue: Dilation of Aqueous Outflow Screen: New Technology/ New Complete? Yes Cana of device or stent Service 2022 Work RVU: 9.34 Specialty Developing AAO 2020 **Most Recent Tab:** 15 First **RUC Meeting:** January 2021 Recommendation: Identified: October 2020 Medicare 2022 NF PE RVU: NA **Utilization:** 253 **2022 Fac PE RVU: 13.02 RUC Recommendation: 10.25** Referred to CPT Result: Decrease **Referred to CPT Asst Published in CPT Asst:** 66179 Aqueous shunt to extraocular equatorial plate reservoir, external approach; Screen: Harvard-Valued Annual Global: 090 Issue: Aqueous Shunt Complete? Yes without graft Allowed Charges Greater than \$10 million 2022 Work RVU: 14.00 **Most Recent Tab:** 12 Specialty Developing AAO First 2020 **RUC Meeting:** January 2014 Recommendation: Identified: January 2014 Medicare 2022 NF PE RVU: NA **Utilization:** 666 2022 Fac PE RVU: 16.23 Referred to CPT October 2013 Result: Decrease **RUC Recommendation: 14.00** Referred to CPT Asst **Published in CPT Asst:** 66180 Aqueous shunt to extraocular equatorial plate reservoir, external approach; with Global: 090 Issue: Aqueous Shunt Screen: Harvard-Valued Annual Complete? Yes Allowed Charges Greater graft than \$10 million / 090-Day Global Post-Operative Visits2 2022 Work RVU: 15.00 **Most Recent Tab: 37** Specialty Developing AAO 2020 First **RUC Meeting:** January 2020 Identified: October 2012 Recommendation: Medicare 2022 NF PE RVU: NA **Utilization:** 9,414 2022 Fac PE RVU: 16.83 **RUC Recommendation:** Maintain. 15.00 Referred to CPT October 2013 Result: Decrease

Referred to CPT Asst

**Published in CPT Asst:** 

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66183 Insertion of anterior segment aqueous drainage device, without extraocular Global: 090 Issue: Aqueous Shunt Screen: Harvard-Valued Annual Complete? Yes Allowed Charges Greater reservoir, external approach than \$10 million / 090-Day Global Post-Operative Visits2 2022 Work RVU: 13.20 Most Recent **Tab:** 37 Specialty Developing AAO 2020 **RUC Meeting:** January 2020 Recommendation: Identified: January 2014 Medicare 2022 NF PE RVU: NA **Utilization:** 5,855 2022 Fac PE RVU: 15.60 **RUC Recommendation:** Maintain 13 20 Referred to CPT Result: Maintain Referred to CPT Asst **Published in CPT Asst:** Revision of aqueous shunt to extraocular equatorial plate reservoir; without graft Global: 090 Issue: Aqueous Shunt Screen: Harvard-Valued Annual Complete? Yes Allowed Charges Greater than \$10 million 2022 Work RVU: 9.58 **Most Recent** Specialty Developing AAO First 2020 **Tab:** 12 Identified: January 2014 **RUC Meeting:** January 2014 Recommendation: Medicare **2022 NF PE RVU: NA Utilization:** 500 **2022 Fac PE RVU: 12.62** RUC Recommendation: 9.58 Referred to CPT October 2013 Result: Decrease Referred to CPT Asst Published in CPT Asst: 66185 Revision of aqueous shunt to extraocular equatorial plate reservoir; with graft Global: 090 Issue: Aqueous Shunt Screen: Harvard-Valued Annual Complete? Yes Allowed Charges Greater than \$10 million / 090-Day Global Post-Operative Visits2 2022 Work RVU: 10.58 **Most Recent Tab: 37** Specialty Developing AAO First 2020 **RUC Meeting:** January 2020 Recommendation: Identified: October 2012 Medicare 2022 NF PE RVU: NA **Utilization:** 1,457 **2022 Fac PE RVU: 13.24 RUC Recommendation:** Maintain. 10.58 Referred to CPT October 2013 Result: Increase Referred to CPT Asst ☐ Published in CPT Asst:

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66711 Ciliary body destruction; cyclophotocoagulation, endoscopic, without concomitant removal of crystalline lens	Global: 090 Issue:	Cyclophotocoagulation	Screen: Codes Reported Together 75%or More- Part4	Complete? Yes
Most Recent Tab: 11 Specialty Developing AAO	First	2020	2022 Work RVU: 5.62	
RUC Meeting: January 2019 Recommendation:	Identified: October 2017	Medicare	2022 NF PE RVU: NA	
		Utilization: 894	<b>2022 Fac PE RVU:</b> 8.60	
RUC Recommendation: 6.36	Referred to CPT May 2018 Referred to CPT Asst Publication	ished in CPT Asst:	Result: Decrease	
66761 Iridotomy/iridectomy by laser surgery (eg, for glaucoma) (per session)	Global: 010 Issue:	: Iridotomy	Screen: High IWPUT / 010-Day Global Post-Operative Visits2	Complete? Yes
Most Recent Tab: 37 Specialty Developing AAO	First	2020	2022 Work RVU: 3.00	
RUC Meeting: January 2020 Recommendation:	Identified: February 2008	Medicare	<b>2022 NF PE RVU</b> : 5.54	
		Utilization: 47,614	<b>2022 Fac PE RVU</b> : 3.62	
RUC Recommendation: Maintain. 3.00	Referred to CPT February 201	0	Result: Decrease	
	Referred to CPT Asst  Publ	ished in CPT Asst:		
66821 Discission of secondary membranous cataract (opacified posterior ler and/or anterior hyaloid); laser surgery (eg, yag laser) (1 or more stages		:	Screen: MPC List	Complete? Yes
Most Recent Tab: 41 Specialty Developing AAO	First	2020	<b>2022 Work RVU</b> : 3.42	
RUC Meeting: February 2011 Recommendation:	Identified: October 2010	Medicare	<b>2022 NF PE RVU</b> : 6.08	
		Utilization: 560,886	2022 Fac PE RVU: 5.37	
RUC Recommendation: Maintain	Referred to CPT		Result: Maintain	
	Referred to CPT Asst Dubl	ished in CPT Asst:		

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Extracapsular cataract removal with insertion of intraocular lens prosthesis (1stage procedure), manual or mechanical technique (eq. irrigation and aspiration or phacoemulsification), complex, requiring devices or techniques not generally used in routine cataract surgery (eq. iris expansion device, suture support for intraocular lens, or primary posterior capsulorrhexis) or performed on patients

**Drainage Device Insertion** 

Issue: Cataract Removal with

Screen: High IWPUT / CMS Fastest Growing. Site of Complete? Yes

Complete? Yes

in the amblyogenic developmental stage; without endoscopic

Service Anomaly (99238-Only) / CMS High **Expenditure Procedural** 

Codes1

Most Recent

Specialty Developing AAO **Tab**: 16

2020 First Identified: September 2007 Medicare 2022 Work RVU: 10.25

**RUC Meeting:** January 2021

Recommendation:

**Utilization:** 123,553 2022 NF PE RVU: NA

**RUC Recommendation: 10.25** 

Referred to CPT

86

2022 Fac PE RVU: 10.54

Result: Decrease

cyclophotocoagulation

Referred to CPT Asst Published in CPT Asst: Sep 2009

Screen: Codes Reported Complete? Yes

stage procedure)

66983 Intracapsular cataract extraction with insertion of intraocular lens prosthesis (1 Global: 090

Global: 090

Issue: Cyclophotocoagulation

Together 75% or More-

Part4

**Most Recent RUC Meeting:** January 2019 Tab: 11 **Specialty Developing** Recommendation:

First Identified: January 2019 2020 Medicare 2022 Work RVU: 0.00

**Utilization:** 

2022 NF PE RVU: 0.00 2022 Fac PE RVU: 0.00

**RUC Recommendation:** Contractor Price

Referred to CPT

**Referred to CPT Asst** 

**Published in CPT Asst:** 

Result: Contractor Price

66984 Extracapsular cataract removal with insertion of intraocular lens prosthesis (1 stage procedure), manual or mechanical technique (eg, irrigation and aspiration or phacoemulsification); without endoscopic cyclophotocoagulation

Global: 090

Issue: Cataract Removal with **Drainage Device Insertion**  Screen: High IWPUT / MPC List /

Codes Reported Together 75% or More-

Part4

Most Recent

**Tab**: 16 Specialty Developing AAO Recommendation:

First **Identified:** February 2008

2020 Medicare

1.297.557

2022 Work RVU: 7.35 2022 NF PE RVU: NA

2022 Fac PE RVU: 7.83

RUC Recommendation: 7 35

**RUC Meeting:** January 2021

Referred to CPT

May 2018

**Utilization:** 

Result: Decrease

Referred to CPT Asst Published in CPT Asst:

Extracapsular cataract removal with insertion of intraocular lens prosthesis (1-Global: 090 Issue: Cataract Removal with Screen: Codes Reported Complete? Yes **Drainage Device Insertion** Together 75% or Morestage procedure), manual or mechanical technique (eq. irrigation and aspiration Part4 or phacoemulsification), complex, requiring devices or techniques not generally used in routine cataract surgery (eq. iris expansion device, suture support for intraocular lens, or primary posterior capsulorrhexis) or performed on patients in the amblyogenic developmental stage; with endoscopic cyclophotocoagulation **2022 Work RVU: 0.00** Specialty Developing AAO 2020 Most Recent **Tab**: 16 First **RUC Meeting:** January 2021 Recommendation: Identified: January 2019 Medicare 2022 NF PE RVU: 0.00 **Utilization:** 733 2022 Fac PE RVU: 0.00 Result: Decrease **RUC Recommendation: 13.15** Referred to CPT Referred to CPT Asst Published in CPT Asst: Global: 090 66988 Extracapsular cataract removal with insertion of intraocular lens prosthesis (1 Issue: Cyclophotocoagulation Screen: Codes Reported Complete? Yes stage procedure), manual or mechanical technique (eq. irrigation and aspiration Together 75% or More-Part4 or phacoemulsification); with endoscopic cyclophotocoagulation 2022 Work RVU: 0.00 2020 **Most Recent** Tab: 11 **Specialty Developing** First **RUC Meeting:** January 2019 Recommendation: Identified: January 2019 Medicare 2022 NF PE RVU: 0.00 **Utilization:** 3.826 2022 Fac PE RVU: 0.00 **RUC Recommendation: 10.25** Result: Decrease Referred to CPT Referred to CPT Asst **Published in CPT Asst:** Global: 090 Issue: Cataract Removal with Screen: High Volume Category III Complete? Yes 66989 Extracapsular cataract removal with insertion of intraocular lens prosthesis (1stage procedure), manual or mechanical technique (eg, irrigation and aspiration **Drainage Device Insertion** Codes or phacoemulsification), complex, requiring devices or techniques not generally used in routine cataract surgery (eq. iris expansion device, suture support for intraocular lens, or primary posterior capsulorrhexis) or performed on patients in the amblyogenic developmental stage; with insertion of intraocular (eg. trabecular meshwork, supraciliary, suprachoroidal) anterior segment aqueous drainage device, without extraocular reservoir, internal approach, one or more 2022 Work RVU: 12.13 Most Recent **Tab:** 16 Specialty Developing AAO 2020 **RUC Meeting:** January 2021 Recommendation: Identified: January 2021 Medicare 2022 NF PE RVU: NA **Utilization:** 2022 Fac PE RVU: 11.69 October 2020 **RUC Recommendation: 12.13** Referred to CPT Result: Maintain

Referred to CPT Asst Published in CPT Asst:

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Extracapsular cataract removal with insertion of intraocular lens prosthesis (1 Global: 090 Issue: Cataract Removal with Screen: High Volume Category III Complete? Yes 66991 **Drainage Device Insertion** Codes stage procedure), manual or mechanical technique (eq. irrigation and aspiration or phacoemulsification); with insertion of intraocular (eg, trabecular meshwork, supraciliary, suprachoroidal) anterior segment aqueous drainage device. without extraocular reservoir, internal approach, one or more 2022 Work RVU: 9.23 **Most Recent Tab**: 16 Specialty Developing AAO First 2020 **RUC Meeting:** January 2021 Recommendation: Identified: January 2021 Medicare 2022 NF PE RVU: NA **Utilization: 2022 Fac PE RVU: 9.84 RUC Recommendation: 9.23** Referred to CPT October 2020 Result: Maintain 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 Growth1 / Complete? Yes CMS Fastest Growing, Harvard Valued -Utilization over 100,000 / CMS High Expenditure Procedural Codes1 / High Volume Growth3 / Codes Reported Together 75% or More-Part5 2022 Work RVU: 1.44 Most Recent **Tab:** 13 Specialty Developing AAO, ASRS First 2020 **Identified:** February 2008 **RUC Meeting:** September 2022 Recommendation: Medicare 2022 NF PE RVU: 1.75 **Utilization:** 3,738,345 **2022 Fac PE RVU: 1.10 RUC Recommendation: 1.44** Referred to CPT Result: Maintain Referred to CPT Asst Published in CPT Asst: Vitrectomy, mechanical, pars plana approach; Global: 090 **Issue:** Vitrectomy Screen: Harvard-Valued Annual Complete? Yes Allowed Charges Greater than \$10 million 2022 Work RVU: 12.13 2020 **Most Recent** Specialty Developing AAO Tab: 11 First **RUC Meeting:** October 2013 Recommendation: Identified: October 2012 Medicare 2022 NF PE RVU: NA **Utilization:** 14,918 2022 Fac PE RVU: 12.85 **RUC Recommendation: 12.13** Referred to CPT Result: Decrease Referred to CPT Asst **Published in CPT Asst:** 

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67038 Deleted from CPT	Global: Issue:	Ophthalmological Procedures	Screen: Site of Service Anomaly	Complete? Yes
Most Recent Tab: 16 Specialty Developing AAO	First	2020	2022 Work RVU:	
RUC Meeting: September 2007 Recommendation:	Identified: September 2007	Medicare Utilization:	2022 NF PE RVU:	
DUO D D. date of faces ODT	5 t t 05 5 5 b m 2005	<del>,</del>	2022 Fac PE RVU:	
RUC Recommendation: Deleted from CPT	Referred to CPT February 2007 Referred to CPT Asst Public	shed 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-	Complete? Yes
photocoaguiation			Valued Annual Allowed Charges Greater than \$10 million	
Most Recent Tab: 11 Specialty Developing AAO	First	2020	<b>2022 Work RVU</b> : 13.20	
RUC Meeting: October 2013 Recommendation:	Identified: September 2007	Medicare Utilization: 3.085	2022 NF PE RVU: NA	
		Utilization: 3,085	2022 Fac PE RVU: 13.51	
RUC Recommendation: 13.20	Referred to CPT Referred to CPT Asst  Publi	shed in CPT Asst:	Result: Decrease	
67040 Vitrectomy, mechanical, pars plana approach; with endolaser panreti photocoagulation	inal Global: 090 Issue:	Vitrectomy	Screen: Site of Service Anomaly (99238-Only) / Harvard- Valued Annual Allowed Charges Greater than \$10 million	Complete? Yes
Most Recent Tab: 11 Specialty Developing AAO	First	2020	<b>2022 Work RVU</b> : 14.50	
RUC Meeting: October 2013 Recommendation:	Identified: September 2007	Medicare	2022 NF PE RVU: NA	
		Utilization: 6,722	<b>2022 Fac PE RVU</b> : 14.32	
RUC Recommendation: 14.50	Referred to CPT		Result: Decrease	
	Referred to CPT Asst  Publi	shed in CPT Asst:		

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67041 Vitrectomy, mechanical, pars plana approach; with removal of preretinal cellular Global: 090 Issue: Vitrectomy Screen: Harvard-Valued Annual Complete? Yes Allowed Charges Greater membrane (eg, macular pucker) than \$10 million 2022 Work RVU: 16.33 Most Recent Tab: 11 Specialty Developing AAO First 2020 **RUC Meeting:** October 2013 Recommendation: Identified: October 2012 Medicare 2022 NF PE RVU: NA **Utilization:** 10,410 2022 Fac PE RVU: 15.44 **RUC Recommendation: 16.33** Referred to CPT Result: Decrease Referred to CPT Asst **Published in CPT Asst:** 67042 Vitrectomy, mechanical, pars plana approach; with removal of internal limiting Global: 090 Issue: Vitrectomy Screen: Harvard-Valued Annual Complete? Yes Allowed Charges Greater membrane of retina (eq. for repair of macular hole, diabetic macular edema), includes, if performed, intraocular tamponade (ie, air, gas or silicone oil) than \$10 million 2022 Work RVU: 16.33 **Most Recent** Specialty Developing AAO 2020 **RUC Meeting:** October 2013 Recommendation: Identified: October 2012 Medicare 2022 NF PE RVU: NA 22.238 **Utilization:** 2022 Fac PE RVU: 15.44 **RUC Recommendation:** 16 33 Referred to CPT Result: Decrease Referred to CPT Asst Published in CPT Asst: 67043 Vitrectomy, mechanical, pars plana approach; with removal of subretinal Global: 090 Issue: Vitrectomy Screen: Harvard-Valued Annual Complete? Yes Allowed Charges Greater membrane (eg, choroidal neovascularization), includes, if performed, intraocular tamponade (ie, air, gas or silicone oil) and laser photocoagulation than \$10 million 2022 Work RVU: 17.40 **Most Recent** Tab: 11 Specialty Developing AAO First 2020 **RUC Meeting:** October 2013 Identified: October 2012 Recommendation: Medicare **2022 NF PE RVU: NA Utilization:** 268 2022 Fac PE RVU: 16.10 **RUC Recommendation: 17.40** Referred to CPT Result: Decrease Referred to CPT Asst Published in CPT Asst:

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67101 Repair of retinal deta	•	cluding drainage of subretinal fluid w	hen Global: 010 Issu	e: Retinal Detachment Repair	Screen: 090-Day Global Post- Operative Visits	Complete? Yes
Most Recent	<b>Tab</b> : 11	Specialty Developing AAO, ASRS	First	2020	<b>2022 Work RVU:</b> 3.50	
RUC Meeting: October 2015		Recommendation:	Identified: April 2015	Medicare Utilization: 254	<b>2022 NF PE RVU</b> : 5.99	
				Othization. 254	<b>2022 Fac PE RVU</b> : 4.45	
<b>RUC Recommendation:</b> 3.50			Referred to CPT May 2015		lesult: Decrease	
			Referred to CPT Asst	lished in CPT Asst:		
O7405 Denois of setimal date	ahmant in	duding dusing a of subjective fluid w	hen Global: 010 Issu	Potinal Detectment Beneir	Savage 000 Day Clabal Boot	Complete 2 Voc
67105 Repair of retinal deta performed; photoco		cluding drainage of subretinal fluid w	nen Global: 010 Issu	: Retinal Detachment Repair	Screen: 090-Day Global Post- Operative Visits	Complete? Yes
Most Recent	<b>Tab</b> : 11	Specialty Developing AAO, ASRS	First	2020	<b>2022 Work RVU:</b> 3.39	
RUC Meeting: October 2015		Recommendation:	Identified: April 2015	Medicare Utilization: 2.811	<b>2022 NF PE RVU</b> : 4.97	
				Otilization. 2,011	<b>2022 Fac PE RVU</b> : 4.30	
<b>RUC Recommendation:</b> 3.84			Referred to CPT May 2015	-	Result: Decrease	
			Referred to CPT Asst	lished in CPT Asst:		
dissection, imbricat	on or encire	leral buckling (such as lamellar scler ling procedure), including, when per julation, and drainage of subretinal fl	formed,	e: Retinal Detachment Repair	Screen: Site of Service Anomaly (99238-Only) / 090-Day Global Post-Operative Visits	Complete? Yes
Most Recent	<b>Tab:</b> 12	Specialty Developing AAO	First	2020	2022 Work RVU: 16.00	
RUC Meeting: April 2015		Recommendation:	Identified: September 200	7 Medicare	2022 NF PE RVU: NA	
				Utilization: 452	<b>2022 Fac PE RVU:</b> 15.24	
<b>RUC Recommendation:</b> 16.0	0. Reduce 99	238 to 0.5	Referred to CPT October 201	4 R	lesult: Decrease	

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67108 Repair of retinal detachment; with vitrectomy, any method, including, when Global: 090 Issue: Retinal Detachment Repair Screen: Site of Service Anomaly Complete? Yes performed, air or gas tamponade, focal endolaser photocoagulation, (99238-Only) / 090-Day Global Post-Operative cryotherapy, drainage of subretinal fluid, scleral buckling, and/or removal of lens Visits by same technique 2022 Work RVU: 17.13 **Most Recent Tab:** 12 Specialty Developing AAO First 2020 **RUC Meeting:** April 2015 Recommendation: Identified: September 2007 Medicare 2022 NF PE RVU: NA **Utilization:** 14,871 2022 Fac PE RVU: 15.93 October 2014 **RUC Recommendation: 17.13** Referred to CPT Result: Decrease Referred to CPT Asst **Published in CPT Asst:** 67110 Repair of retinal detachment; by injection of air or other gas (eg. pneumatic Global: 090 Issue: Retinal Detachment Repair Screen: Site of Service Anomaly Complete? Yes retinopexy) (99238-Only) / 090-Day Global Post-Operative Visits 2022 Work RVU: 10.25 **Most Recent** Specialty Developing AAO First 2020 **Tab:** 12 Identified: September 2007 **RUC Meeting:** April 2015 Recommendation: Medicare **2022 NF PE RVU: 14.93 Utilization:** 2,101 **2022 Fac PE RVU: 12.48** RUC Recommendation: 10.25. Remove 99238 Referred to CPT October 2014 Result: Maintain Referred to CPT Asst Published in CPT Asst: 67112 Repair of retinal detachment; by scleral buckling or vitrectomy, on patient Global: Issue: Retinal Detachment Repair Screen: 090-Day Global Post-Complete? Yes Operative Visits having previous ipsilateral retinal detachment repair(s) using scleral buckling or vitrectomy techniques 2022 Work RVU: Most Recent **Tab:** 12 Specialty Developing AAO 2020 **RUC Meeting:** April 2015 Identified: April 2014 Recommendation: Medicare **2022 NF PE RVU: Utilization:** 

Referred to CPT

October 2014

Referred to CPT Asst Published in CPT Asst:

2022 Fac PE RVU:

Result: Deleted from CPT

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RUC Recommendation: Deleted from CPT

67113 Repair of complex retinal detachment (eg, proliferative vitreoretinopathy, stage c- Global: 090 Issue: Retinal Detachment Repair Screen: 090-Day Global Post-Complete? Yes Operative Visits 1 or greater, diabetic traction retinal detachment, retinopathy of prematurity. retinal tear of greater than 90 degrees), with vitrectomy and membrane peeling, including, when performed, air, gas, or silicone oil tamponade, cryotherapy, endolaser photocoagulation, drainage of subretinal fluid, scleral buckling, and/or removal of lens 2022 Work RVU: 19.00 2020 **Most Recent Tab:** 12 Specialty Developing AAO First **RUC Meeting:** April 2015 Identified: January 2014 Recommendation: Medicare 2022 NF PE RVU: NA **Utilization:** 11.077 2022 Fac PE RVU: 17.96 Referred to CPT **RUC Recommendation: 19.00** October 2014 Result: Decrease Referred to CPT Asst Published in CPT Asst: 67141 Prophylaxis of retinal detachment (eg, retinal break, lattice degeneration) Global: 090 Issue: Retinal Detachment Screen: Harvard Valued -Complete? Yes without drainage; cryotherapy, diathermy Prophylaxis Utilization over 30,000-Part4 2022 Work RVU: 2.53 **Most Recent** Specialty Developing AAO, ASRS 2020 **Tab:** 08 First **RUC Meeting:** October 2020 Recommendation: Identified: January 2020 Medicare 2022 NF PE RVU: 5.15 **Utilization:** 1,048 2022 Fac PE RVU: 3.54 **RUC Recommendation: 2.53** Referred to CPT Result: Decrease Referred to CPT Asst □ Published in CPT Asst: 67145 Prophylaxis of retinal detachment (eg, retinal break, lattice degeneration) Global: 090 Issue: Retinal Detachment Screen: Harvard Valued -Complete? Yes Prophylaxis Utilization over 30,000without drainage; photocoagulation Part4 2022 Work RVU: 2.53 Most Recent **Tab:** 08 Specialty Developing AAO, ASRS 2020 **RUC Meeting:** October 2020 Recommendation: Identified: October 2019 Medicare **2022 NF PE RVU: 4.33 Utilization:** 27.120

Referred to CPT

Referred to CPT Asst

May 2020

Published in CPT Asst:

2022 Fac PE RVU: 3.54

Result: Decrease

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**RUC Recommendation: 2.53** 

amaka Bashmadlan afta salla						
57210 Destruction of localiz sessions; photocoag		retina (eg, macular edema, tumors),	, i or more Global: 090 issue:	Treatment of Retinal Lesion sor Choroid	Screen. High IVVI OT	Complete? Ye
Most Recent	<b>Tab:</b> 13	Specialty Developing AAO	First	2020	2022 Work RVU: 6.36	
RUC Meeting: October 2010		Recommendation:	Identified: February 2008	Medicare	<b>2022 NF PE RVU</b> : 8.13	
				Utilization: 43,032	<b>2022 Fac PE RVU:</b> 7.55	
RUC Recommendation: 6.36			Referred to CPT	Res	sult: Decrease	
			Referred to CPT Asst	shed in CPT Asst:		
67220 Destruction of localiz photocoagulation (eg		choroid (eg, choroidal neovasculari more sessions	zation); Global: 090 Issue:	Treatment of Retinal Lesion s	Screen: High IWPUT	Complete? Yo
Most Recent	<b>Tab:</b> 13	Specialty Developing AAO	First	2020	<b>2022 Work RVU:</b> 6.36	
RUC Meeting: October 2010		Recommendation:	Identified: February 2008	Medicare Utilization: 2,533	<b>2022 NF PE RVU</b> : 8.58	
					<b>2022 Fac PE RVU:</b> 7.55	
RUC Recommendation: 6.36			Referred to CPT	Res	sult: Decrease	
			Referred to CPT Asst  Publi	shed in CPT Asst:		
		choroid (eg, choroidal neovasculari	zation); Global: ZZZ Issue:	Photodynamic Therapy of	Screen: New Technology	Complete? Yo
photodynamic therap to code for primary e	y, second e	ye, at single session (list separately	zation); Global: ZZZ Issue:		Screen: New Technology  2022 Work RVU: 0.47	Complete? Yo
photodynamic therap to code for primary e Most Recent	oy, second e eye treatment	ye, at single session (list separately )	zation); Global: ZZZ Issue: in addition	Photodynamic Therapy of the Eye  2020  Medicare	o,	Complete? Yo
photodynamic therap to code for primary e Most Recent	oy, second e eye treatment	ye, at single session (list separately ) Specialty Developing AAO	zation); Global: ZZZ Issue: in addition First	Photodynamic Therapy of the Eye	2022 Work RVU: 0.47	Complete? Yo
photodynamic therap to code for primary e Most Recent RUC Meeting: February 2008	oy, second e eye treatment	ye, at single session (list separately ) Specialty Developing AAO	zation); Global: ZZZ Issue: in addition  First Identified: September 2007  Referred to CPT	Photodynamic Therapy of the Eye  2020  Medicare  Utilization: 124	2022 Work RVU: 0.47 2022 NF PE RVU: 0.34	Complete? Yo
photodynamic therap to code for primary e Most Recent RUC Meeting: February 2008	oy, second e eye treatment	ye, at single session (list separately ) Specialty Developing AAO	zation); Global: ZZZ Issue: in addition  First Identified: September 2007  Referred to CPT	Photodynamic Therapy of the Eye  2020  Medicare Utilization: 124	2022 Work RVU: 0.47 2022 NF PE RVU: 0.34 2022 Fac PE RVU: 0.29	Complete? Yo
photodynamic therap to code for primary e Most Recent RUC Meeting: February 2008 RUC Recommendation: 0.47	oy, second e ye treatment Tab: P	ye, at single session (list separately ) Specialty Developing AAO	zation); Global: ZZZ Issue: in addition  First Identified: September 2007  Referred to CPT Referred to CPT Asst  Publi	Photodynamic Therapy of the Eye  2020  Medicare  Utilization: 124	2022 Work RVU: 0.47 2022 NF PE RVU: 0.34 2022 Fac PE RVU: 0.29 sult: Maintain	•
photodynamic therapy to code for primary e  Most Recent RUC Meeting: February 2008  RUC Recommendation: 0.47  67228 Treatment of extension photocoagulation  Most Recent	oy, second e ye treatment Tab: P	ye, at single session (list separately )  Specialty Developing AAO Recommendation:	ization); Global: ZZZ Issue: in addition  First Identified: September 2007  Referred to CPT Referred to CPT Asst Public  pathy), Global: 010 Issue:	Photodynamic Therapy of the Eye  2020 Medicare Utilization: 124  Resished in CPT Asst:	2022 Work RVU: 0.47 2022 NF PE RVU: 0.34 2022 Fac PE RVU: 0.29 sult: Maintain	•
photodynamic therapy to code for primary e  Most Recent RUC Meeting: February 2008  RUC Recommendation: 0.47  67228 Treatment of extension photocoagulation  Most Recent	oy, second e ye treatment Tab: P	ye, at single session (list separately )  Specialty Developing AAO Recommendation:	ization); Global: ZZZ Issue: in addition  First Identified: September 2007  Referred to CPT Referred to CPT Asst Public  pathy), Global: 010 Issue:	Photodynamic Therapy of the Eye  2020  Medicare Utilization: 124  Resished in CPT Asst:  Treatment of Retinal Lesion or Choroid  2020  Medicare	2022 Work RVU: 0.47 2022 NF PE RVU: 0.34 2022 Fac PE RVU: 0.29 sult: Maintain  Screen: High IWPUT	•
photodynamic therap to code for primary e Most Recent RUC Meeting: February 2008 RUC Recommendation: 0.47	oy, second e ye treatment Tab: P	ye, at single session (list separately )  Specialty Developing AAO Recommendation:  ssive retinopathy (eg, diabetic retino	ization); Global: ZZZ Issue: in addition  First Identified: September 2007  Referred to CPT Referred to CPT Asst Public  pathy), Global: 010 Issue:	Photodynamic Therapy of the Eye  2020  Medicare Utilization: 124  Resished in CPT Asst:  Treatment of Retinal Lesion or Choroid  2020	2022 Work RVU: 0.47 2022 NF PE RVU: 0.34 2022 Fac PE RVU: 0.29 sult: Maintain  Screen: High IWPUT 2022 Work RVU: 4.39	Complete? You
photodynamic therapy to code for primary e  Most Recent RUC Meeting: February 2008  RUC Recommendation: 0.47  67228 Treatment of extension photocoagulation  Most Recent	ye treatment Tab: P  ve or progres Tab: 40	ye, at single session (list separately )  Specialty Developing AAO Recommendation:  ssive retinopathy (eg, diabetic retino Specialty Developing AAO Recommendation:	ization); Global: ZZZ Issue: in addition  First Identified: September 2007  Referred to CPT Referred to CPT Asst Public  Pathy), Global: 010 Issue:  First Identified: February 2008  Referred to CPT	Photodynamic Therapy of the Eye  2020  Medicare Utilization: 124  Resisted in CPT Asst:  Treatment of Retinal Lesion or Choroid  2020  Medicare Utilization: 48,375	2022 Work RVU: 0.47 2022 NF PE RVU: 0.34 2022 Fac PE RVU: 0.29 sult: Maintain  Screen: High IWPUT 2022 Work RVU: 4.39 2022 NF PE RVU: 5.14	,

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67255 Scleral reinforcement (separate procedure); with graft Global: 090 Issue: Aqueous Shunt Screen: Harvard-Valued Annual Complete? Yes Allowed Charges Greater than \$10 million 2022 Work RVU: 8.38 Most Recent **Tab:** 12 Specialty Developing AAO First 2020 **RUC Meeting:** January 2014 Recommendation: Identified: January 2014 Medicare 2022 NF PE RVU: NA **Utilization:** 703 2022 Fac PE RVU: 10.92 **RUC Recommendation: 10.17** Referred to CPT October 2013 Result: Maintain Referred to CPT Asst **Published in CPT Asst:** Strabismus surgery, recession or resection procedure; 1 horizontal muscle Global: 090 Issue: Strabismus Surgery Screen: ZZZ Global Post-Complete? Yes Operative Visits 2022 Work RVU: 5.93 **Most Recent Tab:** 18 Specialty Developing AAO, AAP First 2020 **RUC Meeting:** October 2020 Recommendation: Identified: April 2020 Medicare 2022 NF PE RVU: NA **Utilization:** 3,593 2022 Fac PE RVU: 7.61 Result: Decrease **RUC Recommendation:** 5.93 Referred to CPT **Published in CPT Asst:** Referred to CPT Asst Strabismus surgery, recession or resection procedure; 2 horizontal muscles Global: 090 Issue: Strabismus Surgery Screen: ZZZ Global Post-Complete? Yes Operative Visits 2022 Work RVU: 9.50 Most Recent **Tab:** 18 Specialty Developing AAO, AAP First 2020 **RUC Meeting:** October 2020 Recommendation: Identified: April 2020 Medicare **2022 NF PE RVU: NA Utilization:** 1,095 2022 Fac PE RVU: 9.01

Referred to CPT

Referred to CPT Asst

Published in CPT Asst:

Result: Decrease

**RUC Recommendation: 9.50** 

67314 Strabismus surger (excluding superio		r resection procedure; 1 vertical mus	scle Global: 090 Issu	e: Strabismus Surgery	Screen: ZZZ Global Post- Operative Visits	Complete? Yes
Most Recent	<b>Tab</b> : 18	Specialty Developing AAO, AAP	First	2020	<b>2022 Work RVU</b> : 5.93	
RUC Meeting: October 2020		Recommendation:	Identified: April 2020	Medicare	2022 NF PE RVU: NA	
				Utilization: 1,882	<b>2022 Fac PE RVU:</b> 9.63	
RUC Recommendation: 5.9	3		Referred to CPT		Result: Decrease	
			Referred to CPT Asst U Pul	olished in CPT Asst:		
67316 Strabismus surger muscles (excluding		r resection procedure; 2 or more ver que)	rtical Global: 090 Issu	e: Strabismus Surgery	Screen: ZZZ Global Post- Operative Visits	Complete? Yes
Most Recent RUC Meeting: October 2020	<b>Tab</b> : 18	Specialty Developing AAO, AAP	First	2020	2022 Work RVU: 10.31	
	10.01.10	Recommendation:	Identified: April 2020	Medicare	2022 NF PE RVU: NA	
				Utilization: 120	<b>2022 Fac PE RVU</b> : 9.48	
RUC Recommendation: 10	.31		Referred to CPT		Result: Decrease	
			Defermed to CDT Acet Dul	liched in CDT Accts		
			Referred to CPT Asst	olished in CPT Asst:		
67318 Strabismus surger	y, any procedu	ıre, superior oblique muscle		e: Strabismus Surgery	Screen: ZZZ Global Post- Operative Visits	Complete? Yes
5.0.0	y, any procedu Tab: 18	, , ,				Complete? Yes
Most Recent		specialty Developing AAO, AAP Recommendation:	Global: 090 Issu	e: Strabismus Surgery  2020  Medicare	Operative Visits	Complete? Yes
Most Recent		Specialty Developing AAO, AAP	Global: 090 Issu	e: Strabismus Surgery 2020	Operative Visits  2022 Work RVU: 9.80	Complete? Yes
Most Recent RUC Meeting: October 2020	<b>Tab</b> : 18	Specialty Developing AAO, AAP	Global: 090 Issu	e: Strabismus Surgery  2020  Medicare	Operative Visits  2022 Work RVU: 9.80  2022 NF PE RVU: NA	Complete? Yes
67318 Strabismus surger  Most Recent RUC Meeting: October 2020  RUC Recommendation: 9.8	<b>Tab</b> : 18	Specialty Developing AAO, AAP	Global: 090 Issu  First Identified: April 2020  Referred to CPT	e: Strabismus Surgery  2020  Medicare	Operative Visits  2022 Work RVU: 9.80  2022 NF PE RVU: NA  2022 Fac PE RVU: 9.36	Complete? Yes
Most Recent RUC Meeting: October 2020 RUC Recommendation: 9.8	Tab: 18	Specialty Developing AAO, AAP	Global: 090 Issu  First Identified: April 2020  Referred to CPT Referred to CPT Asst Pub	e: Strabismus Surgery  2020  Medicare  Utilization: 142	Operative Visits  2022 Work RVU: 9.80  2022 NF PE RVU: NA  2022 Fac PE RVU: 9.36	Complete? Yes  Complete? Yes
Most Recent RUC Meeting: October 2020 RUC Recommendation: 9.8  67320 Transposition produuscle (specify) (I	Tab: 18	Specialty Developing AAO, AAP Recommendation:  paretic extraocular muscle), any ext n addition to code for primary proce	Global: 090 Issu  First Identified: April 2020  Referred to CPT Referred to CPT Asst Pub	e: Strabismus Surgery  2020 Medicare Utilization: 142  blished in CPT Asst:	Operative Visits  2022 Work RVU: 9.80  2022 NF PE RVU: NA  2022 Fac PE RVU: 9.36  Result: Decrease  Screen: ZZZ Global Post-	·
Most Recent RUC Meeting: October 2020 RUC Recommendation: 9.8 67320 Transposition produuscle (specify) (I	Tab: 18	Specialty Developing AAO, AAP Recommendation:  paretic extraocular muscle), any ext	Global: 090 Issu  First Identified: April 2020  Referred to CPT Referred to CPT Asst Publication Global: ZZZ Issuedure)	2020 Medicare Utilization: 142  Dished in CPT Asst:  e: Strabismus Surgery  2020 Medicare	Operative Visits  2022 Work RVU: 9.80  2022 NF PE RVU: NA  2022 Fac PE RVU: 9.36  Result: Decrease  Screen: ZZZ Global Post- Operative Visits	·
Most Recent RUC Meeting: October 2020 RUC Recommendation: 9.8 67320 Transposition produuscle (specify) (I	Tab: 18	Specialty Developing AAO, AAP Recommendation:  paretic extraocular muscle), any ext n addition to code for primary proce Specialty Developing AAO, AAP	Global: 090 Issu  First Identified: April 2020  Referred to CPT Referred to CPT Asst Put  traocular Global: ZZZ Issu edure)	2020 Medicare Utilization: 142  Dished in CPT Asst:  e: Strabismus Surgery  2020	Operative Visits  2022 Work RVU: 9.80  2022 NF PE RVU: NA  2022 Fac PE RVU:9.36  Result: Decrease  Screen: ZZZ Global Post- Operative Visits  2022 Work RVU: 3.00	·
Most Recent RUC Meeting: October 2020 RUC Recommendation: 9.8	Tab: 18  cedure (eg, for ist separately i	Specialty Developing AAO, AAP Recommendation:  paretic extraocular muscle), any ext n addition to code for primary proce Specialty Developing AAO, AAP	Global: 090 Issu  First Identified: April 2020  Referred to CPT Referred to CPT Asst Put  traocular Global: ZZZ Issu edure)	2020 Medicare Utilization: 142  Dished in CPT Asst:  e: Strabismus Surgery  2020 Medicare	Operative Visits  2022 Work RVU: 9.80  2022 NF PE RVU: NA  2022 Fac PE RVU: 9.36  Result: Decrease  Screen: ZZZ Global Post- Operative Visits  2022 Work RVU: 3.00  2022 NF PE RVU: NA	·

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67331 Strabismus surgery on patient with previous eye surgery or injury that did not Global: ZZZ Issue: Strabismus Surgery Screen: ZZZ Global Post-Complete? Yes Operative Visits involve the extraocular muscles (list separately in addition to code for primary procedure) 2022 Work RVU: 2.00 **Most Recent Tab:** 18 Specialty Developing AAO, AAP First 2020 **RUC Meeting:** October 2020 Identified: October 2019 Recommendation: Medicare 2022 NF PE RVU: NA 682 **Utilization: 2022 Fac PE RVU:** 4.85 **RUC Recommendation: 2.00** Referred to CPT Result: Decrease Referred to CPT Asst **Published in CPT Asst:** 67332 Strabismus surgery on patient with scarring of extraocular muscles (eg, prior Global: ZZZ Issue: Strabismus Surgery Screen: ZZZ Global Post-Complete? Yes ocular injury, strabismus or retinal detachment surgery) or restrictive myopathy Operative Visits (eg, dysthyroid ophthalmopathy) (list separately in addition to code for primary procedure) 2022 Work RVU: 3.50 **Most Recent Tab:** 18 Specialty Developing AAO, AAP 2020 **RUC Meeting:** October 2020 Recommendation: Identified: October 2019 Medicare 2022 NF PE RVU: NA **Utilization:** 1,233 **2022 Fac PE RVU: 3.86 RUC Recommendation: 3.50** Referred to CPT Result: Decrease Referred to CPT Asst **Published in CPT Asst:** Global: ZZZ Issue: Strabismus Surgery Screen: ZZZ Global Post-Strabismus surgery by posterior fixation suture technique, with or without Complete? Yes muscle recession (list separately in addition to code for primary procedure) Operative Visits 2022 Work RVU: 2.06 2020 **Most Recent Tab:** 18 Specialty Developing AAO, AAP First **RUC Meeting:** October 2020 Recommendation: Identified: October 2019 Medicare 2022 NF PE RVU: NA **Utilization:** 84 **2022 Fac PE RVU: 4.69** Referred to CPT **RUC Recommendation: 2.06** Result: Decrease

**Referred to CPT Asst** 

**Published in CPT Asst:** 

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67335 Placement of adjustable suture(s) during strabismus surgery, including Global: ZZZ Issue: Strabismus Surgery Screen: ZZZ Global Post-Complete? Yes Operative Visits postoperative adjustment(s) of suture(s) (list separately in addition to code for specific strabismus surgery) 2022 Work RVU: 3.23 **First Most Recent Tab:** 18 Specialty Developing AAO, AAP 2020 **RUC Meeting:** October 2020 Identified: October 2019 Recommendation: Medicare 2022 NF PE RVU: NA **Utilization:** 1,197 **2022 Fac PE RVU: 1.96 RUC Recommendation: 3.23** Referred to CPT Result: Increase **Referred to CPT Asst Published in CPT Asst:** 67340 Strabismus surgery involving exploration and/or repair of detached extraocular Global: ZZZ Issue: Strabismus Surgery Screen: ZZZ Global Post-Complete? Yes muscle(s) (list separately in addition to code for primary procedure) Operative Visits 2022 Work RVU: 5.00 **Most Recent Tab:** 18 Specialty Developing AAO, AAP First 2020 **RUC Meeting:** October 2020 Recommendation: Identified: October 2019 Medicare 2022 NF PE RVU: NA **Utilization:** 67 **2022 Fac PE RVU: 3.08 RUC Recommendation: 5.00** Referred to CPT Result: Decrease **Referred to CPT Asst** Published in CPT Asst: Screen: CMS 000-Day Global Complete? Yes Retrobulbar injection; medication (separate procedure, does not include supply Global: 000 Issue: Injection - Eye Typically Reported with of medication) an E/M 2022 Work RVU: 1.18 **Most Recent** Specialty Developing AAO, ASRS 2020 **Tab:** 11 First **RUC Meeting:** October 2017 Recommendation: Identified: October 2017 Medicare 2022 NF PE RVU: 0.95 7,335 **Utilization:** 2022 Fac PE RVU: 0.55 **RUC Recommendation: 1.18** Referred to CPT Result: Decrease

Referred to CPT Asst

**Published in CPT Asst:** 

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67505 Retrobulbar injection	; alcohol			Global: 000 Issue	e: Injection – Eye	Screen: CMS 000-Day Global Typically Reported with an E/M	Complete? Yes
Most Recent	<b>Tab</b> : 11	Specialty Developing AA	AO, ASRS	First	2020	<b>2022 Work RVU:</b> 1.18	
RUC Meeting: October 2017		Recommendation:	•	Identified: October 2017	Medicare	<b>2022 NF PE RVU</b> : 1.26	
					Utilization: 102	<b>2022 Fac PE RVU</b> : 0.82	
RUC Recommendation: 1.18			=	Referred to CPT Referred to CPT Asst	lished in CPT Asst:	Result: Decrease	
67515 Injection of medication	on or other	substance into tenon's caps	sule	Global: 000 Issue	e: Injection – Eye	Screen: CMS 000-Day Global Typically Reported with an E/M	Complete? Yes
Most Recent	<b>Tab</b> : 11	Specialty Developing AAO, ASRS	AO. ASRS	First	2020	<b>2022 Work RVU</b> : 0.75	
RUC Meeting: October 2017	100111	Recommendation:	.0,7.00	Identified: July 2016	Medicare	<b>2022 NF PE RVU</b> : 0.70	
					Utilization: 20,437	2022 Fac PE RVU: 0.55	
RUC Recommendation: 0.84			F	Referred to CPT		Result: Decrease	
			F	Referred to CPT Asst	lished in CPT Asst:		
67820 Correction of trichias	is; epilatior	n, by forceps only		Global: 000 Issue	e: Correction of Trichiasis	Screen: CMS High Expenditure Procedural Codes2	Complete? Yes
Most Recent	<b>Tab</b> : 29	Specialty Developing AC	DA, AOA	First	2020	<b>2022 Work RVU:</b> 0.32	
RUC Meeting: April 2016		Recommendation: (optometry)	,	Identified: July 2015	Medicare	<b>2022 NF PE RVU</b> : 0.22	
					Utilization: 172,505	<b>2022 Fac PE RVU</b> : 0.30	
RUC Recommendation: 0.32			F	Referred to CPT		Result: Decrease	

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67914 Repair of ectropion; su	uture		Global: 090 Issue	: Repair of Eyelid	Screen: Harvard-Valued Annual Allowed Charges Greater than \$10 million	Complete? Yes
Most Recent	<b>Tab</b> : 24	Specialty Developing AAO	First	2020	<b>2022 Work RVU</b> : 3.75	
RUC Meeting: April 2013		Recommendation:	Identified: October 2012	Medicare Utilization: 1,131	<b>2022 NF PE RVU</b> : 10.45	
				Utilization: 1,131	2022 Fac PE RVU: 5.42	
RUC Recommendation: 3.75			Referred to CPT Referred to CPT Asst  Pub	lished in CPT Asst:	Result: Maintain	
67915 Repair of ectropion; th	ermocaut	erization	Global: 090 Issue	: Repair of Eyelid	Screen: Harvard-Valued Annual Allowed Charges Greater than \$10 million	Complete? Yes
Most Recent	<b>Tab</b> : 24	Specialty Developing AAO	First	2020	2022 Work RVU: 2.03	
RUC Meeting: April 2013		Recommendation:	Identified: October 2012	Medicare	<b>2022 NF PE RVU</b> : 7.24	
				Utilization: 234	2022 Fac PE RVU: 3.55	
RUC Recommendation: 2.03			Referred to CPT Asst  Pub	lished in CPT Asst:	Result: Decrease	
67916 Repair of ectropion; ex	ccision tar	sal wedge	Global: 090 Issue	: Repair of Eyelid	Screen: Harvard-Valued Annual Allowed Charges Greater than \$10 million	Complete? Yes
Most Recent	<b>Tab</b> : 24	Specialty Developing AAO	First	2020	<b>2022 Work RVU</b> : 5.48	
RUC Meeting: April 2013		Recommendation:	Identified: October 2012	Medicare	<b>2022 NF PE RVU</b> : 12.18	
				Utilization: 1,129	<b>2022 Fac PE RVU:</b> 6.50	
RUC Recommendation: 5.48			Referred to CPT Referred to CPT Asst  Pub	lished in CPT Asst:	Result: Maintain	

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67917 Repair of ectropion; e	extensive (e	eg, tarsal strip operations)	Global: 090 Issue	: Repair of Eyelid	Screen: Harvard-Valued Annual Allowed Charges Greater than \$10 million	Complete? Yes
Most Recent	<b>Tab</b> : 24	Specialty Developing AAO	First	2020	<b>2022 Work RVU:</b> 5.93	
RUC Meeting: April 2013		Recommendation:	Identified: October 2012	Medicare Utilization: 16,879	<b>2022 NF PE RVU</b> : 12.06	
				Utilization: 16,879	2022 Fac PE RVU: 6.77	
RUC Recommendation: 5.93			Referred to CPT Referred to CPT Asst  Pub	lished in CPT Asst:	Result: Decrease	
67921 Repair of entropion; s	suture		Global: 090 Issue	: Repair of Eyelid	Screen: Harvard-Valued Annual Allowed Charges Greater than \$10 million	Complete? Yes
Most Recent	<b>Tab</b> : 24	Specialty Developing AAO	First	2020	2022 Work RVU: 3.47	
RUC Meeting: April 2013		Recommendation:	Identified: October 2012	Medicare	<b>2022 NF PE RVU</b> : 10.49	
				Utilization: 2,789	<b>2022 Fac PE RVU</b> : 5.27	
RUC Recommendation: 3.47			Referred to CPT Referred to CPT Asst  Pub	lished in CPT Asst:	Result: Maintain	
67922 Repair of entropion; t	hermocaut	erization	Global: 090 Issue	: Repair of Eyelid	Screen: Harvard-Valued Annual Allowed Charges Greater than \$10 million	Complete? Yes
Most Recent	<b>Tab</b> : 24	Specialty Developing AAO	First	2020	<b>2022 Work RVU</b> : 2.03	
RUC Meeting: April 2013	Tub. 24	Recommendation:	Identified: October 2012	Medicare	<b>2022 NF PE RVU</b> : 6.94	
				Utilization: 74	<b>2022 Fac PE RVU:</b> 3.56	
RUC Recommendation: 2.03			Referred to CPT		Result: Decrease	
			Referred to CPT Asst  Pub	lished in CPT Asst:		

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67923 Repair of entropion; excision tarsal wedge Global: 090 Issue: Repair of Eyelid Screen: Harvard-Valued Annual Complete? Yes Allowed Charges Greater than \$10 million **2022 Work RVU**: 5.48 Most Recent **Tab: 24** Specialty Developing AAO First 2020 **RUC Meeting:** April 2013 Recommendation: Identified: October 2012 Medicare **2022 NF PE RVU: 12.19 Utilization:** 856 2022 Fac PE RVU: 6.51 **RUC Recommendation:** 5.48 Referred to CPT Result: Decrease Referred to CPT Asst **Published in CPT Asst:** 67924 Repair of entropion; extensive (eg, tarsal strip or capsulopalpebral fascia repairs Global: 090 Issue: Repair of Eyelid Screen: Harvard-Valued Annual Complete? Yes Allowed Charges Greater operation) than \$10 million 2022 Work RVU: 5.93 **Most Recent Tab: 24** Specialty Developing AAO 2020 **RUC Meeting:** April 2013 Recommendation: Identified: October 2012 Medicare 2022 NF PE RVU: 12.85 8,656 **Utilization: 2022 Fac PE RVU: 6.78** RUC Recommendation: 5 93 Referred to CPT Result: Maintain Referred to CPT Asst Published in CPT Asst: Global: 000 Issue: Treatment of Eyelid Lesions Screen: High Volume Growth1 Complete? Yes Expression of conjunctival follicles (eg, for trachoma) 2022 Work RVU: 0.85 **Most Recent Tab:** 51 Specialty Developing AAO First 2020 **RUC Meeting:** September 2011 Identified: February 2008 Medicare Recommendation: 2022 NF PE RVU: 0.92 **Utilization:** 5,295 2022 Fac PE RVU: 0.49

Referred to CPT

February 2013

Referred to CPT Asst Published in CPT Asst:

Result: Maintain

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RUC Recommendation: Revised parenthetical

68200 Subconjunctival injectival	ction			Global: 000	Issue:	Subconjunctival Injection	Screen: Harvard Valued - Utilization over 30,000	Complete? Yes
Most Recent	<b>Tab:</b> 18	Specialty Developing	AAO	First		2020	<b>2022 Work RVU:</b> 0.49	
RUC Meeting: October 2013		Recommendation:		Identified: April 2011	1	Medicare Utilization: 5,203	<b>2022 NF PE RVU</b> : 0.69	
						Otilization: 5,203	<b>2022 Fac PE RVU</b> : 0.46	
<b>RUC Recommendation:</b> 0.49				Referred to CPT	,		Result: Maintain	
				Referred to CPT Asst	Publi	shed in CPT Asst:		
68801 Dilation of lacrimal p	unctum, wi	th or without irrigation		Global: 010	Issue:	Dilation and Probing of Lacrimal and Nasolacrimal Duct	Screen: 010-Day Global Post- Operative Visits	Complete? Yes
Most Recent	<b>Tab</b> : 23	Specialty Developing	AAO, AOA	First		2020	<b>2022 Work RVU</b> : 0.82	
RUC Meeting: January 2015		Recommendation:	(optometry)	Identified: January 2	2014	Medicare Utilization: 20,489	<b>2022 NF PE RVU:</b> 1.96	
						Otilization: 20,469	<b>2022 Fac PE RVU</b> : 1.40	
<b>RUC Recommendation:</b> 1.00				Referred to CPT	_	· ·	Result: Maintain	
				Referred to CPT Asst	Publi	shed in CPT Asst:		
68810 Probing of nasolacrin	mal duct, w	ith or without irrigation;		Global: 010	Issue:	Dilation and Probing of Lacrimal and Nasolacrimal Duct	Screen: Site of Service Anomaly / 010-Day Global Post- Operative Visits	Complete? Yes
Most Recent	<b>Tab</b> : 23	Specialty Developing	AAO, AOA	First		2020	2022 Work RVU: 1.54	
RUC Meeting: January 2015		Recommendation:	(optometry)	Identified: September	er 2007	Medicare	<b>2022 NF PE RVU:</b> 3.09	
						Utilization: 20,304	<b>2022 Fac PE RVU</b> : 2.03	
<b>RUC Recommendation:</b> 1.54				Referred to CPT	,		Result: Decrease	
				Referred to CPT Asst	Publi	shed in CPT Asst:		

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68811 Probin anesth		al duct, wit	th or without irrigation;	requiring gener	al Global: 010 Issu	e:	Screen: 010-Day Global Post- Operative Visits	Complete? Yes
Most Recent		<b>Tab</b> : 23	Specialty Developing	AAO, AOA	First	2020	2022 Work RVU: 1.74	
RUC Meeting: J	January 2015		Recommendation:	(optometry)	Identified: September 201	4 Medicare	2022 NF PE RVU: NA	
						Utilization: 338	2022 Fac PE RVU: 2.02	
RUC Recommer	ndation: 2.03			1	Referred to CPT		Result: Decrease	
				1	Referred to CPT Asst U Pul	blished in CPT Asst:		
68815 Probin stent	ng of nasolacrima	al duct, wit	th or without irrigation;	with insertion o	f tube or Global: 010 Issu	e: Dilation and Probing of Lacrimal and Nasolacri Duct		Complete? Yes
Most Recent		<b>Tab</b> : 23	Specialty Developing	AAO, AOA	First	2020	<b>2022 Work RVU</b> : 2.70	
RUC Meeting: J	January 2015		Recommendation:	(optometry)	Identified: January 2014	Medicare	<b>2022 NF PE RVU</b> : 8.30	
						Utilization: 5,830	<b>2022 Fac PE RVU:</b> 3.50	
	-d-41 2.00			1	Referred to CPT		Result: Decrease	
RUC Recommer	<b>idation</b> : 3.00							
RUC Recommer	idation: 3.00			1	Referred to CPT Asst	blished in CPT Asst:		
68816 Probin			th or without irrigation;				Screen: 010-Day Global Post- Operative Visits	Complete? Yes
68816 Probin balloo	ng of nasolacrima	on		with translumin	al Global: 010 Issu	e:		Complete? Yes
68816 Probin balloo	ng of nasolacrim n catheter dilatio			with translumin		e: 2020 4 Medicare	Operative Visits	Complete? Yes
68816 Probin balloo	ng of nasolacrim n catheter dilatio	on	Specialty Developing	with translumin	al Global: 010 Issu First	e: 2020	Operative Visits  2022 Work RVU: 2.10	Complete? Yes
68816 Probin balloo Most Recent RUC Meeting: J	ng of nasolacrima n catheter dilation lanuary 2015	on	Specialty Developing	with translumin AAO, AOA (optometry)	al Global: 010 Issu First	e: 2020 4 Medicare	Operative Visits  2022 Work RVU: 2.10  2022 NF PE RVU: 23.97	Complete? Yes
68816 Probin balloo Most Recent RUC Meeting: J	ng of nasolacrima n catheter dilation lanuary 2015	on	Specialty Developing	with translumin  AAO, AOA (optometry)	First Identified: September 201	e: 2020 4 Medicare	Operative Visits  2022 Work RVU: 2.10  2022 NF PE RVU: 23.97  2022 Fac PE RVU:2.27	Complete? Yes
68816 Probin balloo Most Recent RUC Meeting: J	ng of nasolacrima n catheter dilation lanuary 2015	on	Specialty Developing	with translumin  AAO, AOA (optometry)	First Identified: September 201  Referred to CPT  Referred to CPT Asst Pul	e: 2020 4 Medicare Utilization: 180	Operative Visits  2022 Work RVU: 2.10  2022 NF PE RVU: 23.97  2022 Fac PE RVU:2.27	Complete? Yes  Complete? Yes
68816 Probin balloo Most Recent RUC Meeting: J	ng of nasolacriman catheter dilation lanuary 2015	Tab: 23	Specialty Developing Recommendation:	with translumin  AAO, AOA (optometry)	First Identified: September 201 Referred to CPT Referred to CPT Asst Pul	e:  2020 4 Medicare Utilization: 180 blished in CPT Asst: e: Biopsy of Ear	Operative Visits  2022 Work RVU: 2.10  2022 NF PE RVU: 23.97  2022 Fac PE RVU: 2.27  Result: Decrease	
68816 Probin balloo  Most Recent RUC Meeting: J  RUC Recommer  69100 Biopsy  Most Recent	ng of nasolacriman catheter dilation lanuary 2015 and ation: 2.35	on	Specialty Developing	with translumin  AAO, AOA (optometry)	First Identified: September 201  Referred to CPT  Referred to CPT Asst Pul	e:  2020 4 Medicare Utilization: 180  blished in CPT Asst:  e: Biopsy of Ear  2020 Medicare	Operative Visits  2022 Work RVU: 2.10  2022 NF PE RVU: 23.97  2022 Fac PE RVU: 2.27  Result: Decrease  Screen: CMS Fastest Growing  2022 Work RVU: 0.81  2022 NF PE RVU: 1.98	
68816 Probin balloo Most Recent RUC Meeting: J	ng of nasolacriman catheter dilation lanuary 2015 and ation: 2.35	Tab: 23	Specialty Developing Recommendation:  Specialty Developing	with translumin  AAO, AOA (optometry)	First Identified: September 201 Referred to CPT Referred to CPT Asst Pul Global: 000 Issu	e:  2020 4 Medicare Utilization: 180  blished in CPT Asst:  e: Biopsy of Ear 2020	Operative Visits  2022 Work RVU: 2.10  2022 NF PE RVU: 23.97  2022 Fac PE RVU: 2.27  Result: Decrease  Screen: CMS Fastest Growing  2022 Work RVU: 0.81  2022 NF PE RVU: 1.98	
68816 Probin balloo Most Recent RUC Meeting: JRUC Recommer	ng of nasolacriman catheter dilations. 2.35  y external ear  April 2009	Tab: 23	Specialty Developing Recommendation:  Specialty Developing	with translumin  AAO, AOA (optometry)	First Identified: September 201 Referred to CPT Referred to CPT Asst Pul Global: 000 Issu	e:  2020 4 Medicare Utilization: 180  blished in CPT Asst:  e: Biopsy of Ear  2020 Medicare	Operative Visits  2022 Work RVU: 2.10  2022 NF PE RVU: 23.97  2022 Fac PE RVU: 2.27  Result: Decrease  Screen: CMS Fastest Growing  2022 Work RVU: 0.81  2022 NF PE RVU: 1.98	

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69200 Removal foreign body	from exte	nal auditory canal; without ge	eral anesthesia Global: 000 Issue	: Removal of Foreign Body	Screen: Harvard Valued - Utilization over 30,000	Complete? Yes
Most Recent	<b>Tab</b> : 29	Specialty Developing AAO-H	NS First	2020	<b>2022 Work RVU:</b> 0.77	
RUC Meeting: September 2011		Recommendation:	Identified: April 2011	Medicare Utilization: 49.625	<b>2022 NF PE RVU:</b> 1.50	
				Othization: 40,020	<b>2022 Fac PE RVU</b> : 0.51	
RUC Recommendation: 0.77			Referred to CPT Referred to CPT Asst Publ	ished in CPT Asst:	Result: Maintain	
69210 Removal impacted cere	umen requ	uiring instrumentation, unilater	Global: 000 Issue	: Removal of Cerumen	Screen: CMS High Expenditure Procedural Codes1	Complete? Yes
Most Recent	<b>Tab</b> : 29	Specialty Developing AAFP		2020	<b>2022 Work RVU:</b> 0.61	
RUC Meeting: January 2015		Recommendation:	Identified: September 2011	1 Medicare Utilization: 1,236,622	<b>2022 NF PE RVU:</b> 0.70	
				Othization: 1,200,022	<b>2022 Fac PE RVU</b> : 0.27	
RUC Recommendation: 0.58.			Referred to CPT October 2012 Referred to CPT Asst Publ	ished in CPT Asst:	Result: Decrease	
69400 Eustachian tube inflation	on, transn	asal; with catheterization	Global: Issue	: Eustachian Tube Procedures	Screen: High Volume Growth2	Complete? Yes
Most Recent	<b>Tab</b> : 18	Specialty Developing AAO-l	NS First	2020	2022 Work RVU:	
RUC Meeting: October 2013		Recommendation:	Identified: October 2013	Medicare Utilization:	2022 NF PE RVU:	
				Othization.	2022 Fac PE RVU:	
RUC Recommendation: Deleted	from CPT		Referred to CPT February 201		Result: Deleted from CPT	
			Referred to CPT Asst	ished in CPT Asst:		
69401 Eustachian tube inflation	on, transn	asal; without catheterization	Global: Issue	: Eustachian Tube Procedures	Screen: High Volume Growth2	Complete? Ye
Most Recent	<b>Tab:</b> 18	Specialty Developing AAO-l	NS First	2020	2022 Work RVU:	
RUC Meeting: October 2013		Recommendation:	Identified: April 2013	Medicare Utilization:	2022 NF PE RVU:	
					2022 Fac PE RVU:	
			Referred to CPT February 201	1	Result: Deleted from CPT	
RUC Recommendation: Deleted	I from CPT		Referred to CPT Asst Publ		Result. Deleted from Cr 1	

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69405 Eustachian tube catheterization, transtympanic Global: Issue: Eustachian Tube Screen: High Volume Growth2 Complete? Yes Procedures 2022 Work RVU: **Most Recent Tab:** 18 Specialty Developing AAO-HNS 2020 **RUC Meeting:** October 2013 Identified: October 2013 Recommendation: Medicare **2022 NF PE RVU: Utilization:** 2022 Fac PE RVU: RUC Recommendation: Deleted from CPT Referred to CPT February 2014 Result: Deleted from CPT Published in CPT Asst: Referred to CPT Asst 69433 Tympanostomy (requiring insertion of ventilating tube), local or topical Global: 010 Issue: Tympanostomy Screen: Harvard Valued -Complete? Yes anesthesia Utilization over 30,000 2022 Work RVU: 1.57 2020 **Most Recent Tab:** 30 Specialty Developing AAO-HNS First **RUC Meeting:** September 2011 Recommendation: Identified: April 2011 Medicare 2022 NF PE RVU: 4.25 **Utilization:** 34,666 **2022 Fac PE RVU: 2.10 RUC Recommendation:** 1.57 Referred to CPT Result: Maintain **Referred to CPT Asst Published in CPT Asst:** 69801 Labyrinthotomy, with perfusion of vestibuloactive drug(s), transcanal Global: 000 Issue: Labyrinthotomy Screen: CMS Fastest Growing / Complete? Yes Site of Service Anomaly (99238-Only) / CPT **Assistant Analysis** 2022 Work RVU: 2.06 Specialty Developing AAO-HNS 2020 **Most Recent Tab: 21** First **RUC Meeting:** October 2015 Identified: September 2007 Recommendation: Medicare **2022 NF PE RVU: 4.49** 22.431 **Utilization: 2022 Fac PE RVU: 1.31** 

Referred to CPT

Feb 2010

Referred to CPT Asst Published in CPT Asst: May 2011

Result: Decrease

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RUC Recommendation: Review action plan at RAW Oct 2015. 2.06

69802 Labyrinthotomy, with perfusion of vestibuloactive drug(s); with mastoidectomy Issue: Labryinthotomy Screen: CMS Fastest Growing / Site of Service Anomaly (99238-Only) 2022 Work RVU: Most Recent **Tab:** 16 Specialty Developing AAO-HNS **First** 2020 **RUC Meeting:** April 2010 Recommendation: Identified: Medicare **2022 NF PE RVU: Utilization:** 2022 Fac PE RVU: **RUC Recommendation:** Deleted from CPT Referred to CPT Feburary 2011 Result: Deleted from CPT Referred to CPT Asst Published in CPT Asst: 69930 Cochlear device implantation, with or without mastoidectomy Global: 090 Issue: Cochlear Device **Screen:** Site of Service Anomaly Complete? Yes Implantation **2022 Work RVU: 17.73** Specialty Developing AAO-HNS 2020 **Most Recent** Tab: M **RUC Meeting:** February 2008 Recommendation: Identified: September 2007 **Medicare** 2022 NF PE RVU: NA **Utilization:** 3,396 **2022 Fac PE RVU: 16.05 RUC Recommendation: 17.60** Referred to CPT Result: Maintain Referred to CPT Asst ☐ Published in CPT Asst: 70030 Radiologic examination, eye, for detection of foreign body Global: XXX Issue: X-Ray of Eye Screen: CMS-Other - Utilization Complete? Yes

**Most Recent Tab: 28 Specialty Developing RUC Meeting:** January 2020 Recommendation:

**RUC Recommendation: 0.18** 

First 2020 Identified: January 2019 Medicare

**Utilization:** 19.577 2022 NF PE RVU: 0.77 2022 Fac PE RVU: NA

over 20,000 Part1 2022 Work RVU: 0.18 Complete? Yes

Referred to CPT Result: Increase

Referred to CPT Asst Published in CPT Asst:

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70100 Radiologic examination, mandible; partial, less than 4 views Global: XXX Issue: RAW Screen: High Volume Growth2 Complete? Yes 2022 Work RVU: 0.18 **Most Recent Tab:** 18 **Specialty Developing** First 2020 **RUC Meeting:** October 2013 Recommendation: Identified: April 2013 Medicare 2022 NF PE RVU: 0.95 **Utilization:** 17.628 2022 Fac PE RVU: NA RUC Recommendation: RUC to submit letter to CMS specifying the Referred to CPT Result: Maintain innapropriate reporting of this service with the handheld device in Texas. Referred to CPT Asst **Published in CPT Asst:** 70210 Radiologic examination, sinuses, paranasal, less than 3 views Global: XXX Issue: X-Ray Exam - Sinuses Screen: CMS-Other - Utilization Complete? Yes over 30,000 2022 Work RVU: 0.17 **Most Recent Tab: 24 Specialty Developing** AAFP, ACP, ACR, First 2020 **RUC Meeting:** January 2019 Recommendation: **ASNR** Identified: October 2017 Medicare 2022 NF PE RVU: 0.78 **Utilization:** 17,688 2022 Fac PE RVU: NA Referred to CPT **RUC Recommendation: 0.20** Result: Increase Published in CPT Asst: Referred to CPT Asst Radiologic examination, sinuses, paranasal, complete, minimum of 3 views Global: XXX Issue: X-Ray Exam - Sinuses Screen: CMS-Other - Utilization Complete? Yes over 30.000 2022 Work RVU: 0.22 Most Recent **Tab: 24** Specialty Developing AAFP, ACP, ACR, 2020 Identified: October 2017 Medicare **RUC Meeting:** January 2019 Recommendation: ASNR **2022 NF PE RVU: 0.89 Utilization:** 36,640 2022 Fac PE RVU: NA

Referred to CPT

Referred to CPT Asst

Published in CPT Asst:

Result: Decrease

**RUC Recommendation: 0.22** 

70250 Radiologic e	examination, skull; le	ess than 4 views	Global: XXX Issue:	X-Ray Exam – Skull	Screen: CMS-Other - Utilization over 30,000	Complete? Yes
Most Recent RUC Meeting: January	<b>Tab:</b> 25 y 2019	Specialty Developing ACR, ASNR Recommendation:	First Identified: October 2017	2020 Medicare	2022 Work RVU: 0.18 2022 NF PE RVU: 0.87	
				Utilization: 39,086	2022 Fac PE RVU: NA	
UC Recommendation	n: 0.20		Referred to CPT		Result: Decrease	
			Referred to CPT Asst	ished in CPT Asst:		
0260 Radiologic e	xamination, skull; c	complete, minimum of 4 views	Global: XXX Issue:	X-Ray Exam – Skull	Screen: CMS-Other - Utilization over 30,000	Complete? Yes
lost Recent	<b>Tab</b> : 25	Specialty Developing ACR, ASNR	First	2020	<b>2022 Work RVU:</b> 0.28	
UC Meeting: January	y 2019	Recommendation:	Identified: October 2017	Medicare Utilization: 7,934	<b>2022 NF PE RVU</b> : 1.04	
					2022 Fac PE RVU:NA	
UC Recommendation	n: 0.29		Referred to CPT		Result: Decrease	
			Referred to CPT Asst U Publi	ished in CPT Asst:		
0310 Radiologic ex	xamination, teeth; p	partial examination, less than full mou	th Global: XXX Issue:	RAW	Screen: High Volume Growth2	Complete? Yes
ost Recent	<b>Tab:</b> 18	Specialty Developing	First	2020	<b>2022 Work RVU:</b> 0.16	
JC Meeting: October	r 2013	Recommendation:	Identified: April 2013	Medicare Utilization: 1,961	<b>2022 NF PE RVU</b> : 0.96	
				.,501	2022 Fac PE RVU:NA	
	n: RUC to submit le <sup>a</sup>	tter to CMS specifying the	Referred to CPT		Result: Maintain	
JC Recommendation	innapropriate reponder in Text	orting of this service with the hand- xas.				

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70360 Radiologic examination; neck, soft tissue Global: XXX Issue: X-Ray Exam - Neck Screen: CMS-Other - Utilization Complete? Yes

over 30.000

2022 Work RVU: 0.18 AAFP, ACP, ACR, 2020 **Most Recent Tab: 26** Specialty Developing **RUC Meeting:** January 2019 Recommendation: **ASNR** Identified: October 2017 Medicare

2022 NF PE RVU: 0.74 36,813 **Utilization:** 

2022 Fac PE RVU: NA **RUC Recommendation: 0.20** Referred to CPT Result: Increase

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

70371 Complex dynamic pharyngeal and speech evaluation by cine or video recording Global: XXX Screen: Codes Reported Complete? Yes

Together 75% or More-Part2 / CPT Assistant Analysis 2018

Complete? Yes

2022 Work RVU: 0.84 **Most Recent Tab: 37** Specialty Developing ACR, AAFP 2020

Recommendation: Identified: October 2012 **RUC Meeting:** January 2019 Medicare 2022 NF PE RVU: 2.24 **Utilization:** 1,348

2022 Fac PE RVU: NA

RUC Recommendation: CPT Assistant article published, addressed issues Referred to CPT Result: Maintain

identified.

Referred to CPT Asst **✓ Published in CPT Asst**: July 2014

Screen: Codes Reported 70373 Laryngography, contrast, radiological supervision and interpretation Global: Issue: Laryngography

Together 75% or More-

Part2

2022 Fac PE RVU:

2022 Work RVU: **Most Recent** Tab: Specialty Developing ACR, AAFP First 2020

**RUC Meeting:** October 2012 Identified: October 2012 Recommendation: Medicare **2022 NF PE RVU: Utilization:** 

RUC Recommendation: CPT Assistant article published Referred to CPT Result: Maintain

**✓ Published in CPT Asst**: July 2014 Referred to CPT Asst

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70450 Computed tomograph	ny, head or	brain; without contrast material	Global: XXX Issue	: CT Head/Brain	Screen: CMS-Other - Utilization over 500,000 / CMS High Expenditure Procedural Codes1 / CMS Request - Final Rule for 2019	Complete? Yes
Most Recent	<b>Tab:</b> 15	Specialty Developing ACR, ASNR	First	2020	<b>2022 Work RVU</b> : 0.85	
RUC Meeting: April 2019		Recommendation:	Identified: April 2011	Medicare Utilization: 4,813,481		
DUO Deserver dettem 10.05			Defermed to ODT		2022 Fac PE RVU: NA	
RUC Recommendation: 0.85			Referred to CPT Referred to CPT Asst Publ	ished in CPT Asst:	Result: Maintain	
70460 Computed tomograph	ny, head or	brain; with contrast material(s)	Global: XXX Issue	: CT Head/Brain	Screen: CMS High Expenditure Procedural Codes1	Complete? Yes
Most Recent	<b>Tab:</b> 15	Specialty Developing ACR, ASNR	First	2020	<b>2022 Work RVU</b> : 1.13	
RUC Meeting: April 2019		Recommendation:	Identified: April 2013	Medicare Utilization: 21,365	<b>2022 NF PE RVU</b> : 3.41	
					2022 Fac PE RVU: NA	
RUC Recommendation: 1.13			Referred to CPT		Result: Maintain	
			Referred to CPT Asst	ished in CPT Asst:		
70470 Computed tomograph contrast material(s) a		brain; without contrast material, follo sections	wed by Global: XXX Issue	: CT Head/Brain	Screen: Harvard Valued - Utilization over 100,000	Complete? Yes
Most Recent	<b>Tab:</b> 15	Specialty Developing ACR, ASNR	First	2020	<b>2022 Work RVU</b> : 1.27	
RUC Meeting: April 2019		Recommendation:	Identified: October 2009	Medicare Utilization: 70,900	<b>2022 NF PE RVU</b> : 4.06	
				otinzation. 70,300	2022 Fac PE RVU: NA	
RUC Recommendation: 1.27			Referred to CPT Referred to CPT Asst  Publ	ished in CPT Asst:	Result: Maintain	

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70480 Computed tomography, orb ear; without contrast materi	it, sella, or posterior fossa or outer, middle al	e, or inner Global: XXX Issue	: CT – Orbit/Ear/Fossa	Screen: CMS-Other - Utilization over 30,000	Complete? Yes
Most Recent Tab RUC Meeting: October 2018  RUC Recommendation: 1.28	Specialty Developing ACR, ASNR Recommendation:	First Identified: October 2017  Referred to CPT	2020 Medicare Utilization: 43,867	2022 Work RVU: 1.28 2022 NF PE RVU: 3.56 2022 Fac PE RVU: NA Result: Maintain	
		Referred to CPT Asst	lished in CPT Asst:		
70481 Computed tomography, orb ear; with contrast material(s	it, sella, or posterior fossa or outer, middle ;)	e, or inner Global: XXX Issue	: CT – Orbit/Ear/Fossa	Screen: CMS-Other - Utilization over 30,000	Complete? Yes
Most Recent Tab	:16 Specialty Developing ACR, ASNR	First	2020	<b>2022 Work RVU:</b> 1.13	
RUC Meeting: October 2018	Recommendation:	Identified: October 2017	Medicare Utilization: 8,890	<b>2022 NF PE RVU</b> : 4.43	
			Othization. 0,000	2022 Fac PE RVU: NA	
RUC Recommendation: 1.13		Referred to CPT Referred to CPT Asst  Pub	lished in CPT Asst:	Result: Decrease	
10-10-	it, sella, or posterior fossa or outer, middle al, followed by contrast material(s) and fu	•	: CT – Orbit/Ear/Fossa	Screen: CMS-Other - Utilization over 30,000	Complete? Yes
Most Recent Tab	16 Specialty Developing ACR, ASNR	First	2020	<b>2022 Work RVU:</b> 1.27	
RUC Meeting: October 2018	Recommendation:	Identified: October 2017	Medicare Utilization: 3,841	<b>2022 NF PE RVU</b> : 5.25	
			Othization. 0,041	2022 Fac PE RVU: NA	
RUC Recommendation: 1.27		Referred to CPT		Result: Decrease	
		Referred to CPT Asst	lished in CPT Asst:		

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ab: 41				over 250,000	·
	Specialty Developing ACR, ASNR	First	2020	<b>2022 Work RVU:</b> 0.85	
	Recommendation:	Identified: April 2013	Medicare	<b>2022 NF PE RVU</b> : 3.06	
			Utilization: 425,050	2022 Fac PE RVU: NA	
		Referred to CPT		Result: Decrease	
		Referred to CPT Asst	blished in CPT Asst:		
naxillofa	cial area; with contrast material(s)	Global: XXX Issue	e: CT – Maxillofacial	Screen: CMS-Other - Utilization over 250,000	Complete? Yes
<b>ab:</b> 41	Specialty Developing ACR, ASNR	First	2020	<b>2022 Work RVU:</b> 1.13	
	Recommendation:	Identified: April 2014	Medicare	<b>2022 NF PE RVU</b> : 3.53	
			Otilization. 25,411	2022 Fac PE RVU: NA	
		Referred to CPT		Result: Decrease	
			OT 14 ''' ( : 1		
	cial area; without contrast material, resections	followed Global: XXX Issue	e: CT – Maxillofacial	Screen: CMS-Other - Utilization over 250,000	Complete? Yes
	r sections  Specialty Developing ACR, ASNR	First	2020	over 250,000 2022 Work RVU: 1.27	Complete? Yes
d furthe	er sections			over 250,000 2022 Work RVU: 1.27 2022 NF PE RVU: 4.42	Complete? Yes
d furthe	r sections  Specialty Developing ACR, ASNR	First	2020 Medicare	over 250,000 2022 Work RVU: 1.27	Complete? Yes
d furthe	r sections  Specialty Developing ACR, ASNR	First Identified: April 2014  Referred to CPT	2020 Medicare	over 250,000  2022 Work RVU: 1.27  2022 NF PE RVU: 4.42  2022 Fac PE RVU: NA	Complete? Yes
nd furthe	r sections  Specialty Developing ACR, ASNR	First Identified: April 2014  Referred to CPT Referred to CPT Asst  Pub	2020 Medicare Utilization: 3,020	over 250,000  2022 Work RVU: 1.27  2022 NF PE RVU: 4.42  2022 Fac PE RVU: NA	Complete? Yes
nd furthe	Specialty Developing ACR, ASNR Recommendation:	First Identified: April 2014  Referred to CPT Referred to CPT Asst  Pub	2020 Medicare Utilization: 3,020  blished in CPT Asst:	over 250,000  2022 Work RVU: 1.27  2022 NF PE RVU: 4.42  2022 Fac PE RVU: NA  Result: Decrease  Screen: CMS High Expenditure	
ad furthe ab: 41	Specialty Developing ACR, ASNR Recommendation:	First Identified: April 2014  Referred to CPT Referred to CPT Asst  Put	2020 Medicare Utilization: 3,020  blished in CPT Asst:  e: CT Soft Tissue Neck  2020 Medicare	over 250,000  2022 Work RVU: 1.27  2022 NF PE RVU: 4.42  2022 Fac PE RVU: NA  Result: Decrease  Screen: CMS High Expenditure Procedural Codes2	
ad furthe ab: 41	Specialty Developing ACR, ASNR Recommendation:  de neck; without contrast material  Specialty Developing ACR, ASNR	First Identified: April 2014  Referred to CPT Referred to CPT Asst Pub  Global: XXX Issue	2020 Medicare Utilization: 3,020  blished in CPT Asst:  e: CT Soft Tissue Neck  2020	over 250,000  2022 Work RVU: 1.27  2022 NF PE RVU: 4.42  2022 Fac PE RVU: NA  Result: Decrease  Screen: CMS High Expenditure Procedural Codes2  2022 Work RVU: 1.28	
		. ,	Referred to CPT Asst Pull particles and provided the Referred to CPT Asst Referred to CPT Asst Referred to CPT Asst Pull particles and provided the Referred to CPT Referred to CPT Referred to CPT Referred to CPT	Referred to CPT Asst  Published in CPT Asst:    Published in CPT Asst:   Published in CPT Asst:	Referred to CPT Asst  Published in CPT Asst:    Published in CPT Asst:   Published in CPT Asst:

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70491 Computed tomography, soft tiss	sue neck; with contrast material(s)	Global: XXX Issue	: CT Soft Tissue Neck	Screen: CMS High Expenditure Procedural Codes2	Complete? Yes
Most Recent Tab: 21	Specialty Developing ACR, ASNR	First	2020	<b>2022 Work RVU:</b> 1.38	
RUC Meeting: January 2017	Recommendation:	Identified: July 2015	Medicare Utilization: 247,043	<b>2022 NF PE RVU</b> : 4.29	
			Othization: 247,043	2022 Fac PE RVU: NA	
RUC Recommendation: 1.38		Referred to CPT Referred to CPT Asst  Publ	ished in CPT Asst:	Result: Maintain	
70492 Computed tomography, soft tiss contrast material(s) and further	sue neck; without contrast material fo sections	llowed by Global: XXX Issue	: CT Soft Tissue Neck	Screen: CMS High Expenditure Procedural Codes2	Complete? Yes
Most Recent Tab: 21	Specialty Developing ACR, ASNR	First	2020	<b>2022 Work RVU:</b> 1.62	
RUC Meeting: January 2017	Recommendation:	Identified: July 2015	Medicare	<b>2022 NF PE RVU</b> : 5.19	
			Utilization: 20,210	2022 Fac PE RVU:NA	
RUC Recommendation: 1.62		Referred to CPT Referred to CPT Asst	ished in CPT Asst:	Result: Increase	
70496 Computed tomographic angiographic noncontrast images, if performe	aphy, head, with contrast material(s), d, and image postprocessing	including Global: XXX Issue	: CT Angiography – Head o Neck	Screen: High Volume Growth1 / CMS Fastest Growing / High Volume Growth2 / High Volume Growth5 / Codes Reported Together 75% or More- Part5	Complete? No
Most Recent Tab: 13	Specialty Developing ACR, ASNR	First	2020	<b>2022 Work RVU:</b> 1.75	
RUC Meeting: September 2022	Recommendation:	Identified: February 2008	Medicare Utilization: 509,547	<b>2022 NF PE RVU</b> : 6.70	
			Othization: 509,547	2022 Fac PE RVU: NA	
RUC Recommendation: Refer to CPT for	code bundling solution. 1.75	Referred to CPT May 2023 Referred to CPT Asst Publ	ished in CPT Asst:	Result: Maintain	

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70498 Computed tomographic angiography, neck, with contrast material(s), including Global: XXX Issue: CT Angiography - Head & Screen: High Volume Growth1 / Complete? No Neck CMS Fastest Growing / noncontrast images, if performed, and image postprocessing High Volume Growth5 / Codes Reported Together 75% or More-Part5 2022 Work RVU: 1.75 **Most Recent** 2020 **Tab:** 13 Specialty Developing ACR, ASNR First **RUC Meeting:** September 2022 **Identified:** February 2008 Recommendation: Medicare 2022 NF PE RVU: 6.69 529,852 **Utilization:** 2022 Fac PE RVU: NA RUC Recommendation: Refer to CPT for code bundling solution. 1.75 **Referred to CPT** May 2023 Result: Maintain Referred to CPT Asst **Published in CPT Asst:** Global: XXX Issue: MRI Face and Neck Screen: CMS High Expenditure Complete? Yes Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without 70540 contrast material(s) **Procedural Codes2** 2022 Work RVU: 1.35 **Most Recent** Specialty Developing ACR, ASNR First 2020 **Tab**: 39 Identified: July 2015 **RUC Meeting:** January 2016 Recommendation: Medicare 2022 NF PE RVU: 5.70 **Utilization:** 8,567 2022 Fac PE RVU: NA RUC Recommendation: 1.35 Referred to CPT Result: Maintain Referred to CPT Asst **Published in CPT Asst:** 70542 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; with contrast Global: XXX Issue: MRI Face and Neck Screen: CMS High Expenditure Complete? Yes **Procedural Codes2** material(s) 2022 Work RVU: 1.62 **Most Recent Tab:** 39 Specialty Developing ACR, ASNR 2020 First **RUC Meeting:** January 2016 Identified: July 2015 Medicare Recommendation: 2022 NF PE RVU: 6.76 **Utilization:** 805 2022 Fac PE RVU: NA **RUC Recommendation: 1.62** Referred to CPT Result: Maintain

Referred to CPT Asst

**Published in CPT Asst:** 

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70543 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; wit contrast material(s), followed by contrast material(s) and further sequences.		e: MRI Face and Neck	Screen: CMS High Expenditure Procedural Codes2	Complete? Yes
Most Recent Tab: 39 Specialty Developing ACR, ASNR	First	2020	<b>2022 Work RVU</b> : 2.15	
RUC Meeting: January 2016 Recommendation:	Identified: July 2015	Medicare Utilization: 55.029	<b>2022 NF PE RVU</b> : 8.41	
		Otilization. 55,029	2022 Fac PE RVU: NA	
RUC Recommendation: 2.15	Referred to CPT		Result: Maintain	
	Referred to CPT Asst	lished in CPT Asst:		
70544 Magnetic resonance angiography, head; without contrast material(s)	Global: XXX Issue	e: Magnetic Resonance Angiography (MR) Head/Neck	Screen: CMS High Expenditure Procedural Codes2	Complete? Yes
Most Recent Tab: 22 Specialty Developing ACR, ASNR	First	2020	<b>2022 Work RVU:</b> 1.20	
RUC Meeting: September 2022 Recommendation:	Identified: July 2015	Medicare Utilization: 195,255	<b>2022 NF PE RVU</b> : 5.46	
		Otilization. 193,233	2022 Fac PE RVU: NA	
RUC Recommendation: Review action plan. 1.20	Referred to CPT		Result: Maintain	
	Referred to CPT Asst	lished in CPT Asst:		
70545 Magnetic resonance angiography, head; with contrast material(s)	Global: XXX Issue	e: Magnetic Resonance Angiography (MR) Head/Neck	Screen: CMS High Expenditure Procedural Codes2	Complete? Yes
Most Recent Tab: 18 Specialty Developing ACR, ASNR	First	2020	<b>2022 Work RVU:</b> 1.20	
RUC Meeting: October 2016 Recommendation:	Identified: July 2015	Medicare Utilization: 2,796	<b>2022 NF PE RVU</b> : 5.83	
		Othization: 2,790	2022 Fac PE RVU:NA	
RUC Recommendation: 1.20	Referred to CPT		Result: Maintain	
	Referred to CPT Asst Publ	lished in CPT Asst:		

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Magnetic resonance angiography, head; without contrast material(s), followed Global: XXX Issue: Magnetic Resonance Screen: CMS High Expenditure Complete? Yes Angiography (MR) Procedural Codes2 by contrast material(s) and further sequences Head/Neck 2022 Work RVU: 1.48 **Most Recent** 2020 **Tab:** 18 Specialty Developing ACR, ASNR First **RUC Meeting:** October 2016 Recommendation: Identified: July 2015 Medicare **2022 NF PE RVU: 8.73 Utilization:** 16,258 2022 Fac PE RVU: NA **RUC Recommendation:** 1.48 Referred to CPT Result: Decrease **Referred to CPT Asst Published in CPT Asst:** Magnetic resonance angiography, neck; without contrast material(s) Global: XXX Magnetic Resonance Screen: CMS High Expenditure Complete? Yes Angiography (MR) Procedural Codes2 / Head/Neck Codes Reported Together 75% or More-Part5 2022 Work RVU: 1.20 2020 **Most Recent Tab:** 13 Specialty Developing ACR, ASNR First **RUC Meeting:** September 2022 Recommendation: Identified: July 2015 Medicare 2022 NF PE RVU: 5.48 **Utilization:** 64,629 2022 Fac PE RVU: NA **RUC Recommendation:** Review action plan. 1.20 Referred to CPT Result: Maintain Referred to CPT Asst **Published in CPT Asst:** 70548 Magnetic resonance angiography, neck; with contrast material(s) Global: XXX Magnetic Resonance Screen: CMS High Expenditure Complete? Yes Angiography (MR) **Procedural Codes2** Head/Neck 2022 Work RVU: 1.50 **Most Recent Tab**: 19 Specialty Developing ACR, ASNR First 2020 **RUC Meeting:** October 2016 Recommendation: Identified: July 2015 Medicare 2022 NF PE RVU: 6.11 **Utilization:** 13,439 2022 Fac PE RVU: NA **RUC Recommendation: 1.50** Referred to CPT Result: Increase Referred to CPT Asst **Published in CPT Asst:** 

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Magnetic resonance angiography, neck; without contrast material(s), followed Global: XXX Issue: Magnetic Resonance Screen: CMS High Expenditure Complete? Yes Angiography (MR) Procedural Codes2 by contrast material(s) and further sequences Head/Neck 2022 Work RVU: 1.80 **Most Recent** 2020 **Tab:** 19 Specialty Developing ACR, ASNR First **RUC Meeting:** October 2016 Recommendation: Identified: July 2015 Medicare 2022 NF PE RVU: 8.90 **Utilization:** 44,370 2022 Fac PE RVU: NA **RUC Recommendation: 1.80** Referred to CPT Result: Maintain Referred to CPT Asst **Published in CPT Asst:** Magnetic resonance (eg, proton) imaging, brain (including brain stem); without Global: XXX Issue: MRI-Brain Screen: CMS High Expenditure Complete? Yes Procedural Codes1 contrast material 2022 Work RVU: 1.48 **Most Recent** Specialty Developing ACR, ASNR 2020 **Tab**: 26 **RUC Meeting:** January 2013 Recommendation: Identified: September 2011 Medicare 2022 NF PE RVU: 4.55 **Utilization:** 988,012 2022 Fac PE RVU: NA **RUC Recommendation: 1.48** Referred to CPT Result: Maintain Referred to CPT Asst Published in CPT Asst: 70552 Magnetic resonance (eg, proton) imaging, brain (including brain stem); with Global: XXX Issue: MRI-Brain Screen: CMS High Expenditure Complete? Yes Procedural Codes1 contrast material(s) 2022 Work RVU: 1.78 **Most Recent Tab: 26** Specialty Developing ACR, ASNR First 2020 **RUC Meeting:** January 2013 Recommendation: Identified: September 2011 Medicare 2022 NF PE RVU: 6.59 **Utilization:** 18.020 2022 Fac PE RVU: NA

Referred to CPT

Referred to CPT Asst Published in CPT Asst: **Result:** Maintain

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RUC Recommendation: 1.78

70553 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without Global: XXX Issue: MRI-Brain Screen: CMS-Other - Utilization Complete? Yes over 500.000 / CMS High contrast material, followed by contrast material(s) and further sequences **Expenditure Procedural** Codes1 2022 Work RVU: 2.29 **Most Recent Tab: 26** Specialty Developing ACR, ASNR First 2020 **RUC Meeting:** January 2013 Recommendation: Identified: April 2011 Medicare 2022 NF PE RVU: 7.57 **Utilization:** 868,451 2022 Fac PE RVU: NA **RUC Recommendation: 2.36** Referred to CPT Result: Maintain Referred to CPT Asst **Published in CPT Asst:** Issue: Chest X-Rays Screen: Low Value-High Volume Complete? Yes 71010 Radiologic examination, chest; single view, frontal Global: / CMS High Expenditure Procedural Codes2 2022 Work RVU: 2020 **Most Recent Tab: 07** Specialty Developing ACR First Identified: October 2010 **RUC Meeting:** April 2016 Recommendation: Medicare **2022 NF PE RVU: Utilization:** 2022 Fac PE RVU: RUC Recommendation: Deleted from CPT Referred to CPT February 2016 Result: Deleted from CPT **Published in CPT Asst: Referred to CPT Asst** 71015 Radiologic examination, chest; stereo, frontal Issue: Chest X-Rays Screen: CMS High Expenditure Complete? Yes Global: **Procedural Codes2** 2022 Work RVU: **Most Recent Tab:** 07 Specialty Developing ACR First 2020 **RUC Meeting:** April 2016 Identified: July 2015 Recommendation: Medicare **2022 NF PE RVU: Utilization:** 2022 Fac PE RVU: RUC Recommendation: Deleted from CPT Referred to CPT February 2016 Result: Deleted from CPT Referred to CPT Asst Published in CPT Asst:

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71020 Radiologic examination, chest, 2 views, frontal and lateral; Global: Issue: Chest X-Rays Screen: MPC List / CMS High Complete? Yes **Expenditure Procedural** Codes2 2022 Work RVU: Most Recent **Tab: 07** Specialty Developing ACR First 2020 **RUC Meeting:** April 2016 Recommendation: Identified: October 2010 Medicare **2022 NF PE RVU: Utilization:** 2022 Fac PE RVU: **RUC Recommendation:** Deleted from CPT Referred to CPT February 2016 Result: Deleted from CPT Referred to CPT Asst Published in CPT Asst: Radiologic examination, chest, 2 views, frontal and lateral; with apical lordotic Global: Issue: Chest X-Rays Screen: CMS High Expenditure Complete? Yes Procedural Codes2 procedure 2022 Work RVU: **Most Recent Tab:** 07 Specialty Developing ACR First 2020 **RUC Meeting:** April 2016 Recommendation: Identified: July 2015 Medicare **2022 NF PE RVU: Utilization:** 2022 Fac PE RVU: **RUC Recommendation:** Deleted from CPT February 2016 Result: Deleted from CPT Referred to CPT Referred to CPT Asst Published in CPT Asst: Screen: CMS High Expenditure 71022 Radiologic examination, chest, 2 views, frontal and lateral; with oblique Global: Issue: Chest X-Rays Complete? Yes Procedural Codes2 projections 2022 Work RVU: Most Recent Tab: 07 Specialty Developing ACR First 2020 **RUC Meeting:** April 2016 Identified: July 2015 Recommendation: Medicare **2022 NF PE RVU: Utilization:** 

Referred to CPT February 2016

Referred to CPT Asst Published in CPT Asst:

2022 Fac PE RVU:

Result: Deleted from CPT

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**RUC Recommendation:** Deleted from CPT

71023 Radiologic examina	ation, chest, 2	views, frontal and lateral; with fluo	roscopy Global: Issu	e: Chest X-Ray	Screen: CMS High Expenditure Procedural Codes2	Complete? Yes
Most Recent	<b>Tab:</b> 07	Specialty Developing ACR	First	2020	2022 Work RVU:	
RUC Meeting: April 2016		Recommendation:	Identified: July 2015	Medicare	2022 NF PE RVU:	
				Utilization:	2022 Fac PE RVU:	
RUC Recommendation: Dele	eted from CPT		Referred to CPT February 20 Referred to CPT Asst Pub	016 blished in CPT Asst:	Result: Deleted from CPT	
71030 Radiologic examina	ation, chest, c	omplete, minimum of 4 views;	Global: Issu	e: Chest X-Rays	Screen: CMS High Expenditure Procedural Codes2	Complete? Yes
Most Recent	<b>Tab</b> : 07	Specialty Developing ACR	First	2020	2022 Work RVU:	
RUC Meeting: April 2016		Recommendation:	Identified: July 2015	Medicare	2022 NF PE RVU:	
				Utilization:	2022 Fac PE RVU:	
RUC Recommendation: Dele	eted from CPT		Referred to CPT February 20		Result: Deleted from CPT	
			Referred to CPT Asst	blished in CPT Asst:		
-		omplete, minimum of 4 views; with	fluoroscopy Global: Issu	e: Chest X-Rays	Screen: CMS High Expenditure Procedural Codes2 2022 Work RVU:	Complete? Yes
Nost Recent	ation, chest, c	omplete, minimum of 4 views; with  Specialty Developing ACR Recommendation:		e: Chest X-Rays  2020  Medicare	Procedural Codes2	Complete? Yes
71034 Radiologic examina  Most Recent RUC Meeting: April 2016		Specialty Developing ACR	fluoroscopy Global: Issu First	e: Chest X-Rays	Procedural Codes2  2022 Work RVU:	Complete? Yes
Most Recent RUC Meeting: April 2016	<b>Tab:</b> 07	Specialty Developing ACR Recommendation:	fluoroscopy Global: Issu First	2020 Medicare Utilization:	Procedural Codes2 2022 Work RVU: 2022 NF PE RVU:	Complete? Yes
Most Recent RUC Meeting: April 2016	<b>Tab:</b> 07	Specialty Developing ACR Recommendation:	fluoroscopy Global: Issu  First Identified: July 2015  Referred to CPT February 20	2020 Medicare Utilization:	Procedural Codes2 2022 Work RVU: 2022 NF PE RVU: 2022 Fac PE RVU:	Complete? Yes
Most Recent RUC Meeting: April 2016 RUC Recommendation: Dele	Tab: 07 eted from CPT	Specialty Developing ACR Recommendation:	fluoroscopy Global: Issu  First Identified: July 2015  Referred to CPT February 20 Referred to CPT Asst  Pub	2020 Medicare Utilization:	Procedural Codes2 2022 Work RVU: 2022 NF PE RVU: 2022 Fac PE RVU:	
Most Recent RUC Meeting: April 2016 RUC Recommendation: Dele 71035 Radiologic examina studies)	Tab: 07 eted from CPT	Specialty Developing ACR Recommendation:	fluoroscopy Global: Issu  First Identified: July 2015  Referred to CPT February 20 Referred to CPT Asst  Pub	2020 Medicare Utilization:	Procedural Codes2 2022 Work RVU: 2022 NF PE RVU: 2022 Fac PE RVU: Result: Deleted from CPT  Screen: CMS High Expenditure	
Most Recent RUC Meeting: April 2016  RUC Recommendation: Dele  71035 Radiologic examina studies)	Tab: 07 eted from CPT	Specialty Developing ACR Recommendation:  pecial views (eg, lateral decubitus,	First Identified: July 2015  Referred to CPT February 20 Referred to CPT Asst Put  Bucky Global: Issu	2020 Medicare Utilization: 016 blished in CPT Asst: 0e: Chest X-Rays 2020 Medicare	Procedural Codes2 2022 Work RVU: 2022 NF PE RVU: 2022 Fac PE RVU: Result: Deleted from CPT  Screen: CMS High Expenditure Procedural Codes2	
Most Recent RUC Meeting: April 2016  RUC Recommendation: Dele  71035 Radiologic examina studies)	Tab: 07 eted from CPT	Specialty Developing ACR Recommendation:  pecial views (eg, lateral decubitus, specialty Developing ACR	fluoroscopy Global: Issu  First Identified: July 2015  Referred to CPT February 20 Referred to CPT Asst Put  Bucky Global: Issu  First	2020 Medicare Utilization: 016 blished in CPT Asst: ne: Chest X-Rays	Procedural Codes2 2022 Work RVU: 2022 NF PE RVU: 2022 Fac PE RVU: Result: Deleted from CPT  Screen: CMS High Expenditure Procedural Codes2 2022 Work RVU:	
Most Recent RUC Meeting: April 2016 RUC Recommendation: Dele	Tab: 07 eted from CPT ation, chest, s Tab: 07	Specialty Developing ACR Recommendation:  pecial views (eg, lateral decubitus, specialty Developing ACR Recommendation:	fluoroscopy Global: Issu  First Identified: July 2015  Referred to CPT February 20 Referred to CPT Asst Put  Bucky Global: Issu  First	2020 Medicare Utilization: 016 blished in CPT Asst: e: Chest X-Rays  2020 Medicare Utilization:	Procedural Codes2 2022 Work RVU: 2022 NF PE RVU: 2022 Fac PE RVU: Result: Deleted from CPT  Screen: CMS High Expenditure Procedural Codes2 2022 Work RVU: 2022 NF PE RVU:	Complete? Yes

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71045 Radiologic examinat	ion, chest; s	single view	Global: XXX Issue	: Chest X-Ray		Screen: CMS High Expenditure Procedural Codes2	Complete? Yes
Most Recent	<b>Tab</b> : 07	Specialty Developing ACR	First	2020		<b>2022 Work RVU:</b> 0.18	
RUC Meeting: April 2016		Recommendation:	Identified: February 2016	Medicare	15 250 006	<b>2022 NF PE RVU</b> : 0.57	
				Utilization:	15,258,006	2022 Fac PE RVU: NA	
RUC Recommendation: 0.18			Referred to CPT February 201			lesult: Decrease	
			Referred to CPT Asst	lished in CPT As	st:		
71046 Radiologic examinat	ion, chest; 2	! views	Global: XXX Issue	: Chest X-Ray		Screen: CMS High Expenditure Procedural Codes2	Complete? Yes
Most Recent	<b>Tab</b> : 07	Specialty Developing ACR	First	2020		2022 Work RVU: 0.22	
RUC Meeting: April 2016		Recommendation:	Identified: February 2016	Medicare	0.500.000	<b>2022 NF PE RVU</b> : 0.76	
				Utilization:	6,588,226	2022 Fac PE RVU: NA	
RUC Recommendation: 0.22			Referred to CPT February 201	6	R	lesult: Decrease	
			Referred to CPT Asst	lished in CPT As	st:		
71047 Radiologic examinat	ion, chest; 3	s views	Global: XXX Issue	: Chest X-Ray		Screen: CMS High Expenditure Procedural Codes2	Complete? Yes
Most Recent	<b>Tab</b> : 07	Specialty Developing ACR	First	2020		2022 Work RVU: 0.27	
RUC Meeting: April 2016		Recommendation:	Identified: February 2016	Medicare	40.057	<b>2022 NF PE RVU</b> : 0.97	
				Utilization:	12,357	2022 Fac PE RVU: NA	
RUC Recommendation: 0.27			Referred to CPT February 201				
			Referred to CPT Asst	ished in CPT As	st:		
			Global: XXX Issue	: Chest X-Ray		Screen: CMS High Expenditure	Complete? Yes
71048 Radiologic examinat	ion, chest; 4	or more views		,		Procedural Codes2	
	ion, chest; 4		First	2020		2022 Work RVU: 0.31	
Most Recent		Specialty Developing ACR Recommendation:		2020 Medicare	0.000		
71048 Radiologic examinat  Most Recent  RUC Meeting: April 2016		Specialty Developing ACR	First	2020 Medicare	8,226	<b>2022 Work RVU</b> : 0.31	

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71090 Insertion pacemaker, fluoroscopy and radiography, radiological supervision and Global: Screen: Codes Reported Issue: Insertion/Removal of Complete? Yes Pacemeaker or Pacing Together 75% or Moreinterpretation Cardioverter-Defibrillator Part1 2022 Work RVU: Most Recent **Tab:** 10 Specialty Developing ACC First 2020 **RUC Meeting:** April 2011 Recommendation: **Identified:** February 2010 Medicare **2022 NF PE RVU: Utilization:** 2022 Fac PE RVU: **RUC Recommendation:** Deleted from CPT Referred to CPT February 2011 Result: Deleted from CPT Referred to CPT Asst Published in CPT Asst: 71100 Radiologic examination, ribs, unilateral; 2 views Global: XXX Issue: X-Ray of Ribs Screen: CMS-Other - Utilization Complete? Yes over 250,000 / CMS-Other - Utilization over 250.000-Part2 **2022 Work RVU:** 0.22 2020 **Most Recent Tab:** 30 Specialty Developing ACR First Identified: April 2013 **RUC Meeting:** April 2016 Recommendation: Medicare 2022 NF PE RVU: 0.86 131,612 **Utilization:** 2022 Fac PE RVU: NA **RUC Recommendation: 0.22** Referred to CPT Result: Maintain **Referred to CPT Asst** Published in CPT Asst:

Global: XXX

71101 Radiologic examination, ribs, unilateral; including posteroanterior chest, minimum of 3 views

**Tab:** 30

**Most Recent** 

**RUC Meeting:** April 2016

Specialty Developing ACR Recommendation:

First 2020 Identified: October 2015 Medicare

Issue: X-Ray of Ribs

**Utilization:** 228,061

Screen: CMS-Other - Utilization

over 250,000-Part2 2022 Work RVU: 0.27

**2022 NF PE RVU: 0.97** 

2022 Fac PE RVU: NA

Complete? Yes

**RUC Recommendation: 0.27** Referred to CPT Result: Maintain

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

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71110 Radiologic examination	on, ribs, bil	ateral; 3 views	Global: XXX Issue	: X-Ray of Ribs	Screen: CMS-Other - Utilization over 250,000-Part2	Complete? Yes
Most Recent	<b>Tab:</b> 30	Specialty Developing ACR	First	2020	<b>2022 Work RVU:</b> 0.29	
RUC Meeting: April 2016		Recommendation:	Identified: October 2015	Medicare Utilization: 19,903	<b>2022 NF PE RVU</b> : 1.00	
				Othizution: 10,000	2022 Fac PE RVU:NA	
RUC Recommendation: 0.29			Referred to CPT  Referred to CPT Asst Pub	lished in CPT Asst:	Result: Maintain	
			Referred to CPT Asst	disned in CPT Asst:		
71111 Radiologic examination	on, ribs, bil	ateral; including posteroanteri	or chest, Global: XXX Issue	e: X-Ray of Ribs	Screen: CMS-Other - Utilization over 250,000-Part2	Complete? Yes
Most Recent	<b>Tab:</b> 30	Specialty Developing ACR	First	2020	<b>2022 Work RVU:</b> 0.32	
RUC Meeting: April 2016		Recommendation:	Identified: October 2015	Medicare Utilization: 25,320	<b>2022 NF PE RVU</b> : 1.23	
					2022 Fac PE RVU: NA	
<b>RUC Recommendation:</b> 0.32			Referred to CPT		Result: Maintain	
			Referred to CPT Asst	lished in CPT Asst:		
71250 Computed tomograph	y, thorax,	diagnostic; without contrast m	terial Global: XXX Issue	e: Screening CT of Thorax	Screen: CMS Fastest Growing / CMS High Expenditure Procedural Codes2	Complete? Yes
Most Recent	<b>Tab:</b> 07	Specialty Developing ACR	First	2020	<b>2022 Work RVU:</b> 1.08	
RUC Meeting: October 2019		Recommendation:	Identified: October 2008	Medicare Utilization: 2,090,446	<b>2022 NF PE RVU</b> : 2.97	
				Otilization. 2,090,440	2022 Fac PE RVU: NA	
RUC Recommendation: 1.16			Referred to CPT		Result: Increase	
			Referred to CPT Asst	lished in CPT Asst:		

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71260 Computed tomograph	y, thorax,	diagnostic; with contrast materia	(s) Global: XXX I	ssue: Screening CT of Thorax	Screen: CMS High Expenditure Procedural Codes2	Complete? Yes
Most Recent	<b>Tab</b> : 07	Specialty Developing ACR	First	2020	<b>2022 Work RVU</b> : 1.16	
RUC Meeting: October 2019		Recommendation:	Identified: July 2015	Medicare	2022 NF PE RVU: 3.95	
				<b>Utilization</b> : 1,677,65	2022 Fac PE RVU: NA	
<b>RUC Recommendation:</b> 1.38			Referred to CPT		Result: Maintain	
			Referred to CPT Asst	Published in CPT Asst:		
71270 Computed tomograph by contrast material(s		diagnostic; without contrast mate	rial, followed Global: XXX I	ssue: Screening CT of Thorax	Screen: CMS High Expenditure Procedural Codes2	Complete? Yes
Most Recent	<b>Tab</b> : 07	Specialty Developing ACR	First	2020	<b>2022 Work RVU</b> : 1.25	
RUC Meeting: October 2019	19 Recomme	Recommendation:	Identified: July 2015		<b>2022 NF PE RVU</b> : 4.81	
				Utilization: 57,503	2022 Fac PE RVU: NA	
<b>RUC Recommendation:</b> 1.24			Referred to CPT		Result: Maintain	
			Referred to CPT Asst	Published in CPT Asst:		
71271 Computed tomograph contrast material(s)	ıy, thorax,	low dose for lung cancer screeni	ng, without Global: XXX I	ssue: Screening CT of Thorax	Screen: CMS-Other - Utilization over 30,000-Part2	Complete? Yes
Most Recent	<b>Tab:</b> 07	Specialty Developing	First	2020	<b>2022 Work RVU:</b> 1.08	
RUC Meeting: October 2019		Recommendation:	Identified: May 2019	Medicare Utilization:	<b>2022 NF PE RVU</b> : 3.11	
				Otilization.	2022 Fac PE RVU: NA	
<b>RUC Recommendation:</b> 1.16			Referred to CPT		Result: Increase	
			Referred to CPT Asst	Published in CPT Asst:		

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71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image

postprocessing

Global: XXX Issue: CT Angiography-Chest Screen: CMS Fastest Growing /

MPC List

Complete? Yes

**Most Recent** 

**RUC Meeting:** January 2014

Specialty Developing ACR, SIR

Recommendation:

**First** Identified: October 2008 2020 Medicare 2022 Work RVU: 1.82

**Utilization:** 

1,251,116

**2022 NF PE RVU: 6.81** 

2022 Fac PE RVU: NA

**RUC Recommendation: 1.82** 

Referred to CPT

Result: Decrease

Referred to CPT Asst Published in CPT Asst: Jun 2009

72020 Radiologic examination, spine, single view, specify level

Global: XXX

Issue: X-Ray Spine

**Utilization:** 

Screen: CMS-Other - Utilization over 100,000

Complete? Yes

Complete? Yes

**Most Recent RUC Meeting:** January 2019 **Tab: 27** 

Specialty Developing AAOS, ACR, ASNR First Recommendation:

2020 Identified: April 2016 Medicare 2022 Work RVU: 0.16

**2022 NF PE RVU: 0.55** 112,855

**RUC Recommendation: 0.16** 

Referred to CPT

Referred to CPT Asst

Result: Increase

Global: XXX

Issue: X-Ray Spine

Published in CPT Asst:

Screen: Low Value-High Volume

/ CMS-Other - Utilization

2022 Fac PE RVU: NA

over 100.000

**Most Recent** 

**RUC Meeting:** January 2019

**Tab: 27** 

Radiologic examination, spine, cervical; 2 or 3 views

Specialty Developing AAOS, ACR, ASNR First

Identified: October 2010

2020

Published in CPT Asst:

Medicare 511,863 **Utilization:** 

**2022 Work RVU:** 0.22 2022 NF PE RVU: 0.94

2022 Fac PE RVU: NA

**RUC Recommendation: 0.22** 

Recommendation:

Referred to CPT

Referred to CPT Asst

October 2011

Result: Maintain

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72050 Radiologic examinatio	72050 Radiologic examination, spine, cervical; 4 or 5 views			Global: XXX Issue: X-Ray Spine				Screen: Low Value-High Volume / CMS-Other - Utilization over 100,000	Complete? Yes
Most Recent	<b>Tab</b> : 27	Specialty Developing	AAOS, ACR, ASNR	First		2020		<b>2022 Work RVU:</b> 0.27	
RUC Meeting: January 2019		Recommendation:	Identified: October 2010		Medicare	<b>2022 NF PE RVU</b> : 1.30			
					Utilization: 288,978		2022 Fac PE RVU: NA		
RUC Recommendation: 0.27				Referred to CPT October 2011  Referred to CPT Asst  Published in CPT Asst:				Result: Decrease	
			Refe	rred to CPT Asst	<b>」Publi</b>	shed in CPT A	Asst:		
72052 Radiologic examinatio	n, spine, c	ervical; 6 or more views	i	Global: XXX	Issue:	X-Ray Spine		Screen: Low Value-High Volume / CMS-Other - Utilization over 100,000	Complete? Yes
Most Recent	<b>Tab</b> : 27	Specialty Developing	AAOS. ACR. ASNR	First		2020		2022 Work RVU: 0.30	
RUC Meeting: January 2019		Recommendation:		Identified: October 2010	Medicare	00.700	<b>2022 NF PE RVU</b> : 1.53		
						Utilization:	60,768	2022 Fac PE RVU: NA	
<b>RUC Recommendation:</b> 0.30					er 2011			Result: Decrease	
			Refe	rred to CPT Asst	Publi	shed in CPT A	Asst:		
72070 Radiologic examinatio	n, spine; t	horacic, 2 views		Global: XXX	Issue:	X-Ray Spine		Screen: CMS-Other - Utilization over 250,000 / CMS- Other - Utilization over 100,000	Complete? Yes
Most Recent	<b>Tab</b> : 27	Specialty Developing	AAOS, ACR, ASNR	First		2020		<b>2022 Work RVU:</b> 0.20	
RUC Meeting: January 2019		Recommendation:	, - ,	Identified: April 2013	3	Medicare	242 702	<b>2022 NF PE RVU</b> : 0.76	
						Utilization:	242,793	2022 Fac PE RVU: NA	

Referred to CPT

Referred to CPT Asst Published in CPT Asst:

Result: Decrease

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**RUC Recommendation: 0.20** 

72072 Radiologic examination		Global: XXX	Issue:	X-Ray Spine		Screen: CMS-Other - Utilization over 100,000	Complete? Yes		
Most Recent	<b>Tab:</b> 27	Specialty Developing	AAOS, ACR, AS			2020		<b>2022 Work RVU:</b> 0.23	
RUC Meeting: January 2019		Recommendation:		Identified: April 2016	6	Medicare Utilization:	139,106	<b>2022 NF PE RVU</b> : 0.92	
						<b></b>	,	2022 Fac PE RVU: NA	
RUC Recommendation: 0.23				Referred to CPT Referred to CPT Asst	Publi	shed in CPT A	leet.	Result: Increase	
				Coloried to Of 1 Addit	ı ubii	Shea in Or 17	1331.		
72074 Radiologic examination	on, spine; 1	horacic, minimum of 4 vi	iews	Global: XXX	Issue:	X-Ray Spine		Screen: CMS-Other - Utilization over 100,000	Complete? Yes
Most Recent	<b>Tab:</b> 27	Specialty Developing	AAOS ACR AS	SNR First		2020		<b>2022 Work RVU</b> : 0.25	
RUC Meeting: January 2019		Recommendation:	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Identified: October 2	2016	Medicare	0.000	<b>2022 NF PE RVU</b> : 1.06	
						Utilization:	9,899	2022 Fac PE RVU: NA	
<b>RUC Recommendation:</b> 0.25				Referred to CPT	1 <b></b>			Result: Increase	
				Referred to CPT Asst	_ Publi	shed in CPT A	Asst:		
72080 Radiologic examination	on, spine; 1	horacolumbar junction, ı	minimum of 2 v	iews Global: XXX	Issue:	X-Ray Spine		Screen: CMS-Other - Utilization over 100,000	Complete? Yes
Most Recent	<b>Tab:</b> 27	Specialty Developing	AAOS, ACR, AS	SNR First		2020		<b>2022 Work RVU:</b> 0.21	
RUC Meeting: January 2019		Recommendation:		Identified: October 2016	2016	Medicare Utilization:	38,221	<b>2022 NF PE RVU</b> : 0.81	
						- inneutron		2022 Fac PE RVU:NA	
RUC Recommendation: 0.21				Referred to CPT Referred to CPT Asst	Dukii	shed in CPT A	leet:	Result: Decrease	
				Telefied to CFT ASSL _	_ Fubii	Sileu III CPT F	1551.		

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72100 Radiologic examination	on, spine, l	umbosacral; 2 or 3 views	Global: XXX	Issue:	X-Ray Spine		Screen: Harvard Valued - Utilization over 100,000 / Low Value-High Volume / CMS-Other - Utilization over 100,000	Complete? Yes
Most Recent	<b>Tab</b> : 27	Specialty Developing AAOS, ACR,			2020		<b>2022 Work RVU</b> : 0.22	
RUC Meeting: January 2019		Recommendation:	Identified: February 2010	Medicare Utilization:	1,440,021	<b>2022 NF PE RVU</b> : 0.95		
					Othization. 1,	1,440,021	2022 Fac PE RVU: NA	
<b>RUC Recommendation:</b> 0.22			Referred to CPT October				Result: Maintain	
			Referred to CPT Asst	Publi	shed in CPT A	sst:		
-								
72110 Radiologic examination	on, spine, l	umbosacral; minimum of 4 views	Global: XXX	Issue:	X-Ray Spine		Screen: Harvard Valued - Utilization over 100,000 / CMS-Other - Utilization over 100,000	Complete? Yes
							,	
Most Recent RUC Meeting: January 2019	Tab: 27 Specialty Developing AAOS, ACR, Recommendation:	R, ASNR First Identified: October 2009	റവ	2020 Medicare		2022 Work RVU: 0.26		
Not weeting. Validary 2010				650,097	<b>2022 NF PE RVU</b> : 1.25			
							2022 Fac PE RVU:NA	
<b>RUC Recommendation:</b> 0.26			Referred to CPT October			-	Result: Decrease	
			Referred to CPT Asst	Publi	shed in CPT A	sst:		
72114 Radiologic examination minimum of 6 views	on, spine, l	umbosacral; complete, including ben	ding views, Global: XXX	Issue:	X-Ray Spine		Screen: Harvard Valued - Utilization over 100,000 / CMS-Other - Utilization over 100,000	Complete? Yes
Most Recent	<b>Tab</b> : 27	Specialty Developing AAOS, ACR,	ASNR First		2020		<b>2022 Work RVU:</b> 0.30	
RUC Meeting: January 2019		Recommendation:	Identified: February 2	2010	Medicare	77.045	<b>2022 NF PE RVU:</b> 1.53	
					Utilization:	77,915	2022 Fac PE RVU:NA	
RUC Recommendation: 0.30			Referred to CPT October	er 2010		1	Result: Decrease	
			Referred to CPT Asst	Publi	shed in CPT A	sst:		

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72120 Radiologic examination	on, spine, l	umbosacral; bending views only, 2 or	3 views Global: XXX Issue	e: X-Ray Spine		Screen: Harvard Valued - Utilization over 100,000 / CMS-Other - Utilization over 100,000	Complete? Yes
Most Recent	<b>Tab</b> : 27	Specialty Developing AAOS, ACR,	ASNR First	2020		<b>2022 Work RVU:</b> 0.22	
RUC Meeting: January 2019		Recommendation:	Identified: February 2010	Medicare Utilization:	41,713	<b>2022 NF PE RVU:</b> 0.98	
				Otilization.	41,713	2022 Fac PE RVU: NA	
RUC Recommendation: 0.22			Referred to CPT Asst Dub	0 olished in CPT As		Result: Maintain	
72125 Computed tomograph	y, cervical	spine; without contrast material	Global: XXX Issue	e: CT Spine		Screen: CMS Fastest Growing	Complete? Yes
Most Recent	<b>Tab</b> : 18	Specialty Developing ACR, ASNR	First	2020		<b>2022 Work RVU</b> : 1.00	
RUC Meeting: April 2018		Recommendation:	Identified: October 2008	Medicare	1 104 660	<b>2022 NF PE RVU</b> : 2.97	
				Utilization:	1,184,668	2022 Fac PE RVU: NA	
RUC Recommendation: 1.07			Referred to CPT			Result: Maintain	
			Referred to CPT Asst	olished in CPT As	sst:		
72126 Computed tomograph	y, cervical	spine; with contrast material	Global: XXX Issue	e: CT Spine		Screen: CMS Fastest Growing	Complete? Yes
Most Recent	<b>Tab</b> : 18	Specialty Developing ACR, ASNR	First	2020		<b>2022 Work RVU:</b> 1.22	
RUC Meeting: April 2018		Recommendation:	Identified: February 2009	Medicare Utilization:	17,347	<b>2022 NF PE RVU</b> : 3.95	
				Otilization.	17,347	2022 Fac PE RVU: NA	
RUC Recommendation: 1.22			Referred to CPT			Result: Maintain	
			Referred to CPT Asst	olished in CPT As	sst:		
72127 Computed tomograph contrast material(s) a		spine; without contrast material, follo sections	owed by Global: XXX Issue	e: CT Spine		Screen: CMS Fastest Growing	Complete? Yes
Most Recent	<b>Tab</b> : 18	Specialty Developing ACR, ASNR	First	2020		<b>2022 Work RVU:</b> 1.27	
RUC Meeting: April 2018		Recommendation:	Identified: February 2009	Medicare	1 520	<b>2022 NF PE RVU</b> : 4.81	
				Utilization:	1,538	2022 Fac PE RVU: NA	
RUC Recommendation: 1.27			Referred to CPT			Result: Maintain	
			Referred to CPT Asst Pub	lished in CPT As			

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72128 Computed tomograph	ny, thoracic	spine; without contrast material	Global: XXX Issue:	CT Spine	Screen: CMS Fastest Growing	Complete? Ye
Most Recent RUC Meeting: April 2018	<b>Tab</b> : 18	Specialty Developing ACR, ASNR Recommendation:	First Identified: October 2008	2020 Medicare Utilization: 181,3	2022 Work RVU: 1.00 2022 NF PE RVU: 2.96 2022 Fac PE RVU:NA	<b>VU:</b> 2.96
RUC Recommendation: 1.00			Referred to CPT Referred to CPT Asst  Publ	ished in CPT Asst:	Result: Maintain	
72129 Computed tomograph	ny, thoracic	spine; with contrast material	Global: XXX Issue:	CT Spine	Screen: CMS Fastest Growing	Complete? Ye
Most Recent RUC Meeting: April 2018	<b>Tab:</b> 18	Specialty Developing ACR, ASNR Recommendation:	First Identified: February 2009	2020 Medicare Utilization: 26,68	2022 Work RVU: 1.22 2022 NF PE RVU: 3.99 2022 Fac PE RVU:NA	
RUC Recommendation: 1.22			Referred to CPT Referred to CPT Asst  Publi	ished in CPT Asst:	Result: Maintain	
			Referred to CFT ASSL	ished in Or 1 Asst.		
'2130 Computed tomograph contrast material(s) a		spine; without contrast material, follo		CT Spine	Screen: CMS Fastest Growing	Complete? Ye
contrast material(s) a					2022 Work RVU: 1.27 2022 NF PE RVU: 4.84	Complete? Ye
contrast material(s) a  Most Recent RUC Meeting: April 2018	nd further s	ections  Specialty Developing ACR, ASNR	owed by Global: XXX Issue:  First Identified: February 2009  Referred to CPT	CT Spine  2020 Medicare	2022 Work RVU: 1.27 2022 NF PE RVU: 4.84	Complete? Ye
contrast material(s) a lost Recent IUC Meeting: April 2018 IUC Recommendation: 1.27	nd further s Tab: 18	ections  Specialty Developing ACR, ASNR	First Identified: February 2009  Referred to CPT  Referred to CPT Asst Publication	CT Spine  2020  Medicare Utilization: 1,246	2022 Work RVU: 1.27 2022 NF PE RVU: 4.84 2022 Fac PE RVU:NA	
contrast material(s) a  Most Recent RUC Meeting: April 2018  RUC Recommendation: 1.27	nd further s Tab: 18	Specialty Developing ACR, ASNR Recommendation:	First Identified: February 2009  Referred to CPT  Referred to CPT Asst Publication	CT Spine  2020  Medicare  Utilization: 1,246  shed in CPT Asst:	2022 Work RVU: 1.27 2022 NF PE RVU: 4.84 2022 Fac PE RVU: NA Result: Maintain  Screen: CMS Fastest Growing / CMS-Other - Utilization over 30,000 2022 Work RVU: 1.00 2022 NF PE RVU: 2.95	Complete? Ye

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72132 Computed tomograph	32 Computed tomography, lumbar spine; with contrast material				Issue:	CT Spine	Screen: CMS Fastest Growing / CMS-Other - Utilization over 30,000	Complete? Yes
Most Recent	<b>Tab</b> : 18	Specialty Developing ACR,	, ASNR	First		2020	<b>2022 Work RVU:</b> 1.22	
RUC Meeting: April 2018		Recommendation:		Identified: February	2009	Medicare Utilization: 53.885	<b>2022 NF PE RVU</b> : 3.95	
					Utilization: 53,885	2022 Fac PE RVU: NA		
<b>RUC Recommendation:</b> 1.22				red to CPT	Dubli	shed in CPT Asst:	Result: Maintain	
			- TAGIGI	Ted to of 1 Asst	- Tubli	Shed in OFF ASSE.		
72133 Computed tomograph contrast material(s) and	•	spine; without contrast materia sections	ial, followed by	Global: XXX	Issue:	CT Spine	Screen: CMS Fastest Growing / CMS-Other - Utilization over 30,000	Complete? Yes
Most Recent	<b>Tab</b> : 18	Specialty Developing ACR,	. ASNR	First		2020	2022 Work RVU: 1.27	
RUC Meeting: April 2018	Recommendation:		Identified: February 2009	Medicare	<b>2022 NF PE RVU</b> : 4.80			
						Utilization: 3,482	2022 Fac PE RVU: NA	
<b>RUC Recommendation:</b> 1.27			Refer	red to CPT			Result: Maintain	
			Refer	red to CPT Asst	Publi	shed in CPT Asst:		
72141 Magnetic resonance ( without contrast mate		imaging, spinal canal and co	ontents, cervica	I; Global: XXX	Issue:	MRI Neck and Lumbar Spine	Screen: CMS High Expenditure Procedural Codes1	Complete? Yes
Most Recent	<b>Tab</b> : 25	Specialty Developing ACR		First		2020	<b>2022 Work RVU</b> : 1.48	
RUC Meeting: April 2013		Recommendation:		Identified: September 2011		Medicare	<b>2022 NF PE RVU</b> : 4.41	
						Utilization: 487,773	2022 Fac PE RVU: NA	
RUC Recommendation: 1.48				red to CPT red to CPT Asst	Publi	shed in CPT Asst:	Result: Decrease	

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72142 Magnetic resonance ( with contrast material		) imaging, spinal canal and contents,	cervical; Global: XXX Issue	: MRI Neck and Lumbar Spine	Screen: CMS High Expenditure Procedural Codes1	Complete? Yes			
Most Recent RUC Meeting: April 2013  RUC Recommendation: 1.78	<b>Tab:</b> 25	Specialty Developing ACR Recommendation:	First Identified: April 2013 Referred to CPT	2020 Medicare Utilization: 2,683	2022 Work RVU: 1.78 2022 NF PE RVU: 6.79 2022 Fac PE RVU: NA Result: Decrease				
ROC Recommendation: 1.70				lished in CPT Asst:	Result: Declease				
72146 Magnetic resonance ( without contrast mate		) imaging, spinal canal and contents,	thoracic; Global: XXX Issue	: MRI Neck and Lumbar Spine	Screen: CMS High Expenditure Procedural Codes1	Complete? Yes			
Most Recent RUC Meeting: April 2013	<b>Tab:</b> 25	Specialty Developing ACR Recommendation:	First Identified: April 2013	2020 Medicare Utilization: 188,463	2022 Work RVU: 1.48 2022 NF PE RVU: 4.40 2022 Fac PE RVU:NA				
RUC Recommendation: 1.48			Referred to CPT Referred to CPT Asst  Pub	lished in CPT Asst:	Result: Decrease				
1=1-1	72147 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; Global: XXX Issue: MRI Neck and Lumbar Screen: CMS High Expenditure Complete? Yes with contrast material(s)  Spine Procedural Codes1								
Most Recent	<b>Tab:</b> 25	Specialty Developing ACR	First	2020	<b>2022 Work RVU:</b> 1.78				
RUC Meeting: April 2013		Recommendation:	Identified: April 2013	Medicare Utilization: 2,667	<b>2022 NF PE RVU</b> : 6.70				
RUC Recommendation: 1.78			Referred to CPT Referred to CPT Asst	lished in CPT Asst:	2022 Fac PE RVU:NA Result: Decrease				

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Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; Global: XXX Issue: MRI Neck and Lumbar Screen: CMS-Other - Utilization Complete? Yes over 500.000 / CMS High without contrast material Spine **Expenditure Procedural** Codes1 2022 Work RVU: 1.48 **Most Recent Tab: 25 Specialty Developing** AAOS, AUR, ACR, First 2020 **RUC Meeting:** April 2013 Recommendation: NASS. ASNR Identified: April 2011 Medicare 2022 NF PE RVU: 4.42 **Utilization:** 1,096,788 2022 Fac PE RVU: NA **RUC Recommendation: 1.48** Referred to CPT Result: Maintain Referred to CPT Asst **Published in CPT Asst:** Screen: CMS High Expenditure 72149 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; Global: XXX Issue: MRI Neck and Lumbar Complete? Yes with contrast material(s) Spine Procedural Codes1 2022 Work RVU: 1.78 **Most Recent Tab: 25 Specialty Developing** First 2020 **RUC Meeting:** April 2013 Recommendation: Identified: April 2013 Medicare 2022 NF PE RVU: 6.63 **Utilization:** 4,533 2022 Fac PE RVU: NA **RUC Recommendation: 178** Referred to CPT Result: Maintain Referred to CPT Asst Published in CPT Asst: Global: XXX Issue: MRI Neck and Lumbar Screen: CMS High Expenditure Complete? Yes 72156 Magnetic resonance (eg, proton) imaging, spinal canal and contents, without Spine Procedural Codes1 contrast material, followed by contrast material(s) and further sequences; cervical 2022 Work RVU: 2.29 Most Recent **Tab: 25 Specialty Developing** First 2020 **RUC Meeting:** April 2013 Recommendation: Identified: April 2013 Medicare **2022 NF PE RVU: 7.65 Utilization:** 102,071 2022 Fac PE RVU: NA

Referred to CPT

Referred to CPT Asst

**Published in CPT Asst:** 

Result: Decrease

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**RUC Recommendation: 2.29** 

72157 Magnetic resonance (eg, proton) imaging, spinal canal and contents. without Global: XXX Issue: MRI Neck and Lumbar Screen: CMS High Expenditure Complete? Yes Spine Procedural Codes1 contrast material, followed by contrast material(s) and further sequences; thoracic 2022 Work RVU: 2.29 **Most Recent Tab: 25 Specialty Developing** First 2020 Identified: April 2013 **RUC Meeting:** April 2013 Recommendation: Medicare 2022 NF PE RVU: 7.66 88.842 **Utilization:** 2022 Fac PE RVU: NA **RUC Recommendation: 2.29** Referred to CPT Result: Decrease Referred to CPT Asst **Published in CPT Asst:** 72158 Magnetic resonance (eg, proton) imaging, spinal canal and contents, without Global: XXX Issue: MRI Neck and Lumbar Screen: CMS High Expenditure Complete? Yes contrast material, followed by contrast material(s) and further sequences; lumbar Spine Procedural Codes1 2022 Work RVU: 2.29 2020 **Most Recent Tab: 25 Specialty Developing RUC Meeting:** April 2013 Recommendation: Identified: April 2013 Medicare **2022 NF PE RVU: 7.62 Utilization:** 203,972 2022 Fac PE RVU: NA **RUC Recommendation: 2.29** Referred to CPT Result: Decrease Referred to CPT Asst Published in CPT Asst: Issue: X-Ray Exam - Pelvis Screen: Low Value-High Volume Complete? Yes Radiologic examination, pelvis; 1 or 2 views Global: XXX / Codes Reported Together 75% or More-Part2 / CMS-Other -Utilization over 30,000 2022 Work RVU: 0.17 Most Recent **Tab: 28** Specialty Developing AAOS, ACR First 2020 **RUC Meeting:** January 2019 Recommendation: Identified: October 2010 Medicare **2022 NF PE RVU: 0.64 Utilization:** 671,286

Referred to CPT

October 2014

Referred to CPT Asst Published in CPT Asst:

2022 Fac PE RVU: NA

Result: Maintain

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**RUC Recommendation: 0.17** 

72190 Radiologic examination	on, pelvis; o	complete, minimum of 3 views	Global: XXX Issue	: X-Ray Exam – Pelvis	Screen: CMS-Other - Utilization over 30,000	Complete? Yes
Most Recent	<b>Tab</b> : 28	Specialty Developing AAOS, ACR	First	2020	<b>2022 Work RVU:</b> 0.25	
RUC Meeting: January 2019		Recommendation:	Identified: October 2017	Medicare Utilization: 49,156	<b>2022 NF PE RVU</b> : 0.99	
				Otilization: 49,130	2022 Fac PE RVU: NA	
RUC Recommendation: 0.25			Referred to CPT		Result: Increase	
			Referred to CPT Asst	ished in CPT Asst:		
		aphy, pelvis, with contrast material(s d, and image postprocessing	), including Global: XXX Issue	: CT Angiography	Screen: High Volume Growth1 / CMS Fastest Growing / Codes Reported Together 75% or More- Part1 / CMS Request to Re-Review Families of Recently Reviewed CPT Codes / CMS Request - Final Rule for 2013	Complete? Yes
Most Recent	<b>Tab:</b> 12	Specialty Developing ACR, SIR	First	2020	<b>2022 Work RVU:</b> 1.81	
RUC Meeting: October 2013		Recommendation:	Identified: February 2008	Medicare Utilization: 2,365	<b>2022 NF PE RVU</b> : 7.65	
				Othization. 2,303	2022 Fac PE RVU: NA	
RUC Recommendation: 1.81			Referred to CPT October 2010 Referred to CPT Asst  Publ	ished in CPT Asst:	Result: Maintain	
72192 Computed tomograph	ıy, pelvis; w	vithout contrast material	Global: XXX Issue	: CT Pelvis	Screen: Codes Reported Together 95% or More / CMS Fastest Growing / CMS Request - Final Rule for 2012	Complete? Yes
Most Recent	<b>Tab</b> : 26	Specialty Developing ACR	First	2020	<b>2022 Work RVU</b> : 1.09	
RUC Meeting: October 2008	•	Recommendation:	Identified: October 2008	Medicare	<b>2022 NF PE RVU</b> : 2.97	
				Utilization: 160,045	2022 Fac PE RVU: NA	
RUC Recommendation: 1.09			Referred to CPT October 2009 Referred to CPT Asst Publ	ished in CPT Asst:	Result: Maintain	

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72193 Computed tomography, pelvis; with contrast material(s) Global: XXX Issue: CT Pelvis Screen: Codes Reported Complete? Yes Together 95% or More / CMS Fastest Growing / CMS Request - Final Rule for 2012 2022 Work RVU: 1.16 Most Recent **Tab**: 26 Specialty Developing ACR First 2020 Identified: October 2008 **RUC Meeting:** October 2008 Recommendation: Medicare 2022 NF PE RVU: 6.05 32,629 **Utilization:** 2022 Fac PE RVU: NA **RUC Recommendation: 1 16** Referred to CPT October 2009 Result: Maintain Referred to CPT Asst Published in CPT Asst: 72194 Computed tomography, pelvis; without contrast material, followed by contrast Global: XXX Issue: CT Abdomen and Pelvis Screen: Codes Reported Complete? Yes Together 95% or More / material(s) and further sections CMS Fastest Growing / CMS Request - Final Rule for 2012 / CMS Request - Final Rule for 2014 2022 Work RVU: 1.22 **Most Recent** Specialty Developing ACR 2020 **Tab:** 44 First **RUC Meeting:** April 2014 **Identified:** February 2008 Recommendation: Medicare 2022 NF PE RVU: 6.71 **Utilization:** 4,605 2022 Fac PE RVU: NA **RUC Recommendation: 1.22** Referred to CPT October 2009 Result: Maintain Referred to CPT Asst Published in CPT Asst: 72195 Magnetic resonance (eg, proton) imaging, pelvis; without contrast material(s) Global: XXX Issue: MRI Pelvis Screen: CMS High Expenditure Complete? Yes Procedural Codes2 2022 Work RVU: 1.46 2020 **Most Recent Tab**: 21 Specialty Developing ACR First **RUC Meeting:** October 2016 Identified: July 2015 Recommendation: Medicare 2022 NF PE RVU: 5.70 **Utilization:** 73.312 2022 Fac PE RVU: NA **RUC Recommendation: 1.46** Referred to CPT Result: Maintain Referred to CPT Asst **Published in CPT Asst:** 

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72196 Magnetic resonance (e	g, proton)	imaging, pelvis; with contrast materi	al(s) Global: XXX Issu	e: MRI Pelvis	Screen: CMS High Expenditure Procedural Codes2	Complete? Yes
Most Recent	<b>Tab</b> : 21	Specialty Developing ACR	First	2020	<b>2022 Work RVU:</b> 1.73	
RUC Meeting: October 2016		Recommendation:	Identified: July 2015	Medicare Utilization: 2,001	<b>2022 NF PE RVU</b> : 6.66	
				Otilization. 2,001	2022 Fac PE RVU: NA	
RUC Recommendation: 1.73			Referred to CPT		Result: Maintain	
			Referred to CPT Asst	olished in CPT Asst:		
72197 Magnetic resonance (eq followed by contrast magnetic		imaging, pelvis; without contrast ma and further sequences	terial(s), Global: XXX Issu	e: MRI Pelvis	Screen: CMS High Expenditure Procedural Codes2	Complete? Yes
Most Recent	<b>Tab:</b> 21	Specialty Developing ACR	First	2020	<b>2022 Work RVU:</b> 2.20	
RUC Meeting: October 2016		Recommendation:	Identified: July 2015	Medicare Utilization: 207,770	<b>2022 NF PE RVU:</b> 8.34	
				Otmzation. 201,110	2022 Fac PE RVU: NA	
			Referred to CPT		Result: Decrease	
RUC Recommendation: 2.20			_	olished in CPT Asst:		
	n, sacroilia	ac joints; less than 3 views	Referred to CPT Asst	e: X-Ray Sacrum	Screen: CMS-Other - Utilization over 100,000	Complete? Yes
72200 Radiologic examination	n, sacroilia Tab: 29	ac joints; less than 3 views  Specialty Developing AAOS, ACR	Referred to CPT Asst  Put  Global: XXX  Issue			Complete? Yes
72200 Radiologic examination	•	•	Referred to CPT Asst  Put	e: X-Ray Sacrum  2020  Medicare	over 100,000	Complete? Yes
72200 Radiologic examination  Most Recent RUC Meeting: January 2019	•	Specialty Developing AAOS, ACR	Global: XXX Issue  First Identified: October 2016	e: X-Ray Sacrum	over 100,000 2022 Work RVU: 0.17	Complete? Yes
72200 Radiologic examination  Most Recent RUC Meeting: January 2019	•	Specialty Developing AAOS, ACR	Global: XXX Issue  First Identified: October 2016  Referred to CPT	e: X-Ray Sacrum  2020  Medicare  Utilization: 12,099	over 100,000  2022 Work RVU: 0.17  2022 NF PE RVU: 0.79	Complete? Yes
72200 Radiologic examination  Most Recent RUC Meeting: January 2019	•	Specialty Developing AAOS, ACR	Global: XXX Issue  First Identified: October 2016  Referred to CPT	e: X-Ray Sacrum  2020  Medicare	over 100,000  2022 Work RVU: 0.17  2022 NF PE RVU: 0.79  2022 Fac PE RVU: NA	Complete? Yes
Most Recent RUC Meeting: January 2019 RUC Recommendation: 0.20	<b>Tab</b> : 29	Specialty Developing AAOS, ACR	Global: XXX Issue  First Identified: October 2016  Referred to CPT Referred to CPT Asst Pub	e: X-Ray Sacrum  2020  Medicare  Utilization: 12,099	over 100,000  2022 Work RVU: 0.17  2022 NF PE RVU: 0.79  2022 Fac PE RVU: NA	
72200 Radiologic examination  Most Recent RUC Meeting: January 2019  RUC Recommendation: 0.20  72202 Radiologic examination  Most Recent	<b>Tab</b> : 29	Specialty Developing AAOS, ACR Recommendation:  ac joints; 3 or more views  Specialty Developing AAOS, ACR	Global: XXX Issue  First Identified: October 2016  Referred to CPT Referred to CPT Asst Put  Global: XXX Issue	2020 Medicare Utilization: 12,099  Dished in CPT Asst:  E: X-Ray Sacrum	over 100,000  2022 Work RVU: 0.17  2022 NF PE RVU: 0.79  2022 Fac PE RVU: NA  Result: Increase  Screen: CMS-Other - Utilization	
72200 Radiologic examination  Most Recent RUC Meeting: January 2019  RUC Recommendation: 0.20	Tab: 29	Specialty Developing AAOS, ACR Recommendation:  ac joints; 3 or more views	Global: XXX Issue  First Identified: October 2016  Referred to CPT Referred to CPT Asst Put	2020 Medicare Utilization: 12,099  Dished in CPT Asst:  E: X-Ray Sacrum  2020 Medicare	over 100,000  2022 Work RVU: 0.17  2022 NF PE RVU: 0.79  2022 Fac PE RVU: NA  Result: Increase  Screen: CMS-Other - Utilization over 100,000	
72200 Radiologic examination  Most Recent RUC Meeting: January 2019  RUC Recommendation: 0.20  72202 Radiologic examination  Most Recent	Tab: 29	Specialty Developing AAOS, ACR Recommendation:  ac joints; 3 or more views  Specialty Developing AAOS, ACR	Global: XXX Issue  First Identified: October 2016  Referred to CPT Referred to CPT Asst Put  Global: XXX Issue	2020 Medicare Utilization: 12,099  Dished in CPT Asst:  E: X-Ray Sacrum	over 100,000  2022 Work RVU: 0.17  2022 NF PE RVU: 0.79  2022 Fac PE RVU: NA  Result: Increase  Screen: CMS-Other - Utilization over 100,000  2022 Work RVU: 0.23	Complete? Yes

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72220 Radiologic examinati	on, sacrum	and coccyx, minimum of 2 views	Global: XXX Issue	: X-Ray Sacrum	Screen: CMS-Other - Utilization over 100,000	Complete? Yes
Most Recent	<b>Tab</b> : 29	Specialty Developing AAOS, ACR	First	2020	<b>2022 Work RVU:</b> 0.17	
RUC Meeting: January 2019		Recommendation:	Identified: April 2016	Medicare Utilization: 91,400	<b>2022 NF PE RVU</b> : 0.78	
				Otilization: 91,400	2022 Fac PE RVU: NA	
<b>RUC Recommendation:</b> 0.20			Referred to CPT		Result: Increase	
			Referred to CPT Asst U Pub	lished in CPT Asst:		
72240 Myelography, cervica	l, radiologi	cal supervision and interpretation	Global: XXX Issue	e: Myelography	Screen: Codes Reported Together 75% or More- Part2	Complete? Yes
Most Recent	<b>Tab</b> : 17	Specialty Developing ACR, ASNR	First	2020	<b>2022 Work RVU:</b> 0.91	
RUC Meeting: April 2014		Recommendation:	Identified: October 2012	Medicare	<b>2022 NF PE RVU</b> : 2.49	
				Utilization: 430	2022 Fac PE RVU:NA	
RUC Recommendation: 0.91			Referred to CPT October 201 Referred to CPT Asst  Pub	3 lished in CPT Asst:	Result: Maintain	
72255 Myelography, thoraci	c, radiolog	ical supervision and interpretation	Global: XXX Issue	e: Myelography	Screen: Codes Reported Together 75% or More- Part2	Complete? Yes
Most Recent	<b>Tab:</b> 17	Specialty Developing ACR, ASNR	First	2020	<b>2022 Work RVU:</b> 0.91	
RUC Meeting: April 2014		Recommendation:	Identified: October 2013	Medicare	<b>2022 NF PE RVU:</b> 2.56	
				Utilization: 107	2022 Fac PE RVU:NA	
<b>RUC Recommendation:</b> 0.91			Referred to CPT October 201	3	Result: Maintain	
			Referred to CPT Asst  Pub	lished in CPT Asst:		

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72265 Myelography, lumbosacral, radiological supervision and interpretation Global: XXX Issue: Myelography Screen: Codes Reported

Together 75% or More-

Together 75% or More-

Complete? Yes

Complete? Yes

Complete? Yes

Part2

Screen: Codes Reported

Part2

Most Recent Tab: 17 Specialty Developing ACR, ASNR First 2020 2022 Work RVU: 0.83

RUC Meeting: April 2014 Recommendation: Identified: October 2012 Medicare 2022 NF PE RVU: 2.40

Utilization: 2,317
2022 Fac PE RVU:NA

RUC Recommendation: 0.83 Referred to CPT October 2013 Result: Maintain

Referred to CPT Asst Published in CPT Asst:

Issue: Myelography

Global: XXX

72270 Myelography, 2 or more regions (eg, lumbar/thoracic, cervical/thoracic,

lumbar/cervical, lumbar/thoracic/cervical), radiological supervision and

interpretation

Most Recent Tab: 17 Specialty Developing ACR, ASNR First 2020 2022 Work RVU: 1.33

RUC Meeting: April 2014 Recommendation: Identified: October 2012 Medicare 2022 NF PE RVU: 3.58

Utilization: 456
2022 Fac PE RVU:NA

RUC Recommendation: 1.33 Referred to CPT October 2013 Result: Maintain

Referred to CPT Asst U Published in CPT Asst:

72275 Epidurography, radiological supervision and interpretation Global: XXX Issue: Epidurography Screen: Different Performing

Specialty from Survey3

Most Recent Tab: 37 Specialty Developing ASA, AAPM, First 2020 2022 Work RVU: RUC Meeting: January 2020 Recommendation: AAMPR, NASS Identified: October 2009 Medicare 2022 NF PE RVU:

Utilization: 54,891

2022 Fac PE RVU:

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

Referred to CPT Asst Published in CPT Asst: Oct 2009 and Q&A - May 2010

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72291 Radiological supervision and interpretation, percutaneous vertebroplasty. Global: Issue: Percutaneous Screen: Codes Reported Complete? Yes Vertebroplasty with Together 75% or Morevertebral augmentation, or sacral augmentation (sacroplasty), including cavity creation, per vertebral body or sacrum; under fluoroscopic guidance Radiological S&I Part2 2022 Work RVU: Most Recent **Tab:** 06 **Specialty Developing First** 2020 **RUC Meeting:** April 2014 Recommendation: Identified: October 2012 Medicare **2022 NF PE RVU: Utilization:** 2022 Fac PE RVU: RUC Recommendation: Deleted from CPT Referred to CPT February 2014 Result: Deleted from CPT Referred to CPT Asst Published in CPT Asst: 72292 Radiological supervision and interpretation, percutaneous vertebroplasty, Global: Issue: Percutaneous Screen: Codes Reported Complete? Yes Together 75% or More-Vertebroplasty with vertebral augmentation, or sacral augmentation (sacroplasty), including cavity creation, per vertebral body or sacrum; under CT guidance Radiological S&I Part2 2022 Work RVU: **Most Recent Tab:** 06 **Specialty Developing** 2020 Recommendation: Identified: October 2012 **RUC Meeting:** April 2014 Medicare **2022 NF PE RVU: Utilization:** 2022 Fac PE RVU: RUC Recommendation: Deleted from CPT Referred to CPT February 2014 Result: Deleted from CPT Referred to CPT Asst Published in CPT Asst: Global: XXX Issue: X-Ray - Clavicle/Shoulder Screen: CMS-Other - Utilization Complete? Yes 73000 Radiologic examination; clavicle, complete over 30.000 2022 Work RVU: 0.16 **Most Recent Tab:** 17 Specialty Developing ACR, AAOS 2020 Medicare **RUC Meeting:** October 2018 Recommendation: Identified: October 2017 **2022 NF PE RVU: 0.78 Utilization:** 86,745 2022 Fac PE RVU: NA **RUC Recommendation: 0.16** Referred to CPT Result: Maintain

Referred to CPT Asst

**Published in CPT Asst:** 

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73010 Radiologic examination	on; scapul	a, complete	Global: XXX Issue	: X-Ray – Clavicle/Shoulder	Screen: CMS-Other - Utilization over 30,000	Complete? Yes
Most Recent	<b>Tab:</b> 17	Specialty Developing ACR, AAOS	First	2020	<b>2022 Work RVU:</b> 0.17	
RUC Meeting: October 2018		Recommendation:	Identified: October 2017	Medicare Utilization: 40,937	<b>2022 NF PE RVU</b> : 0.52	
				,	2022 Fac PE RVU:NA	
RUC Recommendation: 0.17			Referred to CPT Referred to CPT Asst  Pub	ished in CPT Asst:	Result: Maintain	
73020 Radiologic examination	on, should	er; 1 view	Global: XXX Issue	: X-Ray – Clavicle/Shoulder	Screen: CMS-Other - Utilization over 30,000	Complete? Yes
Most Recent	<b>Tab</b> : 17	Specialty Developing ACR, AAOS	First	2020	<b>2022 Work RVU</b> : 0.15	
RUC Meeting: October 2018		Recommendation:	Identified: October 2017	Medicare Utilization: 98.733	<b>2022 NF PE RVU</b> : 0.47	
				Otilization. 90,733	2022 Fac PE RVU: NA	
RUC Recommendation: 0.15			Referred to CPT Referred to CPT Asst  Pub	ished in CPT Asst:	Result: Maintain	
73030 Radiologic examination	on, should	er; complete, minimum of 2 views	Global: XXX Issue	: X-Ray – Clavicle/Shoulder	Screen: Low Value-High Volume / CMS-Other - Utilization over 30,000	Complete? Yes
Most Recent	<b>Tab:</b> 17	Specialty Developing ACR, AAOS	First	2020	<b>2022 Work RVU:</b> 0.18	
RUC Meeting: October 2018		Recommendation:	Identified: October 2010	Medicare Utilization: 2,321,375	<b>2022 NF PE RVU</b> : 0.83	
					2022 Fac PE RVU:NA	
RUC Recommendation: 0.18			Referred to CPT Referred to CPT Asst  Pub	ished in CPT Asst:	Result: Maintain	

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73050 Radiologic examination; acromioclavicular joints, bilateral, with or without Global: XXX Issue: X-Ray - Clavicle/Shoulder Screen: CMS-Other - Utilization Complete? Yes over 30.000 weighted distraction 2022 Work RVU: 0.18 Specialty Developing ACR, AAOS 2020 **Most Recent Tab:** 17 First **RUC Meeting:** October 2018 Recommendation: Identified: October 2017 Medicare 2022 NF PE RVU: 0.65 **Utilization:** 6,420 2022 Fac PE RVU: NA Result: Decrease **RUC Recommendation: 0.18** Referred to CPT **Referred to CPT Asst** Published in CPT Asst: 73060 Radiologic examination; humerus, minimum of 2 views Global: XXX Issue: X-Ray Exams Screen: CMS-Other - Utilization Complete? Yes over 250,000 2022 Work RVU: 0.16 2020 Most Recent **Tab: 17** Specialty Developing AAOS, ACR First **RUC Meeting:** September 2014 Recommendation: Identified: April 2013 Medicare 2022 NF PE RVU: 0.77 **Utilization:** 292,126 2022 Fac PE RVU: NA **RUC Recommendation: 0.16** Referred to CPT Result: Decrease Referred to CPT Asst **Published in CPT Asst:** 73070 Radiologic examination, elbow; 2 views Global: XXX Issue: X-Ray Elbow/Forearm Screen: CMS-Other - Utilization Complete? Yes over 100,000 2022 Work RVU: 0.16 2020 **Tab:** 30 Specialty Developing AAOS, ACR, ASSH First **Most Recent RUC Meeting:** January 2019 Recommendation: Identified: April 2016 Medicare 2022 NF PE RVU: 0.69 **Utilization:** 186,583 2022 Fac PE RVU: NA **RUC Recommendation: 0.16** Referred to CPT Result: Increase

Referred to CPT Asst

**Published in CPT Asst:** 

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73080 Radiologic examination	on, elbow;	complete, minimum of 3	views	Global: XXX	Issue:	X-Ray Elbow/Forearm	Screen: Harvard Valued - Utilization over 100,000 / CMS-Other - Utilization over 100,000	Complete? Yes
Most Recent	<b>Tab</b> : 30	Specialty Developing	AAOS, ACR, ASSH	First		2020	<b>2022 Work RVU:</b> 0.17	
RUC Meeting: January 2019		Recommendation:		Identified: October 2	009	Medicare Utilization: 339,612	<b>2022 NF PE RVU</b> : 0.78	
						Otilization: 303,012	2022 Fac PE RVU: NA	
RUC Recommendation: 0.17				erred to CPT			Result: Maintain	
			Refe	erred to CPT Asst	Publi	shed in CPT Asst:		
73090 Radiologic examination	on; forearn	n, 2 views		Global: XXX	Issue:	X-Ray Elbow/Forearm	Screen: CMS-Other - Utilization over 100,000	Complete? Yes
Most Recent	<b>Tab:</b> 30	Specialty Developing	AAOS. ACR. ASSH	l First		2020	<b>2022 Work RVU:</b> 0.16	
RUC Meeting: January 2019		Recommendation:	, , , , , , , , , , , , , , , , , , , ,	Identified: April 2016	5	Medicare	<b>2022 NF PE RVU</b> : 0.69	
						Utilization: 200,668	2022 Fac PE RVU: NA	
RUC Recommendation: 0.16			Refe	erred to CPT			Result: Maintain	
			Refe	erred to CPT Asst	Publi	shed in CPT Asst:		
73100 Radiologic examination	on, wrist; 2	? views		Global: XXX	Issue:	X-Ray Wrist	Screen: CMS High Expenditure Procedural Codes2	Complete? Yes
Most Recent	<b>Tab:</b> 32	Specialty Doveloping	ACR	First		2020	<b>2022 Work RVU:</b> 0.16	
RUC Meeting: April 2016	1 ap: 32	Specialty Developing Recommendation:	AUK	Identified: July 2015		Medicare	2022 NF PE RVU: 0.83	
						Utilization: 231,579	2022 Fac PE RVU:NA	
RUC Recommendation: 0.16			Refe	erred to CPT			Result: Maintain	
			Refe	erred to CPT Asst	Publi	shed in CPT Asst:		

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73110 Radiologic examination	on, wrist; c	omplete, minimum of 3 views	Global: XXX Issue	e: X-Ray Wrist	Screen: Low Value-High Volume / CMS High Expenditure Procedural Codes2	Complete? Yes
Most Recent RUC Meeting: April 2016	<b>Tab:</b> 32	Specialty Developing ACR Recommendation:	First Identified: October 2010	2020 Medicare Utilization: 916,846	2022 Work RVU: 0.17 2022 NF PE RVU: 1.03 2022 Fac PE RVU: NA	
RUC Recommendation: 0.17			Referred to CPT Referred to CPT Asst  Pub	lished in CPT Asst:	Result: Maintain	
73120 Radiologic examination	on, hand; 2	views	Global: XXX Issue	: X-Ray of Hand/Fingers	Screen: CMS High Expenditure Procedural Codes2	Complete? Yes
Most Recent	<b>Tab:</b> 33	Specialty Developing ACR	First	2020	<b>2022 Work RVU:</b> 0.16	
RUC Meeting: April 2016		Recommendation:	Identified: July 2015	Medicare Utilization: 231,529	<b>2022 NF PE RVU:</b> 0.75	
DUO De communidado e 0.40			Defermed to ODT		2022 Fac PE RVU:NA	
RUC Recommendation: 0.16			Referred to CPT Referred to CPT Asst  Pub	lished in CPT Asst:	Result: Maintain	
73130 Radiologic examination	on, hand; n	ninimum of 3 views	Global: XXX Issue	: X-Ray of Hand/Fingers	Screen: Low Value-High Volume / CMS High Expenditure Procedural Codes2	Complete? Yes
Most Recent	<b>Tab</b> : 33	Specialty Developing ACR	First	2020	<b>2022 Work RVU:</b> 0.17	
RUC Meeting: April 2016		Recommendation:	Identified: October 2010	Medicare Utilization: 1,097,585	<b>2022 NF PE RVU</b> : 0.90	
				Otinization: 1,007,000	2022 Fac PE RVU:NA	
RUC Recommendation: 0.17			Referred to CPT		Result: Maintain	
			Referred to CPT Asst	lished in CPT Asst:		

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73140 Radiologic examinati	ion, finger(s	), minimum of 2 views	Global: XXX Issue	: X-Ray of Hand/Fingers	Screen: CMS High Expenditure Procedural Codes2	Complete? Yes
Most Recent	<b>Tab:</b> 33	Specialty Developing ACR	First	2020	<b>2022 Work RVU:</b> 0.13	
RUC Meeting: April 2016		Recommendation:	Identified: July 2015	Medicare Utilization: 316,609	<b>2022 NF PE RVU:</b> 0.97	
				Otinzation: 010,000	2022 Fac PE RVU: NA	
RUC Recommendation: 0.13			Referred to CPT Referred to CPT Asst  Publ	lished in CPT Asst:	Result: Maintain	
73200 Computed tomograp	hy, upper e	ktremity; without contrast material	Global: XXX Issue	: CT Upper Extremity	Screen: CMS Fastest Growing	Complete? Yes
Most Recent	<b>Tab:</b> 23	Specialty Developing ACR	First	2020	<b>2022 Work RVU:</b> 1.00	
RUC Meeting: October 2009		Recommendation:	Identified: October 2008	Medicare Utilization: 113,021	<b>2022 NF PE RVU</b> : 4.02	
				Otilization: 110,021	2022 Fac PE RVU: NA	
RUC Recommendation: 1.09			Referred to CPT  Referred to CPT Asst Publ	lished in CPT Asst:	Result: Maintain	
Most Recent	hy, upper e	stremity; with contrast material(s)  Specialty Developing ACR Recommendation:	Global: XXX Issue First Identified: February 2009	: CT Upper Extremity  2020  Medicare  Utilization: 18,828	Screen: CMS Fastest Growing 2022 Work RVU: 1.16 2022 NF PE RVU: 5.07	Complete? Yes
Most Recent RUC Meeting: October 2009	<b>Tab</b> : 40	Specialty Developing ACR Recommendation:	First Identified: February 2009	2020 Medicare	2022 Work RVU: 1.16 2022 NF PE RVU: 5.07 2022 Fac PE RVU: NA	Complete? Yes
Most Recent RUC Meeting: October 2009	<b>Tab</b> : 40	Specialty Developing ACR Recommendation:	First Identified: February 2009  Referred to CPT	2020 Medicare	2022 Work RVU: 1.16 2022 NF PE RVU: 5.07	Complete? Yes
Most Recent RUC Meeting: October 2009 RUC Recommendation: Remo	Tab: 40  ove from screen  hy, upper ex	Specialty Developing ACR Recommendation: een	First Identified: February 2009  Referred to CPT Referred to CPT Asst Publ	2020 Medicare Utilization: 18,828  lished in CPT Asst:	2022 Work RVU: 1.16 2022 NF PE RVU: 5.07 2022 Fac PE RVU: NA	·
Nost Recent RUC Meeting: October 2009  RUC Recommendation: Remo	Tab: 40  ove from screen  hy, upper ex	Specialty Developing ACR Recommendation: een	First Identified: February 2009  Referred to CPT Referred to CPT Asst Publ  Followed by Global: XXX Issue	2020 Medicare Utilization: 18,828  lished in CPT Asst:	2022 Work RVU: 1.16 2022 NF PE RVU: 5.07 2022 Fac PE RVU: NA Result: Remove from Screen	•
Most Recent RUC Meeting: October 2009  RUC Recommendation: Remo	Tab: 40  ove from screen  hy, upper example further s	Specialty Developing ACR Recommendation:  een  ctremity; without contrast material, sections	First Identified: February 2009  Referred to CPT Referred to CPT Asst Publ  Followed by Global: XXX Issue	2020 Medicare Utilization: 18,828  lished in CPT Asst:  CT Upper Extremity  2020 Medicare	2022 Work RVU: 1.16 2022 NF PE RVU: 5.07 2022 Fac PE RVU: NA Result: Remove from Screen  Screen: CMS Fastest Growing	•
Most Recent RUC Meeting: October 2009  RUC Recommendation: Remo	Tab: 40  ove from screen  hy, upper example further s	Specialty Developing ACR Recommendation:  een  ctremity; without contrast material, sections  Specialty Developing ACR	First Identified: February 2009  Referred to CPT Referred to CPT Asst Publ  Followed by Global: XXX Issue	2020 Medicare Utilization: 18,828  lished in CPT Asst:  :: CT Upper Extremity  2020	2022 Work RVU: 1.16 2022 NF PE RVU: 5.07 2022 Fac PE RVU: NA Result: Remove from Screen  Screen: CMS Fastest Growing 2022 Work RVU: 1.22	· 
Most Recent RUC Meeting: October 2009  RUC Recommendation: Remo	Tab: 40  by upper example further stab: 40	Specialty Developing ACR Recommendation:  een  Actremity; without contrast material, sections  Specialty Developing ACR Recommendation:	First Identified: February 2009  Referred to CPT Referred to CPT Asst Publ  Followed by Global: XXX Issue  First Identified: February 2009  Referred to CPT	2020 Medicare Utilization: 18,828  lished in CPT Asst:  CT Upper Extremity  2020 Medicare	2022 Work RVU: 1.16 2022 NF PE RVU: 5.07 2022 Fac PE RVU: NA Result: Remove from Screen  Screen: CMS Fastest Growing 2022 Work RVU: 1.22 2022 NF PE RVU: 6.58	Complete? Yes

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73206 Computed tomographic angiography, upper extremity, with contrast material(s), Global: XXX Issue: CT Angiography Screen: CMS Request - Final

including noncontrast images, if performed, and image postprocessing

2022 Work RVU: 1.81 **Tab:** 12 Specialty Developing ACR, SIR 2020 **Most Recent** First

**RUC Meeting:** October 2013 Recommendation: Identified: May 2013 Medicare 2022 NF PE RVU: 7.39 6,441 **Utilization:** 

2022 Fac PE RVU: NA

RUC Recommendation: Survey with all CTA codes for October 2013. Referred to CPT Result: Remove from Screen

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

73218 Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; Issue: MRI Global: XXX Screen: CMS Fastest Growing Complete? Yes

Complete? Yes

Rule for 2013

Procedural Codes1

without contrast material(s)

2022 Work RVU: 1.35 Specialty Developing ACR First 2020 Most Recent **Tab:** 18

**RUC Meeting:** October 2013 Identified: October 2008 Recommendation: Medicare 2022 NF PE RVU: 8.21 **Utilization:** 28,452

2022 Fac PE RVU: NA

RUC Recommendation: CPT Assistant published. Referred to CPT Result: Maintain

Referred to CPT Asst **✓ Published in CPT Asst:** Feb 2011

Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without Screen: CMS Fastest Growing / Complete? Yes 73221 CMS High Expenditure

contrast material(s)

2022 Work RVU: 1.35 **Most Recent Tab: 20** Specialty Developing ACR **First** 2020

Identified: October 2008 **RUC Meeting:** January 2012 Recommendation: Medicare **2022 NF PE RVU: 4.89 Utilization:** 396,179

2022 Fac PE RVU: NA

RUC Recommendation: 1.35 Referred to CPT Result: Maintain

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

73500 Radiologic examination, hip, unilateral; 1 view Global: Issue: Radiologic Exam-Hip and Screen: CMS-Other - Utilization Complete? Yes Pelvis over 500.000 / Codes Reported Together 75% or More-Part2 2022 Work RVU: **Most Recent Tab: 14** Specialty Developing AAOS, ACR First 2020 **RUC Meeting:** April 2015 Recommendation: Identified: April 2011 Medicare **2022 NF PE RVU: Utilization:** 2022 Fac PE RVU: Referred to CPT October 2014 Result: Deleted from CPT **RUC Recommendation:** Deleted from CPT Referred to CPT Asst **Published in CPT Asst:** 73501 Radiologic examination, hip, unilateral, with pelvis when performed; 1 view Global: XXX Issue: Radiologic Exam-Hip and Screen: Codes Reported Complete? Yes Pelvis Together 75% or More-Part2 2022 Work RVU: 0.18 2020 **Most Recent Tab:** 14 Specialty Developing AAOS, ACR First Identified: October 2014 RUC Meeting: April 2015 Recommendation: Medicare 2022 NF PE RVU: 0.77 227,987 **Utilization:** 2022 Fac PE RVU: NA Referred to CPT October 2014 Result: Decrease **RUC Recommendation: 0.17** Referred to CPT Asst **Published in CPT Asst:** 73502 Radiologic examination, hip, unilateral, with pelvis when performed; 2-3 views Radiologic Exam-Hip and Screen: Codes Reported Global: XXX Complete? Yes Together 75% or More-Pelvis Part2 2022 Work RVU: 0.22 **Most Recent** Specialty Developing AAOS, ACR 2020 **Tab:** 14 First Identified: October 2014 **RUC Meeting:** April 2015 Recommendation: Medicare 2022 NF PE RVU: 1.16 2,236,429 **Utilization:** 2022 Fac PE RVU: NA Referred to CPT October 2014 **RUC Recommendation: 0.22** Result: Decrease Referred to CPT Asst Published in CPT Asst:

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73503 Radiologic examination, hip, unilateral, with pelvis when performed; minimum of Global: XXX Issue: Radiologic Exam-Hip and Screen: Codes Reported Complete? Yes Pelvis Together 75% or More-4 views 2022 Work RVU: 0.27 Most Recent **Tab:** 14 Specialty Developing AAOS, ACR First 2020 **RUC Meeting:** April 2015 Recommendation: Identified: October 2014 Medicare **2022 NF PE RVU: 1.47 Utilization:** 42,499 2022 Fac PE RVU: NA **RUC Recommendation: 0.27** Referred to CPT October 2014 Result: Decrease Referred to CPT Asst **Published in CPT Asst:** 73510 Radiologic examination, hip, unilateral; complete, minimum of 2 views Global: Issue: Radiologic Exam-Hip and Screen: Havard Valued -Complete? Yes Pelvis Utilization over 1 Million / Low Value-High Volume 2022 Work RVU: **Most Recent Tab:** 14 Specialty Developing AAOS, ACR 2020 **RUC Meeting:** April 2015 Recommendation: Identified: October 2008 Medicare **2022 NF PE RVU: Utilization:** 2022 Fac PE RVU: RUC Recommendation: Deleted from CPT Referred to CPT October 2014 Result: Deleted from CPT Referred to CPT Asst Published in CPT Asst: Global: Radiologic Exam-Hip and Screen: CMS-Other - Utilization Complete? Yes 73520 Radiologic examination, hips, bilateral, minimum of 2 views of each hip,

Pelvis

over 250.000

including anteroposterior view of pelvis

**Tab:** 14 **RUC Meeting:** April 2015

Specialty Developing AAOS, ACR

Recommendation:

First Identified: April 2013

2020 Medicare **Utilization:**  2022 Work RVU: **2022 NF PE RVU:** 

2022 Fac PE RVU:

**RUC Recommendation:** Deleted from CPT

**Most Recent** 

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Referred to CPT October 2014

Result: Deleted from CPT

Referred to CPT Asst Published in CPT Asst:

73521 Radiologic examination, hips, bilateral, with pelvis when performed; 2 views Global: XXX Issue: Radiologic Exam-Hip and Screen: Codes Reported Complete? Yes Pelvis Together 75% or More-**2022 Work RVU**: 0.22 Most Recent **Tab: 14** Specialty Developing AAOS, ACR First 2020 **RUC Meeting:** April 2015 Recommendation: Identified: October 2014 Medicare **2022 NF PE RVU: 0.99 Utilization:** 125,940 2022 Fac PE RVU: NA **RUC Recommendation: 0.22** Referred to CPT October 2014 Result: Decrease Referred to CPT Asst Published in CPT Asst: 73522 Radiologic examination, hips, bilateral, with pelvis when performed; 3-4 views Global: XXX Radiologic Exam-Hip and Screen: Codes Reported Complete? Yes Together 75% or More-Pelvis 2022 Work RVU: 0.29 **Most Recent Tab: 14** Specialty Developing AAOS, ACR 2020 Recommendation: Identified: October 2014 **RUC Meeting:** April 2015 Medicare 2022 NF PE RVU: 1.29 **Utilization:** 148.965 2022 Fac PE RVU: NA RUC Recommendation: 0.29 Referred to CPT October 2014 Result: Decrease Referred to CPT Asst Published in CPT Asst: Radiologic Exam-Hip and Screen: Codes Reported Complete? Yes Radiologic examination, hips, bilateral, with pelvis when performed; minimum of Global: XXX Pelvis Together 75% or More-5 views Part2 2022 Work RVU: 0.31 **Most Recent Tab:** 14 Specialty Developing AAOS, ACR First 2020 **RUC Meeting:** April 2015 Identified: October 2014 Recommendation: Medicare 2022 NF PE RVU: 1.50 **Utilization:** 90,087 2022 Fac PE RVU: NA **RUC Recommendation: 0.31** Referred to CPT October 2014 Result: Decrease

Referred to CPT Asst Published in CPT Asst:

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**RUC Meeting:** April 2015

73540 Radiologic examination, pelvis and hips, infant or child, minimum of 2 views Global: Issue: Radiologic Exam-Hip and Screen: Codes Reported

Pelvis

Together 75% or More-

**2022 NF PE RVU:** 

over 500,000

Complete? Yes

Complete? Yes

Part2

2022 Work RVU: Most Recent **Tab:** 14 Specialty Developing AAOS, ACR First 2020

> Recommendation: Identified: October 2014 Medicare **Utilization:**

2022 Fac PE RVU:

**RUC Recommendation:** Deleted from CPT Referred to CPT October 2014 Result: Deleted from CPT

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

73542 Radiological examination, sacroiliac joint arthrography, radiological supervision Global: Issue: Sacroiliac Joint **Screen:** Different Performing Specialty from Survey

Arthrography and interpretation

2022 Work RVU: **Most Recent Tab:** 45 **Specialty Developing** ASA, AAPM, First 2020 **RUC Meeting:** April 2010 Recommendation: AAMPR. NASS. Identified: October 2009 Medicare

**2022 NF PE RVU:** ACR, AUR, ISIS, **Utilization:** 2022 Fac PE RVU:

ASNR

RUC Recommendation: Deleted from CPT Referred to CPT February 2011 Result: Deleted from CPT

Referred to CPT Asst Published in CPT Asst: Deleted from CPT

Radiologic Exam-Hip and Screen: CMS-Other - Utilization 73550 Radiologic examination, femur, 2 views Global: Complete? Yes

Pelvis

2022 Work RVU:

Specialty Developing AAOS, ACR 2020 Most Recent **Tab:** 14 First **RUC Meeting:** April 2015 Identified: April 2011 Recommendation: Medicare **2022 NF PE RVU:** 

**Utilization:** 2022 Fac PE RVU:

**RUC Recommendation:** Deleted from CPT Referred to CPT October 2014 Result: Deleted from CPT

Referred to CPT Asst Published in CPT Asst:

'3551 Radiologic examination	n, femur; 1	view	Global: XXX Issue:	Radiologic Exam-Hip and Pelvis	Screen: Codes Reported Together 75% or More- Part2	Complete? Yes
lost Recent	<b>Tab</b> : 14	Specialty Developing AAOS, ACR	First	2020	<b>2022 Work RVU:</b> 0.16	
RUC Meeting: April 2015		Recommendation:	Identified: October 2014	Medicare	<b>2022 NF PE RVU</b> : 0.69	
				Utilization: 32,983	2022 Fac PE RVU:NA	
RUC Recommendation: 0.16			Referred to CPT October 2014		Result: Decrease	
			Referred to CPT Asst	shed in CPT Asst:		
73552 Radiologic examination	n, femur; r	ninimum 2 views	Global: XXX Issue:	Radiologic Exam-Hip and Pelvis	Screen: Codes Reported Together 75% or More- Part2	Complete? Yes
Most Recent	<b>Tab:</b> 14	Specialty Developing AAOS, ACR	First	2020	<b>2022 Work RVU:</b> 0.18	
RUC Meeting: April 2015		Recommendation:	Identified: October 2014	Medicare	<b>2022 NF PE RVU</b> : 0.85	
				Utilization: 482,114	2022 Fac PE RVU:NA	
RUC Recommendation: 0.18			Referred to CPT October 2014 Referred to CPT Asst Publi	shed in CPT Asst:	Result: Decrease	
73560 Radiologic examination	n, knee; 1	or 2 views	Global: XXX Issue:	X-Ray Exams	Screen: Low Value-High Volume	Complete? Yes
Nost Recent	<b>Tab</b> : 17	Specialty Developing AAOS, ACR	First	2020	<b>2022 Work RVU:</b> 0.16	
RUC Meeting: September 2014		Recommendation:	Identified: October 2010	Medicare	<b>2022 NF PE RVU</b> : 0.84	
				<b>Utilization:</b> 1,367,423	2022 Fac PE RVU:NA	
UC Recommendation: 0.16			Referred to CPT		Result: Decrease	
			Referred to CPT Asst  Publi	shed in CPT Asst:		
73562 Radiologic examination	n, knee; 3	views	Global: XXX Issue:	X-Ray Exams	Screen: Low Value-High Volume	Complete? Yes
lost Recent	<b>Tab:</b> 17	Specialty Developing AAOS, ACR	First	2020	<b>2022 Work RVU:</b> 0.18	
UC Meeting: September 2014		Recommendation:	Identified: October 2010	Medicare	<b>2022 NF PE RVU</b> : 1.02	
				<b>Utilization:</b> 1,967,688	2022 Fac PE RVU:NA	
RUC Recommendation: 0.18			Referred to CPT		Result: Maintain	
			Referred to CPT Asst  Publi	shed in CPT Asst:		

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73564 Radiologic examination, knee; complete, 4 or more views	Global: XXX Issue	: X-Ray Exams	Screen: Low Value-High Volume Complete? Yes
Most Recent RUC Meeting: September 2014  Tab: 17 Specialty Developing AAOS, ACR Recommendation:	First Identified: October 2010	2020 Medicare Utilization: 1,347,467	2022 Work RVU: 0.22 2022 NF PE RVU: 1.14 2022 Fac PE RVU:NA
RUC Recommendation: 0.22	Referred to CPT Referred to CPT Asst  Publ	ished in CPT Asst:	Result: Maintain
73565 Radiologic examination, knee; both knees, standing, anteroposterior	Global: XXX Issue	: X-Ray Exams	Screen: CMS-Other - Utilization Complete? Yes over 250,000
Most Recent Tab: 17 Specialty Developing AAOS, ACR	First	2020	<b>2022 Work RVU:</b> 0.16
RUC Meeting: September 2014 Recommendation:	Identified: April 2013	Medicare Utilization: 134,804	<b>2022 NF PE RVU:</b> 1.03
RUC Recommendation: 0.16	Referred to CPT Referred to CPT Asst  Publ	ished in CPT Asst:	2022 Fac PE RVU: NA Result: Decrease
73580 Radiologic examination, knee, arthrography, radiological supervision interpretation	and Global: XXX Issue	: Contrast X-Ray of Knee Joint	Screen: High Volume Growth1 / Complete? Yes CMS Fastest Growing / CPT Assistant Analysis / High Volume Growth3
Most Recent Tab: 16 Specialty Developing ACR	First	2020	<b>2022 Work RVU</b> : 0.54
RUC Meeting: October 2021 Recommendation:	Identified: February 2008	Medicare Utilization: 18.114	<b>2022 NF PE RVU</b> : 3.85
		Othization. 10,114	2022 Fac PE RVU: NA
RUC Recommendation: 0.59	Referred to CPT		Result: Increase
	Referred to CPT Asst 🗹 Publ	ished in CPT Asst: Jun 2	2012

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73590 Radiologic examination	on; tibia an	d fibula, 2 views		Global: XXX Issue	: X-Ray Exams	Screen: CMS-Other - Utilization over 250,000	Complete? Yes
Most Recent	<b>Tab:</b> 17	Specialty Developing	AAOS, ACR	First	2020	<b>2022 Work RVU:</b> 0.16	
RUC Meeting: September 2014		Recommendation:		Identified: April 2013	Medicare Utilization: 418,045	<b>2022 NF PE RVU</b> : 0.76	
					Otilization. 410,043	2022 Fac PE RVU: NA	
RUC Recommendation: 0.16				eferred to CPT		Result: Decrease	
			R	eferred to CPT Asst U Pub	lished in CPT Asst:		
73600 Radiologic examination	on, ankle; 2	views		Global: XXX Issue	e: X-Ray Exams	Screen: CMS-Other - Utilization over 250,000	Complete? Yes
Most Recent	<b>Tab:</b> 17	Specialty Developing	AAOS, ACR, AP	MA First	2020	<b>2022 Work RVU:</b> 0.16	
RUC Meeting: September 2014		Recommendation:		Identified: April 2013	Medicare Utilization: 199,747	<b>2022 NF PE RVU:</b> 0.78	
					Otilization. 199,747	2022 Fac PE RVU: NA	
RUC Recommendation: 0.16				eferred to CPT		Result: Maintain	
			K	eferred to CPT Asst	lished in CPT Asst:		
73610 Radiologic examination	on, ankle; c	complete, minimum of 3			e: Radiologic Examination	Screen: Havard Valued - Utilization over 1 Million / Low Value-High Volume	Complete? Ye
		•	views		e: Radiologic Examination	Utilization over 1 Million /	Complete? Ye
Most Recent	on, ankle; c Tab: 24	•		Global: XXX Issue	e: Radiologic Examination  2020  Medicare	Utilization over 1 Million / Low Value-High Volume 2022 Work RVU: 0.17 2022 NF PE RVU: 0.91	Complete? Ye
Most Recent		Specialty Developing	views ACR, AAOS,	Global: XXX Issue	e: Radiologic Examination	Utilization over 1 Million / Low Value-High Volume 2022 Work RVU: 0.17 2022 NF PE RVU: 0.91	Complete? Ye
Most Recent RUC Meeting: October 2009		Specialty Developing	views  ACR, AAOS, APMA, AOFAS	Global: XXX Issue First Identified: October 2008 eferred to CPT	2020 Medicare Utilization: 1,053,621	Utilization over 1 Million / Low Value-High Volume 2022 Work RVU: 0.17 2022 NF PE RVU: 0.91	Complete? Yes
Most Recent RUC Meeting: October 2009		Specialty Developing	views  ACR, AAOS, APMA, AOFAS	Global: XXX Issue First Identified: October 2008 eferred to CPT	e: Radiologic Examination  2020  Medicare	Utilization over 1 Million / Low Value-High Volume 2022 Work RVU: 0.17 2022 NF PE RVU: 0.91 2022 Fac PE RVU:NA	Complete? Ye
Most Recent RUC Meeting: October 2009 RUC Recommendation: 0.17	<b>Tab</b> : 24	Specialty Developing Recommendation:	views  ACR, AAOS, APMA, AOFAS	Global: XXX Issue  First Identified: October 2008  eferred to CPT eferred to CPT Asst  Pub	2020 Medicare Utilization: 1,053,621	Utilization over 1 Million / Low Value-High Volume 2022 Work RVU: 0.17 2022 NF PE RVU: 0.91 2022 Fac PE RVU:NA	
Most Recent RUC Meeting: October 2009 RUC Recommendation: 0.17	<b>Tab</b> : 24	Specialty Developing Recommendation:	views  ACR, AAOS, APMA, AOFAS  R	Global: XXX Issue  First Identified: October 2008  eferred to CPT eferred to CPT Asst  Pub  Global: XXX Issue	2020 Medicare Utilization: 1,053,621	Utilization over 1 Million / Low Value-High Volume  2022 Work RVU: 0.17  2022 NF PE RVU: 0.91  2022 Fac PE RVU:NA  Result: Maintain	
Most Recent RUC Meeting: October 2009  RUC Recommendation: 0.17  73620 Radiologic examination  Most Recent	Tab: 24	Specialty Developing Recommendation:	views  ACR, AAOS, APMA, AOFAS  R	Global: XXX Issue  First Identified: October 2008  eferred to CPT eferred to CPT Asst  Pub  Global: XXX Issue	2020 Medicare Utilization: 1,053,621  Slished in CPT Asst:  2: X-Ray Exam of Foot 2020 Medicare	Utilization over 1 Million / Low Value-High Volume  2022 Work RVU: 0.17  2022 NF PE RVU: 0.91  2022 Fac PE RVU: NA  Result: Maintain  Screen: Low Value-High Volume	
Most Recent RUC Meeting: October 2009 RUC Recommendation: 0.17 73620 Radiologic examination Most Recent	Tab: 24	Specialty Developing Recommendation:  views  Specialty Developing	views  ACR, AAOS, APMA, AOFAS  R	Global: XXX Issue  First Identified: October 2008  eferred to CPT eferred to CPT Asst Pub  Global: XXX Issue	2020 Medicare Utilization: 1,053,621  Dished in CPT Asst:  2020  X-Ray Exam of Foot	Utilization over 1 Million / Low Value-High Volume  2022 Work RVU: 0.17  2022 NF PE RVU: 0.91  2022 Fac PE RVU:NA  Result: Maintain  Screen: Low Value-High Volume  2022 Work RVU: 0.16	
Most Recent RUC Meeting: October 2009 RUC Recommendation: 0.17	Tab: 24	Specialty Developing Recommendation:  views  Specialty Developing	views  ACR, AAOS, APMA, AOFAS  R R ACR, AAOS, AP	Global: XXX Issue  First Identified: October 2008  eferred to CPT eferred to CPT Asst Pub  Global: XXX Issue  MA First Identified: October 2010  eferred to CPT	2020 Medicare Utilization: 1,053,621  Slished in CPT Asst:  2: X-Ray Exam of Foot 2020 Medicare	Utilization over 1 Million / Low Value-High Volume  2022 Work RVU: 0.17  2022 NF PE RVU: 0.91  2022 Fac PE RVU: NA  Result: Maintain  Screen: Low Value-High Volume  2022 Work RVU: 0.16  2022 NF PE RVU: 0.66	Complete? Yes

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73630 Radiologic examination	on, foot; co	emplete, minimum of 3 v	iews	Global: XXX Issue	: Radiologic Examination	Screen: Havard Valued - Utilization over 1 Million / Low Value-High Volume	Complete? Yes
Most Recent	<b>Tab</b> : 24	Specialty Developing	ACR AAOS	First	2020	<b>2022 Work RVU:</b> 0.17	
RUC Meeting: October 2009	140.24	Recommendation:	APMA, AOFAS	Identified: October 2008	Medicare	<b>2022 NF PE RVU</b> : 0.84	
					Utilization: 2,308,194	2022 Fac PE RVU: NA	
RUC Recommendation: 0.17			Re	eferred to CPT		Result: Maintain	
			Re	eferred to CPT Asst	lished in CPT Asst:		
73650 Radiologic examination	on; calcane	eus, minimum of 2 views	<b>.</b>	Global: XXX Issue	: X-Ray Heel	Screen: CMS-Other - Utilization over 100,000	Complete? Yes
Most Recent	<b>Tab:</b> 31	Specialty Developing	AAOS, ACR.	First	2020	2022 Work RVU: 0.16	
RUC Meeting: January 2019	i doi o	Recommendation:	APMA, AOFAS	Identified: April 2016	Medicare	<b>2022 NF PE RVU</b> : 0.68	
					Utilization: 66,375	2022 Fac PE RVU: NA	
RUC Recommendation: 0.16			Re	eferred to CPT		Result: Maintain	
			Re	eferred to CPT Asst U Pub	lished in CPT Asst:		
73660 Radiologic examination	on; toe(s), r	minimum of 2 views		Global: XXX Issue	: X-Ray Toe	Screen: CMS-Other - Utilization	Complete? Yes
						over 100,000	
Most Recent	Tab: 32	Specialty Developing	AAOS ACR	First	2020	over 100,000  2022 Work RVU: 0.13	
	<b>Tab:</b> 32	Specialty Developing Recommendation:	AAOS, ACR, APMA, AOFAS	First Identified: April 2016	2020 Medicare	·	
	<b>Tab:</b> 32					<b>2022 Work RVU:</b> 0.13	
RUC Meeting: January 2019	<b>Tab</b> : 32		APMA, AOFAS		Medicare	<b>2022 Work RVU:</b> 0.13 <b>2022 NF PE RVU:</b> 0.72	
RUC Meeting: January 2019	<b>Tab</b> : 32		APMA, AOFAS	Identified: April 2016	Medicare	2022 Work RVU: 0.13 2022 NF PE RVU: 0.72 2022 Fac PE RVU:NA	
RUC Meeting: January 2019  RUC Recommendation: 0.13			APMA, AOFAS Re	Identified: April 2016  eferred to CPT eferred to CPT Asst Pub	Medicare Utilization: 90,504	2022 Work RVU: 0.13 2022 NF PE RVU: 0.72 2022 Fac PE RVU:NA	Complete? Yes
RUC Meeting: January 2019  RUC Recommendation: 0.13  73700 Computed tomograph	ıy, lower ex	Recommendation:	APMA, AOFAS Re Re	Identified: April 2016  eferred to CPT eferred to CPT Asst Pub  Global: XXX Issue	Medicare Utilization: 90,504  lished in CPT Asst:  : CT Lower Extremity	2022 Work RVU: 0.13 2022 NF PE RVU: 0.72 2022 Fac PE RVU: NA Result: Maintain	Complete? Yes
RUC Meeting: January 2019  RUC Recommendation: 0.13  73700 Computed tomograph  Most Recent		Recommendation:	APMA, AOFAS Re Re	Identified: April 2016  eferred to CPT eferred to CPT Asst Pub	Medicare Utilization: 90,504  lished in CPT Asst:  : CT Lower Extremity  2020 Medicare	2022 Work RVU: 0.13 2022 NF PE RVU: 0.72 2022 Fac PE RVU: NA Result: Maintain  Screen: CMS Fastest Growing	Complete? Yes
RUC Meeting: January 2019  RUC Recommendation: 0.13  73700 Computed tomograph  Most Recent	ıy, lower ex	Recommendation:  ctremity; without contractions  Specialty Developing	APMA, AOFAS Re Re	Identified: April 2016  eferred to CPT eferred to CPT Asst Pub  Global: XXX Issue	Medicare Utilization: 90,504  lished in CPT Asst:  : CT Lower Extremity 2020	2022 Work RVU: 0.13 2022 NF PE RVU: 0.72 2022 Fac PE RVU: NA Result: Maintain  Screen: CMS Fastest Growing 2022 Work RVU: 1.00	Complete? Yes
Most Recent RUC Meeting: January 2019  RUC Recommendation: 0.13  73700 Computed tomograph Most Recent RUC Meeting: April 2018  RUC Recommendation: 1.00	ıy, lower ex	Recommendation:  ctremity; without contractions  Specialty Developing	APMA, AOFAS  Re Re  St material  ACR	Identified: April 2016  eferred to CPT eferred to CPT Asst Pub  Global: XXX Issue	Medicare Utilization: 90,504  lished in CPT Asst:  : CT Lower Extremity  2020 Medicare	2022 Work RVU: 0.13 2022 NF PE RVU: 0.72 2022 Fac PE RVU: NA Result: Maintain  Screen: CMS Fastest Growing 2022 Work RVU: 1.00 2022 NF PE RVU: 2.95	Complete? Yes

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73701 Computed tomography	y, lower ex	tremity; with contrast material(s)	Global: XXX Issue	: CT Lower Extremity	Screen: High Volume Growth1 / CMS-Other - Utilization	Complete? Ye
					over 30,000	
Most Recent	<b>Tab:</b> 21	Specialty Developing ACR	First	2020	<b>2022 Work RVU</b> : 1.16	
RUC Meeting: April 2018		Recommendation:	Identified: February 2009	Medicare Utilization: 45,725	<b>2022 NF PE RVU</b> : 3.96	
				,	2022 Fac PE RVU: NA	
RUC Recommendation: 1.16			Referred to CPT  Referred to CPT Asst Publ	ished in CPT Asst:	Result: Maintain	
			Referred to CPT Asst	ished in CPT Asst.		
73702 Computed tomography contrast material(s) an		tremity; without contrast material, f	ollowed by Global: XXX Issue	: CT Lower Extremity	Screen: High Volume Growth1	Complete? Ye
Most Recent	<b>Tab</b> : 21	Specialty Developing ACR	First	2020	<b>2022 Work RVU:</b> 1.22	
RUC Meeting: April 2018		Recommendation:	Identified: February 2009	Medicare	<b>2022 NF PE RVU</b> : 4.77	
				Utilization: 4,095	2022 Fac PE RVU: NA	
RUC Recommendation: 1.22			Referred to CPT		Result: Maintain	
			Referred to CPT Asst U Publ	ished in CPT Asst:		
		aphy, lower extremity, with contrast performed, and image postprocess	material(s), Global: XXX Issue	ished in CPT Asst:	Screen: High Volume Growth1	Complete? Ye
including noncontrast  Most Recent		performed, and image postprocess  Specialty Developing ACR, SIR	material(s), Global: XXX Issue ing	: CT Angiography	Screen: High Volume Growth1  2022 Work RVU: 1.90	Complete? Ye
including noncontrast	images, if	performed, and image postprocess	material(s), Global: XXX Issue ing	: CT Angiography  2020  Medicare	· ·	Complete? Ye
including noncontrast  Most Recent	images, if	performed, and image postprocess  Specialty Developing ACR, SIR	material(s), Global: XXX Issue ing	: CT Angiography	<b>2022 Work RVU</b> : 1.90	Complete? Ye
including noncontrast  Most Recent  RUC Meeting: October 2013	t images, if Tab: 12	performed, and image postprocess  Specialty Developing ACR, SIR Recommendation:	material(s), Global: XXX Issue ing  First Identified: February 2008  Referred to CPT	: CT Angiography  2020  Medicare	2022 Work RVU: 1.90 2022 NF PE RVU: 8.09	Complete? Ye
including noncontrast  Most Recent RUC Meeting: October 2013  RUC Recommendation: Survey	t images, if  Tab: 12  y for Octobe	performed, and image postprocess  Specialty Developing ACR, SIR Recommendation:	material(s), Global: XXX Issue ing  First Identified: February 2008  Referred to CPT Referred to CPT Asst  Publ	2020 Medicare Utilization: 16,505	2022 Work RVU: 1.90 2022 NF PE RVU: 8.09 2022 Fac PE RVU: NA	
including noncontrast  Most Recent RUC Meeting: October 2013  RUC Recommendation: Survey	t images, if  Tab: 12  y for Octobe  eg, proton)	performed, and image postprocess  Specialty Developing ACR, SIR Recommendation:  r 2013. Remove from screen	material(s), Global: XXX Issue ing  First Identified: February 2008  Referred to CPT Referred to CPT Asst  Publ	2020 Medicare Utilization: 16,505 ished in CPT Asst:	2022 Work RVU: 1.90 2022 NF PE RVU: 8.09 2022 Fac PE RVU:NA Result: Remove from Screen	
including noncontrast  Most Recent RUC Meeting: October 2013  RUC Recommendation: Survey  73718 Magnetic resonance (ewithout contrast mater	t images, if  Tab: 12  y for Octobe  eg, proton)	performed, and image postprocess  Specialty Developing ACR, SIR Recommendation:  r 2013. Remove from screen	material(s), Global: XXX Issue ing  First Identified: February 2008  Referred to CPT Referred to CPT Asst  Publ	2020 Medicare Utilization: 16,505 ished in CPT Asst:	2022 Work RVU: 1.90 2022 NF PE RVU: 8.09 2022 Fac PE RVU: NA Result: Remove from Screen  Screen: CMS High Expenditure	
including noncontrast  Most Recent RUC Meeting: October 2013  RUC Recommendation: Survey	t images, if  Tab: 12  / for Octobe  eg, proton)  rial(s)	performed, and image postprocess Specialty Developing ACR, SIR Recommendation: r 2013. Remove from screen imaging, lower extremity other than	material(s), Global: XXX Issue ing  First Identified: February 2008  Referred to CPT Referred to CPT Asst Publication products of the product	2020 Medicare Utilization: 16,505 ished in CPT Asst:  : MRI Lower Extremity  2020 Medicare	2022 Work RVU: 1.90 2022 NF PE RVU: 8.09 2022 Fac PE RVU: NA Result: Remove from Screen  Screen: CMS High Expenditure Procedural Codes2	•
including noncontrast  Most Recent RUC Meeting: October 2013  RUC Recommendation: Survey  73718 Magnetic resonance (ewithout contrast mater  Most Recent	t images, if  Tab: 12  / for Octobe  eg, proton)  rial(s)	performed, and image postprocess Specialty Developing ACR, SIR Recommendation:  r 2013. Remove from screen  imaging, lower extremity other than Specialty Developing ACR	material(s), Global: XXX Issue: ing  First Identified: February 2008  Referred to CPT Referred to CPT Asst Publ  pioint; Global: XXX Issue:	: CT Angiography  2020 Medicare Utilization: 16,505 ished in CPT Asst:  : MRI Lower Extremity  2020	2022 Work RVU: 1.90 2022 NF PE RVU: 8.09 2022 Fac PE RVU: NA Result: Remove from Screen  Screen: CMS High Expenditure Procedural Codes2 2022 Work RVU: 1.35	Complete? Ye
including noncontrast  Most Recent RUC Meeting: October 2013  RUC Recommendation: Survey  73718 Magnetic resonance (ewithout contrast mater  Most Recent	t images, if  Tab: 12  / for Octobe  eg, proton)  rial(s)	performed, and image postprocess Specialty Developing ACR, SIR Recommendation:  r 2013. Remove from screen  imaging, lower extremity other than Specialty Developing ACR	material(s), Global: XXX Issue: ing  First Identified: February 2008  Referred to CPT Referred to CPT Asst Publ  pioint; Global: XXX Issue:	2020 Medicare Utilization: 16,505 ished in CPT Asst:  : MRI Lower Extremity  2020 Medicare	2022 Work RVU: 1.90 2022 NF PE RVU: 8.09 2022 Fac PE RVU: NA Result: Remove from Screen  Screen: CMS High Expenditure Procedural Codes2 2022 Work RVU: 1.35 2022 NF PE RVU: 5.61	

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73719 Magnetic resonance (eg contrast material(s)	g, proton)	imaging, lower extremity other	than joint; with Global: XXX Issu	e: MRI Lower Extremity	Screen: CMS High Expenditure Procedural Codes2	Complete? Yes
Most Recent	<b>Tab</b> : 20	Specialty Developing ACR	First	2020	<b>2022 Work RVU</b> : 1.62	
RUC Meeting: October 2016		Recommendation:	Identified: July 2015	Medicare Utilization: 954	<b>2022 NF PE RVU</b> : 6.57	
				omzatom ss.	2022 Fac PE RVU:NA	
RUC Recommendation: 1.62			Referred to CPT Referred to CPT Asst Pul	blished in CPT Asst:	Result: Maintain	
			Referred to CPT ASST    Pul	blished in CPT Asst:		
		imaging, lower extremity other owed by contrast material(s) an		e: MRI Lower Extremity	Screen: CMS High Expenditure Procedural Codes2	Complete? Yes
Most Recent	<b>Tab</b> : 20	Specialty Developing ACR	First	2020	<b>2022 Work RVU</b> : 2.15	
RUC Meeting: October 2016		Recommendation:	Identified: July 2015	Medicare Utilization: 55,927	<b>2022 NF PE RVU</b> : 8.39	
				Othization: 55,927	2022 Fac PE RVU:NA	
RUC Recommendation: 2.15			Referred to CPT		Result: Maintain	
			Referred to CPT Asst	blished in CPT Asst:		
73721 Magnetic resonance (eg	g, proton)	imaging, any joint of lower extr	emity; without Global: XXX Issu	e: MRI of Lower Extremity Joint	Screen: MPC List	Complete? Yes
Most Recent	<b>Tab</b> : 20	Specialty Developing ACR	First	2020	<b>2022 Work RVU:</b> 1.35	
RUC Meeting: January 2012		Recommendation:	Identified: October 2010	Medicare Utilization: 537,072	<b>2022 NF PE RVU</b> : 4.88	
					2022 Fac PE RVU:NA	
RUC Recommendation: 1.35			Referred to CPT		Result: Maintain	

Referred to CPT Asst Published in CPT Asst:

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74000 Radiologic examination, abdomen; single anteroposterior view Global: Issue: Abdominal X-Ray Screen: Low Value-High Volume Complete? Yes

/ CMS High Expenditure

Procedural Codes2

2022 Work RVU: Most Recent **Tab:** 08 Specialty Developing ACR First 2020 **RUC Meeting:** April 2016 Recommendation: Identified: October 2010 Medicare **2022 NF PE RVU:** 

**Utilization:** 2022 Fac PE RVU:

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

> Referred to CPT Asst Published in CPT Asst:

74010 Radiologic examination, abdomen; anteroposterior and additional oblique and Global: Issue: Abdominal X-Ray Screen: CMS High Expenditure Complete? Yes Procedural Codes2

cone views

2022 Work RVU: **Most Recent Tab:** 08 Specialty Developing ACR First 2020 **RUC Meeting:** April 2016 Recommendation: Identified: July 2015 Medicare **2022 NF PE RVU: Utilization:** 

2022 Fac PE RVU:

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

Referred to CPT Asst Published in CPT Asst:

Screen: CMS High Expenditure 74018 Radiologic examination, abdomen; 1 view Global: XXX Issue: Abdominal X-Ray Complete? Yes Procedural Codes2

2022 Work RVU: 0.18 Most Recent Tab: 08 Specialty Developing ACR First 2020

**RUC Meeting:** April 2016 **Identified:** February 2016 Recommendation: Medicare **2022 NF PE RVU**: 0.70

**Utilization:** 1,924,615 2022 Fac PE RVU: NA

**RUC Recommendation: 0.18** Referred to CPT February 2016 Result: Decrease

Referred to CPT Asst Published in CPT Asst:

74019 Radiologic examination	on, abdome	en; 2 views		Global: XXX Is	sue: Abdominal X-	Ray	Screen: CMS High Expenditure Procedural Codes2	Complete? Yes
Most Recent	<b>Tab</b> : 08	Specialty Developing	ACR	First	2020		<b>2022 Work RVU:</b> 0.23	
RUC Meeting: April 2016		Recommendation:		Identified: February 20	d: February 2016 Medicare	045.005	<b>2022 NF PE RVU</b> : 0.85	
					Utilization:	315,025	2022 Fac PE RVU:NA	
RUC Recommendation: 0.23			Refer	red to CPT February	2016		Result: Decrease	
			Refer	red to CPT Asst 📙 I	Published in CPT A	Asst:		
74020 Radiologic examination	on, abdome	en; complete, including de	ecubitus and/or ere	ct Global: Is	sue: Abdominal X-	Ray	Screen: CMS High Expenditure Procedural Codes2	Complete? Yes
Most Recent	<b>Tab</b> : 08	Specialty Developing A	ACR	First	2020		2022 Work RVU:	
RUC Meeting: April 2016		Recommendation:		Identified: July 2015	Medicare		2022 NF PE RVU:	
					Utilization:		2022 Fac PE RVU:	
RUC Recommendation: Delete	ed from CPT		Refer	red to CPT February	2016		Result: Deleted from CPT	
			Refer	red to CPT Asst 📙 I	Published in CPT A	usst:		
74021 Radiologic examination	on, abdome	en; 3 or more views		Global: XXX Is	sue: Abdominal X-	Ray	Screen: CMS High Expenditure Procedural Codes2	Complete? Yes
Most Recent	<b>Tab:</b> 08	Specialty Developing	ACR	First	2020		2022 Work RVU: 0.27	
RUC Meeting: April 2016		Recommendation:		Identified: February 20		40.004	<b>2022 NF PE RVU</b> : 1.00	
					Utilization:	42,821	2022 Fac PE RVU:NA	
RUC Recommendation: 0.27			Refer	red to CPT February	2016		Result: Decrease	
			Refer	red to CPT Asst	Published in CPT A	\sst:		
74022 Radiologic examination views of the abdomen		te acute abdomen series, e, erect, decubitus), and a			sue: Abdominal X-	Ray	Screen: CMS High Expenditure Procedural Codes2	Complete? Yes
Most Recent	<b>Tab:</b> 08	Specialty Developing A	ACR	First	2020		<b>2022 Work RVU:</b> 0.32	
		Recommendation:		Identified: July 2015	Medicare	400 005	<b>2022 NF PE RVU</b> : 1.15	
RUC Meeting: April 2016					Utilization:	182,235		
RUC Meeting: April 2016							2022 Fac PE RVU: NA	
RUC Meeting: April 2016  RUC Recommendation: 0.32			Refer	red to CPT February	2016		2022 Fac PE RVU:NA  Result: Maintain	

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74150 Computed tomograph	y, abdomei	n; without contrast material	Global: XXX Issue:	CT Abdomen	Screen: Codes Reported Together 95% or More / CMS Request - Final Rule for 2012	Complete? Yes
Most Recent	Tab: S	Specialty Developing ACR	First	2020	<b>2022 Work RVU:</b> 1.19	
RUC Meeting: February 2008		Recommendation:	Identified: February 2008	Medicare Utilization: 62,958	<b>2022 NF PE RVU</b> : 2.98	
				otinzation: 62,666	2022 Fac PE RVU: NA	
RUC Recommendation: Review	и РЕ. 0.35		Referred to CPT October 2009 Referred to CPT Asst Public	ished in CPT Asst:	Result: Maintain	
74160 Computed tomograph	ıy, abdomei	n; with contrast material(s)	Global: XXX Issue:	CT Abdomen and Pelvis	Screen: Codes Reported Together 95% or More / MPC List / CMS Request - Final Rule for 2012 / CMS Request - Final Rule for 2014	Complete? Yes
Most Recent	<b>Tab</b> : 44	Specialty Developing ACR	First	2020	2022 Work RVU: 1.27	
RUC Meeting: April 2014		Recommendation:	Identified: February 2008	Medicare Utilization: 87,750	<b>2022 NF PE RVU</b> : 6.07	
				Otilization: 07,700	2022 Fac PE RVU: NA	
RUC Recommendation: 0.42			Referred to CPT October 2009		Result: Maintain	
			Referred to CPT Asst	ished in CPT Asst:		
74170 Computed tomograph contrast material(s) an		n; without contrast material, followed sections	by Global: XXX Issue:	CT Abdomen	Screen: Codes Reported Together 95% or More / CMS-Other - Utilization over 500,000 / CMS Request - Final Rule for 2012	Complete? Yes
		sections	by Global: XXX Issue:	CT Abdomen	Together 95% or More / CMS-Other - Utilization over 500,000 / CMS Request - Final Rule for	Complete? Yes
contrast material(s) ar	nd further s		.,	2020 Medicare	Together 95% or More / CMS-Other - Utilization over 500,000 / CMS Request - Final Rule for 2012	Complete? Yes
contrast material(s) ar	nd further s	Specialty Developing ACR	First	2020	Together 95% or More / CMS-Other - Utilization over 500,000 / CMS Request - Final Rule for 2012 2022 Work RVU: 1.40	Complete? Yes
contrast material(s) ar	nd further s	Specialty Developing ACR	First	2020 Medicare Utilization: 92,433	Together 95% or More / CMS-Other - Utilization over 500,000 / CMS Request - Final Rule for 2012  2022 Work RVU: 1.40  2022 NF PE RVU: 6.81	Complete? Yes

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74174 Computed tomographic angiography, abdomen and pelvis, with contrast Global: XXX Issue: CT Angiography Screen: Codes Reported Complete? Yes Together 75% or Morematerial(s), including noncontrast images, if performed, and image Part1 / CMS Request postprocessing Final Rule for 2013 2022 Work RVU: 2.20 **Most Recent Tab:** 12 Specialty Developing ACR, SIR First 2020 **RUC Meeting:** October 2013 Recommendation: Identified: Medicare 2022 NF PE RVU: 9.58 **Utilization:** 280,481 2022 Fac PE RVU: NA **RUC Recommendation: 2.20** Referred to CPT Result: Decrease Referred to CPT Asst **Published in CPT Asst:** Screen: CMS Fastest Growing / 74175 Computed tomographic angiography, abdomen, with contrast material(s), Global: XXX Issue: CT Angiography Complete? Yes including noncontrast images, if performed, and image postprocessing Codes Reported Together 75% or More-Part1 / CMS Request to Re-Review Families of Recently Reviewed CPT Codes / CMS Request -Final Rule for 2013 2022 Work RVU: 1.82 **Most Recent** Specialty Developing ACR, SIR 2020 **Tab:** 12 First **RUC Meeting:** October 2013 Identified: October 2008 Recommendation: Medicare **2022 NF PE RVU: 7.65 Utilization:** 30,560 2022 Fac PE RVU: NA **RUC Recommendation: 1.82** Referred to CPT October 2010 Result: Decrease Referred to CPT Asst Published in CPT Asst: 74176 Computed tomography, abdomen and pelvis; without contrast material Global: XXX Issue: CT Abdomen/CT Pelvis Screen: CMS Fastest Growing Complete? Yes 2022 Work RVU: 1.74 2020 Most Recent **Tab**: 16 Specialty Developing ACR First **RUC Meeting:** February 2010 Recommendation: Identified: October 2009 Medicare 2022 NF PE RVU: 3.82

**Utilization:** 

October 2009

1,952,320

2022 Fac PE RVU: NA

Result: Decrease

Referred to CPT

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**RUC Recommendation: 1.74** 

74177 Computed tomograph	y, abdome	n and pelvis; with contrast material(s)	Global: XXX Issue:	CT Abdomen and Pelvis	Screen: CMS Fastest Growing / CMS Request - Final Rule for 2014	Complete? Yes
Most Recent RUC Meeting: April 2014  RUC Recommendation: 1.82	<b>Tab</b> : 44	Specialty Developing ACR Recommendation:	First Identified: October 2009  Referred to CPT October 2009  Referred to CPT Asst Public	2020 Medicare Utilization: 3,041,94	2022 Work RVU: 1.82 2022 NF PE RVU: 7.70 2022 Fac PE RVU: NA Result: Decrease	
14110	•	en and pelvis; without contrast materia contrast material(s) and further section		CT Abdomen/CT Pelvis	Screen: CMS Fastest Growing	Complete? Yes
Most Recent RUC Meeting: February 2010	<b>Tab</b> : 16	Specialty Developing ACR Recommendation:	First Identified: October 2009	2020 Medicare Utilization: 463,043	2022 Work RVU: 2.01 2022 NF PE RVU: 8.66 2022 Fac PE RVU:NA	
RUC Recommendation: 2.01			Referred to CPT October 2009 Referred to CPT Asst Public	ished in CPT Asst:	Result: Decrease	
74181 Magnetic resonance (d	eg, proton	) imaging, abdomen; without contrast i	material(s) Global: XXX Issue:	MRI of Abdomen	Screen: CMS High Expenditure Procedural Codes2	Complete? Yes
Most Recent	<b>Tab:</b> 21	Specialty Developing ACR	First	2020	<b>2022 Work RVU</b> : 1.46	
RUC Meeting: October 2016		Recommendation:	Identified: July 2015	Medicare Utilization: 100,049	<b>2022 NF PE RVU</b> : 4.60	
RUC Recommendation: 1.46			Referred to CPT Referred to CPT Asst  Publi	ished in CPT Asst:	2022 Fac PE RVU: NA Result: Maintain	

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74182 Magnetic resonance (eq	g, proton)	) imaging, abdomen; with contrast ma	terial(s) Global: XXX Issue	: MRI of Abdomen	Screen: CMS High Expenditure Procedural Codes2	Complete? Yes
Most Recent	<b>Tab:</b> 21	Specialty Developing ACR	First	2020	<b>2022 Work RVU:</b> 1.73	
RUC Meeting: October 2016		Recommendation:	Identified: July 2015	Medicare Utilization: 3,561	<b>2022 NF PE RVU</b> : 7.73	
				<b>5,55</b>	2022 Fac PE RVU:NA	
RUC Recommendation: 1.73			Referred to CPT Referred to CPT Asst Pub	lished in CPT Asst:	Result: Maintain	
			Referred to CPT ASSI  Publ	iished in CPT Asst:		
		) imaging, abdomen; without contrast htrast material(s) and further sequence		: MRI of Abdomen	Screen: CMS High Expenditure Procedural Codes2	Complete? Yes
Most Recent	<b>Tab</b> : 21	Specialty Developing ACR	First	2020	<b>2022 Work RVU</b> : 2.20	
RUC Meeting: October 2016		Recommendation:	Identified: July 2015	Medicare Utilization: 334.598	<b>2022 NF PE RVU</b> : 8.36	
				Othization. 334,390	2022 Fac PE RVU: NA	
RUC Recommendation: 2.20			Referred to CPT		Result: Decrease	
			Referred to CPT Asst	lished in CPT Asst:		
<b>-</b>	•	x and/or cervical esophagus, including image(s), when performed, contrast (	•	: X-Ray Exam – Upper GI	Screen: CMS-Other - Utilization over 100,000	Complete? Yes
Most Recent	<b>Tab:</b> 12	Specialty Developing ACR	First	2020	<b>2022 Work RVU</b> : 0.59	
RUC Meeting: January 2019		Recommendation:	Identified: October 2016	Medicare Utilization: 1,111	<b>2022 NF PE RVU</b> : 2.34	
				-,,,,,	2022 Fac PE RVU:NA	
RUC Recommendation: 0.59			Referred to CPT	the best to ODT Assets	Result: Maintain	
			Referred to CPT Asst	lished in CPT Asst:		

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74220 Radiologic examination, esophagus, including scout chest radiograph(s) and Global: XXX Issue: X-Ray Exam - Upper GI Screen: CMS-Other - Utilization Complete? Yes over 100.000 delayed image(s), when performed; single-contrast (eg, barium) study 2022 Work RVU: 0.60 **Tab:** 12 Specialty Developing ACR 2020 **Most Recent** First **RUC Meeting:** January 2019 Recommendation: Identified: April 2016 Medicare 2022 NF PE RVU: 2.36 100,962 **Utilization:** 2022 Fac PE RVU: NA Result: Decrease **RUC Recommendation: 0.60** Referred to CPT **Referred to CPT Asst Published in CPT Asst:** 74221 Radiologic examination, esophagus, including scout chest radiograph(s) and Screen: CMS-Other - Utilization Global: XXX Issue: X-Ray Exam – Upper GI Complete? Yes delayed image(s), when performed; double-contrast (eg, high-density barium over 30,000-Part2 and effervescent agent) study 2022 Work RVU: 0.70 **Most Recent Tab:** 12 **Specialty Developing** First 2020 Identified: October 2018 **RUC Meeting:** January 2019 Recommendation: Medicare **2022 NF PE RVU: 2.64 Utilization:** 46,438 2022 Fac PE RVU: NA **RUC Recommendation: 0.70** Referred to CPT Result: Increase Referred to CPT Asst Published in CPT Asst: Radiologic examination, swallowing function, with Global: XXX Issue: X-Ray Esophagus Screen: CMS-Other - Utilization Complete? Yes cineradiography/videoradiography, including scout neck radiograph(s) and over 250,000 / CMS-Other - Utilization over delayed image(s), when performed, contrast (eg, barium) study 100,000 2022 Work RVU: 0.53 Most Recent **Tab: 25** Specialty Developing ACR First 2020 **RUC Meeting:** April 2017 Recommendation: Identified: April 2013 Medicare **2022 NF PE RVU: 3.32 Utilization:** 285.714 2022 Fac PE RVU: NA **RUC Recommendation: 0.53** Referred to CPT Result: Maintain Referred to CPT Asst **Published in CPT Asst:** 

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74240 Radiologic examination, upper gastrointestinal tract, including scout abdominal Global: XXX Issue: X-Ray Exam - Upper GI Screen: CMS-Other - Utilization Complete? Yes over 30.000 radiograph(s) and delayed image(s), when performed; single-contrast (eg, barium) study 2022 Work RVU: 0.80 **Most Recent** Specialty Developing ACR First 2020 **RUC Meeting:** January 2019 Identified: October 2017 Recommendation: Medicare **2022 NF PE RVU: 2.92** 68,915 **Utilization:** 2022 Fac PE RVU: NA **RUC Recommendation: 0.80** Referred to CPT May 2018 Result: Increase Referred to CPT Asst Published in CPT Asst: 74241 Radiologic examination, gastrointestinal tract, upper; with or without delayed Issue: X-Ray Exam - Upper GI Screen: CMS-Other - Utilization Complete? Yes Global: images, with KUB over 30,000 2022 Work RVU: **Most Recent Tab:** 12 Specialty Developing ACR First 2020 Recommendation: Identified: October 2017 **RUC Meeting:** January 2019 Medicare **2022 NF PE RVU: Utilization:** 2022 Fac PE RVU: RUC Recommendation: Deleted from CPT Referred to CPT May 2018 Result: Deleted from CPT Referred to CPT Asst Published in CPT Asst: Radiologic examination, gastrointestinal tract, upper; with small intestine, Global: Screen: CMS-Other - Utilization Complete? Yes Issue: X-Ray Exam - Upper GI includes multiple serial images over 30,000 2022 Work RVU: **Most Recent Tab: 12** Specialty Developing ACR 2020 First

Identified: October 2017

Referred to CPT Asst Published in CPT Asst:

Referred to CPT

Medicare

**Utilization:** 

**2022 NF PE RVU:** 

2022 Fac PE RVU:

Result: Deleted from CPT

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Recommendation:

**RUC Meeting:** January 2019

RUC Recommendation: Deleted from CPT

74246 Radiologic examination, upper gastrointestinal tract, including scout abdominal Global: XXX Issue: X-Ray Exam - Upper GI Screen: CMS-Other - Utilization Complete? Yes over 30.000 radiograph(s) and delayed image(s), when performed; double-contrast (eq. highdensity barium and effervescent agent) study, including glucagon, when administered 2022 Work RVU: 0.90 **Most Recent Tab:** 12 Specialty Developing ACR First 2020 **RUC Meeting:** January 2019 Recommendation: Identified: October 2017 Medicare 2022 NF PE RVU: 3.35 **Utilization:** 50,036 2022 Fac PE RVU: NA **RUC Recommendation: 0.90** Referred to CPT May 2018 Result: Increase Referred to CPT Asst Published in CPT Asst: 74247 Radiological examination, gastrointestinal tract, upper, air contrast, with Global: Issue: X-Ray Exam - Upper GI Screen: Harvard Valued -Complete? Yes specific high density barium, effervescent agent, with or without glucagon; with Utilization over 30.000 or without delayed images, with KUB 2022 Work RVU: **Most Recent Tab:** 12 Specialty Developing ACR First 2020 **RUC Meeting:** January 2019 Recommendation: Identified: April 2011 Medicare **2022 NF PE RVU: Utilization:** 2022 Fac PE RVU: Result: Deleted from CPT RUC Recommendation: Deleted from CPT Referred to CPT May 2018 Referred to CPT Asst **Published in CPT Asst:** 74248 Radiologic small intestine follow-through study, including multiple serial images Global: ZZZ Issue: X-Ray Exam - Upper GI Screen: CMS-Other - Utilization Complete? Yes (list separately in addition to code for primary procedure for upper gi radiologic over 30,000-Part2 examination) 2022 Work RVU: 0.70 **Specialty Developing** Most Recent **Tab:** 12 **First** 2020 **RUC Meeting:** January 2019 Recommendation: Identified: October 2018 Medicare **2022 NF PE RVU: 1.79 Utilization:** 16,146 2022 Fac PE RVU: NA **RUC Recommendation: 0.70** February 2019-EC Referred to CPT Result: Increase

Referred to CPT Asst

Published in CPT Asst:

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74249 Radiological examination, gastrointestinal tract, upper, air contrast, with Global: Issue: X-Ray Exam - Upper GI Screen: CMS-Other - Utilization Complete? Yes specific high density barium, effervescent agent, with or without glucagon; with over 30.000 small intestine follow-through 2022 Work RVU: **Most Recent Tab:** 12 Specialty Developing ACR **First** 2020 **RUC Meeting:** January 2019 Identified: October 2017 Recommendation: Medicare **2022 NF PE RVU: Utilization:** 2022 Fac PE RVU: RUC Recommendation: Deleted from CPT Referred to CPT May 2018 Result: Deleted from CPT Referred to CPT Asst Published in CPT Asst: 74250 Radiologic examination, small intestine, including multiple serial images and Global: XXX Issue: Lower Gastroinetstinal Screen: CMS-Other - Utilization Complete? Yes scout abdominal radiograph(s), when performed; single-contrast (eg, barium) Tract Imaging over 30,000 study 2022 Work RVU: 0.81 Most Recent Tab: 11 Specialty Developing ACR First 2020 **RUC Meeting:** October 2018 Identified: October 2017 **Medicare** Recommendation: **2022 NF PE RVU: 2.90 Utilization:** 42,993 2022 Fac PE RVU: NA **RUC Recommendation: 0.81** Referred to CPT May 2018 Result: Increase Referred to CPT Asst **Published in CPT Asst:** Global: XXX Issue: Lower Gastroinetstinal Screen: CMS-Other - Utilization Complete? Yes Radiologic examination, small intestine, including multiple serial images and scout abdominal radiograph(s), when performed; double-contrast (eg, high-Tract Imaging over 30.000 density barium and air via enteroclysis tube) study, including glucagon, when administered 2022 Work RVU: 1.17 Most Recent Tab: 11 Specialty Developing ACR **First** 2020 **RUC Meeting:** October 2018 Recommendation: Identified: October 2017 Medicare 2022 NF PE RVU: 10.28 **Utilization:** 410 2022 Fac PE RVU: NA **RUC Recommendation: 1.17** Referred to CPT May 2018 Result: Increase

Referred to CPT Asst Published in CPT Asst:

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74260 Duodenography, hypotonic Global: Issue: X-Ray Exam - Small Screen: CMS-Other - Utilization Complete? Yes Intestine/Colon over 30.000 2022 Work RVU: 2020 **Most Recent Tab:** 11 Specialty Developing ACR First **RUC Meeting:** October 2018 Recommendation: Identified: October 2017 Medicare **2022 NF PE RVU: Utilization:** 2022 Fac PE RVU: **RUC Recommendation:** Deleted from CPT Referred to CPT May 2018 Result: Deleted from CPT Referred to CPT Asst **Published in CPT Asst:** 74270 Radiologic examination, colon, including scout abdominal radiograph(s) and Issue: Lower Gastroinetstinal Screen: CMS-Other - Utilization Global: XXX Complete? Yes delayed image(s), when performed; single-contrast (eg, barium) study Tract Imaging over 30,000 2022 Work RVU: 1.04 2020 Most Recent Specialty Developing ACR First **RUC Meeting:** October 2018 Recommendation: Identified: October 2017 Medicare **2022 NF PE RVU: 3.63** Utilization: 21,625 2022 Fac PE RVU: NA **RUC Recommendation: 1.04** Referred to CPT May 2018 Result: Increase Referred to CPT Asst Published in CPT Asst: 74280 Radiologic examination, colon, including scout abdominal radiograph(s) and Global: XXX Issue: Lower Gastroinetstinal Screen: Harvard Valued -Complete? Yes delayed image(s), when performed; double-contrast (eg, high density barium Tract Imaging Utilization over 30,000 and air) study, including glucagon, when administered **2022 Work RVU: 1.26 Most Recent** Specialty Developing ACR 2020 **Tab:** 11 First **RUC Meeting:** October 2018 Recommendation: Identified: April 2011 Medicare **2022 NF PE RVU: 5.48 Utilization:** 5,683 2022 Fac PE RVU: NA **RUC Recommendation: 1.26** Referred to CPT Result: Increase

Referred to CPT Asst Published in CPT Asst:

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74300 Cholangiography and/or supervision and interpre	-	atography; intraoperativ	e, radiological	Global: XXX Issue	: X-Rays at Surgery Add-0	On Screen: CMS-Other - Utilization over 30,000-Part2	Complete? Yes
	<b>Tab:</b> 19	Specialty Developing	ACR, SAGES	First	2020	<b>2022 Work RVU:</b> 0.00	
RUC Meeting: April 2019		Recommendation:		Identified: October 2018	Medicare Utilization: 23,965	<b>2022 NF PE RVU</b> : 0.00	
					Othization. 25,905	2022 Fac PE RVU: NA	
RUC Recommendation: 0.32				Referred to CPT		Result: Decrease	
				Referred to CPT Asst	ished in CPT Asst:		
74301 Cholangiography and/or radiological supervision primary procedure)				•	: X-Rays at Surgery Add-0	On Screen: CMS-Other - Utilization over 30,000-Part2	Complete? Yes
Most Recent	<b>Tab:</b> 19	Specialty Developing	ACR, ACS,	First	2020	<b>2022 Work RVU:</b> 0.00	
RUC Meeting: October 2020		Recommendation:	SAGES, SIR	Identified: October 2018	Medicare Utilization: 77	<b>2022 NF PE RVU</b> : 0.00	
					Otilization. 11	2022 Fac PE RVU: NA	
RUC Recommendation: 0.21				Referred to CPT		Result: Maintain	
				Referred to CPT Asst	ished in CPT Asst:		
74305 Deleted from CPT				Global: Issue	: Percutaneous Biliary Procedures Bundling	Screen: Codes Reported Together 75% or More- Part2	Complete? Yes
	<b>Tab:</b> 06	Specialty Developing	ACR, SIR	First	2020	2022 Work RVU:	
RUC Meeting: October 2015		Recommendation:		Identified: October 2012	Medicare Utilization:	2022 NF PE RVU:	
					otinzation.	2022 Fac PE RVU:	
RUC Recommendation: Deleted to	from CPT	•		Referred to CPT February 201 Referred to CPT Asst Publ	5 ished in CPT Asst:	Result: Deleted from CPT	

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74320 Cholangiography, percutaneous, transhepatic, radiological supervision and Global: Issue: Percutaneous Biliary Screen: Codes Reported Complete? Yes Procedures Bundling Together 75% or Moreinterpretation Part2 2022 Work RVU: Most Recent **Tab:** 06 Specialty Developing ACR, SIR First 2020 **RUC Meeting:** October 2015 Recommendation: Identified: October 2012 Medicare **2022 NF PE RVU: Utilization:** 2022 Fac PE RVU: **RUC Recommendation:** Deleted from CPT Referred to CPT February 2015 Result: Deleted from CPT Referred to CPT Asst Published in CPT Asst: 74327 Postoperative biliary duct calculus removal, percutaneous via T-tube tract, Global: Issue: Percutaneous Biliary Screen: Codes Reported Complete? Yes Procedures Bundling Together 75% or Morebasket, or snare (eg. Burhenne technique), radiological supervision and interpretation Part2 2022 Work RVU: **Most Recent Tab:** 06 Specialty Developing ACR, SIR 2020 **RUC Meeting:** October 2015 Recommendation: **Identified:** February 2015 Medicare **2022 NF PE RVU: Utilization:** 2022 Fac PE RVU: RUC Recommendation: Deleted from CPT Referred to CPT February 2015 Result: Deleted from CPT Referred to CPT Asst Published in CPT Asst: 74328 Endoscopic catheterization of the biliary ductal system, radiological supervision Global: XXX Issue: X-Rays at Surgery Add-On Screen: CMS-Other - Utilization Complete? Yes over 30,000-Part2 and interpretation 2022 Work RVU: 0.00 **Most Recent Tab:** 19 Specialty Developing ACR, SAGES 2020 Medicare **RUC Meeting:** April 2019 Recommendation: Identified: October 2018 2022 NF PE RVU: 0.00 **Utilization:** 60,029 2022 Fac PE RVU: NA **RUC Recommendation: 0.47** Result: Decrease Referred to CPT Referred to CPT Asst **Published in CPT Asst:** 

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74329 Endoscopic cathete supervision and inte		e pancreatic ductal system, radio	ogical Glob	oal: XXX Issue	: X-Rays at Surgery Add-	On Screen: CMS-Other - Utilization over 30,000-Part2	Complete? Yes
Most Recent	<b>Tab</b> : 19	Specialty Developing ACR, SAG	SES First		2020	<b>2022 Work RVU:</b> 0.00	
RUC Meeting: April 2019		Recommendation:		Identified: October 2018	Medicare Utilization: 2,548	<b>2022 NF PE RVU</b> : 0.00	
					Othization. 2,340	2022 Fac PE RVU: NA	
RUC Recommendation: 0.50			Referred to CPT Referred to CPT		ished in CPT Asst:	Result: Decrease	
74330 Combined endoscop systems, radiological		zation of the biliary and pancreation and interpretation	ductal Glob	oal: XXX Issue	: X-Rays at Surgery Add-	On Screen: CMS-Other - Utilization over 30,000-Part2	Complete? Yes
Most Recent	<b>Tab:</b> 19	Specialty Developing ACR, SAG			2020	<b>2022 Work RVU:</b> 0.00	
RUC Meeting: April 2019		Recommendation:	Identified:	October 2018	Medicare Utilization: 11,873	<b>2022 NF PE RVU</b> : 0.00	
					omzation.	2022 Fac PE RVU: NA	
IIO December deller : 0.70			Referred to CPT	<i>t</i>		Result: Decrease	
		anous with or without kub with o	Referred to CPT	「Asst ☐ Publ	ished in CPT Asst:		Complete? Ve
		enous, with or without kub, with o	Referred to CPT	「Asst ☐ Publ	ished in CPT Asst:  : Contrast X-Ray Exams	Screen: Harvard Valued - Utilization over 30,000	Complete? Ye
74400 Urography (pyelogra tomography	aphy), intrave	Specialty Developing ACR	Referred to CPT without Globs	TAsst Publ	: Contrast X-Ray Exams	Screen: Harvard Valued - Utilization over 30,000 2022 Work RVU: 0.49	Complete? Yes
74400 Urography (pyelogra tomography	aphy), intrave		Referred to CPT	TAsst Publ	: Contrast X-Ray Exams	Screen: Harvard Valued - Utilization over 30,000 2022 Work RVU: 0.49 2022 NF PE RVU: 3.61	Complete? Ye
74400 Urography (pyelogratomography  Most Recent RUC Meeting: September 201	aphy), intrave Tab: 31	Specialty Developing ACR	Referred to CPT without Globs First Identified:	Publical: XXX Issue  April 2011	: Contrast X-Ray Exams  2020  Medicare	Screen: Harvard Valued - Utilization over 30,000 2022 Work RVU: 0.49 2022 NF PE RVU: 3.61 2022 Fac PE RVU:NA	Complete? Yes
74400 Urography (pyelogratomography  Most Recent RUC Meeting: September 201	aphy), intrave Tab: 31	Specialty Developing ACR	Referred to CPT without Globs	Publical: XXX Issue April 2011	: Contrast X-Ray Exams  2020  Medicare	Screen: Harvard Valued - Utilization over 30,000 2022 Work RVU: 0.49 2022 NF PE RVU: 3.61	Complete? Yes
74400 Urography (pyelogratomography  Most Recent RUC Meeting: September 201  RUC Recommendation: 0.49	aphy), intrave Tab: 31 1	Specialty Developing ACR Recommendation:	Referred to CPT  without Glob:  First Identified:  Referred to CPT Referred to CPT	April 2011  Asst Publ	: Contrast X-Ray Exams  2020  Medicare  Utilization: 3,849	Screen: Harvard Valued - Utilization over 30,000 2022 Work RVU: 0.49 2022 NF PE RVU: 3.61 2022 Fac PE RVU:NA	
14400 Urography (pyelogratomography  Iost Recent UC Meeting: September 201  UC Recommendation: 0.49  14420 Urography, retrogra	aphy), intrave Tab: 31 1	Specialty Developing ACR Recommendation:	Referred to CPT without Globs First Identified: Referred to CPT Referred to CPT	April 2011  Asst Publ	: Contrast X-Ray Exams  2020  Medicare Utilization: 3,849  ished in CPT Asst:	Screen: Harvard Valued - Utilization over 30,000 2022 Work RVU: 0.49 2022 NF PE RVU: 3.61 2022 Fac PE RVU:NA Result: Maintain	
74400 Urography (pyelogratomography  Most Recent RUC Meeting: September 201  RUC Recommendation: 0.49  74420 Urography, retrogra	Tab: 31	Specialty Developing ACR Recommendation:	Referred to CPT without Globs First Identified: Referred to CPT Referred to CPT	Asst Publical: XXX Issue  April 2011  Asst Publical: XXX Issue	: Contrast X-Ray Exams  2020 Medicare Utilization: 3,849  ished in CPT Asst:  : X-Ray Urinary Tract  2020 Medicare	Screen: Harvard Valued - Utilization over 30,000  2022 Work RVU: 0.49  2022 NF PE RVU: 3.61  2022 Fac PE RVU:NA  Result: Maintain  Screen: CMS-Other - Utilization over 100,000	
74400 Urography (pyelogratomography  Most Recent RUC Meeting: September 201  RUC Recommendation: 0.49  74420 Urography, retrogra	Tab: 31	Specialty Developing ACR Recommendation:  without kub  Specialty Developing ACR, AUA	Referred to CPT  without Globs  First Identified:  Referred to CPT  Referred to CPT  Globs	Asst Publical: XXX Issue  April 2011  Asst Publical: XXX Issue	: Contrast X-Ray Exams  2020 Medicare Utilization: 3,849  ished in CPT Asst:  : X-Ray Urinary Tract  2020	Screen: Harvard Valued - Utilization over 30,000  2022 Work RVU: 0.49  2022 NF PE RVU: 3.61  2022 Fac PE RVU: NA  Result: Maintain  Screen: CMS-Other - Utilization over 100,000  2022 Work RVU: 0.52	
tomography  Most Recent RUC Meeting: September 201  RUC Recommendation: 0.49	Tab: 31  de, with or w	Specialty Developing ACR Recommendation:  without kub  Specialty Developing ACR, AUA	Referred to CPT  without Globs  First Identified:  Referred to CPT  Referred to CPT  Globs	April 2011  Asst Publical: XXX Issue  April 2011  Asst Publical: XXX Issue  April 2016	: Contrast X-Ray Exams  2020 Medicare Utilization: 3,849  ished in CPT Asst:  : X-Ray Urinary Tract  2020 Medicare	Screen: Harvard Valued - Utilization over 30,000  2022 Work RVU: 0.49  2022 NF PE RVU: 3.61  2022 Fac PE RVU: NA  Result: Maintain  Screen: CMS-Other - Utilization over 100,000  2022 Work RVU: 0.52  2022 NF PE RVU: 1.74	Complete? Yes

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74425 Urography, antegrade, radiological supervision and interpretation	Global: XXX Issue:	Urography	Screen: Codes Reported Together 75% or More- Part2	Complete? Yes
Most Recent RUC Meeting: October 2018  Tab: 18 Specialty Developing Recommendation:  RUC Recommendation: 0.51, editorially revised	Identified: October 2012  Referred to CPT September 20:	2020 Medicare Utilization: 2,959  19 Shed in CPT Asst:	2022 Work RVU: 0.51 2022 NF PE RVU: 3.62 2022 Fac PE RVU: NA Result: Increase	
74475 Introduction of intracatheter or catheter into renal pelvis for drainage injection, percutaneous, radiological supervision and interpretation	and/or Global: Issue:	Genitourinary Catheter Procedures	Screen: Codes Reported Together 75% or More- Part2	Complete? Yes
Most Recent Tab: 09 Specialty Developing ACR, SIR RUC Meeting: January 2015 Recommendation:	First Identified: October 2012	2020 Medicare Utilization:	2022 Work RVU: 2022 NF PE RVU: 2022 Fac PE RVU:	
RUC Recommendation: Deleted from CPT	Referred to CPT October 2014 Referred to CPT Asst  Publis	shed in CPT Asst:	Result: Deleted from CPT	
74480 Introduction of ureteral catheter or stent into ureter through renal pel drainage and/or injection, percutaneous, radiological supervision and interpretation		Genitourinary Catheter Procedures	Screen: Codes Reported Together 75% or More- Part2	Complete? Yes
Most Recent Tab: 09 Specialty Developing ACR, SIR	First	2020	2022 Work RVU:	
RUC Meeting: January 2015 Recommendation:	Identified: October 2012	Medicare Utilization:	2022 NF PE RVU:	
RUC Recommendation: Deleted from CPT	Referred to CPT October 2014 Referred to CPT Asst  Publis	shed in CPT Asst:	2022 Fac PE RVU: Result: Deleted from CPT	

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74485 Dilation of ureter(s) or urethra, r	adiological supervision and interpretation	Global: XXX Issue	: Dilation of Urinary Tract	Screen: Codes Reported Together 75% or More- Part2	Complete? Yes
Most Recent Tab: 12	Specialty Developing	First	2020	<b>2022 Work RVU</b> : 0.83	
RUC Meeting: January 2018	Recommendation:	Identified: September 2017	Medicare Utilization: 1,239	<b>2022 NF PE RVU</b> : 2.72	
			otilization: 1,255	2022 Fac PE RVU: NA	
RUC Recommendation: 0.83		erred to CPT		Result: Increase	
	Ref	erred to CPT Asst	ished in CPT Asst:		
70001	aging for morphology and function without contrast material(s) and further sequences		:	Screen: High Volume Growth7	Complete? Yes
Most Recent Tab: 29	Specialty Developing	First	2020	<b>2022 Work RVU</b> : 2.60	
RUC Meeting: January 2021	Recommendation:	Identified: October 2020	Medicare Utilization: 27.884	<b>2022 NF PE RVU</b> : 8.87	
			Otilization. 21,004	2022 Fac PE RVU:NA	
RUC Recommendation: Maintain		erred to CPT		Result: Remove from Screen	
	Ref	erred to CPT Asst U Publ	ished in CPT Asst:		
75571 Computed tomography, heart, w evaluation of coronary calcium	vithout contrast material, with quantitative	Global: XXX Issue	: RAW	Screen: High Volume Growth8	Complete? Yes
Most Recent Tab: 13	Specialty Developing ACC, ACR, SCCT	First	2020	<b>2022 Work RVU:</b> 0.58	
RUC Meeting: September 2022	Recommendation:	Identified: April 2022	Medicare	<b>2022 NF PE RVU</b> : 2.43	
			Utilization: 32,465	2022 Fac PE RVU:NA	
RUC Recommendation: Maintain	Ref	erred to CPT		Result: Maintain	
	Ref	erred to CPT Asst 🛚 Publ	ished in CPT Asst:		

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75572 Computed tomography, heart, with contrast material, for evaluation of cardiac Global: XXX Issue: Screen: High Volume Growth7 Complete? Yes structure and morphology (including 3d image postprocessing, assessment of cardiac function, and evaluation of venous structures, if performed) 2022 Work RVU: 1.75 **Most Recent** Specialty Developing First 2020 Identified: October 2020 **RUC Meeting:** January 2021 Recommendation: Medicare 2022 NF PE RVU: 5.17 29,193 **Utilization:** 2022 Fac PE RVU: NA Referred to CPT Result: Remove from Screen **RUC Recommendation:** Maintain Referred to CPT Asst **Published in CPT Asst:** 75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts Global: XXX Screen: CMS Request - Final Complete? Yes (when present), with contrast material, including 3d image postprocessing Rule for 2013 / High Volume Growth7 (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed) 2022 Work RVU: 2.40 **Most Recent Tab: 29** Specialty Developing ACR, SIR, ACC 2020 **RUC Meeting:** January 2021 Recommendation: Identified: May 2013 Medicare **2022 NF PE RVU: 7.51** 83,373 **Utilization:** 2022 Fac PE RVU: NA **RUC Recommendation:** Maintain Referred to CPT Result: Remove from Screen Referred to CPT Asst **Published in CPT Asst:** Global: XXX Issue: Abdominal Aortography Screen: CMS-Other - Utilization Aortography, abdominal, by serialography, radiological supervision and Complete? Yes interpretation over 30,000 2022 Work RVU: 1.44 2020 Most Recent **Tab:** 19 Specialty Developing ACC, SCAI, SIR, First Identified: October 2017 **RUC Meeting:** October 2018 Recommendation: **SVS** Medicare **2022 NF PE RVU: 2.17** 81,691 **Utilization:** 2022 Fac PE RVU: NA Referred to CPT RUC Recommendation: 1.75 Result: Increase

**Referred to CPT Asst** 

**Published in CPT Asst:** 

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75630 Aortography, abdominal plus bilateral iliofemoral lower extremity, catheter, by Global: XXX Issue: Abdominal Aortography Screen: CMS-Other - Utilization Complete? Yes over 30.000 serialography, radiological supervision and interpretation 2022 Work RVU: 2.00 **Tab:** 19 Specialty Developing ACC, SCAI, SIR, 2020 **Most Recent RUC Meeting:** October 2018 Recommendation: **SVS** Identified: October 2017 Medicare 2022 NF PE RVU: 2.51 21.287 **Utilization:** 2022 Fac PE RVU: NA **RUC Recommendation: 2.00** Referred to CPT Result: Increase **Referred to CPT Asst Published in CPT Asst:** 75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral Screen: High Volume Growth1 / Global: XXX Issue: CT Angiography of Complete? Yes lower extremity runoff, with contrast material(s), including noncontrast images, **Abdominal Arteries** CMS High Expenditure Procedural Codes2 if performed, and image postprocessing 2022 Work RVU: 2.40 **Most Recent Tab:** 34 Specialty Developing ACR First 2020 **RUC Meeting:** April 2016 Recommendation: **Identified:** February 2008 Medicare 2022 NF PE RVU: 10.20 **Utilization:** 98,794 2022 Fac PE RVU: NA Result: Maintain **RUC Recommendation: 2.40** Referred to CPT **Published in CPT Asst:** Referred to CPT Asst 75650 Angiography, carotid, cervical, bilateral, radiological supervision and Global: Issue: Carotid Angiography Screen: Codes Reported Complete? Yes Together 75% or Moreinterpretation Part1 2022 Work RVU: ACC, ACR, ASNR, **Most Recent Tab:** 45 Specialty Developing 2020 Medicare **RUC Meeting:** April 2010 Recommendation: AUR, SIR, SVS **Identified:** February 2010 **2022 NF PE RVU: Utilization:** 2022 Fac PE RVU: RUC Recommendation: Deleted from CPT Referred to CPT February 2012 Result: Deleted from CPT

Referred to CPT Asst Published in CPT Asst:

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75671 Angiography, carotid, cerebral, bilateral, radiological supervision and Global: Issue: Carotid Angiography Screen: Codes Reported

interpretation

Tanathan 750/ an Manu

Together 75% or More-

Complete? Yes

Complete? Yes

Complete? No

Part1

Most Recent Tab: 45 Specialty Developing AANS/CNS, ACC, First 2020 2022 Work RVU: RUC Meeting: April 2010 ACR, ASNR, AUR, Identified: February 2010 Medicare 2022 NE DE RVII

SIR, SVS Utilization:

2022 NF PE RVU: 2022 Fac PE RVU:

RUC Recommendation: Deleted from CPT Referred to CPT February 2012 Result: Deleted from CPT

Referred to CPT Asst Published in CPT Asst:

75680 Angiography, carotid, cervical, bilateral, radiological supervision and Global: Issue: Carotid Angiography Screen: Codes Reported

interpretation

Together 75% or More-

Part1

Most Recent Tab: 45 Specialty Developing AANS/CNS, ACC, First 2020 2022 Work RVU:

RUC Meeting: April 2010 Recommendation: ACR, ASNR, AUR, Identified: February 2010 Medicare SIR, SVS Utilization: 2022 NF PE RVU:

SIR, SVS Utilization: 2022 Fac PE RVU:

Referred to CPT Asst Published in CPT Asst:

75710 Angiography, extremity, unilateral, radiological supervision and interpretation Global: XXX Issue: Angiography of Extremities Screen: CMS High Expenditure

Procedural Codes2

Most Recent Tab: 29 Specialty Developing RCR, ACC, RPA, SCAI, SIR, SVS ACR, ACC, RPA, SCAI, SIR, SVS Identified: July 2015 Medicare 2022 Work RVU: 1.75 Medicare 2022 Work RVU: 2.54

Utilization: 145,898

2022 Fac PE RVU: NA

RUC Recommendation: Refer to CPT Assistant and review after 2 years of Referred to CPT Result: Increase

data after publication available. 1.75

Referred to CPT Asst Published in CPT Asst: July 2021

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75716 Angiography, extremity, bilateral	, radiological supervision and interpretation	on Global: XXX Issue:	Angiography of Extremitie	es <b>Screen:</b> CMS High Expenditure Procedural Codes2	Complete? Yes
Most Recent Tab: 22	Specialty Developing ACR, ACC, RPA,	First	2020	<b>2022 Work RVU:</b> 1.97	
RUC Meeting: October 2016	Recommendation: SCAI, SIR, SVS	Identified: July 2015	Medicare Utilization: 60,864	<b>2022 NF PE RVU</b> : 2.68	
RUC Recommendation: 1.97	Det	ferred to CPT		2022 Fac PE RVU: NA Result: Increase	
ROC Recommendation: 1.97			shed in CPT Asst:	Result: Iliciease	
75722 Angiography, renal, unilateral, se supervision and interpretation	elective (including flush aortogram), radiol	logical Global: Issue:	Renal Angiography	Screen: Codes Reported Together 75% or More- Part1	Complete? Yes
Most Recent Tab: 45	Specialty Developing ACC, ACR, ASNR		2020	2022 Work RVU:	
RUC Meeting: April 2010	Recommendation: AUR, SIR, SVS	Identified: February 2010	Medicare Utilization:	2022 NF PE RVU:	
				2022 Fac PE RVU:	
RUC Recommendation: Deleted from CPT		ferred to CPT February 2017 ferred to CPT Asst Publi	shed in CPT Asst:	Result: Deleted from CPT	
75724 Angiography, renal, bilateral, sel supervision and interpretation	ective (including flush aortogram), radiolo	ogical Global: Issue:	Renal Angiography	Screen: Codes Reported Together 75% or More- Part1	Complete? Yes
Most Recent Tab: 45	Specialty Developing ACC, ACR, ASNR,	, First	2020	2022 Work RVU:	
RUC Meeting: April 2010	Recommendation: AUR, SIR, SVS	Identified: February 2010	Medicare Utilization:	2022 NF PE RVU:	
			Otilization.	2022 Fac PE RVU:	
RUC Recommendation: Deleted from CPT		ferred to CPT February 2011		Result: Deleted from CPT	
	Ret	ferred to CPT Asst 🛚 Publi	shed in CPT Asst:		

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75726 Angiography, visceral, selective or supraselective (with or without flush Global: XXX Issue: Angiography Screen: CMS-Other - Utilization Complete? Yes over 30.000 aortogram), radiological supervision and interpretation 2022 Work RVU: 2.05 **Tab: 20** Specialty Developing SCAI, SIR, SVS 2020 **Most Recent** First **RUC Meeting:** October 2018 Recommendation: Identified: October 2017 Medicare 2022 NF PE RVU: 2.88 **Utilization:** 39,798 2022 Fac PE RVU: NA **RUC Recommendation: 2.05** Referred to CPT Result: Increase **Referred to CPT Asst Published in CPT Asst:** 75774 Angiography, selective, each additional vessel studied after basic examination, Screen: CMS-Other - Utilization Global: ZZZ Issue: Angiography Complete? Yes radiological supervision and interpretation (list separately in addition to code for over 30,000 primary procedure) 2022 Work RVU: 1.01 **Most Recent Tab: 20** Specialty Developing SCAI, SIR, SVS 2020 **RUC Meeting:** October 2018 Identified: October 2017 Recommendation: Medicare 2022 NF PE RVU: 1.80 **Utilization:** 75,593 2022 Fac PE RVU: NA **RUC Recommendation: 1.01** Referred to CPT Result: Increase Referred to CPT Asst Published in CPT Asst: **Deleted from CPT** Global: Issue: Arteriovenous Shunt Screen: Codes Reported Complete? Yes **Imaging** Together 95% or More 2022 Work RVU: **Most Recent** Specialty Developing SVS, SIR, ACR 2020 Tab: 9 First **RUC Meeting:** April 2009 **Identified:** February 2008 Medicare Recommendation: **2022 NF PE RVU: Utilization:** 2022 Fac PE RVU: RUC Recommendation: Deleted from CPT Referred to CPT February 2009 Result: Deleted from CPT

Referred to CPT Asst

□ Published in CPT Asst:

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Angiography, arteriovenous shunt (eg, dialysis patient fistula/graft), complete Global: Issue: Dialysis Circuit -1 Screen: Codes Reported Complete? Yes Together 95% or More 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 2022 Work RVU: 2020 **Most Recent Tab:** 14 Specialty Developing ACR, RPA, SIR, First **RUC Meeting:** January 2016 SVS Recommendation: Identified: Medicare **2022 NF PE RVU: Utilization:** 2022 Fac PE RVU: **RUC Recommendation:** Deleted from CPT Referred to CPT October 2015 Result: Deleted from CPT Referred to CPT Asst Published in CPT Asst: Venography, extremity, unilateral, radiological supervision and interpretation Global: XXX Issue: Venography Screen: CMS-Other - Utilization Complete? Yes over 20,000 Part1 2022 Work RVU: 1.05 Most Recent **Tab**: 29 Specialty Developing **First** 2020 **RUC Meeting:** January 2020 Identified: January 2019 Recommendation: Medicare 2022 NF PE RVU: 2.15 **Utilization:** 21,767 2022 Fac PE RVU: NA RUC Recommendation: 1.05 Referred to CPT Result: Increase Referred to CPT Asst **Published in CPT Asst:** 75822 Venography, extremity, bilateral, radiological supervision and interpretation Global: XXX Issue: Venography Screen: CMS-Other - Utilization Complete? Yes over 20,000 Part1 2022 Work RVU: 1.48 Most Recent **Tab**: 29 **Specialty Developing** 2020 **RUC Meeting:** January 2020 Identified: October 2019 Recommendation: Medicare **2022 NF PE RVU: 2.39 Utilization:** 9,822 2022 Fac PE RVU: NA **RUC Recommendation: 1.48** Referred to CPT Result: Increase Referred to CPT Asst □ Published in CPT Asst:

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75885 Percutaneous transhepatic portograp radiological supervision and interpret	•	Global: XXX Issue	: Interventional Radiology Procedures	Screen: CMS Request - Practice Expense Review	Complete? Yes
Most Recent Tab: 21 Spe	ecialty Developing ACR, SIR	First	2020	2022 Work RVU: 1.44	
RUC Meeting: February 2009 Rec	commendation:	Identified: NA	Medicare Utilization: 297	<b>2022 NF PE RVU</b> : 2.50	
			Ottilization. 257	2022 Fac PE RVU: NA	
RUC Recommendation: New PE inputs	Ref	ferred to CPT		Result: PE Only	
	Ref	ferred to CPT Asst U Pub	lished in CPT Asst:		
75887 Percutaneous transhepatic portograp radiological supervision and interpret	•	Global: XXX Issue	: Interventional Radiology Procedures	Screen: CMS Request - Practice Expense Review	Complete? Yes
Most Recent Tab: 21 Spe	ecialty Developing ACR, SIR	First	2020	2022 Work RVU: 1.44	
•	commendation:	Identified: NA	Medicare Utilization: 586	<b>2022 NF PE RVU</b> : 2.57	
			Utilization: 586	2022 Fac PE RVU: NA	
RUC Recommendation: New PE inputs	Ref	ferred to CPT	ı	Result: PE Only	
	Ref	ferred to CPT Asst	lished in CPT Asst:		
75894 Transcatheter therapy, embolization, a interpretation	any method, radiological supervision	and Global: XXX Issue	: Transcatheter Procedures	Screen: Codes Reported Together 75% or More- Part1	Complete? No
Most Recent Tab: 13 Spe	ecialty Developing AANS, ACR, CNS	First	2020	2022 Work RVU: 0.00	
RUC Meeting: September 2022 Rec	commendation:	Identified: February 2010	Medicare Utilization: 8.773	<b>2022 NF PE RVU</b> : 0.00	
			Othization. 0,773	2022 Fac PE RVU: NA	
RUC Recommendation: Refer to CPT to create	· ·	ferred to CPT May 2023 ferred to CPT Asst Pub	lished in CPT Asst:	Result: Maintain	

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75896 Transcatheter therapy, infusion, other than for thrombolysis, radiological Global: Issue: Intracranial Endovascular Screen: Codes Reported Complete? Yes Intervention Together 75% or Moresupervision and interpretation Part1 2022 Work RVU: Most Recent **Tab:** 09 Specialty Developing AANS/CNS, ACR, 2020 **RUC Meeting:** April 2015 Recommendation: ASNR, SCAI, SIR **Identified:** February 2010 Medicare **2022 NF PE RVU: Utilization:** 2022 Fac PE RVU: **RUC Recommendation:** Deleted from CPT Referred to CPT February 2014 February Result: Deleted from CPT 2015 May 2015 Referred to CPT Asst Published in CPT Asst: 75898 Angiography through existing catheter for follow-up study for transcatheter Global: XXX Issue: Intracranial Endovascular Screen: Codes Reported Complete? No Together 75% or Moretherapy, embolization or infusion, other than for thrombolysis Intervention Part1 / CPT Assistant Analysis / Code Reported Together 75% or More-Part5 2022 Work RVU: 0.00 Most Recent **Tab:** 13 Specialty Developing AANS, ACR, CNS 2020 **RUC Meeting:** September 2022 **Identified:** February 2010 Recommendation: Medicare 2022 NF PE RVU: 0.00 **Utilization:** 11.852 2022 Fac PE RVU: NA RUC Recommendation: Refer to CPT for code bundling solution Referred to CPT May 2023 February 2014 **Result:** Contractor Price February 2015 Referred to CPT Asst Published in CPT Asst: September 2019 75940 Percutaneous placement of IVC filter, radiological supervision and interpretation Global: Screen: Codes Reported Issue: Major Vein Revision Complete? Yes Together 75% or More-Part1 2022 Work RVU: **Most Recent** Specialty Developing ACR, SIR, SVS 2020 **Tab:** 45 First **RUC Meeting:** April 2010 Recommendation: **Identified:** February 2010 Medicare **2022 NF PE RVU: Utilization:** 2022 Fac PE RVU:

Referred to CPT

Referred to CPT Asst

February 2011

Published in CPT Asst:

Result: Deleted from CPT

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**RUC Recommendation:** Deleted from CPT

75945 Intravascular ultrasound (non-co- interpretation; initial vessel	oronary vessel), radiological supervision a	and Global: Issue	e: Intravascular Ultrasound	Screen: Final Rule for 2015	Complete? Yes
Most Recent Tab: 07	Specialty Developing ACC, SCAI, SIR,	First	2020	2022 Work RVU:	
RUC Meeting: January 2015	Recommendation: SVS	Identified: July 2014	Medicare Utilization:	2022 NF PE RVU:	
			otinzation.	2022 Fac PE RVU:	
RUC Recommendation: Deleted from CP		ferred to CPT October 201		Result: Deleted from CPT	
	Re	ferred to CPT Asst U Pub	lished in CPT Asst:		
	oronary vessel), radiological supervision a ion-coronary vessel (List separately in add		e: Intravascular Ultrasound	Screen: Final Rule for 2015	Complete? Yes
Most Recent Tab: 07	Specialty Developing ACC, SCAI, SIR,	First	2020	2022 Work RVU:	
RUC Meeting: January 2015	Recommendation: SVS	Identified: July 2014	Medicare Utilization:	2022 NF PE RVU:	
			Ounzation:	2022 Fac PE RVU:	
RUC Recommendation: Deleted from CP	T Re	ferred to CPT October 201	4	Result: Deleted from CPT	
	Re	ferred to CPT Asst L Pub	lished in CPT Asst:		
75952 Endovascular repair of infrarena radiological supervision and interest and in	al abdominal aortic aneurysm or dissectior erpretation	n, Global: Issue	e: Endovascular Repair Procedures (EVAR)	Screen: Codes Reported Together 75%or More- Part3	Complete? Yes
Most Recent Tab: 10	Specialty Developing SVS, SIR, STS,	First	2020	2022 Work RVU:	
RUC Meeting: January 2017	Recommendation: AATS	Identified: October 2015	Medicare	2022 NF PE RVU:	
			Utilization:	2022 Fac PE RVU:	
RUC Recommendation: Deleted from CP	T Re	ferred to CPT		Result: Deleted from CPT	
	Re	ferred to CPT Asst 🔲 Pub	lished in CPT Asst:		

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	extension prosthesis for endovascular eurysm, pseudoaneurysm, or dissecti rrpretation	•	e: Endovascular Repair Procedures (EVAR)	Screen: Codes Reported Together 75%or More- Part3	Complete? Yes
Most Recent RUC Meeting: January 2017  RUC Recommendation: Deleted from CPT	Specialty Developing SVS, SIR, STS Recommendation: AATS	S, First Identified: October 2015  Referred to CPT	2020 Medicare Utilization:	2022 Work RVU: 2022 NF PE RVU: 2022 Fac PE RVU: Result: Deleted from CPT	
Not recommendation. Deleted from OFF			blished in CPT Asst:	Nesult. Deleted Holli of 1	
1000-1	y aneurysm, pseudoaneurysm, arterio io-iliac tube endoprosthesis, radiologi		e: Endovascular Repair Procedures (EVAR)	Screen: Codes Reported Together 75%or More- Part3	Complete? Yes
Most Recent Tab: 10	Specialty Developing SVS, SIR, STS	S. First	2020	2022 Work RVU:	
RUC Meeting: January 2017	Recommendation: AATS	Identified: January 2017	Medicare	2022 NF PE RVU:	
			Utilization:	2022 Fac PE RVU:	
RUC Recommendation: Deleted from CPT		Referred to CPT Referred to CPT Asst	blished in CPT Asst:	Result: Deleted from CPT	
	ravascular stent(s) (except coronary, o ity artery), percutaneous and/or open, erpretation, each vessel		ue: RAW	Screen: High Volume Growth1 / Codes Reported Together 75% or More- Part1	Complete? Yes
Most Recent Tab: 27	Specialty Developing ACC, ACR, SII	R. First	2020	2022 Work RVU:	
RUC Meeting: October 2012	Recommendation: SVS	Identified:	Medicare	2022 NF PE RVU:	
			Utilization:	2022 Fac PE RVU:	
RUC Recommendation: Deleted from CPT		Referred to CPT February 20	013	Result: Deleted from CPT	
		Referred to CPT Asst Pu	blished in CPT Asst:		

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Transcatheter retrieval, percutaneous, of intravascular foreign body (eg, Global: **Issue:** Transcatheter Procedures Screen: Codes Reported Complete? Yes Together 75% or Morefractured venous or arterial catheter), radiological supervision and interpretation Part1 2022 Work RVU: Most Recent **Tab:** 45 Specialty Developing ACC, ACR, SIR, 2020 RUC Meeting: April 2010 Recommendation: **SVS Identified:** February 2010 Medicare **2022 NF PE RVU: Utilization:** 2022 Fac PE RVU: RUC Recommendation: Deleted from CPT Referred to CPT 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 Global: Issue: Open and Percutaneous Screen: High Volume Growth1 / Complete? Yes Transluminal Angioplasty Codes Reported visceral artery, iliac or lower extremity, radiological supervision and interpretation Together 75% or More-Part3 2022 Work RVU: Specialty Developing ACR, SIR, SVS 2020 **Most Recent Tab:** 15 First **RUC Meeting:** January 2016 Recommendation: Identified: April 2010 Medicare **2022 NF PE RVU: Utilization:** 2022 Fac PE RVU: **RUC Recommendation:** Deleted from CPT Referred to CPT October 2015 Result: Deleted from CPT **Published in CPT Asst: Referred to CPT Asst** 75964 Transluminal balloon angioplasty, each additional peripheral artery other than Issue: Open and Percutaneous Screen: High Volume Growth1 Complete? Yes Global: renal or other visceral artery, iliac or lower extremity, radiological supervision Transluminal Angioplasty and interpretation (List separately in addition to code for primary procedure) 2022 Work RVU: Most Recent **Tab:** 15 Specialty Developing ACR, SIR, SVS First 2020 **RUC Meeting:** January 2016 Recommendation: Identified: Medicare **2022 NF PE RVU: Utilization:** 2022 Fac PE RVU: RUC Recommendation: Deleted from CPT Referred to CPT October 2015 Result: Deleted from CPT Referred to CPT Asst Published in CPT Asst:

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75966 Transluminal balloon angioplasty, renal or other visceral artery, radiological Global: Issue: Open and Percutaneous Screen: Codes Reported Complete? Yes Transluminal Angioplasty Together 75% or Moresupervision and interpretation 2022 Work RVU: Most Recent **Tab:** 15 Specialty Developing ACR, SIR, SVS First 2020 **RUC Meeting:** January 2016 Recommendation: Identified: January 2015 Medicare **2022 NF PE RVU: Utilization:** 2022 Fac PE RVU: RUC Recommendation: Deleted from CPT Referred to CPT October 2015 Result: Deleted from CPT Referred to CPT Asst **Published in CPT Asst:** 75968 Transluminal balloon angioplasty, each additional visceral artery, radiological Global: Issue: Open and Percutaneous Screen: Codes Reported Complete? Yes Transluminal Angioplasty Together 75% or Moresupervision and interpretation (List separately in addition to code for primary Part3 procedure) 2022 Work RVU: **Most Recent Tab:** 15 Specialty Developing ACR, SIR, SVS 2020 Recommendation: Identified: January 2015 **RUC Meeting:** January 2016 Medicare **2022 NF PE RVU: Utilization:** 2022 Fac PE RVU: RUC Recommendation: Deleted from CPT Referred to CPT October 2015 Result: Deleted from CPT Referred to CPT Asst **Published in CPT Asst:** Issue: Open and Percutaneous Screen: CMS-Other - Utilization Complete? Yes 75978 Transluminal balloon angioplasty, venous (eg, subclavian stenosis), radiological Global: Transluminal Angioplasty over 250,000 / CMS High supervision and interpretation **Expenditure Procedural** Codes1 / Codes Reported Together 75% or More-Part3 / CMS High Expenditure Procedural Codes2 2022 Work RVU: 2020 **Most Recent Tab**: 15 Specialty Developing ACR, SIR, SVS First **RUC Meeting:** January 2016 Identified: April 2013 Recommendation: Medicare **2022 NF PE RVU: Utilization:** 2022 Fac PE RVU: RUC Recommendation: Deleted from CPT Referred to CPT October 2015 Result: Deleted from CPT Referred to CPT Asst Published in CPT Asst:

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75980 Percutaneous transhepatic biliary drainage with contrast monitoring, Global: Issue: Percutaneous Biliary Screen: Codes Reported Complete? Yes Procedures Bundling Together 75% or Moreradiological supervision and interpretation Part2 2022 Work RVU: Most Recent **Tab:** 06 Specialty Developing ACR, SIR First 2020 **RUC Meeting:** October 2015 Recommendation: Identified: October 2012 Medicare **2022 NF PE RVU: Utilization:** 2022 Fac PE RVU: RUC Recommendation: Deleted from CPT Referred to CPT February 2015 Result: Deleted from CPT Referred to CPT Asst Published in CPT Asst: 75982 Percutaneous placement of drainage catheter for combined internal and external Global: Issue: Percutaneous Biliary Screen: Codes Reported Complete? Yes Procedures Bundling Together 75% or Morebiliary drainage or of a drainage stent for internal biliary drainage in patients with an inoperable mechanical biliary obstruction, radiological supervision and Part2 interpretation 2022 Work RVU: Specialty Developing ACR, SIR 2020 **Most Recent Tab:** 06 First **RUC Meeting:** October 2015 Recommendation: Identified: October 2012 Medicare **2022 NF PE RVU: Utilization:** 2022 Fac PE RVU: RUC Recommendation: Deleted from CPT Referred to CPT February 2015 Result: Deleted from CPT Referred to CPT Asst ☐ Published in CPT Asst: 75984 Change of percutaneous tube or drainage catheter with contrast monitoring (eg. Global: XXX Issue: Introduction of Catheter or Screen: Codes Reported Complete? Yes genitourinary system, abscess), radiological supervision and interpretation Stent Together 75% or More-Part2 2022 Work RVU: 0.83 **Most Recent Tab:** 17 Specialty Developing ACR, SIR First 2020 **RUC Meeting:** April 2019 Recommendation: Identified: October 2012 Medicare 2022 NF PE RVU: 2.03 **Utilization:** 19.707 2022 Fac PE RVU: NA **RUC Recommendation: 0.83** Referred to CPT RAW will assess Oct 2018 Result: Increase

Referred to CPT Asst | Published in CPT Asst:

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75992 Deleted from CPT				Global: Issue	: Transluminal Arthrectomy	Screen: High Volume Growth1	Complete? Yes
Most Recent RUC Meeting: April 2008	<b>Tab:</b> 57	Specialty Developing Recommendation:	SIR, ACR, SVS	First Identified: February 2008	2020 Medicare Utilization:	2022 Work RVU: 2022 NF PE RVU: 2022 Fac PE RVU:	
RUC Recommendation: Delet	ed from CPT			Referred to CPT February 20° Referred to CPT Asst Pub		Result: Deleted from CPT	
75993 Deleted from CPT				Global: Issue	: Transluminal Arthrectomy	Screen: High Volume Growth1	Complete? Yes
Most Recent	<b>Tab:</b> 57	Specialty Developing	SIR, ACR, SVS		2020	2022 Work RVU:	
RUC Meeting: April 2008		Recommendation:		Identified: February 2008	Medicare Utilization:	2022 NF PE RVU:	
						2022 Fac PE RVU:	
RUC Recommendation: Delet	ed from CPT			Referred to CPT February 20° Referred to CPT Asst  Pub		Result: Deleted from CPT	
75994 Revised to Category	III			Global: Issue	e: Transluminal Arthrectomy	Screen: High Volume Growth1	Complete? Yes
Most Recent	<b>Tab:</b> 57	Specialty Developing	SIR, ACR, SVS	First	2020	2022 Work RVU:	
RUC Meeting: April 2008		Recommendation:		Identified: April 2008	Medicare Utilization:	2022 NF PE RVU:	
						2022 Fac PE RVU:	
RUC Recommendation: Delet	ed from CPT			Referred to CPT February 20° Referred to CPT Asst Pub		Result: Deleted from CPT	
	III			Global: Issue	: Transluminal Arthrectomy	Screen: High Volume Growth1	Complete? Yes
75995 Revised to Category				First	2020	2022 Work RVU:	
	<b>Tab:</b> 57	Specialty Developing	SIR, ACR, SVS				
Most Recent	<b>Tab:</b> 57	Specialty Developing Recommendation:	SIR, ACR, SVS	Identified: April 2008	Medicare	2022 NF PE RVU:	
Most Recent RUC Meeting: April 2008		Recommendation:	SIR, ACR, SVS			2022 NF PE RVU: 2022 Fac PE RVU:	
75995 Revised to Category  Most Recent  RUC Meeting: April 2008  RUC Recommendation: Delete		Recommendation:			Medicare Utilization:		

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75996 Revised to Category III	Global: Issue: Transluminal Arthrector	my Screen: High Volume Growth1 Complete? Yes
Most Recent Tab: 57 RUC Meeting: April 2008  RUC Recommendation: Deleted from CPT  Specialty Developing Recommendation: SIR, ACR, SIR, A	VS First 2020 Identified: April 2008 Medicare Utilization:  Referred to CPT February 2010 Referred to CPT Asst Published in CPT Asst:	2022 Work RVU: 2022 NF PE RVU: 2022 Fac PE RVU: Result: Deleted from CPT
76000 Fluoroscopy (separate procedure), up to 1 hour physician or other q health care professional time	ualified Global: XXX Issue: Fluoroscopy	Screen: Low Value-Billed in Multiple Units / CMS- Other - Utilization over 100,000
Most Recent Tab: 27 Specialty Developing ACR, APMAR RUC Meeting: April 2017 Recommendation:	First 2020 Identified: October 2010 Medicare Utilization: 100,018	2022 Work RVU: 0.30 2022 NF PE RVU: 0.93 2022 Fac PE RVU: NA
RUC Recommendation: 0.30	Referred to CPT Referred to CPT Asst  Published in CPT Asst:	Result: Increase
76001 Fluoroscopy, physician or other qualified health care professional tin than 1 hour, assisting a nonradiologic physician or other qualified he professional (eg, nephrostolithotomy, ERCP, bronchoscopy, transbrbiopsy)	ealth care	Screen: CMS-Other - Utilization Complete? Yes over 100,000
Most Recent Tab: 27 Specialty Developing ACR RUC Meeting: April 2017 Recommendation:	First 2020 Identified: October 2016 Medicare Utilization:	2022 Work RVU: 2022 NF PE RVU: 2022 Fac PE RVU:
RUC Recommendation: Deleted from CPT	Referred to CPT September 2017 Referred to CPT Asst  Published in CPT Asst:	Result: Deleted from CPT

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76098 Radiological examination, su	urgical specimen	Global: XXX Issu	e: X-Ray Exam Specimen	Screen: CMS-Other - Utilization over 30,000	Complete? Yes
Most Recent Tab:	21 Specialty Developing ACR	First	2020	<b>2022 Work RVU:</b> 0.31	
RUC Meeting: October 2018	Recommendation:	Identified: October 2017	Medicare	<b>2022 NF PE RVU</b> : 0.87	
			Utilization: 61,461	2022 Fac PE RVU:NA	
RUC Recommendation: 0.31		Referred to CPT		Result: Increase	
		Referred to CPT Asst	blished in CPT Asst:		
76100 Radiologic examination, sing with urography	gle plane body section (eg, tomograp	ny), other than Global: XXX Issu	e: Fluroscopy	Screen: CMS Request - Practice Expense Review	Complete? Yes
Most Recent Tab:	27 Specialty Developing ACR, ISI	S First	2020	<b>2022 Work RVU:</b> 0.58	
RUC Meeting: April 2009	Recommendation:	Identified: April 2009	Medicare	<b>2022 NF PE RVU</b> : 2.06	
			Utilization: 6,499	2022 Fac PE RVU: NA	
RUC Recommendation: New PE input	ts	Referred to CPT		Result: PE Only	
			blished in CPT Asst:	,	0
76101 Radiologic examination, con mastoid polytomography), o	nplex motion (ie, hypercycloidal) body ther than with urography; unilateral	y section (eg, Global: XXX Issu	e: Fluroscopy	Screen: CMS Request - Practice Expense Review	Complete? Ye
76101 Radiologic examination, con mastoid polytomography), o	nplex motion (ie, hypercycloidal) body ther than with urography; unilateral 27 <b>Specialty Developing</b> ACR, ISI	y section (eg, Global: XXX Issu	e: Fluroscopy	Screen: CMS Request - Practice Expense Review 2022 Work RVU:	Complete? Ye
76101 Radiologic examination, con mastoid polytomography), o	nplex motion (ie, hypercycloidal) body ther than with urography; unilateral	y section (eg, Global: XXX Issu	e: Fluroscopy	Screen: CMS Request - Practice Expense Review 2022 Work RVU: 2022 NF PE RVU:	Complete? Ye
76101 Radiologic examination, con mastoid polytomography), o Most Recent Tab: RUC Meeting: April 2009	nplex motion (ie, hypercycloidal) body ther than with urography; unilateral 27 Specialty Developing ACR, ISI Recommendation:	y section (eg, Global: XXX Issu  S First Identified: April 2009	e: Fluroscopy  2020 Medicare	Screen: CMS Request - Practice Expense Review  2022 Work RVU: 2022 NF PE RVU: 2022 Fac PE RVU:	Complete? Ye
76101 Radiologic examination, con mastoid polytomography), o	nplex motion (ie, hypercycloidal) body ther than with urography; unilateral 27 Specialty Developing ACR, ISI Recommendation:	y section (eg, Global: XXX Issu  S First Identified: April 2009  Referred to CPT	e: Fluroscopy  2020 Medicare	Screen: CMS Request - Practice Expense Review 2022 Work RVU: 2022 NF PE RVU:	Complete? Yes
76101 Radiologic examination, con mastoid polytomography), o  Most Recent Tab: RUC Meeting: April 2009  RUC Recommendation: New PE input	nplex motion (ie, hypercycloidal) body ther than with urography; unilateral 27 Specialty Developing ACR, ISI Recommendation:	y section (eg, Global: XXX Issu  S First Identified: April 2009  Referred to CPT Referred to CPT Asst Pul	e: Fluroscopy  2020  Medicare  Utilization: 1	Screen: CMS Request - Practice Expense Review  2022 Work RVU: 2022 NF PE RVU: 2022 Fac PE RVU:	
76101 Radiologic examination, con mastoid polytomography), o  Most Recent Tab: RUC Meeting: April 2009  RUC Recommendation: New PE input  76102 Radiologic examination, con mastoid polytomography), o	nplex motion (ie, hypercycloidal) body ther than with urography; unilateral  27 Specialty Developing ACR, ISI Recommendation:  28  applex motion (ie, hypercycloidal) body ther than with urography; bilateral	y section (eg, Global: XXX Issu  S First Identified: April 2009  Referred to CPT Referred to CPT Asst Pull  y section (eg, Global: XXX Issu	e: Fluroscopy  2020 Medicare Utilization: 1  blished in CPT Asst:  e: Fluroscopy	Screen: CMS Request - Practice Expense Review  2022 Work RVU: 2022 NF PE RVU: 2022 Fac PE RVU: Result: PE Only  Screen: CMS Request - Practice	·
76101 Radiologic examination, con mastoid polytomography), o  Most Recent Tab: RUC Meeting: April 2009  RUC Recommendation: New PE input  76102 Radiologic examination, con mastoid polytomography), o	nplex motion (ie, hypercycloidal) body ther than with urography; unilateral  27 Specialty Developing ACR, ISI Recommendation:  IS	y section (eg, Global: XXX Issu  S First Identified: April 2009  Referred to CPT Referred to CPT Asst Pull  y section (eg, Global: XXX Issu	e: Fluroscopy  2020 Medicare Utilization: 1  blished in CPT Asst:  e: Fluroscopy  2020 Medicare	Screen: CMS Request - Practice Expense Review  2022 Work RVU: 2022 NF PE RVU: 2022 Fac PE RVU: Result: PE Only  Screen: CMS Request - Practice Expense Review	·
76101 Radiologic examination, con mastoid polytomography), o  Most Recent Tab: RUC Meeting: April 2009  RUC Recommendation: New PE input  76102 Radiologic examination, con mastoid polytomography), o	nplex motion (ie, hypercycloidal) body ther than with urography; unilateral  27 Specialty Developing ACR, ISI Recommendation:  as  applex motion (ie, hypercycloidal) body ther than with urography; bilateral	y section (eg, Global: XXX Issu  S First Identified: April 2009  Referred to CPT Referred to CPT Asst Pul  y section (eg, Global: XXX Issu  S First	e: Fluroscopy  2020 Medicare Utilization: 1  blished in CPT Asst:  e: Fluroscopy  2020	Screen: CMS Request - Practice Expense Review  2022 Work RVU: 2022 NF PE RVU: 2022 Fac PE RVU: Result: PE Only  Screen: CMS Request - Practice Expense Review  2022 Work RVU:	·
76101 Radiologic examination, con mastoid polytomography), o  Most Recent Tab: RUC Meeting: April 2009  RUC Recommendation: New PE input  76102 Radiologic examination, con mastoid polytomography), o	nplex motion (ie, hypercycloidal) body ther than with urography; unilateral  27 Specialty Developing ACR, ISI Recommendation:  28  nplex motion (ie, hypercycloidal) body ther than with urography; bilateral  27 Specialty Developing ACR, ISI Recommendation:	y section (eg, Global: XXX Issu  S First Identified: April 2009  Referred to CPT Referred to CPT Asst Pul  y section (eg, Global: XXX Issu  S First	e: Fluroscopy  2020 Medicare Utilization: 1  blished in CPT Asst:  e: Fluroscopy  2020 Medicare	Screen: CMS Request - Practice Expense Review  2022 Work RVU: 2022 NF PE RVU: 2022 Fac PE RVU: Result: PE Only  Screen: CMS Request - Practice Expense Review 2022 Work RVU: 2022 NF PE RVU:	Complete? Ye

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76376 3d rendering with interpretation and reporting of computed tomography, Global: XXX Issue: 3D Rendering Screen: Negative IWPUT Complete? Yes magnetic resonance imaging, ultrasound, or other tomographic modality with image postprocessing under concurrent supervision; not requiring image postprocessing on an independent workstation 2022 Work RVU: 0.20 **Most Recent Tab**: 23 Specialty Developing ACR, ASNR First 2020 **RUC Meeting:** April 2018 Recommendation: Identified: April 2017 Medicare 2022 NF PE RVU: 0.46 **Utilization:** 247,990 2022 Fac PE RVU: NA **RUC Recommendation: 0.20** Referred to CPT Result: Maintain Referred to CPT Asst Published in CPT Asst: 76377 3d rendering with interpretation and reporting of computed tomography, Global: XXX Issue: 3D Rendering with Screen: CMS Request - Final Complete? Yes Rule for 2020 magnetic resonance imaging, ultrasound, or other tomographic modality with Interpretation and Report image postprocessing under concurrent supervision; requiring image postprocessing on an independent workstation 2022 Work RVU: 0.79 **Most Recent** Specialty Developing ACR, ASNR **First** 2020 **RUC Meeting:** October 2021 Identified: July 2019 Recommendation: Medicare **2022 NF PE RVU: 1.30 Utilization:** 155,353 2022 Fac PE RVU: NA RUC Recommendation: 0.79 Referred to CPT Result: Maintain Referred to CPT Asst **Published in CPT Asst:** 76510 Ophthalmic ultrasound, diagnostic; b-scan and quantitative a-scan performed Global: XXX Issue: Opthalmic Ultrasound Screen: CMS High Expenditure Complete? Yes Procedural Codes2 during the same patient encounter 2022 Work RVU: 0.70 Most Recent **Tab**: 23 Specialty Developing AAO. ASRS. AOA First 2020 **RUC Meeting:** October 2016 Recommendation: (optometry) Identified: April 2016 Medicare 2022 NF PE RVU: 1.33 **Utilization:** 11,064 2022 Fac PE RVU: NA **RUC Recommendation: 0.70** Referred to CPT Result: Decrease

Referred to CPT Asst

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76511 Ophthalmic ultrasound, diagnost	tic; quantitative a-scan only	Global: XXX Issue:	Opthalmic Ultrasound	Screen: CMS High Expenditure Procedural Codes2	Complete? Yes
Most Recent Tab: 23	Specialty Developing AAO, ASRS, AOA	First	2020	<b>2022 Work RVU:</b> 0.64	
RUC Meeting: October 2016	Recommendation: (optometry)	Identified: April 2016	Medicare Utilization: 3,275	<b>2022 NF PE RVU</b> : 1.01	
			Othization: 0,270	2022 Fac PE RVU: NA	
RUC Recommendation: 0.64		ferred to CPT	tale at the ODT Assets	Result: Decrease	
	Ret	ferred to CPT Asst	ished in CPT Asst:		
76512 Ophthalmic ultrasound, diagnost quantitative a-scan)	tic; b-scan (with or without superimposed	non- Global: XXX Issue:	Opthalmic Ultrasound	Screen: CMS High Expenditure Procedural Codes2	Complete? Yes
Most Recent Tab: 23	Specialty Developing AAO, ASRS, AOA	First	2020	<b>2022 Work RVU</b> : 0.56	
RUC Meeting: October 2016	Recommendation: (optometry)	Identified: July 2015	Medicare Utilization: 186,858	<b>2022 NF PE RVU</b> : 0.83	
			Utilization: 100,000	2022 Fac PE RVU:NA	
RUC Recommendation: 0.56		ferred to CPT		Result: Decrease	
	Ref	ferred to CPT Asst L Publi	ished in CPT Asst:		
10010	tic; anterior segment ultrasound, immersic ution biomicroscopy, unilateral or bilatera		Ophthalmic Ultrasound Anterior Segment	Screen: High Volume Growth1 / CPT Assistant Analysis 2018	Complete? Yes
Most Recent Tab: 17	Specialty Developing AAO, AOA	First	2020	<b>2022 Work RVU</b> : 0.60	
RUC Meeting: January 2020	Recommendation: (optometric), ASCRS	Identified: February 2008	Medicare	<b>2022 NF PE RVU</b> : 1.62	
	AOCA		Utilization: 20,686	2022 Fac PE RVU:NA	
RUC Recommendation: 0.60 and CPT Ass	sistant article published Ref	ferred to CPT September 20	)19	Result: Decrease	

Referred to CPT Asst Published in CPT Asst: Apr 2013

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76514 Ophthalmic ultrasoun (determination of corr		tic; corneal pachymetry, ess)	unilateral or bil	ateral Global: XXX Issue	: Echo Exam of Eye Thickness	Screen: Negative IWPUT	Complete? Yes
Most Recent	<b>Tab:</b> 12	Specialty Developing	AAO, AOA	First	2020	<b>2022 Work RVU:</b> 0.14	
RUC Meeting: October 2017		Recommendation:	(optometric)	Identified: April 2017	Medicare Utilization: 370,154	<b>2022 NF PE RVU</b> : 0.18	
					otinzation. 070,104	2022 Fac PE RVU: NA	
RUC Recommendation: 0.17				eferred to CPT		Result: Maintain	
				eferred to CPT Asst	ished in CPT Asst:		
76516 Ophthalmic biometry	by ultrasou	und echography, a-scan	:	Global: XXX Issue	: Opthalmic Biometry	Screen: CMS High Expenditure Procedural Codes2	Complete? Yes
Most Recent	<b>Tab</b> : 36	Specialty Developing	AAO. AOA	First	2020	<b>2022 Work RVU</b> : 0.40	
RUC Meeting: April 2016		Recommendation:	(optometry)	Identified: April 2016	Medicare	<b>2022 NF PE RVU</b> : 0.95	
					Utilization: 1,806	2022 Fac PE RVU:NA	
RUC Recommendation: 0.40			F	eferred to CPT		Result: Decrease	
					0.11.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.	0	
76519 Ophthalmic biometry power calculation	by ultrasou	ınd echography, a-scan;	; with intraoculai	lens Global: XXX Issue			
power carculation					: Opthalmic Biometry	Screen: CMS High Expenditure Procedural Codes2	Complete? Yes
Most Recent	<b>Tab</b> : 36	Specialty Developing	AAO, AOA	First	2020		Complete? Yes
lost Recent	<b>Tab:</b> 36	Specialty Developing Recommendation:	AAO, AOA (optometry)		2020 Medicare	Procedural Codes2	Complete? Yes
Most Recent	<b>Tab:</b> 36		*	First	2020	Procedural Codes2  2022 Work RVU: 0.54	Complete? Yes
Most Recent RUC Meeting: April 2016	<b>Tab:</b> 36		(optometry)	First Identified: July 2015	2020 Medicare Utilization: 126,280	Procedural Codes2  2022 Work RVU: 0.54  2022 NF PE RVU: 1.42	Complete? Yes
Most Recent RUC Meeting: April 2016 RUC Recommendation: 0.54	<b>Tab</b> : 36		(optometry)	First Identified: July 2015	2020 Medicare	2022 Work RVU: 0.54 2022 NF PE RVU: 1.42 2022 Fac PE RVU: NA	Complete? Yes
Most Recent RUC Meeting: April 2016 RUC Recommendation: 0.54	es of head	Recommendation:	(optometry)	First Identified: July 2015  eferred to CPT eferred to CPT Asst Publ	2020 Medicare Utilization: 126,280	2022 Work RVU: 0.54 2022 NF PE RVU: 1.42 2022 Fac PE RVU: NA	·
Most Recent RUC Meeting: April 2016  RUC Recommendation: 0.54  76536 Ultrasound, soft tissutime with image documents.	es of head	Recommendation:	(optometry)  R R arathyroid, paro	First Identified: July 2015  eferred to CPT eferred to CPT Asst Publicid), real Global: XXX Issue	2020 Medicare Utilization: 126,280 ished in CPT Asst:	Procedural Codes2  2022 Work RVU: 0.54  2022 NF PE RVU: 1.42  2022 Fac PE RVU: NA  Result: Maintain	·
Most Recent RUC Meeting: April 2016 RUC Recommendation: 0.54  76536 Ultrasound, soft tissutime with image documents.	es of head mentation	Recommendation:	(optometry)  R R arathyroid, paro	First Identified: July 2015  eferred to CPT eferred to CPT Asst Publicid), real Global: XXX Issue	2020 Medicare Utilization: 126,280 ished in CPT Asst:  Soft Tissue Ultrasound 2020 Medicare	Procedural Codes2  2022 Work RVU: 0.54  2022 NF PE RVU: 1.42  2022 Fac PE RVU: NA  Result: Maintain  Screen: CMS Fastest Growing	·
Most Recent RUC Meeting: April 2016 RUC Recommendation: 0.54  76536 Ultrasound, soft tissutime with image documents.	es of head mentation	Recommendation:  and neck (eg, thyroid, p  Specialty Developing	(optometry)  R R arathyroid, paro	First Identified: July 2015  eferred to CPT eferred to CPT Asst Publ  cid), real Global: XXX Issue  S, First	2020 Medicare Utilization: 126,280 ished in CPT Asst: : Soft Tissue Ultrasound 2020	Procedural Codes2  2022 Work RVU: 0.54  2022 NF PE RVU: 1.42  2022 Fac PE RVU: NA  Result: Maintain  Screen: CMS Fastest Growing  2022 Work RVU: 0.56	·
Most Recent RUC Meeting: April 2016 RUC Recommendation: 0.54	es of head mentation	Recommendation:  and neck (eg, thyroid, p  Specialty Developing	(optometry)  R R arathyroid, paro	First Identified: July 2015  eferred to CPT eferred to CPT Asst Publ  cid), real Global: XXX Issue  S, First	2020 Medicare Utilization: 126,280 ished in CPT Asst:  Soft Tissue Ultrasound 2020 Medicare	Procedural Codes2  2022 Work RVU: 0.54  2022 NF PE RVU: 1.42  2022 Fac PE RVU: NA  Result: Maintain  Screen: CMS Fastest Growing  2022 Work RVU: 0.56  2022 NF PE RVU: 2.76	Complete? Yes

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76604 Ultrasound, chest (inc	ludes med	iastinum), real time with image do	ocumentation Global: XXX Issue	: Ultrasound Exam - Chest	Screen: CMS-Other - Utilization over 30,000	Complete? Yes
Most Recent	<b>Tab</b> : 24	Specialty Developing ACR	First	2020	<b>2022 Work RVU:</b> 0.59	
RUC Meeting: April 2018		Recommendation:	Identified: October 2017	Medicare	<b>2022 NF PE RVU</b> : 1.10	
				Utilization: 96,497	2022 Fac PE RVU: NA	
RUC Recommendation: 0.59			Referred to CPT Referred to CPT Asst  Pub	lished in CPT Asst:	Result: Increase	
76641 Ultrasound, breast, ur axilla when performed		al time with image documentation	ı, including Global: XXX Issud	e: Breast Ultrasound	Screen: CMS-Other - Utilization over 500,000	Complete? Yes
Most Recent	<b>Tab:</b> 13	Specialty Developing ACR	First	2020	<b>2022 Work RVU:</b> 0.73	
RUC Meeting: January 2014		Recommendation:	Identified: January 2014	Medicare Utilization: 598,115	<b>2022 NF PE RVU</b> : 2.32	
				Utilization: 598,115	2022 Fac PE RVU: NA	
			Referred to CPT October 201	3	Result: Increase	
RUC Recommendation: 0.73			Referred to CPT Asst  Pub			
		al time with image documentation	Referred to CPT Asst  Pub		Screen: CMS-Other - Utilization over 500,000	Complete? Yes
76642 Ultrasound, breast, ur axilla when performed		al time with image documentation Specialty Developing ACR	Referred to CPT Asst  Pub	lished in CPT Asst:	Screen: CMS-Other - Utilization	Complete? Yes
76642 Ultrasound, breast, ur axilla when performed	d; limited	-	Referred to CPT Asst  Pub	e: Breast Ultrasound  2020 Medicare	Screen: CMS-Other - Utilization over 500,000	Complete? Yes
76642 Ultrasound, breast, ur axilla when performed	d; limited	Specialty Developing ACR	Referred to CPT Asst  Pub	e: Breast Ultrasound	Screen: CMS-Other - Utilization over 500,000  2022 Work RVU: 0.68	Complete? Yes
76642 Ultrasound, breast, ur axilla when performed	d; limited	Specialty Developing ACR	Referred to CPT Asst  Pub	e: Breast Ultrasound  2020 Medicare Utilization: 680,621	Screen: CMS-Other - Utilization over 500,000  2022 Work RVU: 0.68  2022 NF PE RVU: 1.81	Complete? Yes
76642 Ultrasound, breast, ur axilla when performed Most Recent RUC Meeting: January 2014 RUC Recommendation: 0.68	t; limited Tab: 13	Specialty Developing ACR	Referred to CPT Asst  Pub.  A, including Global: XXX Issue  First Identified: January 2014  Referred to CPT October 201  Referred to CPT Asst  Pub.	e: Breast Ultrasound  2020 Medicare Utilization: 680,621	Screen: CMS-Other - Utilization over 500,000  2022 Work RVU: 0.68  2022 NF PE RVU: 1.81  2022 Fac PE RVU: NA	Complete? Yes
16642 Ultrasound, breast, ur axilla when performed lost Recent UC Meeting: January 2014  UC Recommendation: 0.68	t; limited Tab: 13	Specialty Developing ACR Recommendation:  or bilateral), real time with image	Referred to CPT Asst  Pub  A, including Global: XXX Issue  First Identified: January 2014  Referred to CPT October 201  Referred to CPT Asst  Pub  documentation Global: Issue	e: Breast Ultrasound  2020 Medicare Utilization: 680,621  3 dished in CPT Asst:	Screen: CMS-Other - Utilization over 500,000  2022 Work RVU: 0.68  2022 NF PE RVU: 1.81  2022 Fac PE RVU: NA  Result: Increase  Screen: CMS-Other - Utilization	•
76642 Ultrasound, breast, ur axilla when performed Most Recent RUC Meeting: January 2014 RUC Recommendation: 0.68	t; limited Tab: 13	Specialty Developing ACR Recommendation:	Referred to CPT Asst  Pub.  A, including Global: XXX Issue  First Identified: January 2014  Referred to CPT October 201  Referred to CPT Asst  Pub.	e: Breast Ultrasound  2020 Medicare Utilization: 680,621  3 dished in CPT Asst:  e: Breast Ultrasound  2020 Medicare	Screen: CMS-Other - Utilization over 500,000  2022 Work RVU: 0.68  2022 NF PE RVU: 1.81  2022 Fac PE RVU: NA  Result: Increase  Screen: CMS-Other - Utilization over 500,000	•
76642 Ultrasound, breast, ur axilla when performed Most Recent RUC Meeting: January 2014 RUC Recommendation: 0.68	t; limited Tab: 13	Specialty Developing ACR Recommendation:  or bilateral), real time with image  Specialty Developing ACR	Referred to CPT Asst  Pub  A, including Global: XXX Issue  First Identified: January 2014  Referred to CPT October 201  Referred to CPT Asst  Pub  documentation Global: Issue	e: Breast Ultrasound  2020 Medicare Utilization: 680,621  3 dished in CPT Asst:  e: Breast Ultrasound	Screen: CMS-Other - Utilization over 500,000  2022 Work RVU: 0.68  2022 NF PE RVU: 1.81  2022 Fac PE RVU: NA  Result: Increase  Screen: CMS-Other - Utilization over 500,000  2022 Work RVU:	•

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76700 Ultrasound, abdomin	al, real time	with image documentation; con	nplete Global: XXX	issue:	Ultrasound		Screen: MPC List	Complete? Yes
Most Recent RUC Meeting: October 2013	<b>Tab</b> : 13	Specialty Developing ACR Recommendation:	First Identified: October	r 2010	2020 Medicare Utilization:	731,528	2022 Work RVU: 0.81 2022 NF PE RVU: 2.67 2022 Fac PE RVU: NA	
RUC Recommendation: 0.81			Referred to CPT				Result: Maintain	
			Referred to CPT Asst	□ Publis     □	shed in CPT As	sst:		
76705 Ultrasound, abdomin organ, quadrant, follo		with image documentation; limi	ited (eg, single Global: XXX	Issue:	Ultrasound		Screen: CMS-Other - Utilization over 500,000	Complete? Yes
Most Recent	<b>Tab:</b> 13	Specialty Developing ACR, AS			2020 Medicare Utilization: 934,222		<b>2022 Work RVU:</b> 0.59	
RUC Meeting: October 2013		Recommendation:	Identified: April 20	)11		934 222	<b>2022 NF PE RVU</b> : 2.00	
							2022 Fac PE RVU:NA	
RUC Recommendation: 0.59			Referred to CPT		all and the ODT A	not:	Result: Maintain	
		I time with image documentation	n, screening Global: XXX		shed in CPT As  Abdominal Aor	ta	Screen: Final Rule for 2015	Complete? Yes
76706 Ultrasound, abdomin study for abdominal a Most Recent RUC Meeting: October 2015			n, screening Global: XXX	Issue:	Abdominal Aor Ultrasound Scr 2020 Medicare	ta	2022 Work RVU: 0.55 2022 NF PE RVU: 2.61	Complete? Yes
study for abdominal a  Most Recent RUC Meeting: October 2015	aortic aneur	ysm (aaa) Specialty Developing ACR, SI	n, screening Global: XXX  R, SVS First Identified: May 20	Issue:	Abdominal Aor Ultrasound Scr 2020 Medicare Utilization:	rta reening 122,567	2022 Work RVU: 0.55 2022 NF PE RVU: 2.61 2022 Fac PE RVU: NA Result: Decrease	Complete? Yes
study for abdominal a Most Recent RUC Meeting: October 2015 RUC Recommendation: 0.55	Tab: 12	ysm (aaa) Specialty Developing ACR, SI	n, screening Global: XXX  R, SVS First Identified: May 20  Referred to CPT May Referred to CPT Asst	Issue: 015 y 2015 V Publis	Abdominal Aor Ultrasound Scr 2020 Medicare Utilization:	rta reening 122,567	2022 Work RVU: 0.55 2022 NF PE RVU: 2.61 2022 Fac PE RVU: NA Result: Decrease	Complete? Yes
study for abdominal at lost Recent RUC Meeting: October 2015  RUC Recommendation: 0.55  26770 Ultrasound, retroperi documentation; com	Tab: 12	ysm (aaa)  Specialty Developing ACR, SI Recommendation:  enal, aorta, nodes), real time with	n, screening Global: XXX  R, SVS First Identified: May 20  Referred to CPT May Referred to CPT Asst	Issue: 015 y 2015 V Publis	Abdominal Aor Ultrasound Scr 2020 Medicare Utilization:	rta reening 122,567	2022 Work RVU: 0.55 2022 NF PE RVU: 2.61 2022 Fac PE RVU: NA Result: Decrease 2017  Screen: CMS-Other - Utilization	•
study for abdominal a flost Recent RUC Meeting: October 2015 RUC Recommendation: 0.55	Tab: 12  toneal (eg, r	ysm (aaa)  Specialty Developing ACR, SI Recommendation:	R, SVS First Identified: May 20  Referred to CPT May Referred to CPT Asst  th image Global: XXX	Issue:  y 2015  Publis  Issue:	Abdominal Aor Ultrasound Scr 2020 Medicare Utilization: shed in CPT As  Ultrasound 2020 Medicare	ta reening 122,567 sst: Jan 2	2022 Work RVU: 0.55 2022 NF PE RVU: 2.61 2022 Fac PE RVU: NA Result: Decrease 2017  Screen: CMS-Other - Utilization over 500,000	•
study for abdominal and study	Tab: 12  toneal (eg, r	Specialty Developing ACR, SI Recommendation:  enal, aorta, nodes), real time with Specialty Developing ACR	n, screening Global: XXX  R, SVS First Identified: May 20  Referred to CPT May Referred to CPT Asst  th image Global: XXX	Issue:  y 2015  Publis  Issue:	Abdominal Aor Ultrasound Scr 2020 Medicare Utilization: shed in CPT As  Ultrasound 2020 Medicare	rta reening 122,567	2022 Work RVU: 0.55 2022 NF PE RVU: 2.61 2022 Fac PE RVU: NA Result: Decrease 2017  Screen: CMS-Other - Utilization over 500,000 2022 Work RVU: 0.74	•

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76775 Ultrasound, retroperit documentation; limite	` •	renal, aorta, nodes), real time with ima	ge Global: XXX Issue	e: Ultrasound	Screen: CMS-Other - Utilization over 500,000	Complete? Yes
Most Recent T	<b>Tab:</b> 13	Specialty Developing ACR	First	2020	<b>2022 Work RVU:</b> 0.58	
RUC Meeting: October 2013		Recommendation:	Identified: April 2011	Medicare	<b>2022 NF PE RVU</b> : 1.10	
				Utilization: 427,811	2022 Fac PE RVU: NA	
RUC Recommendation: 0.58			Referred to CPT Asst  Pub	lished in CPT Asst:	Result: Maintain	
76819 Fetal biophysical prof	ile; without	non-stress testing	Global: XXX Issue	e: RAW	Screen: High Volume Growth2	Complete? Yes
Most Recent	<b>Tab</b> : 18	Specialty Developing	First	2020	<b>2022 Work RVU:</b> 0.77	
RUC Meeting: October 2013		Recommendation:	Identified: April 2013	Medicare Utilization: 11,226	<b>2022 NF PE RVU</b> : 1.68	
				Othization: 11,220	2022 Fac PE RVU: NA	
RUC Recommendation: Remo	ve from scre	een	Referred to CPT Asst  Pub	olished in CPT Asst:	Result: Remove from Screen	
76830 Ultrasound, transvagi	nal		Global: XXX Issue	e: Transvaginal and Transrectal Ultrasound	Screen: CMS High Expenditure Procedural Codes1	Complete? Yes
Most Recent Ta	<b>Tab</b> : 44	Tab: 44 Specialty Developing ACOG, ACR, Recommendation:	AUA First Identified: September 2011		<b>2022 Work RVU:</b> 0.69	
RUC Meeting: April 2012					<b>2022 NF PE RVU</b> : 2.87	
				Utilization: 354,483	2022 Fac PE RVU: NA	
RUC Recommendation: 0.69			Referred to CPT		Result: Maintain	
			Referred to CPT Asst	lished in CPT Asst:		
76856 Ultrasound, pelvic (no	onobstetric)	, real time with image documentation;	complete Global: XXX Issue	e: Ultrasound	Screen: CMS-Other - Utilization over 500,000	Complete? Yes
Most Recent		Specialty Developing ACR Recommendation:	First Identified: April 2011	2020 Medicare Utilization: 335,800	<b>2022 Work RVU:</b> 0.69	
RUC Meeting: October 2013					<b>2022 NF PE RVU:</b> 2.45	
				otilization. 333,000	2022 Fac PE RVU: NA	
RUC Recommendation: 0.69			Referred to CPT		Result: Maintain	
			Referred to CPT Asst	lished in CPT Asst:		

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76857 Ultrasound, pelvic (nonobstetric), real time with image documentation; limited or Global: XXX Screen: CMS-Other - Utilization Complete? Yes over 250.000 follow-up (eg, for follicles) 2022 Work RVU: 0.50 **Tab:** 13 2020 **Most Recent** Specialty Developing ACR First **RUC Meeting:** October 2013 Recommendation: Identified: April 2013 Medicare 2022 NF PE RVU: 0.89 **Utilization:** 170,089 2022 Fac PE RVU: NA Result: Decrease **RUC Recommendation: 0.50** Referred to CPT **Referred to CPT Asst Published in CPT Asst:** 76870 Ultrasound, scrotum and contents Issue: Ultrasound Exam - Scrotum Screen: CMS-Other - Utilization Global: XXX Complete? Yes over 100,000 2022 Work RVU: 0.64 2020 Most Recent **Tab: 28** Specialty Developing ACR, AUA First **RUC Meeting:** April 2017 Recommendation: Identified: April 2016 Medicare **2022 NF PE RVU: 2.35 Utilization:** 124,259 2022 Fac PE RVU: NA **RUC Recommendation: 0.64** Referred to CPT Result: Maintain Referred to CPT Asst **Published in CPT Asst:** 76872 Ultrasound, transrectal; Global: XXX Transvaginal and Screen: CMS High Expenditure Complete? No Transrectal Ultrasound Procedural Codes1 / Codes Reported Together 75% or More-Part5 2022 Work RVU: 0.69 **Most Recent Tab:** 13 Specialty Developing ACOG, ACR, AUA 2020 **RUC Meeting:** September 2022 Identified: September 2011 Recommendation: Medicare **2022 NF PE RVU: 5.38 Utilization:** 185,018 2022 Fac PE RVU: NA RUC Recommendation: Refer to CPT, 0.69 Referred to CPT May 2023 Result: Maintain Referred to CPT Asst Published in CPT Asst:

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76880 Deleted from CPT Global: Issue: Lower Extremity Ultrasound Screen: CMS Fastest Growing Complete? Yes

Most Recent Tab: 26 Specialty Developing APMA, ACR First 2020 2022 Work RVU: RUC Meeting: October 2009 Recommendation: Identified: October 2008 Medicare 2022 Work RVU:

2009 Recommendation: Identified: October 2008 Medicare 2022 NF PE RVU:

Utilization:

2022 Fac PE RVU:

RUC Recommendation: Deleted from CPT Referred to CPT February 2010 Result: Deleted from CPT

Referred to CPT Asst Published in CPT Asst:

16881 Ultrasound, complete joint (ie, joint space and peri-articular soft-tissue Global: XXX Issue: Neuromuscular Ultrasound Screen: CMS Fastest Growing / Complete? Yes

structures), real-time with image documentation

New Technology/New

Services

Result: Decrease

Most Recent Tab: 11 Specialty Developing AAN, AANEM, First 2020 2022 Work RVU: 0.63

RUC Meeting: January 2022 Recommendation: AAPM&R, ACR, Identified: April 2010 Medicare Utilization: 170,257

2022 Fac PE RVU:NA

RUC Recommendation: 0.90 Referred to CPT June 2017 Result: Decrease

Referred to CPT Asst 
Published in CPT Asst: Clinical Examples of Radiology Winter 2011; Apr 2016

76882 Ultrasound, limited, joint or focal evaluation of other nonvascular extremity Global: XXX Issue: Neuromuscular Ultrasound Screen: CMS Fastest Growing / Complete? Yes

structure(s) (eg, joint space, peri-articular tendon[s], muscle[s], nerve[s], other

New Technology/New

soft-tissue structure[s], or soft-tissue mass[es]), real-time with image

documentation

2022 Fac PE RVU:NA

Referred to CPT

Referred to CPT Asst Published in CPT Asst: Clinical Examples of Radiology Summer and Winter 2011; Apr

2016

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**RUC Recommendation: 0.69** 

76883 Ultrasound, nerve(s) and accompanying structures throughout their entire Global: Issue: Neuromuscular Ultrasound Screen: New Technology/New Complete? Yes anatomic course in one extremity, comprehensive, including real-time cine Services imaging with image documentation, per extremity 2022 Work RVU: **Most Recent** Specialty Developing AAN, AANEM, 2020 **RUC Meeting:** January 2022 AAPM&R, ACR, Identified: October 2021 Recommendation: Medicare **2022 NF PE RVU:** ACRh, APMA **Utilization:** 2022 Fac PE RVU: Referred to CPT **RUC Recommendation: 1.21** Result: Increase **Referred to CPT Asst Published in CPT Asst:** 76930 Ultrasonic guidance for pericardiocentesis, imaging supervision and Pericardiocentesis and Screen: CMS Request - Final Complete? Yes Global: interpretation Pericardial Drainage Rule for 2014 2022 Work RVU: **Most Recent Tab:** 04 Specialty Developing ACC First 2020 Recommendation: Identified: July 2013 **RUC Meeting:** January 2019 Medicare **2022 NF PE RVU: Utilization:** 2022 Fac PE RVU: RUC Recommendation: Deleted from CPT Referred to CPT September 2018 Result: Deleted from CPT Referred to CPT Asst Published in CPT Asst: 76932 Ultrasonic guidance for endomyocardial biopsy, imaging supervision and Global: YYY Issue: Ultrasound Guidance Screen: CMS Request - Final Complete? Yes Rule for 2014 interpretation 2022 Work RVU: 0.00 **Most Recent** Specialty Developing ACC 2020 **Tab:** 34 First **RUC Meeting:** April 2014 Recommendation: Identified: July 2013 Medicare 2022 NF PE RVU: 0.00 **Utilization:** 1,148 2022 Fac PE RVU: NA

Referred to CPT

Referred to CPT Asst

Published in CPT Asst:

Result: Maintain

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RUC Recommendation: 0.67

76936 Ultrasound guided compression repair of arterial pseudoaneurysm or Global: XXX Issue: RAW Screen: CMS Request - Final Complete? Yes Rule for 2014 arteriovenous fistulae (includes diagnostic ultrasound evaluation, compression of lesion and imaging) **2022 Work RVU: 1.99 Most Recent Tab:** 18 **Specialty Developing First** 2020 **RUC Meeting:** October 2013 Identified: July 2013 Medicare Recommendation: **2022 NF PE RVU: 5.59** 675 **Utilization:** 2022 Fac PE RVU: NA **RUC Recommendation:** Maintain Referred to CPT Result: Maintain **Referred to CPT Asst Published in CPT Asst:** 76937 Ultrasound guidance for vascular access requiring ultrasound evaluation of Global: ZZZ Ultrasound Guidance for Screen: Identified in RUC review Complete? Yes potential access sites, documentation of selected vessel patency, concurrent Vascular Access of other services realtime ultrasound visualization of vascular needle entry, with permanent recording and reporting (list separately in addition to code for primary procedure) 2022 Work RVU: 0.30 **Most Recent Tab: 07** Specialty Developing ACR, SIR, SVS **First** 2020 Identified: January 2018 **RUC Meeting:** September 2022 Recommendation: Medicare **2022 NF PE RVU: 0.85** 638,180 **Utilization:** 2022 Fac PE RVU: NA RUC Recommendation: 0.30 Referred to CPT Result: Maintain Referred to CPT Asst **Published in CPT Asst:** 76940 Ultrasound guidance for, and monitoring of, parenchymal tissue ablation Global: YYY Issue: Ultrasound Guidance Screen: CMS Request - Final Complete? Yes Rule for 2014 2022 Work RVU: 0.00 Most Recent **Tab**: 29 Specialty Developing ACS, ACR, SIR First 2020 **RUC Meeting:** January 2015 Recommendation: Identified: July 2013 Medicare 2022 NF PE RVU: 0.00 **Utilization:** 1,176 2022 Fac PE RVU: NA

Referred to CPT

Referred to CPT Asst

Published in CPT Asst:

Result: Maintain

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**RUC Recommendation: 2.00** 

76942 Ultrasonic guidance for needle placement (eg, biopsy, aspiration, injection, Global: XXX Issue: Somatic Nerve Injections Screen: CMS-Other - Utilization Complete? Yes over 500.000 / CMS localization device), imaging supervision and interpretation Request - Final Rule for 2014 / High Volume Growth3 2022 Work RVU: 0.67 Most Recent **Tab:** 05 Specialty Developing AAPM, AAPM&R. 2020 ACR, SIR, SIS Identified: April 2011 Medicare **RUC Meeting:** October 2021 Recommendation: 2022 NF PE RVU: 1.00 **Utilization:** 1,039,361 2022 Fac PE RVU: NA RUC Recommendation: 0.67 Referred to CPT May 2021 Result: Maintain Referred to CPT Asst Published in CPT Asst: Ultrasonic guidance for aspiration of ova, imaging supervision and interpretation Global: XXX Echo Guidance for Ova Screen: CMS Request - Final Complete? Yes Aspiration Rule for 2014 2022 Work RVU: 0.67 2020 **Most Recent Tab: 25** Specialty Developing ACOG **First RUC Meeting:** January 2015 Recommendation: Identified: July 2013 Medicare **2022 NF PE RVU: 1.69 Utilization:** 10 2022 Fac PE RVU: NA Referred to CPT **RUC Recommendation: 0.85** Result: Increase **Referred to CPT Asst Published in CPT Asst:** 76950 Ultrasonic guidance for placement of radiation therapy fields Issue: Ultrasound Guidance Screen: Codes Reported Global: Complete? Yes Together 75% or More-Part1 / CMS Request -Final Rule for 2014 2022 Work RVU: Most Recent **Tab: 34 Specialty Developing** First 2020 **RUC Meeting:** April 2014 Recommendation: **Identified:** February 2010 Medicare **2022 NF PE RVU: Utilization:** 2022 Fac PE RVU: RUC Recommendation: Deleted from CPT Referred to CPT October 2013 Result: Deleted from CPT Referred to CPT Asst Published in CPT Asst:

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76965 Ultrasonic guidance for interstitial radioelement application Global: XXX Issue: Ultrasound Guidance Screen: CMS Request - Final Complete? Yes Rule for 2014 2022 Work RVU: 1.34 Specialty Developing NO INTERESET 2020 **Most Recent Tab**: 21 First **RUC Meeting:** September 2014 Recommendation: Identified: July 2013 Medicare **2022 NF PE RVU: 1.34** 5,396 **Utilization:** 2022 Fac PE RVU: NA **RUC Recommendation:** Maintain Referred to CPT Result: Maintain **Referred to CPT Asst Published in CPT Asst:** 76970 Ultrasound study follow-up (specify) Issue: IMRT with Ultrasound Screen: High Volume Growth1 / Global: Complete? Yes Guidance CMS-Other - Utilization over 20,000 Part1 2022 Work RVU: **Most Recent Tab:** 17 Specialty Developing ACS, ACR, AACE First 2020 **RUC Meeting:** October 2019 Recommendation: **Identified:** February 2008 Medicare **2022 NF PE RVU: Utilization:** 20,100 2022 Fac PE RVU: RUC Recommendation: Deleted from CPT Result: Deleted from CPT Referred to CPT February 2020 Referred to CPT Asst ■ Published in CPT Asst: 76998 Ultrasonic guidance, intraoperative Global: XXX Issue: Intraoperative Ultrasound Screen: CMS-Other - Utilization Complete? Yes Services over 20,000 Part1 2022 Work RVU: 0.00 Most Recent Tab: 05 Specialty Developing AATS, ACC, ACS, 2020 **RUC Meeting:** September 2022 ASBrS. STS Identified: January 2019 Recommendation: Medicare **2022 NF PE RVU: 0.00** 

RUC Recommendation: 1.20 Referred to CPT May 2022 Result: Maintain

Referred to CPT Asst Published in CPT Asst:

**Utilization:** 

26,174

2022 Fac PE RVU: NA

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77001 Fluoroscopic guidance for central venous access device placement. Global: ZZZ Issue: PICC Line Procedures Screen: MPC List / CMS Complete? Yes Request - Final Rule for replacement (catheter only or complete), or removal (includes fluoroscopic quidance for vascular access and catheter manipulation, any necessary contrast 2013 / Final Rule for 2015 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) 2022 Work RVU: 0.38 2020 **Most Recent Tab:** 09 Specialty Developing AANS, AANEM, First Identified: January 2012 **RUC Meeting:** January 2018 AAPM, AAPM&R. Recommendation: Medicare 2022 NF PE RVU: 2.65 ACR, ASIPP, ASA, **Utilization:** 286.956 ASNR. CNS. ISIS. 2022 Fac PE RVU: NA NASS **RUC Recommendation: 0.38** Referred to CPT October 2015 Result: Maintain Referred to CPT Asst Published in CPT Asst: 77002 Fluoroscopic guidance for needle placement (eg, biopsy, aspiration, injection, Issue: Somatic Nerve Injections Screen: MPC List / CMS Complete? Yes Global: ZZZ localization device) (list separately in addition to code for primary procedure) Request - Final Rule for 2013 / CMS Request -Final Rule for 2015 / High Volume Growth3 2022 Work RVU: 0.54 **Most Recent Tab:** 05 Specialty Developing AAPM, AAPM&R, 2020 **RUC Meeting:** October 2021 Recommendation: ACR, SIR, SIS Identified: January 2012 Medicare **2022 NF PE RVU: 2.90 Utilization:** 466.846 2022 Fac PE RVU: NA October 2015 Referred to CPT **RUC Recommendation:** 0.54 **Result:** Maintain Referred to CPT Asst Published in CPT Asst: 77003 Fluoroscopic guidance and localization of needle or catheter tip for spine or Global: ZZZ Issue: Somatic Nerve Injections Screen: MPC List / CMS Complete? Yes paraspinous diagnostic or therapeutic injection procedures (epidural or Request - Final Rule for subarachnoid) (list separately in addition to code for primary procedure) 2013 / Final Rule for 2015 2022 Work RVU: 0.60 **Most Recent Tab:** 05 Specialty Developing AAPM, AAPM&R, 2020 First Identified: October 2010 **RUC Meeting:** October 2021 ACR. SIR. SIS Recommendation: Medicare **2022 NF PE RVU: 2.51 Utilization:** 26,632 2022 Fac PE RVU: NA October 2015 **RUC Recommendation: 0.60** Referred to CPT Result: Maintain Referred to CPT Asst Published in CPT Asst:

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77011 Computed tomography guidance for stereotactic localization	Global: XXX Issue	e: IMRT with CT Guidance	Screen: CMS Request - Practice Expense Review	Complete? Yes
Most Recent RUC Meeting: October 2010  Tab: 15 Specialty Developing Recommendation:  RUC Recommendation: New PE inputs	Identified:	2020 Medicare Utilization: 3,549  Folished in CPT Asst:	2022 Work RVU: 1.21 2022 NF PE RVU: 5.46 2022 Fac PE RVU: NA Result: PE Only	
77012 Computed tomography guidance for needle placement (eg, biopsy, a injection, localization device), radiological supervision and interpreta		e: Lung Biopsy-CT Guidance Bundle	Screen: CMS-Other - Utilization over 100,000 / Codes Reported Together 75%or More-Part4	Complete? Yes
Most Recent Tab: 05 Specialty Developing ACR, SIR	First	2020	<b>2022 Work RVU</b> : 1.50	
RUC Meeting: April 2019 Recommendation:	Identified: April 2016	Medicare Utilization: 185,999	<b>2022 NF PE RVU</b> : 2.65	
		Otilization. 105,599	2022 Fac PE RVU: NA	
RUC Recommendation: Bundled 32405 and 77012. 1.50	Referred to CPT February 20		Result: Increase	
	Referred to CPT Asst	olished in CPT Asst:		
77014 Computed tomography guidance for placement of radiation therapy f	ields Global: XXX Issue	e: IMRT with CT Guidance	Screen: CMS Request - Practice Expense Review / CMS- Other - Utilization over 500,000 / CMS High Expenditure Procedural Codes1 / High Volume Growth3	Complete? Yes
Most Recent Tab: 20 Specialty Developing ASTRO, ACI		2020	<b>2022 Work RVU:</b> 0.85	
RUC Meeting: October 2021 Recommendation:	Identified: October 2010	Medicare Utilization: 2,333,203	<b>2022 NF PE RVU</b> : 2.68	
			2022 Fac PE RVU:NA	
RUC Recommendation: Remove from screen	Referred to CPT		Result: Maintain	
	Referred to CPT Asst	olished in CPT Asst:		

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77031 Stereotactic localization guidance for breast biopsy or needle placement (eg, for Global: Issue: Breast Biopsy Screen: Codes Reported Complete? Yes Together 75% or Morewire localization or for injection), each lesion, radiological supervision and Part2 interpretation 2022 Work RVU: **Most Recent Tab:** 04 **Specialty Developing** First 2020 **RUC Meeting:** April 2013 Recommendation: Identified: January 2012 Medicare **2022 NF PE RVU: Utilization:** 2022 Fac PE RVU: RUC Recommendation: Deleted from CPT Referred to CPT October 2012 Result: Deleted from CPT Referred to CPT Asst **Published in CPT Asst:** 77032 Mammographic guidance for needle placement, breast (eg, for wire localization Global: Issue: Breast Biopsy Screen: Codes Reported Complete? Yes Together 75% or Moreor for injection), each lesion, radiological supervision and interpretation Part2 2022 Work RVU: **Most Recent Tab:** 04 **Specialty Developing** First 2020 Recommendation: Identified: January 2012 **RUC Meeting:** April 2013 Medicare **2022 NF PE RVU: Utilization:** 2022 Fac PE RVU: October 2012 RUC Recommendation: Deleted from CPT Referred to CPT Result: Deleted from CPT Referred to CPT Asst Published in CPT Asst: Global: XXX Breast MRI with Computer- Screen: CMS High Expenditure Complete? Yes 77046 Magnetic resonance imaging, breast, without contrast material; unilateral Aided Detection Procedural Codes2

2022 Work RVU: 1.45 2020 **Most Recent Tab:** 06 Specialty Developing ACR First **RUC Meeting:** October 2017 Recommendation: **2022 NF PE RVU: 5.16** 

Medicare Identified: June 2017 270 **Utilization:** 

2022 Fac PE RVU: NA

**RUC Recommendation: 1.45** Referred to CPT June 2017 Result: Decrease

Referred to CPT Asst Published in CPT Asst:

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77047 Magnetic resonance	imaging, br	east, without contrast material; bilate	ral Global: XXX Issue	: Breast MRI with Computer- Aided Detection	Screen: CMS High Expenditure Procedural Codes2	Complete? Yes
Most Recent RUC Meeting: October 2017	<b>Tab:</b> 06	Specialty Developing ACR Recommendation:	First	2020 Medicare Utilization: 2,712	<b>2022 Work RVU:</b> 1.60	
			Identified: June 2017		<b>2022 NF PE RVU:</b> 5.19	
					2022 Fac PE RVU:NA	
RUC Recommendation: 1.60			Referred to CPT June 2017 Referred to CPT Asst  Publ		Result: Decrease	
including computer-a	aided detect	east, without and with contrast materition (cad real-time lesion detection, inetic analysis), when performed; unil	• •	: Breast MRI with Computer- Aided Detection	Screen: CMS High Expenditure Procedural Codes2	Complete? Yes
Most Recent	<b>Tab</b> : 06	Specialty Developing ACR	First	2020	2022 Work RVU: 2.10	
RUC Meeting: October 2017		Recommendation:	Identified: June 2017	Medicare Utilization: 983	<b>2022 NF PE RVU</b> : 8.40	
			Utilization:	Othization: 965	2022 Fac PE RVU:NA	
RUC Recommendation: 2.10			Referred to CPT June 2017 Referred to CPT Asst  Publ		Result: Increase	
including computer-a	aided detect	east, without and with contrast materition (cad real-time lesion detection, inetic analysis), when performed; bila		: Breast MRI with Computer- Aided Detection	Screen: CMS High Expenditure Procedural Codes2	Complete? Yes
Most Recent RUC Meeting: October 2017	<b>Tab</b> : 06	Specialty Developing ACR Recommendation:	First Identified: June 2017	2020 Medicare Utilization: 85.897	<b>2022 Work RVU</b> : 2.30	
					2022 NF PE RVU: 8.41	
				Otilization. 65,697	2022 Fac PE RVU:NA	
RUC Recommendation: 2.30			Referred to CPT June 2017 Referred to CPT Asst Publ		Result: Increase	

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Computer-aided detection (computer algorithm analysis of digital image data for Global: Issue: Mammography-Computer Screen: CMS-Other - Utilization Complete? Yes Aided Detection Bundling over 250.000 / Final Rule lesion detection) with further review for interpretation, with or without for 2015 digitization of film radiographic images; diagnostic mammography (List separately in addition to code for primary procedure) 2022 Work RVU: **Most Recent Tab**: 20 Specialty Developing ACR First 2020 **RUC Meeting:** January 2016 Recommendation: Identified: Medicare **2022 NF PE RVU: Utilization:** 2022 Fac PE RVU: RUC Recommendation: Deleted from CPT Referred to CPT October 2015 Result: Deleted from CPT Referred to CPT Asst **Published in CPT Asst:** 77052 Computer-aided detection (computer algorithm analysis of digital image data for Global: Issue: Mammography-Computer Screen: Low Value-High Volume Complete? Yes Aided Detection Bundling 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) 2022 Work RVU: **Most Recent Tab: 20** Specialty Developing ACR **First** 2020 **RUC Meeting:** January 2016 Identified: October 2010 Recommendation: Medicare **2022 NF PE RVU: Utilization:** 2022 Fac PE RVU: October 2015 RUC Recommendation: Deleted from CPT Referred to CPT Result: Deleted from CPT Referred to CPT Asst Published in CPT Asst: Global: Issue: Mammography-Computer Screen: CMS-Other - Utilization Complete? Yes 77055 Mammography; unilateral Aided Detection Bundling over 250.000 / Final Rule for 2015 2022 Work RVU: Most Recent **Tab: 20** Specialty Developing ACR 2020 **RUC Meeting:** January 2016 Identified: January 2014 Recommendation: Medicare **2022 NF PE RVU: Utilization:** 2022 Fac PE RVU:

Referred to CPT

October 2015

Referred to CPT Asst Published in CPT Asst:

Result: Deleted from CPT

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**RUC Recommendation:** Deleted from CPT

77056 Mammography; bilateral Global: Issue: Mammography-Computer Screen: CMS-Other - Utilization Complete? Yes Aided Detection Bundling over 250.000 / Final Rule for 2015 2022 Work RVU: Most Recent **Tab**: 20 Specialty Developing ACR First 2020 **RUC Meeting:** January 2016 Recommendation: Identified: January 2014 Medicare **2022 NF PE RVU: Utilization:** 2022 Fac PE RVU: **RUC Recommendation:** Deleted from CPT Referred to CPT October 2015 Result: Deleted from CPT Referred to CPT Asst Published in CPT Asst: 77057 Screening mammography, bilateral (2-view study of each breast) Global: Issue: Mammography-Computer Screen: CMS-Other - Utilization Complete? Yes Aided Detection Bundling over 250,000 / Final Rule for 2015 2022 Work RVU: **Most Recent Tab: 20** Specialty Developing ACR First 2020 **RUC Meeting:** January 2016 Recommendation: Identified: January 2014 Medicare **2022 NF PE RVU: Utilization:** 2022 Fac PE RVU: October 2015 RUC Recommendation: Deleted from CPT Referred to CPT Result: Deleted from CPT Referred to CPT Asst Published in CPT Asst: Global: Breast MRI with Computer- Screen: CMS High Expenditure Complete? Yes 77058 Magnetic resonance imaging, breast, without and/or with contrast material(s); Aided Detection Procedural Codes2 unilateral 2022 Work RVU: 2020 **Most Recent Tab:** 06 Specialty Developing ACR First **RUC Meeting:** October 2017 Recommendation: Identified: July 2015 Medicare **2022 NF PE RVU: Utilization:** 2022 Fac PE RVU: RUC Recommendation: Deleted from CPT Referred to CPT June 2017 Result: Deleted from CPT Referred to CPT Asst Published in CPT Asst:

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Magnetic resonance imaging, breast, without and/or with contrast material(s); Global: Issue: Breast MRI with Computer- Screen: CMS High Expenditure Complete? Yes Aided Detection Procedural Codes2 bilateral 2022 Work RVU: **Tab:** 06 2020 **Most Recent** Specialty Developing ACR First **RUC Meeting:** October 2017 Recommendation: Identified: July 2015 Medicare **2022 NF PE RVU: Utilization:** 2022 Fac PE RVU: RUC Recommendation: Deleted from CPT Referred to CPT June 2017 Result: Deleted from CPT Referred to CPT Asst Published in CPT Asst: 77065 Diagnostic mammography, including computer-aided detection (cad) when Global: XXX Issue: Mammography-Computer Screen: Final Rule for 2015 Complete? Yes performed: unilateral Aided Detection Bundling 2022 Work RVU: 0.81 First 2020 Most Recent **Tab**: 20 Specialty Developing ACR **RUC Meeting:** January 2016 Identified: October 2015 Recommendation: Medicare 2022 NF PE RVU: 2.90 **Utilization:** 642.500 2022 Fac PE RVU: NA **RUC Recommendation: 0.81** Referred to CPT October 2015 Result: Increase Referred to CPT Asst Published in CPT Asst: 77066 Diagnostic mammography, including computer-aided detection (cad) when Issue: Mammography-Computer Screen: Final Rule for 2015 Complete? Yes Global: XXX Aided Detection Bundling performed; bilateral 2022 Work RVU: 1.00 Most Recent **Tab: 20** Specialty Developing ACR First 2020 **RUC Meeting:** January 2016 Identified: October 2015 Recommendation: Medicare **2022 NF PE RVU: 3.69 Utilization:** 557,163 2022 Fac PE RVU: NA **RUC Recommendation: 1.00** Referred to CPT October 2015 Result: Increase Referred to CPT Asst | Published in CPT Asst: 77067 Screening mammography, bilateral (2-view study of each breast), including Global: XXX Mammography-Computer Screen: Final Rule for 2015 Complete? Yes Aided Detection Bundling computer-aided detection (cad) when performed 2022 Work RVU: 0.76 **Most Recent Tab**: 20 Specialty Developing ACR First 2020 **RUC Meeting:** January 2016 Recommendation: Identified: October 2015 Medicare **2022 NF PE RVU: 3.02 Utilization:** 5,112,752 2022 Fac PE RVU: NA **RUC Recommendation: 0.76** Referred to CPT October 2015 Result: Maintain Referred to CPT Asst Published in CPT Asst:

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77073 Bone length studies (	orthoroent	genogram, scanogram)	Global: XXX Issue	: X-Ray Exam - Bor	e Screen: CMS-Other - Utilization over 30,000	Complete? Yes
Most Recent	<b>Tab:</b> 25	Specialty Developing AAOS, ACR	First	2020	<b>2022 Work RVU</b> : 0.26	
RUC Meeting: April 2018		Recommendation:	Identified: October 2017	Medicare Utilization: 46,	<b>2022 NF PE RVU</b> : 1.06	
				<b>Utilization:</b> 46,	<b>2022 Fac PE RVU</b> : NA	
RUC Recommendation: 0.26			Referred to CPT Referred to CPT Asst	lished in CPT Asst:	Result: Decrease	
77074 Radiologic examination	on, osseou	s survey; limited (eg, for metastases)	Global: XXX Issue	: X-Ray Exam - Bor	se Screen: CMS-Other - Utilization over 30,000	Complete? Yes
Most Recent	<b>Tab</b> : 25	Specialty Developing ACR	First	2020	<b>2022 Work RVU</b> : 0.44	
RUC Meeting: April 2018		Recommendation:	Identified: October 2017	Medicare	2022 NF PE RVU: 1.48	
				Utilization: 3,2	2022 Fac PE RVU:NA	
				lished in CPT Asst:	Result: Decrease	Commission Vo
77075 Radiologic examination skeleton)		s survey; complete (axial and append	Referred to CPT Asst  Pub	e: X-Ray Exam - Bor		Complete? Yes
77075 Radiologic examination skeleton)	on, osseou Tab: 25	s survey; complete (axial and append Specialty Developing ACR Recommendation:	Referred to CPT Asst	e: X-Ray Exam - Bor 2020 Medicare	Screen: CMS-Other - Utilization over 30,000  2022 Work RVU: 0.55  2022 NF PE RVU: 2.38	Complete? Yes
		Specialty Developing ACR	Referred to CPT Asst  Pub	e: X-Ray Exam - Bor 2020	Screen: CMS-Other - Utilization over 30,000  2022 Work RVU: 0.55  2022 NF PE RVU: 2.38	Complete? Yes
77075 Radiologic examination skeleton)  Most Recent RUC Meeting: April 2018		Specialty Developing ACR	Referred to CPT Asst  Pub  dicular  Global: XXX Issue  First  Identified: October 2017  Referred to CPT	e: X-Ray Exam - Bor 2020 Medicare	Screen: CMS-Other - Utilization over 30,000  2022 Work RVU: 0.55  2022 NF PE RVU: 2.38	Complete? Yes
77075 Radiologic examination skeleton)  Most Recent RUC Meeting: April 2018  RUC Recommendation: 0.55	<b>Tab</b> : 25	Specialty Developing ACR Recommendation:	Referred to CPT Asst  Pub  dicular  Global: XXX Issue  First  Identified: October 2017  Referred to CPT  Pub	2020 Medicare Utilization: 33,	Screen: CMS-Other - Utilization over 30,000  2022 Work RVU: 0.55  2022 NF PE RVU: 2.38  2022 Fac PE RVU:NA  Result: Increase	
77075 Radiologic examination skeleton)  Most Recent RUC Meeting: April 2018  RUC Recommendation: 0.55	<b>Tab</b> : 25	Specialty Developing ACR Recommendation:	Referred to CPT Asst  Pub  dicular  Global: XXX Issue  First  Identified: October 2017  Referred to CPT  Pub	2020 Medicare Utilization: 33,	Screen: CMS-Other - Utilization over 30,000  2022 Work RVU: 0.55  2022 NF PE RVU: 2.38  2022 Fac PE RVU: NA  Result: Increase	
77075 Radiologic examination skeleton)  Most Recent RUC Meeting: April 2018  RUC Recommendation: 0.55	Tab: 25	Specialty Developing ACR Recommendation:	Referred to CPT Asst  Pub  dicular  Global: XXX Issue  First  Identified: October 2017  Referred to CPT  Pub  Global: XXX Issue	2020 Medicare Utilization: 33, lished in CPT Asst: 2020 X-Ray Exam - Bor 2020 Medicare	se Screen: CMS-Other - Utilization over 30,000  2022 Work RVU: 0.55  2022 NF PE RVU: 2.38  2022 Fac PE RVU:NA  Result: Increase  Screen: CMS-Other - Utilization over 30,000	
77075 Radiologic examination skeleton)	Tab: 25	Specialty Developing ACR Recommendation:  s survey, infant  Specialty Developing ACR	Referred to CPT Asst  Pub  dicular  Global: XXX Issue  First  Identified: October 2017  Referred to CPT  Pub  Global: XXX Issue  First	2020 Medicare Utilization: 33, lished in CPT Asst:	se Screen: CMS-Other - Utilization over 30,000  2022 Work RVU: 0.55  2022 NF PE RVU: 2.38  2022 Fac PE RVU: NA  Result: Increase  Screen: CMS-Other - Utilization over 30,000  2022 Work RVU: 0.70	Complete? Yes

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77077 Joint survey, single v	/iew, 2 or m	ore joints (specify)		Global: XXX Issu	ue: X-Ray Exam - Bone	Screen: CMS-Other - Utilization over 30,000	Complete? Yes
Most Recent	<b>Tab</b> : 25	Specialty Developing	ACR	First	2020	<b>2022 Work RVU</b> : 0.33	
RUC Meeting: April 2018		Recommendation:		Identified: October 2017	Medicare Utilization: 30,468	<b>2022 NF PE RVU</b> : 1.04	
					Othization. 50,400	2022 Fac PE RVU: NA	
<b>RUC Recommendation:</b> 0.33				ferred to CPT		Result: Increase	
			Ke	ferred to CPT Asst U Pu	blished in CPT Asst:		
	•	ineral density study, 1 o al) (eg, radius, wrist, hea	•	Global: Issu	ue: CT Bone Density Stud	y Screen: Different Performing Specialty from Survey	Complete? Yes
Most Recent	<b>Tab:</b> 31	Specialty Developing	ACR, AAFP, ACP	First	2020	2022 Work RVU:	
RUC Meeting: February 2010		Recommendation:	, ,	Identified: October 2009	Medicare Utilization:	2022 NF PE RVU:	
					Otilization.	2022 Fac PE RVU:	
RUC Recommendation: Delet	ed from CP	Γ		ferred to CPT October 20 ferred to CPT Asst	10 blished in CPT Asst:	Result: Deleted from CPT	
77080 Dual-energy x-ray ab axial skeleton (eg, hi	•	ry (dxa), bone density st spine)	udy, 1 or more site	es; Global: XXX Issu	ue: Dual Energy X-Ray	Screen: CMS Request - Final Rule for 2012 / Codes Reported Together 75% or More-Part2	Complete? Yes
Most Recent	<b>Tab</b> : 07	Specialty Developing	AACE, ACNM,	First	2020	<b>2022 Work RVU</b> : 0.20	
RUC Meeting: October 2013		Recommendation:	ACR, ACRh, SNMMI, TES	Identified: September 20	11 Medicare Utilization: 2,091,8	2022 NF PE RVU: 0.88	
			GIVIVIIVII, TEG		Otilization. 2,091,0	2022 Fac PE RVU: NA	
<b>RUC Recommendation:</b> 0.20				ferred to CPT May 2013		Result: Maintain	
			Re	ferred to CPT Asst 🔲 Pu	blished in CPT Asst:		

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77081 Dual-energy x-ray absorptiometry (dxa), bone density study, 1 or more sites; Global: XXX Issue: Dual-energy X-Ray Screen: Negative IWPUT Complete? Yes Absorptiometry (DXA) appendicular skeleton (peripheral) (eg, radius, wrist, heel) 2022 Work RVU: 0.20 **Most Recent Tab: 25 Specialty Developing** First 2020 **RUC Meeting:** January 2018 Identified: April 2017 Recommendation: Medicare 2022 NF PE RVU: 0.70 **Utilization:** 30,986 2022 Fac PE RVU: NA **RUC Recommendation: 0.20** Referred to CPT Result: Decrease **Published in CPT Asst:** Referred to CPT Asst Screen: CMS Request - Final 77082 Dual-energy X-ray absorptiometry (DXA), bone density study, 1 or more sites; Global: Issue: Dual Energy X-Ray Complete? Yes Rule for 2012 / Codes vertebral fracture assessment Reported Together 75% or More-Part2 2022 Work RVU: **Most Recent** AACE, ACNM. 2020 Specialty Developing **Tab:** 07 **RUC Meeting:** October 2013 Recommendation: ACR, ACRh, Identified: September 2011 Medicare **2022 NF PE RVU:** SNMMI. TES **Utilization:** 2022 Fac PE RVU: **RUC Recommendation:** Deleted from CPT Referred to CPT May 2013 Result: Deleted from CPT Referred to CPT Asst Published in CPT Asst: 77083 Radiographic absorptiometry (eg, photodensitometry, radiogrammetry), 1 or Global: Radiographic **Screen:** Different Performing Complete? Yes Absorptiometry Specialty from Survey more sites 2022 Work RVU: **Most Recent Tab:** 31 Specialty Developing ACR, ACP First 2020 **RUC Meeting:** February 2010 Recommendation: Identified: October 2009 Medicare **2022 NF PE RVU: Utilization:** 2022 Fac PE RVU: Referred to CPT October 2010 **RUC Recommendation:** Deleted from CPT Result: Deleted from CPT

Referred to CPT Asst | Published in CPT Asst:

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77085 Dual-energy x-ray absorptiometry (dxa), bone density study, 1 or more sites; Global: XXX Issue: Dual Energy X-Ray Screen: Codes Reported Complete? Yes axial skeleton (eg, hips, pelvis, spine), including vertebral fracture assessment Together 75% or More-2022 Work RVU: 0.30 Most Recent **Tab: 07 Specialty Developing** AACE, ACNM, First 2020 **RUC Meeting:** October 2013 Recommendation: ACR, ACRh, Identified: Medicare **2022 NF PE RVU: 1.19** SNMMI. TES **Utilization:** 84,850 2022 Fac PE RVU: NA **RUC Recommendation: 0.30** Referred to CPT May 2013 Result: Decrease Referred to CPT Asst Published in CPT Asst: 77086 Vertebral fracture assessment via dual-energy x-ray absorptiometry (dxa) Global: XXX Issue: Dual Energy X-Ray Screen: Codes Reported Complete? Yes Together 75% or More-Part2 2022 Work RVU: 0.17 **Most Recent Tab: 07 Specialty Developing** AACE, ACNM, First 2020 **RUC Meeting:** October 2013 ACR, ACRh, Recommendation: Identified: Medicare 2022 NF PE RVU: 0.78 SNMMI, TES **Utilization:** 1,781 2022 Fac PE RVU: NA **RUC Recommendation:** 0.17 Referred to CPT May 2013 Result: Maintain Referred to CPT Asst Published in CPT Asst: Issue: Radiation Therapy Planning Screen: CMS High Expenditure Complete? Yes 77261 Therapeutic radiology treatment planning; simple Global: XXX Procedural Codes2 2022 Work RVU: 1.30 **Most Recent Tab: 37** Specialty Developing ASTRO 2020 Medicare **RUC Meeting:** April 2016 Recommendation: Identified: July 2015 **2022 NF PE RVU: 0.69 Utilization:** 8,505

RUC Recommendation: 1.30 Referred to CPT Result: Decrease

Referred to CPT Asst Published in CPT Asst:

2022 Fac PE RVU: 0.69

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77262 Therapeutic radiology	treatment	t planning; intermediate	Global: XXX Issu	e: Radiation Therapy Planning S	creen: CMS High Expenditure Procedural Codes2	Complete? Yes
Most Recent	<b>Tab:</b> 37	Specialty Developing ASTRO	First	2020	<b>2022 Work RVU:</b> 2.00	
RUC Meeting: April 2016		Recommendation:	Identified: July 2015	Medicare Utilization: 2,829	<b>2022 NF PE RVU:</b> 1.03	
				Othization: 2,020	<b>2022 Fac PE RVU:</b> 1.03	
<b>RUC Recommendation:</b> 2.00			Referred to CPT		ult: Decrease	
			Referred to CPT Asst U Pul	blished in CPT Asst:		
77263 Therapeutic radiology	treatment	planning; complex	Global: XXX Issu	e: Radiation Therapy Planning S	creen: CMS High Expenditure Procedural Codes2	Complete? Yes
Most Recent	<b>Tab</b> : 37	Specialty Developing ASTRO	First	2020	2022 Work RVU: 3.14	
RUC Meeting: April 2016		Recommendation:	Identified: July 2015	Medicare	<b>2022 NF PE RVU</b> : 1.55	
				Utilization: 280,220	<b>2022 Fac PE RVU</b> : 1.55	
RUC Recommendation: 3.14			Referred to CPT	Resi	ult: Maintain	
			Referred to CPT Asst  Pul	olished in CPT Asst:		
77280 Therapeutic radiology	<i>ı</i> simulatio	n-aided field setting; simple	Global: XXX lssu	e: Set Radiation Therapy Field <b>S</b>	creen: Harvard Valued - Utilization over 30,000 / Services with Stand- Alone PE Procedure Time	Complete? Yes
Most Recent	<b>Tab</b> : 14	Specialty Developing ASTRO	First	2020	<b>2022 Work RVU:</b> 0.70	
RUC Meeting: January 2013		Recommendation:	Identified: April 2011	Medicare	<b>2022 NF PE RVU</b> : 7.21	
				Utilization: 351,456	2022 Fac PE RVU: NA	
RUC Recommendation: 0.70			Referred to CPT October 201 Referred to CPT Asst Pul	2 Resulting Resu	ult: Maintain	

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77285 Therapeutic radiology	y simulatio	n-aided field setting; intermediate	Global: XXX Issue	Respiratory Motion Management Simulation	Screen: Harvard Valued - Utilization over 30,000 / Services with Stand- Alone PE Procedure Time	Complete? Yes
Most Recent RUC Meeting: January 2013	<b>Tab:</b> 14	Specialty Developing ASTRO Recommendation:	First Identified: September 2011	2020 Medicare	2022 Work RVU: 1.05 2022 NF PE RVU: 12.05	
Troo mooting: earness, acres		Too on the control of	identification of promises and	Utilization: 4,671	2022 NF PE RVU: 12.05	
RUC Recommendation: 1.05			Referred to CPT October 2012		Result: Maintain	
				ished in CPT Asst:	- Name -	
77290 Therapeutic radiology	y simulatio	n-aided field setting; complex	Global: XXX Issue	Respiratory Motion Management Simulation	Screen: MPC List / Harvard Valued - Utilization over 30,000 / Services with Stand-Alone PE Procedure Time	Complete? Yes
Most Recent	<b>Tab</b> : 14	Specialty Developing ASTRO	First	2020	2022 Work RVU: 1.56	
RUC Meeting: January 2013		Recommendation:	Identified: October 2010	Medicare	2022 NF PE RVU: 11.91	
				Utilization: 185,187	2022 Fac PE RVU: NA	
RUC Recommendation: 1.56			Referred to CPT Asst Publ	ished in CPT Asst:	Result: Maintain	
77293 Respiratory motion m for primary procedure		t simulation (list separately in additi	ion to code Global: ZZZ Issue	Respiratory Motion Management Simulation	Screen: Harvard Valued - Utilization over 30,000	Complete? Yes
Most Recent	<b>Tab</b> : 14	Specialty Developing ASTRO	First	2020	<b>2022 Work RVU</b> : 2.00	
RUC Meeting: January 2013		Recommendation:	Identified:	Medicare	<b>2022 NF PE RVU</b> : 10.24	
				Utilization: 31,435	2022 Fac PE RVU: NA	
<b>RUC Recommendation:</b> 2.00			Referred to CPT October 2012		Result: Decrease	
			Referred to CPT Asst	ished in CPT Asst:		

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77295 3-dimensional radiotherapy plan, including dose-volume histograms Global: XXX Issue: Surface Radionuclide High Screen: Harvard Valued -Complete? Yes Does Rate Brachytherapy Utilization over 30.000 2022 Work RVU: 4.29 2020 **Most Recent Tab:** 14 Specialty Developing ASTRO First **RUC Meeting:** January 2013 Recommendation: Identified: September 2011 Medicare 2022 NF PE RVU: 9.42 127.409 **Utilization:** 2022 Fac PE RVU: NA **RUC Recommendation: 4.29** Referred to CPT October 2012. October 2014 Result: Decrease **Referred to CPT Asst** Published in CPT Asst: 77300 Basic radiation dosimetry calculation, central axis depth dose calculation, tdf, Issue: Surface Radionuclide High Screen: MPC List / Codes Global: XXX Complete? Yes nsd, gap calculation, off axis factor, tissue inhomogeneity factors, calculation of Does Rate Brachytherapy Reported Together 75% or More-Part2 non-ionizing radiation surface and depth dose, as required during course of treatment, only when prescribed by the treating physician **2022 Work RVU:** 0.62 Most Recent Specialty Developing ASTRO **First** 2020 **RUC Meeting:** April 2014 Identified: October 2010 Recommendation: Medicare **2022 NF PE RVU: 1.26 Utilization:** 1,231,378 2022 Fac PE RVU: NA **RUC Recommendation: 0.62** Referred to CPT February 2014, October 2014 Result: Maintain Published in CPT Asst: **Referred to CPT Asst** 77301 Intensity modulated radiotherapy plan, including dose-volume histograms for Global: XXX Issue: IMRT - PE Only Screen: CMS Fastest Growing / Complete? Yes target and critical structure partial tolerance specifications CMS Request - Practice Expense Review / CMS High Expenditure Procedural Codes1 / Services with Stand-Alone PE Procedure Time 2022 Work RVU: 7.99 **Most Recent Tab: 28** Specialty Developing ASTRO First 2020 **RUC Meeting:** April 2013 Identified: October 2008 Recommendation: Medicare 2022 NF PE RVU: 45.27 **Utilization:** 144.178 2022 Fac PE RVU: NA

Referred to CPT

Referred to CPT Asst Published in CPT Asst: Nov 2009

Result: Maintain

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RUC Recommendation: New PE Inputs, 7.99, CPT Assistant article published.

77305 Teletherapy, isodose plan (whether hand or computer calculated); simple (1 or 2 Global: Issue: Isodose Calculation with Screen: Codes Reported Complete? Yes Isodose Planning Bundle Together 75% or Moreparallel opposed unmodified ports directed to a single area of interest) Part2 2022 Work RVU: Most Recent **Tab**: 20 Specialty Developing ASTRO First 2020 **RUC Meeting:** April 2014 Recommendation: Identified: October 2010 Medicare **2022 NF PE RVU: Utilization:** 2022 Fac PE RVU: RUC Recommendation: Deleted from CPT Referred to CPT February 2014 Result: Deleted from CPT Referred to CPT Asst Published in CPT Asst: 77306 Teletherapy isodose plan; simple (1 or 2 unmodified ports directed to a single Global: XXX Isodose Calculation with Screen: Codes Reported Complete? Yes Isodose Planning Bundle Together 75% or Morearea of interest), includes basic dosimetry calculation(s) 2022 Work RVU: 1.40 **Most Recent Tab: 20 Specialty Developing** First 2020 Recommendation: Identified: October 2010 **RUC Meeting:** April 2014 Medicare 2022 NF PE RVU: 2.81 **Utilization:** 1,550 2022 Fac PE RVU: NA **RUC Recommendation: 140** Referred to CPT Result: Decrease Published in CPT Asst: Referred to CPT Asst 77307 Teletherapy isodose plan; complex (multiple treatment areas, tangential ports, Global: XXX Isodose Calculation with Screen: Codes Reported Complete? Yes Isodose Planning Bundle Together 75% or Morethe use of wedges, blocking, rotational beam, or special beam considerations), includes basic dosimetry calculation(s) Part2 2022 Work RVU: 2.90 **Most Recent Tab: 20 Specialty Developing** First 2020 **RUC Meeting:** April 2014 Identified: October 2010 Recommendation: Medicare **2022 NF PE RVU: 5.27 Utilization:** 34,096 2022 Fac PE RVU: NA

Referred to CPT

Referred to CPT Asst

**Published in CPT Asst:** 

Result: Decrease

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**RUC Recommendation: 2.90** 

77310 Teletherapy, isodose plan (whether hand or computer calculated); intermediate Issue: Isodose Calculation with Screen: Codes Reported Complete? Yes Isodose Planning Bundle Together 75% or More-(3 or more treatment ports directed to a single area of interest) Part2 2022 Work RVU: Most Recent **Tab**: 20 Specialty Developing ASTRO First 2020 **RUC Meeting:** April 2014 Recommendation: Identified: October 2010 Medicare **2022 NF PE RVU: Utilization:** 2022 Fac PE RVU: RUC Recommendation: Deleted from CPT Referred to CPT February 2014 Result: Deleted from CPT Referred to CPT Asst Published in CPT Asst: 77315 Teletherapy, isodose plan (whether hand or computer calculated); complex Global: Issue: Isodose Calculation with Screen: Codes Reported Complete? Yes Isodose Planning Bundle Together 75% or More-(mantle or inverted Y, tangential ports, the use of wedges, compensators, complex blocking, rotational beam, or special beam considerations) Part2 2022 Work RVU: **Most Recent Tab**: 20 Specialty Developing ASTRO 2020 Recommendation: Identified: October 2010 **RUC Meeting:** April 2014 Medicare **2022 NF PE RVU: Utilization:** 2022 Fac PE RVU: RUC Recommendation: Deleted from CPT Referred to CPT February 2014 Result: Deleted from CPT Referred to CPT Asst Published in CPT Asst: 77316 Brachytherapy isodose plan; simple (calculation[s] made from 1 to 4 sources, or Global: XXX Isodose Calculation with Screen: Codes Reported Complete? Yes Isodose Planning Bundle Together 75% or Moreremote afterloading brachytherapy, 1 channel), includes basic dosimetry Part2 calculation(s) 2022 Work RVU: 1.40 **Most Recent Tab: 20 Specialty Developing** First 2020 **RUC Meeting:** April 2014 Identified: October 2012 Recommendation: Medicare **2022 NF PE RVU: 5.62 Utilization:** 4,061 2022 Fac PE RVU: NA **RUC Recommendation: 1.50** Referred to CPT Result: Decrease

Referred to CPT Asst

Published in CPT Asst:

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77317 Brachytherapy isodose plan; intermediate (calculation[s] made from 5 to 10 Global: XXX Issue: Isodose Calculation with Screen: Codes Reported Complete? Yes Isodose Planning Bundle Together 75% or Moresources, or remote afterloading brachytherapy, 2-12 channels), includes basic dosimetry calculation(s) 2022 Work RVU: 1.83 **Most Recent Tab**: 20 **Specialty Developing** First 2020 **RUC Meeting:** April 2014 Recommendation: Identified: October 2012 Medicare **2022 NF PE RVU: 7.42 Utilization:** 2,411 2022 Fac PE RVU: NA **RUC Recommendation: 1.83** Referred to CPT Result: Decrease Referred to CPT Asst **Published in CPT Asst:** 77318 Brachytherapy isodose plan; complex (calculation[s] made from over 10 Global: XXX Issue: Isodose Calculation with Screen: Codes Reported Complete? Yes Isodose Planning Bundle Together 75% or Moresources, or remote afterloading brachytherapy, over 12 channels), includes basic dosimetry calculation(s) Part2 / RUC Request 2022 Work RVU: 2.90 **Most Recent Tab:** 21 **Specialty Developing** 2020 **RUC Meeting:** October 2015 Recommendation: Identified: October 2012 Medicare 2022 NF PE RVU: 10.23 5.224 **Utilization:** 2022 Fac PE RVU: NA **RUC Recommendation: 2 90** Referred to CPT February 2014 Result: Decrease Referred to CPT Asst Published in CPT Asst: Isodose Calculation with Screen: Codes Reported Complete? Yes 77326 Brachytherapy isodose plan; simple (calculation made from single plane, 1 to 4 Global: Isodose Planning Bundle Together 75% or Moresources/ribbon application, remote afterloading brachytherapy, 1 to 8 sources) Part2 2022 Work RVU: **Most Recent Tab: 20 Specialty Developing** First 2020 **RUC Meeting:** April 2014 Identified: October 2012 Recommendation: Medicare **2022 NF PE RVU: Utilization:** 2022 Fac PE RVU:

Referred to CPT

February 2014

Referred to CPT Asst Published in CPT Asst:

Result: Deleted from CPT

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RUC Recommendation: Deleted from CPT

77327 Brachytherapy isodose plan; intermediate (multiplane dosage calculations. Global: Issue: Isodose Calculation with Screen: Codes Reported Complete? Yes Isodose Planning Bundle Together 75% or Moreapplication involving 5 to 10 sources/ribbons, remote afterloading Part2 brachytherapy, 9 to 12 sources) 2022 Work RVU: Most Recent **Tab**: 20 Specialty Developing ASTRO First 2020 **RUC Meeting:** April 2014 Recommendation: Identified: October 2010 Medicare **2022 NF PE RVU: Utilization:** 2022 Fac PE RVU: RUC Recommendation: Deleted from CPT Referred to CPT February 2014 Result: Deleted from CPT Referred to CPT Asst Published in CPT Asst: 77328 Brachytherapy isodose plan; complex (multiplane isodose plan, volume implant Global: Issue: Isodose Calculation with Screen: Codes Reported Complete? Yes Isodose Planning Bundle Together 75% or Morecalculations, over 10 sources/ribbons used, special spatial reconstruction, remote afterloading brachytherapy, over 12 sources) Part2 2022 Work RVU: **Most Recent Tab**: 20 **Specialty Developing** First 2020 Identified: October 2012 **RUC Meeting:** April 2014 Recommendation: Medicare **2022 NF PE RVU: Utilization:** 2022 Fac PE RVU: RUC Recommendation: Deleted from CPT Referred to CPT February 2014 Result: Deleted from CPT Referred to CPT Asst Published in CPT Asst: 77332 Treatment devices, design and construction; simple (simple block, simple bolus) Global: XXX Screen: CMS High Expenditure Complete? Yes Procedural Codes2 2022 Work RVU: 0.45 2020 Most Recent **Tab:** 40 Specialty Developing ASTRO Medicare **RUC Meeting:** January 2016 Recommendation: Identified: April 2015 **2022 NF PE RVU: 0.65 Utilization:** 78,627 2022 Fac PE RVU: NA **RUC Recommendation: 0.54** Referred to CPT Result: Maintain

Referred to CPT Asst

**Published in CPT Asst:** 

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77333 Treatment devices, design and construction; intermediate (multiple blocks. Global: XXX Issue: RAW Screen: CMS High Expenditure Complete? Yes Procedural Codes2 stents, bite blocks, special bolus) 2022 Work RVU: 0.75 **Tab:** 40 2020 **Most Recent** Specialty Developing ASTRO First **RUC Meeting:** January 2016 Recommendation: Identified: April 2015 Medicare 2022 NF PE RVU: 3.31 10,325 **Utilization:** 2022 Fac PE RVU: NA **RUC Recommendation: 0.84** Referred to CPT Result: Maintain Referred to CPT Asst Published in CPT Asst: 77334 Treatment devices, design and construction; complex (irregular blocks, special Global: XXX Screen: MPC List / RUC request / Complete? Yes shields, compensators, wedges, molds or casts) CMS High Expenditure Procedural Codes2 2022 Work RVU: 1.15 **Most Recent Tab:** 40 Specialty Developing ASTRO First 2020 **RUC Meeting:** January 2016 Recommendation: Identified: October 2010 Medicare **2022 NF PE RVU: 2.44 Utilization:** 776,080 2022 Fac PE RVU: NA Result: Maintain **RUC Recommendation: 1.24** Referred to CPT Referred to CPT Asst Published in CPT Asst: 77336 Continuing medical physics consultation, including assessment of treatment Global: XXX Issue: Continuing Medical Physics Screen: CMS Request - Final Complete? Yes parameters, quality assurance of dose delivery, and review of patient treatment Consultation-PE Only Rule for 2013 documentation in support of the radiation oncologist, reported per week of therapy 2022 Work RVU: 0.00 **Most Recent** Specialty Developing ASTRO First 2020 **Tab:** 31 Identified: October 2012 **RUC Meeting:** April 2013 Recommendation: Medicare 2022 NF PE RVU: 2.35 **Utilization:** 376,051 2022 Fac PE RVU: NA **RUC Recommendation:** New PE Inputs Referred to CPT Result: PE Only Referred to CPT Asst Published in CPT Asst:

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77338 Multi-leaf collimator (mlc) device(s) for intensity modulated radiation therapy Global: XXX Issue: IMRT - PE Only Screen: Services with Stand-Complete? Yes Alone PE Procedure (imrt), design and construction per imrt plan 2022 Work RVU: 4.29 Most Recent **Tab: 28 Specialty Developing First** 2020 **RUC Meeting:** April 2013 Recommendation: Identified: October 2012 Medicare **2022 NF PE RVU: 8.92 Utilization:** 163,112 2022 Fac PE RVU: NA **RUC Recommendation:** New PE Inputs Referred to CPT Result: PE Only Referred to CPT Asst **Published in CPT Asst:** Radiation treatment delivery, stereotactic radiosurgery (srs), complete course of Global: XXX Radiation Treatment Screen: CMS Request - Practice Complete? Yes Delivery, Stereotactic Expense Review treatment of cranial lesion(s) consisting of 1 session; multi-source cobalt 60 based Radiosurgery 2022 Work RVU: 0.00 **Most Recent** Specialty Developing ASTRO First 2020 **Tab:** 30 **RUC Meeting:** April 2009 Recommendation: Identified: NA Medicare 2022 NF PE RVU: 0.00 Utilization: 122 2022 Fac PE RVU: 0.00 **RUC Recommendation:** New PE inputs Referred to CPT Result: PE Only Referred to CPT Asst **Published in CPT Asst:** 77372 Radiation treatment delivery, stereotactic radiosurgery (srs), complete course of Global: XXX Radiation Treatment Screen: Services with Stand-Complete? Yes treatment of cranial lesion(s) consisting of 1 session; linear accelerator based Delivery - PE Only Alone PE Procedure Time 2022 Work RVU: 0.00 Most Recent **Tab:** 18 **Specialty Developing** First 2020 Identified: October 2012 **RUC Meeting:** October 2013 Recommendation: Medicare **2022 NF PE RVU: 28.91 Utilization:** 721

Referred to CPT
Referred to CPT Asst

2022 Fac PE RVU: NA

Result: PE Only

**Published in CPT Asst:** 

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**RUC Recommendation:** New PE Inputs

77373 Stereotactic body radiation therapy, treatment delivery, per fraction to 1 or more Global: XXX Issue: Radiation Treatment Screen: Services with Stand-Complete? Yes Delivery - PE Only Alone PE Procedure lesions, including image guidance, entire course not to exceed 5 fractions 2022 Work RVU: 0.00 Most Recent **Tab:** 18 Specialty Developing ACR, ASTRO, First 2020 **RUC Meeting:** October 2013 Recommendation: **ACRO** Identified: July 2012 Medicare 2022 NF PE RVU: 29.84 **Utilization:** 33,311 2022 Fac PE RVU: NA **RUC Recommendation:** New PE inputs Referred to CPT Result: PE Only Referred to CPT Asst **Published in CPT Asst:** 77385 Intensity modulated radiation treatment delivery (imrt), includes guidance and Global: XXX Radiation Treatment Screen: Services with Stand-Complete? Yes Delivery - PE Only Alone PE Procedure tracking, when performed; simple 2022 Work RVU: 0.00 **Most Recent Tab:** 14 Specialty Developing ACRO, ASTRO 2020 Recommendation: Identified: January 2014 **RUC Meeting:** January 2014 Medicare 2022 NF PE RVU: 0.00 **Utilization:** 2022 Fac PE RVU: 0.00 RUC Recommendation: PE Only, revised introductory guidelines Referred to CPT October 2013 Result: PE Only Referred to CPT Asst Published in CPT Asst: 77386 Intensity modulated radiation treatment delivery (imrt), includes guidance and Global: XXX Radiation Treatment Screen: Services with Stand-Complete? Yes Issue: Delivery - PE Only Alone PE Procedure tracking, when performed; complex Time 2022 Work RVU: 0.00 Most Recent **Tab:** 14 Specialty Developing ACRO, ASTRO First 2020 **RUC Meeting:** January 2014 Identified: January 2014 Recommendation: Medicare 2022 NF PE RVU: 0.00 **Utilization:** 2022 Fac PE RVU: 0.00 RUC Recommendation: PE Only, revised introductory guidelines Referred to CPT October 2013 Result: PE Only

Referred to CPT Asst Published in CPT Asst:

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77387 Guidance for localization of target volume for delivery of radiation treatment. Global: XXX Issue: Radiation Treatment Screen: Services with Stand-Complete? Yes Delivery - PE Only Alone PE Procedure includes intrafraction tracking, when performed 2022 Work RVU: 0.00 Most Recent **Tab:** 14 Specialty Developing ACRO, ASTRO **First** 2020 **RUC Meeting:** January 2014 Recommendation: Identified: January 2014 Medicare 2022 NF PE RVU: 0.00 **Utilization:** 2022 Fac PE RVU: 0.00 **RUC Recommendation: 0.58** Referred to CPT October 2013 Result: Decrease Referred to CPT Asst Published in CPT Asst: Radiation treatment delivery, superficial and/or ortho voltage, per day Global: XXX **Radiation Treatement** Screen: High Volume Growth5 Complete? Yes Delivery (PE Only) **2022 Work RVU: 0.00 Specialty Developing** 2020 Most Recent **Tab**: 31 First Identified: October 2018 **RUC Meeting:** January 2020 Recommendation: Medicare 2022 NF PE RVU: 1.21 **Utilization:** 212,288 2022 Fac PE RVU: NA **RUC Recommendation:** New PE Inputs Referred to CPT May 2019 Result: PE Only Referred to CPT Asst | Published in CPT Asst: 77402 Radiation treatment delivery, >=1 mev; simple Global: XXX Radiation Treatment Screen: Services with Stand-Complete? Yes Delivery - PE Only Alone PE Procedure Time 2022 Work RVU: 0.00 Specialty Developing ACRO, ASTRO 2020 **Most Recent Tab:** 14 **First** Identified: October 2012 **RUC Meeting:** January 2014 Recommendation: Medicare 2022 NF PE RVU: 0.00 **Utilization:** 2022 Fac PE RVU: 0.00 RUC Recommendation: PE Only, revised introductory guidelines **Referred to CPT** October 2013 and Feburary Result: PE Only

2014

■ Published in CPT Asst:

Referred to CPT Asst

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77403 Radiation treatment delivery, single treatment area, single port or parallel Global: Issue: Radiation Treatment Screen: Services with Stand-Complete? Yes Delivery - PE Only Alone PE Procedure opposed ports, simple blocks or no blocks; 6-10 MeV 2022 Work RVU: Most Recent **Tab:** 14 Specialty Developing ACRO, ASTRO **First** 2020 **RUC Meeting:** January 2014 Recommendation: Identified: October 2012 Medicare **2022 NF PE RVU: Utilization:** 2022 Fac PE RVU: RUC Recommendation: Deleted from CPT Referred to CPT October 2013 Result: Deleted from CPT Referred to CPT Asst **Published in CPT Asst:** 77404 Radiation treatment delivery, single treatment area, single port or parallel Global: Issue: Radiation Treatment Screen: Services with Stand-Complete? Yes Delivery - PE Only Alone PE Procedure opposed ports, simple blocks or no blocks; 11-19 MeV 2022 Work RVU: **Most Recent Tab:** 14 Specialty Developing ACRO, ASTRO 2020 Recommendation: Identified: October 2012 **RUC Meeting:** January 2014 Medicare **2022 NF PE RVU: Utilization:** 2022 Fac PE RVU: RUC Recommendation: Deleted from CPT Referred to CPT October 2013 Result: Deleted from CPT Referred to CPT Asst **Published in CPT Asst:** 77406 Radiation treatment delivery, single treatment area, single port or parallel Global: Radiation Treatment Screen: Services with Stand-Complete? Yes Delivery - PE Only Alone PE Procedure opposed ports, simple blocks or no blocks; 20 MeV or greater Time 2022 Work RVU: Most Recent **Tab:** 14 Specialty Developing ACRO, ASTRO First 2020 **RUC Meeting:** January 2014 Identified: October 2012 Recommendation: Medicare **2022 NF PE RVU: Utilization:** 2022 Fac PE RVU: RUC Recommendation: Deleted from CPT Referred to CPT October 2013 Result: Deleted from CPT Referred to CPT Asst Published in CPT Asst:

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77407 Radiation treatment delivery, >=1 mev; intermediate	Global: XXX Issue: Radiat Deliver	tion Treatment Screen: Services with Stand- ery - PE Only Alone PE Procedure Time	Complete? Yes
Most Recent RUC Meeting: January 2014 Tab: 14 Recommendation:  RUC Recommendation: PE Only, revised introductory guidelines	RO First 2020 Identified: October 2012 Medica Utiliza  Referred to CPT October 2013 Referred to CPT Asst Published in	2022 Fac PE RVU: 0.00  Result: PE Only	
77408 Radiation treatment delivery, 2 separate treatment areas, 3 or more painting treatment area, use of multiple blocks; 6-10 MeV		tion Treatment Screen: Services with Stand- Pery - PE Only Alone PE Procedure Time	Complete? Yes
Most Recent Tab: 14 Specialty Developing ACRO, AST RUC Meeting: January 2014 Recommendation:	RO First 2020 Identified: October 2012 Medicutiliza	ZUZZ NE PE KVU.	
RUC Recommendation: Deleted from CPT	Referred to CPT October 2013 Referred to CPT Asst  Published in	Result: Deleted from CPT	
77409 Radiation treatment delivery, 2 separate treatment areas, 3 or more paint is single treatment area, use of multiple blocks; 11-19 MeV		tion Treatment Screen: Services with Stand- Pry - PE Only Alone PE Procedure Time	Complete? Yes
Most Recent Tab: 14 Specialty Developing ACRO, AST RUC Meeting: January 2014 Recommendation:	RO First 2020 Identified: October 2012 Medic	2022 Work RVU:	
ROC Meeting. Sandary 2014 Recommendation.	Utiliza	2022 NF FE RVU.	
RUC Recommendation: Deleted from CPT	Referred to CPT October 2013 Referred to CPT Asst  Published in	Result: Deleted from CPT	

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77411 Radiation treatment delivery, 2 separate treatment areas, 3 or more ports on a Global: Issue: Radiation Treatment Screen: Services with Stand-Complete? Yes Delivery - PE Only Alone PE Procedure single treatment area, use of multiple blocks; 20 MeV or greater 2022 Work RVU: Most Recent **Tab:** 14 Specialty Developing ACRO, ASTRO **First** 2020 **RUC Meeting:** January 2014 Recommendation: Identified: October 2012 Medicare **2022 NF PE RVU: Utilization:** 2022 Fac PE RVU: RUC Recommendation: Deleted from CPT Referred to CPT October 2013 Result: Deleted from CPT Referred to CPT Asst Published in CPT Asst: 77412 Radiation treatment delivery, >=1 mev; complex Global: XXX Issue: Radiation Treatment Screen: Services with Stand-Complete? Yes Delivery - PE Only Alone PE Procedure 2022 Work RVU: 0.00 **Most Recent Tab: 14** Specialty Developing ACRO, ASTRO 2020 Recommendation: Identified: October 2012 **RUC Meeting:** January 2014 Medicare 2022 NF PE RVU: 0.00 **Utilization:** 2022 Fac PE RVU: 0.00 RUC Recommendation: PE Only, revised introductory guidelines Referred to CPT October 2013 Result: PE Only Referred to CPT Asst Published in CPT Asst: 77413 Radiation treatment delivery, 3 or more separate treatment areas, custom Global: Radiation Treatment Screen: Services with Stand-Complete? Yes Delivery - PE Only Alone PE Procedure blocking, tangential ports, wedges, rotational beam, compensators, electron beam; 6-10 MeV Time 2022 Work RVU: **Most Recent Tab:** 14 Specialty Developing ACRO, ASTRO First 2020 **RUC Meeting:** January 2014 Identified: October 2012 Recommendation: Medicare **2022 NF PE RVU: Utilization:** 2022 Fac PE RVU: RUC Recommendation: Deleted from CPT Referred to CPT October 2013 Result: Deleted from CPT Referred to CPT Asst Published in CPT Asst:

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Radiation treatment delivery, 3 or more separate treatment areas, custom Global: Issue: Radiation Treatment Screen: Services with Stand-Complete? Yes Delivery - PE Only Alone PE Procedure blocking, tangential ports, wedges, rotational beam, compensators, electron beam: 11-19 MeV 2022 Work RVU: Most Recent **Tab:** 14 Specialty Developing ACRO, ASTRO **First** 2020 **RUC Meeting:** January 2014 Recommendation: Identified: October 2012 Medicare **2022 NF PE RVU: Utilization:** 2022 Fac PE RVU: RUC Recommendation: Deleted from CPT Referred to CPT October 2013 Result: Deleted from CPT Referred to CPT Asst **Published in CPT Asst:** 77416 Radiation treatment delivery, 3 or more separate treatment areas, custom Global: Issue: Radiation Treatment Screen: Services with Stand-Complete? Yes Delivery - PE Only Alone PE Procedure blocking, tangential ports, wedges, rotational beam, compensators, electron beam: 20 MeV or greater 2022 Work RVU: **Most Recent Tab:** 14 Specialty Developing ACRO, ASTRO 2020 **RUC Meeting:** January 2014 Recommendation: Identified: October 2012 Medicare **2022 NF PE RVU: Utilization:** 2022 Fac PE RVU: RUC Recommendation: Deleted from CPT Referred to CPT October 2013 Result: Deleted from CPT Referred to CPT Asst **Published in CPT Asst:** 77418 Intensity modulated treatment delivery, single or multiple fields/arcs, via narrow **Issue:** Radiation Treatment Screen: CMS Fastest Growing / Complete? Yes Delivery - PE Only Services with Standspatially and temporally modulated beams, binary, dynamic MLC, per treatment Alone PE Procedure session Time / Codes Reported Together 75% or More-Part1 2022 Work RVU: Most Recent **Tab:** 14 Specialty Developing ACRO, ASTRO 2020 First RUC Meeting: January 2014 Recommendation: Identified: October 2008 Medicare

Referred to CPT

Referred to CPT Asst

**Utilization:** 

Published in CPT Asst: Nov 2009 and Q&A - Mar 2010

October 2013

**2022 NF PE RVU:** 

2022 Fac PE RVU:

Result: Deleted from CPT

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**RUC Recommendation:** Deleted from CPT

77421 Stereoscopic X-ray guidance radiation therapy	for localization of target volume for the	e delivery of Global: Issue:	: Radiation Treatment Delivery - PE Only	Screen: Codes Reported Together 75% or More- Part1 / CMS High Expenditure Procedural Codes1 / High Volume Growth2	Complete? Yes
Most Recent RUC Meeting: January 2014  RUC Recommendation: Deleted from C	Recommendation:	Identified: February 2010  Referred to CPT October 2013	2020 Medicare Utilization: sished in CPT Asst:	2022 Work RVU: 2022 NF PE RVU: 2022 Fac PE RVU: Result: Deleted from CPT	
	treatment delivery; single treatment a d ports with no blocks or simple block	<u> </u>	: High Energy Neutron Radiation Treatment	Screen: CMS Request - Final Rule for 2015	Complete? Yes
Most Recent Tab: 3 RUC Meeting: April 2015	5 Specialty Developing AAOS, ASF Recommendation: ASSH	PS, First Identified: November 2014	2020 Medicare Utilization:	2022 Work RVU: 2022 NF PE RVU: 2022 Fac PE RVU:	
RUC Recommendation: Contractor Price	е	Referred to CPT Referred to CPT Asst  Publ	ished in CPT Asst:	Result: Maintain	
	treatment delivery, 1 or more isocento metry with blocking and/or wedge, and	· ,	: High Energy Neutron Radiation Treatment	Screen: CMS Request - Final Rule for 2015	Complete? Yes
Most Recent Tab: 3 RUC Meeting: April 2015	5 Specialty Developing AAOS, ASF Recommendation: ASSH	PS, First Identified: November 2014	2020 Medicare Utilization:	2022 Work RVU: 0.00 2022 NF PE RVU: 0.00	
RUC Recommendation: Contractor Price		Referred to CPT		2022 Fac PE RVU: 0.00  Result: Maintain	
NOC RECOmmendation. Contractor Price	C		Inhad to ODT Acad	Nesuit. Maintain	
		Referred to CPT Asst	ished in CPT Asst:		

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77427 Radiation treatment m	nanagemen	t, 5 treatments		Global: XXX	Issue:	Radiation Treat Management	tment	Screen	: Site of Service Anomaly / High Level E/M in Global Period	Complete? Yes
Most Recent	<b>Tab</b> : 54	Specialty Developing	ASTRO	First		2020			<b>2022 Work RVU</b> : 3.37	
RUC Meeting: January 2016		Recommendation:		Identified: September	er 2007	Medicare Utilization:	959,196		<b>2022 NF PE RVU</b> : 1.95	
						Utilization:	959,196		<b>2022 Fac PE RVU</b> :1.95	
RUC Recommendation: 3.45. F	Remove fror	m high E/M screen.		erred to CPT June 2 erred to CPT Asst	-	shed in CPT As	st:	Result: D	ecrease	
		py, treatment managem luding image guidance,		Global: XXX	Issue:	RAW		Screen	: High Volume Growth4	Complete? Yes
Most Recent	<b>Tab</b> : 30	Specialty Developing		First		2020			<b>2022 Work RVU:</b> 11.87	
RUC Meeting: January 2017		Recommendation:		Identified: October 2	2016	Medicare	38,736		<b>2022 NF PE RVU</b> : 5.99	
						Utilization:	30,730		<b>2022 Fac PE RVU</b> : 5.99	
RUC Recommendation: Remo	ve from scre	een		erred to CPT erred to CPT Asst	Publis	shed in CPT As	st:	Result: R	demove from Screen	
77470 Special treatment pro oral or endocavitary in		total body irradiation, h	nemibody radiation,	per Global: XXX	Issue:	Special Radiati	on Treatm	ent <b>Screen</b>	: CMS High Expenditure Procedural Codes2	Complete? Yes
Most Recent	<b>Tab</b> : 41	Specialty Developing	ASTRO	First		2020			<b>2022 Work RVU</b> : 2.03	
RUC Meeting: January 2016	100111	Recommendation:	, io i i io	Identified: July 2015	5	Medicare			<b>2022 NF PE RVU</b> : 1.85	
						Utilization:	85,083		2022 Fac PE RVU:NA	
RUC Recommendation: 2.03			Refe	erred to CPT				Result: D	ecrease	
			Refe	erred to CPT Asst	Publis	shed in CPT As	st:			

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77520 Proton treatment del	ivery; simpl	e, without compensatior	1	Global: XXX	Issue:	Proton Beam Treatment Delivery (PE Only)	Screen: Contractor Priced High Volume1	Complete? Yes
Most Recent	<b>Tab</b> : 19	Specialty Developing	ASTRO	First		2020	<b>2022 Work RVU</b> : 0.00	
RUC Meeting: April 2019		Recommendation:		Identified: October 2	2018	Medicare Utilization: 157	<b>2022 NF PE RVU</b> : 0.00	
						Otilization. 137	<b>2022 Fac PE RVU:</b> 0.00	
RUC Recommendation: New	PE Inputs			Referred to CPT	7		Result: PE Only	
				Referred to CPT Asst	Publi	shed in CPT Asst:		
77522 Proton treatment del	ivery; simpl	e, with compensation		Global: XXX	Issue:	Proton Beam Treatment Delivery (PE Only)	Screen: Contractor Priced High Volume1	Complete? Yes
Most Recent	<b>Tab</b> : 19	Specialty Developing	ASTRO	First		2020	<b>2022 Work RVU</b> : 0.00	
RUC Meeting: April 2019		Recommendation:		Identified: January 2	2018	Medicare	<b>2022 NF PE RVU</b> : 0.00	
						Utilization: 10,315	2022 Fac PE RVU: 0.00	
RUC Recommendation: New	PE Inputs			Referred to CPT	_		Result: PE Only	
				Referred to CPT Asst	Publi	shed in CPT Asst:		
77523 Proton treatment del	ivery; intern	nediate		Global: XXX	Issue:	Proton Beam Treatment Delivery (PE Only)	Screen: High Volume Growth4 / Contractor Priced High Volume1	Complete? Yes
Most Recent	<b>Tab</b> : 19	Specialty Developing	ASTRO	First		2020	<b>2022 Work RVU</b> : 0.00	
RUC Meeting: April 2019		Recommendation:		Identified: October 2	2016	Medicare Utilization: 62,151	<b>2022 NF PE RVU</b> : 0.00	
						Otilization. 02,131	<b>2022 Fac PE RVU</b> : 0.00	
RUC Recommendation: New	PE Inputs			Referred to CPT Referred to CPT Asst	Publi	shed in CPT Asst:	Result: PE Only	

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77525 Proton treatment do	elivery; comp	olex		Global: XXX	Issue:	Proton Beam Treatment Delivery (PE Only)	Screen: Contractor Priced High Volume1	Complete? Yes
Most Recent	<b>Tab</b> : 19	Specialty Developing	ASTRO	First		2020	<b>2022 Work RVU</b> : 0.00	
RUC Meeting: April 2019		Recommendation:		Identified: October	2018	Medicare	<b>2022 NF PE RVU</b> : 0.00	
						Utilization: 19,665	<b>2022 Fac PE RVU</b> : 0.00	
RUC Recommendation: Nev	v PE Inputs			ferred to CPT	_		Result: PE Only	
			Re	ferred to CPT Asst	_ Publi	shed in CPT Asst:		
77600 Hyperthermia, exteriless)	rnally genera	ted; superficial (ie, heatir	ng to a depth of 4	cm or Global: XXX	Issue:	Hyperthermia - PE Only	Screen: Services with Stand- Alone PE Procedure Time	Complete? Yes
Most Recent	<b>Tab:</b> 30	Specialty Developing		First		2020	2022 Work RVU: 1.31	
RUC Meeting: April 2013		Recommendation:		Identified: October	2012	Medicare Utilization: 8,601	<b>2022 NF PE RVU</b> : 13.68	
						Utilization: 8,601	2022 Fac PE RVU:NA	
RUC Recommendation: Nev	v PE Inputs		Re	ferred to CPT			Result: PE Only	
			Re	ferred to CPT Asst	Publi	ished in CPT Asst:		
		rate radionuclide skin sur performed; lesion diame			Issue:	Surface Radionuclide Hi Does Rate Brachytherap		Complete? Yes
Most Recent	<b>Tab:</b> 16	Specialty Developing	ASTRO, ACRO	First		2020	<b>2022 Work RVU</b> : 1.05	
RUC Meeting: January 2015	. 3.01	Recommendation:	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Identified: October	2014	Medicare	<b>2022 NF PE RVU</b> : 6.16	
						Utilization: 4,232	2022 Fac PE RVU:NA	
<b>RUC Recommendation:</b> 1.05	5		Re	ferred to CPT Octo	ber 2014		Result: Decrease	
			Re	ferred to CPT Asst	Publ	ished in CPT Asst:		

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77768 Remote afterloading high dose rate radionuclide skin surface brachytherapy, Global: XXX Issue: Surface Radionuclide High Screen: Codes Reported Complete? Yes Does Rate Brachytherapy Together 75% or Moreincludes basic dosimetry, when performed; lesion diameter over 2.0 cm and 2 or more channels, or multiple lesions Part2 2022 Work RVU: 1.40 Most Recent **Tab:** 16 Specialty Developing ASTRO, ACRO **First** 2020 **RUC Meeting:** January 2015 Recommendation: Identified: October 2014 Medicare **2022 NF PE RVU: 9.11 Utilization:** 5,646 2022 Fac PE RVU: NA **RUC Recommendation: 1.40** Referred to CPT October 2014 Result: Decrease Referred to CPT Asst **Published in CPT Asst:** 77770 Remote afterloading high dose rate radionuclide interstitial or intracavitary Global: XXX Issue: Surface Radionuclide High Screen: Codes Reported Complete? Yes Does Rate Brachytherapy Together 75% or Morebrachytherapy, includes basic dosimetry, when performed; 1 channel 2022 Work RVU: 1.95 **Most Recent Tab:** 16 Specialty Developing ASTRO, ACRO 2020 Recommendation: Identified: October 2014 **RUC Meeting:** January 2015 Medicare 2022 NF PE RVU: 8.09 **Utilization:** 15.568 2022 Fac PE RVU: NA RUC Recommendation: 1.95 Referred to CPT October 2014 Result: Decrease Referred to CPT Asst Published in CPT Asst: Remote afterloading high dose rate radionuclide interstitial or intracavitary Global: XXX Surface Radionuclide High Screen: Codes Reported Complete? Yes Together 75% or More-Does Rate Brachytherapy brachytherapy, includes basic dosimetry, when performed; 2-12 channels Part2 2022 Work RVU: 3.80 **Most Recent Tab:** 16 Specialty Developing ASTRO, ACRO First 2020 **RUC Meeting:** January 2015 Identified: October 2014 Recommendation: Medicare **2022 NF PE RVU: 13.48 Utilization:** 14,598 2022 Fac PE RVU: NA **RUC Recommendation: 3.80** Referred to CPT October 2014 Result: Decrease

Referred to CPT Asst Published in CPT Asst:

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77772 Remote afterloading high dose rate radionuclide interstitial or intracavitary Global: XXX Issue: Surface Radionuclide High Screen: Codes Reported Complete? Yes Does Rate Brachytherapy Together 75% or Morebrachytherapy, includes basic dosimetry, when performed; over 12 channels 2022 Work RVU: 5.40 Most Recent **Tab:** 16 Specialty Developing ASTRO, ACRO **First** 2020 **RUC Meeting:** January 2015 Recommendation: Identified: October 2014 Medicare 2022 NF PE RVU: 20.27 **Utilization:** 3,869 2022 Fac PE RVU: NA **RUC Recommendation:** 5.40 Referred to CPT October 2014 Result: Decrease Referred to CPT Asst **Published in CPT Asst:** 77776 Interstitial radiation source application; simple Global: Issue: Interstitial Radiation Source Screen: Codes Reported Complete? Yes Together 75% or More-Codes Part2 2022 Work RVU: **Most Recent** Specialty Developing ACR, ASTRO 2020 **Identified:** February 2015 **RUC Meeting:** April 2015 Recommendation: Medicare **2022 NF PE RVU: Utilization:** 2022 Fac PE RVU: RUC Recommendation: Deleted from CPT Referred to CPT February 2015 Result: Deleted from CPT Referred to CPT Asst Published in CPT Asst: 77777 Interstitial radiation source application; intermediate Global: Issue: Interstitial Radiation Source Screen: Codes Reported Complete? Yes Codes Together 75% or More-Part2 2022 Work RVU: **Most Recent Tab:** 17 Specialty Developing ACR, ASTRO First 2020 **RUC Meeting:** April 2015 **Identified:** February 2015 Recommendation: Medicare **2022 NF PE RVU: Utilization:** 2022 Fac PE RVU: **RUC Recommendation:** Deleted from CPT Referred to CPT February 2015 Result: Deleted from CPT

Referred to CPT Asst Published in CPT Asst:

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77778 Interstitial radiation source application, complex, includes supervision, Global: 000 Issue: Interstitial Radiation Source Screen: Codes Reported Complete? Yes Together 75% or Morehandling, loading of radiation source, when performed Codes Part2 2022 Work RVU: 8.78 Most Recent Specialty Developing ACR, ASTRO First 2020 **Tab**: 21 **RUC Meeting:** October 2015 Recommendation: Identified: October 2012 Medicare 2022 NF PE RVU: 17.18 **Utilization:** 3,881 2022 Fac PE RVU: NA **RUC Recommendation: 8.78** Referred to CPT February 2015 Result: Decrease Referred to CPT Asst Published in CPT Asst: **Deleted from CPT** Global: Issue: Brachytherapy Screen: CMS Fastest Growing Complete? Yes 2022 Work RVU: Most Recent **Tab: 26** Specialty Developing ASTRO First 2020 **RUC Meeting:** October 2008 Identified: October 2008 Recommendation: Medicare **2022 NF PE RVU: Utilization:** 2022 Fac PE RVU: RUC Recommendation: Deleted from CPT Referred to CPT February 2008 Result: Deleted from CPT Referred to CPT Asst Published in CPT Asst: **Deleted from CPT** Global: Issue: Brachytherapy Screen: High Volume Growth1 / Complete? Yes CMS Fastest Growing 2022 Work RVU: **Most Recent** Tab: S Specialty Developing ASTRO 2020 **RUC Meeting:** February 2008 Recommendation: **Identified:** February 2008 Medicare **2022 NF PE RVU: Utilization:** 2022 Fac PE RVU: Result: Deleted from CPT **RUC Recommendation:** Deleted from CPT Referred to CPT February 2008 Referred to CPT Asst Published in CPT Asst: 77784 Deleted from CPT Global: Issue: Brachytherapy Screen: CMS Fastest Growing Complete? Yes 2022 Work RVU: Tab: S Specialty Developing ASTRO 2020 **Most Recent** First **RUC Meeting:** February 2008 **Identified:** February 2008 Recommendation: Medicare **2022 NF PE RVU: Utilization:** 2022 Fac PE RVU: RUC Recommendation: Deleted from CPT Referred to CPT February 2008 Result: Deleted from CPT Referred to CPT Asst Published in CPT Asst:

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77785 Remote afterloading high dose rate radionuclide brachytherapy; 1 channel Issue: Surface Radionuclide High Global: Screen: High Volume Growth1 / Complete? Yes Does Rate Brachytherapy CMS Fastest Growing/CMS Request -Practice Expense / Services with Stand-Alone PE Procedure Time 2022 Work RVU: 2020 **Most Recent Tab:** 16 Specialty Developing ASTRO First **RUC Meeting:** January 2015 Identified: Medicare Recommendation: **2022 NF PE RVU: Utilization:** 2022 Fac PE RVU: **RUC Recommendation:** Deleted from CPT Referred to CPT October 2014 Result: Deleted from CPT Referred to CPT Asst Published in CPT Asst: 77786 Remote afterloading high dose rate radionuclide brachytherapy; 2-12 channels Surface Radionuclide High Screen: High Volume Growth1 / Complete? Yes Does Rate Brachytherapy **CMS Fastest** Growing/CMS Request -Practice Expense / Services with Stand-Alone PE Procedure Time 2022 Work RVU: **Most Recent Tab: 16** Specialty Developing ASTRO **First** 2020 **RUC Meeting:** January 2015 Recommendation: Identified: Medicare **2022 NF PE RVU: Utilization:** 2022 Fac PE RVU: RUC Recommendation: Deleted from CPT Referred to CPT October 2014 Result: Deleted from CPT

Referred to CPT Asst

**Published in CPT Asst:** 

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77787 Remote afterloading high dose rate radionuclide brachytherapy; over 12 Global: Issue: Surface Radionuclide High Screen: High Volume Growth1 / Complete? Yes Does Rate Brachytherapy **CMS** Fastest channels Growing/CMS Request -Practice Expense / Services with Stand-Alone PE Procedure Time / Codes Reported Together 75% or More-Part2 2022 Work RVU: **Tab:** 16 Most Recent Specialty Developing ASTRO First 2020 Identified: October 2012 **RUC Meeting:** January 2015 Recommendation: Medicare **2022 NF PE RVU: Utilization:** 2022 Fac PE RVU: **RUC Recommendation:** Deleted from CPT Referred to CPT October 2014 Result: Deleted from CPT Referred to CPT Asst **Published in CPT Asst:** Global: XXX Issue: Interstitial Radiation Source Screen: Codes Reported Complete? Yes 77790 Supervision, handling, loading of radiation source Codes Together 75% or More-Part2 2022 Work RVU: 0.00 **Most Recent** Specialty Developing ACR, ASTRO, SIR 2020 **Tab**: 21 **RUC Meeting:** October 2015 Identified: October 2012 Recommendation: Medicare 2022 NF PE RVU: 0.46 **Utilization:** 28 2022 Fac PE RVU: NA **RUC Recommendation: 0.00** Referred to CPT February 2015 Result: Decrease Referred to CPT Asst | Published in CPT Asst: Global: Issue: Thyroid Uptake/Imaging Screen: Harvard Valued -Complete? Yes 78000 Thyroid uptake; single determination Utilization over 30.000 2022 Work RVU: 2020 **Most Recent Tab**: 22 Specialty Developing ACR, ACNM, SNM First **RUC Meeting:** April 2012 Recommendation: Identified: Medicare **2022 NF PE RVU: Utilization:** 2022 Fac PE RVU: **RUC Recommendation:** Deleted from CPT Referred to CPT February 2012 Result: Deleted from CPT Referred to CPT Asst Published in CPT Asst:

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78001 Thyroid uptake; mul	Itiple determin	ations		Global:	Issue:	Thyroid Uptake/Imaging	Screen: Harvard Valued - Utilization over 30,000	Complete? Yes
Most Recent	<b>Tab:</b> 22	Specialty Developing	ACR, ACNM, SNI	<b>Λ</b> First		2020	2022 Work RVU:	
RUC Meeting: April 2012		Recommendation:		Identified:		Medicare Utilization:	2022 NF PE RVU:	
						Othization.	2022 Fac PE RVU:	
RUC Recommendation: Dele	ted from CPT				ebruary 2012		Result: Deleted from CPT	
			Re	ferred to CPT Asst	:	shed in CPT Asst:		
78003 Thyroid uptake; stin uptake studies)	nulation, supp	ression or discharge (	not including initi	al Global:	Issue:	Thyroid Uptake/Imaging	Screen: Harvard Valued - Utilization over 30,000	Complete? Yes
Most Recent	<b>Tab</b> : 22	Specialty Developing	ACR, ACNM, SNI	<b>Λ</b> First		2020	2022 Work RVU:	
RUC Meeting: April 2012		Recommendation:		Identified:		Medicare Utilization:	2022 NF PE RVU:	
						Othization.	2022 Fac PE RVU:	
RUC Recommendation: Dele	eted from CPT			ferred to CPT F	ebruary 2012	shed in CPT Asst:	Result: Deleted from CPT	
78006 Thyroid imaging, wi	th uptake: sin	ule determination		Global:	Issue:	Thyroid Uptake/Imaging	Screen: Harvard Valued -	Complete? Yes
70000 7 4 4 5 5,		•				, -1 - 3 3	Utilization over 30,000	
Most Recent	<b>Tab:</b> 22	Specialty Developing	ACR, ACNM, SNI	<b>Λ</b> First		2020	2022 Work RVU:	
RUC Meeting: April 2012		Recommendation:		Identified:		Medicare Utilization:	2022 NF PE RVU:	
						Othization.	2022 Fac PE RVU:	
RUC Recommendation: Dele	ted from CPT			ferred to CPT F ferred to CPT Asst	ebruary 2012		Result: Deleted from CPT	
79007 Thyroid imaging wi	th uptake; mu	Iltiple determinations		Global:	Issue:	Thyroid Uptake/Imaging	Screen: Harvard Valued - Utilization over 30,000	Complete? Yes
70007 Thyrold inlaging, wi		Specialty Developing	ACR ACNM SNI	Λ First		2020	2022 Work RVU:	
	Tah: 22	Oppositive Developing	ACIA, ACIAWI, CINI	Identified: April	2011	Medicare	2022 NF PE RVU:	
Most Recent	<b>Tab:</b> 22	Recommendation:		identified. April			ZUZZ INI FL IVVO.	
Most Recent RUC Meeting: April 2012	<b>Tab</b> : 22			identined. April		Utilization:	2022 Fac PE RVU:	
Most Recent				·	ebruary 2012			

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78010 Thyroid imaging; only Global: Issue: Thyroid Uptake/Imaging Screen: Harvard Valued -Complete? Yes Utilization over 30.000 2022 Work RVU: **Tab: 22** Specialty Developing ACR, ACNM, SNM 2020 **Most Recent RUC Meeting:** April 2012 Recommendation: Identified: Medicare **2022 NF PE RVU: Utilization:** 2022 Fac PE RVU: **RUC Recommendation:** Deleted from CPT Referred to CPT February 2012 Result: Deleted from CPT Referred to CPT Asst Published in CPT Asst: Issue: Thyroid Uptake/Imaging Screen: Harvard Valued -78011 Thyroid imaging; with vascular flow Global: Complete? Yes Utilization over 30,000 2022 Work RVU: 2020 Most Recent Specialty Developing ACR, ACNM, SNM **RUC Meeting:** April 2012 Recommendation: Identified: Medicare **2022 NF PE RVU: Utilization:** 2022 Fac PE RVU: RUC Recommendation: Deleted from CPT Referred to CPT February 2012 Result: Deleted from CPT Referred to CPT Asst Published in CPT Asst: 78012 Thyroid uptake, single or multiple quantitative measurement(s) (including Global: XXX Issue: Thyroid Uptake/Imaging Screen: Harvard Valued -Complete? Yes stimulation, suppression, or discharge, when performed) Utilization over 30,000 2022 Work RVU: 0.19 2020 **Tab: 22** Specialty Developing ACR, ACNM, SNM First Most Recent **RUC Meeting:** April 2012 Recommendation: Medicare Identified: 2022 NF PE RVU: 2.15 **Utilization:** 1,175 2022 Fac PE RVU: NA Result: Decrease **RUC Recommendation: 0.19** Referred to CPT February 2012 Referred to CPT Asst Published in CPT Asst: 78013 Thyroid imaging (including vascular flow, when performed); Global: XXX Issue: Thyroid Uptake/Imaging Screen: Harvard Valued -Complete? Yes Utilization over 30,000 2022 Work RVU: 0.37 Most Recent Tab: 22 Specialty Developing ACR, ACNM, SNM 2020 **RUC Meeting:** April 2012 Recommendation: Identified: Medicare **2022 NF PE RVU: 5.08** 894 **Utilization:** 2022 Fac PE RVU: NA **RUC Recommendation: 0.37** Referred to CPT February 2012 Result: Decrease Referred to CPT Asst | Published in CPT Asst:

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78014 Thyroid imaging (including vascular flow, when performed); with single or Global: XXX

multiple uptake(s) quantitative measurement(s) (including stimulation,

suppression, or discharge, when performed)

Specialty Developing ACR, ACNM, SNM

Recommendation:

Identified:

2020

Medicare

Issue: Thyroid Uptake/Imaging

**Utilization:** 12,835 2022 Work RVU: 0.50 **2022 NF PE RVU: 6.19** 

Utilization over 30.000

2022 Fac PE RVU: NA

Complete? Yes

Complete? Yes

Complete? Yes

**RUC Recommendation: 0.50** February 2012 Referred to CPT Result: Decrease

Referred to CPT Asst Published in CPT Asst:

78070 Parathyroid planar imaging (including subtraction, when performed); Issue: Parathyroid Imaging Screen: Harvard Valued -Global: XXX

> Utilization over 30,000 / CPT 2013 Utilization

Screen: Harvard Valued -

Review

2022 Work RVU: 0.80 **Most Recent Tab:** 54 Specialty Developing ACR, ACNM, SNM 2020

**RUC Meeting:** January 2016 Recommendation: Identified: April 2011 Medicare 2022 NF PE RVU: 7.41

9,388 **Utilization:** 2022 Fac PE RVU: NA

**RUC Recommendation: 0.80** Referred to CPT Result: Maintain

> Published in CPT Asst: Dec 2016 Referred to CPT Asst

Screen: Harvard Valued -78071 Parathyroid planar imaging (including subtraction, when performed); with Global: XXX Issue: Parathyroid Imaging

tomographic (spect)

**RUC Recommendation: 120** 

**Most Recent** 

**RUC Meeting:** April 2012

Utilization over 30,000 /

CPT 2013 Utilization

2022 Fac PE RVU: NA

Review

2022 Work RVU: 1.20 Most Recent **Tab:** 54 Specialty Developing ACR, ACNM, SNM 2020

**RUC Meeting:** January 2016 Identified: April 2011 Recommendation: Medicare 2022 NF PE RVU: 8.61 **Utilization:** 6,158

> Referred to CPT Result: Maintain

Referred to CPT Asst Published in CPT Asst: Dec 2016

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78072 Parathyroid planar imaging (including subtraction, when performed); with Global: XXX Issue: Parathyroid Imaging Screen: Harvard Valued -

Utilization over 30.000 / tomographic (spect), and concurrently acquired computed tomography (ct) for

CPT 2013 Utilization anatomical localization

Review

Specialty Developing ACR, ACNM, SNM **Most Recent Tab:** 54 First 2020 **RUC Meeting:** January 2016 Recommendation: Identified: April 2011 Medicare 2022 NF PE RVU: 10.74

**Utilization:** 9,045

**RUC Recommendation: 1.60** Referred to CPT Result: Maintain

**✓ Published in CPT Asst**: Dec 2016 Referred to CPT Asst

Screen: Harvard Valued -78223 Hepatobiliary ductal system imaging, including gallbladder, with or without Issue: Hepatobiliary Ductal Complete? Yes Global: System Imaging Utilization over 100.000

Complete? Yes

2022 Work RVU: 1.60

2022 Fac PE RVU: NA

pharmacologic intervention, with or without quantitative measurement of

gallbladder function

2022 Work RVU: **Most Recent Tab:** 12 Specialty Developing ACR, SNM First 2020 Identified: October 2009 Recommendation:

**RUC Meeting:** February 2011 Medicare **2022 NF PE RVU: Utilization:** 

2022 Fac PE RVU: RUC Recommendation: Deleted from CPT Referred to CPT October 2010 Result: Deleted from CPT

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

Issue: Hepatobiliary System Hepatobiliary system imaging, including gallbladder when present; Global: XXX Screen: Harvard Valued -Complete? Yes Utilization over 100,000

**Imaging** 

2022 Work RVU: 0.74 Most Recent Specialty Developing ACR, SNM, ACNM 2020

**RUC Meeting:** February 2011 Recommendation: Identified: Medicare **2022 NF PE RVU: 8.38 Utilization:** 45.261

2022 Fac PE RVU: NA

RUC Recommendation: 0.74 Referred to CPT Result: Decrease

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

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78227 Hepatobiliary system imaging, including gallbladder when present; with Global: XXX Issue: Hepatobiliary System Screen: Harvard Valued -Complete? Yes Utilization over 100.000 pharmacologic intervention, including quantitative measurement(s) when **Imaging** performed 2022 Work RVU: 0.90 **Most Recent** Specialty Developing ACR, SNM, ACNM 2020 **RUC Meeting:** February 2011 Recommendation: Identified: Medicare **2022 NF PE RVU: 11.38** 52,391 **Utilization:** 2022 Fac PE RVU: NA RUC Recommendation: 0.90 Referred to CPT Result: Decrease **Referred to CPT Asst Published in CPT Asst:** 78265 Gastric emptying imaging study (eg, solid, liquid, or both); with small bowel Issue: Colon Transit Imaging Global: XXX Screen: New code for CPT 2016. Complete? Yes transit 2022 Work RVU: 0.98 **Most Recent** Specialty Developing ACNM. ACR. First 2020 **Tab:** 18 **RUC Meeting:** April 2015 Recommendation: **SNMMI** Identified: April 2015 Medicare **2022 NF PE RVU**: 9.99 **Utilization:** 752 2022 Fac PE RVU: NA RUC Recommendation: CPT Assistant article published Referred to CPT Result: Not Part of RAW Referred to CPT Asst ✓ Published in CPT Asst: Dec 2015 78266 Gastric emptying imaging study (eg, solid, liquid, or both); with small bowel and Global: XXX Issue: Colon Transit Imaging Screen: New code for CPT 2016. Complete? Yes colon transit, multiple days **2022 Work RVU: 1.08 Tab:** 18 Specialty Developing ACNM, ACR, 2020 Most Recent First **RUC Meeting:** April 2015 Recommendation: **SNMMI** Identified: April 2015 Medicare 2022 NF PE RVU: 11.23 **Utilization:** 228 2022 Fac PE RVU: NA **RUC Recommendation:** CPT Assistant article published Referred to CPT Result: Not Part of RAW Referred to CPT Asst Published in CPT Asst: Dec 2015 78278 Acute gastrointestinal blood loss imaging Global: XXX Issue: Acute GI Blood Loss Screen: Harvard Valued -Complete? Yes **Imaging** Utilization over 30,000 2022 Work RVU: 0.99 **Most Recent** Specialty Developing ACR, SNM, ACNM 2020 **Tab:** 34 **RUC Meeting:** September 2011 Recommendation: Identified: April 2011 Medicare **2022 NF PE RVU: 8.78** 21.405 **Utilization:** 2022 Fac PE RVU: NA **RUC Recommendation:** 0.99 Referred to CPT Result: Maintain Referred to CPT Asst **Published in CPT Asst:** 

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78300 Bone and/or joint ima	ıging; limite	ed area		Global: XXX I	ssue:	Bone Imaging		Screen: CMS High Expenditure Procedural Codes2	Complete? Yes
Most Recent	<b>Tab:</b> 38	Specialty Developing	ACNM, ACR,	First		2020		<b>2022 Work RVU:</b> 0.62	
RUC Meeting: April 2016		Recommendation:	SNMMI	Identified: July 2015		Medicare Utilization: 5,2	238	<b>2022 NF PE RVU</b> : 5.77	
						Otilization: 5,2	230	2022 Fac PE RVU: NA	
<b>RUC Recommendation:</b> 0.62				Referred to CPT				Result: Maintain	
				Referred to CPT Asst	Publi	shed in CPT Asst:	:		
78305 Bone and/or joint ima	ıging; multi	iple areas		Global: XXX I	ssue:	Bone Imaging		Screen: CMS High Expenditure Procedural Codes2	Complete? Yes
Most Recent	<b>Tab:</b> 38	Specialty Developing	ACNM, ACR,	First		2020		2022 Work RVU: 0.83	
RUC Meeting: April 2016		Recommendation:	SNMMI	Identified: July 2015		Medicare	- ·-	<b>2022 NF PE RVU</b> : 6.89	
						Utilization: 1,0	047	2022 Fac PE RVU: NA	
<b>RUC Recommendation:</b> 0.83				Referred to CPT				Result: Maintain	
				Referred to CPT Asst	Publi	shed in CPT Asst:	:		
78306 Bone and/or joint ima	ıging; whol	e body		Global: XXX l	ssue:	Bone Imaging		Screen: CMS High Expenditure Procedural Codes2	Complete? Yes
Most Recent	<b>Tab:</b> 38	Specialty Developing	ACNM, ACR,	First		2020		<b>2022 Work RVU:</b> 0.86	
RUC Meeting: April 2016		Recommendation:	SNMMI	Identified: July 2015		Medicare	22 046	<b>2022 NF PE RVU</b> : 7.45	
						Utilization: 22	23,016	2022 Fac PE RVU:NA	
<b>RUC Recommendation:</b> 0.86				Referred to CPT				Result: Maintain	

Referred to CPT Asst Published in CPT Asst:

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study (including v	entricular wall e study; with co	nission tomography (pet motion[s] and/or ejectio oncurrently acquired con	on fraction[s], when		e: Myocardial PET	Screen: High Volume Growth4	Complete? Yes
Most Recent RUC Meeting: January 2019	<b>Tab:</b> 13	Specialty Developing Recommendation:	ACC, ACR, ACNM, SNMMI	First Identified: May 2018	2020 Medicare Utilization: 765	2022 Work RVU: 0.00 2022 NF PE RVU: 0.00 2022 Fac PE RVU:NA	
RUC Recommendation: 1.	76		Refe	rred to CPT		Result: Increase	
			Refe	rred to CPT Asst	blished in CPT Asst:		
(including ventrice performed); single	ular wall motion e study, at rest	nission tomography (pet on[s] and/or ejection frac or stress (exercise or p d tomography transmiss	tion[s], when harmacologic), with		e: Myocardial PET	Screen: High Volume Growth4	Complete? Yes
Most Recent	<b>Tab:</b> 13	Specialty Developing	ACC. ACR. ACNM.	First	2020	<b>2022 Work RVU</b> : 0.00	
RUC Meeting: January 2019		Recommendation:	SNMMI	Identified: May 2018	Medicare	<b>2022 NF PE RVU</b> : 0.00	
					Utilization: 361	2022 Fac PE RVU: NA	
RUC Recommendation: 1.	67		Refe	rred to CPT		Result: Increase	
			Refe	rred to CPT Asst L Pu	blished in CPT Asst:		
(including ventrice performed); multip	ular wall motion ple studies at re	nission tomography (pet n[s] and/or ejection frac est and stress (exercise I tomography transmiss	tion[s], when or pharmacologic),		ie: Myocardial PET	Screen: High Volume Growth4	Complete? Yes
(including ventrice performed); multiperformed); multiperformetly acquives the concurrently acquives the concurrent of t	ular wall motion ple studies at re uired computed Tab: 13	n[s] and/or ejection frac rest and stress (exercise d tomography transmiss	tion[s], when or pharmacologic),	with	ie: Myocardial PET	Screen: High Volume Growth4  2022 Work RVU: 0.00	Complete? Yes
(including ventric performed); multip concurrently acque	ular wall motion ple studies at re uired computed Tab: 13	n[s] and/or ejection frac rest and stress (exercise d tomography transmiss	tion[s], when or pharmacologic), ion scan	with	2020 Medicare	ū	Complete? Yes
(including ventric performed); multi concurrently acqu	ular wall motion ple studies at re uired computed Tab: 13	on[s] and/or ejection frac rest and stress (exercise d tomography transmiss Specialty Developing	tion[s], when or pharmacologic), ion scan ACC, ACR, ACNM,	with	2020	<b>2022 Work RVU:</b> 0.00	Complete? Yes
(including ventric performed); multip concurrently acque	ular wall motion ple studies at ro uired computed Tab: 13	on[s] and/or ejection frac rest and stress (exercise d tomography transmiss Specialty Developing	tion[s], when or pharmacologic), ion scan ACC, ACR, ACNM, SNMMI	with	2020 Medicare	2022 Work RVU: 0.00 2022 NF PE RVU: 0.00	Complete? Yes

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78432 Myocardial imaging, positron emission tomography (pet), combined perfusion Global: XXX Issue: Mvocardial PET Screen: High Volume Growth4 Complete? Yes with metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), dual radiotracer (eq. myocardial viability); 2022 Work RVU: 0.00 Specialty Developing ACC, ACR, ACNM, First **Most Recent** 2020 **RUC Meeting:** January 2019 Identified: May 2018 Recommendation: SNMMI Medicare 2022 NF PE RVU: 0.00 61 Utilization: 2022 Fac PE RVU: NA **RUC Recommendation: 2.07** Referred to CPT Result: Increase Referred to CPT Asst **Published in CPT Asst:** 78433 Myocardial imaging, positron emission tomography (pet), combined perfusion Issue: Myocardial PET Screen: High Volume Growth4 Global: XXX Complete? Yes with metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), dual radiotracer (eg, myocardial viability); with concurrently acquired computed tomography transmission scan 2022 Work RVU: 0.00 Specialty Developing ACC, ACR, ACNM, **Most Recent Tab:** 13 2020 **RUC Meeting:** January 2019 Recommendation: SNMMI Identified: May 2018 Medicare 2022 NF PE RVU: 0.00 **Utilization:** 1,120 2022 Fac PE RVU: NA **RUC Recommendation: 2.26** Referred to CPT Result: Increase Referred to CPT Asst **Published in CPT Asst:** 78434 Absolute quantitation of myocardial blood flow (aqmbf), positron emission Global: ZZZ Issue: Myocardial PET Screen: High Volume Growth4 Complete? Yes tomography (pet), rest and pharmacologic stress (list separately in addition to code for primary procedure) 2022 Work RVU: 0.00 Specialty Developing ACC, ACR, ACNM, Most Recent **Tab:** 13 2020 Identified: May 2018 **RUC Meeting:** January 2019 SNMMI Recommendation: Medicare 2022 NF PE RVU: 0.00 **Utilization:** 34,085 2022 Fac PE RVU: NA **RUC Recommendation: 0.63** Referred to CPT Result: Increase Referred to CPT Asst Published in CPT Asst:

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correction, qualit	ative or quantita	omographic (spect) (incl ative wall motion, ejectic uantification, when perfo accologic)	on fraction by first p		Issue: Myocardial Perfusion Imaging	Screen: Codes Reported Together 95% or More	Complete? Yes
Most Recent	<b>Tab:</b> 16	Specialty Developing	SNM, ACR, ASNC,	First	2020	<b>2022 Work RVU:</b> 1.38	
RUC Meeting: February 20	09	Recommendation:	ACC	Identified: NA	Medicare Utilization: 26,107	<b>2022 NF PE RVU</b> : 8.15	
					Othization: 20,107	2022 Fac PE RVU: NA	
<b>RUC Recommendation:</b> 1	.40		Refe	erred to CPT		Result: Increase	
			Refe	erred to CPT Asst	Published in CPT Asst:		
or gated techniqu	ative or quantita ie, additional qu	omographic (spect) (incl ative wall motion, ejectic uantification, when perfo pharmacologic) and/or	on fraction by first pormed); multiple stu	ıdies,	<b>Issue:</b> Myocardial Perfusion Imaging	Screen: Codes Reported Together 95% or More	Complete? Yes
Most Recent	<b>Tah:</b> 16	Specialty Developing	SNM ACR ASNC	First	2020	2022 Work RVU: 1.62	
Most Recent RUC Meeting: February 200	<b>Tab</b> : 16	Specialty Developing Recommendation:	SNM, ACR, ASNC, ACC	First Identified: NA	2020 Medicare	<b>2022 NF PE RVU</b> : 11.65	
						<b>2022 NF PE RVU</b> : 11.65	
RUC Meeting: February 200	09		ACC	Identified: NA	Medicare	2022 NF PE RVU: 11.65 2022 Fac PE RVU:NA	
	09		ACC Refe		Medicare	<b>2022 NF PE RVU</b> : 11.65	
RUC Meeting: February 200	09		ACC Refe	Identified: NA	Medicare Utilization: 1,369,8	2022 NF PE RVU: 11.65 2022 Fac PE RVU:NA	
RUC Recommendation: 1  78453 Myocardial perfumotion, ejection for	.75 sion imaging, p		Refe Refe	Identified: NA erred to CPT erred to CPT Asst	Medicare Utilization: 1,369,8	2022 NF PE RVU: 11.65 2022 Fac PE RVU:NA	Complete? Yes
RUC Recommendation: 1  78453 Myocardial perfumotion, ejection of quantification, wl	.75 sion imaging, p	Recommendation:	Refe Refe	Identified: NA erred to CPT erred to CPT Asst	Medicare Utilization: 1,369,8  Published in CPT Asst:  Issue: Myocardial Perfusion	2022 NF PE RVU: 11.65 2022 Fac PE RVU: NA Result: Decrease  Screen: Codes Reported	Complete? Yes
RUC Recommendation: 1  78453 Myocardial perfumotion, ejection quantification, will pharmacologic)	.75 sion imaging, p fraction by first nen performed)	Recommendation:  lanar (including qualitati pass or gated technique; single study, at rest or	Refe Refe Refe ive or quantitative v e, additional stress (exercise or	Identified: NA erred to CPT erred to CPT Asst	Medicare Utilization: 1,369,8  Published in CPT Asst:  Issue: Myocardial Perfusion Imaging  2020 Medicare	2022 NF PE RVU: 11.65 2022 Fac PE RVU: NA Result: Decrease  Screen: Codes Reported Together 95% or More	Complete? Yes
RUC Recommendation: 1  78453 Myocardial perfumotion, ejection equantification, which pharmacologic)  Most Recent	.75 sion imaging, p fraction by first nen performed)	Recommendation:  lanar (including qualitati pass or gated technique; single study, at rest or Specialty Developing	Refe Refe vive or quantitative ve, additional stress (exercise or	erred to CPT erred to CPT Asst  vall Global: XXX	Medicare Utilization: 1,369,8  Published in CPT Asst:  Issue: Myocardial Perfusion Imaging  2020	2022 NF PE RVU: 11.65 2022 Fac PE RVU:NA Result: Decrease  Screen: Codes Reported Together 95% or More  2022 Work RVU: 1.00	Complete? Yes
RUC Recommendation: 1  78453 Myocardial perfumotion, ejection equantification, which pharmacologic)  Most Recent	sion imaging, p fraction by first nen performed) Tab: 16	Recommendation:  lanar (including qualitati pass or gated technique; single study, at rest or Specialty Developing	Reference or quantitative va, additional stress (exercise or SNM, ACR, ASNC, ACC	erred to CPT erred to CPT Asst  vall Global: XXX	Medicare Utilization: 1,369,8  Published in CPT Asst:  Issue: Myocardial Perfusion Imaging  2020 Medicare	2022 NF PE RVU: 11.65 2022 Fac PE RVU: NA Result: Decrease  Screen: Codes Reported Together 95% or More  2022 Work RVU: 1.00 2022 NF PE RVU: 7.28	Complete? Yes

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Myocardial perfusion imaging, planar (including qualitative or quantitative wall Global: XXX Issue: Mvocardial Perfusion Screen: Codes Reported Complete? Yes Together 95% or More motion, ejection fraction by first pass or gated technique, additional Imaging quantification, when performed); multiple studies, at rest and/or stress (exercise or pharmacologic) and/or redistribution and/or rest reiniection 2022 Work RVU: 1.34 **Most Recent Tab:** 16 Specialty Developing SNM, ACR, ASNC, First 2020 **RUC Meeting:** February 2009 ACC Recommendation: Identified: NA Medicare 2022 NF PE RVU: 10.81 **Utilization:** 6,551 2022 Fac PE RVU: NA **RUC Recommendation: 1.34** Referred to CPT Result: Decrease Referred to CPT Asst Published in CPT Asst: 78459 Myocardial imaging, positron emission tomography (pet), metabolic evaluation Global: XXX Issue: Myocardial PET Screen: High Volume Growth4 Complete? Yes study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), single study; 2022 Work RVU: 0.00 ACC, ACR, ACNM, **Most Recent Tab:** 13 Specialty Developing 2020 **RUC Meeting:** January 2019 Recommendation: SNMMI Identified: May 2018 Medicare 2022 NF PE RVU: 0.00 998 **Utilization:** 2022 Fac PE RVU: NA **RUC Recommendation: 1.61** Referred to CPT Result: Increase Referred to CPT Asst **Published in CPT Asst:** 78460 Deleted from CPT Global: Issue: Myocardial Perfusion Screen: Codes Reported Complete? Yes **Imaging** Together 95% or More 2022 Work RVU: 2020 **Most Recent Tab:** 16 Specialty Developing SNM, ACR, ASNC, **RUC Meeting:** February 2009 Recommendation: ACC Identified: Medicare **2022 NF PE RVU: Utilization:** 2022 Fac PE RVU: **RUC Recommendation:** Deleted from CPT Referred to CPT October 2008 Result: Deleted from CPT

**Referred to CPT Asst** 

**Published in CPT Asst:** 

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78461 Deleted from CPT

Imaging Together 95% or More 2022 Work RVU: **Tab:** 16 SNM, ACR, ASNC, First 2020 **Most Recent** Specialty Developing **RUC Meeting:** February 2009 Recommendation: ACC Identified: Medicare **2022 NF PE RVU: Utilization:** 2022 Fac PE RVU:

Global:

**RUC Recommendation:** Deleted from CPT Referred to CPT October 2008 Result: Deleted from CPT

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

78464 Deleted from CPT Issue: Myocardial Perfusion Screen: Codes Reported Global: Complete? Yes **Imaging** Together 95% or More

2022 Work RVU: 2020 Most Recent **Tab:** 16 Specialty Developing SNM, ACR, ASNC, Recommendation: ACC Identified: Medicare

**RUC Meeting:** February 2009 **2022 NF PE RVU: Utilization:** 

2022 Fac PE RVU: RUC Recommendation: Deleted from CPT Referred to CPT October 2008 Result: Deleted from CPT

Referred to CPT Asst Published in CPT Asst:

78465 Deleted from CPT Global: Issue: Myocardial Perfusion **Screen:** Codes Reported Complete? Yes Together 95% or More

**Imaging** 

Issue: Myocardial Perfusion

Screen: Codes Reported

2022 Fac PE RVU:

Complete? Yes

2022 Work RVU: **Most Recent** Specialty Developing SNM, ACR, ASNC, First 2020 **Tab**: 16

**RUC Meeting:** February 2009 Recommendation: ACC **Identified:** February 2008 Medicare **2022 NF PE RVU: Utilization:** 

**RUC Recommendation:** Deleted from CPT Referred to CPT October 2008 Result: Deleted from CPT

Referred to CPT Asst Published in CPT Asst:

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78472 Cardiac blood pool imaging, gated equilibrium; planar, single study at rest or Global: XXX Issue: Cardiac Blood Pool Imaging Screen: Harvard Valued -Complete? Yes Utilization over 30.000 stress (exercise and/or pharmacologic), wall motion study plus ejection fraction, with or without additional quantitative processing 2022 Work RVU: 0.98 Specialty Developing ACC, ACR, SNM. **Most Recent** 2020 **RUC Meeting:** September 2011 Identified: April 2011 Recommendation: **ACNM** Medicare **2022 NF PE RVU: 5.42** 13,479 **Utilization:** 2022 Fac PE RVU: NA **RUC Recommendation: 0.98** Referred to CPT Result: Maintain **Referred to CPT Asst Published in CPT Asst:** 78478 Deleted from CPT Issue: Myocardial Perfusion Screen: Codes Reported Complete? Yes Global: **Imaging** Together 95% or More 2022 Work RVU: **Most Recent Tab:** 16 Specialty Developing SNM, ACR, ASNC, 2020 **RUC Meeting:** February 2009 Recommendation: ACC **Identified:** February 2008 Medicare **2022 NF PE RVU: Utilization:** 2022 Fac PE RVU: RUC Recommendation: Deleted from CPT Referred to CPT October 2008 Result: Deleted from CPT Referred to CPT Asst Published in CPT Asst: **Deleted from CPT** Global: Issue: Myocardial Perfusion Screen: Codes Reported Complete? Yes 78480 **Imaging** Together 95% or More 2022 Work RVU: SNM, ACR, ASNC, 2020 Most Recent **Tab**: 16 Specialty Developing **RUC Meeting:** February 2009 ACC **Identified:** February 2008 Recommendation: Medicare **2022 NF PE RVU: Utilization:** 

Referred to CPT

Referred to CPT Asst

October 2008

Published in CPT Asst:

2022 Fac PE RVU:

Result: Deleted from CPT

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**RUC Recommendation:** Deleted from CPT

78491 Myocardial imaging, positron emission tomography (pet), perfusion study Global: XXX Issue: Myocardial PET Screen: High Volume Growth4 Complete? Yes (including ventricular wall motion[s] and/or ejection fraction[s], when performed); single study, at rest or stress (exercise or pharmacologic) 2022 Work RVU: 0.00 Specialty Developing ACC, ACR, ACNM. **Most Recent** 2020 **RUC Meeting:** January 2019 Identified: May 2018 Recommendation: SNMMI Medicare 2022 NF PE RVU: 0.00 501 **Utilization:** 2022 Fac PE RVU: NA Referred to CPT RUC Recommendation: 1.56 Result: Increase **Referred to CPT Asst Published in CPT Asst:** 78492 Myocardial imaging, positron emission tomography (pet), perfusion study Issue: Myocardial PET Screen: High Volume Growth4 Global: XXX Complete? Yes (including ventricular wall motion[s] and/or ejection fraction[s], when performed); multiple studies at rest and stress (exercise or pharmacologic) 2022 Work RVU: 0.00 Most Recent **Tab:** 13 Specialty Developing ACC, ACR, ACNM, 2020 **RUC Meeting:** January 2019 SNMMI Identified: October 2016 Recommendation: Medicare 2022 NF PE RVU: 0.00 **Utilization:** 137,725 2022 Fac PE RVU: NA **RUC Recommendation: 1.80** Referred to CPT May 2018 Result: Increase Referred to CPT Asst **Published in CPT Asst:** 78579 Pulmonary ventilation imaging (eg, aerosol or gas) Issue: Pulmonary Imaging Screen: Harvard Valued -Complete? Yes Global: XXX Utilization over 100,000 2022 Work RVU: 0.49 **Most Recent Tab:** 13 Specialty Developing ACR, SNM First 2020 **RUC Meeting:** February 2011 Recommendation: **Identified:** February 2010 Medicare 2022 NF PE RVU: 4.75 **Utilization:** 294 2022 Fac PE RVU: NA **RUC Recommendation: 0.49** Referred to CPT October 2010 Result: Decrease

Referred to CPT Asst Published in CPT Asst:

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78580 Pulmonary perfusion in	maging (e	g, particulate)	Global: XXX Issue:	Pulmonary Imaging	Screen: Harvard Valued - Utilization over 100,000 / High Volume Growth8	Complete? No
Most Recent	<b>Tab:</b> 13	Specialty Developing SNM, ACR	First	2020 Madiagra	<b>2022 Work RVU:</b> 0.74	
RUC Meeting: September 2022		Recommendation:	Identified: February 2010	Medicare Utilization: 60,193	<b>2022 NF PE RVU</b> : 5.88	
RUC Recommendation: Review	action pla	n. 0.74	Referred to CPT October 2010 Referred to CPT Asst  Publ	ished in CPT Asst:	2022 Fac PE RVU: NA Result: Maintain	
78582 Pulmonary ventilation	(eg, aeros	ol or gas) and perfusion imaging	Global: XXX Issue:	Pulmonary Imaging	Screen: Harvard Valued - Utilization over 100,000	Complete? Yes
Most Recent	<b>Tab:</b> 13	Specialty Developing ACR, SNM	First	2020	<b>2022 Work RVU:</b> 1.07	
RUC Meeting: February 2011		Recommendation:	Identified: February 2010	Medicare Utilization: 64,152	<b>2022 NF PE RVU</b> : 8.25	
				,	2022 Fac PE RVU:NA	
RUC Recommendation: 1.07			Referred to CPT October 2010 Referred to CPT Asst  Publ	ished in CPT Asst:	Result: Decrease	
78584 Pulmonary perfusion in	maging, pa	articulate, with ventilation; single bre	ath Global: Issue:	Pulmonary Perfusion Imaging	Screen: Harvard Valued - Utilization over 100,000	Complete? Yes
Most Recent	<b>Tab:</b> 31	Specialty Developing SNM, ACR	First	2020	2022 Work RVU:	
RUC Meeting: February 2010		Recommendation:	Identified: February 2010	Medicare Utilization:	2022 NF PE RVU:	
				<u></u>	2022 Fac PE RVU:	

Referred to CPT October 2010

Referred to CPT Asst Published in CPT Asst:

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

78585 Pulmonary perfusion im washout, with or withou		articulate, with ventilation; rebreathin preath	g and Global: Issue	: Pulmonary Perfusion Imaging	Screen: Harvard Valued - Utilization over 100,000	Complete? Yes
Most Recent RUC Meeting: February 2010	<b>Tab:</b> 31	Specialty Developing SNM, ACR Recommendation:	First Identified: October 2009	2020 Medicare Utilization:	2022 Work RVU: 2022 NF PE RVU: 2022 Fac PE RVU:	
RUC Recommendation: Deleted	from CPT		Referred to CPT Asst Publ		Result: Deleted from CPT	
78586 Pulmonary ventilation in	maging, a	erosol; single projection	Global: Issue	: Pulmonary Perfusion Imaging	Screen: Harvard Valued - Utilization over 100,000	Complete? Yes
	<b>Tab</b> : 31	Specialty Developing SNM, ACR	First	2020	2022 Work RVU:	
RUC Meeting: February 2010		Recommendation:	Identified: February 2010	Medicare Utilization:	2022 NF PE RVU:	
					2022 Fac PE RVU:	
RUC Recommendation: Deleted	from CPT		Referred to CPT October 2010 Referred to CPT Asst  Publ		Result: Deleted from CPT	
78587 Deleted from CPT			Global: Issue	: Pulmonary Perfusion Imaging	Screen: Harvard Valued - Utilization over 100,000	Complete? Yes
Most Recent	<b>Tab:</b> 31	Specialty Developing SNM, ACR	First	2020	2022 Work RVU:	
RUC Meeting: February 2010		Recommendation:	Identified: February 2010	Medicare	2022 NF PE RVU:	
				Utilization:	2022 Fac PE RVU:	
RUC Recommendation: Deleted	from CPT		Referred to CPT October 2010		Result: Deleted from CPT	
			Referred to CPT Asst  Publ	lished in CPT Asst:		
78588 Deleted from CPT			Global: Issue	: Pulmonary Perfusion Imaging	Screen: Harvard Valued - Utilization over 100,000	Complete? Yes
Most Recent	<b>Tab</b> : 31	Specialty Developing SNM, ACR	First	2020	2022 Work RVU:	
RUC Meeting: February 2010		Recommendation:	Identified: February 2010	Medicare	2022 NF PE RVU:	
				Utilization:	2022 Fac PE RVU:	
RUC Recommendation: Deleted	from CPT		Referred to CPT October 2010		Result: Deleted from CPT	
			Referred to CPT Asst	ished in CPT Asst:		

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78591 Deleted from CPT			Global: Issue	: Pulmonary Perfusion Imaging	Screen: Harvard Valued - Utilization over 100,000	Complete? Yes
Most Recent Tab: 31	Specialty Developing	SNM, ACR	First	2020	2022 Work RVU:	
RUC Meeting: February 2010	Recommendation:	·	Identified: February 2010	Medicare	2022 NF PE RVU:	
				Utilization:	2022 Fac PE RVU:	
RUC Recommendation: Deleted from CI	PT		Referred to CPT October 2010		Result: Deleted from CPT	
			Referred to CPT Asst U Pub	lished in CPT Asst:		
78593 Deleted from CPT			Global: Issue	: Pulmonary Perfusion Imaging	Screen: Harvard Valued - Utilization over 100,000	Complete? Yes
Most Recent Tab: 31	Specialty Developing	SNM, ACR	First	2020	2022 Work RVU:	
RUC Meeting: February 2010	Recommendation:	,	Identified: February 2010	Medicare	2022 NF PE RVU:	
				Utilization:	2022 Fac PE RVU:	
RUC Recommendation: Deleted from CI	PT		Referred to CPT October 2010	)	Result: Deleted from CPT	
			Referred to CPT Asst	lished in CPT Asst:		
78594 Deleted from CPT			Global: Issue	: Pulmonary Perfusion Imaging	Screen: Harvard Valued - Utilization over 100,000	Complete? Yes
Most Recent Tab: 31	Specialty Developing	SNM, ACR	First	2020	2022 Work RVU:	
RUC Meeting: February 2010	Recommendation:		Identified: February 2010	Medicare Utilization:	2022 NF PE RVU:	
				Otilization.	2022 Fac PE RVU:	
RUC Recommendation: Deleted from CF	PT		Referred to CPT October 2010		Result: Deleted from CPT	
			Referred to CPT Asst	lished in CPT Asst:		
78596 Deleted from CPT			Global: Issue	: Pulmonary Perfusion Imaging	Screen: Harvard Valued - Utilization over 100,000	Complete? Yes
Most Recent Tab: 31	Specialty Developing	SNM, ACR	First	2020	2022 Work RVU:	
	Recommendation:	•	Identified: February 2010	Medicare	2022 NF PE RVU:	
RUC Meeting: February 2010				Utilization:		
RUC Meeting: February 2010				Otinzation.	2022 Fac PE RVU:	
RUC Recommendation: Deleted from Ci	PΤ		Referred to CPT October 2010 Referred to CPT Asst Pub	)	2022 Fac PE RVU: Result: Deleted from CPT	

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78597 Quantitative differential pulmonary perfusion, including imaging when performed Global: XXX Issue: Pulmonary Imaging Screen: Harvard Valued -Complete? Yes Utilization over 100.000 2022 Work RVU: 0.75 Specialty Developing ACR, SNM 2020 **Most Recent Tab:** 13 First **RUC Meeting:** February 2011 Recommendation: Identified: February 2010 Medicare 2022 NF PE RVU: 4.90 2,258 **Utilization:** 2022 Fac PE RVU: NA Result: Decrease **RUC Recommendation: 0.75** Referred to CPT October 2010 Referred to CPT Asst **Published in CPT Asst:** 78598 Quantitative differential pulmonary perfusion and ventilation (eg., aerosol or Global: XXX Screen: Harvard Valued -**Issue:** Pulmonary Imaging Complete? Yes gas), including imaging when performed Utilization over 100,000 2022 Work RVU: 0.85 Most Recent **Tab:** 13 Specialty Developing ACR, SNM First 2020 **RUC Meeting:** February 2011 Recommendation: **Identified:** February 2010 Medicare 2022 NF PE RVU: 7.67 **Utilization:** 1,446 2022 Fac PE RVU: NA RUC Recommendation: 0.85 Referred to CPT October 2010 Result: Decrease Referred to CPT Asst Published in CPT Asst: 78803 Radiopharmaceutical localization of tumor, inflammatory process or distribution Global: XXX Screen: Harvard Valued -Complete? Yes of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, Utilization over 30,000 when performed); tomographic (spect), single area (eg, head, neck, chest, pelvis) or acquisition, single day imaging 2022 Work RVU: 1.09 2020 **Tab:** 14 Specialty Developing ACR, ACNM, SNM Most Recent **RUC Meeting:** January 2019 Recommendation: Identified: January 2016 Medicare 2022 NF PE RVU: 9.68 **Utilization:** 32,628 2022 Fac PE RVU: NA **RUC Recommendation: 1.20** Referred to CPT Result: Increase

Referred to CPT Asst Published in CPT Asst: Dec 2016

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78815 Positron emission tomography (pet) with concurrently acquired computed Global: XXX Issue: Screen: MPC List Complete? Yes

tomography (ct) for attenuation correction and anatomical localization imaging;

skull base to mid-thigh

2022 Work RVU: 0.00 **Most Recent Tab:** 41 Specialty Developing ACR, SNM 2020

**RUC Meeting:** February 2011 Identified: October 2010 Recommendation: Medicare 2022 NF PE RVU: 0.00

573,750 **Utilization:** 2022 Fac PE RVU: NA

2022 Work RVU:

RUC Recommendation: Reaffirmed RUC recommendation Referred to CPT Result: Maintain

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

79101 Radiopharmaceutical therapy, by intravenous administration Global: XXX Issue: Radiopharmaceutical Screen: Different Performing Complete? Yes

> Therapy Specialty from Survey

2022 Work RVU: 1.96 **Most Recent Tab:** 31 Specialty Developing SNM, ACR First 2020

**RUC Meeting:** February 2010 Recommendation: Identified: October 2009 Medicare 2022 NF PE RVU: 2.28 9,835

**Utilization:** 2022 Fac PE RVU: NA

RUC Recommendation: Article published Feb 2012 Referred to CPT Result: Maintain

> ✓ Published in CPT Asst: Feb 2012 Referred to CPT Asst

Global: Issue: Intraoperative Ultrasound Screen: CMS-Other - Utilization Complete? Yes 7X000 over 20,000 Part1

Services

Specialty Developing AATS, ACC, STS 2020 Most Recent **Tab:** 05 **RUC Meeting:** September 2022 Identified: May 2022 Recommendation: Medicare **2022 NF PE RVU:** 

**Utilization:** 2022 Fac PE RVU:

**RUC Recommendation: 0.60** Referred to CPT Result: Decrease

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

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7X001				Global: I	ssue:	Intraoperative Ultrasound Services	Screen: CMS-Other - Utilization over 20,000 Part1	Complete? Yes
Most Recent RUC Meeting: September 2022	<b>Tab</b> : 05	Specialty Developing Recommendation:	AATS, ACC, STS	First Identified: May 2022		2020 Medicare Utilization:	2022 Work RVU: 2022 NF PE RVU: 2022 Fac PE RVU:	
RUC Recommendation: 1.90				ferred to CPT ferred to CPT Asst	Publis	shed in CPT Asst:	Result: Decrease	
7X002				Global:	lssue:	Intraoperative Ultrasound Services	Screen: CMS-Other - Utilization over 20,000 Part1	Complete? Yes
Most Recent RUC Meeting: September 2022	<b>Tab</b> : 05	Specialty Developing Recommendation:	AATS, ACC, STS	First Identified: May 2022		2020 Medicare Utilization:	2022 Work RVU: 2022 NF PE RVU: 2022 Fac PE RVU:	
RUC Recommendation: 1.20				ferred to CPT ferred to CPT Asst	Publis	shed in CPT Asst:	Result: Decrease	
7X003				Global: I	ssue:	Intraoperative Ultrasound Services	Screen: CMS-Other - Utilization over 20,000 Part1	Complete? Yes
Most Recent RUC Meeting: September 2022	<b>Tab</b> : 05	Specialty Developing Recommendation:	AATS, ACC, STS	First Identified: May 2022		2020 Medicare Utilization:	2022 Work RVU: 2022 NF PE RVU: 2022 Fac PE RVU:	
RUC Recommendation: 1.55				ferred to CPT ferred to CPT Asst	Publis	shed in CPT Asst:	Result: Decrease	
80500 Clinical pathology cons	sultation;	limited, without review o	of patient's history	and Global: XXX I	lssue:	Pathology Clinical Consult	Screen: CMS-Other - Utilization over 20,000 Part1	Complete? Yes
Most Recent RUC Meeting: January 2021	<b>Tab</b> : 20	Specialty Developing Recommendation:	CAP	First Identified: January 20	19	2020 Medicare Utilization: 18,871	2022 Work RVU: 2022 NF PE RVU: 2022 Fac PE RVU:	
RUC Recommendation: Deleted	I from CPT		Re Re	ferred to CPT October	2020	1	Result: Deleted from CPT	

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80502 Clinical pathology consultation; comprehensive, for a complex diagnostic Global: XXX Issue: Pathology Clinical Consult Screen: CMS-Other - Utilization Complete? Yes over 20.000 Part1 problem, with review of patient's history and medical records 2022 Work RVU: **Tab: 20** Specialty Developing CAP 2020 **Most Recent** First **RUC Meeting:** January 2021 Recommendation: Identified: January 2021 Medicare **2022 NF PE RVU:** 10,733 **Utilization:** 2022 Fac PE RVU: RUC Recommendation: Deleted from CPT Referred to CPT October 2020 Result: Deleted from CPT Referred to CPT Asst **Published in CPT Asst:** 80503 Pathology clinical consultation; for a clinical problem, with limited review of Issue: Pathology Clinical Consult Screen: CMS-Other - Utilization Global: XXX Complete? Yes patient's history and medical records and straightforward medical decision over 20,000 Part1 making when using time for code selection, 5-20 minutes of total time is spent on the date of the consultation. 2022 Work RVU: 0.43 Most Recent **Tab: 20** Specialty Developing CAP First 2020 **RUC Meeting:** January 2021 Identified: January 2021 Recommendation: Medicare **2022 NF PE RVU: 0.32 Utilization:** 2022 Fac PE RVU: 0.20 **RUC Recommendation: 0.50** Referred to CPT October 2020 Result: Decrease Referred to CPT Asst Published in CPT Asst: 80504 Pathology clinical consultation; for a moderately complex clinical problem, with Global: XXX Issue: Pathology Clinical Consult Screen: CMS-Other - Utilization Complete? Yes review of patient's history and medical records and moderate level of medical over 20,000 Part1 decision making when using time for code selection, 21-40 minutes of total time is spent on the date of the consultation. 2022 Work RVU: 0.91 Most Recent **Tab**: 20 Specialty Developing CAP First 2020 **RUC Meeting:** January 2021 Recommendation: Identified: January 2021 Medicare 2022 NF PE RVU: 0.58 **Utilization:** 2022 Fac PE RVU: 0.43 **RUC Recommendation: 0.91** Referred to CPT October 2020 Result: Decrease Referred to CPT Asst Published in CPT Asst:

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80505 Pathology clinical consultation; for a highly complex clinical problem, with Global: XXX Issue: Pathology Clinical Consult Screen: CMS-Other - Utilization Complete? Yes over 20.000 Part1 comprehensive review of patient's history and medical records and high level of medical decision making when using time for code selection, 41-60 minutes of total time is spent on the date of the consultation. 2022 Work RVU: 1.71 **Most Recent Tab**: 20 Specialty Developing CAP First 2020 **RUC Meeting:** January 2021 Recommendation: Identified: January 2021 Medicare 2022 NF PE RVU: 0.98 **Utilization:** 2022 Fac PE RVU: 0.81 **RUC Recommendation: 1.80** Referred to CPT October 2020 Result: Decrease Referred to CPT Asst **Published in CPT Asst:** 80506 Pathology clinical consultation; prolonged service, each additional 30 minutes Global: XXX Issue: Pathology Clinical Consult Screen: CMS-Other - Utilization Complete? Yes (list separately in addition to code for primary procedure) over 20.000 Part1 2022 Work RVU: 0.80 **Most Recent Tab: 20** Specialty Developing CAP First 2020 **RUC Meeting:** January 2021 Identified: January 2021 Recommendation: Medicare **2022 NF PE RVU: 0.41 Utilization:** 2022 Fac PE RVU: NA **RUC Recommendation: 0.80** Referred to CPT October 2020 Result: Decrease Referred to CPT Asst Published in CPT Asst: 85060 Blood smear, peripheral, interpretation by physician with written report Global: XXX Issue: Blood Smear Interpretation Screen: CMS-Other - Utilization Complete? Yes over 100,000 2022 Work RVU: 0.45 2020 Specialty Developing CAP First **Most Recent Tab:** 30 **RUC Meeting:** April 2017 Recommendation: Identified: April 2016 Medicare 2022 NF PE RVU: NA **Utilization:** 186,871 2022 Fac PE RVU: 0.22 **RUC Recommendation: 0.45** Referred to CPT Result: Maintain

Referred to CPT Asst

**Published in CPT Asst:** 

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85097 Bone marrow, smear in	nterpretat	ion	Global: XXX	Issue:	Issue: Bone Marrow Interpretation		: CMS-Other - Utilization over 100,000	Complete? Yes
Most Recent	<b>Tab:</b> 31	Specialty Developing CAP	First		2020		<b>2022 Work RVU:</b> 0.94	
RUC Meeting: April 2017		Recommendation:	Identified: April 2016	3	Medicare Utilization: 127.831		<b>2022 NF PE RVU</b> : 1.02	
					Otilization. 121,001		2022 Fac PE RVU: 0.41	
RUC Recommendation: 1.00			Referred to CPT	1		Result: I	ncrease	
			Referred to CPT Asst	Publi	shed in CPT Asst:			
85390 Fibrinolysins or coagul	lopathy s	creen, interpretation and report	Global: XXX	Issue:	Fibrinolysins Screen	Screen	ı: Negative IWPUT	Complete? Yes
Most Recent	<b>Tab:</b> 26	Specialty Developing	First		2020		<b>2022 Work RVU:</b> 0.00	
RUC Meeting: January 2018		Recommendation:	Identified: April 2017	7	Medicare		<b>2022 NF PE RVU</b> : 0.00	
					Utilization: 43,456		<b>2022 Fac PE RVU</b> : 0.00	
<b>RUC Recommendation:</b> 0.75			Referred to CPT			Result: I	ncrease	
			Referred to CPT Asst	Publi	shed in CPT Asst:			
88104 Cytopathology, fluids, smears with interpretate	_	or brushings, except cervical or vagina	al; Global: XXX	Issue:	Cytopathology	Screen	ı: Harvard Valued - Utilization over 100,000 / Final Rule for 2015	Complete? Yes
Most Recent	<b>Tab:</b> 36	Specialty Developing AUR, ASC, CAI	P First		2020		<b>2022 Work RVU:</b> 0.56	
RUC Meeting: April 2015		Recommendation:	Identified: October 2	2009	Medicare		<b>2022 NF PE RVU</b> : 1.39	
					Utilization: 50,461		2022 Fac PE RVU: NA	
RUC Recommendation: New PE	E Inputs. 0	.56	Referred to CPT			Result: N	<i>M</i> aintain	
			Referred to CPT Asst	Publi	shed in CPT Asst:			

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88106 Cytopathology, fluids, washings or brushings, except cervical or vaginal; simple Global: XXX Issue: Cytopathology Screen: Harvard Valued -Complete? Yes Utilization over 100.000 / filter method with interpretation Final Rule for 2015 2022 Work RVU: 0.37 Most Recent **Tab:** 36 Specialty Developing AUR, ASC, CAP First 2020 **RUC Meeting:** April 2015 Recommendation: **Identified:** February 2010 Medicare **2022 NF PE RVU: 1.58 Utilization:** 3,149 2022 Fac PE RVU: NA **RUC Recommendation:** New PE Inputs. 0.56 Referred to CPT Result: Maintain Referred to CPT Asst **Published in CPT Asst:** 88107 Deleted from CPT Global: Issue: Cytopathology Screen: Harvard Valued -Complete? Yes Utilization over 100,000 2022 Work RVU: **Most Recent Tab:** 17 Specialty Developing AUR, ASC, CAP First 2020 **RUC Meeting:** October 2010 Recommendation: **Identified:** February 2010 Medicare **2022 NF PE RVU: Utilization:** 2022 Fac PE RVU: **RUC Recommendation:** Deleted from CPT Referred to CPT October 2010 Result: Deleted from CPT Referred to CPT Asst ☐ Published in CPT Asst: 88108 Cytopathology, concentration technique, smears and interpretation (eg, Global: XXX Issue: Cytopathology Screen: Harvard Valued -Complete? Yes Concentration Technique-Utilization over 100.000 / saccomanno technique) PE Only Final Rule for 2015 2022 Work RVU: 0.44 2020 **Most Recent Tab:** 36 Specialty Developing ACR, CAP **RUC Meeting:** April 2015 Recommendation: **Identified:** February 2010 Medicare **2022 NF PE RVU: 1.43 Utilization:** 192,504 2022 Fac PE RVU: NA RUC Recommendation: New PE Inputs. 0.56 Referred to CPT Result: Maintain

Referred to CPT Asst

**Published in CPT Asst:** 

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88112 Cytopathology, selective cellular enhancement technique with interpretation (eg, Global: XXX Issue: Cytopathology Screen: CMS High Expenditure Complete? Yes liquid based slide preparation method), except cervical or vaginal Concentration Technique-Procedural Codes1 / PE Only Final Rule for 2015 2022 Work RVU: 0.56 Most Recent **Tab:** 36 Specialty Developing ACR, CAP First 2020 **RUC Meeting:** April 2015 Recommendation: Identified: September 2011 Medicare **2022 NF PE RVU: 1.37 Utilization:** 742,220 2022 Fac PE RVU: NA **RUC Recommendation:** New PE Inputs. 0.56 Referred to CPT Result: Decrease Referred to CPT Asst **Published in CPT Asst:** 88120 Cytopathology, in situ hybridization (eg, fish), urinary tract specimen with Global: XXX **Issue:** RAW review Screen: CMS Request - Final Complete? Yes Rule for 2013 morphometric analysis, 3-5 molecular probes, each specimen; manual 2022 Work RVU: 1.20 **Most Recent Tab:** 19 **Specialty Developing** First 2020 **RUC Meeting:** October 2017 Recommendation: Identified: November 2012 Medicare 2022 NF PE RVU: 16.96 **Utilization:** 39,508 2022 Fac PE RVU: NA Result: Maintain **RUC Recommendation:** Utilization shift is appropriate. Referred to CPT **Published in CPT Asst:** Referred to CPT Asst 88121 Cytopathology, in situ hybridization (eg, fish), urinary tract specimen with Global: XXX Issue: RAW review Screen: CMS Request - Final Complete? Yes Rule for 2013 morphometric analysis, 3-5 molecular probes, each specimen; using computerassisted technology 2022 Work RVU: 1.00 **Most Recent Tab:** 19 **Specialty Developing** First 2020 **RUC Meeting:** October 2017 Recommendation: Identified: November 2012 Medicare 2022 NF PE RVU: 11.80 26,633 **Utilization:** 2022 Fac PE RVU: NA

Referred to CPT

Referred to CPT Asst

Result: Maintain

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RUC Recommendation: Utilization shift is appropriate.

00171 7 .	thology, cervical	_	al (any reporting system	), requiring	Global: XXX	Issue:	Cytopathology Cervical/Vaginal	Screen: CMS-Other - Utilization over 30,000	Complete? Yes
Most Recent		<b>Tab</b> : 26	Specialty Developing	CAP	First		2020	2022 Work RVU: 0.26	
RUC Meeting: A			Recommendation:		Identified: October 2	2017	Medicare	<b>2022 NF PE RVU</b> : 0.38	
							Utilization: 45,239	2022 Fac PE RVU: 0.38	
RUC Recommen	dation: 0.42				Referred to CPT			Result: Maintain	
					Referred to CPT Asst	Publis	shed in CPT Asst:		
88160 Cytopa	thology, smears	, any othe	er source; screening and	d interpretation	Global: XXX	Issue:	Cytopathology Concentration Technique PE Only	Screen: CMS Request - Final - Rule for 2015	Complete? Yes
Most Recent		<b>Tab</b> : 36	Specialty Developing		First		2020	<b>2022 Work RVU:</b> 0.50	
RUC Meeting: A	pril 2015		Recommendation:		Identified: April 2015	5	Medicare	2022 NF PE RVU: 1.58	
							Utilization: 6,189	2022 Fac PE RVU: NA	
RUC Recommen	dation: New PE	Inputs			Referred to CPT			Result: PE Only	
					Referred to CPT Asst	Publis	shed in CPT Asst:		
88161 Cytopa interpre		, any othe	er source; preparation, s	creening and	Global: XXX	Issue:	Cytopathology Concentration Technique PE Only	Screen: CMS Request - Final - Rule for 2015	Complete? Yes
Most Recent		<b>Tab</b> : 36	Specialty Developing		First		2020	2022 Work RVU: 0.50	
RUC Meeting: A			Recommendation:		Identified: April 2015	5	Medicare	<b>2022 NF PE RVU:</b> 1.64	
							Utilization: 4,129	2022 Fac PE RVU: NA	
RUC Recommen	dation: New PE	Inputs			Referred to CPT			Result: PE Only	
					Referred to CPT Asst	Publis	shed in CPT Asst:		

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88162 Cytopathology, smears, any other source; extended study involving over 5 Global: XXX Issue: Cytopathology Screen: CMS Request - Final Complete? Yes Concentration Technique -Rule for 2015 slides and/or multiple stains PE Only 2022 Work RVU: 0.76 **Most Recent Specialty Developing** 2020 **Tab:** 36 First **RUC Meeting:** April 2015 Recommendation: Identified: April 2015 Medicare **2022 NF PE RVU: 2.54 Utilization:** 1,315 2022 Fac PE RVU: NA **RUC Recommendation:** New PE Inputs Referred to CPT Result: PE Only Referred to CPT Asst **Published in CPT Asst:** 88184 Flow cytometry, cell surface, cytoplasmic, or nuclear marker, technical Screen: CMS High Expenditure Global: XXX Issue: Flow Cytometry Complete? Yes Procedural Codes2 / component only; first marker CMS Request - Final Rule for 2018 2022 Work RVU: 0.00 Most Recent Tab: Specialty Developing CAP First 2020 **RUC Meeting:** January 2016 Identified: July 2015 Medicare Recommendation: **2022 NF PE RVU: 1.98 Utilization:** 98,149 2022 Fac PE RVU: NA RUC Recommendation: New PE Inputs. Removed from FR 2018 as Referred to CPT Result: PE Only misvalued. Referred to CPT Asst **Published in CPT Asst:** 88185 Flow cytometry, cell surface, cytoplasmic, or nuclear marker, technical Screen: CMS High Expenditure Complete? Yes Global: ZZZ **Issue:** Flow Cytometry Procedural Codes2 / component only; each additional marker (list separately in addition to code for CMS Request - Final first marker) Rule for 2018 2022 Work RVU: 0.00 **Most Recent** Tab: Specialty Developing CAP First 2020 **RUC Meeting:** January 2016 Identified: July 2015 Recommendation: Medicare 2022 NF PE RVU: 0.64 **Utilization:** 1,818,730 2022 Fac PE RVU: NA Result: PE Only RUC Recommendation: New PE Inputs. Removed from FR 2018 as Referred to CPT misvalued. Referred to CPT Asst Published in CPT Asst:

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88187 Flow cytometry, inter	pretation; 2	2 to 8 markers		Global: XXX	Issue:	Flow Cytometry Interpretation	Screen: CMS High Expenditure Procedural Codes2	Complete? Yes
Most Recent	<b>Tab</b> : 42	Specialty Developing	CAP	First		2020	<b>2022 Work RVU:</b> 0.74	
RUC Meeting: January 2016		Recommendation:		Identified: July 2015	5	Medicare Utilization: 37,046	<b>2022 NF PE RVU</b> : 0.26	
						Utilization: 37,040	<b>2022 Fac PE RVU:</b> 0.26	
RUC Recommendation: 0.74				Referred to CPT Referred to CPT Asst	Publi	shed in CPT Asst:	Result: Decrease	
88188 Flow cytometry, inter	pretation; §	o to 15 markers		Global: XXX	Issue:	Flow Cytometry Interpretation	Screen: CMS High Expenditure Procedural Codes2	Complete? Yes
Most Recent	<b>Tab</b> : 42	Specialty Developing	CAP	First		2020	2022 Work RVU: 1.20	
RUC Meeting: January 2016		Recommendation:		Identified: July 2015	5	Medicare	<b>2022 NF PE RVU</b> : 0.54	
						Utilization: 36,578	2022 Fac PE RVU: 0.54	
<b>RUC Recommendation:</b> 1.40				Referred to CPT			Result: Decrease	
				Referred to CPT Asst	Publi	shed in CPT Asst:		
88189 Flow cytometry, inter	pretation; 1	16 or more markers		Global: XXX	Issue:	Flow Cytometry Interpretation	Screen: CMS High Expenditure Procedural Codes2	Complete? Yes
Most Recent	<b>Tab</b> : 42	Specialty Developing	CAP	First		2020	<b>2022 Work RVU</b> : 1.70	
RUC Meeting: January 2016		Recommendation:		Identified: July 2015	5	Medicare	<b>2022 NF PE RVU</b> : 0.65	
						Utilization: 217,514	<b>2022 Fac PE RVU:</b> 0.65	
<b>RUC Recommendation:</b> 1.70				Referred to CPT	_		Result: Decrease	
				Referred to CPT Asst	<b>│</b> Publi	shed in CPT Asst:		

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88300 Level i - surgical pathology, gross examination only Global: XXX Issue: Pathology Consultations Screen: Havard Valued -Complete? Yes Utilization over 1 Million / Low Value-Billed in Multiple Units / CMS Request - Final Rule for 2012 2022 Work RVU: 0.08 **Most Recent** Specialty Developing AAD, AGA, CAP, 2020 **Tab: 24 RUC Meeting:** January 2012 Identified: February 2009 Recommendation: ASGE Medicare 2022 NF PE RVU: 0.35 **Utilization:** 171,012 2022 Fac PE RVU: NA RUC Recommendation: 0.08 and new PE inputs Referred to CPT Result: Maintain Referred to CPT Asst **Published in CPT Asst:** 88302 Level ii - surgical pathology, gross and microscopic examination appendix, Global: XXX Issue: Pathology Consultations Screen: Havard Valued -Complete? Yes incidental fallopian tube, sterilization fingers/toes, amputation, traumatic Utilization over 1 Million / CMS Request - Final foreskin, newborn hernia sac, any location hydrocele sac nerve skin, plastic Rule for 2012 repair sympathetic ganglion testis, castration vaginal mucosa, incidental vas deferens, sterilization 2022 Work RVU: 0.13 **Most Recent Tab: 24** Specialty Developing AAD, AGA, CAP, 2020 First **RUC Meeting:** January 2012 Recommendation: ASGE **Identified:** February 2009 Medicare 2022 NF PE RVU: 0.78 59,362 **Utilization:** 2022 Fac PE RVU: NA RUC Recommendation: 0.13 and new PE inputs Referred to CPT Result: Maintain Referred to CPT Asst **Published in CPT Asst:** 

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Level iii - surgical pathology, gross and microscopic examination abortion, induced abscess aneurysm - arterial/ventricular anus, tag appendix, other than incidental artery, atheromatous plaque bartholin's gland cyst bone fragment(s), other than pathologic fracture bursa/synovial cyst carpal tunnel tissue cartilage, shavings cholesteatoma colon, colostomy stoma conjunctiva - biopsy/pterygium cornea diverticulum - esophagus/small intestine dupuytren's contracture tissue femoral head, other than fracture fissure/fistula foreskin, other than newborn gallbladder ganglion cyst hematoma hemorrhoids hydatid of morgagni intervertebral disc joint, loose body meniscus mucocele, salivary neuroma morton's/traumatic pilonidal cyst/sinus polyps, inflammatory - nasal/sinusoidal skin - cyst/tag/debridement soft tissue, debridement soft tissue, lipoma spermatocele tendon/tendon sheath testicular appendage thrombus or embolus tonsil and/or adenoids varicocele vas deferens, other than sterilization vein, varicosity

Global: XXX Issue: Pathology Consultations Screen: Havard Valued -Complete? Yes Utilization over 1 Million /

Low Value-High Volume / CMS Request - Final Rule for 2012

**Most Recent RUC Meeting:** January 2012 **Tab**: 24

Specialty Developing AAD, AGA, CAP, Recommendation: ASGE

Identified: October 2008

2020

Medicare

**Utilization:** 772.276 2022 Work RVU: 0.22

2022 NF PE RVU: 0.98

2022 Fac PE RVU: NA

Result: Maintain

RUC Recommendation: 0.22 and new PE inputs

Referred to CPT

Referred to CPT Asst

Published in CPT Asst:

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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

RUC Recommendation: 0.75 and new PE inputs

Global: XXX Issue: Pathology Consultations Screen: Havard Valued - Complete? Yes

Utilization over 1 Million / CMS Request - Final Rule for 2012

2022 Fac PE RVU: NA

Most Recent Tab: 24 Specialty Developing AAD, AGA, CAP, First 2020 2022 Work RVU: 0.75 RUC Meeting: January 2012 Recommendation: ASGE Identified: October 2008 Medicare Utilization: 14,541,874

Referred to CPT Result: Maintain

Referred to CPT Asst Published in CPT Asst:

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Level v - surgical pathology, gross and microscopic examination adrenal, Global: XXX Issue: Pathology Consultations Screen: Havard Valued -Complete? Yes Utilization over 1 Million / resection bone - biopsy/curettings bone fragment(s), pathologic fracture brain. CMS Request- Final biopsy brain/meninges, tumor resection breast, excision of lesion, requiring Rule for 2012 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 larvnx, 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 2022 Work RVU: 1.59 Most Recent **Tab**: 24 Specialty Developing AAD, AGA, CAP, First 2020 **RUC Meeting:** January 2012 Recommendation: ASGE Identified: February 2009 Medicare **2022 NF PE RVU: 6.73 Utilization:** 891,815 2022 Fac PE RVU: NA RUC Recommendation: 1.59 and new PE inputs Referred to CPT Result: Maintain Referred to CPT Asst **Published in CPT Asst:** Screen: Havard Valued -Level vi - surgical pathology, gross and microscopic examination bone resection Global: XXX Issue: Pathology Services Complete? Yes Utilization over 1 Million / breast, mastectomy - with regional lymph nodes colon, segmental resection for CMS Request- Final tumor colon, total resection esophagus, partial/total resection extremity, disarticulation fetus, with dissection larynx, partial/total resection - with regional Rule for 2012 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 tonque/tonsil -resection for tumor urinary bladder, partial/total resection uterus, with or without tubes and ovaries, neoplastic vulva, total/subtotal resection 2022 Work RVU: 2.80 **Most Recent Tab**: 24 Specialty Developing AAD, AGA, CAP, First 2020 **RUC Meeting:** January 2012 Identified: February 2009 Recommendation: ASGE Medicare 2022 NF PE RVU: 9.87 **Utilization:** 135.905 2022 Fac PE RVU: NA RUC Recommendation: 2.80 and new PE inputs Referred to CPT Result: Maintain **Referred to CPT Asst Published in CPT Asst:** 

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88312 Special stain including interpretation and report; group i for microorganisms Global: XXX Issue: Special Stains Screen: Havard Valued -Complete? Yes Utilization over 1 Million / (eg, acid fast, methenamine silver) CMS High Expenditure Procedural Codes1 2022 Work RVU: 0.54 **Most Recent Tab:** 33 Specialty Developing CAP First 2020 Identified: October 2008 **RUC Meeting:** January 2012 Recommendation: Medicare 2022 NF PE RVU: 2.75 **Utilization:** 1,147,300 2022 Fac PE RVU: NA Referred to CPT June 2010 **RUC Recommendation: 0.54** Result: Maintain Referred to CPT Asst **Published in CPT Asst:** 88313 Special stain including interpretation and report; group ii, all other (eq. iron, Screen: Havard Valued -Global: XXX Issue: Special Stains Complete? Yes trichrome), except stain for microorganisms, stains for enzyme constituents, or Utilization over 1 Million / Low Value-High Volume immunocytochemistry and immunohistochemistry 2022 Work RVU: 0.24 2020 **Most Recent Tab:** 33 Specialty Developing CAP First **RUC Meeting:** February 2011 Identified: October 2008 Recommendation: Medicare 2022 NF PE RVU: 2.12 1,182,080 **Utilization:** 2022 Fac PE RVU: NA **RUC Recommendation: 0.24** Referred to CPT June 2010 Result: Maintain Referred to CPT Asst **Published in CPT Asst:** 88314 Special stain including interpretation and report; histochemical stain on frozen Global: XXX Issue: Special Stains Screen: Havard Valued -Complete? Yes tissue block (list separately in addition to code for primary procedure) Utilization over 1 Million 2022 Work RVU: 0.45 **Most Recent Tab:** 33 Specialty Developing CAP First 2020 **RUC Meeting:** February 2011 **Identified:** February 2009 Recommendation: Medicare **2022 NF PE RVU: 2.43 Utilization:** 24,592 2022 Fac PE RVU: NA

Referred to CPT

June 2010

Referred to CPT Asst Published in CPT Asst:

Result: Maintain

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**RUC Recommendation: 0.45** 

88318 Deleted from CPT				Global: Is	ssue:	Special Stains	Screen: Havard Valued -	Complete? Yes
							Utilization over 1 Million	
Most Recent RUC Meeting: February 2010	<b>Tab:</b> 22	Specialty Developing Recommendation:	CAP, AAD	First Identified:		2020 Medicare	2022 Work RVU:	
ROC Meeting. 1 ebidary 2010		Recommendation.		identined.		Utilization:	2022 NF PE RVU:	
Delete	- d fue ODT	-		Defermed to ODT home 2004	10		2022 Fac PE RVU:  Result: Deleted from CPT	
RUC Recommendation: Delete	ed Irom CP i			Referred to CPT June 201		hed in CPT Asst:	Result: Deleted from CF1	
88319 Special stain includin constituents	ng interpreta	ation and report; group i	ii, for enzyme	Global: XXX Is	ssue: 3	Special Stains	Screen: Havard Valued - Utilization over 1 Million	Complete? Yes
Most Recent	<b>Tab:</b> 33	Specialty Developing	CAP	First	:	2020	<b>2022 Work RVU</b> : 0.53	
RUC Meeting: February 2011		Recommendation:		Identified:	ı	Medicare	<b>2022 NF PE RVU</b> : 3.55	
						Utilization: 14,530	2022 Fac PE RVU:NA	
RUC Recommendation: 0.53				Referred to CPT June 201	10		Result: Maintain	
88321 Consultation and repo	ort on refer	red slides prepared else	where	Global: XXX Is	ssue:	Microslide Consultation	Screen: CMS High Expenditure Procedural Codes2	Complete? Yes
								Complete? Yes
Most Recent	ort on refer Tab: 43	red slides prepared else Specialty Developing Recommendation:		Global: XXX Is  First Identified: July 2015	:	2020 Medicare	Procedural Codes2	Complete? Yes
Most Recent		Specialty Developing		First	:	2020	Procedural Codes2  2022 Work RVU: 1.63  2022 NF PE RVU: 1.11	Complete? Yes
Most Recent RUC Meeting: January 2016		Specialty Developing		First	:	2020 Medicare	Procedural Codes2  2022 Work RVU: 1.63	Complete? Yes
88321 Consultation and report  Most Recent RUC Meeting: January 2016  RUC Recommendation: 1.63		Specialty Developing		First Identified: July 2015  Referred to CPT	:	2020 Medicare	Procedural Codes2  2022 Work RVU: 1.63  2022 NF PE RVU: 1.11  2022 Fac PE RVU: 0.71	Complete? Yes
Most Recent RUC Meeting: January 2016 RUC Recommendation: 1.63	<b>Tab</b> : 43	Specialty Developing Recommendation:	CAP, ASC	First Identified: July 2015  Referred to CPT Referred to CPT Asst	Publisl	2020 Medicare Utilization: 151,719	Procedural Codes2  2022 Work RVU: 1.63  2022 NF PE RVU: 1.11  2022 Fac PE RVU: 0.71	Complete? Yes
Most Recent RUC Meeting: January 2016 RUC Recommendation: 1.63	<b>Tab</b> : 43	Specialty Developing Recommendation:	CAP, ASC	First Identified: July 2015  Referred to CPT Referred to CPT Asst	Publisi	2020 Medicare Utilization: 151,719 hed in CPT Asst:	Procedural Codes2  2022 Work RVU: 1.63  2022 NF PE RVU: 1.11  2022 Fac PE RVU:0.71  Result: Maintain  Screen: CMS High Expenditure	•
Most Recent RUC Meeting: January 2016 RUC Recommendation: 1.63 38323 Consultation and repo	Tab: 43	Specialty Developing Recommendation:	CAP, ASC	First Identified: July 2015  Referred to CPT Referred to CPT Asst	Publis	2020 Medicare Utilization: 151,719 hed in CPT Asst:  Microslide Consultation 2020 Medicare	Procedural Codes2  2022 Work RVU: 1.63  2022 NF PE RVU: 1.11  2022 Fac PE RVU:0.71  Result: Maintain  Screen: CMS High Expenditure Procedural Codes2	•
Most Recent RUC Meeting: January 2016 RUC Recommendation: 1.63 38323 Consultation and repo	Tab: 43	Specialty Developing Recommendation:  red material requiring pr	CAP, ASC	First Identified: July 2015  Referred to CPT Referred to CPT Asst	Publis	2020 Medicare Utilization: 151,719 hed in CPT Asst:  Microslide Consultation 2020	Procedural Codes2  2022 Work RVU: 1.63  2022 NF PE RVU: 1.11  2022 Fac PE RVU:0.71  Result: Maintain  Screen: CMS High Expenditure Procedural Codes2  2022 Work RVU: 1.83	•
Most Recent RUC Meeting: January 2016	Tab: 43	Specialty Developing Recommendation:  red material requiring pr	CAP, ASC	First Identified: July 2015  Referred to CPT Referred to CPT Asst	Publis	2020 Medicare Utilization: 151,719 hed in CPT Asst:  Microslide Consultation 2020 Medicare	Procedural Codes2  2022 Work RVU: 1.63  2022 NF PE RVU: 1.11  2022 Fac PE RVU: 0.71  Result: Maintain  Screen: CMS High Expenditure Procedural Codes2  2022 Work RVU: 1.83  2022 NF PE RVU: 1.44	•

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88325 Consultation, compre on referred material	hensive, w	ith review of records and specimens	, with report Global: XXX Issue	: Microslide Consultation	Screen: CMS High Expenditure Procedural Codes2	Complete? Yes
Most Recent	<b>Tab:</b> 43	Specialty Developing CAP, ASC	First	2020	<b>2022 Work RVU:</b> 2.85	
RUC Meeting: January 2016		Recommendation:	Identified: July 2015	Medicare Utilization: 11,119	<b>2022 NF PE RVU</b> : 1.62	
				Otinzation: 11,119	<b>2022 Fac PE RVU</b> : 0.95	
RUC Recommendation: 2.85			Referred to CPT Referred to CPT Asst  Publ	ished in CPT Asst:	Result: Increase	
38329 Pathology consultation	on during s	urgery;	Global: XXX Issue	: Pathology Consultation During Surgery	Screen: Harvard Valued - Utilization over 100,000	Complete? Yes
Most Recent	<b>Tab:</b> 18	Specialty Developing CAP	First	2020	<b>2022 Work RVU:</b> 0.67	
RUC Meeting: October 2010		Recommendation:	Identified: February 2010	Medicare Utilization: 24,272	<b>2022 NF PE RVU</b> : 0.97	
				Othization. 24,272	<b>2022 Fac PE RVU</b> : 0.32	
					<b>5</b> 14 14 1 1 1	
				ished in CPT Asst:	Result: Maintain	
38331 Pathology consultation single specimen	on during so	urgery; first tissue block, with frozen Specialty Developing CAP Recommendation:	Referred to CPT Asst	: Pathology Consultation During Surgery 2020 Medicare	Screen: Harvard Valued - Utilization over 100,000 2022 Work RVU: 1.19 2022 NF PE RVU: 1.77	Complete? Yes
88331 Pathology consultation single specimen	_	Specialty Developing CAP	Referred to CPT Asst  Publ section(s), Global: XXX Issue:	: Pathology Consultation During Surgery	Screen: Harvard Valued - Utilization over 100,000 2022 Work RVU: 1.19	Complete? Yes
88331 Pathology consultation single specimen  Most Recent RUC Meeting: October 2010	_	Specialty Developing CAP	Referred to CPT Asst  Publ section(s), Global: XXX Issue:  First Identified: October 2009  Referred to CPT	: Pathology Consultation During Surgery 2020 Medicare Utilization: 375,991	Screen: Harvard Valued - Utilization over 100,000 2022 Work RVU: 1.19 2022 NF PE RVU: 1.77	Complete? Yes
38331 Pathology consultation single specimen  Most Recent RUC Meeting: October 2010	_	Specialty Developing CAP	Referred to CPT Asst  Publ section(s), Global: XXX Issue:  First Identified: October 2009  Referred to CPT	: Pathology Consultation During Surgery 2020 Medicare	Screen: Harvard Valued - Utilization over 100,000 2022 Work RVU: 1.19 2022 NF PE RVU: 1.77 2022 Fac PE RVU: NA	Complete? Yes
38331 Pathology consultation single specimen  Most Recent RUC Meeting: October 2010  RUC Recommendation: 1.19	Tab: 18	Specialty Developing CAP	Referred to CPT Asst  Publ  section(s), Global: XXX Issue:  First Identified: October 2009  Referred to CPT Referred to CPT Asst  Publ	: Pathology Consultation During Surgery 2020 Medicare Utilization: 375,991	Screen: Harvard Valued - Utilization over 100,000 2022 Work RVU: 1.19 2022 NF PE RVU: 1.77 2022 Fac PE RVU: NA	Complete? Yes
88331 Pathology consultation single specimen  Most Recent RUC Meeting: October 2010  RUC Recommendation: 1.19  88332 Pathology consultation section(s) (list separal	Tab: 18	Specialty Developing CAP Recommendation:	Referred to CPT Asst  Publ  section(s), Global: XXX Issue:  First Identified: October 2009  Referred to CPT Referred to CPT Asst  Publ	: Pathology Consultation During Surgery  2020 Medicare Utilization: 375,991  ished in CPT Asst:	Screen: Harvard Valued - Utilization over 100,000 2022 Work RVU: 1.19 2022 NF PE RVU: 1.77 2022 Fac PE RVU: NA Result: Maintain  Screen: Harvard Valued -	
38331 Pathology consultation single specimen  Most Recent RUC Meeting: October 2010  RUC Recommendation: 1.19  38332 Pathology consultation section(s) (list separations)	Tab: 18	Specialty Developing CAP Recommendation:  urgery; each additional tissue block tion to code for primary procedure)	Referred to CPT Asst  Publisection(s), Global: XXX Issue:  First Identified: October 2009  Referred to CPT Referred to CPT Asst  Publisection Published: AXX Issue:	2020 Medicare Utilization: 375,991  ished in CPT Asst:  Pathology Consultation During Surgery  2020 Medicare	Screen: Harvard Valued - Utilization over 100,000  2022 Work RVU: 1.19 2022 NF PE RVU: 1.77 2022 Fac PE RVU: NA Result: Maintain  Screen: Harvard Valued - Utilization over 100,000	
88331 Pathology consultation single specimen  Most Recent RUC Meeting: October 2010  RUC Recommendation: 1.19  88332 Pathology consultation section(s) (list separal	Tab: 18	Specialty Developing CAP Recommendation:  urgery; each additional tissue block tion to code for primary procedure)  Specialty Developing CAP	Referred to CPT Asst  Publisection(s), Global: XXX Issue:  First Identified: October 2009  Referred to CPT Referred to CPT Asst  Publisection Published: Published: XXX Issue:  First	2020 Medicare Utilization: 375,991 ished in CPT Asst:  Pathology Consultation During Surgery  2020	Screen: Harvard Valued - Utilization over 100,000  2022 Work RVU: 1.19 2022 NF PE RVU: 1.77 2022 Fac PE RVU: NA Result: Maintain  Screen: Harvard Valued - Utilization over 100,000 2022 Work RVU: 0.59	
single specimen  Most Recent RUC Meeting: October 2010  RUC Recommendation: 1.19	Tab: 18	Specialty Developing CAP Recommendation:  urgery; each additional tissue block tion to code for primary procedure)  Specialty Developing CAP	Referred to CPT Asst  Publisection(s), Global: XXX Issue:  First Identified: October 2009  Referred to CPT Referred to CPT Asst  Publisection Published: Published: XXX Issue:  First	2020 Medicare Utilization: 375,991  ished in CPT Asst:  Pathology Consultation During Surgery  2020 Medicare	Screen: Harvard Valued - Utilization over 100,000  2022 Work RVU: 1.19 2022 NF PE RVU: 1.77 2022 Fac PE RVU: NA Result: Maintain  Screen: Harvard Valued - Utilization over 100,000 2022 Work RVU: 0.59 2022 NF PE RVU: 0.98	·

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88333 Pathology consultati squash prep), initial	•	urgery; cytologic examination (eg, to	uch prep, Global: XXX Issue	: Pathology Consultation During Surgery	Screen: CMS Request - Final Rule for 2016	Complete? Yes
Most Recent RUC Meeting: April 2016  RUC Recommendation: 1.20	<b>Tab:</b> 39	Specialty Developing ASC, CAP Recommendation:	First Identified: July 2015	2020 Medicare Utilization: 62,352	2022 Work RVU: 1.20 2022 NF PE RVU: 1.50 2022 Fac PE RVU: NA Result: Maintain	
				ished in CPT Asst:	TCGGIL THEMTON	
		urgery; cytologic examination (eg, to te (list separately in addition to code		: Pathology Consultation During Surgery	Screen: CMS Request - Final Rule for 2016	Complete? Yes
Most Recent RUC Meeting: April 2016	<b>Tab</b> : 39	Specialty Developing ASC, CAP Recommendation:	First Identified: July 2015	2020 Medicare Utilization: 29,657	2022 Work RVU: 0.73 2022 NF PE RVU: 0.90 2022 Fac PE RVU:NA	
RUC Recommendation: 0.73			Referred to CPT Referred to CPT Asst  Publ	ished in CPT Asst:	Result: Maintain	
000 T I	•	nocytochemistry, per specimen; each (list separately in addition to code fo		: Morphometric Analysis In Situ Hybridization for Gen Rearrangement(s)		Complete? Yes
Most Recent	<b>Tab</b> : 21	Specialty Developing CAP	First	2020	<b>2022 Work RVU</b> : 0.56	
RUC Meeting: April 2014		Recommendation:	Identified: November 2013	Medicare Utilization: 2,978,970	<b>2022 NF PE RVU:</b> 2.02	
RUC Recommendation: 0.65			Referred to CPT Referred to CPT Asst  Publ	ished in CPT Asst:	2022 Fac PE RVU:NA Result: Decrease	

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88342 Immunohistochemistr antibody stain proced	•	nocytochemistry, per specimen; initial sir	ngle Global: XXX Issue	: Morphometric Analysis In Situ Hybridization for Gene Rearrangement(s)	Screen: CMS-Other - Utilization over 500,000 / CMS High Expenditure Procedural Codes1 / CMS Request - Final Rule for 2014	Complete? Yes
Most Recent	<b>Tab:</b> 21	Specialty Developing CAP	First	2020	2022 Work RVU: 0.70	
RUC Meeting: April 2014		Recommendation:	Identified: April 2011	Medicare Utilization: 1,882,442	<b>2022 NF PE RVU</b> : 2.24	
				Ottiization. 1,002,442	2022 Fac PE RVU:NA	
<b>RUC Recommendation:</b> 0.70		Re	eferred to CPT May 2012	R	esult: Decrease	
		Re	eferred to CPT Asst	lished in CPT Asst:		
antibody per block, cy	tologic pre	nocytochemistry, each separately identific paration, or hematologic smear; each ad per slide (List separately in addition to co	ditional	: Morphometric Analysis In Situ Hybridization for Gene Rearrangement(s)	Screen: CMS Request - Final Rule for 2014	Complete? Yes
Most Recent	<b>Tab</b> : 21	Specialty Developing CAP	First	2020	2022 Work RVU:	
RUC Meeting: April 2014		Recommendation:	Identified: November 2013	Medicare	2022 NF PE RVU:	
				Utilization:	2022 Fac PE RVU:	
RUC Recommendation: Delete	ed from CPT	Re	eferred to CPT	R	esult: Deleted from CPT	
		Re	eferred to CPT Asst   Publ	lished in CPT Asst:		
88344 Immunohistochemisto antibody stain proced	•	nocytochemistry, per specimen; each mu	Itiplex Global: XXX Issue	: Morphometric Analysis In Situ Hybridization for Gene Rearrangement(s)	Screen: CMS Request - Final Rule for 2014	Complete? Yes
Most Recent	<b>Tab</b> : 21	Specialty Developing CAP	First	2020	<b>2022 Work RVU:</b> 0.77	
RUC Meeting: April 2014	100.21	Recommendation:	Identified: November 2013	Medicare	<b>2022 NF PE RVU</b> : 4.21	
				Utilization: 126,400	2022 Fac PE RVU:NA	
RUC Recommendation: 0.77		Re	eferred to CPT	R	esult: Decrease	
		Re	eferred to CPT Asst 🔲 Publ	lished in CPT Asst:		

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88346 Immunofluorescence, per specimen; initial single a	ntibody stain procedui	re Global: XXX	Issue:	Immunofluorescent Studies	Screen: CMS-Other - Utilization over 250,000	Complete? Yes
Most Recent Tab: 17 Specialty Develop	ping CAP, ASC	First Identified: April 2013		2020 Medicare Utilization: 54,989	<b>2022 Work RVU</b> : 0.74	
	Recommendation:				<b>2022 NF PE RVU</b> : 3.74	
					2022 Fac PE RVU: NA	
RUC Recommendation: 0.74		eferred to CPT October ferred to CPT Asst			Result: Decrease	
88347 Immunofluorescent study, each antibody; indirect n	nethod	Global:	Issue:	Immunofluorescent Studies	Screen: CMS-Other - Utilization over 250,000	Complete? Yes
Most Recent Tab: 17 Specialty Develop	ping CAP, ASC	First Identified: October 2013		2020 Medicare Utilization:	2022 Work RVU:	
RUC Meeting: January 2015 Recommendation					2022 NF PE RVU:	
				Othization.	2022 Fac PE RVU:	
RUC Recommendation: Deleted from CPT		eferred to CPT October of the CPT Asst		shed in CPT Asst:	Result: Deleted from CPT	
88348 Electron microscopy, diagnostic		Global: XXX	Issue:	Electron Microscopy-PE Only	Screen: Services with Stand- Alone PE Procedure Time	Complete? Yes
Most Recent Tab: 14 Specialty Develop	ping CAP	First Identified: October 2012		2020 Medicare Utilization: 15,300	2022 Work RVU: 1.51	
	Recommendation:		012		<b>2022 NF PE RVU</b> : 11.76	
				Othization. 15,500	2022 Fac PE RVU: NA	
RUC Recommendation: New PE Inputs		eferred to CPT eferred to CPT Asst	Publis	R shed in CPT Asst:	Result: PE Only	

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88349 Electron microscopy; scanning Global: Issue: Electron Microscopy-PE Screen: Services with Stand-Complete? Yes Only Alone PE Procedure 2022 Work RVU: Most Recent **Tab:** 14 Specialty Developing CAP First 2020 **RUC Meeting:** October 2013 Recommendation: Identified: October 2012 Medicare **2022 NF PE RVU: Utilization:** 2022 Fac PE RVU: **RUC Recommendation:** Deleted from CPT Referred to CPT Oct 2013 Result: Deleted from CPT Referred to CPT Asst ■ Published in CPT Asst: 88350 Immunofluorescence, per specimen; each additional single antibody stain Global: ZZZ Issue: Immunofluorescent Studies Screen: CMS-Other - Utilization Complete? Yes over 250,000 procedure (list separately in addition to code for primary procedure) 2022 Work RVU: 0.59 **Most Recent Tab:** 17 Specialty Developing CAP, ASC First 2020 **RUC Meeting:** January 2015 Recommendation: Identified: October 2014 Medicare 2022 NF PE RVU: 2.86 **Utilization:** 235,065 2022 Fac PE RVU: NA Referred to CPT October 2014 Result: Decrease **RUC Recommendation: 0.70** Referred to CPT Asst Published in CPT Asst: Global: XXX 88356 Morphometric analysis; nerve Issue: RAW Screen: High Volume Growth2 Complete? Yes 2022 Work RVU: 2.80 Specialty Developing ASCP, CAP **Most Recent Tab:** 37 2020

Identified: April 2013

**RUC Recommendation: 2.80** Referred to CPT Result: Decrease

Referred to CPT Asst Published in CPT Asst:

Medicare

**Utilization:** 

20,695

2022 NF PE RVU: 4.31

2022 Fac PE RVU: NA

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Recommendation:

**RUC Meeting:** April 2014

88360 Morphometric analysis, tumor immunohistochemistry (eg., her-2/neu, estrogen Global: XXX Issue: Tumor Screen: CMS High Expenditure Complete? Yes receptor/progesterone receptor), quantitative or semiquantitative, per specimen. Immunohistochemistry Procedural Codes2 each single antibody stain procedure; manual 2022 Work RVU: 0.85 **Most Recent Tab**: 40 Specialty Developing ASC, CAP **First** 2020 Identified: July 2015 **RUC Meeting:** April 2016 Recommendation: Medicare **2022 NF PE RVU: 2.67** 529,191 **Utilization:** 2022 Fac PE RVU: NA **RUC Recommendation: 0.85** Referred to CPT Result: Decrease Referred to CPT Asst **Published in CPT Asst:** 88361 Morphometric analysis, tumor immunohistochemistry (eg., her-2/neu, estrogen Global: XXX Screen: CMS High Expenditure Complete? Yes Tumor receptor/progesterone receptor), quantitative or semiquantitative, per specimen, Immunohistochemistry **Procedural Codes2** each single antibody stain procedure; using computer-assisted technology 2022 Work RVU: 0.95 Most Recent **Tab:** 40 Specialty Developing ASC, CAP First 2020 **RUC Meeting:** April 2016 Identified: July 2015 Medicare Recommendation: **2022 NF PE RVU: 2.56 Utilization:** 149,962 2022 Fac PE RVU: NA **RUC Recommendation: 0.95** Referred to CPT Result: Decrease Referred to CPT Asst **Published in CPT Asst:** 88364 In situ hybridization (eg, fish), per specimen; each additional single probe stain Issue: Morphometric Analysis In Screen: CMS Request - Final Complete? Yes Global: ZZZ procedure (list separately in addition to code for primary procedure) Situ Hybridization for Gene Rule for 2014 Rearrangement(s) 2022 Work RVU: 0.70 Most Recent **Tab: 21** Specialty Developing CAP, ASCP, ASC First 2020 **RUC Meeting:** April 2014 **Identified:** November 2013 Recommendation: Medicare **2022 NF PE RVU: 3.33** 30,654 **Utilization:** 2022 Fac PE RVU: NA

Referred to CPT

Referred to CPT Asst

**Published in CPT Asst:** 

Result: Decrease

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**RUC Recommendation: 0.88** 

88365 In situ hybridization (eg, fish), per specimen; initial single probe stain procedure Global: XXX Issue: Morphometric Analysis In Screen: CMS Request - Final

Situ Hybridization for Gene Rearrangement(s)

Rule for 2012 / CMS Request - Final Rule for 2013 / CMS Request

Complete? Yes

Final Rule for 2014

2022 Work RVU: 0.88 Most Recent **Tab**: 21 Specialty Developing CAP First 2020

**RUC Meeting:** April 2014 Recommendation: Identified: September 2011 Medicare **2022 NF PE RVU**: 4.36

**Utilization:** 49,961 2022 Fac PE RVU: NA

**RUC Recommendation:** 0.88 Referred to CPT May 2013 Result: Decrease

Referred to CPT Asst Published in CPT Asst: Dec 2011 & May 2012

88366 In situ hybridization (eg, fish), per specimen; each multiplex probe stain Global: XXX Issue: Morphometric Analysis In Screen: CMS Request - Final Complete? Yes

Situ Hybridization for Gene procedure

Rule for 2012 / CMS Rearrangement(s) Request - Final Rule for

2013

2022 Work RVU: 1.24 2020 **Most Recent** Specialty Developing CAP, ASCP, ASC **Tab**: 21 First

**RUC Meeting:** April 2014 Recommendation: Identified: May 2013 Medicare 2022 NF PE RVU: 7.09

**Utilization:** 2,141 2022 Fac PE RVU: NA

**RUC Recommendation: 1.24** Referred to CPT May 2013 Result: Decrease

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

Issue: Morphometric Analysis In Screen: CMS Request - Final 88367 Morphometric analysis, in situ hybridization (quantitative or semi-quantitative). Global: XXX Complete? Yes Situ Hybridization for Gene Rule for 2012 / CMS using computer-assisted technology, per specimen; initial single probe stain

Rearrangement(s) procedure

Request - Final Rule for 2013 / CMS Request -Final Rule for 2014

2022 Work RVU: 0.73 **Most Recent Tab:** 18 Specialty Developing CAP, ASCP, ASC First 2020

**RUC Meeting:** September 2014 Recommendation: **Identified:** September 2011 Medicare **2022 NF PE RVU: 2.57 Utilization:** 4.387

2022 Fac PE RVU: NA

**RUC Recommendation: 0.86** Referred to CPT May 2013 Referred to CPT Asst Published in CPT Asst: Dec 2011 & May 2012

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Morphometric analysis, in situ hybridization (quantitative or semi-quantitative), Global: XXX Issue: Morphometric Analysis In Screen: CMS Request - Final Complete? Yes 88368 Situ Hybridization for Gene Rule for 2012 / CMS manual, per specimen; initial single probe stain procedure Rearrangement(s) Request - Final Rule for 2013 / CMS Request -Final Rule for 2014 2022 Work RVU: 0.88 Most Recent **Tab:** 18 Specialty Developing CAP, ASCP, ASC 2020 Identified: September 2011 **RUC Meeting:** September 2014 Recommendation: Medicare **2022 NF PE RVU: 3.08 Utilization:** 17,558 2022 Fac PE RVU: NA **RUC Recommendation:** 0.88 Referred to CPT May 2013 Result: Decrease Referred to CPT Asst Published in CPT Asst: Dec 2011 & May 2012 88373 Morphometric analysis, in situ hybridization (quantitative or semi-quantitative), Global: ZZZ Issue: Morphometric Analysis In Screen: CMS Request - Final Complete? Yes Situ Hybridization for Gene Rule for 2014 using computer-assisted technology, per specimen; each additional single probe stain procedure (list separately in addition to code for primary procedure) Rearrangement(s) 2022 Work RVU: 0.58 Most Recent Specialty Developing CAP, ASCP, ASC 2020 **RUC Meeting:** April 2014 Recommendation: Identified: November 2013 Medicare **2022 NF PE RVU: 1.44 Utilization:** 5,451 2022 Fac PE RVU: NA **RUC Recommendation: 0.86** Referred to CPT Result: Decrease Referred to CPT Asst **Published in CPT Asst:** 88374 Morphometric analysis, in situ hybridization (quantitative or semi-quantitative), Global: XXX Morphometric Analysis In Screen: CMS Request - Final Complete? Yes using computer-assisted technology, per specimen; each multiplex probe stain Situ Hybridization for Gene Rule for 2014 Rearrangement(s) procedure 2022 Work RVU: 0.93 Specialty Developing CAP, ASCP, ASC **First** 2020 Most Recent **Tab**: 21 **RUC Meeting:** April 2014 Recommendation: Identified: Medicare 2022 NF PE RVU: 8.64 **Utilization:** 125,957 2022 Fac PE RVU: NA **RUC Recommendation: 1.04** Referred to CPT Result: Decrease Referred to CPT Asst **Published in CPT Asst:** 

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Morphometric analysis, in situ hybridization (quantitative or semi-quantitative), Global: XXX Issue: Morphometric Analysis In Screen: CMS Request - Final Complete? Yes Situ Hybridization for Gene Rule for 2012 / CMS manual, per specimen; each multiplex probe stain procedure Rearrangement(s) Request - Final Rule for 2013 / PE Units Screen 2022 Work RVU: 1.40 Specialty Developing CAP, ASCP, ASC **Most Recent Tab: 24** First 2020 **RUC Meeting:** October 2020 Recommendation: Identified: May 2013 Medicare 2022 NF PE RVU: 10.46 **Utilization:** 137,903 2022 Fac PE RVU: NA **RUC Recommendation: 1.40** Referred to CPT May 2013 Result: Decrease Referred to CPT Asst **Published in CPT Asst:** Global: XXX Issue: RAW Screen: High Volume Growth8 Complete? No 88381 Microdissection (ie, sample preparation of microscopically identified target); manual 2022 Work RVU: 0.53 **Most Recent** 2020 **Tab:** 13 Specialty Developing ASC, AP First **RUC Meeting:** September 2022 Recommendation: Identified: April 2022 Medicare 2022 NF PE RVU: 5.60 **Utilization:** 38,136 2022 Fac PE RVU: NA **RUC Recommendation:** Review action plan Referred to CPT Result: **Referred to CPT Asst Published in CPT Asst:** 90460 Immunization administration through 18 years of age via any route of Global: XXX Issue: Immunization Administration Screen: CMS Request-Final Rule Complete? Yes for 2021 administration, with counseling by physician or other qualified health care professional; first or only component of each vaccine or toxoid administered 2022 Work RVU: 0.17 2020 **Most Recent Tab:** 19 Specialty Developing AAFP, AAP, First **RUC Meeting:** April 2021 Recommendation: ACOG, ACP, ANA Identified: July 2020 Medicare 2022 NF PE RVU: 0.31 **Utilization:** 216 2022 Fac PE RVU: NA **RUC Recommendation: 0.24** Referred to CPT Result: Increase Referred to CPT Asst **Published in CPT Asst:** 

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Immunization administration through 18 years of age via any route of Global: ZZZ Issue: Immunization Administration Screen: CMS Request-Final Rule Complete? Yes 90461 for 2021 administration, with counseling by physician or other qualified health care professional; each additional vaccine or toxoid component administered (list separately in addition to code for primary procedure) 2022 Work RVU: 0.15 **Most Recent Tab**: 19 Specialty Developing AAFP, AAP, First 2020 ACOG, ACP, ANA **RUC Meeting:** April 2021 Recommendation: Identified: July 2020 Medicare 2022 NF PE RVU: 0.21 **Utilization:** 50 2022 Fac PE RVU: NA **RUC Recommendation: 0.18** Referred to CPT Result: Increase Referred to CPT Asst Published in CPT Asst: 90465 Deleted from CPT Global: Issue: Immunization Administration Screen: CMS Request - Practice Complete? Yes Expense Review 2022 Work RVU: **Most Recent** Tab: R Specialty Developing AAP First 2020 **RUC Meeting:** February 2008 Recommendation: Identified: NA Medicare **2022 NF PE RVU: Utilization:** 2022 Fac PE RVU: **RUC Recommendation:** New PE inputs Referred to CPT Result: Deleted from CPT **Referred to CPT Asst Published in CPT Asst:** 90467 Deleted from CPT Issue: Immunization Administration Screen: CMS Request - Practice Complete? Yes Global: Expense Review 2022 Work RVU: 2020 Specialty Developing AAP First **Most Recent** Tab: R **RUC Meeting:** February 2008 Recommendation: Identified: NA Medicare **2022 NF PE RVU: Utilization:** 2022 Fac PE RVU: **RUC Recommendation:** New PE inputs Referred to CPT Result: Deleted from CPT

**Referred to CPT Asst** 

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00-17 1	•	cludes percutaneous, in injections); 1 vaccine (s	•		<b>sue:</b> Immuniza	tion Administration	n Screen: CMS Request - Practice Expense Review / CMS Fastest Growing / CMS Request-Final Rule for 2021	Complete? Yes
Most Recent	<b>Tab:</b> 19	Specialty Developing		First	2020		<b>2022 Work RVU</b> : 0.17	
RUC Meeting: April 2021		Recommendation:	ACOG, ACP, ANA	Identified: February 200	Medicare Utilization		<b>2022 NF PE RVU:</b> 0.31	
					Otilization	1. 222,000	2022 Fac PE RVU: NA	
RUC Recommendation: 0.17	7			erred to CPT			esult: Maintain	
			Refe	erred to CPT Asst L	Published in CP	T Asst:		
subcutaneous, or ir	ntramuscuÌar	cludes percutaneous, in injections); each additio t separately in addition t	onal vaccine (single		<b>sue:</b> Immuniza	tion Administration	n Screen: CMS Request - Practice Expense Review / CMS Request – Final Rule for 2021	Complete? Yes
			44ED 44D	Firef	2020		<b>2022 Work RVU:</b> 0.15	
Most Recent	<b>Tab</b> : 19	Specialty Developing	AAFP, AAP,	First	2020			
	<b>Tab</b> : 19	Specialty Developing Recommendation:	ACOG, ACP, ANA		8 Medicare		<b>2022 NF PE RVU</b> : 0.21	
	<b>Tab</b> : 19						2022 NF PE RVU: 0.21 2022 Fac PE RVU:NA	
RUC Meeting: April 2021			ACOG, ACP, ANA		8 Medicare	n: 17,322		
RUC Meeting: April 2021			ACOG, ACP, ANA	Identified: February 200	8 Medicare	n: 17,322 R	2022 Fac PE RVU:NA	
RUC Meeting: April 2021  RUC Recommendation: 0.15	nistration by		ACOG, ACP, ANA Refe	Identified: February 200 erred to CPT erred to CPT Asst  F	Medicare Utilization  Published in CP	n: 17,322 R T Asst:	2022 Fac PE RVU:NA	Complete? Yes
RUC Meeting: April 2021  RUC Recommendation: 0.15  90473 Immunization admit combination vaccin	nistration by e/toxoid)	Recommendation:	ACOG, ACP, ANA  Refe Refe  1 vaccine (single o	Identified: February 200 erred to CPT erred to CPT Asst	Medicare Utilization Published in CP sue: Immuniza	n: 17,322 R T Asst:	2022 Fac PE RVU: NA  Result: Maintain  n Screen: CMS Request - Practice Expense Review / CMS Request-Final Rule for	Complete? Yes
RUC Meeting: April 2021  RUC Recommendation: 0.15  90473 Immunization admit combination vaccin	nistration by	Recommendation:	ACOG, ACP, ANA Refe	Identified: February 200 erred to CPT erred to CPT Asst  F	Medicare Utilization Published in CP sue: Immunization 2020 Medicare	n: 17,322  R T Asst:	2022 Fac PE RVU: NA Result: Maintain  Screen: CMS Request - Practice Expense Review / CMS Request-Final Rule for 2021	Complete? Yes
RUC Meeting: April 2021  RUC Recommendation: 0.15  90473 Immunization admit combination vaccin	nistration by e/toxoid)	Recommendation: intranasal or oral route; Specialty Developing	ACOG, ACP, ANA  Refe Refe  1 vaccine (single o	Identified: February 200 erred to CPT erred to CPT Asst  F or Global: XXX Is:	Medicare Utilization Published in CP sue: Immunizar	n: 17,322  R T Asst:	2022 Fac PE RVU: NA  Result: Maintain  Screen: CMS Request - Practice Expense Review / CMS Request-Final Rule for 2021  2022 Work RVU: 0.17	Complete? Yes
	nistration by e/toxoid) Tab: 19	Recommendation: intranasal or oral route; Specialty Developing	ACOG, ACP, ANA  Refe Refe  1 vaccine (single of the single	Identified: February 200 erred to CPT erred to CPT Asst  F or Global: XXX Is:	Medicare Utilization Published in CP sue: Immunization 2020 Medicare	n: 17,322  RT Asst:  tion Administration	2022 Fac PE RVU: NA Result: Maintain  Screen: CMS Request - Practice Expense Review / CMS Request-Final Rule for 2021  2022 Work RVU: 0.17 2022 NF PE RVU: 0.31	Complete? Yes

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90474 Immunization administration by intranasal or oral route; each additional vaccine Global: ZZZ Issue: Immunization Administration Screen: CMS Request - Practice Complete? Yes Expense Review / CMS (single or combination vaccine/toxoid) (list separately in addition to code for Request-Final Rule for primary procedure) 2021 2022 Work RVU: 0.15 **Most Recent Tab:** 19 **Specialty Developing** AAFP, AAP, 2020 First RUC Meeting: April 2021 Recommendation: ACOG. ACP. ANA Identified: NA Medicare 2022 NF PE RVU: 0.21 **Utilization:** 2022 Fac PE RVU: NA **RUC Recommendation: 0.15** Referred to CPT Result: Maintain Referred to CPT Asst **Published in CPT Asst:** 90785 Interactive complexity (list separately in addition to the code for primary Issue: Psychotherapy for Crisis Screen: CMS High Expenditure Global: ZZZ Complete? No procedure) and Interactive Complexity Procedural Codes1 / High Volume Growth6 2022 Work RVU: 0.33 2020 **Most Recent Tab: 37** Specialty Developing APA, APA First **RUC Meeting:** January 2020 Recommendation: (HCPAC), NASW Identified: April 2013 Medicare 2022 NF PE RVU: 0.09 356,184 **Utilization:** 2022 Fac PE RVU: 0.04 RUC Recommendation: Refer to CPT Review in 3 years (Sept 2023). 0.33 Referred to CPT October 2020 Result: Increase Referred to CPT Asst **Published in CPT Asst:** Global: XXX Issue: Psychotherapy Screen: CMS High Expenditure Complete? Yes 90791 Psychiatric diagnostic evaluation **Procedural Codes1** 2022 Work RVU: 3.84 **Most Recent Tab: 26** Specialty Developing APA, APA 2020 **RUC Meeting:** April 2012 (HCPAC), NASW Identified: April 2013 Recommendation: Medicare **2022 NF PE RVU: 1.21 Utilization:** 706,157 **2022 Fac PE RVU: 0.49 RUC Recommendation: 3.00** Referred to CPT February 2012 Result: Increase Referred to CPT Asst Published in CPT Asst:

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90792 Psychiatric diagnostic evaluat	ion with medical services	Global: XXX Issue:	Psychotherapy	Screen: CMS High Expenditure Procedural Codes1	Complete? Yes	
Most Recent Tab: 2	b: 26 Specialty Developing APA, APA	First	2020	<b>2022 Work RVU</b> : 4.16		
RUC Meeting: April 2012	Recommendation: (HCPAC), NASW	Identified: April 2013	Medicare Utilization: 493,665	<b>2022 NF PE RVU:</b> 1.46		
			Othization: 493,003	<b>2022 Fac PE RVU</b> : 0.75		
RUC Recommendation: 3.25		eferred to CPT February 2012		Result: Increase		
	Re	eferred to CPT Asst	ished in CPT Asst:			
90801 Psychiatric diagnostic intervie	w examination	Global: Issue:	RAW review	Screen: CMS High Expenditure Procedural Codes1	Complete? Yes	
Most Recent Tab: 3	Specialty Developing	First	2020	2022 Work RVU:		
RUC Meeting: January 2012	Recommendation:	Identified: September 2011 Medicare		2022 NF PE RVU:		
			Utilization:	2022 Fac PE RVU:		
RUC Recommendation: Deleted from C	• •	eferred to CPT February 2012		Result: Deleted from CPT		
	Re	eferred to CPT Asst	ished in CPT Asst:			
supportive, in an office or out	ght oriented, behavior modifying and/or patient facility, approximately 20 to 30 minut vith medical evaluation and management se	es	RAW review	Screen: CMS High Expenditure Procedural Codes1	Complete? Yes	
Most Recent Tab: 3		First	2020	2022 Work RVU:		
RUC Meeting: January 2012	Recommendation:	Identified: September 2011	Medicare Utilization:	2022 NF PE RVU:	2022 NF PE RVU:	
				2022 Fac PE RVU:		
RUC Recommendation: Deleted from C	PT Re	eferred to CPT February 2013	2	Result: Deleted from CPT		

Referred to CPT Asst Published in CPT Asst:

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90806 Individual psychotherapy, insight oriented, behavior modifying and/or Global: Issue: RAW review **Screen:** CMS High Expenditure Complete? Yes Procedural Codes1 supportive, in an office or outpatient facility, approximately 45 to 50 minutes face-to-face with the patient; 2022 Work RVU: **Most Recent Tab:** 30 **Specialty Developing** First 2020 **RUC Meeting:** January 2012 Identified: September 2011 Recommendation: Medicare **2022 NF PE RVU: Utilization:** 2022 Fac PE RVU: RUC Recommendation: Deleted from CPT Referred to CPT February 2012 Result: Deleted from CPT Referred to CPT Asst Published in CPT Asst: 90808 Individual psychotherapy, insight oriented, behavior modifying and/or Issue: RAW review Screen: CMS High Expenditure Complete? Yes Global: supportive, in an office or outpatient facility, approximately 75 to 80 minutes **Procedural Codes1** face-to-face with the patient; 2022 Work RVU: Most Recent **Tab:** 30 Specialty Developing First 2020 **RUC Meeting:** January 2012 Identified: September 2011 Recommendation: Medicare **2022 NF PE RVU: Utilization:** 2022 Fac PE RVU: **RUC Recommendation:** Deleted from CPT Referred to CPT February 2012 Result: Deleted from CPT Referred to CPT Asst □ Published in CPT Asst: 90818 Individual psychotherapy, insight oriented, behavior modifying and/or Issue: RAW review Screen: CMS High Expenditure Complete? Yes Global: supportive, in an inpatient hospital, partial hospital or residential care setting, Procedural Codes1 approximately 45 to 50 minutes face-to-face with the patient; 2022 Work RVU: **Most Recent Tab:** 30 **Specialty Developing** First 2020 Recommendation: **RUC Meeting:** January 2012 **Identified:** September 2011 Medicare **2022 NF PE RVU: Utilization:** 2022 Fac PE RVU: RUC Recommendation: Deleted from CPT Referred to CPT February 2012 Result: Deleted from CPT

Referred to CPT Asst Published in CPT Asst:

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90832 Psychotherapy, 30 mi	inutes with	patient		Global: XXX Is	sue: Psychothe	erapy	Screen: CMS High Expenditure Procedural Codes1	Complete? Yes
Most Recent	<b>Tab</b> : 26	Specialty Developing		First	2020		<b>2022 Work RVU:</b> 1.70	
RUC Meeting: April 2012		Recommendation:	(HCPAC), NASW	Identified: April 2013	Medicare Utilization		<b>2022 NF PE RVU</b> : 0.48	
					otilizatio.	,,	<b>2022 Fac PE RVU:</b> 0.22	
RUC Recommendation: 1.50				erred to CPT February			Result: Increase	
			Ref	erred to CPT Asst L	Published in CF	T Asst:		
		patient when performed ately in addition to the c		n and Global: ZZZ Is	sue: Psychothe	erapy	Screen: CMS High Expenditure Procedural Codes1	Complete? Yes
Most Recent	<b>Tab</b> : 26	Specialty Developing	APA, APA	First	2020		<b>2022 Work RVU:</b> 1.50	
RUC Meeting: April 2012			(HCPAC), NASW Identified:	Identified: April 2013		Medicare Utilization: 1,363,088	<b>2022 NF PE RVU</b> : 0.49	
					Utilizatioi	1: 1,303,000	2022 Fac PE RVU: 0.27	
<b>RUC Recommendation:</b> 1.50			Ref	erred to CPT February	2012		Result: Increase	
			Ref	erred to CPT Asst	Published in CF	T Asst:		
90834 Psychotherapy, 45 mi	inutes with	patient		Global: XXX Is	sue: Psychothe	erapy	Screen: CMS High Expenditure Procedural Codes1	Complete? Yes
Most Recent	<b>Tab</b> : 26	Specialty Developing	APA, APA	First	2020		<b>2022 Work RVU</b> : 2.24	
RUC Meeting: April 2012		Recommendation:	(HCPAC), NASW	Identified: April 2013		Medicare	<b>2022 NF PE RVU</b> : 0.64	
					Utilizatio	1: 4,442,413	2022 Fac PE RVU: 0.29	

Referred to CPT February 2012

Referred to CPT Asst Published in CPT Asst:

Result: Increase

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**RUC Recommendation: 2.00** 

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90836 Psychotherapy, 45 minutes with patient when performed with an evaluation and Global: ZZZ Issue: Psychotherapy

Screen: CMS High Expenditure Complete? Yes Procedural Codes1

procedure)

Most Recent Tab: 26 Specialty Developing APA, APA First 2020 2022 Work RVU: 1.90

RUC Meeting: April 2012 Recommendation: (HCPAC), NASW Identified: April 2013 Medicare 2022 NF PE RVU: 0.62

Utilization: 483,506

2022 Fac PE RVU: 0.34

Procedural Codes1

RUC Recommendation: 1.90 Referred to CPT February 2012 Result: Increase

Referred to CPT Asst Published in CPT Asst:

90837 Psychotherapy, 60 minutes with patient Global: XXX Issue: Psychotherapy Screen: CMS High Expenditure Complete? Yes

Most Recent Tab: 26 Specialty Developing APA, APA First 2020 2022 Work RVU: 3.31

RUC Meeting: April 2012 Recommendation: (HCPAC), NASW Identified: April 2013 Medicare Utilization: 6,129,662

**2022 Fac PE RVU**: 0.42

RUC Recommendation: 3.00 Referred to CPT February 2012 Result: Increase

Referred to CPT Asst Published in CPT Asst:

90838 Psychotherapy, 60 minutes with patient when performed with an evaluation and Global: ZZZ Issue: Psychotherapy Screen: CMS High Expenditure Complete? Yes

management service (list separately in addition to the code for primary

Procedural Codes1

procedure)

procedure)

Most Recent Tab: 26 Specialty Developing APA, APA First 2020 2022 Work RVU: 2.50

RUC Meeting: April 2012 Recommendation: (HCPAC), NASW Identified: April 2013 Medicare
Utilization: 100.291

2022 Fac PE RVU: 0.47

RUC Recommendation: 2.50 Referred to CPT February 2012 Result: Increase

90839 Psychotherapy for cris	sis; first 60	) minutes		Global: XXX Issue	e: Psychotherapy for Crisis and Interactive Complexit	Screen: CMS High Expenditure y Procedural Codes1	Complete? Yes
Most Recent	<b>Tab:</b> 35	Specialty Developing	APA, APA	First	2020	<b>2022 Work RVU:</b> 3.13	
RUC Meeting: April 2013		Recommendation:	(HCPAC), NASW	Identified: April 2013	Medicare Utilization: 25,447	<b>2022 NF PE RVU</b> : 0.92	
					Utilization: 25,447	2022 Fac PE RVU: 0.44	
RUC Recommendation: 3.13			Ref	erred to CPT February 201	12	Result: Increase	
			Ref	erred to CPT Asst U Pub	lished in CPT Asst:		
90840 Psychotherapy for cris		dditional 30 minutes (lis	t separately in add	ition Global: ZZZ Issue	: Psychotherapy for Crisis and Interactive Complexit	Screen: CMS High Expenditure y Procedural Codes1	Complete? Yes
Most Recent	<b>Tab:</b> 35	Specialty Developing	APA, APA	First	2020	<b>2022 Work RVU:</b> 1.50	
RUC Meeting: April 2013		Recommendation:	(HCPAC), NASW		Medicare	<b>2022 NF PE RVU</b> : 0.47	
					Utilization: 16,948	<b>2022 Fac PE RVU</b> : 0.25	
RUC Recommendation: 1.50			Ref	erred to CPT February 201	12	Result: Increase	
Doughoonskin					lished in CPT Asst:	Careen, CMC High Evpenditure	Complete 2 Vo
90845 Psychoanalysis				Giobai. AAA 188ue	. PSVCHOUNEIADV	Screen: CMS High Expenditure	Complete? Yes
					, ,,	Procedural Codes1	
	Tab:	Specialty Developing		First	2020	Procedural Codes1  2022 Work RVU: 2.10	
	Tab:	Specialty Developing Recommendation:		First Identified: April 2013	2020 Medicare		
	Tab:				2020	<b>2022 Work RVU:</b> 2.10	
RUC Meeting: October 2011	Tab:		Ref		2020 Medicare	<b>2022 Work RVU</b> : 2.10 <b>2022 NF PE RVU</b> : 0.62	
RUC Meeting: October 2011	Tab:			Identified: April 2013	2020 Medicare	2022 Work RVU: 2.10 2022 NF PE RVU: 0.62 2022 Fac PE RVU: 0.31	
RUC Recommendation: 2.10		Recommendation:	Ref	Identified: April 2013 erred to CPT erred to CPT Asst  Pub	2020 Medicare Utilization: 9,732	2022 Work RVU: 2.10 2022 NF PE RVU: 0.62 2022 Fac PE RVU: 0.31	Complete? Ye
RUC Meeting: October 2011  RUC Recommendation: 2.10  90846 Family psychotherapy		Recommendation:  he patient present), 50 n	Ref	Identified: April 2013 erred to CPT erred to CPT Asst  Pub	2020 Medicare Utilization: 9,732 lished in CPT Asst:	2022 Work RVU: 2.10 2022 NF PE RVU: 0.62 2022 Fac PE RVU: 0.31 Result: Increase  Screen: CMS High Expenditure	Complete? Ye
RUC Meeting: October 2011  RUC Recommendation: 2.10  90846 Family psychotherapy  Most Recent	r (without t	Recommendation:	Ref	Identified: April 2013  erred to CPT erred to CPT Asst Publ  Global: XXX Issue	2020 Medicare Utilization: 9,732  lished in CPT Asst:  Psychotherapy  2020 Medicare	2022 Work RVU: 2.10 2022 NF PE RVU: 0.62 2022 Fac PE RVU: 0.31 Result: Increase  Screen: CMS High Expenditure Procedural Codes1	Complete? Ye
RUC Meeting: October 2011  RUC Recommendation: 2.10  90846 Family psychotherapy  Most Recent	r (without t	Recommendation:  he patient present), 50 n  Specialty Developing	ninutes  APA, APA	Identified: April 2013  erred to CPT erred to CPT Asst Publ  Global: XXX Issue	2020 Medicare Utilization: 9,732  lished in CPT Asst:  Psychotherapy  2020	2022 Work RVU: 2.10 2022 NF PE RVU: 0.62 2022 Fac PE RVU: 0.31 Result: Increase  Screen: CMS High Expenditure Procedural Codes1 2022 Work RVU: 2.40	Complete? Yes
Most Recent RUC Meeting: October 2011  RUC Recommendation: 2.10  90846 Family psychotherapy  Most Recent RUC Meeting: April 2012  RUC Recommendation: 2.40	r (without t	Recommendation:  he patient present), 50 n  Specialty Developing	ninutes  APA, APA (HCPAC), NASW	Identified: April 2013  erred to CPT erred to CPT Asst Publ  Global: XXX Issue	2020 Medicare Utilization: 9,732  lished in CPT Asst:  Psychotherapy  2020 Medicare Utilization: 25,927	2022 Work RVU: 2.10 2022 NF PE RVU: 0.62 2022 Fac PE RVU: 0.31 Result: Increase  Screen: CMS High Expenditure Procedural Codes1 2022 Work RVU: 2.40 2022 NF PE RVU: 0.35	Complete? Yes

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90847 Family psychotherapy (conjoint psychotherapy) (with patient present). 50 Global: XXX **Issue:** Psychotherapy **Screen:** CMS High Expenditure Complete? Yes Procedural Codes1 minutes 2022 Work RVU: 2.50 **Most Recent Tab: 26** Specialty Developing APA, APA 2020 **RUC Meeting:** April 2012 Recommendation: (HCPAC), NASW Identified: April 2013 Medicare 2022 NF PE RVU: 0.35 **Utilization:** 147,608 **2022 Fac PE RVU: 0.34 RUC Recommendation: 2.50** Referred to CPT February 2012 Result: Increase Referred to CPT Asst ☐ Published in CPT Asst: Issue: Psychotherapy Screen: CMS High Expenditure 90853 Group psychotherapy (other than of a multiple-family group) Global: XXX Complete? Yes Procedural Codes1 2022 Work RVU: 0.59 2020 Most Recent **Tab: 26** Specialty Developing APA, APA **RUC Meeting:** April 2012 Recommendation: (HCPAC), NASW Identified: April 2013 Medicare 2022 NF PE RVU: 0.18 **Utilization:** 458,068 **2022 Fac PE RVU: 0.08** RUC Recommendation: 0.59 Referred to CPT February 2012 Result: Maintain Referred to CPT Asst Published in CPT Asst: 90862 Pharmacologic management, including prescription, use, and review of Global: Issue: RAW review Screen: CMS High Expenditure Complete? Yes Procedural Codes1 medication with no more than minimal medical psychotherapy 2022 Work RVU: **Most Recent Tab:** 30 **Specialty Developing** First 2020 **RUC Meeting:** January 2012 Recommendation: Identified: September 2011 Medicare **2022 NF PE RVU: Utilization:** 2022 Fac PE RVU: **RUC Recommendation:** Deleted from CPT February 2012 Result: Deleted from CPT Referred to CPT

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90863 Pharmacologic management, including prescription and review of medication, Global: XXX Issue: Pharmacologic Screen: CMS High Expenditure Complete? Yes Management with Procedural Codes1 when performed with psychotherapy services (list separately in addition to the Psychotherapy code for primary procedure) 2022 Work RVU: 0.48 **Most Recent Tab:** 40 Specialty Developing APA (HCPAC) 2020 Identified: April 2013 **RUC Meeting:** April 2013 Recommendation: Medicare **2022 NF PE RVU: 0.23 Utilization: 2022 Fac PE RVU: 0.19 RUC Recommendation: 0.48** Referred to CPT February 2012 Result: Increase Published in CPT Asst: Referred to CPT Asst Therapeutic repetitive transcranial magnetic stimulation (tms) treatment; Global: 000 Issue: RAW Screen: Contractor Priced High Complete? Yes subsequent delivery and management, per session Volume / Contractor Priced High Volume2 2022 Work RVU: 0.00 **Most Recent Tab:** 13 Specialty Developing APA (psychiatry) 2020 **RUC Meeting:** September 2022 Recommendation: Identified: January 2018 Medicare 2022 NF PE RVU: 0.00 **Utilization:** 195,379 2022 Fac PE RVU: 0.00 **RUC Recommendation:** Maintain Referred to CPT Result: Maintain Referred to CPT Asst **Published in CPT Asst:** 90870 Electroconvulsive therapy (includes necessary monitoring) Global: 000 **Issue:** Electroconvulsive Therapy Screen: Harvard Valued -Complete? Yes Utilization over 100.000 **2022 Work RVU**: 2.50 **Most Recent Tab:** 41 Specialty Developing APA First 2020 **RUC Meeting:** April 2010 Recommendation: Identified: October 2009 Medicare 2022 NF PE RVU: 2.52 96,127 **Utilization:** 2022 Fac PE RVU: 0.51 Result: Increase **RUC Recommendation: 2.50** Referred to CPT

Referred to CPT Asst

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Biofeedback training, perineal muscles, anorectal or urethral sphincter, Global: Issue: Biofeedback Training Screen: Negative IWPUT Complete? Yes including EMG and/or manometry 2022 Work RVU: **Most Recent Tab:** 15 Specialty Developing ACOG, AUA First 2020 **RUC Meeting:** January 2019 Recommendation: Identified: April 2017 Medicare **2022 NF PE RVU: Utilization:** 2022 Fac PE RVU: September 2018 **RUC Recommendation:** Deleted from CPT Referred to CPT Result: Deleted from CPT Referred to CPT Asst Published in CPT Asst: 90912 Biofeedback training, perineal muscles, anorectal or urethral sphincter, Global: 000 Issue: Biofeedback Training Screen: Negative IWPUT Complete? Yes including emg and/or manometry, when performed; initial 15 minutes of one-onone physician or other qualified health care professional contact with the patient 2022 Work RVU: 0.90 **Most Recent Tab:** 15 **Specialty Developing** 2020 **RUC Meeting:** January 2019 Recommendation: Identified: September 2018 Medicare **2022 NF PE RVU: 1.44 Utilization:** 19.155 2022 Fac PE RVU: 0.31 RUC Recommendation: 0.90 Referred to CPT February 2019-EC Result: Increase Referred to CPT Asst Published in CPT Asst: 90913 Biofeedback training, perineal muscles, anorectal or urethral sphincter, **Global**: 777 Issue: Biofeedback Training Screen: Negative IWPUT Complete? Yes including emg and/or manometry, when performed; each additional 15 minutes of one-on-one physician or other qualified health care professional contact with the patient (list separately in addition to code for primary procedure) 2022 Work RVU: 0.50 **Most Recent Tab:** 15 **Specialty Developing** First 2020 **RUC Meeting:** January 2019 Recommendation: **Identified:** September 2018 Medicare 2022 NF PE RVU: 0.40 **Utilization:** 10.692 2022 Fac PE RVU: 0.17 **RUC Recommendation: 0.50** Referred to CPT February 2019-EC Result: Increase Referred to CPT Asst Published in CPT Asst:

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90935 Hemodialysis procedure with single evaluation by a physician or other qualified Global: 000 Issue: Hemodialvsis-Dialvsis Screen: Havard Valued -Complete? Yes Services Utilization over 1 Million health care professional **2022 Work RVU: 1.48 Tab:** 30 Specialty Developing RPA 2020 **Most Recent** First **RUC Meeting:** October 2009 Recommendation: Identified: October 2008 Medicare 2022 NF PE RVU: NA 955.376 **Utilization:** 2022 Fac PE RVU: 0.54 **RUC Recommendation:** 1.48 Referred to CPT Result: Increase **Referred to CPT Asst Published in CPT Asst:** 90937 Hemodialysis procedure requiring repeated evaluation(s) with or without Screen: Havard Valued -Global: 000 Issue: Hemodialysis-Dialysis Complete? Yes substantial revision of dialysis prescription Services Utilization over 1 Million 2022 Work RVU: 2.11 2020 Most Recent **Tab:** 30 Specialty Developing RPA First **RUC Meeting:** October 2009 Recommendation: **Identified:** February 2009 Medicare **2022 NF PE RVU: NA Utilization:** 45,670 **2022 Fac PE RVU: 0.79 RUC Recommendation: 2.11** Referred to CPT Result: Maintain Referred to CPT Asst **Published in CPT Asst:** 90945 Dialysis procedure other than hemodialysis (eg, peritoneal dialysis, Global: 000 Hemodialysis-Dialysis Screen: Havard Valued -Complete? Yes hemofiltration, or other continuous renal replacement therapies), with single Services Utilization over 1 Million evaluation by a physician or other qualified health care professional **2022 Work RVU: 1.56 Most Recent Tab:** 30 Specialty Developing RPA 2020 First **RUC Meeting:** October 2009 Recommendation: **Identified:** February 2009 Medicare 2022 NF PE RVU: NA **Utilization:** 159,473 2022 Fac PE RVU: 0.85 RUC Recommendation: 1.56 Referred to CPT Result: Increase

Referred to CPT Asst

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Dialysis procedure other than hemodialysis (eg, peritoneal dialysis, Global: 000 Issue: Hemodialvsis-Dialvsis Screen: Havard Valued -Complete? Yes Services Utilization over 1 Million hemofiltration, or other continuous renal replacement therapies) requiring repeated evaluations by a physician or other qualified health care professional, with or without substantial revision of dialysis prescription **2022 Work RVU**: 2.52 **Most Recent Tab:** 30 Specialty Developing RPA First 2020 **RUC Meeting:** October 2009 Identified: February 2009 Recommendation: Medicare 2022 NF PE RVU: NA **Utilization:** 13,348 **2022 Fac PE RVU: 0.93 RUC Recommendation: 2.52** Referred to CPT Result: Increase Referred to CPT Asst Published in CPT Asst: 90951 End-stage renal disease (esrd) related services monthly, for patients younger Global: XXX **Issue:** End-Stage Renal Disease Screen: CMS Request - Practice Complete? Yes than 2 years of age to include monitoring for the adequacy of nutrition, Expense Review 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 2022 Work RVU: 23.92 **Most Recent Tab**: 29 Specialty Developing RPA First 2020 **RUC Meeting:** April 2009 Recommendation: Identified: February 2009 Medicare **2022 NF PE RVU: 9.21 Utilization:** 14 2022 Fac PE RVU: 9.21 RUC Recommendation: RUC Recommended revised clinical staff time Referred to CPT Result: PE Only **Referred to CPT Asst Published in CPT Asst:** 90952 End-stage renal disease (esrd) related services monthly, for patients younger Global: XXX **Issue:** End-Stage Renal Disease Screen: CMS Request - Practice Complete? Yes than 2 years of age to include monitoring for the adequacy of nutrition, Expense Review 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 2022 Work RVU: 0.00 2020 Most Recent **Tab**: 29 Specialty Developing RPA **Identified:** February 2009 **RUC Meeting:** April 2009 Recommendation: Medicare 2022 NF PE RVU: 0.00 **Utilization:** 2022 Fac PE RVU: 0.00 RUC Recommendation: RUC Recommended revised clinical staff time Referred to CPT Result: PE Only Referred to CPT Asst Published in CPT Asst:

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than 2	2 years of age to include sment of growth and de	) related services monthly, for patier monitoring for the adequacy of nutrivelopment, and counseling of parent other qualified health care professio	ition, s; with 1 face-	e: End-Stage Renal Disease	Screen: CMS Request - Practice Expense Review	Complete? Yes
Most Recent	<b>Tab:</b> 2	9 Specialty Developing RPA	First	2020	<b>2022 Work RVU:</b> 0.00	
RUC Meeting: /	April 2009	Recommendation:	Identified: February 2009	Medicare Utilization: 2	<b>2022 NF PE RVU:</b> 0.00	
				Otilization. 2	2022 Fac PE RVU: 0.00	
RUC Recommen	ndation: RUC Recomme	ended revised clinical staff time	Referred to CPT	F	Result: PE Only	
			Referred to CPT Asst	olished in CPT Asst:		
of age	e to include monitoring for evelopment, and counse	) related services monthly, for patier or the adequacy of nutrition, assessi ling of parents; with 4 or more face- ed health care professional per mon	nent of growth to-face visits	e: End-Stage Renal Disease	Screen: CMS Request - Practice Expense Review	Complete? Yes
Most Recent	Tab: 2	9 Specialty Developing RPA	First	2020	2022 Work RVU: 20.86	
RUC Meeting:		Recommendation:		Medicare	<b>2022 NF PE RVU:</b> 7.62	
				Utilization: 580	<b>2022 Fac PE RVU</b> : 7.62	
RUC Recomme	ndation: RUC Recomme	ended revised clinical staff time	Referred to CPT	F	Result: PE Only	
			Referred to CPT Asst	olished in CPT Asst:	•	
of age and de	e to include monitoring for evelopment, and counse	) related services monthly, for patier or the adequacy of nutrition, assessiling of parents; with 2-3 face-to-face palth care professional per month	ment of growth	e: End-Stage Renal Disease	Screen: CMS Request - Practice Expense Review	Complete? Yes
Most Recent	Tab: 2	9 Specialty Developing RPA	First	2020	2022 Work RVU: 10.32	
RUC Meeting:		Recommendation:	Identified: February 2009	Medicare	<b>2022 NF PE RVU</b> : 4.46	
				Utilization: 129	<b>2022 Fac PE RVU</b> : 4.46	
RUC Recomme	ndation: RUC Recomme	ended revised clinical staff time	Referred to CPT	F	Result: PE Only	
			Referred to CPT Asst  Pub	olished in CPT Asst:		

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90956 End-stage renal disease (esrd) related services monthly, for patients 2-11 years Global: XXX Issue: End-Stage Renal Disease Screen: CMS Request - Practice Complete? Yes Expense Review 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 2022 Work RVU: 6.64 **Most Recent Tab**: 29 Specialty Developing RPA First 2020 **RUC Meeting:** April 2009 Recommendation: **Identified:** February 2009 Medicare 2022 NF PE RVU: 3.16 **Utilization:** 94 **2022 Fac PE RVU: 3.16** RUC Recommendation: RUC Recommended revised clinical staff time Referred to CPT 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 Global: XXX Issue: End-Stage Renal Disease Screen: CMS Request - Practice Complete? Yes of age to include monitoring for the adequacy of nutrition, assessment of growth Expense Review 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 2022 Work RVU: 15.46 **Most Recent** Specialty Developing RPA **First** 2020 **RUC Meeting:** April 2009 **Identified:** February 2009 Recommendation: Medicare **2022 NF PE RVU: 6.35** Utilization: 1,717 2022 Fac PE RVU: 6.35 RUC Recommendation: RUC Recommended revised clinical staff time Referred to CPT Result: PE Only Referred to CPT Asst Published in CPT Asst: 90958 End-stage renal disease (esrd) related services monthly, for patients 12-19 years Global: XXX Issue: End-Stage Renal Disease Screen: CMS Request - Practice Complete? Yes of age to include monitoring for the adequacy of nutrition, assessment of growth Expense Review and development, and counseling of parents; with 2-3 face-to-face visits by a physician or other qualified health care professional per month 2022 Work RVU: 9.87 **Most Recent Tab: 29** Specialty Developing RPA 2020 First **RUC Meeting:** April 2009 Recommendation: **Identified:** February 2009 Medicare 2022 NF PE RVU: 4.35 **Utilization:** 455 2022 Fac PE RVU: 4.35 RUC Recommendation: RUC Recommended revised clinical staff time Result: PE Only Referred to CPT Referred to CPT Asst **Published in CPT Asst:** 

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End-stage renal disease (esrd) related services monthly, for patients 12-19 years Global: XXX Issue: End-Stage Renal Disease Screen: CMS Request - Practice Complete? Yes Expense Review 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 **2022 Work RVU: 6.19 Most Recent Tab**: 29 Specialty Developing RPA First 2020 **RUC Meeting:** April 2009 Identified: February 2009 Recommendation: Medicare 2022 NF PE RVU: 3.01 **Utilization:** 296 2022 Fac PE RVU: 3.01 RUC Recommendation: RUC Recommended revised clinical staff time Referred to CPT 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 Global: XXX Issue: End-Stage Renal Disease Screen: CMS Request - Practice Complete? Yes age and older; with 4 or more face-to-face visits by a physician or other qualified Expense Review health care professional per month 2022 Work RVU: 6.77 Most Recent **Tab: 29** Specialty Developing RPA 2020 **RUC Meeting:** April 2009 Recommendation: **Identified:** February 2009 Medicare **2022 NF PE RVU: 3.26** 2,174,715 **Utilization:** 2022 Fac PE RVU: 3.26 RUC Recommendation: RUC Recommended revised physician and clinical Referred to CPT Result: PE Only staff time Referred to CPT Asst **Published in CPT Asst:** 90961 End-stage renal disease (esrd) related services monthly, for patients 20 years of Global: XXX **Issue:** End-Stage Renal Disease Screen: CMS Request - Practice Complete? Yes age and older; with 2-3 face-to-face visits by a physician or other qualified health Expense Review care professional per month **2022 Work RVU: 5.52 Most Recent Tab: 29** Specialty Developing RPA First 2020 **RUC Meeting:** April 2009 Recommendation: **Identified:** February 2009 Medicare 2022 NF PE RVU: 2.80 **Utilization:** 667,595 2022 Fac PE RVU: 2.80 RUC Recommended revised physician and clinical Referred to CPT Result: PE Only staff time Referred to CPT Asst Published in CPT Asst:

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90962 End-stage renal disease (esrd) related services monthly, for patients 20 years of Global: XXX Issue: End-Stage Renal Disease Screen: CMS Request - Practice Complete? Yes age and older; with 1 face-to-face visit by a physician or other qualified health Expense Review care professional per month 2022 Work RVU: 3.57 **Tab: 29 Most Recent** Specialty Developing RPA First 2020 Identified: February 2009 **RUC Meeting:** April 2009 Recommendation: Medicare **2022 NF PE RVU: 2.16** 198,834 **Utilization: 2022 Fac PE RVU: 2.16** RUC Recommendation: RUC Recommended revised clinical staff time Referred to CPT Result: PE Only **Referred to CPT Asst Published in CPT Asst:** 90963 End-stage renal disease (esrd) related services for home dialysis per full month, Global: XXX Issue: End-Stage Renal Disease Screen: CMS Request - Practice Complete? Yes for patients younger than 2 years of age to include monitoring for the adequacy Expense Review of nutrition, assessment of growth and development, and counseling of parents 2022 Work RVU: 12.09 Most Recent **Tab**: 29 Specialty Developing RPA First 2020 **RUC Meeting:** April 2009 **Identified:** February 2009 Recommendation: Medicare 2022 NF PE RVU: 5.06 **Utilization:** 189 **2022 Fac PE RVU: 5.06** Result: PE Only RUC Recommendation: RUC Recommended revised clinical staff time Referred to CPT Referred to CPT Asst **Published in CPT Asst:** 90964 End-stage renal disease (esrd) related services for home dialysis per full month, Global: XXX Issue: End-Stage Renal Disease Screen: CMS Request - Practice Complete? Yes for patients 2-11 years of age to include monitoring for the adequacy of nutrition, Expense Review assessment of growth and development, and counseling of parents 2022 Work RVU: 10.25 **Most Recent Tab: 29** Specialty Developing RPA 2020 First **RUC Meeting:** April 2009 Recommendation: **Identified:** February 2009 Medicare 2022 NF PE RVU: 4.47 960 **Utilization:** 2022 Fac PE RVU: 4.47 RUC Recommendation: RUC Recommended revised clinical staff time Referred to CPT Result: PE Only

Referred to CPT Asst

Published in CPT Asst:

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90965 End-stage renal disease (esrd) related services for home dialysis per full month, Global: XXX Issue: End-Stage Renal Disease Screen: CMS Request - Practice Complete? Yes Expense Review for patients 12-19 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents 2022 Work RVU: 9.80 **Most Recent** Specialty Developing RPA 2020 Identified: February 2009 **RUC Meeting:** April 2009 Recommendation: Medicare 2022 NF PE RVU: 4.35 **Utilization:** 1,411 **2022 Fac PE RVU:** 4.35 RUC Recommendation: RUC Recommended revised clinical staff time Referred to CPT 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, Global: XXX Issue: End-Stage Renal Disease Screen: CMS Request - Practice Complete? Yes for patients 20 years of age and older Expense Review 2022 Work RVU: 5.52 **Most Recent Tab**: 29 Specialty Developing RPA First 2020 **RUC Meeting:** April 2009 Recommendation: Identified: February 2009 Medicare 2022 NF PE RVU: 2.80 **Utilization:** 393,883 **2022 Fac PE RVU: 2.80** RUC Recommendation: RUC Recommended revised clinical staff time Referred to CPT Result: PE Only **Referred to CPT Asst** Published in CPT Asst: Esophageal function test, gastroesophageal reflux test with nasal catheter Global: 000 Screen: CMS Request - Practice Complete? Yes **Issue:** Gastroenterological Tests intraluminal impedance electrode(s) placement, recording, analysis and Expense Review interpretation; prolonged (greater than 1 hour, up to 24 hours) 2022 Work RVU: 1.10 **Most Recent Tab:** 23 Specialty Developing AGA, ASGE First 2020 **RUC Meeting:** February 2010 **Identified:** February 2010 Recommendation: Medicare 2022 NF PE RVU: 11.55 **Utilization:** 3.535 2022 Fac PE RVU: NA Referred to CPT **RUC Recommendation:** New PE Inputs Result: PE Only

Referred to CPT Asst Published in CPT Asst:

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91110 Gastrointestinal tract i through ileum, with int		ntraluminal (eg, capsule e n and report	endoscopy), esoph	nagus Global: XXX Iss	ue: Gastrointestinal Tract Imaging	Screen: CMS High Expenditure Procedural Codes2	Complete? Yes
Most Recent	<b>Tab</b> : 44	Specialty Developing ACG, AGA, ASGI	ACG. AGA. ASGE	First	2020	2022 Work RVU: 2.24	
RUC Meeting: January 2016	Tub	Recommendation:	7100,71071,71002	Identified: July 2015	Medicare	<b>2022 NF PE RVU</b> : 20.99	
					Utilization: 44,397	2022 Fac PE RVU:NA	
RUC Recommendation: 2.49			Ref	erred to CPT		Result: Decrease	
			Refe	erred to CPT Asst 🔲 P	ublished in CPT Asst:		
91111 Gastrointestinal tract i with interpretation and		ıtraluminal (eg, capsule e	endoscopy), esoph	nagus Global: XXX lss	ue: Gastrointestinal Tract Imaging	Screen: CMS High Expenditure Procedural Codes2	Complete? Yes
Most Boost	<b>Tab</b> : 44	Specialty Dayslaning	ACC ACA ASCE	First	2020	<b>2022 Work RVU:</b> 0.90	
Most Recent Tab RUC Meeting: January 2016	1 au: 44	Specialty Developing Recommendation:	ACG, AGA, ASGE	Identified: July 2015	2020 Medicare	2022 NF PE RVU: 27.13	
		resemmentation.			Utilization: 160	2022 Fac PE RVU:NA	
COC Meeting. January 2010						ZUZZ I AC F L IXVO.INA	
Ç ,			Ref	erred to CPT		Result: Maintain	
•					ublished in CPT Asst:	Result: Maintain	
RUC Recommendation: 1.00	diagnostic	transcutaneous;		erred to CPT Asst 🔲 P	ublished in CPT Asst:	Result: Maintain  Screen: CMS Request - Practice Expense Review	Complete? Yes
RUC Recommendation: 1.00			Ref	erred to CPT Asst P	ue: Electrogastrography	Screen: CMS Request - Practice	Complete? Yes
RUC Recommendation: 1.00	diagnostic, Tab: 24	, transcutaneous;  Specialty Developing Recommendation:	Ref	erred to CPT Asst P	ue: Electrogastrography  2020  Medicare	Screen: CMS Request - Practice Expense Review	Complete? Yes
RUC Recommendation: 1.00  31132 Electrogastrography, of		Specialty Developing	Ref	erred to CPT Asst P Global: XXX Iss	sue: Electrogastrography	Screen: CMS Request - Practice Expense Review 2022 Work RVU: 0.52	Complete? Yes
RUC Recommendation: 1.00  91132 Electrogastrography, of the content of the conten	<b>Tab</b> : 24	Specialty Developing	Refe AGA, ACG, ASGE	erred to CPT Asst P Global: XXX Iss	ue: Electrogastrography  2020  Medicare	Screen: CMS Request - Practice Expense Review  2022 Work RVU: 0.52  2022 NF PE RVU: 13.49	Complete? Yes
RUC Recommendation: 1.00  31132 Electrogastrography, of Most Recent RUC Meeting: February 2010	<b>Tab</b> : 24	Specialty Developing	Refe AGA, ACG, ASGE Refe	Global: XXX Iss First Identified:	ue: Electrogastrography  2020  Medicare	Screen: CMS Request - Practice Expense Review  2022 Work RVU: 0.52  2022 NF PE RVU: 13.49  2022 Fac PE RVU:NA	Complete? Yes
RUC Recommendation: 1.00  31132 Electrogastrography, of Most Recent RUC Meeting: February 2010  RUC Recommendation: New Pl	Tab: 24 E Inputs	Specialty Developing Recommendation:	Refe AGA, ACG, ASGE Refe Refe	Global: XXX Iss  First Identified:  erred to CPT erred to CPT Asst P	2020 Medicare Utilization: 74	Screen: CMS Request - Practice Expense Review  2022 Work RVU: 0.52  2022 NF PE RVU: 13.49  2022 Fac PE RVU:NA	Complete? Yes  Complete? Yes
RUC Recommendation: 1.00  21132 Electrogastrography, of Most Recent RUC Meeting: February 2010  RUC Recommendation: New Plant	Tab: 24 E Inputs	Specialty Developing Recommendation:	Reference Refere	Global: XXX Iss  First Identified:  erred to CPT erred to CPT Asst P	2020 Medicare Utilization: 74  ublished in CPT Asst:	Screen: CMS Request - Practice Expense Review  2022 Work RVU: 0.52  2022 NF PE RVU: 13.49  2022 Fac PE RVU: NA  Result: PE Only  Screen: CMS Request - Practice	
RUC Recommendation: 1.00  11132 Electrogastrography, of the content of the conten	Tab: 24 E Inputs	Specialty Developing Recommendation:	Reference Refere	Global: XXX Iss  First Identified:  erred to CPT erred to CPT Asst P	2020 Medicare Utilization: 74  ublished in CPT Asst:  ue: Electrogastrography  2020 Medicare	Screen: CMS Request - Practice Expense Review  2022 Work RVU: 0.52  2022 NF PE RVU: 13.49  2022 Fac PE RVU:NA  Result: PE Only  Screen: CMS Request - Practice Expense Review	
CUC Recommendation: 1.00  11132 Electrogastrography, of the commendation of the cuc Meeting: February 2010  10133 Electrogastrography, of the cuc Meeting: New Plants and the cuc Meeting: Neeting: New Plants and the cuc Meeting: New Plants and the cuc Mee	Tab: 24 E Inputs	Specialty Developing Recommendation:  , transcutaneous; with property Specialty Developing	Reference Refere	Global: XXX Iss  First Identified:  erred to CPT erred to CPT Asst P  Global: XXX Iss	2020 Medicare Utilization: 74  ublished in CPT Asst:	Screen: CMS Request - Practice Expense Review  2022 Work RVU: 0.52 2022 NF PE RVU: 13.49 2022 Fac PE RVU:NA Result: PE Only  Screen: CMS Request - Practice Expense Review 2022 Work RVU: 0.66 2022 NF PE RVU: 13.99	
RUC Recommendation: 1.00	Tab: 24 E Inputs diagnostic	Specialty Developing Recommendation:  , transcutaneous; with property Specialty Developing	Reference AGA, ACG, ASGE  Reference AGA, ACG, ASGE	Global: XXX Iss  First Identified:  erred to CPT erred to CPT Asst P  Global: XXX Iss	2020 Medicare Utilization: 74  ublished in CPT Asst:  ue: Electrogastrography  2020 Medicare	Screen: CMS Request - Practice Expense Review  2022 Work RVU: 0.52  2022 NF PE RVU: 13.49  2022 Fac PE RVU:NA  Result: PE Only  Screen: CMS Request - Practice Expense Review  2022 Work RVU: 0.66	

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92065 Orthoptic training; performed by a physician or other qualified health care Global: XXX Issue: Orthoptic Training Screen: Harvard Valued -Complete? Yes Utilization over 30.000professional 2022 Work RVU: 0.37 Most Recent **Tab:** 10 Specialty Developing AAO, AOA First 2020 **RUC Meeting:** April 2021 Recommendation: (optometry) Identified: October 2019 Medicare **2022 NF PE RVU: 1.16 Utilization:** 21,846 2022 Fac PE RVU: NA RUC Recommendation: 0.71 Referred to CPT February 2021 May 2020-Result: Increase Tab 37 ☐ Published in CPT Asst: Referred to CPT Asst Screen: Harvard Valued -92066 Orthoptic training; under supervision of a physician or other qualified health Global: Issue: Orthoptic Training Complete? Yes Utilization over 30.000care professional Part4 2022 Work RVU: **Most Recent Tab: 10** AAO, AOA 2020 **Specialty Developing First** RUC Meeting: April 2021 Recommendation: (optometry) **Identified:** February 2021 Medicare **2022 NF PE RVU: Utilization:** 2022 Fac PE RVU: Result: PE Only **RUC Recommendation:** New PE Inputs Referred to CPT Referred to CPT Asst **Published in CPT Asst:** 92081 Visual field examination, unilateral or bilateral, with interpretation and report; Issue: Visual Field Examination Screen: Harvard Valued -Global: XXX Complete? Yes limited examination (eq. tangent screen, autoplot, arc perimeter, or single Utilization over 100,000 stimulus level automated test, such as octopus 3 or 7 equivalent) 2022 Work RVU: 0.30 **Most Recent Tab:** 42 Specialty Developing AAO, AOA 2020 **RUC Meeting:** April 2010 Identified: October 2009 Medicare Recommendation: (optometric) 2022 NF PE RVU: 0.65 **Utilization:** 67,895 2022 Fac PE RVU: NA Result: Decrease RUC Recommendation: 0.30 Referred to CPT Referred to CPT Asst | Published in CPT Asst:

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Visual field examination, unilateral or bilateral, with interpretation and report; Global: XXX Issue: Visual Field Examination Screen: Harvard Valued -Complete? Yes 92082 Utilization over 100.000 intermediate examination (eq. at least 2 isopters on goldmann perimeter, or semiguantitative, automated suprathreshold screening program, humphrey suprathreshold automatic diagnostic test, octopus program 33) 2022 Work RVU: 0.40 **Most Recent Tab**: 42 Specialty Developing AAO, AOA First 2020 **RUC Meeting:** April 2010 Recommendation: (optometric) Identified: October 2009 Medicare 2022 NF PE RVU: 0.94 **Utilization:** 90,923 2022 Fac PE RVU: NA **RUC Recommendation: 0.40** Referred to CPT Result: Decrease Referred to CPT Asst Published in CPT Asst: 92083 Visual field examination, unilateral or bilateral, with interpretation and report; Global: XXX Issue: Visual Field Examination Screen: MPC List / CMS High Complete? Yes extended examination (eg, goldmann visual fields with at least 3 isopters plotted **Expenditure Procedural** and static determination within the central 30 deg, or quantitative, automated Codes1 threshold perimetry, octopus program g-1, 32 or 42, humphrey visual field analyzer full threshold programs 30-2, 24-2, or 30/60-2) 2022 Work RVU: 0.50 **Most Recent Tab:** 46 Specialty Developing AAO, AOA First 2020 RUC Meeting: April 2012 Recommendation: Identified: October 2010 Medicare (optometric) **2022 NF PE RVU: 1.32 Utilization:** 2,336,097 2022 Fac PE RVU: NA **RUC Recommendation: 0.50** Referred to CPT Result: Maintain **Referred to CPT Asst Published in CPT Asst:** 92100 Serial tonometry (separate procedure) with multiple measurements of Global: XXX **Issue:** Serial Tonometry Screen: Harvard Valued -Complete? Yes intraocular pressure over an extended time period with interpretation and report, Utilization over 30,000 same day (eg, diurnal curve or medical treatment of acute elevation of intraocular pressure) 2022 Work RVU: 0.61 Most Recent **Tab:** 36 Specialty Developing AAO, AOA 2020 **RUC Meeting:** September 2011 Identified: April 2011 Recommendation: (optometric) Medicare **2022 NF PE RVU: 1.87 Utilization:** 22,903 2022 Fac PE RVU: 0.31 **RUC Recommendation: 0.61** Referred to CPT Result: Decrease Referred to CPT Asst Published in CPT Asst:

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92133 Scanning computerized ophthalmic diagnostic imaging, posterior segment, with Global: XXX Issue: Computerized Scanning Screen: CMS Fastest Growing Complete? Yes Ophthalmology Diagnostic interpretation and report, unilateral or bilateral; optic nerve **Imaging** 2022 Work RVU: 0.40 **Most Recent** 2020 **Tab: 23** Specialty Developing AAO, AOA (eye) First **RUC Meeting:** April 2010 Recommendation: Identified: October 2009 Medicare **2022 NF PE RVU: 0.66 Utilization:** 2,297,798 2022 Fac PE RVU: NA **RUC Recommendation: 0.50** Referred to CPT October 2009 Result: Decrease **Published in CPT Asst:** Referred to CPT Asst Scanning computerized ophthalmic diagnostic imaging, posterior segment, with Global: XXX Computerized Scanning Screen: CMS Fastest Growing / Complete? Yes Ophthalmology Diagnostic Codes Reported interpretation and report, unilateral or bilateral; retina Together 75% or More-**Imaging** Part5 2022 Work RVU: 0.45 Most Recent **Tab:** 13 Specialty Developing AAO, AOA (eye) First 2020 **RUC Meeting:** September 2022 Identified: October 2008 Recommendation: Medicare **2022 NF PE RVU: 0.72 Utilization:** 6,490,708 2022 Fac PE RVU: NA **RUC Recommendation: 0.50** Referred to CPT October 2009 Result: Decrease Referred to CPT Asst **Published in CPT Asst:** 92135 Deleted from CPT Global: Issue: Ophthalmic Diagnostic Screen: CMS Fastest Growing Complete? Yes **Imaging** 2022 Work RVU:

Most Recent **Tab:** 31 Specialty Developing AAO, AOA First 2020 Identified: October 2008

**RUC Meeting:** October 2009 Recommendation: Medicare **2022 NF PE RVU: Utilization:** 

2022 Fac PE RVU:

RUC Recommendation: Deleted from CPT Referred to CPT October 2009 Result: Deleted from CPT

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

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92136 Ophthalmic biometry by partial coherence interferometry with intraocular lens Global: XXX Issue: Ophthalmic Biometry Screen: CMS Fastest Growing / Complete? Yes CMS High Expenditure power calculation Procedural Codes2 2022 Work RVU: 0.54 Most Recent **Tab:** 36 Specialty Developing AAO First 2020 **RUC Meeting:** April 2016 Recommendation: Identified: October 2008 Medicare 2022 NF PE RVU: 0.90 **Utilization:** 1,310,440 2022 Fac PE RVU: NA RUC Recommendation: 0.54 Referred to CPT Result: Maintain Referred to CPT Asst **Published in CPT Asst:** 92140 Provocative tests for glaucoma, with interpretation and report, without Global: Issue: Glaucoma Provacative Screen: Harvard Valued -Complete? Yes Tests Utilization over 30,000tonography Part2 2022 Work RVU: **Most Recent Tab:** 41 Specialty Developing AAO, AOA 2020 Identified: October 2015 **RUC Meeting:** April 2016 Recommendation: (optometry) Medicare **2022 NF PE RVU: Utilization:** 2022 Fac PE RVU: RUC Recommendation: Deleted from CPT Referred to CPT May 2016 Result: Deleted from CPT Referred to CPT Asst Published in CPT Asst: 92201 Ophthalmoscopy, extended; with retinal drawing and scleral depression of Global: XXX Issue: Ophthalmoscopy Screen: Negative IWPUT Complete? Yes peripheral retinal disease (eg, for retinal tear, retinal detachment, retinal tumor) with interpretation and report, unilateral or bilateral 2022 Work RVU: 0.40 **Tab:** 05 Specialty Developing AAO. AOA 2020

Most Recent (Optometry), ASRS Identified: February 2018 **RUC Meeting:** April 2018 Recommendation: Medicare

**2022 NF PE RVU: 0.30 Utilization:** 410,263

2022 Fac PE RVU: 0.24

February 2018 RUC Recommendation: 0.40 Referred to CPT Result: Decrease

Referred to CPT Asst ■ Published in CPT Asst:

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92202 Ophthalmoscopy, extended; with drawing of optic nerve or macula (eg, for Global: XXX Issue: Ophthalmoscopy Screen: Negative IWPUT Complete? Yes glaucoma, macular pathology, tumor) with interpretation and report, unilateral or 2022 Work RVU: 0.26 **Most Recent Tab:** 05 Specialty Developing AAO, AOA **First** 2020 (Optometry), ASRS Identified: February 2018 **RUC Meeting:** April 2018 Recommendation: Medicare **2022 NF PE RVU: 0.19** 670,751 **Utilization: 2022 Fac PE RVU: 0.15 RUC Recommendation: 0.26** Referred to CPT February 2018 Result: Decrease Referred to CPT Asst Published in CPT Asst: 9225 Ophthalmoscopy, extended, with retinal drawing (eg, for retinal detachment, Issue: Ophthalmoscopy Screen: Negative IWPUT Complete? Yes Global: melanoma), with interpretation and report; initial 2022 Work RVU: **Most Recent Tab:** 05 Specialty Developing AAO, AOA **First** 2020 **RUC Meeting:** April 2018 Recommendation: (Optometry), ASRS Identified: April 2017 Medicare **2022 NF PE RVU: Utilization:** 2022 Fac PE RVU: RUC Recommendation: Deleted from CPT Referred to CPT February 2018 Result: Deleted from CPT Referred to CPT Asst Published in CPT Asst: 92226 Ophthalmoscopy, extended, with retinal drawing (eg, for retinal detachment, Global: Issue: Ophthalmoscopy Screen: Negative IWPUT Complete? Yes melanoma), with interpretation and report; subsequent 2022 Work RVU: **Most Recent Tab:** 05 **Specialty Developing** AAO, AOA First 2020 **RUC Meeting:** April 2018 (Optometry), ASRS Identified: February 2018 Recommendation: Medicare **2022 NF PE RVU: Utilization:** 2022 Fac PE RVU: **RUC Recommendation:** Deleted from CPT Referred to CPT February 2018 Result: Deleted from CPT

Referred to CPT Asst | Published in CPT Asst:

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92235 Fluorescein angiography (includes multiframe imaging) with interpretation and Global: XXX Issue: Ophthalmoscopic Screen: Harvard Valued -Complete? Yes Angiography Utilization over 30.000 / report, unilateral or bilateral CMS High Expenditure Procedural Codes1 / Codes Reported Together 75% or More-Part3 2022 Work RVU: 0.75 Most Recent **Tab**: 21 Specialty Developing AAO, ASRS First 2020 **RUC Meeting:** January 2016 Identified: April 2011 Medicare Recommendation: **2022 NF PE RVU: 2.92 Utilization:** 327,141 2022 Fac PE RVU: NA RUC Recommendation: 0.75 Referred to CPT October 2015 Result: Decrease Referred to CPT Asst | Published in CPT Asst: 92240 Indocyanine-green angiography (includes multiframe imaging) with Global: XXX Issue: Ophthalmoscopic Screen: Codes Reported Complete? Yes Together 75% or Moreinterpretation and report, unilateral or bilateral Angiography Part3 / CMS High **Expenditure Procedural** Codes2 2022 Work RVU: 0.80 **Most Recent** Specialty Developing AAO, ASRS 2020 **Tab**: 21 First **RUC Meeting:** January 2016 Identified: January 2015 Recommendation: Medicare 2022 NF PE RVU: 4.82 **Utilization:** 8,502 2022 Fac PE RVU: NA RUC Recommendation: 0.80 Referred to CPT October 2015 Result: Decrease Referred to CPT Asst | Published in CPT Asst: 92242 Fluorescein angiography and indocyanine-green angiography (includes Global: XXX Issue: Ophthalmoscopic Screen: Codes Reported Complete? Yes Together 75% or Moremultiframe imaging) performed at the same patient encounter with interpretation Angiography and report, unilateral or bilateral Part3 2022 Work RVU: 0.95 Specialty Developing AAO, ASRS 2020 **Most Recent Tab: 21 RUC Meeting:** January 2016 Identified: October 2015 Recommendation: Medicare **2022 NF PE RVU: 6.38 Utilization:** 31.617 2022 Fac PE RVU: NA **RUC Recommendation: 0.95** Referred to CPT October 2015 Result: Decrease Referred to CPT Asst Published in CPT Asst:

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92250 Fundus photography with in	terpretation and report	Global: XXX Issue:	Fundus Photography	Screen: MPC List / CMS High Expenditure Procedural Codes2	Complete? Yes
Most Recent Tab:	45 Specialty Developing AAO, ASRS,	AOA First	2020	<b>2022 Work RVU</b> : 0.40	
RUC Meeting: January 2016	Recommendation: (optometry)	Identified: October 2010	Medicare Utilization: 2,952,367	<b>2022 NF PE RVU</b> : 0.67	
			Utilization: 2,952,367	2022 Fac PE RVU: NA	
RUC Recommendation: 0.40		Referred to CPT	F	Result: Decrease	
		Referred to CPT Asst	shed in CPT Asst:		
92270 Electro-oculography with int	erpretation and report	Global: XXX Issue:	Electro-oculography	Screen: High Volume Growth1 / High Volume Growth3	Complete? Yes
Most Recent Tab:	19 Specialty Developing AAO-HNS	First	2020	2022 Work RVU: 0.81	
RUC Meeting: October 2017	Recommendation:	Identified: February 2008	Medicare	<b>2022 NF PE RVU</b> : 2.36	
			Utilization: 1,420	2022 Fac PE RVU: NA	
RUC Recommendation: CPT Assistar	nt article published.	Referred to CPT February 2014	1 F	Result: Maintain	
	•	Referred to CPT Asst 🗹 Publi	shed in CPT Asst: Aug 20	008 and Q&A Jun 2009	
92273 Electroretinography (erg), w erg, ganzfeld erg)	ith interpretation and report; full field (ie,	fferg, flash Global: XXX Issue:	Electroretinography	Screen: CMS High Expenditure Procedural Codes2 / Work Neutrality 2019	Complete? Yes
Most Recent Tab:	29 Specialty Developing	First	2020	<b>2022 Work RVU:</b> 0.69	
RUC Meeting: January 2021	Recommendation:	Identified: September 2017	Medicare	<b>2022 NF PE RVU</b> : 3.01	
			Utilization: 72,856	2022 For DE DVIIINA	

Referred to CPT

Referred to CPT Asst Published in CPT Asst:

2022 Fac PE RVU: NA

Result: Decrease

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**RUC Recommendation:** Review action plan. 0.80

92274 Electroretinography (erg), with interpretation and report; multifocal (mferg) Global: XXX Issue: Electroretinography Screen: CMS High Expenditure Complete? Yes Procedural Codes2 / Work Neutrality 2019 2022 Work RVU: 0.61 Most Recent **Tab**: 29 **Specialty Developing** First 2020 **RUC Meeting:** January 2021 Recommendation: Identified: September 2017 Medicare **2022 NF PE RVU: 1.92 Utilization:** 5,242 2022 Fac PE RVU: NA **RUC Recommendation:** Review action plan. 0.72 Referred to CPT Result: Decrease Referred to CPT Asst **Published in CPT Asst:** 92275 Electroretinography with interpretation and report Global: Issue: Electroretinography Screen: CMS High Expenditure Complete? Yes Procedural Codes2 2022 Work RVU: **Most Recent Tab:** 17 **Specialty Developing** AAO, ASRS, AOA First 2020 **RUC Meeting:** January 2018 Recommendation: Identified: July 2015 Medicare (optometry) **2022 NF PE RVU: Utilization:** 2022 Fac PE RVU: **RUC Recommendation:** Deleted from CPT Referred to CPT June 2017 Result: Deleted from CPT Referred to CPT Asst Published in CPT Asst: Diagnostic dark adaptation examination with interpretation and report Global: XXX Issue: Dark Adaption Eye Exam Screen: Harvard Valued -Complete? Yes Utilization over 30.000-Part5 2022 Work RVU: 0.24 **Most Recent Tab: 20** Specialty Developing AAO, AOA 2020 Identified: October 2020 **RUC Meeting:** April 2021 Recommendation: (optometry), ASRS Medicare **2022 NF PE RVU: 1.43 Utilization:** 28,131

Referred to CPT

Referred to CPT Asst

May 2021

Published in CPT Asst:

2022 Fac PE RVU: NA

Result: Decrease

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RUC Recommendation: 0.14. Review Technology

92285 External ocular photography with interpretation and report for documentation of Global: XXX Issue: Ocular Photography Screen: CMS Fastest Growing.

medical progress (eg, close-up photography, slit lamp photography,

goniophotography, stereo-photography)

2022 Work RVU: 0.05 Most Recent **Tab:** 32 Specialty Developing AAO, AOA First 2020 **RUC Meeting:** October 2009 Recommendation: Identified: October 2008 Medicare

2022 NF PE RVU: 0.61 **Utilization:** 329,781

**RUC Recommendation:** 0.05 and new PE inputs Referred to CPT February 2010 Result: Decrease

> Referred to CPT Asst Published in CPT Asst:

92286 Anterior segment imaging with interpretation and report; with specular Global: XXX **Issue:** Anterior Segment Imaging Screen: Harvard Valued -

microscopy and endothelial cell analysis

Utilization over 30,000 / Harvard-Valued Annual Allowed Charges Greater Complete? Yes

Complete? Yes

Complete? Yes

than \$10 million

Harvard Valued -

Utilization over 100,000

2022 Fac PE RVU: NA

2022 Work RVU: 0.40 **Most Recent** Specialty Developing AAO, AOA First 2020 **Tab**: 28

Identified: April 2011 RUC Meeting: April 2012 Recommendation: (optometric) Medicare **2022 NF PE RVU: 0.73** 

**Utilization:** 88,824 2022 Fac PE RVU: NA

**RUC Recommendation: 0.40** Referred to CPT October 2011 Result: Decrease

> Referred to CPT Asst Published in CPT Asst:

92287 Anterior segment imaging with interpretation and report; with fluorescein Global: XXX **Issue:** Anterior Segment Imaging Screen: Harvard Valued -

angiography

Utilization over 30,000 / **CPT Assistant Analysis** 

2018

2022 Work RVU: 0.81 Most Recent **Tab: 21** Specialty Developing AAO, ASRS First 2020

**RUC Meeting:** April 2021 Recommendation: Identified: Medicare 2022 NF PE RVU: 4.48 **Utilization:** 4,885

2022 Fac PE RVU: NA

Referred to CPT October 2011 Result: Decrease **RUC Recommendation: 0.40** 

Referred to CPT Asst Published in CPT Asst: Mar 2013

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92504 Binocular microscopy (separate diagnostic procedure)	Global: XXX Issue:	Binocular Microscopy	Screen: Harvard Valued - Utilization over 100,000	Complete? Yes
Most Recent Tab: 43 Specialty Developing AAO-HNS Recommendation:	First Identified: October 2009	2020 Medicare Utilization: 193,751	2022 Work RVU: 0.18 2022 NF PE RVU: 0.67	
RUC Recommendation: 0.18	Referred to CPT		2022 Fac PE RVU: 0.08 Result: Maintain	
OF RECOmmendation. 0.10		shed in CPT Asst:	Nosuit. Walliam	
2506 Evaluation of speech, language, voice, communication, and/or auditor processing	ry Global: Issue:	Speech Language Pathology Services	Screen: CMS Request/Speech Language Pathology Request	Complete? Yes
lost Recent Tab: 28 Specialty Developing ASHA	First Identified:	2020 Medicare	2022 Work RVU:	
JC Meeting: February 2010 Recommendation:			2022 NF PE RVU:	
		Utilization:	2022 Fac PE RVU:	
UC Recommendation: Deleted from CPT	Referred to CPT October 2012 Referred to CPT Asst Publi	ished in CPT Asst:	Result: Deleted from CPT	
2507 Treatment of speech, language, voice, communication, and/or auditor processing disorder; individual	y Global: XXX Issue:	Speech Language Pathology Services	Screen: CMS Request/Speech Language Pathology Request / High Volume Growth 3	Complete? Yes
ost Recent Tab: 54 Specialty Developing ASHA	First	2020	<b>2022 Work RVU</b> : 1.30	
JC Meeting: January 2016 Recommendation:	Identified: October 2015	Medicare	<b>2022 NF PE RVU</b> : 0.91	
		Utilization: 324,893	2022 Fac PE RVU:NA	
UC Recommendation: 1.30 work RVU and clinical staff time removed. Remove from High Volume screen.	Referred to CPT		Result: Decrease	
<b>o</b>	Referred to CPT Asst  Publi	shed in CPT Asst:		

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92508 Treatment of speech, language, voice, communication, and/or auditory Global: XXX Issue: Speech Language Screen: CMS Request/Speech Complete? Yes Pathology Services Language Pathology processing disorder; group, 2 or more individuals Request 2022 Work RVU: 0.33 Most Recent **Tab: 28** Specialty Developing ASHA First 2020 **RUC Meeting:** February 2010 Recommendation: Identified: Medicare **2022 NF PE RVU: 0.36 Utilization:** 1,932 2022 Fac PE RVU: NA RUC Recommendation: 0.43 work RVU and clinical staff time removed Referred to CPT Result: Decrease Referred to CPT Asst **Published in CPT Asst:** Evaluation of speech fluency (eg, stuttering, cluttering) Global: XXX Issue: Speech Evaluation Screen: CMS Request/Speech Complete? Yes Language Pathology Request 2022 Work RVU: 2.24 **Most Recent Tab:** 32 Specialty Developing ASHA First 2020 **RUC Meeting:** January 2013 Recommendation: Identified: Medicare 2022 NF PE RVU: 1.59 202 **Utilization:** 2022 Fac PE RVU: NA **RUC Recommendation: 175** Referred to CPT October 2012 Result: Increase Referred to CPT Asst Published in CPT Asst: Global: XXX Issue: Speech Evaluation Screen: CMS Request/Speech Complete? Yes 92522 Evaluation of speech sound production (eg, articulation, phonological process, Language Pathology apraxia, dysarthria); Request 2022 Work RVU: 1.92 **Most Recent Tab:** 32 Specialty Developing ASHA First 2020 **RUC Meeting:** January 2013 Recommendation: Identified: Medicare **2022 NF PE RVU: 1.28 Utilization:** 2,960 2022 Fac PE RVU: NA **RUC Recommendation: 1.50** Referred to CPT October 2012 Result: Increase Referred to CPT Asst Published in CPT Asst:

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92523 Evaluation of speech sound production (eg, articulation, phonological process, Global: XXX Issue: Speech Evaluation Screen: CMS Request/Speech Complete? Yes Language Pathology apraxia, dysarthria); with evaluation of language comprehension and expression Request (eg, receptive and expressive language) 2022 Work RVU: 3.84 Most Recent **Tab:** 32 Specialty Developing ASHA First 2020 **RUC Meeting:** January 2013 Recommendation: Identified: Medicare **2022 NF PE RVU: 2.73 Utilization:** 19,046 2022 Fac PE RVU: NA **RUC Recommendation: 3.36** Referred to CPT October 2012 Result: Increase Referred to CPT Asst **Published in CPT Asst:** 92524 Behavioral and qualitative analysis of voice and resonance Global: XXX Issue: Speech Evaluation Screen: CMS Request/Speech Complete? Yes Language Pathology Request 2022 Work RVU: 1.92 **Most Recent Tab:** 32 Specialty Developing ASHA First 2020 **RUC Meeting:** January 2013 Recommendation: Identified: Medicare 2022 NF PE RVU: 1.23 **Utilization:** 13,510 2022 Fac PE RVU: NA **RUC Recommendation: 175** Referred to CPT October 2012 Result: Increase Referred to CPT Asst Published in CPT Asst: Global: XXX Speech Language Screen: CMS Request/Speech Complete? Yes 92526 Treatment of swallowing dysfunction and/or oral function for feeding Issue: Pathology Services Language Pathology (HCPAC) Request / High Volume Growth2 2022 Work RVU: 1.34 **Most Recent Tab: 23** Specialty Developing ASHA, AAO-HNS 2020 First **RUC Meeting:** October 2020 Recommendation: Identified: NA Medicare 2022 NF PE RVU: 1.12 **Utilization:** 121,719

Referred to CPT

Referred to CPT Asst

**Published in CPT Asst:** 

2022 Fac PE RVU: NA

Result: Decrease

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**RUC Recommendation:** Maintain

92537 Caloric vestibular test with recording, bilateral; bithermal (ie, cool irrigation in each ear for a total of four irrigations)	e warm and one Global: XXX Issue	e: Vestibular Caloric Irrigation Screen: CMS-Other - Utilization over 250,000	omplete? Yes
Most Recent Tab: 18 Specialty Developing AAA,	AN, AAO- First	2020 2022 Work RVU: 0.60	
RUC Meeting: January 2015 Recommendation: HNS,	ASHA Identified: October 2014	Medicare 2022 NF PE RVU: 0.59 Utilization: 49,240	
		2022 Fac PE RVU:NA	
RUC Recommendation: 0.80	Referred to CPT October 2014 Referred to CPT Asst Pub	4 Result: Increase	
92538 Caloric vestibular test with recording, bilateral; monothermal (in each ear for a total of two irrigations)  Most Recent Tab: 18 Specialty Developing AAA, RUC Meeting: January 2015 Recommendation: HNS,  RUC Recommendation: 0.55	AN, AAO- First ASHA Identified: October 2014  Referred to CPT October 2014	over 250,000  2020	omplete? Yes
92540 Basic vestibular evaluation, includes spontaneous nystagmus eccentric gaze fixation nystagmus, with recording, positional minimum of 4 positions, with recording, optokinetic nystagmu bidirectional foveal and peripheral stimulation, with recording tracking test, with recording	/stagmus test, test,	e: EOG VNG  Screen: Codes Reported Together 95% or More	omplete? Yes
Most Recent Tab: 24 Specialty Developing AAN,	SHA, AAO- First	2020 2022 Work RVU: 1.50	
RUC Meeting: April 2014 Recommendation: HNS,	AAA Identified:	Medicare 2022 NF PE RVU: 1.72 Utilization: 63,471	
		2022 Fac PE RVU:NA	
RUC Recommendation: 1.50	Referred to CPT	Result: Decrease	
	Referred to CPT Asst	lished in CPT Asst:	

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92541 Spontaneous nystagmu recording	ıs test, includ	ling gaze and fixation nystagmus, v	vith Global: XXX	( Issue:	EOG VNG		Screen: Codes Reported Together 95% or More / Harvard Valued - Utilization over 100,000 / CMS-Other Source – Utilization over 250,000	Complete? Yes
Most Recent RUC Meeting: April 2014		pecialty Developing AAN, ASHA, A ecommendation: HNS, AAA	AO- First Identified: Februa	ary 2008	2020 Medicare Utilization:	10,417	2022 Work RVU: 0.40 2022 NF PE RVU: 0.33 2022 Fac PE RVU:NA	
<b>RUC Recommendation:</b> 0.40			Referred to CPT Feb	bruary 2009	9	R	esult: Maintain	
			Referred to CPT Asst	Publi	ished in CPT A	sst:		
92542 Positional nystagmus to	est, minimum	of 4 positions, with recording	Global: XXX	( Issue:	EOG VNG		Screen: Codes Reported Together 95% or More / CMS-Other Source – Utilization over 250,000	Complete? Yes
Most Recent RUC Meeting: April 2014		pecialty Developing AAN, ASHA, A ecommendation: HNS, AAA	AO- First Identified: Februa	ary 2008	2020 Medicare Utilization:	14,257	2022 Work RVU: 0.48 2022 NF PE RVU: 0.36 2022 Fac PE RVU:NA	
RUC Recommendation: 0.48			Referred to CPT Feb	bruary 2009	o .	P	esult: Increase	
NOO Recommendation: 0.40			Referred to CPT Asst	_ ′	shed in CPT A		esuit. Increase	
			Reserved to or 1 Asse		oncu iii oi i A			
92543 Caloric vestibular test, constitutes 4 tests), with		n (binaural, bithermal stimulation	Global:	Issue:	Vestibular Ca	oric Irrigation	Screen: Codes Reported Together 95% or More / Low Value-High Volume / CMS-Other - Utilization over 250,000	Complete? Yes
Most Recent	<b>Tab:</b> 18 <b>Sr</b>	pecialty Developing AAA, AAN, AA	O- First		2020		2022 Work RVU:	
RUC Meeting: January 2015		ecommendation: HNS, ASHA	Identified: Februa	ary 2008	Medicare		2022 NF PE RVU:	
					<b>Utilization:</b>		2022 Fac PE RVU:	
RUC Recommendation: Deleted	from CPT		Referred to CPT Oct	tober 2014		D	esult: Deleted from CPT	
NOO Necommendation. Deleted	noni Oi i		Referred to CPT Asst		shed in CPT A		esuit. Deleted Holli Of 1	
			Neierieu to CFT ASSI	_ Fubii	isneu in CFT A	33L		

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Optokinetic nystagmus test, bidirectional, foveal or peripheral stimulation, with Global: XXX Issue: EOG VNG Screen: Codes Reported recording Complete? Yes

CMS-Other Source – Utilization over 250,000

Most Recent Tab: 24 Specialty Developing AAN, ASHA, AAO- First 2020 2022 Work RVU: 0.27 RUC Meeting: April 2014 Recommendation: HNS, AAA Identified: February 2008 Medicare 2022 NF PE RVU: 0.24

Utilization: 2,100 2022 Fac PE RVU: NA

RUC Recommendation: 0.27 Referred to CPT February 2009 Result: Increase

Referred to CPT Asst Published in CPT Asst:

92545 Oscillating tracking test, with recording Global: XXX Issue: EOG VNG Screen: Codes Reported Complete? Yes

Together 95% or More / CMS-Other Source – Utilization over 250,000

over 250,000

Most Recent Tab: 24 Specialty Developing AAN, ASHA, AAO- First 2020 2022 Work RVU: 0.25 RUC Meeting: April 2014 Recommendation: HNS, AAA Identified: February 2008 Medicare 2022 Work RVU: 0.23

RUC Meeting: April 2014 Recommendation: HINS, AAA Identified: February 2008 Medicare 2022 NF PE RVU: 0.23
Utilization: 3,176
2022 Fac PE RVU: NA

RUC Recommendation: 0.25 Referred to CPT February 2009 Result: Increase

Referred to CPT Asst: Published in CPT Asst:

92546 Sinusoidal vertical axis rotational testing Global: XXX Issue: EOG VNG Screen: CMS-Other - Utilization Complete? Yes

Most Recent Tab: 24 Specialty Developing First 2020 2022 Work RVU: 0.29

RUC Meeting: April 2014 Recommendation: Identified: February 2014 Medicare Utilization: 30.767

2022 Fac PE RVU:NA

RUC Recommendation: Editorial change only

Referred to CPT February 2014

Result: Maintain

Referred to CPT Asst: 
Published in CPT Asst:

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92547 Use of vertical electrodes (list separately in addition to code for primary Global: ZZZ Issue: EOG VNG Screen: CMS-Other - Utilization Complete? Yes over 250.000 procedure) 2022 Work RVU: 0.00 **Tab: 24 Specialty Developing** 2020 **Most Recent** First **RUC Meeting:** April 2014 Recommendation: Identified: February 2014 Medicare 2022 NF PE RVU: 0.31 18.829 **Utilization:** 2022 Fac PE RVU: NA **RUC Recommendation:** Editorial change only Referred to CPT February 2014 Result: Maintain Referred to CPT Asst **Published in CPT Asst:** 92548 Computerized dynamic posturography sensory organization test (cdp-sot), 6 Screen: CMS-Other - Utilization Global: XXX **Issue:** Computerized Dynamic Complete? Yes conditions (ie, eyes open, eyes closed, visual sway, platform sway, eyes closed Posturography over 250,000 / Negative IWPUT / Different platform sway, platform and visual sway), including interpretation and report; Performing Specialty from Survey 2022 Work RVU: 0.67 **Tab:** 16 2020 **Most Recent** Specialty Developing AAA, AAN, ASHA **RUC Meeting:** January 2019 Recommendation: **Identified:** February 2014 Medicare 2022 NF PE RVU: 0.74 34,199 **Utilization:** 2022 Fac PE RVU: NA **RUC Recommendation: 0.76** September 2018 / February Referred to CPT Result: Increase 2014 Referred to CPT Asst Published in CPT Asst: 92549 Computerized dynamic posturography sensory organization test (cdp-sot). 6 Global: XXX **Issue:** Computerized Dynamic Screen: CMS-Other - Utilization Complete? Yes Posturography over 250,000 / Negative conditions (ie, eyes open, eyes closed, visual sway, platform sway, eyes closed platform sway, platform and visual sway), including interpretation and report; IWPUT / Different Performing Specialty with motor control test (mct) and adaptation test (adt) from Survey 2022 Work RVU: 0.87 **Most Recent** 2020 **Tab:** 16 **Specialty Developing** First **RUC Meeting:** January 2019 Recommendation: Identified: September 2018 Medicare **2022 NF PE RVU: 0.99 Utilization:** 3,573 2022 Fac PE RVU: NA **RUC Recommendation: 0.96** Referred to CPT September 2018 Result: Increase Referred to CPT Asst □ Published in CPT Asst:

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92550 Tympanometry and re	flex thresh	nold measurements		Global: XXX	Issue:	Bundled Audiology Tests	Screen: Codes Reported Together 95% or More	Complete? Yes
Most Recent	<b>Tab:</b> 22	Tab: 22 Specialty Developing	ASHA, AAO-HNS,	First	2020	<b>2022 Work RVU:</b> 0.35		
RUC Meeting: April 2009		Recommendation:	AAA	Identified:		Medicare Utilization: 163,237	<b>2022 NF PE RVU</b> : 0.29	
						Utilization: 103,237	2022 Fac PE RVU: NA	
<b>RUC Recommendation:</b> 0.35				erred to CPT	7		Result: Decrease	
			Ref	erred to CPT Asst	Publi	shed in CPT Asst:		
92557 Comprehensive audic and 92556 combined)	•	shold evaluation and sp	peech recognition (S	92553 Global: XXX	Issue:	Bundled Audiology Tests	S Screen: Codes Reported Together 95% or More	Complete? Yes
Most Recent	<b>Tab</b> : 22	Specialty Developing	ASHA, AAO-HNS,	First		2020	<b>2022 Work RVU</b> : 0.60	
RUC Meeting: April 2009			AAN	AN <b>Identified</b> : February 2008	2008	Medicare Utilization: 954,548	<b>2022 NF PE RVU</b> : 0.47	
						Ottiization. 954,540	<b>2022 Fac PE RVU</b> : 0.31	
RUC Recommendation: 0.60 v	work RVU a	and clinical staff time remo		_	ary 2009		Result: Decrease	
			Ref	erred to CPT Asst	Publi	shed in CPT Asst:		
02000		screening (qualitative m acoustic emissions), au		ortion Global: XXX	Issue:	Otoacoustic Emissions Measurement	Screen: CMS Fastest Growing	Complete? Yes
Most Recent	<b>Tab:</b> 35	Specialty Developing	ASHA	First		2020	<b>2022 Work RVU:</b> 0.17	
RUC Meeting: April 2011		Recommendation:		Identified: February 20		11 Medicare Utilization:	<b>2022 NF PE RVU</b> : 0.10	
						Otinzation.	<b>2022 Fac PE RVU:</b> 0.07	
<b>RUC Recommendation:</b> 0.17				_	ary 201′ □		Result: Increase	
			Ref	erred to CPT Asst	<b>⊢ Publi</b>	shed in CPT Asst:		

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92567 Tympanometry (impedance testing) Global: XXX Issue: Bundled Audiology Tests Screen: Codes Reported

Together 95% or More / Low Value-High Volume Complete? Yes

2022 Work RVU: 0.20 Most Recent **Tab**: 22 Specialty Developing ASHA, AAO-HNS, 2020

**RUC Meeting:** April 2009 Recommendation: AAN **Identified:** February 2008 Medicare 2022 NF PE RVU: 0.28

**Utilization:** 705,218 2022 Fac PE RVU: 0.10

RUC Recommendation: 0.20 work RVU and clinical staff time removed Referred to CPT February 2009 Result: Decrease

> Referred to CPT Asst Published in CPT Asst:

92568 Acoustic reflex testing, threshold Global: XXX Issue: Bundled Audiology Tests Screen: Codes Reported Complete? Yes

Together 95% or More

2022 Work RVU: 0.29 **Specialty Developing Most Recent Tab: 22** ASHA, AAO-HNS, 2020

**RUC Meeting:** April 2009 Recommendation: AAN **Identified:** February 2008 Medicare 2022 NF PE RVU: 0.15 **Utilization:** 3,217

2022 Fac PE RVU: 0.14

RUC Recommendation: 0.29 work RVU and clinical staff time removed Result: Decrease Referred to CPT February 2009

> Referred to CPT Asst □ Published in CPT Asst:

Deleted from CPT Global: Issue: Bundled Audiology Tests Screen: Codes Reported Complete? Yes

Together 95% or More

2022 Work RVU: Most Recent **Tab: 22** Specialty Developing ASHA, AAO-HNS, 2020 **RUC Meeting:** April 2009 **Identified:** February 2008 Recommendation: AAN Medicare **2022 NF PE RVU: Utilization:** 

2022 Fac PE RVU:

RUC Recommendation: Deleted from CPT Referred to CPT February 2009 Result: Deleted from CPT

Referred to CPT Asst Published in CPT Asst:

92570 Acoustic immittance te acoustic reflex thresho		ides tympanometry (im and acoustic reflex de		Global: XXX Issue	e: Bundled Audiology Tests	Screen: Codes Reported Together 95% or More	Complete? Yes
Most Recent	<b>Tab</b> : 21	Specialty Developing	ASHA, AAO-HNS,	First	2020	<b>2022 Work RVU</b> : 0.55	
RUC Meeting: October 2015		AAA	Identified:	Medicare	<b>2022 NF PE RVU</b> : 0.38		
					Utilization: 27,717	2022 Fac PE RVU: 0.28	
RUC Recommendation: 0.55			Ref	erred to CPT		Result: Decrease	
			Ref	erred to CPT Asst U Pub	lished in CPT Asst:		
2584 Electrocochleography				Global: XXX Issue	e: Auditory Evoked Potential	ls Screen: CMS-Other - Utilization over 30,000	Complete? Yes
Most Recent	<b>Tab</b> : 06	Specialty Developing	AAA, AAO-HNS,	First	2020	2022 Work RVU: 1.00	
RUC Meeting: April 2019		Recommendation:	ASHA	Identified: February 2019	Medicare	<b>2022 NF PE RVU</b> : 2.35	
					Utilization: 8,218	2022 Fac PE RVU:NA	
RUC Recommendation: 1.00			Ref	erred to CPT		Result: Increase	
			Ref	erred to CPT Asst	lished in CPT Asst:		
32585 Auditory evoked poten central nervous systen		-				ls Screen: CMS-Other - Utilization over 30,000	Complete? Yes
central nervous system	n; compreh	ensive Specialty Developing	netry and/or testing	of the Global: Issue	e: Auditory Evoked Potential  2020	over 30,000 2022 Work RVU:	Complete? Yes
central nervous system	n; compreh	ensive	etry and/or testing	of the Global: Issue	e: Auditory Evoked Potential	over 30,000	Complete? Yes
central nervous systen  Most Recent  RUC Meeting: April 2019	n; compreh Tab: 06	ensive Specialty Developing	etry and/or testing AAA, AAO-HNS, ASHA	of the Global: Issue First Identified: October 2017	2020 Medicare Utilization: 29,858	over 30,000 2022 Work RVU: 2022 NF PE RVU: 2022 Fac PE RVU:	Complete? Yes
	n; compreh Tab: 06	ensive Specialty Developing	AAA, AAO-HNS, ASHA	of the Global: Issue First Identified: October 2017 February 20	2020 Medicare Utilization: 29,858	over 30,000 2022 Work RVU: 2022 NF PE RVU:	Complete? Yes
central nervous system  Most Recent  RUC Meeting: April 2019	Tab: 06  d from CPT	ensive Specialty Developing Recommendation:	AAA, AAO-HNS, ASHA Ref	of the Global: Issue First Identified: October 2017 Ferred to CPT February 20 Ferred to CPT Asst Pub	2020 Medicare Utilization: 29,858	over 30,000 2022 Work RVU: 2022 NF PE RVU: 2022 Fac PE RVU:	·
central nervous system  Most Recent RUC Meeting: April 2019  RUC Recommendation: Deleted  2586 Auditory evoked poten central nervous system  Most Recent	Tab: 06  d from CPT	ensive Specialty Developing Recommendation:	AAA, AAO-HNS, ASHA  Ref Ref Retry and/or testing	of the Global: Issue  First Identified: October 2017  Ferred to CPT February 20  Ferred to CPT Asst Pub  of the Global: Issue  First	2020 Medicare Utilization: 29,858	over 30,000 2022 Work RVU: 2022 NF PE RVU: 2022 Fac PE RVU: Result: Deleted from CPT	·
central nervous system  Most Recent RUC Meeting: April 2019  RUC Recommendation: Deleted  2586 Auditory evoked poten central nervous system  Most Recent	Tab: 06  d from CPT  utials for even; limited	Specialty Developing Recommendation:	AAA, AAO-HNS, ASHA  Ref	of the Global: Issue  First Identified: October 2017  Ferred to CPT February 20  Ferred to CPT Asst Pub  of the Global: Issue	2020 Medicare Utilization: 29,858  19 Ilished in CPT Asst:  2020 Auditory Evoked Potential 2020 Medicare	over 30,000  2022 Work RVU: 2022 NF PE RVU: 2022 Fac PE RVU: Result: Deleted from CPT  Is Screen: CMS-Other - Utilization over 30,000	Complete? Yes  Complete? Yes
central nervous system  Most Recent RUC Meeting: April 2019  RUC Recommendation: Deleted  02586 Auditory evoked poten	Tab: 06  d from CPT  utials for even; limited	Specialty Developing Recommendation:  bked response audiom  Specialty Developing	AAA, AAO-HNS, ASHA  Ref Ref Retry and/or testing	of the Global: Issue  First Identified: October 2017  Ferred to CPT February 20  Ferred to CPT Asst Pub  of the Global: Issue  First	2020 Medicare Utilization: 29,858  19 Ilished in CPT Asst: 2020	over 30,000  2022 Work RVU: 2022 NF PE RVU: 2022 Fac PE RVU: Result: Deleted from CPT  Is Screen: CMS-Other - Utilization over 30,000 2022 Work RVU:	, 
central nervous system lost Recent UC Meeting: April 2019  UC Recommendation: Deleted  2586 Auditory evoked poten central nervous system lost Recent	Tab: 06  d from CPT  utials for even; limited  Tab: 06	Specialty Developing Recommendation:  bked response audiom  Specialty Developing	AAA, AAO-HNS, ASHA  Ref Ref  Metry and/or testing  AAA, AAO-HNS, ASHA  Ref	of the Global: Issue  First Identified: October 2017  Ferred to CPT February 20  Ferred to CPT Asst Pub  of the Global: Issue  First	2020 Medicare Utilization: 29,858  19 Usished in CPT Asst:  2020 Medicare Utilization: 1,476	over 30,000  2022 Work RVU: 2022 NF PE RVU: 2022 Fac PE RVU: Result: Deleted from CPT  Is Screen: CMS-Other - Utilization over 30,000 2022 Work RVU: 2022 NF PE RVU:	·

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Distortion product evoked otoacoustic emissions; limited evaluation (to confirm Global: XXX Issue: Otoacoustic Emissions Screen: CMS Fastest Growing Complete? Yes 92587 the presence or absence of hearing disorder, 3-6 frequencies) or transient Measurement evoked otoacoustic emissions, with interpretation and report 2022 Work RVU: 0.35 **Most Recent First** Specialty Developing ASHA 2020 Identified: October 2008 **RUC Meeting:** April 2011 Recommendation: Medicare **2022 NF PE RVU: 0.28 Utilization:** 39,376 2022 Fac PE RVU: NA **RUC Recommendation: 0.45** Referred to CPT October 2010 Result: Increase Referred to CPT Asst **Published in CPT Asst:** 92588 Distortion product evoked otoacoustic emissions; comprehensive diagnostic Global: XXX Otoacoustic Emissions Screen: CMS Fastest Growing Complete? Yes evaluation (quantitative analysis of outer hair cell function by cochlear mapping, Measurement minimum of 12 frequencies), with interpretation and report 2022 Work RVU: 0.55 Most Recent **Tab:** 35 Specialty Developing ASHA First 2020 **RUC Meeting:** April 2011 Recommendation: Identified: Medicare **2022 NF PE RVU: 0.43 Utilization:** 66,621 2022 Fac PE RVU: NA **RUC Recommendation: 0.60** Referred to CPT February 2011 Result: Increase Referred to CPT Asst Published in CPT Asst: 92597 Evaluation for use and/or fitting of voice prosthetic device to supplement oral Speech Language Screen: CMS Request/Speech Complete? Yes Global: XXX Pathology Services (RUC) Language Pathology speech Request 2022 Work RVU: 1.26 2020 **Most Recent Tab:** 30 Specialty Developing ASHA First

Identified: NA

RUC Recommendation: 1.48 work RVU and clinical staff time removed

Referred to CPT

Result: Decrease

Referred to CPT Asst Published in CPT Asst:

Medicare

**Utilization:** 

2.068

2022 NF PE RVU: 0.80

2022 Fac PE RVU: NA

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Recommendation:

**RUC Meeting:** February 2009

92605 Evaluation for prescription of non-speech-generating augmentative a alternative communication device, face-to-face with the patient; first		Issue: Eval of Rx for Non-Speed Generating Device	ch Screen: CMS Request/Speech Language Pathology Request	Complete? Yes
Most Recent RUC Meeting: April 2011  Tab: 35 Specialty Developing ASHA Recommendation:  RUC Recommendation: 1.75	First Identified:  Referred to CPT Februar Referred to CPT Asst	2020 Medicare Utilization: ary 2011 Published in CPT Asst:	2022 Work RVU: 1.75 2022 NF PE RVU: 0.86 2022 Fac PE RVU: 0.68 Result: Increase	
92606 Therapeutic service(s) for the use of non-speech-generating device, programming and modification	including Global: XXX	Issue: Speech Language Pathology Services	Screen: CMS Request/Speech Language Pathology Request	Complete? Yes
Most Recent Tab: 28 Specialty Developing ASHA RUC Meeting: February 2010 Recommendation:	First Identified:	2020 Medicare Utilization:	2022 Work RVU: 1.40 2022 NF PE RVU: 0.90 2022 Fac PE RVU: 0.54	
RUC Recommendation: 1.40 work RVU and clinical staff time removed	Referred to CPT Referred to CPT Asst	Published in CPT Asst:	Result: Decrease	
92607 Evaluation for prescription for speech-generating augmentative and communication device, face-to-face with the patient; first hour	alternative Global: XXX	Issue: Speech Language Pathology Services	Screen: CMS Request/Speech Language Pathology Request	Complete? Yes
Most Recent Tab: 28 Specialty Developing ASHA Ruc Meeting: February 2010 Recommendation:	First Identified:	2020 Medicare Utilization: 430	2022 Work RVU: 1.85 2022 NF PE RVU: 1.73 2022 Fac PE RVU:NA	
RUC Recommendation: 1.85 work RVU and clinical staff time removed	Referred to CPT Referred to CPT Asst	Published in CPT Asst:	Result: Decrease	

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92608 Evaluation for prescription for speech-generating augmentative and alternative Global: ZZZ Issue: Speech Language Screen: CMS Request/Speech Complete? Yes Pathology Services Language Pathology communication device, face-to-face with the patient; each additional 30 minutes Request (list separately in addition to code for primary procedure) 2022 Work RVU: 0.70 **Most Recent** Specialty Developing ASHA First 2020 **Tab**: 28 **RUC Meeting:** February 2010 Recommendation: Identified: Medicare 2022 NF PE RVU: 0.71 **Utilization:** 222 2022 Fac PE RVU: NA RUC Recommendation: 0.70 work RVU and clinical staff time removed Referred to CPT Result: Decrease Referred to CPT Asst **Published in CPT Asst:** Therapeutic services for the use of speech-generating device, including Global: XXX Issue: Speech Language Screen: CMS Request/Speech Complete? Yes 92609 Pathology Services Language Pathology programming and modification Request 2022 Work RVU: 1.50 **Most Recent Tab: 28** Specialty Developing ASHA **First** 2020 **RUC Meeting:** February 2010 Recommendation: Identified: Medicare 2022 NF PE RVU: 1.50 **Utilization:** 11.259 2022 Fac PE RVU: NA RUC Recommendation: 1.50 work RVU and clinical staff time removed Referred to CPT Result: Decrease Referred to CPT Asst **Published in CPT Asst:** Global: XXX Speech Language Screen: CMS Request/Speech Complete? Yes 92610 Evaluation of oral and pharyngeal swallowing function Issue: Pathology Services (RUC) Language Pathology Request / High Volume Growth2 2022 Work RVU: 1.30 **Most Recent Tab: 23** Specialty Developing ASHA, AAO-HNS 2020 First **RUC Meeting:** October 2020 Recommendation: Identified: NA Medicare 2022 NF PE RVU: 1.15 19,233 **Utilization: 2022 Fac PE RVU: 0.69 RUC Recommendation:** Maintain Referred to CPT Result: Decrease

Referred to CPT Asst

**Published in CPT Asst:** 

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Motion fluoroscopic evaluation of swallowing function by cine or video recording Global: XXX Issue: Speech Language Screen: CMS Request/Speech Complete? Yes 92611 Pathology Services Language Pathology (HCPAC) Request 2022 Work RVU: 1.34 Most Recent **Tab:** 39 Specialty Developing ASHA First 2020 **RUC Meeting:** April 2009 Recommendation: Identified: NA Medicare **2022 NF PE RVU: 1.28 Utilization:** 8,655 2022 Fac PE RVU: NA RUC Recommendation: 1.34 work RVU and clinical staff time removed Referred to CPT Result: Decrease Referred to CPT Asst **Published in CPT Asst:** 92618 Evaluation for prescription of non-speech-generating augmentative and Global: ZZZ Issue: Eval of Rx for Non-Speech Screen: CMS Request/Speech Complete? Yes Generating Device Language Pathology alternative communication device, face-to-face with the patient; each additional 30 minutes (list separately in addition to code for primary procedure) Request 2022 Work RVU: 0.65 **Most Recent** Specialty Developing ASHA First 2020 Recommendation: **RUC Meeting:** April 2011 Identified: Medicare 2022 NF PE RVU: 0.26 **Utilization:** 2022 Fac PE RVU: 0.25 RUC Recommendation: 0.65 Referred to CPT February 2011 Result: Increase Referred to CPT Asst Published in CPT Asst: Global: XXX Issue: Audiology Services Screen: CMS Request -Complete? Yes 92620 Evaluation of central auditory function, with report; initial 60 minutes **Audiology Services** 2022 Work RVU: 1.50 **Most Recent Tab:** 17 Specialty Developing ASHA, AAO-HNS **First** 2020 **RUC Meeting:** October 2008 Recommendation: Identified: NA Medicare 2022 NF PE RVU: 1.11 **Utilization:** 773

Referred to CPT
Referred to CPT Asst

2022 Fac PE RVU: 0.78

Result: Decrease

**Published in CPT Asst:** 

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**RUC Recommendation:** 1.50

Evaluation of central auditory function, with report; each additional 15 minutes Global: ZZZ Issue: Audiology Services Screen: CMS Request -Complete? Yes **Audiology Services** (list separately in addition to code for primary procedure) 2022 Work RVU: 0.35 **Tab:** 17 Specialty Developing ASHA, AAO-HNS 2020 **Most Recent** First **RUC Meeting:** October 2008 Recommendation: Identified: NA Medicare 2022 NF PE RVU: 0.29 **Utilization:** 10 **2022 Fac PE RVU: 0.19 RUC Recommendation:** 0.35 Referred to CPT Result: Decrease **Referred to CPT Asst Published in CPT Asst:** Screen: CMS Request -Assessment of tinnitus (includes pitch, loudness matching, and masking) Global: XXX Issue: Audiology Services Complete? Yes **Audiology Services** 2022 Work RVU: 1.15 2020 Most Recent **Tab:** 17 Specialty Developing ASHA, AAO-HNS **RUC Meeting:** October 2008 Recommendation: Identified: NA Medicare 2022 NF PE RVU: 0.82 **Utilization:** 7,029 2022 Fac PE RVU: 0.60 RUC Recommendation: 1.15 Referred to CPT Result: Decrease Referred to CPT Asst **Published in CPT Asst:** 92626 Evaluation of auditory function for surgically implanted device(s) candidacy or Global: XXX Issue: Audiology Services Screen: CMS Request -Complete? Yes Audiology Services / postoperative status of a surgically implanted device(s); first hour High Volume Growth2 2022 Work RVU: 1.40 Most Recent **Tab: 30** Specialty Developing AAA, ASHA First 2020 **RUC Meeting:** October 2018 Recommendation: Identified: NA Medicare 2022 NF PE RVU: 1.15

Referred to CPT

May 2018

Referred to CPT Asst Published in CPT Asst: July 2014

**Utilization:** 

17.801

2022 Fac PE RVU: 0.74

Result: Decrease

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**RUC Recommendation: 1.40** 

92627 Evaluation of auditory function for surgically implanted device(s) candidacy or Global: ZZZ Issue: Audiology Services Screen: CMS Request -Complete? Yes **Audiology Services** postoperative status of a surgically implanted device(s); each additional 15 minutes (list separately in addition to code for primary procedure) 2022 Work RVU: 0.33 **First Most Recent** Specialty Developing ASHA, AAO-HNS 2020 **RUC Meeting:** October 2018 Recommendation: Identified: NA Medicare 2022 NF PE RVU: 0.27 4,603 **Utilization: 2022 Fac PE RVU: 0.18 RUC Recommendation: 0.33** Referred to CPT Result: Decrease **Referred to CPT Asst Published in CPT Asst:** Issue: Audiology Services Screen: CMS Request -Complete? Yes Diagnostic analysis with programming of auditory brainstem implant, per hour Global: XXX **Audiology Services** 2022 Work RVU: 1.76 **Most Recent Tab:** 17 Specialty Developing ASHA, AAO-HNS First 2020 **RUC Meeting:** October 2008 Recommendation: Medicare Identified: NA **2022 NF PE RVU: 1.45 Utilization:** 12 **2022 Fac PE RVU: 0.95 RUC Recommendation: 1.76** Referred to CPT Result: Decrease **Referred to CPT Asst** Published in CPT Asst: Auditory evoked potentials; screening of auditory potential with broadband Issue: Auditory Evoked Potentials Screen: CMS-Other - Utilization Complete? Yes Global: XXX stimuli, automated analysis over 30,000 2022 Work RVU: 0.25 AAA, AAO-HNS, 2020 Most Recent **Tab:** 06 Specialty Developing First **RUC Meeting:** April 2019 Recommendation: **ASHA Identified:** February 2019 Medicare 2022 NF PE RVU: 0.58

RUC Recommendation: 0.25 Referred to CPT February 2019 Result: Decrease

Referred to CPT Asst Published in CPT Asst:

**Utilization:** 

2022 Fac PE RVU: NA

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92651 Auditory evoked potent with interpretation and		nearing status determina	tion, broadband s	timuli, Global: XXX Issue	: Auditory Evoked Potentia	ls <b>Screen:</b> CMS-Other - Utilization over 30,000	Complete? Yes
Most Recent	<b>Tab</b> : 06	Specialty Developing	AAA, AAO-HNS,	First	2020	<b>2022 Work RVU:</b> 1.00	
RUC Meeting: April 2019		Recommendation:	ASHA	Identified: February 2019	Medicare Utilization:	<b>2022 NF PE RVU</b> : 1.56	
					Ounzation:	2022 Fac PE RVU: NA	
RUC Recommendation: 1.00				ferred to CPT February 201 ferred to CPT Asst Dubl	9 ished in CPT Asst:	Result: Increase	
92652 Auditory evoked potent with interpretation and		hreshold estimation at n	nultiple frequencie	es, Global: XXX Issue	: Auditory Evoked Potentia	ls <b>Screen:</b> CMS-Other - Utilization over 30,000	Complete? Yes
Most Recent	<b>Tab</b> : 06	Specialty Developing	AAA, AAO-HNS,	First	2020	<b>2022 Work RVU</b> : 1.50	
RUC Meeting: April 2019		Recommendation:	ASHA	Identified: February 2019	Medicare Utilization:	<b>2022 NF PE RVU</b> : 1.83	
					Ounzation:	2022 Fac PE RVU: NA	
RUC Recommendation: 1.50				ferred to CPT February 201 ferred to CPT Asst ☐ Publ	9 ished in CPT Asst:	Result: Increase	
92653 Auditory evoked potent  Most Recent RUC Meeting: April 2019  RUC Recommendation: 1.05	tials; neur	rodiagnostic, with interp Specialty Developing Recommendation:	AAA, AAN, AAO- HNS, ACNS, ASH	First A Identified: February 2019  ferred to CPT February 201	2020 Medicare Utilization:	Is Screen: CMS-Other - Utilization over 30,000  2022 Work RVU: 1.05  2022 NF PE RVU: 1.42  2022 Fac PE RVU: NA  Result: Increase	Complete? Yes
92920 Percutaneous translum or branch	ninal coro	nary angioplasty; single	major coronary a	rtery Global: 000 Issue	: Percutaneous Coronary Intervention	Screen: MPC List	Complete? Yes
Most Recent RUC Meeting: January 2012	<b>Tab:</b> 10	Specialty Developing Recommendation:	ACC	First Identified: October 2010	2020 Medicare Utilization: 20,223	2022 Work RVU: 9.85 2022 NF PE RVU: NA 2022 Fac PE RVU: 3.43	
RUC Recommendation: 9.00				ferred to CPT October 2011 ferred to CPT Asst Publ	ished in CPT Asst:	Result: Decrease	

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		nary angioplasty; each additional b ately in addition to code for primar		: Percutaneous Coronary Intervention	Screen: MPC List	Complete? Yes
Most Recent	<b>Tab:</b> 10	Specialty Developing ACC	First	2020	<b>2022 Work RVU</b> : 0.00	
RUC Meeting: January 2012		Recommendation:	Identified: October 2010	Medicare Utilization:	<b>2022 NF PE RVU:</b> 0.00	
				otinzation.	<b>2022 Fac PE RVU:</b> 0.00	
RUC Recommendation: 4.00			Referred to CPT October 201: Referred to CPT Asst Pub	ished in CPT Asst:	Result: Decrease	
·		nary atherectomy, with coronary ar pronary artery or branch	ngioplasty Global: 000 Issue	: Percutaneous Coronary Intervention	Screen: MPC List	Complete? Yes
Most Recent	<b>Tab:</b> 10	Specialty Developing ACC	First	2020	2022 Work RVU: 11.74	
RUC Meeting: January 2012		Recommendation:	Identified: October 2010	Medicare Utilization: 2,004	2022 NF PE RVU: NA	
				Othization. 2,004	<b>2022 Fac PE RVU:</b> 4.08	
RUC Recommendation: 11.0	0		Referred to CPT October 201		Result: Decrease	
		nary atherectomy, with coronary ar	ngioplasty Global: ZZZ Issue	: Percutaneous Coronary	Screen: MPC List	Complete? Yes
when performed; ea	ch additiona	nary atherectomy, with coronary ar I branch of a major coronary artery r primary procedure)	ngioplasty Global: ZZZ Issue			Complete? Yes
when performed; ea separately in additio	ch additiona	I branch of a major coronary artery primary procedure)  Specialty Developing ACC	ngioplasty Global: ZZZ Issue v (list First	: Percutaneous Coronary Intervention	<b>2022 Work RVU:</b> 0.00	Complete? Yes
when performed; ea separately in additio	ch additiona on to code fo	l branch of a major coronary artery r primary procedure)	ngioplasty Global: ZZZ Issue v (list	: Percutaneous Coronary Intervention	2022 Work RVU: 0.00 2022 NF PE RVU: 0.00	Complete? Yes
when performed; ea separately in addition Most Recent RUC Meeting: January 2012	ch additiona on to code fo Tab: 10	I branch of a major coronary artery primary procedure)  Specialty Developing ACC	ngioplasty Global: ZZZ Issue v (list First Identified: October 2010	: Percutaneous Coronary Intervention  2020  Medicare Utilization:	2022 Work RVU: 0.00 2022 NF PE RVU: 0.00 2022 Fac PE RVU:0.00	Complete? Yes
when performed; ea separately in addition Most Recent RUC Meeting: January 2012	ch additiona on to code fo Tab: 10	I branch of a major coronary artery primary procedure)  Specialty Developing ACC	rigioplasty Global: ZZZ Issue (list  First Identified: October 2010  Referred to CPT October 2011	: Percutaneous Coronary Intervention  2020  Medicare Utilization:	2022 Work RVU: 0.00 2022 NF PE RVU: 0.00	Complete? Yes
when performed; ea separately in addition when performed; each performed in addition when the separately in th	ch additiona on to code for Tab: 10	I branch of a major coronary artery primary procedure)  Specialty Developing ACC	rigioplasty Global: ZZZ Issue (list  First Identified: October 2010  Referred to CPT October 2011 Referred to CPT Asst Pub	: Percutaneous Coronary Intervention  2020  Medicare Utilization:	2022 Work RVU: 0.00 2022 NF PE RVU: 0.00 2022 Fac PE RVU:0.00	•
when performed; ea separately in addition when performed; each content in addition when the separately in addition when the separately in addition when performed in addition when performed; each content in addition when performed; each content in addition when the separately in th	ch additiona on to code for Tab: 10	I branch of a major coronary artery r primary procedure)  Specialty Developing ACC Recommendation:	rigioplasty Global: ZZZ Issue (list  First Identified: October 2010  Referred to CPT October 2011 Referred to CPT Asst Pub	: Percutaneous Coronary Intervention  2020  Medicare  Utilization:  ished in CPT Asst:  : Percutaneous Coronary	2022 Work RVU: 0.00 2022 NF PE RVU: 0.00 2022 Fac PE RVU:0.00 Result: Decrease	•
when performed; ea separately in addition Most Recent RUC Meeting: January 2012  RUC Recommendation: 5.00  92928 Percutaneous transangioplasty when performed in the performance of the	catheter placerformed; sir	I branch of a major coronary artery r primary procedure)  Specialty Developing ACC Recommendation:  ement of intracoronary stent(s), wingle major coronary artery or brance.	rigioplasty Global: ZZZ Issue r (list  First Identified: October 2010  Referred to CPT October 2011 Referred to CPT Asst Pub  Ottober 2011 Referred to CPT Asst Issue	: Percutaneous Coronary Intervention  2020 Medicare Utilization:  ished in CPT Asst:  : Percutaneous Coronary Intervention  2020 Medicare	2022 Work RVU: 0.00 2022 NF PE RVU: 0.00 2022 Fac PE RVU:0.00 Result: Decrease  Screen: MPC List	•
when performed; ea separately in addition Most Recent RUC Meeting: January 2012  RUC Recommendation: 5.00  92928 Percutaneous transangioplasty when performed in the performance of the	catheter placerformed; sir	I branch of a major coronary artery r primary procedure)  Specialty Developing ACC Recommendation:  ement of intracoronary stent(s), wingle major coronary artery or branco Specialty Developing ACC	rigioplasty Global: ZZZ Issue r (list  First Identified: October 2010  Referred to CPT October 2011 Referred to CPT Asst Pub  Pub  Pub  Sth coronary Global: 000 Issue	: Percutaneous Coronary Intervention  2020 Medicare Utilization:  ished in CPT Asst:  : Percutaneous Coronary Intervention  2020	2022 Work RVU: 0.00 2022 NF PE RVU: 0.00 2022 Fac PE RVU: 0.00 Result: Decrease  Screen: MPC List 2022 Work RVU: 10.96	Complete? Ye
when performed; ea separately in addition Most Recent RUC Meeting: January 2012  RUC Recommendation: 5.00	catheter place erformed; sin	I branch of a major coronary artery r primary procedure)  Specialty Developing ACC Recommendation:  ement of intracoronary stent(s), wingle major coronary artery or branco Specialty Developing ACC	rigioplasty Global: ZZZ Issue r (list  First Identified: October 2010  Referred to CPT October 2011 Referred to CPT Asst Pub  Pub  Pub  Sth coronary Global: 000 Issue	: Percutaneous Coronary Intervention  2020 Medicare Utilization:  ished in CPT Asst:  : Percutaneous Coronary Intervention  2020 Medicare Utilization: 206,070	2022 Work RVU: 0.00 2022 NF PE RVU: 0.00 2022 Fac PE RVU: 0.00 Result: Decrease  Screen: MPC List 2022 Work RVU: 10.96 2022 NF PE RVU: NA	•

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92929 Percutaneous transcatheter placement of intracoronary stent(s), with coronary Global: ZZZ Issue: Percutaneous Coronary Screen: MPC List Complete? Yes angioplasty when performed; each additional branch of a major coronary artery Intervention (list separately in addition to code for primary procedure) 2022 Work RVU: 0.00 **Most Recent** Specialty Developing ACC First 2020 **RUC Meeting:** January 2012 Identified: October 2010 Recommendation: Medicare 2022 NF PE RVU: 0.00 **Utilization:** 2022 Fac PE RVU: 0.00 **RUC Recommendation: 4.44** Referred to CPT October 2011 Result: Decrease Referred to CPT Asst Published in CPT Asst: 92933 Percutaneous transluminal coronary atherectomy, with intracoronary stent, with Global: 000 Percutaneous Coronary Screen: MPC List Complete? Yes coronary angioplasty when performed; single major coronary artery or branch Intervention 2022 Work RVU: 12.29 **Most Recent Tab:** 10 Specialty Developing ACC 2020 **RUC Meeting:** January 2012 Recommendation: Identified: October 2010 Medicare 2022 NF PE RVU: NA **Utilization:** 17.056 2022 Fac PE RVU: 4.26 Result: Decrease **RUC Recommendation: 12 32** Referred to CPT October 2011 Referred to CPT Asst Published in CPT Asst: 92934 Percutaneous transluminal coronary atherectomy, with intracoronary stent, with Global: ZZZ Percutaneous Coronary Screen: MPC List Complete? Yes coronary angioplasty when performed; each additional branch of a major Intervention coronary artery (list separately in addition to code for primary procedure) 2022 Work RVU: 0.00 Most Recent Specialty Developing ACC 2020 Identified: October 2010 **RUC Meeting:** January 2012 Recommendation: Medicare 2022 NF PE RVU: 0.00 **Utilization:** 2022 Fac PE RVU: 0.00 October 2011 RUC Recommendation: 5.50 Referred to CPT Result: Decrease

Referred to CPT Asst Published in CPT Asst:

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Percutaneous transluminal revascularization of or through coronary artery Global: 000 Issue: Percutaneous Coronary Screen: MPC List Complete? Yes 92937 Intervention bypass graft (internal mammary, free arterial, venous), any combination of intracoronary stent, atherectomy and angioplasty, including distal protection when performed: single vessel 2022 Work RVU: 10.95 **Most Recent Tab:** 10 Specialty Developing ACC First 2020 **RUC Meeting:** January 2012 Recommendation: Identified: October 2010 Medicare 2022 NF PE RVU: NA **Utilization:** 15,072 **2022 Fac PE RVU: 3.80 RUC Recommendation: 10.49** Referred to CPT October 2011 Result: Decrease Referred to CPT Asst Published in CPT Asst: 92938 Percutaneous transluminal revascularization of or through coronary artery Global: ZZZ Issue: Percutaneous Coronary Screen: MPC List Complete? Yes bypass graft (internal mammary, free arterial, venous), any combination of Intervention 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) 2022 Work RVU: 0.00 **Most Recent Tab:** 10 Specialty Developing ACC First 2020 **RUC Meeting:** January 2012 Recommendation: Identified: October 2010 Medicare 2022 NF PE RVU: 0.00 **Utilization:** 2022 Fac PE RVU: 0.00 **RUC Recommendation: 6.00** Referred to CPT October 2011 Result: Decrease Referred to CPT Asst **Published in CPT Asst:** 92941 Percutaneous transluminal revascularization of acute total/subtotal occlusion Global: 000 **Issue:** Percutaneous Coronary Screen: MPC List Complete? Yes during acute myocardial infarction, coronary artery or coronary artery bypass Intervention graft, any combination of intracoronary stent, atherectomy and angioplasty, including aspiration thrombectomy when performed, single vessel 2022 Work RVU: 12.31 Most Recent **Tab:** 10 Specialty Developing ACC 2020 **RUC Meeting:** January 2012 Identified: October 2010 Recommendation: Medicare 2022 NF PE RVU: NA **Utilization:** 36,067 **2022 Fac PE RVU: 4.28 RUC Recommendation: 12.32** Referred to CPT October 2011 Result: Decrease

Referred to CPT Asst Published in CPT Asst:

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92943 Percutaneous transluminal revascularization of chronic total occlusion. Global: 000 Issue: Percutaneous Coronary Screen: MPC List Complete? Yes Intervention coronary artery, coronary artery branch, or coronary artery bypass graft, any combination of intracoronary stent, atherectomy and angioplasty; single vessel 2022 Work RVU: 12.31 **Most Recent** Specialty Developing ACC 2020 Identified: October 2010 **RUC Meeting:** January 2012 Recommendation: Medicare 2022 NF PE RVU: NA **Utilization:** 7,498 **2022 Fac PE RVU:** 4.27 Referred to CPT October 2011 **RUC Recommendation:** 12.32 Result: Decrease Referred to CPT Asst Published in CPT Asst: 92944 Percutaneous transluminal revascularization of chronic total occlusion, Global: ZZZ Percutaneous Coronary Screen: MPC List Complete? Yes coronary artery, coronary artery branch, or coronary artery bypass graft, any Intervention 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) 2022 Work RVU: 0.00 **Most Recent** Specialty Developing ACC **First** 2020 **RUC Meeting:** January 2012 Identified: October 2010 Recommendation: Medicare **2022 NF PE RVU**: 0.00 **Utilization:** 2022 Fac PE RVU: 0.00 October 2011 **RUC Recommendation:** 6.00 Referred to CPT Result: Decrease Referred to CPT Asst Published in CPT Asst: 92960 Cardioversion, elective, electrical conversion of arrhythmia; external Global: 000 Issue: Cardioversion Screen: Harvard Valued -Complete? Yes Utilization over 100.000 **2022 Work RVU: 2.00** Most Recent **Tab**: 19 Specialty Developing ACC First 2020 **RUC Meeting:** October 2010 Recommendation: Identified: October 2009 Medicare 2022 NF PE RVU: 2.46 **Utilization:** 172,353

Referred to CPT

Referred to CPT Asst

Published in CPT Asst:

**2022 Fac PE RVU: 1.02** 

Result: Maintain

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**RUC Recommendation: 2.25** 

92973 Percutaneous transluminal coronary thrombectomy mechanical (list separately Global: ZZZ Issue: RAW Screen: High Volume Growth2 Complete? Yes in addition to code for primary procedure) 2022 Work RVU: 3.28 **Most Recent Tab:** 19 **Specialty Developing** First 2020 **RUC Meeting:** October 2017 Identified: April 2013 Recommendation: Medicare 2022 NF PE RVU: NA Utilization: 2,271 2022 Fac PE RVU: 1.15 Referred to CPT RUC Recommendation: Remove from screen Result: Maintain **Published in CPT Asst:** Referred to CPT Asst 92980 Transcatheter placement of an intracoronary stent(s), percutaneous, with or Global: Percutaneous Coronary Screen: MPC List Complete? Yes Intervention without other therapeutic intervention, any method; single vessel 2022 Work RVU: **Most Recent Tab: 10** Specialty Developing ACC First 2020 **RUC Meeting:** January 2012 Recommendation: Identified: October 2010 Medicare **2022 NF PE RVU: Utilization:** 2022 Fac PE RVU: Referred to CPT October 2011 **RUC Recommendation:** Deleted from CPT Result: Deleted from CPT **Published in CPT Asst:** Referred to CPT Asst 92981 Transcatheter placement of an intracoronary stent(s), percutaneous, with or Global: Issue: Percutaneous Coronary Screen: MPC List Complete? Yes Intervention without other therapeutic intervention, any method; each additional vessel (List separately in addition to code for primary procedure) 2022 Work RVU: **Most Recent Tab:** 10 Specialty Developing ACC First 2020 **RUC Meeting:** January 2012 Identified: October 2010 Recommendation: Medicare **2022 NF PE RVU: Utilization:** 2022 Fac PE RVU: **RUC Recommendation:** Deleted from CPT Referred to CPT October 2011 Result: Deleted from CPT

Referred to CPT Asst Published in CPT Asst:

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92982 Percutaneous transluminal coronary balloon angioplasty; single vessel Global: Issue: Percutaneous Coronary Screen: MPC List / Harvard-Complete? Yes Intervention Valued Annual Allowed Charges Greater than \$10 million 2022 Work RVU: **Most Recent Tab:** 10 Specialty Developing ACC First 2020 **RUC Meeting:** January 2012 Recommendation: Identified: October 2010 Medicare **2022 NF PE RVU: Utilization:** 2022 Fac PE RVU: **RUC Recommendation:** Deleted from CPT Referred to CPT October 2011 Result: Deleted from CPT Referred to CPT Asst **Published in CPT Asst:** 92984 Percutaneous transluminal coronary balloon angioplasty; each additional vessel Global: Issue: Percutaneous Coronary Screen: MPC List Complete? Yes (List separately in addition to code for primary procedure) Intervention 2022 Work RVU: **Most Recent** 2020 Specialty Developing ACC First **RUC Meeting:** January 2012 Recommendation: Identified: October 2010 Medicare **2022 NF PE RVU: Utilization:** 2022 Fac PE RVU: **RUC Recommendation:** Deleted from CPT Referred to CPT October 2011 Result: Deleted from CPT Referred to CPT Asst Published in CPT Asst: Percutaneous balloon valvuloplasty; aortic valve Global: 090 **Issue:** Valvuloplasty Screen: CMS Fastest Growing Complete? Yes 92986 2022 Work RVU: 22.60 Most Recent **Tab: 26** Specialty Developing ACC First 2020 Identified: October 2008 **RUC Meeting:** October 2008 Recommendation: Medicare 2022 NF PE RVU: NA **Utilization:** 2,239 **2022 Fac PE RVU: 11.06** RUC Recommendation: Deleted from CPT Referred to CPT Result: Remove from Screen

Referred to CPT Asst

Published in CPT Asst:

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92992 Atrial septectomy or septostomy; transvenous method, balloon (eg, Rashkind Global: Issue: Atrial Septostomy Screen: CMS Request - Final Complete? Yes Rule for 2019 type) (includes cardiac catheterization) 2022 Work RVU: 2020 **Most Recent Tab:** 13 **Specialty Developing** First **RUC Meeting:** January 2020 Recommendation: Identified: October 2018 Medicare **2022 NF PE RVU:** 65 **Utilization:** 2022 Fac PE RVU: RUC Recommendation: Deleted from CPT Referred to CPT September 2019 Result: Deleted from CPT Referred to CPT Asst ■ Published in CPT Asst: Screen: CMS Request - Final 92993 Atrial septectomy or septostomy; blade method (Park septostomy) (includes Global: Issue: Atrial Septostomy Complete? Yes cardiac catheterization) Rule for 2019 2022 Work RVU: Most Recent **Tab:** 13 **Specialty Developing** First 2020 **RUC Meeting:** January 2020 Recommendation: Identified: October 2018 Medicare **2022 NF PE RVU:** Utilization: 1 2022 Fac PE RVU: RUC Recommendation: Deleted from CPT Referred to CPT September 2019 Result: Deleted from CPT Referred to CPT Asst Published in CPT Asst: Screen: MPC List 92995 Percutaneous transluminal coronary atherectomy, by mechanical or other Global: Issue: Percutaneous Coronary Complete? Yes method, with or without balloon angioplasty; single vessel Intervention 2022 Work RVU: **Most Recent Tab:** 10 Specialty Developing ACC First 2020 **RUC Meeting:** January 2012 Identified: October 2010 Recommendation: Medicare **2022 NF PE RVU: Utilization:** 2022 Fac PE RVU: **RUC Recommendation:** Deleted from CPT October 2011 Referred to CPT Result: Deleted from CPT Referred to CPT Asst **Published in CPT Asst:** 92996 Percutaneous transluminal coronary atherectomy, by mechanical or other Global: Issue: Percutaneous Coronary Screen: MPC List Complete? Yes method, with or without balloon angioplasty; each additional vessel (List Intervention separately in addition to code for primary procedure) 2022 Work RVU: Most Recent **Tab:** 10 Specialty Developing ACC First 2020 **RUC Meeting:** January 2012 Identified: October 2010 Recommendation: Medicare **2022 NF PE RVU: Utilization:** 2022 Fac PE RVU: RUC Recommendation: Deleted from CPT Referred to CPT October 2011 Result: Deleted from CPT Referred to CPT Asst Published in CPT Asst:

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Electrocardiogram, routine ecg with at least 12 leads; with interpretation and Global: XXX Issue: Complete Screen: CMS High Expenditure Complete? Yes Electrocardiogram Procedural Codes1 / CMS Request - Final Rule for 2019 2022 Work RVU: 0.17 **Most Recent Tab: 20** Specialty Developing ACC First 2020 **RUC Meeting:** April 2019 Recommendation: Identified: September 2011 Medicare 2022 NF PE RVU: 0.23 **Utilization:** 9,114,128 2022 Fac PE RVU: NA **RUC Recommendation: 0.17** Referred to CPT Result: Maintain Referred to CPT Asst **Published in CPT Asst:** 93005 Electrocardiogram, routine ecg with at least 12 leads; tracing only, without Screen: High Volume Growth1 / Global: XXX Issue: Complete Complete? Yes interpretation and report Electrocardiogram CMS High Expenditure Procedural Codes1 2022 Work RVU: 0.00 2020 **Most Recent Tab**: 20 Specialty Developing ACC First Identified: February 2008 **RUC Meeting:** April 2019 Recommendation: Medicare 2022 NF PE RVU: 0.17 382,226 **Utilization:** 2022 Fac PE RVU: NA **RUC Recommendation: 0.00** Referred to CPT Result: PE Only **Referred to CPT Asst Published in CPT Asst:** 93010 Electrocardiogram, routine ecg with at least 12 leads; interpretation and report Issue: Complete Screen: MPC List / CMS High Complete? Yes Electrocardiogram only **Expenditure Procedural** Codes1 2022 Work RVU: 0.17 **Most Recent Tab: 20** Specialty Developing ACC 2020 First **RUC Meeting:** April 2019 Recommendation: Identified: October 2010 Medicare 2022 NF PE RVU: 0.06 15,897,234 **Utilization: 2022 Fac PE RVU: 0.06 RUC Recommendation: 0.17** Referred to CPT Result: Maintain

Referred to CPT Asst

**Published in CPT Asst:** 

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93012 Deleted from CPT Global: Issue: External Cardiovascular Screen: Harvard Valued -

**Device Monitoring** Utilization over 100.000

Complete? Yes

Complete? Yes

2022 Work RVU: **Most Recent Tab: 25** Specialty Developing ACC 2020 First **RUC Meeting:** April 2010

Recommendation: Identified: October 2009 Medicare **2022 NF PE RVU: Utilization:** 

2022 Fac PE RVU: **RUC Recommendation:** Deleted from CPT Referred to CPT February 2010 Result: Deleted from CPT

> ☐ Published in CPT Asst: Referred to CPT Asst

Issue: External Cardiovascular Screen: Harvard Valued -93014 Deleted from CPT Global: Complete? Yes

> **Device Monitoring** Utilization over 100,000

2022 Work RVU: 2020 Most Recent **Tab: 25** Specialty Developing ACC First **RUC Meeting:** April 2010 Recommendation: Identified: October 2009 Medicare

**2022 NF PE RVU: Utilization:** 

2022 Fac PE RVU:

RUC Recommendation: Deleted from CPT Referred to CPT February 2010 Result: Deleted from CPT Referred to CPT Asst Published in CPT Asst:

93015 Cardiovascular stress test using maximal or submaximal treadmill or bicycle Global: XXX Issue: Cardiovascular Stress Tests Screen: Codes Reported

Together 75% or Moreexercise, continuous electrocardiographic monitoring, and/or pharmacological

Part1 / CMS High stress; with supervision, interpretation and report **Expenditure Procedural** 

Codes1

2022 Work RVU: 0.75 **Most Recent Tab:** 47 Specialty Developing ACC First 2020 **RUC Meeting:** April 2012 **Identified:** February 2010 Recommendation: Medicare

**2022 NF PE RVU: 1.29 Utilization:** 797,036

2022 Fac PE RVU: NA

RUC Recommendation: 0.75. CPT Assistant published. Referred to CPT October 2010 Result: Maintain

Referred to CPT Asst Published in CPT Asst: Jan 2010

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93016 Cardiovascular stress test using maximal or submaximal treadmill or bicycle Global: XXX Issue: Cardiovascular Stress Tests Screen: Codes Reported Complete? Yes Together 75% or Moreexercise, continuous electrocardiographic monitoring, and/or pharmacological Part1 / CMS High stress; supervision only, without interpretation and report **Expenditure Procedural** Codes1 2022 Work RVU: 0.45 Most Recent **Tab:** 47 Specialty Developing ACC 2020 **RUC Meeting:** April 2012 Recommendation: **Identified:** February 2010 Medicare 2022 NF PE RVU: 0.16 **Utilization:** 782,311 2022 Fac PE RVU: 0.16 **RUC Recommendation:** 0.45 Referred to CPT Result: Maintain Referred to CPT Asst Published in CPT Asst: 93017 Cardiovascular stress test using maximal or submaximal treadmill or bicycle Global: XXX Issue: Cardiovascular Stress Tests Screen: High Volume Growth1 / Complete? Yes CMS Request - Practice exercise, continuous electrocardiographic monitoring, and/or pharmacological stress; tracing only, without interpretation and report Expense Review / Codes Reported Together 75% or More-Part1 / CMS High Expenditure Procedural Codes1 2022 Work RVU: 0.00 Most Recent **Tab:** 45 Specialty Developing ACC First 2020 **RUC Meeting:** April 2010 **Identified:** February 2008 Recommendation: Medicare **2022 NF PE RVU: 1.02 Utilization:** 77,084 2022 Fac PE RVU: NA RUC Recommendation: New PE inputs Referred to CPT Result: PE Only Referred to CPT Asst Published in CPT Asst: 93018 Cardiovascular stress test using maximal or submaximal treadmill or bicycle Global: XXX Issue: Cardiovascular Stress Screen: Codes Reported Complete? Yes Tests and Together 75% or Moreexercise, continuous electrocardiographic monitoring, and/or pharmacological stress; interpretation and report only Echocardiography Part1 / CMS High **Expenditure Procedural** Codes1 2022 Work RVU: 0.30 **Most Recent Tab: 47** Specialty Developing ACC **First** 2020 **RUC Meeting:** April 2012 **Identified:** February 2010 Recommendation: Medicare 2022 NF PE RVU: 0.11 **Utilization:** 939,343 2022 Fac PE RVU: 0.11 **RUC Recommendation: 0.30** Referred to CPT October 2010 Result: Maintain Referred to CPT Asst Published in CPT Asst: Jan 2010

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93025 Microvolt t-wave alternans for assessment of ventricular arrhythmias			Global: XXX Issue	e: Microvolt T-Wave Assessment	Screen: CMS Request - Practice Expense Review	Complete? Yes	
Most Recent Tab: 18 Spec		Specialty Developing ACC	First	2020	<b>2022 Work RVU:</b> 0.75		
RUC Meeting: October 2008	140.10	Recommendation:	AOO	Identified: NA	Medicare	<b>2022 NF PE RVU</b> : 2.77	
					Utilization: 154	2022 Fac PE RVU: NA	
RUC Recommendation: New F	PE Inputs			Referred to CPT		Result: PE Only	
				Referred to CPT Asst  Pub	olished in CPT Asst:		
93040 Rhythm ecg, 1-3 leads	s; with inter	rpretation and report		Global: XXX Issue	e: Rhythm EKG	Screen: Havard Valued - Utilization over 1 Million	Complete? Yes
Most Recent	<b>Tab</b> : 34	Specialty Developing	ACC	First	2020	<b>2022 Work RVU:</b> 0.15	
RUC Meeting: October 2009		Recommendation:		Identified: February 2009	Medicare	<b>2022 NF PE RVU</b> : 0.20	
					Utilization: 78,637	2022 Fac PE RVU:NA	
RUC Recommendation: 0.15				Referred to CPT		Result: Decrease	
				Referred to CPT Asst	olished in CPT Asst:		
93041 Rhythm ecg, 1-3 lead:	s; tracing o	nly without interpretation	n and report		e: Rhythm EKG	Screen: Havard Valued -	Complete? Yes
93041 Rhythm ecg, 1-3 lead	s; tracing o	nly without interpretation	and report			Utilization over 1 Million	Complete? Yes
Most Recent	ls; tracing of	Specialty Developing	·	Global: XXX Issue	e: Rhythm EKG 2020	Utilization over 1 Million  2022 Work RVU: 0.00	Complete? Yes
Most Recent	, ,		·	Global: XXX Issue	e: Rhythm EKG	Utilization over 1 Million  2022 Work RVU: 0.00  2022 NF PE RVU: 0.16	Complete? Yes
Most Recent RUC Meeting: October 2009	<b>Tab:</b> 34	Specialty Developing	·	Global: XXX Issue First Identified: February 2009	e: Rhythm EKG  2020  Medicare	Utilization over 1 Million 2022 Work RVU: 0.00 2022 NF PE RVU: 0.16 2022 Fac PE RVU: NA	Complete? Yes
Most Recent RUC Meeting: October 2009	<b>Tab:</b> 34	Specialty Developing	·	Global: XXX Issue First Identified: February 2009 Referred to CPT	e: Rhythm EKG  2020  Medicare	Utilization over 1 Million  2022 Work RVU: 0.00  2022 NF PE RVU: 0.16	Complete? Yes
93041 Rhythm ecg, 1-3 leads  Most Recent RUC Meeting: October 2009  RUC Recommendation: 0.00 (	Tab: 34 (PE only)	Specialty Developing A	·	Global: XXX Issue First Identified: February 2009  Referred to CPT Referred to CPT Asst  Pub	e: Rhythm EKG  2020  Medicare  Utilization: 12,166	Utilization over 1 Million 2022 Work RVU: 0.00 2022 NF PE RVU: 0.16 2022 Fac PE RVU: NA	Complete? Yes
Most Recent RUC Meeting: October 2009 RUC Recommendation: 0.00 (	Tab: 34 (PE only)	Specialty Developing Recommendation:	ACC	Global: XXX Issue  First Identified: February 2009  Referred to CPT Referred to CPT Asst Pub  Global: XXX Issue	2020 Medicare Utilization: 12,166  Dished in CPT Asst:	Utilization over 1 Million 2022 Work RVU: 0.00 2022 NF PE RVU: 0.16 2022 Fac PE RVU: NA Result: Maintain  Screen: Havard Valued -	·
Most Recent RUC Meeting: October 2009  RUC Recommendation: 0.00 (  93042 Rhythm ecg, 1-3 leads	Tab: 34 (PE only)	Specialty Developing A	ACC	Global: XXX Issue First Identified: February 2009  Referred to CPT Referred to CPT Asst  Pub	e: Rhythm EKG  2020 Medicare Utilization: 12,166  Dished in CPT Asst:  e: Rhythm EKG  2020 Medicare	Utilization over 1 Million 2022 Work RVU: 0.00 2022 NF PE RVU: 0.16 2022 Fac PE RVU: NA Result: Maintain  Screen: Havard Valued - Utilization over 1 Million	·
Most Recent RUC Meeting: October 2009 RUC Recommendation: 0.00 (	Tab: 34 (PE only)	Specialty Developing Recommendation:  ation and report only  Specialty Developing	ACC	Global: XXX Issue  First Identified: February 2009  Referred to CPT Referred to CPT Asst Put  Global: XXX Issue  First	e: Rhythm EKG  2020 Medicare Utilization: 12,166  Dished in CPT Asst:  e: Rhythm EKG  2020	Utilization over 1 Million 2022 Work RVU: 0.00 2022 NF PE RVU: 0.16 2022 Fac PE RVU: NA Result: Maintain  Screen: Havard Valued - Utilization over 1 Million 2022 Work RVU: 0.15	·
Most Recent RUC Meeting: October 2009  RUC Recommendation: 0.00 (  93042 Rhythm ecg, 1-3 leads	Tab: 34 (PE only)	Specialty Developing Recommendation:  ation and report only  Specialty Developing	ACC	Global: XXX Issue  First Identified: February 2009  Referred to CPT Referred to CPT Asst Put  Global: XXX Issue  First	e: Rhythm EKG  2020 Medicare Utilization: 12,166  Dished in CPT Asst:  e: Rhythm EKG  2020 Medicare	Utilization over 1 Million 2022 Work RVU: 0.00 2022 NF PE RVU: 0.16 2022 Fac PE RVU: NA Result: Maintain  Screen: Havard Valued - Utilization over 1 Million 2022 Work RVU: 0.15 2022 NF PE RVU: 0.04	·

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93224 External electrocardiographic recording up to 48 hours by continuous rhythm Global: XXX Issue: External Cardiovascular Screen: Harvard Valued -Complete? Yes recording and storage: includes recording, scanning analysis with report, review **Device Monitoring** Utilization over 100.000 and interpretation by a physician or other qualified health care professional 2022 Work RVU: 0.39 **Most Recent** Specialty Developing ACC 2020 Identified: October 2009 **RUC Meeting:** April 2010 Recommendation: Medicare **2022 NF PE RVU: 1.81** 198,394 **Utilization:** 2022 Fac PE RVU: NA **RUC Recommendation: 0.52** Referred to CPT February 2010 Result: Maintain Referred to CPT Asst Published in CPT Asst: 93225 External electrocardiographic recording up to 48 hours by continuous rhythm Global: XXX External Cardiovascular Screen: Harvard Valued -Complete? Yes recording and storage; recording (includes connection, recording, and **Device Monitoring** Utilization over 100,000 disconnection) 2022 Work RVU: 0.00 Most Recent **Tab: 25** Specialty Developing ACC First 2020 **RUC Meeting:** April 2010 Identified: October 2009 Recommendation: Medicare 2022 NF PE RVU: 0.56 **Utilization:** 85,777 2022 Fac PE RVU: NA RUC Recommendation: N/A no physician work Referred to CPT February 2010 Result: Maintain Referred to CPT Asst □ Published in CPT Asst: 93226 External electrocardiographic recording up to 48 hours by continuous rhythm External Cardiovascular Screen: Harvard Valued -Complete? Yes Global: XXX recording and storage; scanning analysis with report **Device Monitoring** Utilization over 100.000 2022 Work RVU: 0.00 **Most Recent Tab:** 25 Specialty Developing ACC First 2020

Identified: October 2009

February 2010

Referred to CPT Asst Published in CPT Asst:

Referred to CPT

Medicare

**Utilization:** 

130.156

2022 NF PE RVU: 1.11

2022 Fac PE RVU: NA

Result: Maintain

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Recommendation:

**RUC Meeting:** April 2010

RUC Recommendation: N/A no physician work

93227 External electrocardiographic recording up to 48 hours by continuous rhythm Global: XXX Issue: External Cardiovascular Screen: Harvard Valued -Complete? Yes **Device Monitoring** Utilization over 100.000 recording and storage; review and interpretation by a physician or other qualified health care professional 2022 Work RVU: 0.39 **Most Recent Tab:** 25 Specialty Developing ACC First 2020 Identified: October 2009 **RUC Meeting:** April 2010 Recommendation: Medicare 2022 NF PE RVU: 0.14 258,641 **Utilization:** 2022 Fac PE RVU: 0.14 **RUC Recommendation: 0.52** Referred to CPT Feburary 2010 Result: Maintain Referred to CPT Asst Published in CPT Asst: 93228 External mobile cardiovascular telemetry with electrocardiographic recording, Global: XXX Issue: External Cardiovascular Screen: Harvard Valued -Complete? Yes concurrent computerized real time data analysis and greater than 24 hours of **Device Monitoring** Utilization over 100.000 / High Volume Growth6 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 2022 Work RVU: 0.48 2020 **Most Recent Tab: 20** Specialty Developing ACC, HRS First **RUC Meeting:** October 2020 Recommendation: Identified: October 2009 Medicare **2022 NF PE RVU: 0.23** 198,640 **Utilization: 2022 Fac PE RVU: 0.23 RUC Recommendation: 0.52** Referred to CPT Result: Maintain **Referred to CPT Asst Published in CPT Asst:** Issue: External Cardiovascular External mobile cardiovascular telemetry with electrocardiographic recording, Global: XXX Screen: Harvard Valued -Complete? Yes concurrent computerized real time data analysis and greater than 24 hours of **Device Monitoring** Utilization over 100.000 / accessible ecg data storage (retrievable with query) with ecg triggered and High Volume Growth6 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 2022 Work RVU: 0.00 Most Recent **Tab: 20** Specialty Developing ACC, HRS **First** 2020 **RUC Meeting:** October 2020 Identified: October 2009 Recommendation: Medicare **2022 NF PE RVU: 26.25** 281.682 **Utilization:** 2022 Fac PE RVU: NA **RUC Recommendation: PE Only** Referred to CPT Result: PE Only Referred to CPT Asst **Published in CPT Asst:** 

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93230 Deleted from CPT Global: Issue: Cardiac Device Monitoring Screen: CMS Request - 2009

Final Rule, Harvard

Valued - Utilization over

Complete? Yes

100,000

2022 Work RVU: **Most Recent Tab:** 31 Specialty Developing ACC First 2020

**RUC Meeting:** April 2009 Recommendation: Identified: NA Medicare **2022 NF PE RVU: Utilization:** 

2022 Fac PE RVU:

RUC Recommendation: Deleted from CPT February 2010 Result: Deleted from CPT Referred to CPT

> Referred to CPT Asst Published in CPT Asst:

93231 Deleted from CPT Issue: External Cardiovascular Screen: Harvard Valued -Global: Complete? Yes

**Device Monitoring** 

Utilization over 100.000

2022 Work RVU: **Most Recent Tab: 25 Specialty Developing** 2020

Identified: October 2009 **RUC Meeting:** April 2010 Recommendation: Medicare **2022 NF PE RVU: Utilization:** 

2022 Fac PE RVU:

February 2010 RUC Recommendation: Deleted from CPT Referred to CPT Result: Deleted from CPT Referred to CPT Asst Published in CPT Asst:

Issue: External Cardiovascular 93232 Deleted from CPT Global: Screen: Harvard Valued -Complete? Yes **Device Monitoring** Utilization over 100,000

2022 Work RVU: **Most Recent Tab: 25 Specialty Developing** 2020 **RUC Meeting:** April 2010 Recommendation: Identified: October 2009 Medicare **2022 NF PE RVU:** 

**Utilization:** 2022 Fac PE RVU:

RUC Recommendation: Deleted from CPT Referred to CPT February 2010 Result: Deleted from CPT

Referred to CPT Asst Published in CPT Asst:

93233 Deleted from CPT Global: Issue: Cardiac Device Monitoring Screen: CMS Request - 2009

Final Rule, Harvard

Valued - Utilization over

Complete? Yes

100,000

2022 Work RVU: **Most Recent Tab:** 31 Specialty Developing ACC First 2020

**RUC Meeting:** April 2009 Recommendation: Identified: NA Medicare **2022 NF PE RVU: Utilization:** 

2022 Fac PE RVU:

RUC Recommendation: Deleted from CPT February 2010 Result: Deleted from CPT Referred to CPT

> Referred to CPT Asst Published in CPT Asst:

93235 Deleted from CPT Issue: External Cardiovascular Screen: Harvard Valued -Global: Complete? Yes Utilization over 100.000

**Device Monitoring** 

2022 Work RVU:

**Most Recent Tab: 25 Specialty Developing** First 2020 Identified: October 2009 **RUC Meeting:** April 2010 Recommendation: Medicare **2022 NF PE RVU:** 

**Utilization:** 2022 Fac PE RVU:

February 2010 RUC Recommendation: Deleted from CPT Referred to CPT Result: Deleted from CPT

Referred to CPT Asst Published in CPT Asst:

93236 Deleted from CPT Global: Issue: Cardiovascular Stress Test Screen: Harvard Valued -Complete? Yes

Utilization over 100,000

2022 Work RVU: **Most Recent Tab:** 38 Specialty Developing ACC 2020

**RUC Meeting:** April 2009 Recommendation: **Identified:** February 2008 Medicare **2022 NF PE RVU: Utilization:** 

2022 Fac PE RVU:

RUC Recommendation: Deleted from CPT Referred to CPT February 2010 Result: Deleted from CPT

Referred to CPT Asst Published in CPT Asst:

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93237 Deleted from CPT Global: Issue: Wearable Cardiac Device Screen: Harvard Valued -Complete? Yes Monitorina Utilization over 100.000 2022 Work RVU: **First** 2020 Most Recent **Tab:** 31 Specialty Developing ACC **RUC Meeting:** February 2010 Recommendation: Identified: October 2009 Medicare **2022 NF PE RVU: Utilization:** 2022 Fac PE RVU: **RUC Recommendation:** Deleted from CPT Referred to CPT February 2010 Result: Deleted from CPT Referred to CPT Asst ■ Published in CPT Asst: Issue: External Cardiovascular Screen: Harvard Valued -93268 External patient and, when performed, auto activated electrocardiographic Global: XXX Complete? Yes rhythm derived event recording with symptom-related memory loop with remote **Device Monitoring** Utilization over 100,000 download capability up to 30 days, 24-hour attended monitoring; includes transmission, review and interpretation by a physician or other qualified health care professional 2022 Work RVU: 0.52 **Tab: 25** Specialty Developing ACC 2020 Most Recent First **RUC Meeting:** April 2010 Recommendation: Identified: October 2009 Medicare 2022 NF PE RVU: 4.91 10,346 **Utilization:** 2022 Fac PE RVU: NA **RUC Recommendation: 0.52** Referred to CPT February 2010 Result: Maintain Referred to CPT Asst Published in CPT Asst: 93270 External patient and, when performed, auto activated electrocardiographic Global: XXX Issue: External Cardiovascular Screen: Harvard Valued -Complete? Yes **Device Monitoring** Utilization over 100.000 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) 2022 Work RVU: 0.00 **Most Recent** Specialty Developing ACC 2020 **Tab**: 25 First **RUC Meeting:** April 2010 Recommendation: Identified: October 2009 Medicare 2022 NF PE RVU: 0.24 **Utilization:** 33,495 2022 Fac PE RVU: NA RUC Recommendation: New PE inputs Referred to CPT February 2010 Result: PE Only

Referred to CPT Asst Published in CPT Asst:

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External patient and, when performed, auto activated electrocardiographic Global: XXX Issue: External Cardiovascular Screen: Harvard Valued -Complete? Yes 93271 **Device Monitoring** Utilization over 100.000 rhythm derived event recording with symptom-related memory loop with remote download capability up to 30 days, 24-hour attended monitoring; transmission and analysis 2022 Work RVU: 0.00 **Most Recent Tab:** 25 Specialty Developing ACC First 2020 **RUC Meeting:** April 2010 Recommendation: Identified: October 2009 Medicare 2022 NF PE RVU: 4.49 **Utilization:** 45,016 2022 Fac PE RVU: NA Referred to CPT RUC Recommendation: New PE inputs February 2010 Result: PE Only Referred to CPT Asst Published in CPT Asst: 93272 External patient and, when performed, auto activated electrocardiographic Global: XXX Issue: External Cardiovascular Screen: Harvard Valued -Complete? Yes rhythm derived event recording with symptom-related memory loop with remote **Device Monitoring** Utilization over 100.000 download capability up to 30 days, 24-hour attended monitoring; review and interpretation by a physician or other qualified health care professional 2022 Work RVU: 0.52 **Most Recent** Specialty Developing ACC First 2020 **RUC Meeting:** April 2010 Recommendation: Identified: October 2009 Medicare **2022 NF PE RVU: 0.18 Utilization:** 92,987 2022 Fac PE RVU: 0.18 February 2010 **RUC Recommendation: 0.52** Referred to CPT Result: Maintain Referred to CPT Asst Published in CPT Asst: 93279 Programming device evaluation (in person) with iterative adjustment of the Global: XXX Issue: Cardiac Electrophysiology Screen: CMS High Expenditure Complete? Yes implantable device to test the function of the device and select optimal **Device Monitoring Services** Procedural Codes2 permanent programmed values with analysis, review and report by a physician or other qualified health care professional; single lead pacemaker system or leadless pacemaker system in one cardiac chamber 2022 Work RVU: 0.65 Most Recent **Tab: 25** Specialty Developing ACC, HRS First 2020 **RUC Meeting:** October 2016 Recommendation: Identified: July 2015 Medicare **2022 NF PE RVU: 1.37 Utilization:** 107,697 2022 Fac PE RVU: NA **RUC Recommendation: 0.65** Referred to CPT February 2017 Result: Maintain

Referred to CPT Asst Published in CPT Asst:

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Programming device evaluation (in person) with iterative adjustment of the Global: XXX Issue: Cardiac Electrophysiology Screen: CMS High Expenditure Complete? Yes 93280 **Device Monitoring Services** Procedural Codes2 implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; dual lead pacemaker system 2022 Work RVU: 0.77 **Most Recent Tab:** 25 Specialty Developing ACC, HRS First 2020 **RUC Meeting:** October 2016 Recommendation: Identified: July 2015 Medicare 2022 NF PE RVU: 1.61 **Utilization:** 732,353 2022 Fac PE RVU: NA **RUC Recommendation: 0.77** Referred to CPT February 2017 Result: Maintain Referred to CPT Asst Published in CPT Asst: 93281 Programming device evaluation (in person) with iterative adjustment of the Global: XXX Issue: Cardiac Electrophysiology **Screen:** CMS High Expenditure Complete? Yes **Device Monitoring Services** Procedural Codes2 implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; multiple lead pacemaker system 2022 Work RVU: 0.85 **Most Recent** Specialty Developing ACC, HRS 2020 **RUC Meeting:** October 2016 Identified: July 2015 Recommendation: Medicare **2022 NF PE RVU: 1.67 Utilization:** 60,251 2022 Fac PE RVU: NA February 2017 RUC Recommendation: 0.85 Referred to CPT Result: Decrease Referred to CPT Asst Published in CPT Asst: 93282 Programming device evaluation (in person) with iterative adjustment of the Global: XXX Cardiac Electrophysiology Screen: CMS High Expenditure Complete? Yes implantable device to test the function of the device and select optimal **Device Monitoring Services** Procedural Codes2 permanent programmed values with analysis, review and report by a physician or other qualified health care professional; single lead transvenous implantable defibrillator system 2022 Work RVU: 0.85 Most Recent **Tab: 25** Specialty Developing ACC, HRS 2020 **RUC Meeting:** October 2016 Recommendation: Identified: July 2015 Medicare **2022 NF PE RVU: 1.55 Utilization:** 79,726 2022 Fac PE RVU: NA **RUC Recommendation: 0.85** Referred to CPT February 2017 Result: Maintain Referred to CPT Asst Published in CPT Asst:

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Programming device evaluation (in person) with iterative adjustment of the Global: XXX Issue: Cardiac Electrophysiology Screen: CMS High Expenditure Complete? Yes 93283 **Device Monitoring Services** Procedural Codes2 implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; dual lead transvenous implantable defibrillator system 2022 Work RVU: 1.15 **Most Recent Tab: 25** Specialty Developing ACC, HRS 2020 First Identified: July 2015 **RUC Meeting:** October 2016 Recommendation: Medicare 2022 NF PE RVU: 1.78 **Utilization:** 155,222 2022 Fac PE RVU: NA Referred to CPT February 2017 RUC Recommendation: 1.15 Result: Maintain Published in CPT Asst: Referred to CPT Asst 93284 Programming device evaluation (in person) with iterative adjustment of the Global: XXX Issue: Cardiac Electrophysiology Screen: CMS High Expenditure Complete? Yes **Device Monitoring Services** implantable device to test the function of the device and select optimal Procedural Codes2 permanent programmed values with analysis, review and report by a physician or other qualified health care professional; multiple lead transvenous implantable defibrillator system 2022 Work RVU: 1.25 Specialty Developing ACC, HRS 2020 Most Recent **Tab**: 25 First **RUC Meeting:** October 2016 Recommendation: Identified: July 2015 Medicare 2022 NF PE RVU: 1 91 184,356 **Utilization:** 2022 Fac PE RVU: NA RUC Recommendation: 1.25 Referred to CPT February 2017 Result: Maintain Referred to CPT Asst | Published in CPT Asst: 93285 Programming device evaluation (in person) with iterative adjustment of the Global: XXX Issue: Cardiac Electrophysiology Screen: CMS High Expenditure Complete? Yes **Device Monitoring Services** Procedural Codes2 implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; subcutaneous cardiac rhythm monitor system 2022 Work RVU: 0.52 **Most Recent Tab: 25** Specialty Developing ACC, HRS First 2020 Identified: July 2015 **RUC Meeting:** October 2016 Recommendation: Medicare 2022 NF PE RVU: 1.30 **Utilization:** 31,578 2022 Fac PE RVU: NA **RUC Recommendation: 0.52** February 2017 Referred to CPT Result: Maintain Referred to CPT Asst Published in CPT Asst:

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93286 Peri-procedural device evaluation (in person) and programming of device Global: XXX Issue: Cardiac Electrophysiology Screen: CMS High Expenditure Complete? Yes **Device Monitoring Services** Procedural Codes2 system parameters before or after a surgery, procedure, or test with analysis. review and report by a physician or other qualified health care professional; single, dual, or multiple lead pacemaker system, or leadless pacemaker system 2022 Work RVU: 0.30 **Most Recent Tab:** 25 Specialty Developing ACC, HRS First 2020 **RUC Meeting:** October 2016 Identified: July 2015 Recommendation: Medicare 2022 NF PE RVU: 1.10 **Utilization:** 20,521 2022 Fac PE RVU: NA **RUC Recommendation: 0.30** Referred to CPT February 2017 Result: Maintain Referred to CPT Asst Published in CPT Asst: 93287 Peri-procedural device evaluation (in person) and programming of device Global: XXX Issue: Cardiac Electrophysiology **Screen:** CMS High Expenditure Complete? Yes Procedural Codes2 system parameters before or after a surgery, procedure, or test with analysis, **Device Monitoring Services** review and report by a physician or other qualified health care professional; single, dual, or multiple lead implantable defibrillator system 2022 Work RVU: 0.45 **Most Recent** Specialty Developing ACC, HRS **First** 2020 **RUC Meeting:** October 2016 Identified: July 2015 Recommendation: Medicare **2022 NF PE RVU: 1.16 Utilization:** 11,501 2022 Fac PE RVU: NA February 2017 RUC Recommendation: 0.45 Referred to CPT Result: Maintain Referred to CPT Asst Published in CPT Asst: 93288 Interrogation device evaluation (in person) with analysis, review and report by a Global: XXX Cardiac Electrophysiology Screen: CMS High Expenditure Complete? Yes physician or other qualified health care professional, includes connection, **Device Monitoring Services** Procedural Codes2 recording and disconnection per patient encounter; single, dual, or multiple lead pacemaker system, or leadless pacemaker system 2022 Work RVU: 0.43 **Tab: 25** Specialty Developing ACC, HRS 2020 Most Recent First Identified: July 2015 **RUC Meeting:** October 2016 Recommendation: Medicare **2022 NF PE RVU: 1.27 Utilization:** 179,035 2022 Fac PE RVU: NA **RUC Recommendation: 0.43** February 2017 Referred to CPT Result: Maintain Referred to CPT Asst Published in CPT Asst:

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Interrogation device evaluation (in person) with analysis, review and report by a Global: XXX Issue: Cardiac Electrophysiology Screen: CMS High Expenditure Complete? Yes **Device Monitoring Services** Procedural Codes2 physician or other qualified health care professional, includes connection. recording and disconnection per patient encounter; single, dual, or multiple lead transvenous implantable defibrillator system, including analysis of heart rhythm derived data elements 2022 Work RVU: 0.75 Most Recent Specialty Developing ACC, HRS 2020 **Tab**: 25 First Identified: July 2015 **RUC Meeting:** October 2016 Recommendation: Medicare 2022 NF PE RVU: 1.41 **Utilization:** 71,124 2022 Fac PE RVU: NA RUC Recommendation: 0.75 Referred to CPT February 2017 Result: Decrease Referred to CPT Asst Published in CPT Asst: 93290 Interrogation device evaluation (in person) with analysis, review and report by a Global: XXX Issue: Cardiac Electrophysiology Screen: CMS High Expenditure Complete? Yes **Device Monitoring Services** physician or other qualified health care professional, includes connection, Procedural Codes2 recording and disconnection per patient encounter; implantable cardiovascular physiologic monitor system, including analysis of 1 or more recorded physiologic cardiovascular data elements from all internal and external sensors 2022 Work RVU: 0.43 Specialty Developing ACC, HRS 2020 Most Recent **Tab**: 25 **RUC Meeting:** October 2016 Recommendation: Identified: July 2015 Medicare 2022 NF PE RVU: 1 19 81,381 **Utilization:** 2022 Fac PE RVU: NA **RUC Recommendation:** 0.43 Referred to CPT February 2017 Result: Maintain Referred to CPT Asst | Published in CPT Asst: 93291 Interrogation device evaluation (in person) with analysis, review and report by a Global: XXX Cardiac Electrophysiology Screen: CMS High Expenditure Complete? Yes **Device Monitoring Services** Procedural Codes2 physician or other qualified health care professional, includes connection, recording and disconnection per patient encounter; subcutaneous cardiac rhythm monitor system, including heart rhythm derived data analysis 2022 Work RVU: 0.37 2020 Most Recent **Tab**: 25 Specialty Developing ACC, HRS First **RUC Meeting:** October 2016 Identified: July 2015 Recommendation: Medicare 2022 NF PE RVU: 1.13 **Utilization:** 51.779 2022 Fac PE RVU: NA

Referred to CPT

February 2017

Referred to CPT Asst Published in CPT Asst:

Result: Decrease

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**RUC Recommendation: 0.37** 

93292 Interrogation device evaluation (in person) with analysis, review and report by a Global: XXX Issue: Cardiac Electrophysiology Screen: CMS High Expenditure Complete? Yes physician or other qualified health care professional, includes connection. **Device Monitoring Services** Procedural Codes2 recording and disconnection per patient encounter; wearable defibrillator system 2022 Work RVU: 0.43 **Most Recent** Specialty Developing ACC, HRS 2020 **RUC Meeting:** October 2016 Identified: July 2015 Recommendation: Medicare 2022 NF PE RVU: 1.08 1,054 **Utilization:** 2022 Fac PE RVU: NA **RUC Recommendation: 0.43** Referred to CPT February 2017 Result: Maintain Referred to CPT Asst Published in CPT Asst: Screen: CMS High Expenditure 93293 Transtelephonic rhythm strip pacemaker evaluation(s) single, dual, or multiple Global: XXX Issue: Cardiac Electrophysiology Complete? Yes lead pacemaker system, includes recording with and without magnet application **Device Monitoring Services** Procedural Codes2 with analysis, review and report(s) by a physician or other qualified health care professional, up to 90 days 2022 Work RVU: 0.31 Most Recent **Tab: 23** Specialty Developing ACC, HRS 2020 **RUC Meeting:** January 2017 Recommendation: Identified: July 2015 Medicare **2022 NF PE RVU: 1.08** 32,414 **Utilization:** 2022 Fac PE RVU: NA **RUC Recommendation: 0.31** Referred to CPT February 2017 Result: Decrease Referred to CPT Asst Published in CPT Asst: 93294 Interrogation device evaluation(s) (remote), up to 90 days; single, dual, or Global: XXX Issue: Cardiac Electrophysiology Screen: CMS High Expenditure Complete? Yes multiple lead pacemaker system, or leadless pacemaker system with interim **Device Monitoring Services** Procedural Codes2 analysis, review(s) and report(s) by a physician or other qualified health care professional 2022 Work RVU: 0.60 **Tab: 23** Specialty Developing ACC, HRS 2020 Most Recent First **RUC Meeting:** January 2017 Recommendation: Identified: July 2015 Medicare **2022 NF PE RVU: 0.24 Utilization:** 1.454.135 2022 Fac PE RVU: 0.24 **RUC Recommendation: 0.60** Referred to CPT Result: Decrease Referred to CPT Asst **Published in CPT Asst:** 

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multiple lead implanta	able defibri	s) (remote), up to 90 days; single, dua llator system with interim analysis, re ther qualified health care professiona	view(s)	: Cardiac Electrophysiology Device Monitoring Services	reen: CMS High Expenditure Procedural Codes2	Complete? Yes
Most Recent	<b>Tab:</b> 23	Specialty Developing ACC, HRS	First	2020	<b>2022 Work RVU</b> : 0.74	
RUC Meeting: January 2017		Recommendation:	Identified: July 2015	Medicare Utilization: 722,096	<b>2022 NF PE RVU</b> : 0.30	
				,	<b>2022 Fac PE RVU:</b> 0.30	
RUC Recommendation: 0.74			Referred to CPT		t: Decrease	
			Referred to CPT Asst	lished in CPT Asst:		
multiple lead pacema defibrillator system, r	ker system emote data	s) (remote), up to 90 days; single, dua , leadless pacemaker system, or impl acquisition(s), receipt of transmissio port and distribution of results	antable	: Cardiac Electrophysiology Device Monitoring Services	reen: CMS High Expenditure Procedural Codes2	Complete? Yes
Most Recent	<b>Tab</b> : 25	Specialty Developing ACC, HRS	First	2020	<b>2022 Work RVU:</b> 0.00	
RUC Meeting: October 2016		Recommendation:	Identified: July 2015	Medicare Utilization: 1,556,454	<b>2022 NF PE RVU</b> : 0.68	
				Utilization: 1,550,454	2022 Fac PE RVU: NA	
RUC Recommendation: New F	PE inputs an	d Refer to CPT	Referred to CPT February 20	7 Result	t: PE Only	
			Referred to CPT Asst	lished in CPT Asst:		
cardiovascular physic recorded physiologic	ologic mon cardiovaso view(s) and	s), (remote) up to 30 days; implantable itor system, including analysis of 1 or cular data elements from all internal a report(s) by a physician or other qua	· more nd external	: Cardiac Electrophysiology Device Monitoring Services	reen: CMS High Expenditure Procedural Codes2	Complete? Yes
Most Recent	<b>Tab</b> : 23	Specialty Developing ACC, HRS	First	2020	<b>2022 Work RVU:</b> 0.52	
RUC Meeting: January 2017		Recommendation:	Identified: July 2015	Medicare	<b>2022 NF PE RVU</b> : 0.21	
				Utilization: 436,620	2022 Fac PE RVU: 0.21	
<b>RUC Recommendation:</b> 0.52			Referred to CPT	Result	t: Maintain	
			Referred to CPT Asst  Pub	lished in CPT Asst:		

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Interrogation device evaluation(s), (remote) up to 30 days; subcutaneous cardiac Global: XXX Issue: Cardiac Electrophysiology Screen: CMS High Expenditure Complete? Yes 93298 **Device Monitoring Services** Procedural Codes2 rhythm monitor system, including analysis of recorded heart rhythm data. analysis, review(s) and report(s) by a physician or other qualified health care professional **2022 Work RVU:** 0.52 **Tab:** 23 **Most Recent** Specialty Developing ACC, HRS First 2020 **RUC Meeting:** January 2017 Recommendation: Identified: July 2015 Medicare 2022 NF PE RVU: 0.21 **Utilization:** 884,510 2022 Fac PE RVU: 0.21 **RUC Recommendation: 0.52** Referred to CPT Result: Maintain Referred to CPT Asst Published in CPT Asst: 93299 Interrogation device evaluation(s), (remote) up to 30 days; implantable Global: Issue: Cardiac Electrophysiology Screen: CMS High Expenditure Complete? Yes Procedural Codes2 cardiovascular physiologic monitor system or subcutaneous cardiac rhythm **Device Monitoring Services** monitor system, remote data acquisition(s), receipt of transmissions and technician review, technical support and distribution of results 2022 Work RVU: **Most Recent** Specialty Developing ACC, HRS **First** 2020 **RUC Meeting:** October 2018 Identified: July 2015 Recommendation: Medicare **2022 NF PE RVU: Utilization:** 2022 Fac PE RVU: February 2019 RUC Recommendation: Deleted from CPT Referred to CPT Result: Deleted from CPT Referred to CPT Asst Published in CPT Asst: 93306 Echocardiography, transthoracic, real-time with image documentation (2d), Global: XXX Complete Transthoracic Screen: CMS High Expenditure Complete? Yes Echocardiography (TTE) Procedural Codes2 / includes m-mode recording, when performed, complete, with spectral doppler echocardiography, and with color flow doppler echocardiography with Doppler CMS Request - Final Rule for 2019 2022 Work RVU: 1.46 Most Recent **Tab**: 21 Specialty Developing ACC, ASE First 2020 **RUC Meeting:** April 2019 Recommendation: Identified: July 2015 Medicare **2022 NF PE RVU: 4.39 Utilization:** 6,273,165 2022 Fac PE RVU: NA **RUC Recommendation: 1.46** Referred to CPT Result: Decrease Referred to CPT Asst ☐ Published in CPT Asst:

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Echocardiography, transthoracic, real-time with image documentation (2d), Global: XXX Issue: Transthoracic Screen: CMS Request - Practice Complete? Yes includes m-mode recording, when performed, complete, without spectral or Echocardiography (TTE) Expense Review / CMS High Expenditure color doppler echocardiography Procedural Codes2 2022 Work RVU: 0.92 **Most Recent Tab:** 42 Specialty Developing ACC First 2020 **RUC Meeting:** April 2016 Recommendation: Identified: NA Medicare **2022 NF PE RVU: 3.17 Utilization:** 23,577 2022 Fac PE RVU: NA **RUC Recommendation: 0.92** Referred to CPT Result: Maintain Referred to CPT Asst **Published in CPT Asst:** Screen: CMS Fastest Growing, 93308 Echocardiography, transthoracic, real-time with image documentation (2d). Global: XXX Issue: Transthoracic Complete? Yes includes m-mode recording, when performed, follow-up or limited study Echocardiography (TTE) Harvard Valued -Utilization over 100.000 / CMS High Expenditure Procedural Codes2 2022 Work RVU: 0.53 2020 **Most Recent Tab:** 42 Specialty Developing ACC First **RUC Meeting:** April 2016 Recommendation: Identified: October 2008 Medicare 2022 NF PE RVU: 2.38 437.576 **Utilization:** 2022 Fac PE RVU: NA **RUC Recommendation: 0.53** Referred to CPT Result: Maintain Referred to CPT Asst **Published in CPT Asst:** 93320 Doppler echocardiography, pulsed wave and/or continuous wave with spectral Screen: CMS Request - Practice Global: ZZZ **Issue:** Doppler Echocardiography Complete? Yes Expense Review / CMSdisplay (list separately in addition to codes for echocardiographic imaging); Other - Utilization over complete 250.000 2022 Work RVU: 0.38 **Most Recent Tab:** 30 Specialty Developing ACC First 2020 **RUC Meeting:** January 2014 Recommendation: **Identified:** February 2009 Medicare **2022 NF PE RVU: 1.13 Utilization:** 289,973 2022 Fac PE RVU: NA **RUC Recommendation: 0.38** Referred to CPT Result: Maintain

Referred to CPT Asst

**Published in CPT Asst:** 

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Doppler echocardiography, pulsed wave and/or continuous wave with spectral Global: ZZZ **Issue:** Doppler Echocardiography Screen: CMS-Other - Utilization Complete? Yes 93321 over 250.000 display (list separately in addition to codes for echocardiographic imaging): follow-up or limited study (list separately in addition to codes for echocardiographic imaging) 2022 Work RVU: 0.15 **Most Recent Tab:** 30 Specialty Developing ACC First 2020 **RUC Meeting:** January 2014 Identified: October 2013 Recommendation: Medicare 2022 NF PE RVU: 0.60 **Utilization:** 232,010 2022 Fac PE RVU: NA **RUC Recommendation: 0.15** Referred to CPT Result: Maintain Referred to CPT Asst Published in CPT Asst: 93325 Doppler echocardiography color flow velocity mapping (list separately in Global: ZZZ Issue: Doppler Echocardiography Screen: CMS Request - Practice Complete? Yes addition to codes for echocardiography) Expense Review / CMS-Other - Utilization over 250.000 2022 Work RVU: 0.07 Most Recent **Tab: 30** Specialty Developing ACC First 2020 **RUC Meeting:** January 2014 Recommendation: **Identified:** February 2009 Medicare **2022 NF PE RVU: 0.64** 

93350 Echocardiography, transthoracic, real-time with image documentation (2d), Global: XXX includes m-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced

Stress Transthoracic Echocardiography (TTE)

Complete

522,631

/ Codes Reported Together 75% or More-

Result: Maintain

Part1

**Most Recent Tab: 26** Specialty Developing ACC, ASE **RUC Meeting:** October 2016

stress, with interpretation and report:

RUC Recommendation: 0.07

Recommendation:

First Identified: April 2008

Referred to CPT

Referred to CPT Asst

2020 Medicare **Utilization:** 69,260

**Utilization:** 

Published in CPT Asst:

2022 Work RVU: 1.46 **2022 NF PE RVU: 4.09** 

Screen: Other - Identified by RUC Complete? Yes

2022 Fac PE RVU: NA

2022 Fac PE RVU: NA

RUC Recommendation: 1.46; CPT Assistant article published Referred to CPT October 2010 Result: Decrease

> ✓ Published in CPT Asst: Jan 2010 Referred to CPT Asst

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Echocardiography, transthoracic, real-time with image documentation (2d), 93351 includes m-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report; including performance of continuous electrocardiographic monitoring, with supervision by a physician or other qualified health care professional **Most Recent Tab: 26** Specialty Developing ACC, ASE First **RUC Meeting:** October 2016 Recommendation:

Global: XXX Issue: Stress Transthoracic Echocardiography (TTE)

Complete

Screen: CMS High Expenditure Procedural Codes2

Complete? Yes

Complete? Yes

2020 Medicare 2022 Work RVU: 1.75 **2022 NF PE RVU: 5.12** 

Identified: July 2015 **Utilization:** 174.967

2022 Fac PE RVU: NA

**RUC Recommendation: 1.75** 

Referred to CPT

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

93451 Right heart catheterization including measurement(s) of oxygen saturation and cardiac output, when performed

Global: 000

Issue: Diagnostic Cardiac Catheterization

Screen: Codes Reported

Together 95% or More / Modifier -51 Exempt

**Most Recent RUC Meeting:** April 2018 **Tab:** 33 Specialty Developing ACC

Recommendation:

2020 **First** Identified:

Medicare

**Published in CPT Asst:** 

**Utilization:** 37.808 2022 Work RVU: 2.47

2022 NF PE RVU: 24.06

2022 Fac PE RVU: NA

RUC Recommendation: Remove from Modifier -51 exempt list. 3.02

Referred to CPT Referred to CPT Asst

October 2009

Result: Decrease

Result: Maintain

93452 Left heart catheterization including intraprocedural injection(s) for left

ventriculography, imaging supervision and interpretation, when performed

Recommendation:

Global: 000

Issue: Diagnostic Cardiac

Catheterization

Screen: Codes Reported

Together 95% or More

Complete? Yes

**Most Recent Tab**: 28 **RUC Meeting:** April 2011

Specialty Developing ACC

First Identified: 2020 Medicare

**Utilization:** 2.869 2022 Work RVU: 4.50 2022 NF PE RVU: 22.56

2022 Fac PE RVU: NA

**RUC Recommendation: 4.32** 

Referred to CPT

October 2009 Referred to CPT Asst Published in CPT Asst:

Result: Decrease

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93453 Combined right and left heart catheterization including intraprocedural Global: 000 Issue: Diagnostic Cardiac Screen: Codes Reported Complete? Yes Catheterization Together 95% or More injection(s) for left ventriculography, imaging supervision and interpretation, when performed **2022 Work RVU: 5.99** 2020 **Most Recent Tab: 28** Specialty Developing ACC First RUC Meeting: April 2011 Recommendation: Identified: Medicare 2022 NF PE RVU: 28.28 2,065 **Utilization:** 2022 Fac PE RVU: NA October 2009 **RUC Recommendation: 5.98** Referred to CPT Result: Decrease Referred to CPT Asst **Published in CPT Asst:** 93454 Catheter placement in coronary artery(s) for coronary angiography, including Global: 000 Issue: Diagnostic Cardiac Screen: Codes Reported Complete? Yes intraprocedural injection(s) for coronary angiography, imaging supervision and Catheterization Together 95% or More interpretation; 2022 Work RVU: 4.54 Most Recent **Tab: 28** Specialty Developing ACC First 2020 **RUC Meeting:** April 2011 Recommendation: Identified: Medicare 2022 NF PE RVU: 22.55 **Utilization:** 99,930 2022 Fac PE RVU: NA October 2009 **RUC Recommendation: 4.95** Referred to CPT Result: Decrease Referred to CPT Asst **Published in CPT Asst:** 93455 Catheter placement in coronary artery(s) for coronary angiography, including Global: 000 Issue: Diagnostic Cardiac Screen: Codes Reported Complete? Yes intraprocedural injection(s) for coronary angiography, imaging supervision and Catheterization Together 95% or More interpretation; with catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) including intraprocedural injection(s) for bypass graft angiography 2022 Work RVU: 5.29 **Tab: 28** Specialty Developing ACC 2020 Most Recent First **RUC Meeting:** April 2011 Recommendation: Identified: Medicare **2022 NF PE RVU**: 24.81 **Utilization:** 20.911 2022 Fac PE RVU: NA October 2009 **RUC Recommendation:** 6.15 Referred to CPT Result: Decrease

Referred to CPT Asst

**Published in CPT Asst:** 

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93456 Catheter placement in coronary artery(s) for coronary angiography, including Global: 000 Issue: Diagnostic Cardiac Screen: Codes Reported Complete? Yes intraprocedural injection(s) for coronary angiography, imaging supervision and Catheterization Together 95% or More / interpretation; with right heart catheterization Modifier -51 Exempt 2022 Work RVU: 5.90 Most Recent **Tab:** 33 Specialty Developing ACC First 2020 RUC Meeting: April 2018 Recommendation: Identified: Medicare **2022 NF PE RVU: 27.76 Utilization:** 17,270 2022 Fac PE RVU: NA RUC Recommendation: Remove from Modifier -51 Exempt List. 6.00 Referred to CPT October 2009 Result: Decrease Referred to CPT Asst **Published in CPT Asst:** 93457 Catheter placement in coronary artery(s) for coronary angiography, including Global: 000 Issue: Diagnostic Cardiac Screen: Codes Reported Complete? Yes Catheterization Together 95% or More 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 2022 Work RVU: 6.64 Most Recent **Tab**: 28 Specialty Developing ACC First 2020 **RUC Meeting:** April 2011 Recommendation: Identified: Medicare **2022 NF PE RVU**: 30.00 **Utilization:** 2.984 2022 Fac PE RVU: NA RUC Recommendation: 7 66 Referred to CPT October 2009 Result: Decrease Referred to CPT Asst **Published in CPT Asst:** Global: 000 Issue: Diagnostic Cardiac Screen: Codes Reported Complete? Yes 93458 Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and Catheterization Together 95% or More interpretation; with left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed 2022 Work RVU: 5.60 2020 Most Recent **Tab**: 28 Specialty Developing ACC First **RUC Meeting:** April 2011 Recommendation: Identified: Medicare 2022 NF PE RVU: 25.40 **Utilization:** 407.727 2022 Fac PE RVU: NA

Referred to CPT

October 2009

Referred to CPT Asst Published in CPT Asst:

Result: Decrease

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**RUC Recommendation: 6.51** 

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

Complete? Yes

Complete? Yes

Most Recent Tab: 28 Specialty Developing ACC First 2020

RUC Meeting: April 2011 Recommendation: Identified: Medicare

Utilization: 70.410

**2022 NF PE RVU**: 26.92

2022 Work RVU: 6.35

2022 Fac PE RVU: NA

Screen: Codes Reported

Screen: Codes Reported

RUC Recommendation: 7.34 Referred to CPT October 2009 Result: Decrease

Referred to CPT Asst Published in CPT Asst:

Global: 000

Global: 000

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 vertical legraphy, when performed

injection(s) for left ventriculography, when performed

Most Recent Tab: 28 Specialty Developing ACC First 2020

RUC Meeting: April 2011 Recommendation: Identified: Medicare

Utilization: 74,971

Issue: Diagnostic Cardiac

Catheterization

Issue: Diagnostic Cardiac

Catheterization

2022 Work RVU: 7.10 2022 NF PE RVU: 29.86

Together 95% or More

2022 Fac PE RVU:NA

Together 95% or More

RUC Recommendation: 7.88 Referred to CPT October 2009 Result: Decrease

Referred to CPT Asst Published in CPT Asst:

93461 Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with right and left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed, catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) with bypass graft

angiography

Most Recent Tab: 28 Specialty Developing ACC First 2020 2022 Work RVU: 7.85

RUC Meeting: April 2011 Recommendation: Identified: Medicare Utilization: 11,613

2022 Fac PE RVU:NA

RUC Recommendation: 9.00 Referred to CPT October 2009 Result: Decrease

Referred to CPT Asst: Dublished in CPT Asst:

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93462 Left heart catheterization by transseptal puncture through intact septum or by Global: ZZZ Issue: Diagnostic Cardiac Screen: Codes Reported Complete? Yes Catheterization Together 95% or More transapical puncture (list separately in addition to code for primary procedure) 2022 Work RVU: 3.73 **Tab: 28** Specialty Developing ACC 2020 **Most Recent First RUC Meeting:** April 2011 Recommendation: Identified: Medicare 2022 NF PE RVU: 1.57 **Utilization:** 6,201 **2022 Fac PE RVU: 1.57 RUC Recommendation: 3.73** Referred to CPT October 2009 Result: Decrease Referred to CPT Asst **Published in CPT Asst:** 93463 Pharmacologic agent administration (eg, inhaled nitric oxide, intravenous Screen: Codes Reported Global: ZZZ Issue: Diagnostic Cardiac Complete? Yes infusion of nitroprusside, dobutamine, milrinone, or other agent) including Catheterization Together 95% or More assessing hemodynamic measurements before, during, after and repeat pharmacologic agent administration, when performed (list separately in addition to code for primary procedure) 2022 Work RVU: 2.00 **Tab: 28** Specialty Developing ACC First 2020 Most Recent **RUC Meeting:** April 2011 Recommendation: Medicare Identified: 2022 NF PE RVU: 0.71 **Utilization:** 4,851 2022 Fac PE RVU: 0.71 **RUC Recommendation: 2.00** Referred to CPT October 2009 Result: Decrease Referred to CPT Asst **Published in CPT Asst:** 93464 Physiologic exercise study (eg, bicycle or arm ergometry) including assessing Global: ZZZ Issue: Diagnostic Cardiac Screen: Codes Reported Complete? Yes Together 95% or More hemodynamic measurements before and after (list separately in addition to code Catheterization for primary procedure) 2022 Work RVU: 1.80 Most Recent **Tab**: 28 Specialty Developing ACC First 2020 RUC Meeting: April 2011 Recommendation: Medicare Identified: 2022 NF PE RVU: 4.75 **Utilization:** 1,108 2022 Fac PE RVU: NA **RUC Recommendation: 1.80** Referred to CPT October 2009 Result: Decrease

Referred to CPT Asst Published in CPT Asst:

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93501 Deleted from CPT Global: Issue: Cardiac Catheterization Screen: Codes Reported Complete? Yes Together 95% or More 2022 Work RVU: **Tab: 26** 2020 **Most Recent** Specialty Developing ACC First **RUC Meeting:** April 2010 Recommendation: Identified: February 2008 Medicare **2022 NF PE RVU: Utilization:** 2022 Fac PE RVU: **RUC Recommendation:** Deleted from CPT Referred to CPT October 2009 Result: Deleted from CPT **Referred to CPT Asst Published in CPT Asst:** 93503 Insertion and placement of flow directed catheter (eg, swan-ganz) for monitoring Global: 000 Screen: CMS High Expenditure Issue: Insertion of Catheter Complete? Yes purposes Procedural Codes2 / Codes Reported Together 75% or More-Part4 / Modifier -51 Exempt 2022 Work RVU: 2.00 **Most Recent** Specialty Developing ACR, ASA First 2020 **Tab:** 33 Identified: July 2015 RUC Meeting: April 2018 Recommendation: Medicare 2022 NF PE RVU: NA **Utilization:** 55,707 **2022 Fac PE RVU: 0.39 RUC Recommendation: 2.00** Referred to CPT Result: Decrease **Referred to CPT Asst Published in CPT Asst:** 93508 Deleted from CPT Global: Issue: Cardiac Catheterization Screen: Codes Reported Complete? Yes Together 95% or More 2022 Work RVU: **Most Recent Tab: 26** Specialty Developing ACC 2020 First **RUC Meeting:** April 2010 **Identified:** February 2008 Medicare Recommendation: **2022 NF PE RVU: Utilization:** 2022 Fac PE RVU: **RUC Recommendation:** Deleted from CPT Referred to CPT October 2009 Result: Deleted from CPT

Referred to CPT Asst

**Published in CPT Asst:** 

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93510 Deleted from CPT			Global: Issue	e: 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	<b>Tab:</b> 31	Specialty Developing ACC Recommendation:	First Identified: February 2008	2020 Medicare Utilization:	2022 Work RVU: 2022 NF PE RVU: 2022 Fac PE RVU:	
RUC Recommendation: Delete	ed from CPT	-	Referred to CPT October 200 Referred to CPT Asst Pub	9 olished in CPT Asst:	Result: Deleted from CPT	
93511 Deleted from CPT			Global: Issue	e: Cardiac Catheterization	Screen: Codes Reported Together 95% or More	Complete? Yes
Most Recent RUC Meeting: April 2010	<b>Tab</b> : 26	Specialty Developing ACC Recommendation:	First Identified: February 2008	2020 Medicare Utilization:	2022 Work RVU: 2022 NF PE RVU: 2022 Fac PE RVU:	
RUC Recommendation: Delete	ed from CPT	-	Referred to CPT October 200 Referred to CPT Asst  Pub	9 dished in CPT Asst:	Result: Deleted from CPT	
93514 Deleted from CPT			Global: Issue	e: Cardiac Catheterization	Screen: Codes Reported Together 95% or More	Complete? Yes
Most Recent	<b>Tab</b> : 26	Specialty Developing ACC	First	2020	2022 Work RVU:	
RUC Meeting: April 2010		Recommendation:	Identified: February 2008	Medicare	2022 NF PE RVU:	
				Utilization:	2022 Fac PE RVU:	

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93524 Deleted from CPT Global: Issue: Cardiac Catheterization Screen: Codes Reported Complete? Yes Together 95% or More 2022 Work RVU: **Tab: 26** 2020 **Most Recent** Specialty Developing ACC First **RUC Meeting:** April 2010 Recommendation: Identified: February 2008 Medicare **2022 NF PE RVU: Utilization:** 2022 Fac PE RVU: **RUC Recommendation:** Deleted from CPT Result: Deleted from CPT Referred to CPT October 2009 Referred to CPT Asst **Published in CPT Asst:** 93526 Deleted from CPT Issue: Cardiac Catheterization Screen: Codes Reported Global: Complete? Yes Together 95% or More / Harvard Valued -Utilization over 100.000 2022 Work RVU: **Most Recent** Tab: S Specialty Developing ACC First 2020 **RUC Meeting:** February 2008 **Identified:** February 2008 Recommendation: Medicare **2022 NF PE RVU: Utilization:** 2022 Fac PE RVU: **RUC Recommendation:** Deleted from CPT Referred to CPT October 2009 Result: Deleted from CPT Referred to CPT Asst Published in CPT Asst: **Deleted from CPT** Global: Issue: Cardiac Catheterization Screen: Codes Reported Complete? Yes Together 95% or More 2022 Work RVU: **Most Recent Tab: 26** Specialty Developing ACC 2020 **RUC Meeting:** April 2010 Recommendation: **Identified:** February 2008 Medicare **2022 NF PE RVU: Utilization:** 2022 Fac PE RVU: RUC Recommendation: Deleted from CPT Referred to CPT October 2009 Result: Deleted from CPT Referred to CPT Asst Published in CPT Asst:

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93528 Deleted from CPT				Global: Issu	e: Cardiac Catheterization	Screen: Codes Reported Together 95% or More	Complete? Yes
Most Recent	<b>Tab:</b> 26	Specialty Developing AC	CC	First	2020	2022 Work RVU:	
RUC Meeting: April 2010		Recommendation:		Identified: February 2008		2022 NF PE RVU:	
					Utilization:	2022 Fac PE RVU:	
RUC Recommendation: Deleted	from CPT		Re	ferred to CPT October 20		Result: Deleted from CPT	
			Re	ferred to CPT Asst U Pu	blished in CPT Asst:		
93529 Deleted from CPT				Global: Issu	e: Cardiac Catheterization	Screen: Codes Reported Together 95% or More	Complete? Yes
Most Recent	<b>Tab</b> : 26	Specialty Developing AC	CC	First	2020	2022 Work RVU:	
RUC Meeting: April 2010		Recommendation:		Identified: February 2008		2022 NF PE RVU:	
					Utilization:	2022 Fac PE RVU:	
RUC Recommendation: Deleted	from CPT		Re	ferred to CPT October 20	09	Result: Deleted from CPT	
			Re	ferred to CPT Asst L Pu	blished in CPT Asst:		
93539 Deleted from CPT				Global: Issu	e: Cardiac Catheterization	Screen: Codes Reported Together 95% or More	Complete? Yes
93539 Deleted from CPT  Most Recent	Tab: S	Specialty Developing AC	CC	Global: Issu	ue: Cardiac Catheterization		Complete? Yes
	Tab: S	Specialty Developing AC Recommendation:	cc		2020 Medicare	Together 95% or More	Complete? Yes
Nost Recent	Tab: S		cc	First	2020	Together 95% or More 2022 Work RVU:	Complete? Yes
Most Recent RUC Meeting: February 2008		Recommendation:		First	2020 Medicare Utilization:	Together 95% or More 2022 Work RVU: 2022 NF PE RVU:	Complete? Yes
Most Recent		Recommendation:	Re	First Identified: February 2008  ferred to CPT October 20	2020 Medicare Utilization:	Together 95% or More 2022 Work RVU: 2022 NF PE RVU: 2022 Fac PE RVU:	Complete? Yes
Most Recent RUC Meeting: February 2008		Recommendation:	Re	First Identified: February 2008  ferred to CPT October 20 ferred to CPT Asst Pu	2020 Medicare Utilization:	Together 95% or More 2022 Work RVU: 2022 NF PE RVU: 2022 Fac PE RVU:	
lost Recent RUC Meeting: February 2008 RUC Recommendation: Deleted		Recommendation:	Re Re	First Identified: February 2008  ferred to CPT October 20 ferred to CPT Asst Pu	2020 Medicare Utilization: 09 blished in CPT Asst:	Together 95% or More 2022 Work RVU: 2022 NF PE RVU: 2022 Fac PE RVU: Result: Deleted from CPT  Screen: Codes Reported	
lost Recent RUC Meeting: February 2008 RUC Recommendation: Deleted	from CPT	Recommendation:	Re Re	First Identified: February 2008  ferred to CPT October 20 ferred to CPT Asst Pu  Global: Issu	2020 Medicare Utilization: 09 blished in CPT Asst:  ie: Cardiac Catheterization 2020 Medicare	Together 95% or More 2022 Work RVU: 2022 NF PE RVU: 2022 Fac PE RVU: Result: Deleted from CPT  Screen: Codes Reported Together 95% or More	
Most Recent RUC Meeting: February 2008 RUC Recommendation: Deleted	from CPT	Recommendation:  Specialty Developing AC	Re Re	First Identified: February 2008  ferred to CPT October 20 ferred to CPT Asst Pu  Global: Issu	2020 Medicare Utilization: 09 blished in CPT Asst: ue: Cardiac Catheterization 2020	Together 95% or More 2022 Work RVU: 2022 NF PE RVU: 2022 Fac PE RVU: Result: Deleted from CPT  Screen: Codes Reported Together 95% or More 2022 Work RVU:	
Most Recent RUC Meeting: February 2008 RUC Recommendation: Deleted 03540 Deleted from CPT	from CPT  Tab: S	Specialty Developing AC Recommendation:	Re Re	First Identified: February 2008  ferred to CPT October 20 ferred to CPT Asst Pu  Global: Issu	2020 Medicare Utilization: 09 blished in CPT Asst:  ie: Cardiac Catheterization  2020 Medicare Utilization:	Together 95% or More 2022 Work RVU: 2022 NF PE RVU: 2022 Fac PE RVU: Result: Deleted from CPT  Screen: Codes Reported Together 95% or More 2022 Work RVU: 2022 NF PE RVU:	Complete? Yes

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93541 Deleted from CPT			Global: Issue	: Cardiac Catheterization	Screen: Codes Reported Together 95% or More	Complete? Yes
Most Recent	<b>Tab:</b> 26	Specialty Developing ACC	First	2020	2022 Work RVU:	
RUC Meeting: April 2010		Recommendation:	Identified: February 2008	Medicare Utilization:	2022 NF PE RVU:	
				Otinzation.	2022 Fac PE RVU:	
RUC Recommendation: Delete	ed from CPT	•	Referred to CPT October 2009		Result: Deleted from CPT	
			Referred to CPT Asst	lished in CPT Asst:		
93542 Deleted from CPT			Global: Issue	: Cardiac Catheterization	Screen: Codes Reported Together 95% or More	Complete? Yes
Most Recent	<b>Tab</b> : 26	Specialty Developing ACC	First	2020	2022 Work RVU:	
RUC Meeting: April 2010		Recommendation:	Identified: February 2008	Medicare	2022 NF PE RVU:	
				Utilization:	2022 Fac PE RVU:	
RUC Recommendation: Delete	ed from CPT	-	Referred to CPT October 2009	9	Result: Deleted from CPT	
			Referred to CPT Asst	lished in CPT Asst:		
93543 Deleted from CPT			Global: Issue	: Cardiac Catheterization	Screen: Codes Reported Together 95% or More / CMS Request - Practice Expense Review, Harvard Valued - Utilization over 100,000	Complete? Yes
Most Recent	<b>Tab:</b> 31	Specialty Developing ACC	First	2020	2022 Work RVU:	
RUC Meeting: February 2009		Recommendation:	Identified: February 2008	Medicare Utilization:	2022 NF PE RVU:	
				Otinzation:	2022 Fac PE RVU:	
RUC Recommendation: Delete	ed from CPT	•	Referred to CPT October 2009	e	Result: Deleted from CPT	
			Referred to CPT Asst L Pub	lished in CPT Asst:		

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93544 Deleted from CPT			Global: Issue:	Cardiac Catheterization	Screen: Codes Reported Together 95% or More	Complete? Yes
Most Recent RUC Meeting: February 2008	Tab: S	Specialty Developing ACC Recommendation:	First Identified: February 2008	2020 Medicare Utilization:	2022 Work RVU: 2022 NF PE RVU: 2022 Fac PE RVU:	
RUC Recommendation: Delete	ed from CP1	<del>-</del>	Referred to CPT October 2009 Referred to CPT Asst Publi	ished in CPT Asst:	Result: Deleted from CPT	
93545 Deleted from CPT			Global: Issue:	Cardiac Catheterization	Screen: Codes Reported Together 95% or More / CMS Request - Practice Expense Review	Complete? Yes
Most Recent	<b>Tab:</b> 31	Specialty Developing ACC	First	2020	2022 Work RVU:	
RUC Meeting: February 2009		Recommendation:	Identified: February 2008	Medicare Utilization:	2022 NF PE RVU:	
					2022 Fac PE RVU:	
RUC Recommendation: Delete	ed from CP1	7	Referred to CPT October 2009 Referred to CPT Asst Publi	ished in CPT Asst:	Result: Deleted from CPT	
93555 Deleted from CPT			Global: Issue:	Cardiac Catheterization	Screen: Codes Reported Together 95% or More / CMS Request - Practice Expense Review	Complete? Yes
Most Recent	<b>Tab</b> : 31	Specialty Developing ACC	First	2020	2022 Work RVU:	
RUC Meeting: February 2009	100101	Recommendation:	Identified: February 2008	Medicare	2022 NF PE RVU:	
				Utilization:	2022 Fac PE RVU:	
RUC Recommendation: Delete	ed from CP1	<del>-</del>	Referred to CPT October 2009 Referred to CPT Asst Publi	ished in CPT Asst:	Result: Deleted from CPT	

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93556 Deleted from CPT			Global: Issu	e: Cardiac Catheterization	Screen: Codes Reported Together 95% or More / CMS Request - Practice Expense Review	Complete? Yes
Most Recent	<b>Tab:</b> 31	Specialty Developing ACC	First	2020	2022 Work RVU:	
RUC Meeting: February 2009		Recommendation:	Identified: February 2008	Medicare Utilization:	2022 NF PE RVU:	
				Otilization.	2022 Fac PE RVU:	
RUC Recommendation: Delete	ed from CPT	-	Referred to CPT October 200	9	Result: Deleted from CPT	
			Referred to CPT Asst  Pub	olished in CPT Asst:		
		s dye or thermodilution, including diac output measurement (separate		e: Cardiac Output Measurement	Screen: Negative IWPUT	Complete? Yes
Nost Recent	<b>Tab:</b> 27	Specialty Developing	First	2020	2022 Work RVU:	
	<b>Tab</b> : 27	Specialty Developing Recommendation:	First Identified: October 2017	Medicare	2022 Work RVU: 2022 NF PE RVU:	
	<b>Tab:</b> 27					
RUC Meeting: January 2018	<b>Tab</b> : 27			Medicare	2022 NF PE RVU:	
RUC Meeting: January 2018	<b>Tab:</b> 27		Identified: October 2017 Referred to CPT	Medicare	2022 NF PE RVU: 2022 Fac PE RVU:	
RUC Meeting: January 2018  RUC Recommendation: 0.77	dies such as		Referred to CPT Referred to CPT Asst Put  arterial and/or Global: ZZZ Issue	Medicare Utilization: 4	2022 NF PE RVU: 2022 Fac PE RVU:	Complete? Yes
RUC Meeting: January 2018  RUC Recommendation: 0.77  13562 Indicator dilution study venous catheterization	dies such a n; subsequ	Recommendation:  s dye or thermodilution, including tent measurement of cardiac output	Referred to CPT Referred to CPT Asst Put  arterial and/or Global: ZZZ Issuett	Medicare Utilization: 4  Dished in CPT Asst:  E: Cardiac Output Measurement	2022 NF PE RVU: 2022 Fac PE RVU: Result: Increase	Complete? Yes
CUC Meeting: January 2018  CUC Recommendation: 0.77  Display 13562 Indicator dilution study venous catheterization lost Recent	dies such as	Recommendation: s dye or thermodilution, including	Referred to CPT Referred to CPT Asst Put  arterial and/or Global: ZZZ Issue	Medicare Utilization: 4  Dished in CPT Asst:  E: Cardiac Output Measurement  2020 Medicare	2022 NF PE RVU: 2022 Fac PE RVU: Result: Increase  Screen: Negative IWPUT	Complete? Yes
RUC Meeting: January 2018  RUC Recommendation: 0.77  93562 Indicator dilution study venous catheterization	dies such a n; subsequ	Recommendation:  s dye or thermodilution, including lent measurement of cardiac output  Specialty Developing	Referred to CPT Referred to CPT Asst Put  arterial and/or Global: ZZZ Issuett	Medicare Utilization: 4  Dished in CPT Asst:  E: Cardiac Output Measurement 2020	2022 NF PE RVU: 2022 Fac PE RVU: Result: Increase  Screen: Negative IWPUT  2022 Work RVU: 2022 NF PE RVU:	Complete? Yes
	dies such a n; subsequ	Recommendation:  s dye or thermodilution, including lent measurement of cardiac output  Specialty Developing	Referred to CPT Referred to CPT Asst Put  arterial and/or Global: ZZZ Issuett	Medicare Utilization: 4  Dished in CPT Asst:  E: Cardiac Output Measurement  2020 Medicare	2022 NF PE RVU: 2022 Fac PE RVU: Result: Increase  Screen: Negative IWPUT 2022 Work RVU:	Complete? Yes

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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)

**Most Recent RUC Meeting:** April 2011 **Tab: 28** 

Recommendation:

Global: ZZZ

Issue: Diagnostic Cardiac

Catheterization

Screen: Codes Reported

Together 95% or More

Complete? Yes

2022 Work RVU: 1.11 Specialty Developing ACC First 2020

Identified: Medicare 2022 NF PE RVU: 0.40 **Utilization:** 127

**2022 Fac PE RVU: 0.40** 

**RUC Recommendation: 2.00** Referred to CPT 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)

**Most Recent** 

Global: ZZZ

Issue: Diagnostic Cardiac Catheterization

Screen: Codes Reported Together 95% or More Complete? Yes

2022 Work RVU: 1.13 2020 **Tab:** 28 Specialty Developing ACC First

**RUC Meeting:** April 2011 Recommendation: Identified: Medicare 2022 NF PE RVU: 0.39 **Utilization:** 5

**2022 Fac PE RVU:** 0.39

**RUC Recommendation: 2.10** Referred to CPT October 2009 Result: Decrease

> Referred to CPT Asst ■ Published in CPT Asst:

Injection procedure during cardiac catheterization including imaging Global: ZZZ Issue: Pulmonary Angiography Screen: Survey Below 30 Complete? No 93564 Threshold 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 (eq. 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) 2022 Work RVU: 1.13 Most Recent **Tab:** 08 Specialty Developing ACC, SCAI First 2020 **RUC Meeting:** October 2021 Identified: October 2021 Recommendation: Medicare **2022 NF PE RVU: 0.39** Utilization: 5 **2022 Fac PE RVU: 0.39 RUC Recommendation:** Review action plan Referred to CPT Result: Referred to CPT Asst **Published in CPT Asst:** 93565 Injection procedure during cardiac catheterization including imaging Global: ZZZ Diagnostic Cardiac Screen: Codes Reported Complete? Yes Catheterization Together 95% or More supervision, interpretation, and report; for selective left ventricular or left atrial angiography (list separately in addition to code for primary procedure) 2022 Work RVU: 0.86 Specialty Developing ACC 2020 Most Recent **Tab:** 28 First **RUC Meeting:** April 2011 Medicare Recommendation: Identified: 2022 NF PE RVU: 0.30 **Utilization:** 73 2022 Fac PE RVU: 0.30 **RUC Recommendation: 1.90** Referred to CPT October 2009 Result: Decrease Referred to CPT Asst **Published in CPT Asst:** 93566 Injection procedure during cardiac catheterization including imaging Global: ZZZ Issue: Diagnostic Cardiac Screen: Codes Reported Complete? Yes supervision, interpretation, and report; for selective right ventricular or right Catheterization Together 95% or More atrial angiography (list separately in addition to code for primary procedure) 2022 Work RVU: 0.86 2020 Most Recent **Tab**: 28 Specialty Developing ACC First Recommendation: **RUC Meeting:** April 2011 Identified: Medicare 2022 NF PE RVU: 2.85 **Utilization:** 236 2022 Fac PE RVU: 0.31 **RUC Recommendation: 0.96** Referred to CPT October 2009 Result: Decrease Referred to CPT Asst Published in CPT Asst:

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93567 Injection procedure during cardiac catheterization including imaging Global: ZZZ Issue: Diagnostic Cardiac Screen: Codes Reported Complete? Yes Catheterization Together 95% or More supervision, interpretation, and report; for supravalvular aortography (list separately in addition to code for primary procedure) 2022 Work RVU: 0.97 2020 **Most Recent** Specialty Developing ACC First **RUC Meeting:** April 2011 Recommendation: Identified: Medicare 2022 NF PE RVU: 2.10 **Utilization:** 21.505 **2022 Fac PE RVU: 0.34** October 2009 **RUC Recommendation: 0.97** Referred to CPT Result: Decrease Referred to CPT Asst Published in CPT Asst: 93568 Injection procedure during cardiac catheterization including imaging Global: ZZZ Issue: Diagnostic Cardiac Screen: Codes Reported Complete? Yes supervision, interpretation, and report; for nonselective pulmonary arterial Catheterization Together 95% or More angiography (list separately in addition to code for primary procedure) 2022 Work RVU: 0.88 Most Recent **Tab: 28** Specialty Developing ACC First 2020 **RUC Meeting:** April 2011 Recommendation: Identified: Medicare **2022 NF PE RVU: 2.60 Utilization:** 1,132 **2022 Fac PE RVU: 0.32** October 2009 **RUC Recommendation: 0.98** Referred to CPT Result: Decrease Referred to CPT Asst **Published in CPT Asst:** Global: ZZZ Issue: Coronary Flow Reserve Screen: High Volume Growth4 Complete? Yes Intravascular doppler velocity and/or pressure derived coronary flow reserve 93571 measurement (coronary vessel or graft) during coronary angiography including Measurement pharmacologically induced stress; initial vessel (list separately in addition to code for primary procedure) 2022 Work RVU: 0.00 Most Recent **Tab:** 13 Specialty Developing ACC, SCAI First 2020 **RUC Meeting:** October 2017 Recommendation: Identified: October 2016 Medicare 2022 NF PE RVU: NA **Utilization:** 62,062 2022 Fac PE RVU: NA **RUC Recommendation: 1.50** Referred to CPT Result: Decrease

Referred to CPT Asst

Published in CPT Asst:

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93572 Intravascular doppler velocity and/or pressure derived coronary flow reserve Global: ZZZ Issue: Coronary Flow Reserve Screen: High Volume Growth4 Complete? Yes Measurement measurement (coronary vessel or graft) during coronary angiography including pharmacologically induced stress; each additional vessel (list separately in addition to code for primary procedure) 2022 Work RVU: 0.00 **Most Recent Tab:** 13 Specialty Developing ACC, SCAI First 2020 **RUC Meeting:** October 2017 Identified: October 2017 Recommendation: Medicare 2022 NF PE RVU: NA **Utilization:** 11,561 2022 Fac PE RVU: NA **RUC Recommendation: 1.00** Referred to CPT Result: Decrease Referred to CPT Asst Published in CPT Asst: 93613 Intracardiac electrophysiologic 3-dimensional mapping (list separately in Global: ZZZ **Issue:** Cardiac Ablation Services Screen: CMS Fastest Growing / Complete? Yes addition to code for primary procedure) Bundling High Volume Growth2 / CMS High Expenditure Procedural Codes2 2022 Work RVU: 5.23 Most Recent Tab: 07 Specialty Developing ACC, HRS 2020 First **RUC Meeting:** April 2021 Recommendation: Identified: October 2008 Medicare **2022 NF PE RVU: NA Utilization:** 73,995 2022 Fac PE RVU: 2.25 RUC Recommendation: 5.23 Referred to CPT Result: Decrease Published in CPT Asst: Referred to CPT Asst 93620 Comprehensive electrophysiologic evaluation including insertion and Global: 000 Intracardiac Catheter Screen: Codes Reported Complete? Yes Ablation Together 75% or Morerepositioning of multiple electrode catheters with induction or attempted Part1 induction of arrhythmia; with right atrial pacing and recording, right ventricular pacing and recording, his bundle recording 2022 Work RVU: 0.00 Most Recent **Tab**: 45 Specialty Developing ACC First 2020 **RUC Meeting:** April 2010 Recommendation: **Identified:** February 2010 Medicare 2022 NF PE RVU: 0.00 **Utilization:** 7,030 2022 Fac PE RVU: NA

Referred to CPT

October 2011

Referred to CPT Asst Published in CPT Asst:

Result: Maintain

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**RUC Recommendation: 11.57** 

Comprehensive electrophysiologic evaluation including insertion and Global: ZZZ **Issue:** Cardiac Ablation Services Screen: High Volume Growth6 Complete? Yes 93621 repositioning of multiple electrode catheters with induction or attempted Bundling induction of arrhythmia; with left atrial pacing and recording from coronary sinus or left atrium (list separately in addition to code for primary procedure) 2022 Work RVU: 0.00 **Most Recent Tab:** 07 Specialty Developing ACC, HRS First 2020 **RUC Meeting:** April 2021 Identified: October 2019 Recommendation: Medicare 2022 NF PE RVU: 0.00 **Utilization:** 24,799 2022 Fac PE RVU: NA **RUC Recommendation: 1.75** Referred to CPT Result: Decrease Referred to CPT Asst Published in CPT Asst: 93623 Programmed stimulation and pacing after intravenous drug infusion (list Global: ZZZ Issue: Pacing Heart Stimulation Screen: CMS-Other - Utilization Complete? Yes separately in addition to code for primary procedure) over 30.000-Part2 2022 Work RVU: 0.00 Most Recent Specialty Developing ACC, HRS **First** 2020 **RUC Meeting:** April 2019 Identified: October 2018 Recommendation: Medicare 2022 NF PE RVU: 0.00 **Utilization:** 34,636 2022 Fac PE RVU: NA RUC Recommendation: Referral to CPT for parenthetical. 2.04 Referred to CPT May 2019 Result: Decrease Referred to CPT Asst **Published in CPT Asst:** Electrophysiologic evaluation of single or dual chamber pacing cardioverter-Global: 000 Insertion/Removal of Screen: Codes Reported Complete? Yes defibrillator leads including defibrillation threshold evaluation (induction of Pacemaker or Pacing Together 75% or More-Carioverter-Defibillator Part1 / Pre-Time Analysis 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 2022 Work RVU: 0.00 **Most Recent** Specialty Developing ACC 2020 **Tab**: 21 First **RUC Meeting:** September 2014 Recommendation: **Identified:** February 2010 Medicare 2022 NF PE RVU: 0.00 **Utilization:** 10,622 2022 Fac PE RVU: NA RUC Recommendation: Maintain work RVU and adjust the times from pre-Referred to CPT February 2011 Result: Maintain time package 2B. Referred to CPT Asst Published in CPT Asst:

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Intracardiac catheter ablation of arrhythmogenic focus; for treatment of Global: Issue: Bundling EPS with Screen: Codes Reported Complete? Yes 93651 Transcatheter Ablation Together 75% or Moresuprayentricular tachycardia by ablation of fast or slow atrioventricular Part1 pathways, accessory atrioventricular connections or other atrial foci, singly or in combination 2022 Work RVU: **Most Recent** Tab: 11 Specialty Developing ACC, HRS First 2020 **RUC Meeting:** January 2012 Recommendation: **Identified:** February 2010 Medicare **2022 NF PE RVU: Utilization:** 2022 Fac PE RVU: October 2011 **RUC Recommendation:** Deleted from CPT Referred to CPT Result: Deleted from CPT Referred to CPT Asst **Published in CPT Asst:** 93652 Intracardiac catheter ablation of arrhythmogenic focus; for treatment of Global: Issue: Bundling EPS with Screen: CMS Fastest Complete? Yes Transcatheter Ablation ventricular tachycardia Growing/Codes Reported Together 75% or More-Part1 2022 Work RVU: Most Recent Specialty Developing ACC, HRS First 2020 Tab: 11 **RUC Meeting:** January 2012 Recommendation: Identified: October 2008 Medicare **2022 NF PE RVU: Utilization:** 2022 Fac PE RVU: RUC Recommendation: Deleted from CPT Referred to CPT October 2011 Result: Deleted from CPT Referred to CPT Asst Published in CPT Asst: 93653 Comprehensive electrophysiologic evaluation with insertion and repositioning Global: 000 Cardiac Ablation Services Screen: Codes Reported Complete? Yes Bundling Together 75% or Moreof multiple electrode catheters, induction or attempted induction of an Part1 arrhythmia with right atrial pacing and recording and catheter ablation of arrhythmogenic focus, including intracardiac electrophysiologic 3-dimensional mapping, right ventricular pacing and recording, left atrial pacing and recording from coronary sinus or left atrium, and his bundle recording, when performed; with treatment of supraventricular tachycardia by ablation of fast or slow atrioventricular pathway, accessory atrioventricular connection, cavo-tricuspid isthmus or other single atrial focus or source of atrial re-entry 2022 Work RVU: 14.75 **Tab:** 07 Specialty Developing ACC, HRS 2020 Most Recent First **RUC Meeting:** April 2021 Recommendation: Identified: October 2011 Medicare 2022 NF PE RVU: NA **Utilization:** 26,463 **2022 Fac PE RVU: 6.33 RUC Recommendation: 15.00** Referred to CPT October 2011 Result: Decrease

Referred to CPT Asst | Published in CPT Asst:

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Comprehensive electrophysiologic evaluation with insertion and repositioning of multiple electrode catheters, induction or attempted induction of an arrhythmia with right atrial pacing and recording and catheter ablation of arrhythmogenic focus, including intracardiac electrophysiologic 3-dimensional mapping, right ventricular pacing and recording, left atrial pacing and recording from coronary sinus or left atrium, and his bundle recording, when performed; with treatment of ventricular tachycardia or focus of ventricular ectopy including left ventricular pacing and recording, when performed

Global: 000 Issue: Cardiac Ablation Services

Bundling

Screen: Codes Reported Together 75% or MoreComplete? Yes

Complete? Yes

Part1

Most Recent **RUC Meeting:** April 2021

Specialty Developing ACC, HRS

Recommendation:

**First** 

Identified: October 2011

2020 Medicare

**Utilization:** 6.998 **2022 Work RVU: 19.75** 2022 NF PE RVU: NA

**2022 Fac PE RVU: 8.44** 

RUC Recommendation: 18.10

Referred to CPT

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)

**Tab:** 07

Global: ZZZ

Issue: Cardiac Ablation Services Bundling

Screen: Codes Reported

Together 75% or More-Part1 /High Volume

Growth7

Most Recent

**RUC Meeting:** April 2021

Specialty Developing ACC, HRS

Recommendation:

First

Identified: October 2011

2020

Medicare **Utilization:** 32,821 2022 Work RVU: 5.50

2022 NF PE RVU: NA

2022 Fac PE RVU: 2.37

**RUC Recommendation:** 7.00

Referred to CPT

October 2011 Referred to CPT Asst Published in CPT Asst:

Result: Decrease

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Comprehensive electrophysiologic evaluation including transseptal Global: 000 **Issue:** Cardiac Ablation Services Screen: Codes Reported Complete? Yes Together 75% or Morecatheterizations, insertion and repositioning of multiple electrode catheters with Bundling Part1 / High Volume intracardiac catheter ablation of atrial fibrillation by pulmonary vein isolation, Growth6 including intracardiac electrophysiologic 3-dimensional mapping, intracardiac echocardiography including imaging supervision and interpretation, induction or attempted induction of an arrhythmia including left or right atrial pacing/recording, right ventricular pacing/recording, and his bundle recording. when performed **2022 Work RVU: 19.77** Specialty Developing ACC, HRS Most Recent **Tab: 07** 2020 Identified: October 2011 **RUC Meeting:** April 2021 Recommendation: Medicare **2022 NF PE RVU: NA Utilization:** 50.165 2022 Fac PE RVU: 8.51 October 2020 RUC Recommendation: 17.00 Referred to CPT Result: Decrease Referred to CPT Asst Published in CPT Asst: 93657 Additional linear or focal intracardiac catheter ablation of the left or right atrium Global: ZZZ Issue: Cardiac Ablation Services Screen: Codes Reported Complete? Yes Together 75% or Morefor treatment of atrial fibrillation remaining after completion of pulmonary vein Bundling isolation (list separately in addition to code for primary procedure) Part1 2022 Work RVU: 5.50 Most Recent Specialty Developing ACC, HRS First 2020 **Tab:** 07 **RUC Meeting:** April 2021 Identified: October 2011 Recommendation: Medicare **2022 NF PE RVU: NA Utilization:** 23,509 2022 Fac PE RVU: 2.36 RUC Recommendation: 7 00 Referred to CPT October 2011 Result: Decrease Referred to CPT Asst Published in CPT Asst: 93662 Intracardiac echocardiography during therapeutic/diagnostic intervention, Global: 777 **Issue:** Cardiac Ablation Services Screen: High Volume Growth1 / Complete? Yes Bundling High Volume Growth5 including imaging supervision and interpretation (list separately in addition to code for primary procedure) 2022 Work RVU: 0.00 Most Recent **Tab: 07** Specialty Developing ACC, HRS 2020 **RUC Meeting:** April 2021 Recommendation: Identified: February 2008 Medicare 2022 NF PE RVU: 0.00 **Utilization:** 60.838 2022 Fac PE RVU: NA RUC Recommendation: 2.53 Referred to CPT Result: Decrease

Referred to CPT Asst

**Published in CPT Asst:** 

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93668 Peripheral arterial disease (pad) rehabilitation, per session			Global: XXX Issue	Peripheral Artery Diseas (PAD) Rehabilitation (PE Only)		Complete? Yes
Most Recent T RUC Meeting: January 2018	<b>Гаb</b> : 28	Specialty Developing Recommendation:	First Identified: July 2017	2020 Medicare Utilization: 1.257	<b>2022 Work RVU:</b> 0.00 <b>2022 NF PE RVU:</b> 0.40	
				Utilization: 1,257	2022 Fac PE RVU:NA	
RUC Recommendation: New PE I	Inputs		Referred to CPT Referred to CPT Asst  Pub	ished in CPT Asst:	Result: PE Only	
93701 Bioimpedance-derived p	hysiolog	ic cardiovascular analysis	Global: XXX Issue		Screen: Low Value-High Volume	Complete? Yes
	Г <b>а</b> b: 41	Specialty Developing	First	2020	<b>2022 Work RVU</b> : 0.00	
RUC Meeting: February 2011		Recommendation:	Identified: October 2010	Medicare Utilization: 6,330	<b>2022 NF PE RVU</b> : 0.80	
RUC Recommendation: Remove to	from scre	een	Referred to CPT Referred to CPT Asst Pub	ished in CPT Asst:	2022 Fac PE RVU: NA Result: Remove from Screen	
93731 Deleted from CPT			Global: Issue	Cardiology Services	Screen: CMS Fastest Growing	Complete? Yes
	<b>Гаb:</b> 26	Specialty Developing ACC	First	2020	2022 Work RVU:	
RUC Meeting: October 2008		Recommendation:	Identified: October 2008	Medicare Utilization:	2022 NF PE RVU:	
RUC Recommendation: Deleted fi	rom CPT		Referred to CPT Referred to CPT Asst  Pub	ished in CPT Asst:	2022 Fac PE RVU: Result: Deleted from CPT	
93732 Deleted from CPT			Global: Issue	: Cardiology Services	Screen: CMS Fastest Growing	Complete? Yes
	Г <b>аb:</b> 26	Specialty Developing ACC	First	2020	2022 Work RVU:	
RUC Meeting: October 2008		Recommendation:	Identified: October 2008	Medicare Utilization:	2022 NF PE RVU:	
RUC Recommendation: Deleted for	rom CPT		Referred to CPT		2022 Fac PE RVU: Result: Deleted from CPT	
Too Necommendation. Deleted in	ioni oi- i			ished in CPT Asst:	Nesult. Deleted Holli Ol 1	

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33733 Deleted from CPT		Global: Issue:	Cardiology Services	Screen: CMS Fastest Growing	Complete? Ye
	alty Developing ACC mmendation:	First Identified: October 2008	2020 Medicare Utilization:	2022 Work RVU: 2022 NF PE RVU: 2022 Fac PE RVU:	
RUC Recommendation: Deleted from CPT	Refe	rred to CPT		Result: Deleted from CPT	
	Refe	rred to CPT Asst  Publi	shed in CPT Asst:		
93743 Deleted from CPT		Global: Issue:	Cardiology Services	Screen: CMS Fastest Growing	Complete? Ye
Most Recent Tab: 26 Speci	alty Developing ACC	First	2020	2022 Work RVU:	
	mmendation:	Identified: October 2008	Medicare Utilization:	2022 NF PE RVU:	
			Otilization.	2022 Fac PE RVU:	
RUC Recommendation: Deleted from CPT		rred to CPT		Result: Deleted from CPT	
	Refe	rred to CPT Asst U Publi	shed in CPT Asst:		
33744 Deleted from CPT		Global: Issue:	Cardiology Services	Screen: CMS Fastest Growing	Complete? Ye
Most Recent Tab: 26 Speci	alty Developing ACC	First	2020	2022 Work RVU:	
	mmendation:	Identified: October 2008	Medicare Utilization:	2022 NF PE RVU:	
			Utilization:	2022 Fac PE RVU:	
RUC Recommendation: Deleted from CPT	Refe	rred to CPT		Result: Deleted from CPT	
	Refe	rred to CPT Asst U Publi	shed in CPT Asst:		
O3750 Interrogation of ventricular assist device other qualified health care professional drivelines, alarms, power surges), reviewolume status, septum status, recovery report	analysis of device parameters (eg, w of device function (eg, flow and		Ventricular Assist Device (VAD) Interrogation	Screen: High Volume Growth5	Complete? Ye
Most Recent Tab: 24 Speci	alty Developing AATS, ACC, STS	First	2020	<b>2022 Work RVU</b> : 0.75	
	mmendation:	Identified: October 2018	Medicare	<b>2022 NF PE RVU</b> : 0.62	
			Utilization: 87,483	2022 Fac PE RVU: 0.31	

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93792 Patient/caregiver training for initiation of home international normalized ratio (inr) monitoring under the direction of a physician or other qualified health care professional, face-to-face, including use and care of the inr monitor, obtaining blood sample, instructions for reporting home in test results, and documentation of patient's/caregiver's ability to perform testing and report

Global: XXX Issue: Home INR Monitoring Screen: High Volume Growth3 /

Work Neutrality 2018

Screen: High Volume Growth3 /

Work Neutrality 2018

Complete? Yes

Complete? Yes

results

2022 Work RVU: 0.00 **Most Recent Tab: 20 Specialty Developing First** 2020 **RUC Meeting:** January 2022 **Identified:** September 2016 Recommendation: Medicare 2022 NF PE RVU: 1.84

**Utilization:** 1.673 2022 Fac PE RVU: NA

**RUC Recommendation:** Review in 3 years. 0.00 PE Only Referred to CPT September 2016 Result: PE Only

> Referred to CPT Asst Published in CPT Asst:

> > Issue: Home INR Monitoring

93793 Anticoagulant management for a patient taking warfarin, must include review and interpretation of a new home, office, or lab international normalized ratio

(inr) test result, patient instructions, dosage adjustment (as needed), and scheduling of additional test(s), when performed

2022 Work RVU: 0.18 **Specialty Developing** 2020 Most Recent **Tab**: 20 First

Identified: September 2016 RUC Meeting: January 2022 Recommendation: Medicare 2022 NF PE RVU: 0.14 1,710,558

**Utilization:** 2022 Fac PE RVU: NA

**RUC Recommendation:** Review in 3 years. 0.18 Referred to CPT September 2016 Result: Maintain

> Referred to CPT Asst Published in CPT Asst:

Global: Issue: Noninvasive Vascular Screen: Codes Reported Complete? Yes 93875 Deleted from CPT

Global: XXX

Together 75% or More-Diagnostic Studies

Part1

2022 Work RVU: **Most Recent** Specialty Developing AAN, ACC, ACR, 2020 **Tab:** 45 **RUC Meeting:** April 2010 Recommendation: SIR. SVS Identified: February 2010 Medicare **2022 NF PE RVU: Utilization:** 

2022 Fac PE RVU:

Result: Deleted from CPT **RUC Recommendation:** Deleted from CPT Referred to CPT October 2010

Referred to CPT Asst Published in CPT Asst: SS in process of developing draft of CPT Asst article (Aug 2011).

Code was deleted

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93880 Duplex scan of extracranial arteries; complete bilateral study Global: XXX Issue: Duplex Scans Screen: Codes Reported Complete? Yes Together 75% or More-Part1 / CMS High **Expenditure Procedural** Codes1 / CMS Request -Final Rule for 2014 2022 Work RVU: 0.80 **Most Recent** Specialty Developing ACR, ACC, SVS 2020 **Tab:** 33 **RUC Meeting:** April 2014 Recommendation: **Identified:** February 2010 Medicare 2022 NF PE RVU: 4.86 1,741,221 **Utilization:** 2022 Fac PE RVU: NA **RUC Recommendation: 0.80** Referred to CPT October 2010 Result: Increase Referred to CPT Asst Published in CPT Asst: Addressed in CPT Coding Changes 93882 Duplex scan of extracranial arteries; unilateral or limited study Global: XXX Issue: Duplex Scans Screen: CMS High Expenditure Complete? Yes Procedural Codes1 / CMS Request - Final Rule for 2014 2022 Work RVU: 0.50 **Most Recent** Specialty Developing ACC, ACR, SVS 2020 **Tab:** 33 **RUC Meeting:** April 2014 Recommendation: Identified: January 2012 Medicare **2022 NF PE RVU: 3.17 Utilization:** 26.394 2022 Fac PE RVU: NA RUC Recommendation: 0.50 Referred to CPT Result: Increase Published in CPT Asst: Referred to CPT Asst Screen: Codes Reported Transcranial doppler study of the intracranial arteries; complete study Global: XXX Issue: Duplex Scans Complete? No Together 75% or More-Part1 / CMS Request -Final Rule for 2014 / Codes Reported Together 75% or More-Part5 2022 Work RVU: 0.91 AAN, ACC, ACR, **Most Recent Tab:** 13 **Specialty Developing** 2020 First **RUC Meeting:** September 2022 Recommendation: **SVS Identified:** February 2010 Medicare 2022 NF PE RVU: 7.09 **Utilization:** 91,514 2022 Fac PE RVU: NA RUC Recommendation: Refer to CPT for code bundling solution Referred to CPT May 2023 Result: Increase Referred to CPT Asst Published in CPT Asst:

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Transcranial doppler study of the intracranial arteries; limited study Global: XXX Issue: Duplex Scans Screen: Codes Reported Complete? Yes Together 75% or More-Part1 / CMS Request -Final Rule for 2014 2022 Work RVU: 0.50 **Most Recent Tab:** 33 **Specialty Developing** AAN, ACC, ACR, 2020 First **RUC Meeting:** April 2014 Recommendation: **Identified:** February 2010 Medicare 2022 NF PE RVU: 4.26 **Utilization:** 8,867 2022 Fac PE RVU: NA October 2010 **RUC Recommendation: 0.70** Referred to CPT Result: Increase Referred to CPT Asst **Published in CPT Asst:** 93890 Transcranial doppler study of the intracranial arteries; vasoreactivity study Global: XXX Screen: High Volume Growth6 / Complete? No Issue: Codes Reported Together 75% or More-Part5 2022 Work RVU: 1.00 **Most Recent** Specialty Developing AAN, ACR, ASNR 2020 **Tab:** 13 **RUC Meeting:** September 2022 Identified: October 2019 Recommendation: Medicare 2022 NF PE RVU: 7.17 **Utilization:** 49,307 2022 Fac PE RVU: NA RUC Recommendation: Refer to CPT for code bundling solution. Referred to CPT May 2023 Result: Referred to CPT Asst Published in CPT Asst: 93892 Transcranial doppler study of the intracranial arteries; emboli detection without Global: XXX Screen: High Volume Growth6 / Complete? No Codes Reported intravenous microbubble injection Together 75% or More-Part5 2022 Work RVU: 1.15 Most Recent **Tab:** 13 Specialty Developing AAN, ACR, ASNR 2020 **RUC Meeting:** September 2022 Recommendation: Identified: October 2019 Medicare **2022 NF PE RVU: 8.17 Utilization:** 51,633 2022 Fac PE RVU: NA RUC Recommendation: Refer to CPT for code bundling solution. May 2023 Referred to CPT Result:

Referred to CPT Asst

**Published in CPT Asst:** 

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Quantitative carotid intima media thickness and carotid atheroma evaluation. Global: XXX Issue: Carotid Intima-Media Screen: New Code in CPT 2015 Complete? Yes 93895 Thickness Ultrasound bilateral 2022 Work RVU: 0.00 **Most Recent Tab:** 37 Specialty Developing No Interest First 2020 **RUC Meeting:** April 2015 Identified: April 2014 Recommendation: Medicare 2022 NF PE RVU: 0.00 **Utilization:** 2022 Fac PE RVU: NA RUC Recommendation: Rescind April 2014 recommendation, contractor price. Result: Not Part of RAW Referred to CPT **Published in CPT Asst: Referred to CPT Asst Extremity Non-Invasive** 93922 Limited bilateral noninvasive physiologic studies of upper or lower extremity Global: XXX Screen: CMS Fastest Growing Complete? Yes Arterial Physiologic Studies 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) 2022 Work RVU: 0.25 **Most Recent** Specialty Developing SVS, ACR, ACC 2020 **Tab**: 27

Identified: October 2008

RUC Recommendation: 0.25 Referred to CPT February 2010 Result: Maintain

Referred to CPT Asst Published in CPT Asst:

Medicare

**Utilization:** 

575,223

2022 NF PE RVU: 2.15

2022 Fac PE RVU: NA

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Recommendation:

**RUC Meeting:** April 2010

Complete bilateral noninvasive physiologic studies of upper or lower extremity Global: XXX Issue: Extremity Non-Invasive Screen: CMS Fastest Growing Complete? Yes Arterial Physiologic Studies arteries. 3 or more levels (eq. 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) 2022 Work RVU: 0.45 Most Recent Specialty Developing SVS, ACR, ACC 2020 First **RUC Meeting:** April 2010 Recommendation: **Identified:** February 2009 Medicare 2022 NF PE RVU: 3.30 347.656 **Utilization:** 2022 Fac PE RVU: NA RUC Recommendation: 0.45 Referred to CPT February 2010 Result: Maintain Referred to CPT Asst Published in CPT Asst: 93924 Noninvasive physiologic studies of lower extremity arteries, at rest and Global: XXX **Issue:** Extremity Non-Invasive Screen: CMS Fastest Growing Complete? Yes following treadmill stress testing, (ie. bidirectional doppler waveform or volume Arterial Physiologic Studies 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 **2022 Work RVU: 0.50 Most Recent Tab: 27** Specialty Developing SVS, ACR, ACC First 2020 **RUC Meeting:** April 2010 Recommendation: Identified: February 2009 Medicare 2022 NF PE RVU: 4.13 **Utilization:** 44.449 2022 Fac PE RVU: NA **RUC Recommendation: 0.50** Referred to CPT February 2010 Result: Maintain

Referred to CPT Asst

■ Published in CPT Asst:

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93925 Duplex scan of lower e						
bilateral study	xtremity a	rteries or arterial bypass grafts; complete	Global: XXX Issue	: Duplex Scans	Screen: CMS-Other - Utilization over 500,000 / CMS Request - Final Rule for 2014	Complete? Yes
Most Recent	<b>Tab:</b> 33	Specialty Developing ACC, ACR, SVS	First	2020	<b>2022 Work RVU:</b> 0.80	
RUC Meeting: April 2014		Recommendation:	Identified: April 2011	Medicare Utilization: 569,977	<b>2022 NF PE RVU</b> : 6.38	
				Othization. 509,977	2022 Fac PE RVU: NA	
RUC Recommendation: 0.80		Ref	erred to CPT		Result: Maintain	
		Ref	erred to CPT Asst U Pub	lished in CPT Asst:		
93926 Duplex scan of lower e limited study	xtremity a	rteries or arterial bypass grafts; unilateral	or Global: XXX Issue	e: Duplex Scans	Screen: CMS-Other - Utilization over 500,000 / CMS Request - Final Rule for 2014	Complete? Yes
Most Recent	<b>Tab:</b> 33	Specialty Developing ACC, ACR, SVS	First	2020	<b>2022 Work RVU</b> : 0.50	
RUC Meeting: April 2014		Recommendation:	Identified: April 2011	Medicare	<b>2022 NF PE RVU</b> : 3.74	
				Utilization: 228,453	2022 Fac PE RVU:NA	
RUC Recommendation: 0.60		Ref	erred to CPT		Result: Increase	
		_				
		Rei	erred to CPT Asst	lished in CPT Asst:		
93930 Duplex scan of upper e	extremity a	Ref arteries or arterial bypass grafts; complete		e: Duplex Scans	Screen: CMS Request - Final Rule for 2014	Complete? Yes
	extremity a	arteries or arterial bypass grafts; complete				Complete? Yes
bilateral study			Global: XXX Issue	2020 Medicare	Rule for 2014	Complete? Yes
bilateral study  Most Recent		arteries or arterial bypass grafts; complete  Specialty Developing AAN, ACC, ACR,	Global: XXX Issue	e: Duplex Scans	Rule for 2014  2022 Work RVU: 0.80	Complete? Yes
bilateral study  Most Recent		specialty Developing AAN, ACC, ACR, Recommendation: SIR, SVS	Global: XXX Issue	2020 Medicare	Rule for 2014  2022 Work RVU: 0.80  2022 NF PE RVU: 4.98	Complete? Yes

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93931	Duplex scan of upper limited study	extremity a	rteries or arterial bypas	es grafts; unilateral	or Global: XXX Is	sue: Duplex Scans	Screen: Codes Reported Together 75% or More- Part1 / CMS Request - Final Rule for 2014	Complete? Yes
Most Red	cent	<b>Tab:</b> 33	Specialty Developing	AAN, ACC, ACR,	First	2020	<b>2022 Work RVU:</b> 0.50	
RUC Mee	eting: April 2014		Recommendation:	SIR, SVS	Identified: February 20	10 Medicare Utilization: 42,036	<b>2022 NF PE RVU</b> : 3.17	
						Utilization: 42,030	2022 Fac PE RVU: NA	
RUC Rec	commendation: 0.50				erred to CPT October		Result: Increase	
				Rete	erred to CPT Asst L	Published in CPT Asst:		
93965	Doppler waveform and	alysis with I	of extremity veins, com responses to compress npedance plethysmogr	ion and other	y (eg, Global: Is	sue: Non-invasive Physiolo Studies of Extremity V		Complete? Yes
Most Red	cent	<b>Tab:</b> 47	Specialty Developing	ACC. ACR. SCAI.	First	2020	2022 Work RVU:	
	eting: January 2016		Recommendation:	SVS	Identified: July 2015	Medicare	2022 NF PE RVU:	
						Utilization:	2022 Fac PE RVU:	
RUC Rec	commendation: Delete	d from CPT			erred to CPT May 2010 erred to CPT Asst	Oublished in CPT Asst:	Result: Deleted from CPT	
93970	Duplex scan of extrem maneuvers; complete		cluding responses to c udy	ompression and ot	her Global: XXX Is	sue: Duplex Scans	Screen: CMS-Other - Utilization over 500,000 / CMS Request - Final Rule for 2014	Complete? Yes
Most Red	cent	<b>Tab:</b> 33	Specialty Developing	ACC ACR SVS	First	2020	<b>2022 Work RVU:</b> 0.70	
	eting: April 2014	145100	Recommendation:	7,00,7,01,000	Identified: April 2011	Medicare	2022 NF PE RVU: 4.87	
						Utilization: 1,390,4	2022 Fac PE RVU:NA	
RUC Rec	commendation: 0.70				erred to CPT	Published in CDT Asst	Result: Maintain	
RUC Rec	commendation: 0.70					Published in CPT Asst:		

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Duplex scan of extremity veins including responses to compression and other Global: XXX Issue: Duplex Scans Screen: Low Value-High Volume Complete? Yes / CMS Request - Final maneuvers; unilateral or limited study Rule for 2014 2022 Work RVU: 0.45 Most Recent **Tab:** 33 Specialty Developing ACR, SVS, ACC 2020 **RUC Meeting:** April 2014 Recommendation: Identified: October 2010 Medicare **2022 NF PE RVU: 3.08 Utilization:** 1,420,556 2022 Fac PE RVU: NA RUC Recommendation: 0.45 Referred to CPT Result: Maintain Referred to CPT Asst **Published in CPT Asst:** 93975 Duplex scan of arterial inflow and venous outflow of abdominal, pelvic, scrotal Global: XXX Issue: Duplex Scans Screen: CMS Request - Final Complete? Yes Rule for 2014 contents and/or retroperitoneal organs; complete study 2022 Work RVU: 1.16 **Most Recent Tab:** 33 Specialty Developing ACR, SVS, ACC First 2020 **RUC Meeting:** April 2014 Recommendation: **Identified:** November 2013 Medicare 2022 NF PE RVU: 6.71 **Utilization:** 190,604 2022 Fac PE RVU: NA Referred to CPT Result: Decrease **RUC Recommendation: 1.30 Published in CPT Asst:** Referred to CPT Asst 93976 Duplex scan of arterial inflow and venous outflow of abdominal, pelvic, scrotal Global: XXX Issue: Duplex Scans Screen: CMS Fastest Growing / Complete? Yes CMS Request - Final contents and/or retroperitoneal organs; limited study Rule for 2014 2022 Work RVU: 0.80 **Most Recent Tab:** 33 Specialty Developing ACR First 2020 Medicare **RUC Meeting:** April 2014 Recommendation: Identified: October 2008 **2022 NF PE RVU: 3.89 Utilization:** 144,445 2022 Fac PE RVU: NA **RUC Recommendation: 1.00** Referred to CPT Result: Decrease

Referred to CPT Asst

**Published in CPT Asst:** 

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Duplex scan of aorta, inferior vena cava, iliac vasculature, or bypass grafts; Global: XXX Issue: Duplex Scans Screen: CMS-Other - Utilization Complete? Yes over 250.000 / CMS complete study Request - Final Rule for 2014 2022 Work RVU: 0.80 **Most Recent Tab:** 33 **Specialty Developing** First 2020 **RUC Meeting:** April 2014 Recommendation: Identified: April 2013 Medicare 2022 NF PE RVU: 4.51 **Utilization:** 240,410 2022 Fac PE RVU: NA **RUC Recommendation: 0.97** Referred to CPT Result: Increase Referred to CPT Asst **Published in CPT Asst:** 93979 Duplex scan of aorta, inferior vena cava, iliac vasculature, or bypass grafts: Screen: CMS-Other - Utilization Global: XXX Issue: Duplex Scans Complete? Yes unilateral or limited study over 250 000 / CMS Request - Final Rule for 2014 **2022 Work RVU:** 0.50 **Most Recent Specialty Developing** First 2020 **Tab:** 33 **RUC Meeting:** April 2014 Identified: October 2013 Recommendation: Medicare **2022 NF PE RVU: 2.96 Utilization:** 56,070 2022 Fac PE RVU: NA RUC Recommendation: 0.70 Referred to CPT Result: Increase Referred to CPT Asst **Published in CPT Asst:** 93982 Noninvasive physiologic study of implanted wireless pressure sensor in Global: Issue: Endovascular Repair Screen: Codes Reported Complete? Yes Procedures (EVAR) Together 75% or Moreaneurysmal sac following endovascular repair, complete study including Part3 recording, analysis of pressure and waveform tracings, interpretation and report 2022 Work RVU: **Most Recent Tab:** 10 Specialty Developing SVS, SIR, STS, 2020 **RUC Meeting:** January 2017 Recommendation: **AATS** Identified: January 2017 Medicare **2022 NF PE RVU: Utilization:** 2022 Fac PE RVU: **RUC Recommendation:** Deleted from CPT Referred to CPT Result: Deleted from CPT Referred to CPT Asst Published in CPT Asst:

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93985 Duplex scan of arterial inflow and venous outflow for preoperative vessel Global: XXX Issue: Duplex Scan Arterial Inflow- Screen: CMS-Other - Utilization Complete? Yes assessment prior to creation of hemodialysis access; complete bilateral study Venous Outflow Upper over 30.000-Part2 Extremity 2022 Work RVU: 0.80 **Most Recent** 2020 **Tab:** 17 **Specialty Developing** First **RUC Meeting:** January 2019 Recommendation: Identified: October 2018 Medicare **2022 NF PE RVU: 6.60 Utilization:** 20,345 2022 Fac PE RVU: NA RUC Recommendation: 0.80 Referred to CPT September 2018 Result: Increase Referred to CPT Asst Published in CPT Asst: 93986 Duplex scan of arterial inflow and venous outflow for preoperative vessel Global: XXX Duplex Scan Arterial Inflow- Screen: CMS-Other - Utilization Complete? Yes Venous Outflow Upper over 30,000-Part2 assessment prior to creation of hemodialysis access; complete unilateral study Extremity 2022 Work RVU: 0.50 Most Recent **Tab: 17 Specialty Developing** First 2020 **RUC Meeting:** January 2019 Recommendation: Identified: October 2018 Medicare **2022 NF PE RVU: 3.89 Utilization:** 8.253 2022 Fac PE RVU: NA **RUC Recommendation: 0.50** Referred to CPT September 2018 Result: Increase Referred to CPT Asst Published in CPT Asst: 93990 Duplex scan of hemodialysis access (including arterial inflow, body of access Issue: Doppler Flow Testing Screen: CMS Fastest Growing / Complete? Yes Global: XXX High Volume Growth2 and venous outflow) 2022 Work RVU: 0.50 **Tab:** 40 Specialty Developing ACR, SVS 2020 Most Recent **RUC Meeting:** April 2014 Recommendation: Identified: October 2008 Medicare **2022 NF PE RVU: 3.83 Utilization:** 119.874 2022 Fac PE RVU: NA **RUC Recommendation: 0.60** Referred to CPT Result: Increase Referred to CPT Asst **Published in CPT Asst:** 

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94010 Spirometry, including graph flow rate measurement(s), v	nic record, total and timed vital capacity, e with or without maximal voluntary ventilati	expiratory Global: XXX Issue:	Spirometry	Screen: Low Value-High Volume	Complete? Yes
Most Recent RUC Meeting: October 2019  RUC Recommendation: 0.17	s: 12 Specialty Developing ATS, CHEST Recommendation:	Identified: October 2010  Referred to CPT	2020 Medicare Utilization: 732,785 shed in CPT Asst:	2022 Work RVU: 0.17 2022 NF PE RVU: 0.60 2022 Fac PE RVU:NA Result: Maintain	
reinforced education, trans	c recording per 30-day period of time; incl mission of spirometric tracing, data captu c recalibration and review and interpretati l health care professional	ire, analysis	Pulmonary Tests	Screen: High Volume Growth1	Complete? Yes
Most Recent Tab RUC Meeting: February 2009	Specialty Developing ACCP/ATS Recommendation:	First Identified: February 2008	2020 Medicare Utilization: 142	2022 Work RVU: 0.52 2022 NF PE RVU: 1.07 2022 Fac PE RVU:NA	
	n screen - RUC articulated concerns aims reporting to CMS	Referred to CPT Asst  Publi	shed in CPT Asst:	Result: Remove from Screen	
	c recording per 30-day period of time; reco ed education, data transmission, data cap libration)	· ·	Pulmonary Tests	Screen: High Volume Growth1	Complete? Yes
Most Recent Tab RUC Meeting: February 2009	Specialty Developing ACCP/ATS Recommendation:	First Identified: February 2008	2020 Medicare Utilization: 24	2022 Work RVU: 0.00 2022 NF PE RVU: 0.89 2022 Fac PE RVU:NA	
	m screen - RUC articulated concerns	Referred to CPT		Result: Remove from Screen	
regarding da	aims reporting to CMS	Referred to CPT Asst	shed in CPT Asst:		

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94016 Patient-initiated spirometric recording per 30-day period of time; review and Global: XXX Issue: Pulmonary Tests Screen: High Volume Growth1 Complete? Yes interpretation only by a physician or other qualified health care professional 2022 Work RVU: 0.52 **Most Recent Tab:** 38 Specialty Developing ACCP/ATS First 2020 **RUC Meeting:** February 2009 Identified: April 2008 Medicare Recommendation: 2022 NF PE RVU: 0.18 **Utilization:** 4,393 2022 Fac PE RVU: 0.18 RUC Recommendation: Remove from screen - RUC articulated concerns Referred to CPT Result: Remove from Screen regarding claims reporting to CMS Referred to CPT Asst Published in CPT Asst: 94060 Bronchodilation responsiveness, spirometry as in 94010, pre- and post-Global: XXX Issue: Spirometry Screen: MPC List / CPT Assistant Complete? Yes bronchodilator administration Analysis 2018 **2022 Work RVU:** 0.22 Most Recent **Tab:** 12 Specialty Developing ATS, CHEST 2020 Identified: October 2010 **RUC Meeting:** October 2019 Recommendation: Medicare **2022 NF PE RVU: 0.91 Utilization:** 712.384 2022 Fac PE RVU: NA **RUC Recommendation: 0.22** Referred to CPT Result: Decrease ✓ Published in CPT Asst: Mar 2014 Referred to CPT Asst 94200 Maximum breathing capacity, maximal voluntary ventilation Global: XXX Issue: Lung Function Test Screen: CMS-Other - Utilization Complete? Yes over 30,000 2022 Work RVU: 0.05 Most Recent **Tab: 28** Specialty Developing ATS, CHEST First 2020 RUC Meeting: April 2018 Recommendation: Identified: October 2017 Medicare **2022 NF PE RVU: 0.38 Utilization:** 48,919 2022 Fac PE RVU: NA

Result: Decrease

Referred to CPT

Referred to CPT Asst

**Published in CPT Asst:** 

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**RUC Recommendation: 0.05** 

94240 Deleted from CPT Screen: Codes Reported Global: Issue: Pulmonary Tests Complete? Yes Together 75% or More-Part1 2022 Work RVU: Most Recent **Tab:** 45 Specialty Developing ACCP, ATS First 2020 **RUC Meeting:** April 2010 Recommendation: **Identified:** February 2010 Medicare **2022 NF PE RVU: Utilization:** 2022 Fac PE RVU: **RUC Recommendation:** Deleted from CPT Referred to CPT October 2010 Result: Deleted from CPT Referred to CPT Asst Published in CPT Asst: 94250 Expired gas collection, quantitative, single procedure (separate procedure) Global: Issue: RAW Screen: CMS-Other - Utilization Complete? Yes over 20,000 Part1 2022 Work RVU: **Most Recent Tab:** 17 **Specialty Developing** First 2020 **RUC Meeting:** October 2019 Recommendation: Identified: January 2019 Medicare **2022 NF PE RVU: Utilization:** 14,545 2022 Fac PE RVU: **RUC Recommendation:** Deleted from CPT Referred to CPT Result: Deleted from CPT Referred to CPT Asst □ Published in CPT Asst: 94260 Deleted from CPT Global: Issue: Pulmonary Tests Screen: Codes Reported Complete? Yes Together 75% or More-Part1 / 2022 Work RVU: **Most Recent Tab:** 45 Specialty Developing ACCP, ATS 2020 **RUC Meeting:** April 2010 Recommendation: **Identified:** February 2010 Medicare **2022 NF PE RVU: Utilization:** 2022 Fac PE RVU:

Referred to CPT

October 2010

Referred to CPT Asst Published in CPT Asst:

Result: Deleted from CPT

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**RUC Recommendation:** Deleted from CPT

94350 Deleted from CPT		Global: Issue:	Pulmonary Tests	Screen: Codes Reported Together 75% or More- Part1	Complete? Yes
	alty Developing ACCP, ATS mmendation:	First Identified: February 2010	2020 Medicare	2022 Work RVU: 2022 NF PE RVU:	
			Utilization:	2022 Fac PE RVU:	
RUC Recommendation: Deleted from CPT		Referred to CPT October 2010 Referred to CPT Asst Public	shed in CPT Asst:	Result: Deleted from CPT	
94360 Deleted from CPT		Global: Issue:	Pulmonary Tests	Screen: Codes Reported Together 75% or More- Part1	Complete? Yes
Most Recent Tab: 45 Specia	alty Developing ACCP, ATS	First	2020	2022 Work RVU:	
	nmendation:	Identified: February 2010	Medicare	2022 NF PE RVU:	
			Utilization:	2022 Fac PE RVU:	
RUC Recommendation: Deleted from CPT		Referred to CPT Asst Public	shed in CPT Asst:	Result: Deleted from CPT	
94370 Determination of airway closing volume,	, single breath tests	Global: Issue:	Pulmonary Tests	Screen: Codes Reported Together 75% or More- Part1	Complete? Yes
Most Recent Tab: 45 Specia	alty Developing ACCP, ATS	First	2020	2022 Work RVU:	
	nmendation:	Identified: February 2010	Medicare Utilization:	2022 NF PE RVU:	
			Otilization:	2022 Fac PE RVU:	
RUC Recommendation: Deleted from CPT		Referred to CPT October 2010 Referred to CPT Asst Public	shed in CPT Asst:	Result: Deleted from CPT	

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94400 Breathing response to CO2 (CO2 response curve) Global: Issue: Evaluation of Wheezing Screen: Codes Reported Complete? Yes Together 75% or More-Part2 / CPT Assistant Analysis 2018 2022 Work RVU: **Most Recent Tab: 25** Specialty Developing ATS, CHEST First 2020 **RUC Meeting:** April 2019 Recommendation: Identified: Medicare **2022 NF PE RVU: Utilization:** 1,104 2022 Fac PE RVU: RUC Recommendation: Deleted from CPT Referred to CPT September 2019 Result: Deleted from CPT Published in CPT Asst: Mar 2014 Referred to CPT Asst 94450 Breathing response to hypoxia (hypoxia response curve) Global: XXX Issue: Pulmonary Tests Screen: High Volume Growth1 Complete? Yes 2022 Work RVU: 0.40 Specialty Developing ACCP/ATS Most Recent **Tab:** 38 First 2020 **RUC Meeting:** February 2009 Identified: February 2008 Recommendation: Medicare **2022 NF PE RVU: 1.46 Utilization:** 25 2022 Fac PE RVU: NA RUC Recommendation: Remove from screen - RUC articulated concerns Referred to CPT Result: Remove from Screen regarding claims reporting to CMS Referred to CPT Asst Published in CPT Asst: Global: XXX Issue: Pulmonary Diagnostic Tests Screen: CMS High Expenditure Complete? Yes 94617 Exercise test for bronchospasm, including pre- and post-spirometry and pulse Procedural Codes2 oximetry; with electrocardiographic recording(s) 2022 Work RVU: 0.70 Most Recent **Tab:** 05 Specialty Developing ATS, CHEST 2020 **RUC Meeting:** October 2016 Recommendation: **Identified:** February 2016 Medicare

Referred to CPT

**Utilization:** 

February 2016

Referred to CPT Asst Published in CPT Asst:

8,870

2022 NF PE RVU: 1.87

2022 Fac PE RVU: NA

Result: Decrease

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**RUC Recommendation: 0.70** 

94618 Pulmonary stress testing (eg, 6-minute walk test), including measurement of Global: XXX Issue: Pulmonary Diagnostic Tests Screen: CMS High Expenditure Complete? Yes Procedural Codes2 heart rate, oximetry, and oxygen titration, when performed 2022 Work RVU: 0.48 **Tab:** 05 Specialty Developing ATS, CHEST 2020 **Most Recent** First **RUC Meeting:** October 2016 Recommendation: Identified: February 2016 Medicare 2022 NF PE RVU: 0.47 203.523 **Utilization:** 2022 Fac PE RVU: NA RUC Recommendation: 0.48 Referred to CPT February 2016 Result: Decrease ☐ Published in CPT Asst: Referred to CPT Asst Issue: Pulmonary Diagnostic Tests Screen: CMS High Expenditure 94620 Pulmonary stress testing; simple (eg, 6-minute walk test, prolonged exercise Global: Complete? Yes test for bronchospasm with pre- and post-spirometry and oximetry) **Procedural Codes2** 2022 Work RVU: 2020 Most Recent Specialty Developing ATS, CHEST First **RUC Meeting:** October 2016 Recommendation: Identified: July 2015 Medicare **2022 NF PE RVU: Utilization:** 2022 Fac PE RVU: RUC Recommendation: Deleted from CPT Referred to CPT February 2016 Result: Deleted from CPT Referred to CPT Asst Published in CPT Asst: Issue: Pulmonary Diagnostic Tests Screen: CMS High Expenditure Cardiopulmonary exercise testing, including measurements of minute Global: XXX Complete? Yes Procedural Codes2 ventilation, co2 production, o2 uptake, and electrocardiographic recordings **2022 Work RVU**: 1.42 **Most Recent** Specialty Developing ATS, CHEST 2020 **Tab**: 05 First **RUC Meeting:** October 2016 Recommendation: Identified: January 2016 Medicare 2022 NF PE RVU: 3.03 **Utilization:** 14,385 2022 Fac PE RVU: NA **RUC Recommendation: 1.42** Result: Maintain Referred to CPT February 2016 Referred to CPT Asst Published in CPT Asst:

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Pressurized or nonpressurized inhalation treatment for acute airway obstruction Global: XXX Issue: Evaluation of Wheezing Screen: Codes Reported

for therapeutic purposes and/or for diagnostic purposes such as sputum induction with an aerosol generator, nebulizer, metered dose inhaler or

intermittent positive pressure breathing (ippb) device

2022 Work RVU: 0.00 **Tab: 25** Specialty Developing AAFP, ATS, First 2020

Complete? Yes

Together 75% or More-

Part2 /CPT Assistant

Part2 / CPT Assistant Analysis 2018

Analysis 2018

2018

**RUC Meeting:** April 2019 Recommendation: CHEST. Identified: Medicare 2022 NF PE RVU: 0.32 **Utilization:** 234,550

2022 Fac PE RVU: NA

**RUC Recommendation:** New PE Inputs Referred to CPT Result: PE Only **Referred to CPT Asst ✓ Published in CPT Asst**: Mar 2014

Screen: CPT Assistant Analysis 94667 Manipulation chest wall, such as cupping, percussing, and vibration to facilitate Global: XXX Issue: Evaluation of Wheezing Complete? Yes

lung function; initial demonstration and/or evaluation

2022 Work RVU: 0.00 **Most Recent Tab: 25** Specialty Developing ATS, CHEST **First** 2020

**RUC Meeting:** April 2019 Recommendation: Identified: April 2019 Medicare 2022 NF PE RVU: 0.65 **Utilization:** 2.593

2022 Fac PE RVU: NA

**Referred to CPT RUC Recommendation:** New PE Inputs Result: PE Only

Referred to CPT Asst Published in CPT Asst:

Screen: Codes Reported Complete? Yes 94668 Manipulation chest wall, such as cupping, percussing, and vibration to facilitate Global: XXX Issue: Evaluation of Wheezing Together 75% or More-

lung function; subsequent

**Most Recent** 

2022 Work RVU: 0.00 **Tab: 25** AAFP, ATS, 2020 Specialty Developing First

**Most Recent RUC Meeting:** April 2019 Recommendation: CHEST. Identified: Medicare 2022 NF PE RVU: 1.02

**Utilization:** 4,363 2022 Fac PE RVU: NA

RUC Recommendation: New PE Inputs CPT Assistant article published Referred to CPT Result: PE Only

**✓ Published in CPT Asst**: Mar 2014 Referred to CPT Asst

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94669 Mechanical chest wall oscillation to faci	ilitate lung function, per session	Global: XXX Issue:	Evaluation of Wheezing	Screen: CPT Assistant Analysis 2018	Complete? Yes
		Identified: April 2019	2020 Medicare Utilization: 197 shed in CPT Asst:	2022 Work RVU: 0.00 2022 NF PE RVU: 0.53 2022 Fac PE RVU: NA Result: PE Only	
94681 Oxygen uptake, expired gas analysis; in extracted	ncluding co2 output, percentage oxyg	gen Global: XXX Issue:	Pulmonary Tests	Screen: High Volume Growth1 / CMS Fastest Growing	Complete? Yes
Most Recent Tab: 51 Specia	ialty Developing AACE, TES,	First	2020	<b>2022 Work RVU:</b> 0.20	
RUC Meeting: September 2011 Recon	mmendation: ACCP/ATS	•	Medicare Utilization: 3,835	<b>2022 NF PE RVU</b> : 1.21	
RUC Recommendation: Remove from screen		rred to CPT	shed in CPT Asst:	2022 Fac PE RVU: NA Result: Remove from Screen	
94720 Carbon monoxide diffusing capacity (eg	g, single breath, steady state)	Global: Issue:	Pulmonary Tests	Screen: Codes Reported Together 75% or More- Part1	Complete? Yes
Most Recent Tab: 45 Specia	ialty Developing ACCP, ATS	First	2020	2022 Work RVU:	
RUC Meeting: April 2010 Recor	mmendation:	•	Medicare Utilization:	2022 NF PE RVU:	
			Othization.	2022 Fac PE RVU:	
RUC Recommendation: Deleted from CPT		rred to CPT October 2010 rred to CPT Asst Publis	shed in CPT Asst:	Result: Deleted from CPT	

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94725 Membrane diffusion capacity Global: Issue: Pulmonary Tests Screen: Codes Reported Complete? Yes Together 75% or More-Part1 2022 Work RVU: Most Recent **Tab:** 45 Specialty Developing ACCP, ATS First 2020 **RUC Meeting:** April 2010 Recommendation: **Identified:** February 2010 Medicare **2022 NF PE RVU: Utilization:** 2022 Fac PE RVU: **RUC Recommendation:** Deleted from CPT Referred to CPT October 2010 Result: Deleted from CPT Referred to CPT Asst Published in CPT Asst: 94726 Plethysmography for determination of lung volumes and, when performed, Global: XXX Issue: Pulmonary Function Testing Screen: Codes Reported Complete? Yes Together 75% or Moreairway resistance Part1 2022 Work RVU: 0.26 **Most Recent Tab:** 19 Specialty Developing ACCP, ATS 2020 **RUC Meeting:** April 2011 Recommendation: **Identified:** February 2010 Medicare **2022 NF PE RVU: 1.32** 491.869 **Utilization:** 2022 Fac PE RVU: NA **RUC Recommendation: 0.31** Referred to CPT February 2011 Result: Decrease Referred to CPT Asst Published in CPT Asst:

94727 Gas dilution or washout for determination of lung volumes and, when performed, distribution of ventilation and closing volumes

Global: XXX Issue: Pulmonary Function Testing Screen: Codes Reported

231,939

Together 75% or More-

2022 Work RVU: 0.26

2022 Fac PE RVU: NA

Complete? Yes

Part1

**Most Recent Tab:** 19 Specialty Developing ACCP, ATS **RUC Meeting:** April 2011

Recommendation:

**Identified:** February 2010 Medicare **Utilization:** 

2020

2022 NF PE RVU: 1.01

**RUC Recommendation: 0.31** Referred to CPT February 2011 Result: Decrease

First

Referred to CPT Asst Published in CPT Asst:

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94728 Airway resistance by oscillometry	Global: XXX Issue: Pulmonary Function Testing Screen: Codes Reported Together 75% or More-Part1	olete? Yes
Most Recent Tab: 19 Specialty Developing ACCP, A	ATS First 2020 2022 Work RVU: 0.26	
RUC Meeting: April 2011 Recommendation:	Identified: February 2010 Medicare 2022 NF PE RVU: 0.89	
	Utilization: 4,090 2022 Fac PE RVU: NA	
RUC Recommendation: 0.31	Referred to CPT February 2011 Result: Decrease	
	Referred to CPT Asst	
94729 Diffusing capacity (eg, carbon monoxide, membrane) (list separat to code for primary procedure)	ately in addition Global: ZZZ Issue: Pulmonary Function Testing Screen: Codes Reported Comp  Together 75% or More- Part1	plete? Yes
Most Recent Tab: 19 Specialty Developing ACCP, A		
RUC Meeting: April 2011 Recommendation:	Identified: February 2010 Medicare 2022 NF PE RVU: 1.52 Utilization: 788.850	
	2022 Fac PE RVU:NA	
RUC Recommendation: 0.19	Referred to CPT February 2011 Result: Decrease	
	Referred to CPT Asst	
94750 Pulmonary compliance study (eg, plethysmography, volume and measurements)	pressure Global: Issue: RAW Screen: CMS-Other - Utilization Comp over 20,000 Part1	olete? Yes
Most Recent Tab: 17 Specialty Developing	First 2020 2022 Work RVU:	
RUC Meeting: October 2019 Recommendation:	Identified: January 2019 Medicare 2022 NF PE RVU: Utilization: 16.674	
	2022 Fac PE RVU:	
RUC Recommendation: Deleted from CPT	Referred to CPT Result: Deleted from CPT	
	Referred to CPT Asst	

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94760 Noninvasive ear or pulse oximetry for oxygen s	aturation; single determination	Global: XXX Issue:	Measure Blood Oxygen Level	Screen: CMS Request - Practice Expense Review	Complete? Yes
		rst	2020	<b>2022 Work RVU:</b> 0.00	
RUC Meeting: February 2009 Recommend	ation: Ide	entified: NA	Medicare Utilization: 17,819	<b>2022 NF PE RVU</b> : 0.06	
			,	2022 Fac PE RVU: NA	
RUC Recommendation: New PE inputs		d to CPT d to CPT Asst  Publis	shed in CPT Asst:	Result: PE Only	
94761 Noninvasive ear or pulse oximetry for oxygen s determinations (eg, during exercise)	aturation; multiple	Global: XXX Issue:	Measure Blood Oxygen Level	Screen: CMS Request - Practice Expense Review	Complete? Yes
Most Recent Tab: 32 Specialty De	veloping ACCP, ATS Fir	rst	2020	<b>2022 Work RVU</b> : 0.00	
RUC Meeting: February 2009 Recommend		entified: NA	Medicare Utilization: 12,350	<b>2022 NF PE RVU</b> : 0.09	
			Otilization. 12,330	2022 Fac PE RVU: NA	
RUC Recommendation: New PE inputs		d to CPT d to CPT Asst  Publis	shed in CPT Asst:	Result: PE Only	
94762 Noninvasive ear or pulse oximetry for oxygen s overnight monitoring (separate procedure)	aturation; by continuous	Global: XXX Issue:	Measure Blood Oxygen Level	Screen: CMS Fastest Growing, CMS Request - Practice Expense Review	Complete? Yes
Most Recent Tab: 32 Specialty De	veloping ACCP, ATS Fin	rst	2020	<b>2022 Work RVU</b> : 0.00	
RUC Meeting: February 2009 Recommend		entified: October 2008	Medicare	<b>2022 NF PE RVU</b> : 0.77	
			Utilization: 165,622	2022 Fac PE RVU:NA	
RUC Recommendation: New PE inputs	Referred	d to CPT		Result: PE Only	
	Referred	d to CPT Asst 🔲 Publis	shed in CPT Asst:	- -	

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94770 Carbon dioxide, expired gas determination by infrared analyzer Global: Issue: Evaluation of Wheezing Screen: High Volume Growth1 / Complete? Yes Codes Reported Together 75% or More-Part2 / CPT Assistant Analysis 2018 2022 Work RVU: Most Recent **Tab**: 25 Specialty Developing ATS, CHEST 2020 Recommendation: Identified: February 2008 Medicare **RUC Meeting:** April 2019 **2022 NF PE RVU: Utilization:** 2,651 2022 Fac PE RVU: RUC Recommendation: Deleted from CPT Referred to CPT September 2019 Result: Deleted from CPT Referred to CPT Asst Published in CPT Asst: Mar 2014 Percutaneous tests (scratch, puncture, prick) with allergenic extracts, immediate Global: XXX Issue: Percutaneous Allergy Tests Screen: Low Value-Billed in Complete? Yes Multiple Units / CMS type reaction, including test interpretation and report, specify number of tests High Expenditure Procedural Codes2 2022 Work RVU: 0.01 2020 **Most Recent Tab: 27 Specialty Developing** AAAAI, AAOA, First **RUC Meeting:** October 2016 Recommendation: **ACAAI** Identified: October 2010 Medicare 2022 NF PE RVU: 0.10 7,781,153 **Utilization:** 2022 Fac PE RVU: NA **RUC Recommendation: 0.01** Referred to CPT Result: Maintain Referred to CPT Asst **Published in CPT Asst:** 95010 Percutaneous tests (scratch, puncture, prick) sequential and incremental, with Global: **Issue:** Percutaneous Allergy Tests **Screen:** Low Value-Billed in Complete? Yes drugs, biologicals or venoms, immediate type reaction, including test Multiple Units interpretation and report by a physician, specify number of tests 2022 Work RVU: JCAAI, ACAAI, 2020 **Most Recent Tab:** 31 Specialty Developing First Identified: October 2010 **RUC Meeting:** April 2011 Recommendation: AAAAI Medicare **2022 NF PE RVU: Utilization:** 2022 Fac PE RVU: **RUC Recommendation:** Deleted from CPT Referred to CPT February 2012 Result: Deleted from CPT Referred to CPT Asst ■ Published in CPT Asst:

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95012 Nitric oxide expired gas determination Global: XXX Issue: Exhaled Nitric Oxide Screen: High Volume Growth5 Complete? Yes Measurement (PE Only) 2022 Work RVU: 0.00 **Most Recent Tab: 26** Specialty Developing AAAAI, ACAAI, 2020 **RUC Meeting:** April 2019 ATS, CHEST Identified: October 2018 Medicare Recommendation: **2022 NF PE RVU: 0.55** 73.690 **Utilization:** 2022 Fac PE RVU: NA **RUC Recommendation:** New PE Inputs Referred to CPT Result: PE Only Referred to CPT Asst **Published in CPT Asst:** 95015 Intracutaneous (intradermal) tests, sequential and incremental, with drugs, Issue: Intracutaneous Allgery Screen: Low Value-Billed in Complete? Yes Global: biologicals, or venoms, immediate type reaction, including test interpretation **Tests** Multiple Units and report by a physician, specify number of tests 2022 Work RVU: **Most Recent Tab:** 31 Specialty Developing JCAAI, ACAAI, First 2020 RUC Meeting: April 2011 Recommendation: **AAAAI** Identified: October 2010 Medicare **2022 NF PE RVU: Utilization:** 2022 Fac PE RVU: February 2012 Result: Deleted from CPT RUC Recommendation: Deleted from CPT Referred to CPT Referred to CPT Asst Published in CPT Asst: 95017 Allergy testing, any combination of percutaneous (scratch, puncture, prick) and Global: XXX Screen: Low Value-Billed in Issue: Percutaneous Allergy Complete? Yes intracutaneous (intradermal), sequential and incremental, with venoms, **Testing** Multiple Units immediate type reaction, including test interpretation and report, specify number of tests 2022 Work RVU: 0.07 **Most Recent Tab**: 29 Specialty Developing JCAAI First 2020 RUC Meeting: April 2012 Identified: October 2010 Recommendation: Medicare 2022 NF PE RVU: 0.18 **Utilization:** 22,762 **2022 Fac PE RVU: 0.03 RUC Recommendation: 0.07** Referred to CPT February 2012 Result: Decrease

Referred to CPT Asst

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Allergy testing, any combination of percutaneous (scratch, puncture, prick) and Global: XXX Issue: Percutaneous Alleray Screen: Low Value-Billed in Complete? Yes **Testina** Multiple Units intracutaneous (intradermal), sequential and incremental, with drugs or biologicals, immediate type reaction, including test interpretation and report, specify number of tests 2022 Work RVU: 0.14 **Most Recent Tab: 29** Specialty Developing JCAAI First 2020 Recommendation: Identified: October 2010 **RUC Meeting:** April 2012 Medicare 2022 NF PE RVU: 0.46 **Utilization:** 84,296 **2022 Fac PE RVU: 0.06 RUC Recommendation: 0.14** Referred to CPT February 2012 Result: Decrease Referred to CPT Asst Published in CPT Asst: 95024 Intracutaneous (intradermal) tests with allergenic extracts, immediate type Global: XXX Issue: Intracutaneous Allgery Screen: Low Value-Billed in Complete? Yes reaction, including test interpretation and report, specify number of tests **Tests** Multiple Units / Negative **IWPUT** 2022 Work RVU: 0.01 2020 **Most Recent Tab:** 19 Specialty Developing JCAAI, ACAAI, **First RUC Meeting:** October 2017 Recommendation: AAAAI. AAOA Identified: October 2010 Medicare **2022 NF PE RVU: 0.23 Utilization:** 1,368,744 **2022 Fac PE RVU**: 0.01 RUC Recommendation: New PE Inputs. Referred to CPT Result: PE Only **Referred to CPT Asst Published in CPT Asst:** Intracutaneous (intradermal) tests, sequential and incremental, with allergenic Global: XXX **Issue:** Intracutaneous Allgery Screen: Low Value-Billed in Complete? Yes extracts for airborne allergens, immediate type reaction, including test **Tests** Multiple Units interpretation and report, specify number of tests 2022 Work RVU: 0.01 Most Recent **Tab:** 41 **Specialty Developing** JCAAI, ACAAI, First 2020 Identified: October 2010 **RUC Meeting:** February 2011 Recommendation: AAAAI Medicare 2022 NF PE RVU: 0.13 **Utilization:** 116,742 2022 Fac PE RVU: NA Result: Maintain **RUC Recommendation: 0.01** Referred to CPT Referred to CPT Asst **Published in CPT Asst:** 

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95115 Professional services for alle allergenic extracts; single inj	rgen immunotherapy not including provis ection	ion of Global: XXX Issue	: Immunotherapy Injections Sc	creen: CMS High Expenditure Procedural Codes1	Complete? Yes
Most Recent Tab:	8 Specialty Developing JCAAI, AAOA	First	2020	<b>2022 Work RVU:</b> 0.00	
RUC Meeting: April 2012	Recommendation:	Identified: January 2012	Medicare Utilization: 859,372	<b>2022 NF PE RVU</b> : 0.27	
			Utilization: 859,372	2022 Fac PE RVU:NA	
RUC Recommendation: New PE Inputs	3	Referred to CPT	Resu	ilt: PE Only	
		Referred to CPT Asst U Pub	lished in CPT Asst:		
95117 Professional services for alle allergenic extracts; 2 or more	rgen immunotherapy not including provis injections	ion of Global: XXX Issue	: Immunotherapy Injections Sc	creen: CMS High Expenditure Procedural Codes1	Complete? Yes
Most Recent Tab:	8 Specialty Developing JCAAI, AAOA	First	2020	2022 Work RVU: 0.00	
RUC Meeting: April 2012	Recommendation:	Identified: September 2017		<b>2022 NF PE RVU</b> : 0.33	
			Utilization: 2,434,986	2022 Fac PE RVU:NA	
RUC Recommendation: New PE Inputs	5	Referred to CPT	Resu	Ilt: PE Only	
		Referred to CPT Asst	lished in CPT Asst:		
	supervision of preparation and provision therapy, single dose vial(s) (specify numb		e: Antigen Therapy Services So	creen: Low Value-Billed in Multiple Units / CMS High Expenditure Procedural Codes2	Complete? Yes
Most Recent Tab:	9 Specialty Developing AAOHNS, AAO	DA. First	2020	<b>2022 Work RVU:</b> 0.06	
RUC Meeting: January 2016	Recommendation: ACAAI	Identified: October 2010	Medicare	<b>2022 NF PE RVU</b> : 0.43	
			Utilization: 155,016	2022 Fac PE RVU: 0.02	
RUC Recommendation: 0.06		Referred to CPT	Resu	ılt: Maintain	
		Referred to CPT Asst	lished in CPT Asst:		

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95148 Professional services for the supervision of preparation and provision of Global: XXX Issue: Screen: Low Value-Billed in Complete? Yes Multiple Units antigens for allergen immunotherapy (specify number of doses); 4 single stinging insect venoms 2022 Work RVU: 0.06 **Most Recent Tab:** 73 Specialty Developing First 2020 **RUC Meeting:** October 2010 Identified: October 2010 Recommendation: Medicare 2022 NF PE RVU: 2.60 18,559 **Utilization: 2022 Fac PE RVU:** 0.02 **RUC Recommendation: 0.06** Referred to CPT Result: Maintain Referred to CPT Asst **Published in CPT Asst:** 95165 Professional services for the supervision of preparation and provision of Global: XXX Issue: Antigen Therapy Services Screen: MPC List / CMS High Complete? Yes antigens for allergen immunotherapy; single or multiple antigens (specify **Expenditure Procedural** Codes2 number of doses) 2022 Work RVU: 0.06 **Most Recent** Specialty Developing AAOHNS, AAOA, 2020 **Tab**: 49 **RUC Meeting:** January 2016 Recommendation: **ACAAI** Identified: October 2010 Medicare 2022 NF PE RVU: 0.39 **Utilization:** 6,673,468 2022 Fac PE RVU: 0.02 **RUC Recommendation: 0.06** Referred to CPT Result: Maintain Referred to CPT Asst **Published in CPT Asst:** 95249 Ambulatory continuous glucose monitoring of interstitial tissue fluid via a Global: XXX Continuous Glucose Screen: High Volume Growth2 Complete? Yes Monitorina subcutaneous sensor for a minimum of 72 hours; patient-provided equipment, sensor placement, hook-up, calibration of monitor, patient training, and printout of recording 2022 Work RVU: 0.00 Most Recent **Tab:** 08 Specialty Developing AACE, ES, ACP First 2020 **RUC Meeting:** April 2017 Recommendation: Identified: Medicare **2022 NF PE RVU: 1.69 Utilization:** 10,344 2022 Fac PE RVU: NA RUC Recommendation: Re-review at RAW. PE Only. Referred to CPT June 2017 Result: PE Only

Referred to CPT Asst Published in CPT Asst: June 2018

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95250 Ambulatory continuous glucose monitoring of interstitial tissue fluid via a Global: XXX Issue: Continuous Glucose Screen: High Volume Growth2 / Complete? Yes Monitorina Work Neutrality 2018 subcutaneous sensor for a minimum of 72 hours: physician or other qualified health care professional (office) provided equipment, sensor placement, hookup, calibration of monitor, patient training, removal of sensor, and printout of recording 2022 Work RVU: 0.00 **Most Recent Tab:** 37 Specialty Developing AACE, ES 2020 First Identified: October 2013 **RUC Meeting:** January 2020 Recommendation: Medicare 2022 NF PE RVU: 4.34 **Utilization:** 48,697 2022 Fac PE RVU: NA RUC Recommendation: Re-review at RAW. New PE inputs. Referred to CPT October 2015 & February Result: PE Only 2017 ☐ Published in CPT Asst: Referred to CPT Asst Issue: Continuous Glucose Screen: High Volume Growth / 95251 Ambulatory continuous glucose monitoring of interstitial tissue fluid via a Global: XXX Complete? Yes Work Neutrality 2018 subcutaneous sensor for a minimum of 72 hours; analysis, interpretation and Monitorina report 2022 Work RVU: 0.70 **Most Recent Tab: 37** Specialty Developing AACE, ES First 2020 Identified: April 2013 **RUC Meeting:** January 2020 Recommendation: Medicare **2022 NF PE RVU: 0.28 Utilization:** 296.345 2022 Fac PE RVU: 0.28 **RUC Recommendation:** Re-review at RAW 0.70 Referred to CPT February 2017 Result: Decrease Referred to CPT Asst Published in CPT Asst: Global: XXX Issue: Long-Term EEG Monitoring Screen: High Volume Growth4 / Complete? Yes 95700 Electroencephalogram (eeg) continuous recording, with video when performed, Contractor Priced High setup, patient education, and takedown when performed, administered in person by eeg technologist, minimum of 8 channels Volume2 2022 Work RVU: 0.00 **Most Recent Tab:** 13 Specialty Developing AAN, ACNS First 2020 **RUC Meeting:** September 2022 Recommendation: Identified: May 2018 Medicare 2022 NF PE RVU: 0.00 **Utilization:** 13,701 2022 Fac PE RVU: 0.00 RUC Recommendation: Review action plan. PE Only Referred to CPT Result: PE Only

Referred to CPT Asst

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Most Recent Ta	<b>b:</b> 13	Specialty Developing AAN, ACNS	First	2020	<b>2022 Work RVU:</b> 0.00	
RUC Meeting: October 2018		Recommendation:	Identified: May 2018	Medicare	<b>2022 NF PE RVU</b> : 0.00	
				Utilization: 1,248	<b>2022 Fac PE RVU:</b> 0.00	
RUC Recommendation: PE Only			Referred to CPT		esult: PE Only	
			Referred to CPT Asst	blished in CPT Asst:		
95706 Electroencephalogram (ee by eeg technologist, 2-12 h	eg), with hours; v	nout video, review of data, technical own with intermittent monitoring and mai	description Global: XXX Issu ntenance	e: Long-Term EEG Monitoring	Screen: High Volume Growth4	Complete? Ye
	<b>b:</b> 13	Specialty Developing AAN, ACNS	First	2020	<b>2022 Work RVU:</b> 0.00	
RUC Meeting: October 2018		Recommendation:	Identified: May 2018	Medicare Utilization: 217	<b>2022 NF PE RVU</b> : 0.00	
				Otilization: 217	2022 Fac PE RVU: 0.00	
RUC Recommendation: PE Only			Referred to CPT	R	esult: PE Only	
95707 Electroencephalogram (ee by eeg technologist, 2-12 h		nout video, review of data, technical o with continuous, real-time monitoring	description Global: XXX Issu	blished in CPT Asst:  ue: Long-Term EEG Monitoring	Screen: High Volume Growth4	Complete? Ye
95707 Electroencephalogram (ee by eeg technologist, 2-12 h maintenance		with continuous, real-time monitoring  Specialty Developing AAN, ACNS	description Global: XXX Issu g and First	e: Long-Term EEG Monitoring 2020	2022 Work RVU: 0.00	Complete? Ye
95707 Electroencephalogram (ee by eeg technologist, 2-12 h maintenance	hours;	with continuous, real-time monitoring	description Global: XXX Issu g and	ie: Long-Term EEG Monitoring	2022 Work RVU: 0.00 2022 NF PE RVU: 0.00	Complete? Ye
95707 Electroencephalogram (ee by eeg technologist, 2-12 h maintenance Most Recent Ta RUC Meeting: October 2018	hours;	with continuous, real-time monitoring  Specialty Developing AAN, ACNS	description Global: XXX Issu g and First Identified: May 2018	2020 Medicare Utilization: 83	2022 Work RVU: 0.00 2022 NF PE RVU: 0.00 2022 Fac PE RVU: 0.00	Complete? Ye
95707 Electroencephalogram (ee by eeg technologist, 2-12 h maintenance Most Recent Ta RUC Meeting: October 2018	hours;	with continuous, real-time monitoring  Specialty Developing AAN, ACNS	description Global: XXX Issu g and  First Identified: May 2018  Referred to CPT	2020 Medicare Utilization: 83	2022 Work RVU: 0.00 2022 NF PE RVU: 0.00	Complete? Ye
95707 Electroencephalogram (ee by eeg technologist, 2-12 h maintenance  Most Recent Ta RUC Meeting: October 2018  RUC Recommendation: PE Only	hours; vab: 13	with continuous, real-time monitoring  Specialty Developing AAN, ACNS	description Global: XXX Issu g and  First Identified: May 2018  Referred to CPT Referred to CPT Asst Pul	2020 Medicare Utilization: 83  R blished in CPT Asst:	2022 Work RVU: 0.00 2022 NF PE RVU: 0.00 2022 Fac PE RVU: 0.00 esult: PE Only	•
D5707 Electroencephalogram (ee by eeg technologist, 2-12 h maintenance  Most Recent Ta  RUC Meeting: October 2018  RUC Recommendation: PE Only  D5708 Electroencephalogram (ee by eeg technologist, each	hours; vab: 13	Specialty Developing AAN, ACNS Recommendation:  nout video, review of data, technical cent of 12-26 hours; unmonitored  Specialty Developing AAN, ACNS	description Global: XXX Issued and  First Identified: May 2018  Referred to CPT Referred to CPT Asst Pulled Description Global: XXX Issued First	2020 Medicare Utilization: 83  R blished in CPT Asst:	2022 Work RVU: 0.00 2022 NF PE RVU: 0.00 2022 Fac PE RVU: 0.00 esult: PE Only	Complete? Ye
95707 Electroencephalogram (ee by eeg technologist, 2-12 h maintenance  Most Recent Ta RUC Meeting: October 2018  RUC Recommendation: PE Only  95708 Electroencephalogram (ee by eeg technologist, each  Most Recent Ta	b: 13 eg), with increm	Specialty Developing AAN, ACNS Recommendation:	description Global: XXX Issue g and  First Identified: May 2018  Referred to CPT Referred to CPT Asst Pull Pull description Global: XXX Issue	2020 Medicare Utilization: 83  R blished in CPT Asst:  De: Long-Term EEG Monitoring  2020 Medicare	2022 Work RVU: 0.00 2022 NF PE RVU: 0.00 2022 Fac PE RVU: 0.00 esult: PE Only  Screen: High Volume Growth4	•
95707 Electroencephalogram (ee by eeg technologist, 2-12 h maintenance  Most Recent Ta RUC Meeting: October 2018  RUC Recommendation: PE Only  95708 Electroencephalogram (ee by eeg technologist, each	b: 13 eg), with increm	Specialty Developing AAN, ACNS Recommendation:  nout video, review of data, technical cent of 12-26 hours; unmonitored  Specialty Developing AAN, ACNS	description Global: XXX Issued and  First Identified: May 2018  Referred to CPT Referred to CPT Asst Pulled Description Global: XXX Issued First	2020 Medicare Utilization: 83  Reblished in CPT Asst:  Re: Long-Term EEG Monitoring  2020 Medicare Utilization: 8,127	2022 Work RVU: 0.00 2022 NF PE RVU: 0.00 2022 Fac PE RVU: 0.00 esult: PE Only  Screen: High Volume Growth4 2022 Work RVU: 0.00	,

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00.00	· • · · ·	thout video, review of data, techni nent of 12-26 hours; with intermitt	-	Issue: Long-Term EEG Monitorin	g Screen: High Volume Growth4	Complete? Yes
Most Recent	<b>Tab:</b> 13	Specialty Developing AAN, AC		2020	<b>2022 Work RVU:</b> 0.00	
RUC Meeting: October 2018		Recommendation:	Identified: May 201	8 Medicare Utilization: 1,361	<b>2022 NF PE RVU</b> : 0.00	
				otilization. 1,001	<b>2022 Fac PE RVU:</b> 0.00	
RUC Recommendation: PE O	nly		Referred to CPT	¬	Result: PE Only	
			Referred to CPT Asst	Published in CPT Asst:		
	each incren	thout video, review of data, techni nent of 12-26 hours; with continuc		Issue: Long-Term EEG Monitorin	g Screen: High Volume Growth4	Complete? Yes
Most Recent	<b>Tab:</b> 13	Specialty Developing AAN, AC	IS First	2020	<b>2022 Work RVU:</b> 0.00	
RUC Meeting: October 2018		Recommendation:	Identified: May 201		<b>2022 NF PE RVU</b> : 0.00	
				Utilization: 146	<b>2022 Fac PE RVU</b> : 0.00	
RUC Recommendation: PE O	nly		Referred to CPT		Result: PE Only	
			Referred to CPT Asst	Published in CPT Asst:		
95711 Electroencephalogrameeg technologist, 2-1:			description by Global: XXX	Issue: Long-Term EEG Monitorin	g Screen: High Volume Growth4	Complete? Yes
Most Recent	<b>Tab:</b> 13	Specialty Developing AAN, AC	IS First	2020	<b>2022 Work RVU:</b> 0.00	
RUC Meeting: October 2018		Recommendation:	Identified: May 201	8 Medicare Utilization: 356	<b>2022 NF PE RVU</b> : 0.00	
				Othization. 330	<b>2022 Fac PE RVU</b> : 0.00	
RUC Recommendation: PE O	nly		Referred to CPT	_	Result: PE Only	
			Referred to CPT Asst	Published in CPT Asst:		

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	leo (veeg), review of data, technical de vith intermittent monitoring and mainte		sue: Long-Term EEG Monitoring	Screen: High Volume Growth4	Complete? Yes
Most Recent Tab: 13	Specialty Developing AAN, ACNS	First	2020	<b>2022 Work RVU:</b> 0.00	
RUC Meeting: October 2018	Recommendation:	Identified: May 2018	Medicare Utilization: 744	<b>2022 NF PE RVU</b> : 0.00	
			Othization: 744	2022 Fac PE RVU: 0.00	
RUC Recommendation: PE Only		Referred to CPT	Res	sult: PE Only	
		Referred to CPT Asst	Published in CPT Asst:		
	leo (veeg), review of data, technical de vith continuous, real-time monitoring a		sue: Long-Term EEG Monitoring \$	Screen: High Volume Growth4	Complete? Yes
Most Recent Tab: 13	Specialty Developing AAN, ACNS	First	2020	2022 Work RVU: 0.00	
RUC Meeting: October 2018	Recommendation:	Identified: May 2018	Medicare	<b>2022 NF PE RVU</b> : 0.00	
			Utilization: 1,555	<b>2022 Fac PE RVU</b> : 0.00	
RUC Recommendation: PE Only		Referred to CPT	Res	sult: PE Only	
		Referred to CPT Asst	Published in CPT Asst:		
95714 Electroencephalogram with vio	leo (veeg), review of data, technical de ent of 12-26 hours; unmonitored	scription by Global: XXX Is	sue: Long-Term EEG Monitoring	Screen: High Volume Growth4	Complete? Yes
Most Recent Tab: 13	Specialty Developing AAN, ACNS	First	2020	<b>2022 Work RVU:</b> 0.00	
RUC Meeting: October 2018	Recommendation:	Identified: May 2018	Medicare Utilization: 6.404	<b>2022 NF PE RVU</b> : 0.00	
			Othization: 0,404	2022 Fac PE RVU: 0.00	
RUC Recommendation: PE Only		Referred to CPT	Res	sult: PE Only	
		Referred to CPT Asst	Published in CPT Asst:		

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		o (veeg), review of data, technical des t of 12-26 hours; with intermittent mo		sue: Long-Term EEG Monitoring Sci	reen: High Volume Growth4 / Contractor Priced High Volume2	Complete? Yes
Most Recent 1	<b>Tab:</b> 13	Specialty Developing AAN, ACNS	First	2020	<b>2022 Work RVU:</b> 0.00	
RUC Meeting: September 2022		Recommendation:	Identified: May 2018	Medicare	<b>2022 NF PE RVU</b> : 0.00	
				Utilization: 14,730	2022 Fac PE RVU: 0.00	
RUC Recommendation: Review a	action pla	n. PE Only	Referred to CPT	Resul	t: PE Only	
			Referred to CPT Asst	Published in CPT Asst:		
	ncremen	o (veeg), review of data, technical des t of 12-26 hours; with continuous, rea		sue: Long-Term EEG Monitoring Sci	reen: High Volume Growth4	Complete? Yes
Most Recent 1	<b>Tab:</b> 13	Specialty Developing AAN, ACNS	First	2020	<b>2022 Work RVU:</b> 0.00	
RUC Meeting: October 2018		Recommendation:	Identified: May 2018	Medicare	<b>2022 NF PE RVU:</b> 0.00	
				Utilization: 2,549	2022 Fac PE RVU: 0.00	
RUC Recommendation: PE Only			Referred to CPT	Resul	t: PE Only	
			Referred to CPT Asst	Published in CPT Asst:		
health care professional	review of	ntinuous recording, physician or othe of recorded events, analysis of spike and report, 2-12 hours of eeg recordi	and	sue: Long-Term EEG Monitoring Sci	reen: High Volume Growth4	Complete? Yes
	<b>Tab:</b> 13	Specialty Developing AAN, ACNS	First	2020	<b>2022 Work RVU:</b> 2.00	
RUC Meeting: October 2018		Recommendation:	Identified: May 2018	Medicare Utilization: 3,137	<b>2022 NF PE RVU</b> : 0.85	
				Utilization: 3,137	2022 Fac PE RVU: 0.82	
<b>RUC Recommendation:</b> 2.00			Referred to CPT	Resul	t: Decrease	
			Referred to CPT Asst	Published in CPT Asst:		

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health care profession	nal review	ntinuous recording, physician or othe of recorded events, analysis of spike and report, 2-12 hours of eeg recordi	and	: Long-Term EEG Monitoring	Screen: High Volume Growth4	Complete? Yes
ost Recent	<b>Tab:</b> 13	Specialty Developing AAN, ACNS	First	2020	2022 Work RVU: 2.50	
UC Meeting: October 2018		Recommendation:	Identified: May 2018	Medicare	<b>2022 NF PE RVU</b> : 1.28	
				Utilization: 29,737	<b>2022 Fac PE RVU</b> : 1.22	
UC Recommendation: 2.50			Referred to CPT	Re	sult: Decrease	
			Referred to CPT Asst	lished in CPT Asst:		
health care profession seizure detection, each	nal review o	ntinuous recording, physician or othe of recorded events, analysis of spike a nt of greater than 12 hours, up to 26 h I report after each 24-hour period; wit	and ours of	: Long-Term EEG Monitoring	Screen: High Volume Growth4	Complete? Yes
ost Recent	<b>Tab:</b> 13	Specialty Developing AAN, ACNS	First	2020	2022 Work RVU: 3.00	
UC Meeting: October 2018		Recommendation:	Identified: May 2018	Medicare	<b>2022 NF PE RVU</b> : 1.39	
				Utilization: 5,966	<b>2022 Fac PE RVU:</b> 1.35	
JC Recommendation: 3.00			Referred to CPT	Re	sult: Decrease	
			Referred to CPT Asst  Pub	lished in CPT Asst:		
health care profession seizure detection, each	nal review o	ntinuous recording, physician or othe of recorded events, analysis of spike a nt of greater than 12 hours, up to 26 h d report after each 24-hour period; wit	and ours of	: Long-Term EEG Monitoring	Screen: High Volume Growth4	Complete? Yes
ost Recent	<b>Tab:</b> 13	Specialty Developing AAN, ACNS	First	2020	<b>2022 Work RVU</b> : 3.86	
JC Meeting: October 2018		Recommendation:	Identified: May 2018	Medicare Utilization: 123,778	<b>2022 NF PE RVU</b> : 1.96	
				Otinization. 123,170	<b>2022 Fac PE RVU</b> : 1.86	
					<b>2022 1 40 1 2 100 0.</b> 1.00	
UC Recommendation: 3.86			Referred to CPT	Re	sult: Decrease	

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health care profession seizure detection, into	nal review of	ntinuous recording, physician or othe of recorded events, analysis of spike a and summary report, complete study eeg recording, without video	and	e: Long-Term EEG Monitoring \$	Screen: High Volume Growth4	Complete? Yes
Most Recent	<b>Tab:</b> 13	Specialty Developing AAN, ACNS	First	2020	<b>2022 Work RVU</b> : 3.86	
RUC Meeting: October 2018		Recommendation:	Identified: May 2018	Medicare Utilization: 2,378	<b>2022 NF PE RVU</b> : 1.97	
				,	<b>2022 Fac PE RVU</b> : 1.85	
RUC Recommendation: 3.86			Referred to CPT Referred to CPT Asst  Pub	Res olished in CPT Asst:	sult: Decrease	
health care profession seizure detection, into	nal review of erpretation,	ntinuous recording, physician or othe of recorded events, analysis of spike a and summary report, complete study eeg recording, with video (veeg)	and	e: Long-Term EEG Monitoring	Screen: High Volume Growth4	Complete? Yes
lost Recent	<b>Tab:</b> 13	Specialty Developing AAN, ACNS	First	2020	<b>2022 Work RVU:</b> 4.70	
UC Meeting: October 2018		Recommendation:	Identified: May 2018	Medicare	<b>2022 NF PE RVU</b> : 2.39	
				Utilization: 2,167	2022 Fac PE RVU: 2.25	
UC Recommendation: 4.70			Referred to CPT	Res	sult: Decrease	
			Referred to CPT Asst	olished in CPT Asst:		
health care profession seizure detection, into	nal review of	ntinuous recording, physician or othe of recorded events, analysis of spike a and summary report, complete study eeg recording, without video	and	e: Long-Term EEG Monitoring	Screen: High Volume Growth4	Complete? Yes
lost Recent	<b>Tab:</b> 13	Specialty Developing AAN, ACNS	First	2020	<b>2022 Work RVU:</b> 4.75	
JC Meeting: October 2018		Recommendation:	Identified: May 2018	Medicare Utilization: 2,904	<b>2022 NF PE RVU</b> : 2.40	
				Othization: 2,904	2022 Fac PE RVU: 2.25	
UC Recommendation: 4.75			Referred to CPT	Res	sult: Decrease	
			Referred to CPT Asst	lished in CPT Asst:		

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health care professio seizure detection, int	nal review of erpretation,	ntinuous recording, physician or other of recorded events, analysis of spike and summary report, complete study eeg recording, with video (veeg)	and	ue: Long-Term EEG Monitoring	Screen: High Volume Growth4	Complete? Yes
Most Recent	<b>Tab:</b> 13	Specialty Developing AAN, ACNS	First	2020	<b>2022 Work RVU</b> : 6.00	
RUC Meeting: October 2018		Recommendation:	Identified: May 2018	Medicare Utilization: 4.668	<b>2022 NF PE RVU</b> : 3.02	
				otimization. 4,000	<b>2022 Fac PE RVU</b> : 2.85	
<b>RUC Recommendation:</b> 6.00			Referred to CPT		sult: Decrease	
			Referred to CPT Asst	ublished in CPT Asst:		
health care professio	nal review of erpretation,	ntinuous recording, physician or othe of recorded events, analysis of spike and summary report, complete stud without video	and	ue: Long-Term EEG Monitoring	Screen: High Volume Growth4	Complete? Yes
Most Recent	<b>Tab</b> : 13	Specialty Developing AAN, ACNS	First	2020	<b>2022 Work RVU</b> : 5.40	
RUC Meeting: October 2018		Recommendation:	Identified: May 2018	Medicare	2022 NF PE RVU: 2.82	
				Utilization: 181	<b>2022 Fac PE RVU</b> : 2.63	
RUC Recommendation: 5.40			Referred to CPT	Re	sult: Decrease	
			Referred to CPT Asst  Pt	ublished in CPT Asst:		
health care professio	nal review of erpretation,	ntinuous recording, physician or othe of recorded events, analysis of spike and summary report, complete stud with video (veeg)	and	ue: Long-Term EEG Monitoring	Screen: High Volume Growth4	Complete? Yes
Most Recent	<b>Tab</b> : 13	Specialty Developing AAN, ACNS	First	2020	2022 Work RVU: 7.58	
RUC Meeting: October 2018		Recommendation:	Identified: May 2018	Medicare	<b>2022 NF PE RVU:</b> 3.85	
				Utilization: 583	<b>2022 Fac PE RVU</b> : 3.63	
RUC Recommendation: 7.58			Referred to CPT	Re	sult: Decrease	
			Referred to CPT Asst	ublished in CPT Asst:		

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95800 Sleep study, unattended, simultaneous recording; heart rate, oxygen saturation, Global: XXX Issue: Sleep Testing Screen: CMS Fastest Growing Complete? Yes respiratory analysis (eg, by airflow or peripheral arterial tone), and sleep time 2022 Work RVU: 0.85 **Most Recent Tab:** 28 Specialty Developing ACNS, AAN, **First** 2020 **RUC Meeting:** April 2010 ACCP/ATS, AASM Identified: October 2009 Recommendation: Medicare 2022 NF PE RVU: 3.84 **Utilization:** 26,905 2022 Fac PE RVU: NA **RUC Recommendation: 1.05** Referred to CPT October 2009 Result: Decrease Referred to CPT Asst Published in CPT Asst: 95801 Sleep study, unattended, simultaneous recording; minimum of heart rate, Global: XXX Issue: Sleep Testing Screen: CMS Fastest Growing Complete? Yes oxygen saturation, and respiratory analysis (eg, by airflow or peripheral arterial tone) 2022 Work RVU: 0.85 **Most Recent Tab: 28** Specialty Developing ACNS, AAN, **First** 2020 **RUC Meeting:** April 2010 Recommendation: ACCP/ATS, AASM Identified: October 2009 Medicare **2022 NF PE RVU: 1.78** 273 **Utilization:** 2022 Fac PE RVU: NA **RUC Recommendation: 1 00** Referred to CPT October 2009 Result: Decrease Referred to CPT Asst Published in CPT Asst: 95803 Actigraphy testing, recording, analysis, interpretation, and report (minimum of Global: XXX Issue: Sleep Testing Screen: CMS Request - Practice Complete? Yes 72 hours to 14 consecutive days of recording) Expense Review 2022 Work RVU: 0.90 Most Recent **Tab: 28** Specialty Developing ACNS, AAN, **First** 2020 **RUC Meeting:** April 2010 Recommendation: ACCP/ATS, AASM Identified: NA Medicare **2022 NF PE RVU: 3.40 Utilization:** 192 2022 Fac PE RVU: NA

Result: Decrease

Referred to CPT

Referred to CPT Asst

**Published in CPT Asst:** 

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RUC Recommendation: 0.90 and New PE inputs

95805 Multiple sleep latency or maintenance of wakefulness testing, recording, Global: XXX Issue: Sleep Testing Screen: CMS Fastest Growing Complete? Yes analysis and interpretation of physiological measurements of sleep during multiple trials to assess sleepiness 2022 Work RVU: 1.20 **Most Recent Tab:** 28 Specialty Developing ACNS, AAN, **First** 2020 Identified: October 2009 **RUC Meeting:** April 2010 Recommendation: ACCP/ATS, AASM Medicare **2022 NF PE RVU: 11.00** 1,976 **Utilization:** 2022 Fac PE RVU: NA **RUC Recommendation: 1.20** Referred to CPT October 2009 Result: Decrease Referred to CPT Asst Published in CPT Asst: 95806 Sleep study, unattended, simultaneous recording of, heart rate, oxygen Global: XXX Issue: Sleep Testing Screen: CMS Fastest Growing Complete? Yes saturation, respiratory airflow, and respiratory effort (eg, thoracoabdominal movement) 2022 Work RVU: 0.93 Most Recent **Tab: 28** Specialty Developing ACNS, AAN, First 2020 **RUC Meeting:** April 2010 ACCP/ATS, AASM Identified: October 2009 **Medicare** Recommendation: 2022 NF PE RVU: 1.71 **Utilization:** 78,847 2022 Fac PE RVU: NA October 2009 **RUC Recommendation: 1.28** Referred to CPT Result: Decrease Referred to CPT Asst Published in CPT Asst: 95807 Sleep study, simultaneous recording of ventilation, respiratory effort, ecg or Issue: Sleep Testing Screen: CMS Fastest Growing Complete? Yes Global: XXX heart rate, and oxygen saturation, attended by a technologist 2022 Work RVU: 1.28 Specialty Developing ACNS, AAN, Most Recent First 2020 **RUC Meeting:** April 2010 Recommendation: ACCP/ATS, AASM Identified: October 2009 Medicare **2022 NF PE RVU: 9.79 Utilization:** 1,584 2022 Fac PE RVU: NA

Referred to CPT

October 2009

Referred to CPT Asst Published in CPT Asst:

Result: Decrease

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RUC Recommendation: 1.25

95808 Polysomnography; a sleep, attended by a		p staging with 1-3 addit t	ional parameters of	f Global: XXX Issue	: Sleep Testing	Screen: CMS Fastest Growing	Complete? Yes
Most Recent	<b>Tab:</b> 28	Specialty Developing		First	2020	<b>2022 Work RVU:</b> 1.74	
RUC Meeting: April 2010		Recommendation:	ACCP/ATS, AASM	Identified: October 2009	Medicare Utilization: 537	<b>2022 NF PE RVU</b> : 17.89	
					otilization.	2022 Fac PE RVU: NA	
RUC Recommendation: 1.74				erred to CPT October 2009 erred to CPT Asst  Pub	ished in CPT Asst:	Result: Decrease	
95810 Polysomnography; a parameters of sleep,			rith 4 or more additi	ional Global: XXX Issue	: Sleep Testing	Screen: CMS Fastest Growing / MPC List	Complete? Yes
Most Recent	<b>Tab</b> : 28	Specialty Developing	ACNS, AAN,	First	2020	2022 Work RVU: 2.50	
RUC Meeting: April 2010		Recommendation:		Identified: February 2010	Medicare	<b>2022 NF PE RVU</b> : 15.27	
					Utilization: 172,583	2022 Fac PE RVU: NA	
RUC Recommendation: 2.50			Refe	erred to CPT October 2009	)	Result: Decrease	
			Refe	erred to CPT Asst	ished in CPT Asst:		
parameters of sleep,	with initiation	or older, sleep staging wo on of continuous positivended by a technologist	rith 4 or more additi	erred to CPT Asst		Screen: CMS Fastest Growing	Complete? Yes
parameters of sleep, therapy or bilevel ve	with initiation	on of continuous positiv	rith 4 or more additi ve airway pressure			Screen: CMS Fastest Growing  2022 Work RVU: 2.60	Complete? Yes
parameters of sleep, therapy or bilevel ve flost Recent	with initiation attorn	on of continuous positivended by a technologist	vith 4 or more additive airway pressure	ional Global: XXX Issue	: Sleep Testing  2020  Medicare	Ç	Complete? Yes
parameters of sleep, therapy or bilevel ve flost Recent	with initiation attorn	on of continuous positivended by a technologist  Specialty Developing	vith 4 or more additive airway pressure	ional Global: XXX Issue	: Sleep Testing	2022 Work RVU: 2.60	Complete? Yes
parameters of sleep, therapy or bilevel ve Most Recent RUC Meeting: April 2010	with initiation attorn	on of continuous positivended by a technologist  Specialty Developing	rith 4 or more additive airway pressure  ACNS, AAN, ACCP/ATS, AASM	First Identified: October 2009	: Sleep Testing  2020  Medicare Utilization: 187,980	2022 Work RVU: 2.60 2022 NF PE RVU: 15.95	Complete? Yes
parameters of sleep, therapy or bilevel ve Most Recent RUC Meeting: April 2010 RUC Recommendation: 2.60	with initiation attornial	on of continuous positivended by a technologist Specialty Developing Recommendation:	rith 4 or more additive airway pressure  ACNS, AAN, ACCP/ATS, AASM  Refe	First Identified: October 2009 erred to CPT October 2009 erred to CPT Asst Pub	: Sleep Testing  2020 Medicare Utilization: 187,980  ished in CPT Asst:	2022 Work RVU: 2.60 2022 NF PE RVU: 15.95 2022 Fac PE RVU:NA	Complete? Yes
parameters of sleep, therapy or bilevel ve Most Recent RUC Meeting: April 2010  RUC Recommendation: 2.60	with initiation attornial	on of continuous positivended by a technologist Specialty Developing Recommendation:	rith 4 or more additive airway pressure  ACNS, AAN, ACCP/ATS, AASM  Refe Refe	First Identified: October 2009 erred to CPT October 2009 erred to CPT Asst Pub	: Sleep Testing  2020 Medicare Utilization: 187,980  ished in CPT Asst:	2022 Work RVU: 2.60 2022 NF PE RVU: 15.95 2022 Fac PE RVU: NA Result: Decrease	•
parameters of sleep, therapy or bilevel ve Most Recent RUC Meeting: April 2010  RUC Recommendation: 2.60  95812 Electroencephalogra	with initiation attornial	on of continuous positivended by a technologist Specialty Developing Recommendation:	rith 4 or more additive airway pressure  ACNS, AAN, ACCP/ATS, AASM  Refe Refe	First Identified: October 2009  erred to CPT October 2009  erred to CPT Asst Pub  Global: XXX Issue	2020 Medicare Utilization: 187,980 ished in CPT Asst:  : Long-Term EEG Monitor 2020 Medicare	2022 Work RVU: 2.60 2022 NF PE RVU: 15.95 2022 Fac PE RVU:NA Result: Decrease	•
parameters of sleep, therapy or bilevel ve flost Recent RUC Meeting: April 2010 RUC Recommendation: 2.60	with initiation attornial	on of continuous positivended by a technologist Specialty Developing Recommendation:  ended monitoring; 41-60 Specialty Developing	rith 4 or more additive airway pressure  ACNS, AAN, ACCP/ATS, AASM  Refe Refe	First Identified: October 2009 erred to CPT October 2009 erred to CPT Asst Pub Global: XXX Issue	2020 Medicare Utilization: 187,980 ished in CPT Asst:  : Long-Term EEG Monitor	2022 Work RVU: 2.60 2022 NF PE RVU: 15.95 2022 Fac PE RVU:NA Result: Decrease  ring Screen: CMS Request - Final Rule for 2016 2022 Work RVU: 1.08	•
parameters of sleep,	with initiation attornial	on of continuous positivended by a technologist Specialty Developing Recommendation:  ended monitoring; 41-60 Specialty Developing	rith 4 or more additive airway pressure  ACNS, AAN, ACCP/ATS, AASM  Refe Refe  D minutes  AAN, ACNS	First Identified: October 2009 erred to CPT October 2009 erred to CPT Asst Pub Global: XXX Issue	2020 Medicare Utilization: 187,980 ished in CPT Asst:  : Long-Term EEG Monitor 2020 Medicare	2022 Work RVU: 2.60 2022 NF PE RVU: 15.95 2022 Fac PE RVU: NA Result: Decrease  ring Screen: CMS Request - Final Rule for 2016 2022 Work RVU: 1.08 2022 NF PE RVU: 9.11	•

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OFO40 Flootrooppopholograp	(aaa) axta	anded monitoring, 64 440 minutes	Clobal, YYY Januar	Long Torm CCC Monitori	ing Coroon CMC Degreet Final	Complete 2 Voc
95813 Electroencephalogram (eeg) extended monitoring; 61-119 minutes			Global: XXX Issue:	Long-Term EEG Monitorin	ing Screen: CMS Request - Final Rule for 2016	Complete? Yes
Most Recent	<b>Tab:</b> 13	Specialty Developing AAN, ACNS	First	2020	<b>2022 Work RVU</b> : 1.63	
RUC Meeting: October 2018		Recommendation:	Identified: July 2015	Medicare Utilization: 20,770	<b>2022 NF PE RVU:</b> 10.96	
				Othization. 20,770	2022 Fac PE RVU: NA	
RUC Recommendation: 1.63			Referred to CPT		Result: Decrease	
			Referred to CPT Asst	ished in CPT Asst:		
95816 Electroencephalogra	m (eeg); inc	luding recording awake and drowsy	Global: XXX Issue:	: Electroencephalogram	Screen: CMS High Expenditure Procedural Codes1	Complete? Yes
Most Recent	<b>Tab</b> : 22	Specialty Developing	First	2020	2022 Work RVU: 1.08	
RUC Meeting: October 2012		Recommendation:	Identified: January 2012	Medicare	2022 NF PE RVU: 10.17	
				Utilization: 227,325	2022 Fac PE RVU: NA	
RUC Recommendation: 1.08			Referred to CPT		Result: Maintain	
			Referred to CPT Asst	ished in CPT Asst:		
95819 Electroencephalogram	m (eeg); inc	luding recording awake and asleep	Global: XXX Issue:	: Electroencephalogram	Screen: CMS High Expenditure Procedural Codes1	Complete? Yes
	m (eeg); inc		Global: XXX Issue:	: Electroencephalogram		Complete? Yes
Most Recent	, 0,,	Specialty Developing AAN, ACNS Recommendation:		2020 Medicare	Procedural Codes1	Complete? Yes
95819 Electroencephalogram  Most Recent RUC Meeting: October 2012	, 0,,	Specialty Developing AAN, ACNS	First	2020	Procedural Codes1  2022 Work RVU: 1.08	Complete? Yes
Most Recent RUC Meeting: October 2012	, 0,,	Specialty Developing AAN, ACNS	First	2020 Medicare	Procedural Codes1  2022 Work RVU: 1.08  2022 NF PE RVU: 12.13	Complete? Yes
Most Recent RUC Meeting: October 2012	, 0,,	Specialty Developing AAN, ACNS	First Identified: September 2011  Referred to CPT	2020 Medicare	Procedural Codes1  2022 Work RVU: 1.08  2022 NF PE RVU: 12.13  2022 Fac PE RVU:NA	Complete? Yes
Most Recent RUC Meeting: October 2012 RUC Recommendation: 1.08	Tab: 22	Specialty Developing AAN, ACNS Recommendation:	First Identified: September 2011  Referred to CPT Referred to CPT Asst  Publ	2020 Medicare Utilization: 162,443	Procedural Codes1  2022 Work RVU: 1.08  2022 NF PE RVU: 12.13  2022 Fac PE RVU:NA	•
Most Recent RUC Meeting: October 2012 RUC Recommendation: 1.08	Tab: 22	Specialty Developing AAN, ACNS Recommendation:	First Identified: September 2011  Referred to CPT Referred to CPT Asst  Publ	2020 Medicare Utilization: 162,443 ished in CPT Asst:	Procedural Codes1  2022 Work RVU: 1.08  2022 NF PE RVU: 12.13  2022 Fac PE RVU: NA  Result: Maintain  Screen: CMS High Expenditure	•
Most Recent RUC Meeting: October 2012  RUC Recommendation: 1.08  95822 Electroencephalogram  Most Recent	Tab: 22	Specialty Developing AAN, ACNS Recommendation:	First Identified: September 2011  Referred to CPT Referred to CPT Asst Publ  Global: XXX Issue:	2020 Medicare Utilization: 162,443 ished in CPT Asst: : Electroencephalogram 2020 Medicare	Procedural Codes1  2022 Work RVU: 1.08  2022 NF PE RVU: 12.13  2022 Fac PE RVU: NA  Result: Maintain  Screen: CMS High Expenditure Procedural Codes1	•
Most Recent RUC Meeting: October 2012  RUC Recommendation: 1.08  95822 Electroencephalogram  Most Recent	Tab: 22	Specialty Developing AAN, ACNS Recommendation:  cording in coma or sleep only  Specialty Developing AAN, ACNS	First Identified: September 2011  Referred to CPT Referred to CPT Asst Publ  Global: XXX Issue:	2020 Medicare Utilization: 162,443 ished in CPT Asst: : Electroencephalogram 2020	Procedural Codes1  2022 Work RVU: 1.08  2022 NF PE RVU: 12.13  2022 Fac PE RVU: NA  Result: Maintain  Screen: CMS High Expenditure Procedural Codes1  2022 Work RVU: 1.08	•
Most Recent	Tab: 22	Specialty Developing AAN, ACNS Recommendation:  cording in coma or sleep only  Specialty Developing AAN, ACNS	First Identified: September 2011  Referred to CPT Referred to CPT Asst Publ  Global: XXX Issue:	2020 Medicare Utilization: 162,443 ished in CPT Asst: : Electroencephalogram 2020 Medicare	Procedural Codes1  2022 Work RVU: 1.08  2022 NF PE RVU: 12.13  2022 Fac PE RVU: NA  Result: Maintain  Screen: CMS High Expenditure Procedural Codes1  2022 Work RVU: 1.08  2022 NF PE RVU: 11.19	Complete? Yes

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95827 Electroencephalogram (EEG); all night	recording	Global: Iss	ue: Long-Term EEG Monitori	ng Screen: High Volume Growth4	Complete? Yes
RUC Meeting: October 2018	cialty Developing AAN, ACNS ommendation:	First Identified: May 2018	2020 Medicare Utilization:	2022 Work RVU: 2022 NF PE RVU: 2022 Fac PE RVU:	
RUC Recommendation: Deleted from CPT		eferred to CPT eferred to CPT Asst	ublished in CPT Asst:	Result: Deleted from CPT	
95831 Muscle testing, manual (separate proceed hand) or trunk	edure) with report; extremity (exclu	uding Global: Iss	ue: Muscle Testing	Screen: High Volume Growth3 / CMS-Other - Utilization over 30,000	Complete? Yes
	cialty Developing AAN, AANEM,	First	2020	2022 Work RVU:	
RUC Meeting: April 2018 Reco	commendation: AAPM, AAPMR, ACP, APTA	R, <b>Identified:</b> October 2015	Medicare Utilization:	2022 NF PE RVU:	
			otilization:	2022 Fac PE RVU:	
RUC Recommendation: Deleted from CPT		eferred to CPT September		Result: Deleted from CPT	
	R	eferred to CPT Asst	ublished in CPT Asst:		
95832 Muscle testing, manual (separate proce comparison with normal side	edure) with report; hand, with or w	ithout Global: Iss	ue: Muscle Testing	Screen: High Volume Growth3 / CMS-Other - Utilization over 30,000	Complete? Yes
Most Recent Tab: 33 Spec	cialty Developing AAN, AANEM,	First	2020	2022 Work RVU:	
	ommendation: AAPM, AAPMR, ACP, APTA	Identified: October 2017	Medicare	2022 NF PE RVU:	
	ACP, APTA		Utilization:	2022 Fac PE RVU:	
RUC Recommendation: Deleted from CPT	R	eferred to CPT September	r 2018	Result: Deleted from CPT	
	R	eferred to CPT Asst $\; \Box \;$ Pt	ublished in CPT Asst:		

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95833 Muscle testing, manual (separate procedure) with body, excluding hands	report; total evaluation of Global: Iss	sue: Muscle Testing	Screen: High Volume Growth3 / CMS-Other - Utilization over 30,000	Complete? Yes
Most Recent RUC Meeting: April 2018 Tab: 33 Specialty Development Recommendation: Deleted from CPT	on: AAPM, AAPMR, Identified: October 2017 ACP, APTA  Referred to CPT Septembe	Utilization:	2022 Work RVU: 2022 NF PE RVU: 2022 Fac PE RVU: Result: Deleted from CPT	
95834 Muscle testing, manual (separate procedure) with body, including hands	n report; total evaluation of Global: Iss	sue: Muscle Testing	Screen: High Volume Growth3 / CMS-Other - Utilization over 30,000	Complete? Yes
Most Recent Tab: 33 Specialty Development Ruc Meeting: April 2018 Recommendation		2020 Medicare Utilization:	2022 Work RVU: 2022 NF PE RVU: 2022 Fac PE RVU:	
RUC Recommendation: Deleted from CPT	Referred to CPT Asst P	r 2018 ublished in CPT Asst:	Result: Deleted from CPT	
95851 Range of motion measurements and report (sepa (excluding hand) or each trunk section (spine)	rate procedure); each extremity Global: XXX lss	sue: RAW	Screen: CMS-Other - Utilization over 20,000-Part3	Complete? Yes
Most Recent Tab: 13 Specialty Deve	loping APTA First	2020	<b>2022 Work RVU:</b> 0.16	
RUC Meeting: September 2022 Recommendati	on: Identified: April 2022	Medicare Utilization: 27,252	<b>2022 NF PE RVU</b> : 0.44	
		Otmzation. 21,202	<b>2022 Fac PE RVU</b> : 0.06	
RUC Recommendation: Maintain	Referred to CPT Referred to CPT Asst P	ublished in CPT Asst:	Result: Maintain	

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95860 Needle electromyogra	aphy; 1 extr	emity with or without re	lated paraspinal ar	eas Global: XX	X Issue:	EMG in Conjunction wit Nerve Testing	h 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	<b>Tab:</b> 32	Specialty Developing Recommendation:	AAN, AAPMR, AANEM, APTA	First	ner 2009	2020 Medicare	<b>2022 Work RVU</b> : 0.96	
ROC Meeting. April 2012		Recommendation.	AANEM, APTA Identified: October 2009		Utilization: 1,867	2022 NF PE RVU: 2.38 2022 Fac PE RVU:NA		
RUC Recommendation: 0.96			Ref		ebruary 201 <sup>2</sup> 011	1 & October	Result: Maintain	
			Ref	erred to CPT Asst	Publi	shed in CPT Asst:		
95861 Needle electromyogra	aphy; 2 extro	emities with or without	related paraspinal	areas Global: XX	X Issue:	EMG in Conjunction wit Nerve Testing	h Screen: Codes Reported Together 75% or More- Part1 / CMS High Expenditure Procedural Codes1	Complete? Yes
Most Recent	<b>Tab:</b> 32	Specialty Developing	AAN, AAPMR,	First		2020	<b>2022 Work RVU:</b> 1.54	
RUC Meeting: April 2012		Recommendation:	AANEM, APTA	Identified: Febru	ıary 2010	Medicare Utilization: 44,130	2022 NF PE RVU: 3.27	
RUC Recommendation: 1.54			Ref		ebruary 201 <sup>.</sup> 011 & Febru		2022 Fac PE RVU: NA Result: Maintain	
			Ref	erred to CPT Asst	Publi	shed in CPT Asst:		
95863 Needle electromyogra	aphy; 3 extr	emities with or without	related paraspinal	areas Global: XX	X Issue:	EMG in Conjunction wit Nerve Testing	h Screen: Codes Reported Together 75% or More- Part1	Complete? Yes
Most Recent	<b>Tab:</b> 32	Specialty Developing	AAN, AAPMR,	First		2020	<b>2022 Work RVU:</b> 1.87	
RUC Meeting: April 2012		Recommendation:	AANEM, APTA	Identified: Febru	ıary 2010	Medicare Utilization: 106	<b>2022 NF PE RVU</b> : 4.44	
						Othization: 100	2022 Fac PE RVU:NA	
RUC Recommendation: 1.87			Ref		ebruary 201 <sup>.</sup> )11	1 & October	Result: Maintain	
				20	, , ,			

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95864 Needle electromyogra	aphy; 4 ext	remities with or without	related paraspinal	areas Global: XXX I	ssue:	EMG in Conjunction with Nerve Testing	Screen: Codes Reported Together 75% or More- Part1	Complete? Yes
Most Recent RUC Meeting: April 2012	<b>Tab</b> : 32	Specialty Developing Recommendation:	AAN, AAPMR, AANEM, APTA	First Identified: February 20	010	2020 Medicare	2022 Work RVU: 1.99	
Noo meeting. April 2012			70 ((VEIVI, 70 17)	identified. 1 oblidary 2010		Utilization: 2,015	2022 NF PE RVU: 5.05 2022 Fac PE RVU: NA	
RUC Recommendation: 1.99			Re	ferred to CPT Februar 2011	y 2011	& October	Result: Maintain	
			Re	ferred to CPT Asst	Publi	shed in CPT Asst:		
95867 Needle electromyogra	aphy; crani	al nerve supplied muscl	e(s), unilateral	Global: XXX I	ssue:	EMG in Conjunction with Nerve Testing	Screen: Codes Reported Together 75% or More- Part1	Complete? Yes
Most Recent	<b>Tab:</b> 32	Specialty Developing	AAN, AAPMR,	First		2020	<b>2022 Work RVU</b> : 0.79	
RUC Meeting: April 2012		Recommendation:	AANEM, APTA	Identified:		Medicare Utilization: 1,124	<b>2022 NF PE RVU</b> : 2.39	
DUO De communa de tito de 10.70			ъ.	formed to ODT Octob on	. 0044	,	2022 Fac PE RVU: NA	
RUC Recommendation: 0.79				ferred to CPT October		shed in CPT Asst:	Result: Maintain	
95868 Needle electromyogra	aphy; crani	al nerve supplied muscl	es, bilateral	Global: XXX I	ssue:	EMG in Conjunction with Nerve Testing	Screen: Codes Reported Together 75% or More- Part1	Complete? Yes
Most Recent	<b>Tab:</b> 32	Specialty Developing	AAN, AAPMR,	First		2020	<b>2022 Work RVU:</b> 1.18	
RUC Meeting: April 2012		Recommendation:	AANEM, APTA	Identified:		Medicare Utilization: 3,767	<b>2022 NF PE RVU</b> : 3.04	
						u.ioiii	2022 For DE DVIII NA	

Referred to CPT October 2011

Referred to CPT Asst Published in CPT Asst:

2022 Fac PE RVU: NA

Result: Maintain

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**RUC Recommendation: 1.18** 

95869 Needle electromyography; thoracic paraspinal muscles (excluding t1 or t12) Global: XXX Issue: EMG in Conjunction with Screen: Codes Reported Complete? Yes Nerve Testing Together 75% or More-Part1 2022 Work RVU: 0.37 Most Recent **Tab:** 32 **Specialty Developing** AAN, AAPMR, First 2020 RUC Meeting: April 2012 Recommendation: AANEM, APTA Identified: October 2011 Medicare **2022 NF PE RVU: 2.57 Utilization:** 564 2022 Fac PE RVU: NA RUC Recommendation: 0.37 Referred to CPT October 2011 Result: Maintain Referred to CPT Asst Published in CPT Asst: 95870 Needle electromyography; limited study of muscles in 1 extremity or non-limb Global: XXX Issue: EMG in Conjunction with Screen: Codes Reported Complete? Yes Together 75% or More-Nerve Testing (axial) muscles (unilateral or bilateral), other than thoracic paraspinal, cranial nerve supplied muscles, or sphincters Part1 / Negative IWPUT 2022 Work RVU: 0.37 **Most Recent Tab**: 19 Specialty Developing AAN, AAPMR, 2020 **RUC Meeting:** October 2017 AANEM, APTA Identified: October 2011 Recommendation: Medicare 2022 NF PE RVU: 2.17 52.768 **Utilization:** 2022 Fac PE RVU: NA RUC Recommendation: 0.37 Referred to CPT October 2011 Result: Maintain Referred to CPT Asst Published in CPT Asst: Global: 777 EMG in Conjunction with Screen: Codes Reported Complete? Yes 95885 Needle electromyography, each extremity, with related paraspinal areas, when Together 75% or More-Nerve Testing performed, done with nerve conduction, amplitude and latency/velocity study: limited (list separately in addition to code for primary procedure) Part1 2022 Work RVU: 0.35 **Most Recent Tab: 20** Specialty Developing AAN, AAPMR, First 2020 **RUC Meeting:** April 2011 AANEM, ACNS, **Identified:** February 2010 Recommendation: Medicare **2022 NF PE RVU: 1.56 APTA Utilization:** 113,196 2022 Fac PE RVU: NA **RUC Recommendation: 0.35** Referred to CPT February 2011 and October Result: Decrease

Referred to CPT Asst Published in CPT Asst:

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Needle electromyography, each extremity, with related paraspinal areas, when Global: ZZZ Issue: EMG in Conjunction with Screen: Codes Reported Complete? Yes 95886 Nerve Testing Together 75% or Moreperformed, done with nerve conduction, amplitude and latency/velocity study; complete, five or more muscles studied, innervated by three or more nerves or Part1 four or more spinal levels (list separately in addition to code for primary procedure) 2022 Work RVU: 0.86 **Most Recent Tab**: 20 Specialty Developing AAN, AAPMR, 2020 First AANEM, ACNS, **RUC Meeting:** April 2011 Recommendation: **Identified:** February 2010 Medicare **2022 NF PE RVU: 2.08 APTA Utilization:** 784,971 2022 Fac PE RVU: NA **RUC Recommendation: 0.92** Referred to CPT February 2011 and October Result: Decrease 2011 Referred to CPT Asst □ Published in CPT Asst: Issue: EMG in Conjunction with 95887 Needle electromyography, non-extremity (cranial nerve supplied or axial) Global: ZZZ Screen: Codes Reported Complete? Yes Together 75% or Moremuscle(s) done with nerve conduction, amplitude and latency/velocity study (list Nerve Testing separately in addition to code for primary procedure) Part1 2022 Work RVU: 0.71 Most Recent **Tab**: 20 Specialty Developing AAN, AAPMR, **First** 2020 **RUC Meeting:** April 2011 AANEM, ACNS, Identified: February 2010 Recommendation: Medicare **2022 NF PE RVU: 1.82 APTA Utilization:** 13,124 2022 Fac PE RVU: NA **RUC Recommendation: 0.73** Referred to CPT February 2011 and October Result: Decrease 2011 Referred to CPT Asst Published in CPT Asst: 95900 Nerve conduction, amplitude and latency/velocity study, each nerve; motor, EMG in Conjunction with Screen: MPC List / Codes Global: Complete? Yes Nerve Testing Reported Together 75% without F-wave study or More-Part1 2022 Work RVU: **Most Recent Tab:** 32 Specialty Developing AAN, AAPMR, 2020 First **RUC Meeting:** April 2012 Recommendation: AANEM, APTA Identified: October 2010 Medicare **2022 NF PE RVU: Utilization:** 2022 Fac PE RVU: October 2011& February **RUC Recommendation:** Deleted from CPT Referred to CPT Result: Deleted from CPT 2012

Referred to CPT Asst

Published in CPT Asst:

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Nerve conduction, amplitude and latency/velocity study, each nerve; motor, with Global: Issue: EMG in Conjunction with Screen: CMS High Expenditure Complete? Yes Nerve Testing Procedural Codes1 / F-wave study Codes Reported Together 75% or More-Part1 2022 Work RVU: Most Recent **Tab:** 32 Specialty Developing AAN. AAPMR. 2020 AANEM, APTA Identified: September 2011 RUC Meeting: April 2012 Recommendation: Medicare **2022 NF PE RVU: Utilization:** 2022 Fac PE RVU: RUC Recommendation: Deleted from CPT Referred to CPT October 2011 and February Result: Deleted from CPT 2012 & February 2012 Referred to CPT Asst Published in CPT Asst: 95904 Nerve conduction, amplitude and latency/velocity study, each nerve; sensory Issue: EMG in Conjunction with Screen: Codes Reported Global: Complete? Yes Together 75% or More-Nerve Testing Part1 / Low Value-Billed in Multiple Units 2022 Work RVU: Most Recent **Tab:** 32 Specialty Developing AAN, AAPMR, First 2020 Recommendation: AANEM, APTA **Identified:** February 2010 **RUC Meeting:** April 2012 Medicare **2022 NF PE RVU: Utilization:** 2022 Fac PE RVU: **RUC Recommendation:** Deleted from CPT Referred to CPT February 2011 & October Result: Deleted from CPT 2011 & February 2012 Referred to CPT Asst Published in CPT Asst: 95907 Nerve conduction studies; 1-2 studies Issue: EMG in Conjunction with Screen: Codes Reported Global: XXX Complete? Yes Nerve Testing Together 75% or More-Part1 2022 Work RVU: 1.00 **Most Recent Tab:** 32 AAN, AAPMR, 2020 Specialty Developing First **RUC Meeting:** April 2012 Recommendation: AANEM, APTA Identified: Medicare **2022 NF PE RVU: 1.67 Utilization:** 4,952 2022 Fac PE RVU: NA **RUC Recommendation: 1.00** Referred to CPT February 2012 Result: Decrease Referred to CPT Asst Published in CPT Asst:

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95908 Nerve conduction studies; 3-4 studies Global: XXX Issue: EMG in Conjunction with Screen: Codes Reported

Nerve Testing Together 75% or More-

2022 Work RVU: 1.25 Most Recent **Tab:** 32 Specialty Developing AAN, AAPMR, First 2020 **RUC Meeting:** April 2012 Recommendation: AANEM, APTA Identified: Medicare

**2022 NF PE RVU: 2.08 Utilization:** 44,418

Published in CPT Asst:

2022 Fac PE RVU: NA

**RUC Recommendation:** 1.37 Referred to CPT February 2012 Result: Decrease

95909 Nerve conduction studies; 5-6 studies Global: XXX Issue: EMG in Conjunction with Screen: Codes Reported Complete? Yes

Referred to CPT Asst

Together 75% or More-Nerve Testing

Complete? Yes

2022 Work RVU: 1.50 **Most Recent Tab:** 32 Specialty Developing AAN, AAPMR, First 2020

**RUC Meeting:** April 2012 AANEM, APTA Recommendation: Identified: Medicare **2022 NF PE RVU**: 2.49 104,301 **Utilization:** 

2022 Fac PE RVU: NA

**RUC Recommendation: 177** Referred to CPT February 2012 Result: Decrease

Referred to CPT Asst Published in CPT Asst:

Global: XXX EMG in Conjunction with Screen: Codes Reported Complete? Yes 95910 Nerve conduction studies; 7-8 studies

Nerve Testing Together 75% or More-

Part1

2022 Work RVU: 2.00 **Most Recent Tab:** 32 Specialty Developing AAN, AAPMR, First 2020

**RUC Meeting:** April 2012 AANEM, APTA Recommendation: Identified: Medicare 2022 NF PE RVU: 3.22

**Utilization:** 123,612 2022 Fac PE RVU: NA

**RUC Recommendation: 2.80** Referred to CPT February 2012 Result: Decrease

Referred to CPT Asst Published in CPT Asst:

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95911 Nerve conduction studies; 9-10 studies Global: XXX Issue: EMG in Conjunction with Screen: Codes Reported

Nerve Testing Together 75% or More-

ett

Complete? Yes

Complete? Yes

Part'

Most Recent Tab: 32 Specialty Developing AAN, AAPMR, First 2020 2022 Work RVU: 2.50

RUC Meeting: April 2012 Recommendation: AANEM, APTA Identified: Medicare 2022 NF PE RVU: 3.79

Utilization: 143,752 2022 Fac PE RVU:NA

RUC Recommendation: 3.34 Referred to CPT February 2012 Result: Decrease

Referred to CPT Asst Published in CPT Asst:

95912 Nerve conduction studies; 11-12 studies Global: XXX Issue: EMG in Conjunction with Screen: Codes Reported

Nerve Testing

Together 75% or More-

art1

Most Recent Tab: 32 Specialty Developing AAN, AAPMR, First 2020 2022 Work RVU: 3.00 RUC Meeting: April 2012 Recommendation: AANEM, APTA Identified: Medicare 2022 NE DE DVII: 4.32

Recommendation: AANEM, APTA Identified: Medicare 2022 NF PE RVU: 4.32 Utilization: 63,156

**2022 Fac PE RVU**: NA

RUC Recommendation: 4.00 Referred to CPT February 2012 Result: Decrease

95913 Nerve conduction studies; 13 or more studies Global: XXX Issue: EMG in Conjunction with Screen: Codes Reported Complete? Yes

Nerve Testing

sting Together 75% or More-

Part1

ı artı

Most Recent Tab: 32 Specialty Developing AAN, AAPMR, First 2020 2022 Work RVU: 3.56

RUC Meeting: April 2012 Recommendation: AANEM, APTA Identified: Medicare Utilization: 69,761

2022 Fac PE RVU:NA

RUC Recommendation: 4.20 Referred to CPT February 2012 Result: Decrease

Referred to CPT Asst: Dublished in CPT Asst:

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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

pressure and r-r interval changes during valsalva maneuver and at least 5

minutes of passive tilt

Global: XXX Issue: Autonomic Function Testing Screen: Different Performing

Specialty from Survey / Codes Reported Together 75% or More-Part1 / Different Performing Specialty from Survey3

Complete? Yes

Complete? Yes

2022 Work RVU: 0.90 Most Recent **Tab: 37** Specialty Developing AAFP, AAN, First 2020

AANEM, ACNS, **RUC Meeting:** January 2020 Identified: October 2009 Medicare Recommendation: **2022 NF PE RVU: 1.69** ACP **Utilization:** 42,319

2022 Fac PE RVU: NA

RUC Recommendation: Refer to CPT Assistant. 0.90 Referred to CPT February 2012 Result: Maintain

Referred to CPT Asst Published in CPT Asst: Sep 2020

95922 Testing of autonomic nervous system function; vasomotor adrenergic Global: XXX Issue: Autonomic Function Testing Screen: High Volume Growth1 / CMS Fastest Growing / innervation (sympathetic adrenergic function), including beat-to-beat blood

Different Performing Specialty from Survey / Codes Reported Together 75% or More-

Part1

2022 Work RVU: 0.96 Most Recent **Tab: 37 Specialty Developing** AAFP. AAN. 2020

**Identified:** February 2008 **RUC Meeting:** January 2020 Recommendation: AANEM, ACNS, Medicare **2022 NF PE RVU: 1.99** ACP

**Utilization:** 1.937 2022 Fac PE RVU: NA

RUC Recommendation: Refer to CPT Assistant. 0.96 February 2012 Referred to CPT Result: Maintain

Referred to CPT Asst Published in CPT Asst: Dec 2008; Sep 2020

95923 Testing of autonomic nervous system function; sudomotor, including 1 or more Global: XXX Issue: Autonomic Function Testing Screen: Codes Reported Complete? No

Together 75% or Moreof the following: quantitative sudomotor axon reflex test (gsart), silastic sweat imprint, thermoregulatory sweat test, and changes in sympathetic skin potential

Part1 / High Volume

Growth6

2022 Work RVU: 0.90 Specialty Developing AAFP, AAN, 2020 Most Recent **Tab:** 37 First AANEM. ACNS. Identified: October 2019 **RUC Meeting:** January 2020 Recommendation: Medicare 2022 NF PE RVU: 2.80

ACP **Utilization:** 88.442 2022 Fac PE RVU: NA

RUC Recommendation: Refer to CPT Assistant, 0.90 Referred to CPT Result: Maintain

Referred to CPT Asst Published in CPT Asst: Sep 2020

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95924 Testing of autonomic nervous system function; combined parasympathetic and Global: XXX Issue: Autonomic Function Testing Screen: Codes Reported Complete? Yes Together 75% or Moresympathetic adrenergic function testing with at least 5 minutes of passive tilt Part1 2022 Work RVU: 1.73 Most Recent **Tab: 37** Specialty Developing AAFP, AAN, First 2020 **RUC Meeting:** January 2020 Recommendation: AANEM, ACNS, Identified: Medicare **2022 NF PE RVU: 2.62** ACP **Utilization:** 15,254 2022 Fac PE RVU: NA Result: Decrease RUC Recommendation: Refer to CPT Assistant, 1.73 Referred to CPT February 2012 Referred to CPT Asst Published in CPT Asst: Sep 2020 95925 Short-latency somatosensory evoked potential study, stimulation of any/all Global: XXX Issue: Evoked Potentials and Screen: Codes Reported Complete? Yes Reflex Studies Together 75% or Moreperipheral nerves or skin sites, recording from the central nervous system; in Part1 / CMS Request to upper limbs Re-Review Families of Recently Reviewed CPT Codes / CMS Request -Final Rule for 2013 2022 Work RVU: 0.54 **Most Recent Tab: 34** Specialty Developing AAN. AANEM. 2020 ACNS, AAPMR **RUC Meeting:** January 2013 Recommendation: **Identified:** February 2010 Medicare **2022 NF PE RVU:** 4.87 **Utilization:** 4.511 2022 Fac PE RVU: NA RUC Recommendation: 0.54 and New PE Inputs Referred to CPT October 2010 Result: Maintain Referred to CPT Asst Published in CPT Asst: Issue: Evoked Potentials and Screen: Codes Reported Short-latency somatosensory evoked potential study, stimulation of any/all Global: XXX Complete? Yes Together 75% or Moreperipheral nerves or skin sites, recording from the central nervous system; in Reflex Studies lower limbs Part1/ CMS Request to Re-Review Families of Recently Reviewed CPT Codes / CMS Request -Final Rule for 2013 2022 Work RVU: 0.54 **Most Recent Tab:** 34 **Specialty Developing** AAN, AANEM, 2020 First **Identified:** February 2010

Medicare

Published in CPT Asst:

October 2010

**Utilization:** 

3,888

2022 NF PE RVU: 4.15

2022 Fac PE RVU: NA

Result: Maintain

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Recommendation:

ACNS. AAPMR

Referred to CPT

Referred to CPT Asst

**RUC Meeting:** January 2013

RUC Recommendation: 0.54 and New PE Inputs

95928 Central motor evoked limbs	potential s	tudy (transcranial moto	or stimulation); upp	er Global: XXX Issue:	Evoked Potentials and Reflex Studies	Screen: Codes Reported Together 75% or More- Part1 / CMS Request to Re-Review Families of Recently Reviewed CPT Codes / CMS Request - Final Rule for 2013	Complete? Yes
Most Recent RUC Meeting: April 2013	<b>Tab:</b> 36	Specialty Developing Recommendation:	AAN, AANEM, AAPMR, ACNS	First Identified: February 2010	2020 Medicare Utilization: 306	2022 Work RVU: 1.50 2022 NF PE RVU: 5.45 2022 Fac PE RVU: NA	
RUC Recommendation: 1.50				erred to CPT October 2010 erred to CPT Asst  Publ	ished in CPT Asst:	Result: Maintain	
95929 Central motor evoked limbs	potential s	study (transcranial moto	or stimulation); low	er Global: XXX Issue:	Evoked Potentials and Reflex Studies	Screen: Codes Reported Together 75% or More- Part1 / CMS Request to Re-Review Families of Recently Reviewed CPT Codes / CMS Request - Final Rule for 2013	Complete? Yes
Most Recent RUC Meeting: April 2013	<b>Tab:</b> 36	Specialty Developing Recommendation:	AAN, AANEM, AAPMR, ACNS	First Identified: February 2010	2020 Medicare Utilization: 1,340	2022 Work RVU: 1.50 2022 NF PE RVU: 5.66 2022 Fac PE RVU: NA	
RUC Recommendation: 1.50				erred to CPT October 2010 erred to CPT Asst Publ	ished in CPT Asst:	Result: Maintain	
		eckerboard or flash test terpretation and report		s Global: XXX Issue:	Visual Evoked Potential Testing	Screen: High Volume Growth3	Complete? Yes
Most Recent RUC Meeting: October 2016	<b>Tab:</b> 11	Specialty Developing Recommendation:	AAO, AOA (optometry), ACNS	First Identified: October 2015	2020 Medicare Utilization: 38,305	2022 Work RVU: 0.35 2022 NF PE RVU: 1.57 2022 Fac PE RVU: NA	
RUC Recommendation: 0.35				erred to CPT May 2016 erred to CPT Asst  Publ	ished in CPT Asst:	Result: Maintain	

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95934 H-reflex, amplitude and latency study; record gastrocnemius/soleus muscle Global: Issue: EMG in Conjunction with Screen: Codes Reported Complete? Yes Nerve Testing Together 75% or More-Part1 2022 Work RVU: Most Recent **Tab:** 32 **Specialty Developing** First 2020 **RUC Meeting:** April 2012 Recommendation: Identified: Medicare **2022 NF PE RVU: Utilization:** 2022 Fac PE RVU: RUC Recommendation: Deleted from CPT Referred to CPT October 2011 & February Result: Deleted from CPT 2012 Referred to CPT Asst □ Published in CPT Asst: 95936 H-reflex, amplitude and latency study; record muscle other than Global: Issue: EMG in Conjunction with Screen: Codes Reported Complete? Yes Together 75% or Moregastrocnemius/soleus muscle Nerve Testing Part1 2022 Work RVU: **Most Recent Tab:** 32 **Specialty Developing** 2020 First RUC Meeting: April 2012 Recommendation: Identified: Medicare **2022 NF PE RVU: Utilization:** 2022 Fac PE RVU: Result: Deleted from CPT RUC Recommendation: Deleted from CPT Referred to CPT October 2011 & February 2012 Referred to CPT Asst Published in CPT Asst: 95938 Short-latency somatosensory evoked potential study, stimulation of any/all Global: XXX **Evoked Potentials and** Screen: Codes Reported Complete? Yes peripheral nerves or skin sites, recording from the central nervous system; in Reflex Studies Together 75% or More-Part1 / CMS Request upper and lower limbs Final Rule for 2013 2022 Work RVU: 0.86 **Tab: 34** AAN. AANEM. 2020 Most Recent Specialty Developing **RUC Meeting:** January 2013 Recommendation: AAPMR, ACNS Identified: January 2013 Medicare **2022 NF PE RVU: 9.84 Utilization:** 90.197 2022 Fac PE RVU: NA

Referred to CPT

Referred to CPT Asst

October 2010

**Published in CPT Asst:** 

Result: Decrease

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RUC Recommendation: 0.86 and new PE inputs

Central motor evoked potential study (transcranial motor stimulation); in upper Global: XXX Issue: Evoked Potentials and Screen: Codes Reported Complete? Yes Reflex Studies Together 75% or Moreand lower limbs Part1 / CMS Request -Final Rule for 2013 2022 Work RVU: 2.25 **Most Recent Tab: 34 Specialty Developing** AAN, AANEM, 2020 First **RUC Meeting:** January 2013 Recommendation: AAPMR, ACNS Identified: January 2013 Medicare 2022 NF PE RVU: 13.89 42,469 **Utilization:** 2022 Fac PE RVU: NA October 2010 RUC Recommendation: 2.25 and new PE inputs Referred to CPT Result: Decrease Referred to CPT Asst **Published in CPT Asst:** 95940 Continuous intraoperative neurophysiology monitoring in the operating room. Global: XXX Issue: Intraoperative Screen: Codes Reported Complete? Yes one on one monitoring requiring personal attendance, each 15 minutes (list Neurophysiology Monitoring Together 75% or More-Part1 separately in addition to code for primary procedure) 2022 Work RVU: 0.60 2020 **Most Recent Tab**: 12 **Specialty Developing** First Identified: January 2012 **RUC Meeting:** January 2012 Recommendation: Medicare 2022 NF PE RVU: NA 25,219 **Utilization:** 2022 Fac PE RVU: 0.31 **RUC Recommendation: 0.60** Referred to CPT February 2012 Result: Decrease Published in CPT Asst: **Referred to CPT Asst** 95941 Continuous intraoperative neurophysiology monitoring, from outside the Global: XXX Screen: Codes Reported **Issue:** Intraoperative Complete? Yes operating room (remote or nearby) or for monitoring of more than one case **Neurophysiology Monitoring** Together 75% or More-Part1 while in the operating room, per hour (list separately in addition to code for primary procedure) 2022 Work RVU: 0.00 Most Recent **Tab:** 12 **Specialty Developing** First 2020 Identified: January 2012 **RUC Meeting:** January 2012 Recommendation: Medicare 2022 NF PE RVU: 0.00 **Utilization:** 2022 Fac PE RVU: 0.00 **RUC Recommendation: 2.00** February 2012 Result: Decrease Referred to CPT Referred to CPT Asst Published in CPT Asst:

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Simultaneous, independent, quantitative measures of both parasympathetic Global: XXX Issue: Autonomic Function Testing Screen: Codes Reported Complete? Yes Together 75% or Morefunction and sympathetic function, based on time-frequency analysis of heart Part1 / Contractor Priced rate variability concurrent with time-frequency analysis of continuous High Volume1 respiratory activity, with mean heart rate and blood pressure measures, during rest, paced (deep) breathing, Valsalva maneuvers, and head-up postural change 2022 Work RVU: **Most Recent Tab:** 37 Specialty Developing AAN, AANEM 2020 **RUC Meeting:** January 2020 Recommendation: Identified: January 2018 Medicare **2022 NF PE RVU: Utilization:** 15,809 2022 Fac PE RVU: RUC Recommendation: Deleted from CPT Referred to CPT October 2020 Result: Deleted from CPT **Published in CPT Asst:** Referred to CPT Asst 95950 Monitoring for identification and lateralization of cerebral seizure focus, Global: Issue: Long-Term EEG Monitoring Screen: CMS Fastest Growing Complete? Yes electroencephalographic (eg, 8 channel EEG) recording and interpretation, each 24 hours 2022 Work RVU: **Most Recent Tab:** 13 Specialty Developing AAN, ACNS First 2020 **RUC Meeting:** October 2018 **Identified:** February 2009 Recommendation: Medicare **2022 NF PE RVU: Utilization:** 2022 Fac PE RVU: RUC Recommendation: Deleted from CPT Referred to CPT Result: Deleted from CPT Referred to CPT Asst Published in CPT Asst: 95951 Monitoring for localization of cerebral seizure focus by cable or radio, 16 or Global: Issue: Long-Term EEG Monitoring Screen: High Volume Growth4 Complete? Yes more channel telemetry, combined electroencephalographic (EEG) and video recording and interpretation (eg. for presurgical localization), each 24 hours 2022 Work RVU: 2020 Most Recent **Tab:** 13 **Specialty Developing First RUC Meeting:** October 2018 Recommendation: Identified: October 2016 Medicare **2022 NF PE RVU: Utilization:** 2022 Fac PE RVU: RUC Recommendation: Deleted from CPT Result: Deleted from CPT Referred to CPT Referred to CPT Asst **Published in CPT Asst:** 

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95953 Monitoring for localization of cerebral seizure focus by computerized portable 16 Global: Issue: Long-Term EEG Monitoring Screen: CMS Fastest Growing Complete? Yes or more channel EEG, electroencephalographic (EEG) recording and interpretation, each 24 hours, unattended 2022 Work RVU: **Most Recent** Specialty Developing AAN, ACNS First 2020 **RUC Meeting:** October 2018 Identified: February 2009 Recommendation: Medicare **2022 NF PE RVU: Utilization:** 2022 Fac PE RVU: RUC Recommendation: Deleted from CPT Result: Deleted from CPT Referred to CPT **Referred to CPT Asst Published in CPT Asst:** 95954 Pharmacological or physical activation requiring physician or other qualified Global: XXX Issue: EEG Monitoring Screen: High Volume Growth1 Complete? Yes health care professional attendance during eeg recording of activation phase (eg, thiopental activation test) 2022 Work RVU: 2.45 Most Recent Tab: S Specialty Developing AAN, ACNS First 2020 **RUC Meeting:** February 2008 **Identified:** February 2008 Medicare Recommendation: **2022 NF PE RVU: 9.40 Utilization:** 449 2022 Fac PE RVU: NA RUC Recommendation: Remove from screen Referred to CPT 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 Issue: Long-Term EEG Monitoring Screen: CMS Fastest Growing Complete? Yes Global: more channel telemetry, electroencephalographic (EEG) recording and interpretation, each 24 hours, attended by a technologist or nurse 2022 Work RVU: **Most Recent Tab:** 13 Specialty Developing AAN, ACNS First 2020 **RUC Meeting:** October 2018 Recommendation: Identified: October 2008 Medicare **2022 NF PE RVU: Utilization:** 2022 Fac PE RVU:

Referred to CPT

Referred to CPT Asst

Result: Deleted from CPT

**✓ Published in CPT Asst:** Dec 2009

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RUC Recommendation: Deleted from CPT

95957 Digital analysis of electroencephalogram (eeg) (eg, for epileptic spike analysis) Global: XXX Issue: Electroencephalogram Screen: CMS High Expenditure Complete? Yes (EEG) Exended Monitoring Procedural Codes2 **2022 Work RVU: 1.98** 2020 Most Recent **Tab:** 50 Specialty Developing AAN First **RUC Meeting:** January 2016 Recommendation: Identified: July 2015 Medicare 2022 NF PE RVU: 5.61 32.186 **Utilization:** 2022 Fac PE RVU: NA RUC Recommendation: 1.98 Referred to CPT Result: Maintain **Referred to CPT Asst Published in CPT Asst:** 95970 Electronic analysis of implanted neurostimulator pulse generator/transmitter Global: XXX **Issue:** Neurostimulator Services Screen: Harvard Valued -Complete? Yes (eg, contact group[s], interleaving, amplitude, pulse width, frequency [hz], on/off Utilization over 100.000 / CMS Request - Final cycling, burst, magnet mode, dose lockout, patient selectable parameters, responsive neurostimulation, detection algorithms, closed loop parameters, and Rule for 2016 / High Volume Growth3 / CPT passive parameters) by physician or other qualified health care professional; Assistant Analysis 2018 with brain, cranial nerve, spinal cord, peripheral nerve, or sacral nerve, neurostimulator pulse generator/transmitter, without programming 2022 Work RVU: 0.35 **Most Recent** Specialty Developing AAN, AANS/CNS. 2020 **Tab:** 37 **RUC Meeting:** January 2019 Recommendation: **ACNS** Identified: February 2010 Medicare 2022 NF PE RVU: 0.17 25.427 **Utilization:** 2022 Fac PE RVU: 0 16 **RUC Recommendation: 0.45** Referred to CPT June 2017 Result: Maintain Referred to CPT Asst Published in CPT Asst: Jul 2016 95971 Electronic analysis of implanted neurostimulator pulse generator/transmitter Global: XXX Issue: Neurostimulator Services Screen: Harvard Valued -Complete? Yes Utilization over 100.000 / (eg. contact group[s], interleaving, amplitude, pulse width, frequency [hz], on/off cycling, burst, magnet mode, dose lockout, patient selectable parameters, High Volume Growth2 responsive neurostimulation, detection algorithms, closed loop parameters, and passive parameters) by physician or other qualified health care professional; with simple spinal cord or peripheral nerve (eg, sacral nerve) neurostimulator pulse generator/transmitter programming by physician or other qualified health care professional 2022 Work RVU: 0.78 **Tab: 07** Specialty Developing AUA. ACOG. 2020 Most Recent **RUC Meeting:** October 2017 Recommendation: AAPM, SIS, ACNS Identified: October 2009 Medicare **2022 NF PE RVU: 0.58 Utilization:** 15.859 2022 Fac PE RVU: 0.31 RUC Recommendation: 0.78 Referred to CPT February 2015, June 2017 Result: Maintain Referred to CPT Asst Published in CPT Asst:

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95972 Electronic analysis of implanted neurostimulator pulse generator/transmitter Global: XXX Issue: Neurostimulator Services Screen: Harvard Valued -Complete? Yes Utilization over 100.000 / (eg. contact group[s], interleaving, amplitude, pulse width, frequency [hz], on/off cycling, burst, magnet mode, dose lockout, patient selectable parameters, High Volume Growth2 responsive neurostimulation, detection algorithms, closed loop parameters, and passive parameters) by physician or other qualified health care professional; with complex spinal cord or peripheral nerve (eg, sacral nerve) neurostimulator pulse generator/transmitter programming by physician or other gualified health care professional 2022 Work RVU: 0.80 Most Recent **Tab:** 07 Specialty Developing AUA, ACOG, **First** 2020 **RUC Meeting:** October 2017 AAPM, SIS, ACNS Identified: February 2010 Recommendation: Medicare **2022 NF PE RVU: 0.76 Utilization:** 36.946 **2022 Fac PE RVU: 0.30** RUC Recommendation: 0.80 Referred to CPT May 2014 February . June Result: Decrease 2017 Referred to CPT Asst Published in CPT Asst: Issue: Implanted Neurostimulator Screen: Harvard Valued -Complete? Yes 95973 Electronic analysis of implanted neurostimulator pulse generator system (eg. Global: Electronic Analysis Utilization over 100,000 / rate, pulse amplitude, pulse duration, configuration of wave form, battery status, Final Rule for 2015 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) 2022 Work RVU: Specialty Developing AANS/CNS, 2020 Most Recent **Tab**: 21 First **RUC Meeting:** April 2015 Recommendation: ACOG, ASA, AUA, Identified: February 2010 Medicare 2022 NF PE RVU: ISIS **Utilization:** 2022 Fac PE RVU: RUC Recommendation: Deleted from CPT Referred to CPT February 2015 Result: Deleted from CPT

Referred to CPT Asst | Published in CPT Asst:

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95974 Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude, pulse duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient compliance measurements); complex cranial nerve neurostimulator pulse generator/transmitter, with intraoperative or subsequent programming, with or without nerve interface testing, first hour

Tab: 07 Specialty Developing AAN, AANS/CNS, First 2020 2022 Work RVU:

Issue: Neurostimulator Services

Screen: CMS Request - Final

Rule for 2016

Complete? Yes

RUC Meeting: October 2017 Recommendation: ACNS Identified: July 2015 Medicare Utilization:

RUC Recommendation: Deleted from CPT

Referred to CPT

June 2017

Result: Deleted from CPT

Result: Deleted from CPT

Referred to CPT Asst Published in CPT Asst: Jul 2016

95975 Electronic analysis of implanted neurostimulator pulse generator system (eg, Global: Issue: Neurostimulator Services Screen: CMS Request - Final Complete? Yes

Global:

rate, pulse amplitude, pulse duration, configuration of wave form, battery status,

Rule for 2016

electrode selectability, output modulation, cycling, impedance and patient compliance measurements); complex cranial nerve neurostimulator pulse generator/transmitter, with intraoperative or subsequent programming, each additional 30 minutes after first hour (List separately in addition to code for

primary procedure)

**Most Recent** 

Most Recent Tab: 07 Specialty Developing AAN, AANS/CNS, First 2020 2022 Work RVU:

RUC Meeting: October 2017 Recommendation: ACNS Identified: July 2015 Medicare Utilization: 2022 NF PE RVU:

2022 Fac PE RVU:

RUC Recommendation: Deleted from CPT Referred to CPT June 2017 Result: Deleted from CPT

Referred to CPT Asst Published in CPT Asst: Jul 2016

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95976 Electronic analysis of implanted neurostimulator pulse generator/transmitter (eg. contact group[s], interleaving, amplitude, pulse width, frequency [hz], on/off cycling, burst, magnet mode, dose lockout, patient selectable parameters, responsive neurostimulation, detection algorithms, closed loop parameters, and passive parameters) by physician or other qualified health care professional; with simple cranial nerve neurostimulator pulse generator/transmitter programming by physician or other qualified health care professional

Global: XXX Issue: Neurostimulator Services Screen: High Volume Growth2 / CMS Request - Final

Rule for 2016 / CPT

**Assistant Analysis** 

Most Recent **RUC Meeting:** September 2022

Specialty Developing AAN, AANS/CNS, **Tab:** 13 Recommendation:

**ACNS** 

First Identified: June 2017

Global: XXX

2020 Medicare

2022 NF PE RVU: 0.38 **Utilization:** 6,654

2022 Fac PE RVU: 0.36

Screen: High Volume Growth2 /

CMS Request - Final Rule for 2016 / CPT

**Assistant Analysis** 

2022 Work RVU: 0.73

**RUC Recommendation: 0.95** 

Referred to CPT June 2017 Result: Maintain

Issue: Neurostimulator Services

Referred to CPT Asst Published in CPT Asst: February 2019

Complete? Yes

Complete? Yes

Complete? Yes

Electronic analysis of implanted neurostimulator pulse generator/transmitter (eq. contact group[s], interleaving, amplitude, pulse width, frequency [hz], on/off cycling, burst, magnet mode, dose lockout, patient selectable parameters. responsive neurostimulation, detection algorithms, closed loop parameters, and passive parameters) by physician or other qualified health care professional: with complex cranial nerve neurostimulator pulse generator/transmitter programming by physician or other qualified health care professional

Most Recent **RUC Meeting:** September 2022

Specialty Developing AAN, AANS/CNS, **Tab**: 13 Recommendation:

**ACNS** 

Identified: June 2017

2020 Medicare

Utilization:

2022 Work RVU: 0.97 2022 NF PE RVU: 0.50

2022 Fac PE RVU: 0.47

**RUC Recommendation: 1.19** 

Referred to CPT June 2017

Global:

Result: Maintain

5.033

Referred to CPT Asst Published in CPT Asst: February 2019

Electronic analysis of implanted neurostimulator pulse generator system (eg. rate, pulse amplitude and duration, battery status, electrode selectability and polarity, impedance and patient compliance measurements), complex deep brain neurostimulator pulse generator/transmitter, with initial or subsequent programming: first hour

Most Recent **RUC Meeting:** October 2017

**Tab:** 07

Specialty Developing AAN, AANS/CNS, Recommendation:

**ACNS** 

Identified: July 2015

2020 Medicare **Utilization:** 

Issue: Neurostimulator Services

2022 Work RVU:

Screen: CMS Request - Final

Rule for 2016

**2022 NF PE RVU:** 

2022 Fac PE RVU:

RUC Recommendation: Deleted from CPT

Referred to CPT June 2017 Result: Deleted from CPT

Referred to CPT Asst Published in CPT Asst: Jul 2016

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95979 Electronic analysis of implanted neurostimulator pulse generator system (eg, Global: Issue: Neurostimulator Services Screen: CMS Request - Final Complete? Yes Rule for 2016 rate, pulse amplitude and duration, battery status, electrode selectability and polarity, impedance and patient compliance measurements), complex deep brain neurostimulator pulse generator/transmitter, with initial or subsequent programming; each additional 30 minutes after first hour (List separately in addition to code for primary procedure) 2022 Work RVU: 2020 **Most Recent Tab:** 07 Specialty Developing AAN, AANS/CNS, First **RUC Meeting:** October 2017 **ACNS** Identified: July 2015 Recommendation: Medicare **2022 NF PE RVU: Utilization:** 2022 Fac PE RVU: **RUC Recommendation:** Deleted from CPT Referred to CPT June 2017 Result: Deleted from CPT Referred to CPT Asst Published in CPT Asst: Jul 2016 95980 Electronic analysis of implanted neurostimulator pulse generator system (eg. Global: XXX Issue: Neurostimulator Services Screen: CMS Request - Final Complete? Yes rate, pulse amplitude and duration, configuration of wave form, battery status, Rule for 2016 electrode selectability, output modulation, cycling, impedance and patient measurements) gastric neurostimulator pulse generator/transmitter: intraoperative, with programming 2022 Work RVU: 0.80 Specialty Developing No Interest 2020 Most Recent **Tab: 07** First **RUC Meeting:** October 2017 Identified: July 2015 Recommendation: Medicare 2022 NF PE RVU: NA **Utilization:** 431 2022 Fac PE RVU: 0.35 RUC Recommendation: Not part of family Referred to CPT June 2017 Result: Maintain Referred to CPT Asst Published in CPT Asst:

Global: XXX

95981 Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude and duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient measurements) gastric neurostimulator pulse generator/transmitter; subsequent, without reprogramming

Most Recent Tab: 07 Specialty Developing No Interest Ruc Meeting: October 2017 Recommendation: First July 2015 Medicare Utilization: 562 2022 Work RVU: 0.30 Medicare Utilization: 562

RUC Recommendation: Not part of family Referred to CPT June 2017 Result: Maintain

Referred to CPT Asst Published in CPT Asst:

Issue: Neurostimulator Services

Screen: CMS Request - Final

Rule for 2016

2022 Fac PE RVU: 0.17

Complete? Yes

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95982 Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude and duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient measurements) gastric neurostimulator pulse generator/transmitter;

Rule for 2016

Screen: High Volume Growth2 /

CMS Request - Final

Rule for 2016 / CPT

**Assistant Analysis** 

Complete? Yes

Complete? Yes

subsequent, with reprogramming

Most Recent Tab: 07 Specialty Developing No Interest First 2020 2022 Work RVU: 0.65

RUC Meeting: January 2016 Recommendation: Identified: July 2015 Medicare 2022 NF PE RVU: 0.97

Utilization: 1,011 2022 Fac PE RVU:0.31

RUC Recommendation: Not part of family Referred to CPT June 2017 Result: Maintain

95983 Electronic analysis of implanted neurostimulator pulse generator/transmitter
(eg, contact group[s], interleaving, amplitude, pulse width, frequency [hz], on/off
cycling, burst, magnet mode, dose lockout, patient selectable parameters,
responsive neurostimulation, detection algorithms, closed loop parameters, and
passive parameters) by physician or other qualified health care professional;
with basic neurostimulator pulse generator/transmitter programming, first 15

with brain neurostimulator pulse generator/transmitter programming, first 15 minutes face-to-face time with physician or other qualified health care professional

professiona

Most Recent Tab: 13 Specialty Developing AAN, AANS/CNS, First 2020 2022 Work RVU: 0.91

RUC Meeting: September 2022 Recommendation: ACNS Identified: June 2017 Medicare Utilization: 32,970

**2022 Fac PE RVU**: 0.46

Issue: Neurostimulator Services

RUC Recommendation: 1.25 Referred to CPT June 2017 Result: Maintain

Referred to CPT Asst Published in CPT Asst: February 2019

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Electronic analysis of implanted neurostimulator pulse generator/transmitter Global: ZZZ Issue: Neurostimulator Services Screen: High Volume Growth2 / Complete? Yes CMS Request - Final (eg. contact group[s], interleaving, amplitude, pulse width, frequency [hz], on/off Rule for 2016 / CPT cycling, burst, magnet mode, dose lockout, patient selectable parameters, **Assistant Analysis** responsive neurostimulation, detection algorithms, closed loop parameters, and passive parameters) by physician or other qualified health care professional; with brain neurostimulator pulse generator/transmitter programming, each additional 15 minutes face-to-face time with physician or other qualified health care professional (list separately in addition to code for primary procedure) 2022 Work RVU: 0.80 Most Recent Specialty Developing AAN, AANS/CNS. 2020 Identified: June 2017 **RUC Meeting:** September 2022 ACNS Recommendation: Medicare **2022 NF PE RVU**: 0.42 **Utilization:** 45.873 2022 Fac PE RVU: 0.40 June 2017 RUC Recommendation: 1.00 Referred to CPT Result: Maintain Referred to CPT Asst Published in CPT Asst: February 2019 95990 Refilling and maintenance of implantable pump or reservoir for drug delivery, Global: XXX Electronic Analysis Screen: Different Performing Complete? Yes Implanted Pump Specialty from Survey / spinal (intrathecal, epidural) or brain (intraventricular), includes electronic analysis of pump, when performed: Codes Reported Together 75% or More-Part1 2022 Work RVU: 0.00 Most Recent **Tab: 07** Specialty Developing ASA. AAPM. 2020 **RUC Meeting:** February 2011 NASS, AAMP&R, Identified: April 2010 Recommendation: Medicare 2022 NF PE RVU: 2.65 AANS/CNS. ISIS **Utilization:** 947 2022 Fac PE RVU: NA **RUC Recommendation: 0.00** Referred to CPT October 2010 Result: Maintain Referred to CPT Asst Published in CPT Asst: 95991 Refilling and maintenance of implantable pump or reservoir for drug delivery, Electronic Analysis Screen: High Volume Growth1 / Complete? Yes Global: XXX spinal (intrathecal, epidural) or brain (intraventricular), includes electronic Implanted Pump Codes Reported Together 75% or Moreanalysis of pump, when performed; requiring skill of a physician or other Part1 qualified health care professional

**Identified:** February 2008

Referred to CPT

October 2010

Referred to CPT Asst Published in CPT Asst:

2020

Medicare

**Utilization:** 

7.441

2022 Work RVU: 0.77

**2022 NF PE RVU: 2.40** 

2022 Fac PE RVU: 0.32

Result: Maintain

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Recommendation:

Specialty Developing ASA, AAPM

**Tab: 07** 

**Most Recent** 

**RUC Meeting:** February 2011

**RUC Recommendation: 0.77** 

95992 Canalith repositioning procedure(s) (eg, epley maneuver, sem day	ont maneuver), per Global: XXX Issue:		Screen: Modifier -51 Exempt	Complete? Yes
Most Recent Tab: 33 Specialty Developing RUC Meeting: April 2018 Recommendation:	First Identified: January 2018	2020 Medicare Utilization: 96,107	2022 Work RVU: 0.75 2022 NF PE RVU: 0.49 2022 Fac PE RVU: 0.28	
RUC Recommendation: Remove from Modifier -51 Exempt list.	Referred to CPT	F	Result: Maintain	
	Referred to CPT Asst  Publi	ished in CPT Asst:		
96101 Psychological testing (includes psychodiagnostic assessmen intellectual abilities, personality and psychopathology, eg, MN WAIS), per hour of the psychologist's or physician's time, bott administering tests to the patient and time interpreting these to preparing the report	IPI, Rorschach, n face-to-face time	Psychological and Neuro- psychological Testing	Screen: CMS High Expenditure Procedural Codes2	Complete? Yes
Most Recent Tab: 08 Specialty Developing APA	(psychology), First	2020	2022 Work RVU:	
	ASHA, AAN Identified: July 2015	Medicare	2022 NF PE RVU:	
		Utilization:	2022 Fac PE RVU:	
RUC Recommendation: Deleted from CPT	Referred to CPT June 2017	F	Result: Deleted from CPT	
	Referred to CPT Asst  Publi	ished in CPT Asst:		
96102 Psychological testing (includes psychodiagnostic assessmen intellectual abilities, personality and psychopathology, eg, MN qualified health care professional interpretation and report, actechnician, per hour of technician time, face-to-face	IPI and WAIS), with	Psychological and Neuro- psychological Testing	Screen: CMS High Expenditure Procedural Codes2	Complete? Yes
Most Recent Tab: 08 Specialty Developing APA	(psychology), First	2020	2022 Work RVU:	
	ASHA, AAN Identified: July 2015	Medicare	2022 NF PE RVU:	
		Utilization:	2022 Fac PE RVU:	
RUC Recommendation: Deleted from CPT	Referred to CPT June 2017	F	Result: Deleted from CPT	
	Referred to CPT Asst  Publi	ished in CPT Asst:		

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96103 Psychological testing (includes psychodiagnostic assessment of emotionality. Issue: Psychological and Neuro-Screen: High Volume Growth2 / Complete? Yes psychological Testing Different Performing intellectual abilities, personality and psychopathology, eq. MMPI), administered Specialty from Survey2 / by a computer, with qualified health care professional interpretation and report CMS High Expenditure Procedural Codes2 2022 Work RVU: Most Recent **Tab:** 08 Specialty Developing APA (psychology). 2020 Identified: April 2013 AAP, ASHA, AAN **RUC Meeting:** October 2017 Recommendation: Medicare **2022 NF PE RVU: Utilization:** 2022 Fac PE RVU: RUC Recommendation: Deleted from CPT Referred to CPT June 2017 Result: Deleted from CPT Referred to CPT Asst Published in CPT Asst: 96105 Assessment of aphasia (includes assessment of expressive and receptive Global: XXX Psychological and Neuro-Screen: CMS Request/Speech Complete? Yes psychological Testing Language Pathology speech and language function, language comprehension, speech production ability, reading, spelling, writing, eg, by boston diagnostic aphasia examination) Request / CMS High Expenditure Procedural with interpretation and report, per hour Codes2 2022 Work RVU: 1.75 **Most Recent Tab: 20** Specialty Developing APA (psychology), 2020 AAP, ASHA, AAN **RUC Meeting:** October 2017 Recommendation: Identified: January 2016 Medicare **2022 NF PE RVU: 1.04 Utilization:** 1.402 2022 Fac PE RVU: NA **RUC Recommendation: 1.75** Result: Decrease Referred to CPT June 2017 Referred to CPT Asst Published in CPT Asst: Psychological and Neuro-Screen: CMS High Expenditure Developmental screening (eg, developmental milestone survey, speech and Global: XXX Complete? Yes language delay screen), with scoring and documentation, per standardized psychological Testing Procedural Codes2 instrument 2022 Work RVU: 0.00 Most Recent **Tab:** 08 Specialty Developing APA (psychology), 2020 **RUC Meeting:** October 2017 Recommendation: AAP, ASHA, AAN Identified: January 2017 Medicare 2022 NF PE RVU: 0.30 **Utilization:** 2022 Fac PE RVU: NA **RUC Recommendation:** New PE Inputs Referred to CPT June 2017 Result: PE Only Referred to CPT Asst Published in CPT Asst:

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Developmental testing, (includes assessment of motor, language, social, Global: Issue: Psychological and Neuro-Screen: CMS High Expenditure Complete? Yes psychological Testing Procedural Codes2 adaptive, and/or cognitive functioning by standardized developmental instruments) with interpretation and report 2022 Work RVU: **Most Recent Tab:** 08 Specialty Developing APA (psychology), 2020 **RUC Meeting:** October 2017 AAP, ASHA, AAN Identified: January 2017 Recommendation: Medicare **2022 NF PE RVU: Utilization:** 2022 Fac PE RVU: RUC Recommendation: Deleted from CPT Referred to CPT June 2017 Result: Deleted from CPT Referred to CPT Asst Published in CPT Asst: 96112 Developmental test administration (including assessment of fine and/or gross Global: XXX Issue: Psychological and Neuro-Screen: CMS High Expenditure Complete? Yes motor, language, cognitive level, social, memory and/or executive functions by psychological Testing Procedural Codes2 standardized developmental instruments when performed), by physician or other qualified health care professional, with interpretation and report; first hour 2022 Work RVU: 2.56 Most Recent **Tab:** 08 Specialty Developing APA (psychology), 2020 **RUC Meeting:** October 2017 Recommendation: AAP, ASHA, AAN Identified: June 2017 Medicare **2022 NF PE RVU: 1.05 Utilization:** 1,685 2022 Fac PE RVU: 1.01 **RUC Recommendation: 2.50** Referred to CPT June 2017 Result: Decrease Referred to CPT Asst Published in CPT Asst: Global: ZZZ Issue: Psychological and Neuro-Screen: CMS High Expenditure Developmental test administration (including assessment of fine and/or gross Complete? Yes motor, language, cognitive level, social, memory and/or executive functions by psychological Testing Procedural Codes2 standardized developmental instruments when performed), by physician or other qualified health care professional, with interpretation and report; each additional 30 minutes (list separately in addition to code for primary procedure) 2022 Work RVU: 1.16 **Most Recent Tab:** 08 Specialty Developing APA (psychology), 2020 **RUC Meeting:** October 2017 Recommendation: AAP. ASHA. AAN Identified: June 2017 Medicare 2022 NF PE RVU: 0.53 **Utilization:** 448 **2022 Fac PE RVU:** 0.42 **RUC Recommendation: 1.10** Referred to CPT June 2017 Result: Decrease Referred to CPT Asst Published in CPT Asst:

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96116 Neurobehavioral status exam (clinical assessment of thinking, reason judgment, [eg, acquired knowledge, attention, language, memory, pla problem solving, and visual spatial abilities]), by physician or other q health care professional, both face-to-face time with the patient and t interpreting test results and preparing the report; first hour	anning and Jualified	: Psychological and Neuro- psychological Testing	Screen: CMS High Expenditure Procedural Codes2	Complete? Yes
Most Recent RUC Meeting: October 2017  Tab: 08 Specialty Developing Recommendation: APA (psychology APA, ASHA, APA, ASHA, APA, ASHA, APA, ASHA, APA, ASHA, APA, ASHA, APA, APA, APA, APA, APA, APA, APA, A	AAN Identified: July 2015  Referred to CPT June 2017	2020 Medicare Utilization: 129,367 ished in CPT Asst:	2022 Work RVU: 1.86 2022 NF PE RVU: 0.82 2022 Fac PE RVU: 0.44 Result: Maintain	
96118 Neuropsychological testing (eg, Halstead-Reitan Neuropsychological Wechsler Memory Scales and Wisconsin Card Sorting Test), per hour psychologist's or physician's time, both face-to-face time administeri the patient and time interpreting these test results and preparing the	r of the ing tests to	: Psychological and Neuro- psychological Testing	Screen: CMS High Expenditure Procedural Codes2	Complete? Yes
Most Recent RUC Meeting: October 2017  Tab: 08 Specialty Developing Recommendation: AAP, ASHA,	AĂŃ Identified: July 2015	2020 Medicare Utilization:	2022 Work RVU: 2022 NF PE RVU: 2022 Fac PE RVU:	
RUC Recommendation: Deleted from CPT	Referred to CPT June 2017 Referred to CPT Asst  Publ	ished in CPT Asst:	Result: Deleted from CPT	
96119 Neuropsychological testing (eg, Halstead-Reitan Neuropsychological Wechsler Memory Scales and Wisconsin Card Sorting Test), with qua health care professional interpretation and report, administered by te per hour of technician time, face-to-face	alified	: Psychological and Neuro- psychological Testing	Screen: CMS High Expenditure Procedural Codes2	Complete? Yes
Most Recent RUC Meeting: October 2017  Tab: 08 Specialty Developing Recommendation: APA (psychology APA, ASHA, APA, APA, APA, APA, APA, APA, APA, A		2020 Medicare Utilization:	2022 Work RVU: 2022 NF PE RVU: 2022 Fac PE RVU:	
RUC Recommendation: Deleted from CPT	Referred to CPT June 2017 Referred to CPT Asst Publ	ished in CPT Asst:	Result: Deleted from CPT	

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	Wisconsin Card Sorting Test), administered by a care professional interpretation and report	Global: Issue:	Psychological and Neuro- psychological Testing	Screen: High Volume Growth2 / CMS High Expenditure Procedural Codes2	Complete? Yes
Most Recent Tab: 08	Specialty Developing APA (psychology), First	t	2020	2022 Work RVU:	
RUC Meeting: October 2017	Recommendation: AAP, ASHA, AAN Iden	ntified: April 2013	Medicare Utilization:	2022 NF PE RVU:	
			Othization.	2022 Fac PE RVU:	
RUC Recommendation: Deleted from CPT		_		esult: Deleted from CPT	
	Referred t	to CPT Asst	shed in CPT Asst:		
judgment, [eg, acquired knowled problem solving, and visual spath health care professional, both fa	inical assessment of thinking, reasoning and dge, attention, language, memory, planning and cial abilities]), by physician or other qualified ce-to-face time with the patient and time paring the report; each additional hour (list r primary procedure)	Global: ZZZ Issue:	Psychological and Neuro- psychological Testing	Screen: CMS High Expenditure Procedural Codes2	Complete? Yes
Most Recent Tab: 08	Specialty Developing APA (psychology), First		2020	2022 Work RVU: 1.71	
RUC Meeting: October 2017	Recommendation: AAP, ASHA, AAN Iden	ntified: June 2017	Medicare Utilization: 39,411	<b>2022 NF PE RVU</b> : 0.52	
			Utilization: 39,411	2022 Fac PE RVU: 0.28	
RUC Recommendation: 1.71	Referred t		Re	esult: Decrease	
	Referred t	to CPT Asst 📙 Publis	shed in CPT Asst:		
assessment) per hour of a qualit	nnce testing (eg, ross information processing ried health care professional's time, both face-to- the patient and time interpreting these test		Psychological and Neuro- psychological Testing	Screen: CMS High Expenditure Procedural Codes2	Complete? Yes
Most Recent Tab: 20	Specialty Developing APA (psychology), First	t	2020	<b>2022 Work RVU:</b> 1.70	
RUC Meeting: October 2017	Recommendation: AAP, ASHA, AAN Iden	ntified: January 2016	Medicare	<b>2022 NF PE RVU</b> : 1.27	
			Utilization: 3,828	2022 Fac PE RVU:NA	
RUC Recommendation: 1.70	Referred t	to CPT June 2017	Re	esult: Maintain	
	Referred t	to CPT Asst 🔲 Publis	shed in CPT Asst:		

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00.27	ssment (eg, depression inventory, attention dhd] scale), with scoring and documentation		Psychological and Neuro- psychological Testing	Screen: CMS High Expenditure Procedural Codes2	Complete? Yes
Most Recent Tab: 08	Specialty Developing APA (psychology),	First	2020	2022 Work RVU: 0.00	
RUC Meeting: October 2017	Recommendation: AAP, ASHA, AAN	Identified: January 2016	Medicare Utilization: 436,595	<b>2022 NF PE RVU</b> : 0.13	
			Otilization. 450,595	2022 Fac PE RVU:NA	
RUC Recommendation: New PE Inputs		erred to CPT June 2017		lesult: PE Only	
	Refe	erred to CPT Asst L Publi	shed in CPT Asst:		
care professional, including into standardized test results and cli	n services by physician or other qualified he egration of patient data, interpretation of inical data, clinical decision making, treatme ctive feedback to the patient, family member irst hour	ent	Psychological and Neuro- psychological Testing	Screen: CMS High Expenditure Procedural Codes2	Complete? Yes
Most Recent Tab: 20	Specialty Developing APA (psychology),	First	2020	2022 Work RVU: 2.56	
RUC Meeting: October 2017	Recommendation: AAP, ASHA, AAN	Identified: June 2017	Medicare Utilization: 98,966	<b>2022 NF PE RVU</b> : 0.84	
			Otilization. 90,900	<b>2022 Fac PE RVU:</b> 0.49	
RUC Recommendation: 2.50		erred to CPT June 2017 erred to CPT Asst	R shed in CPT Asst:	desult: Decrease	
care professional, including inte standardized test results and cli planning and report, and interac	n services by physician or other qualified he egration of patient data, interpretation of inical data, clinical decision making, treatme ctive feedback to the patient, family member each additional hour (list separately in additi	ent r(s) or	Psychological and Neuro- psychological Testing	Screen: CMS High Expenditure Procedural Codes2	Complete? Yes
Most Recent Tab: 20	Specialty Developing APA (psychology),	First	2020	<b>2022 Work RVU:</b> 1.96	
RUC Meeting: October 2017	<b>Recommendation:</b> AAP, ASHA, AAN	Identified: June 2017	Medicare Utilization: 64,986	<b>2022 NF PE RVU:</b> 0.56	
			Othization. 04,000	2022 Fac PE RVU:0.27	
RUC Recommendation: 1.90		erred to CPT June 2017		tesult: Decrease	
	Refe	erred to CPT Asst 🔲 Publi	shed in CPT Asst:		

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96132 Neuropsychological testing evaluation services by physician or other qualified Global: XXX Issue: Psychological and Neuro-Screen: CMS High Expenditure Complete? Yes psychological Testing Procedural Codes2 health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed; first hour 2022 Work RVU: 2.56 **Most Recent Tab:** 08 Specialty Developing APA (psychology), 2020 AAP, ASHA, AAN Identified: June 2017 **RUC Meeting:** October 2017 Recommendation: Medicare **2022 NF PE RVU: 1.16 Utilization:** 174,666 **2022 Fac PE RVU:** 0.42 RUC Recommendation: 2.50 Referred to CPT June 2017 Result: Decrease Referred to CPT Asst Published in CPT Asst: 96133 Neuropsychological testing evaluation services by physician or other qualified Global: ZZZ Issue: Psychological and Neuro-Screen: CMS High Expenditure Complete? Yes health care professional, including integration of patient data, interpretation of psychological Testing Procedural Codes2 standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed; each additional hour (list separately in addition to code for primary procedure) 2022 Work RVU: 1.96 2020 **Most Recent Tab:** 08 Specialty Developing APA (psychology), **RUC Meeting:** October 2017 Recommendation: AAP, ASHA, AAN Identified: June 2017 Medicare **2022 NF PE RVU: 0.93 Utilization:** 286,541 2022 Fac PE RVU: 0.26 **RUC Recommendation: 1.90** Referred to CPT June 2017 Result: Decrease Referred to CPT Asst □ Published in CPT Asst: 96136 Psychological or neuropsychological test administration and scoring by Global: XXX Issue: Psychological and Neuro-Screen: CMS High Expenditure Complete? Yes physician or other qualified health care professional, two or more tests, any psychological Testing Procedural Codes2 method: first 30 minutes 2022 Work RVU: 0.55 2020 Most Recent **Tab**: 20 Specialty Developing APA (psychology). **RUC Meeting:** October 2017 Recommendation: AAP. ASHA. AAN Identified: June 2017 Medicare 2022 NF PE RVU: 0.71 **Utilization:** 158.948 2022 Fac PE RVU: 0.11 **RUC Recommendation: 0.55** Referred to CPT June 2017 Result: Decrease Referred to CPT Asst Published in CPT Asst:

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96137 Psychological or neuropsychological test administration and scoring by Global: ZZZ Issue: Psychological and Neuro-Screen: CMS High Expenditure Complete? Yes physician or other qualified health care professional, two or more tests, any psychological Testing Procedural Codes2 method; each additional 30 minutes (list separately in addition to code for primary procedure) 2022 Work RVU: 0.46 **Most Recent Tab: 20** Specialty Developing APA (psychology), First 2020 **RUC Meeting:** October 2017 AAP. ASHA. AAN Identified: June 2017 Recommendation: Medicare 2022 NF PE RVU: 0.69 **Utilization:** 300,973 **2022 Fac PE RVU: 0.06 RUC Recommendation: 0.46** Referred to CPT June 2017 Result: Decrease Referred to CPT Asst | Published in CPT Asst: 96138 Psychological or neuropsychological test administration and scoring by Global: XXX Issue: Psychological and Neuro-**Screen:** CMS High Expenditure Complete? Yes Procedural Codes2 technician, two or more tests, any method; first 30 minutes psychological Testing 2022 Work RVU: 0.00 Most Recent **Tab: 20** Specialty Developing APA (psychology), 2020 **RUC Meeting:** October 2017 AAP, ASHA, AAN Identified: June 2017 Recommendation: Medicare 2022 NF PE RVU: 1.01 175.273 **Utilization:** 2022 Fac PE RVU: NA **RUC Recommendation:** New PE Inputs Referred to CPT June 2017 Result: PE Only Published in CPT Asst: Referred to CPT Asst 96139 Psychological or neuropsychological test administration and scoring by Global: ZZZ Psychological and Neuro-Screen: CMS High Expenditure Complete? Yes technician, two or more tests, any method; each additional 30 minutes (list psychological Testing Procedural Codes2 separately in addition to code for primary procedure) 2022 Work RVU: 0.00 2020 **Most Recent Tab: 20** Specialty Developing APA (psychology), AAP, ASHA, AAN **RUC Meeting:** October 2017 Recommendation: Identified: June 2017 Medicare **2022 NF PE RVU: 1.03 Utilization:** 302,550 2022 Fac PE RVU: NA

Referred to CPT

**Referred to CPT Asst** 

June 2017

■ Published in CPT Asst:

Result: PE Only

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**RUC Recommendation:** New PE Inputs

96146 Psychological or neuropsychological test administration, with single standardized instrument via electronic platform, with automated residuely.	,	
Most Recent Tab: 20 Specialty Developing APA (psych		<b>2022 Work RVU</b> : 0.00
RUC Meeting: October 2017 Recommendation: AAP, ASHA	, AAN Identified: June 2017 Medicare Utilization: 13,403	2022 NF PE RVU: 0.05
	Otilization. 10,400	2022 Fac PE RVU:NA
RUC Recommendation: New PE Inputs	Referred to CPT June 2017	Result: PE Only
	Referred to CPT Asst	
96150 Health and behavior assessment (eg, health-focused clinical intervie behavioral observations, psychophysiological monitoring, health-ori questionnaires), each 15 minutes face-to-face with the patient; initial	ented Assessment and	Screen: Negative IWPUT Complete? Yes
Most Recent Tab: 41 Specialty Developing	First 2020	2022 Work RVU:
RUC Meeting: January 2019 Recommendation:	Identified: September 2018 Medicare	2022 NF PE RVU:
	Utilization:	2022 Fac PE RVU:
RUC Recommendation: Deleted from CPT	Referred to CPT September 2018	Result: Deleted from CPT
	Referred to CPT Asst	
96151 Health and behavior assessment (eg, health-focused clinical intervie behavioral observations, psychophysiological monitoring, health-ori questionnaires), each 15 minutes face-to-face with the patient; re-as	ented Assessment and	Screen: Negative IWPUT Complete? Yes
Most Recent Tab: 41 Specialty Developing	First 2020	2022 Work RVU:
RUC Meeting: January 2019 Recommendation:	Identified: September 2018 Medicare Utilization:	2022 NF PE RVU:
	otinzation:	2022 Fac PE RVU:
RUC Recommendation: Deleted from CPT	Referred to CPT September 2018	Result: Deleted from CPT
	Referred to CPT Asst	

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96152 Health and behavior intervention, each 15 minutes, face-to-face; individual Global: Issue: Health and Behavior Screen: Negative IWPUT Complete? Yes Assessment and Intervention 2022 Work RVU: **Most Recent Specialty Developing First** 2020 **Tab**: 41 **RUC Meeting:** January 2019 Recommendation: Identified: September 2018 Medicare **2022 NF PE RVU: Utilization:** 2022 Fac PE RVU: **RUC Recommendation:** Deleted from CPT Referred to CPT September 2018 Result: Deleted from CPT Referred to CPT Asst ■ Published in CPT Asst: 96153 Health and behavior intervention, each 15 minutes, face-to-face; group (2 or Global: Health and Behavior **Screen:** Negative IWPUT Complete? Yes Assessment and more patients) Intervention 2022 Work RVU: Most Recent Tab: 41 **Specialty Developing** First 2020 **Identified:** September 2018 **RUC Meeting:** January 2019 Recommendation: Medicare **2022 NF PE RVU: Utilization:** 2022 Fac PE RVU: RUC Recommendation: Deleted from CPT Referred to CPT September 2018 Result: Deleted from CPT Referred to CPT Asst Published in CPT Asst: 96154 Health and behavior intervention, each 15 minutes, face-to-face; family (with the Global: Issue: Health and Behavior Screen: Negative IWPUT Complete? Yes Assessment and patient present) Intervention 2022 Work RVU: 2020 **Most Recent Specialty Developing** APA (psychology), **Tab**: 41 **RUC Meeting:** January 2019 Recommendation: NASW Identified: April 2017 Medicare **2022 NF PE RVU: Utilization:** 2022 Fac PE RVU:

Referred to CPT

September 2018

Referred to CPT Asst Published in CPT Asst:

Result: Deleted from CPT

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**RUC Recommendation:** Deleted from CPT

the patient present)

96155 Health and behavior intervention, each 15 minutes, face-to-face; family (without Global: Issue: Health and Behavior Screen: Negative IWPUT Complete? Yes

Assessment and Intervention

2022 Work RVU: **Most Recent Specialty Developing First** 2020 **Tab**: 41 **RUC Meeting:** January 2019

Recommendation: Identified: September 2018 Medicare **2022 NF PE RVU: Utilization:** 

2022 Fac PE RVU:

Referred to CPT Asst

**RUC Recommendation:** Deleted from CPT Referred to CPT September 2018 Result: Deleted from CPT

96156 Health behavior assessment, or re-assessment (ie, health-focused clinical Global: XXX Health and Behavior **Screen:** Negative IWPUT Complete? Yes Issue:

Assessment and interview, behavioral observations, clinical decision making)

Intervention

□ Published in CPT Asst:

2022 Work RVU: 2.10 Most Recent Tab: 41 **Specialty Developing** First 2020 **Identified:** September 2018 **RUC Meeting:** January 2019 Recommendation: Medicare **2022 NF PE RVU: 0.63** 

**Utilization:** 25,244

2022 Fac PE RVU: 0.32

**RUC Recommendation: 2.10** Referred to CPT September 2018 Result: Increase

Referred to CPT Asst Published in CPT Asst:

96158 Health behavior intervention, individual, face-to-face; initial 30 minutes Global: XXX Issue: Health and Behavior Screen: Negative IWPUT Complete? Yes

Assessment and Intervention

2022 Work RVU: 1.45 2020 **Most Recent Specialty Developing** First **Tab**: 41 **RUC Meeting:** January 2019 Recommendation: Identified: September 2018 Medicare

2022 NF PE RVU: 0.42 **Utilization:** 36,724 2022 Fac PE RVU: 0.20

**RUC Recommendation: 1.45** Referred to CPT September 2018 Result: Increase

Referred to CPT Asst Published in CPT Asst:

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(list separately in addition to code for primary service)

96159 Health behavior intervention, individual, face-to-face; each additional 15 minutes Global: ZZZ Issue: Health and Behavior Screen: Negative IWPUT Complete? Yes

Assessment and Intervention

2022 Work RVU: 0.50 **Most Recent First** 2020 **Tab**: 41 **Specialty Developing** 

**RUC Meeting:** January 2019 Recommendation: Identified: September 2018 Medicare **2022 NF PE RVU: 0.14** 

**Utilization:** 34,164 2022 Fac PE RVU: 0.06

RUC Recommendation: 0.50 Referred to CPT September 2018 Result: Increase

Referred to CPT Asst ■ Published in CPT Asst:

96164 Health behavior intervention, group (2 or more patients), face-to-face; initial 30 Global: XXX Health and Behavior Screen: Negative IWPUT Complete? Yes

Assessment and minutes

Intervention

2022 Work RVU: 0.21 Most Recent Tab: 41 **Specialty Developing** First 2020 **Identified:** September 2018 **RUC Meeting:** January 2019 Recommendation: Medicare **2022 NF PE RVU: 0.07** 

**Utilization:** 11.810 2022 Fac PE RVU: 0.04

**RUC Recommendation: 0.21** Referred to CPT September 2018 Result: Increase

Referred to CPT Asst Published in CPT Asst:

96165 Health behavior intervention, group (2 or more patients), face-to-face; each **Global**: 777 Issue: Health and Behavior Screen: Negative IWPUT Complete? Yes

Assessment and additional 15 minutes (list separately in addition to code for primary service)

Intervention

2022 Work RVU: 0.10 **Most Recent Tab:** 41 **Specialty Developing** First 2020 Identified: September 2018 **RUC Meeting:** January 2019 Recommendation: Medicare 2022 NF PE RVU: 0.03

**Utilization:** 29,356 **2022 Fac PE RVU: 0.02** 

**RUC Recommendation: 0.10** Referred to CPT September 2018 Result: Increase

Referred to CPT Asst Published in CPT Asst:

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96167 Health behavior intervention, family (with the patient present), face-to-face; Global: XXX Issue: Health and Behavior Screen: Negative IWPUT Complete? Yes Assessment and initial 30 minutes

Intervention

2022 Work RVU: 1.55 **Most Recent Specialty Developing First** 2020 **Tab:** 41

**RUC Meeting:** January 2019 Recommendation: Identified: September 2018 Medicare **2022 NF PE RVU: 0.44 Utilization:** 1,487

2022 Fac PE RVU: 0.21

Complete? Yes

**RUC Recommendation:** 1.55 Referred to CPT September 2018 Result: Increase

Referred to CPT Asst ■ Published in CPT Asst:

96168 Health behavior intervention, family (with the patient present), face-to-face; each Global: ZZZ Health and Behavior Screen: Negative IWPUT Complete? Yes

Assessment and additional 15 minutes (list separately in addition to code for primary service)

Intervention

2022 Work RVU: 0.55 Most Recent Tab: 41 **Specialty Developing** First 2020 **Identified:** September 2018 **RUC Meeting:** January 2019 Recommendation: Medicare **2022 NF PE RVU**: 0.16

**Utilization:** 1.433 2022 Fac PE RVU: 0.07

**RUC Recommendation: 0.55** Referred to CPT September 2018 Result: Increase

Referred to CPT Asst Published in CPT Asst:

96170 Health behavior intervention, family (without the patient present), face-to-face; Global: XXX Issue: Health and Behavior Screen: Negative IWPUT initial 30 minutes

Assessment and

Referred to CPT Asst Published in CPT Asst:

Intervention

2022 Work RVU: 1.50 2020 **Most Recent Specialty Developing Tab**: 41 **RUC Meeting:** January 2019 Recommendation: Identified: September 2018 Medicare 2022 NF PE RVU: 0.71

**Utilization:** 2022 Fac PE RVU: 0.58

**RUC Recommendation: 1.50** Referred to CPT September 2018 Result: Increase

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96171 Health behavior intervention, family (without the patient present), face-to-face; Global: ZZZ Issue: Health and Behavior Screen: Negative IWPUT Complete? Yes Assessment and each additional 15 minutes (list separately in addition to code for primary Intervention 2022 Work RVU: 0.54 **Most Recent Tab:** 41 Specialty Developing **First** 2020 **RUC Meeting:** January 2019 Identified: September 2018 Recommendation: Medicare **2022 NF PE RVU: 0.26 Utilization:** 2022 Fac PE RVU: 0.21 **RUC Recommendation: 0.54** September 2018 Referred to CPT Result: Increase Published in CPT Asst: Referred to CPT Asst 96202 Multiple-family group behavior management/modification training for Issue: Caregiver Behavior Screen: RUC Flag for Review Global: Complete? No parent(s)/guardian(s)/caregiver(s) of patients with a mental or physical health Management Training diagnosis, administered by physician or other qualified health care professional (without the patient present), face-to-face with multiple sets of parent(s)/guardian(s)/caregiver(s); initial 60 minutes 2022 Work RVU: **Most Recent Specialty Developing** AACAP, AND, 2020 **RUC Meeting:** April 2021 APA (psychology) Identified: April 2021 Recommendation: Medicare **2022 NF PE RVU: Utilization:** 2022 Fac PE RVU: **RUC Recommendation:** Review action plan Referred to CPT Result: Not part of RAW Referred to CPT Asst **Published in CPT Asst:** 96203 Multiple-family group behavior management/modification training for Global: Issue: Caregiver Behavior Screen: RUC Flag for Review Complete? No Management Training parent(s)/guardian(s)/caregiver(s) of patients with a mental or physical health diagnosis, administered by physician or other qualified health care professional (without the patient present), face-to-face with multiple sets of parent(s)/quardian(s)/caregiver(s); each additional 15 minutes (list separately in addition to code for primary service) 2022 Work RVU: 2020 Most Recent Tab: 11 Specialty Developing First **RUC Meeting:** April 2021 Recommendation: Identified: April 2021 Medicare **2022 NF PE RVU: Utilization:** 2022 Fac PE RVU: RUC Recommendation: Review action plan Referred to CPT Result: Not part of RAW Referred to CPT Asst Published in CPT Asst:

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96360 Intravenous infusion,	hydration;	initial, 31 minutes to 1 hour		Global: XXX	Issue:	IV Hydration		Screen: CMS High Expenditure Procedural Codes2	Complete? Yes
Most Recent	<b>Tab</b> : 25	Specialty Developing ASC	CO, ASH	First		2020		<b>2022 Work RVU:</b> 0.17	
RUC Meeting: January 2017		Recommendation:	•	Identified: July 2015		Medicare	244 204	<b>2022 NF PE RVU</b> : 0.82	
						Utilization:	211,384	2022 Fac PE RVU:NA	
RUC Recommendation: 0.17			Ref	ferred to CPT N/A				Result: Maintain	
			Ref	ferred to CPT Asst	Publi	shed in CPT A	sst:		
96361 Intravenous infusion, to code for primary pr		each additional hour (list se	parately in ad	dition Global: ZZZ	Issue:	IV Hydration		Screen: CMS High Expenditure Procedural Codes2	Complete? Yes
Most Recent	<b>Tab</b> : 25	Specialty Developing ASC	CO. ASH	First		2020		2022 Work RVU: 0.09	
RUC Meeting: January 2017		Recommendation:	,	Identified: July 2015		Medicare	007.400	<b>2022 NF PE RVU</b> : 0.28	
						Utilization:	367,462	2022 Fac PE RVU:NA	
RUC Recommendation: 0.09			Ref	ferred to CPT N/A				Result: Maintain	
			Ref	ferred to CPT Asst	Publi	shed in CPT A	sst:		
96365 Intravenous infusion, or drug); initial, up to		y, prophylaxis, or diagnosis (	(specify subst	ance Global: XXX	Issue:	Intravenous Ir Therapy	nfusion	Screen: CMS High Expenditure Procedural Codes1	Complete? Yes
Most Recent	<b>Tab</b> : 28	Specialty Developing ACF	Rh, ASCO,	First		2020		2022 Work RVU: 0.21	
RUC Meeting: January 2013			H, ÍSDA	Identified: September	er 2011	Medicare	4 400 047	<b>2022 NF PE RVU</b> : 1.75	
						Utilization:	1,196,817	2022 Fac PE RVU:NA	
<b>RUC Recommendation:</b> 0.21			Ref	ferred to CPT				Result: Maintain	
			Ref	ferred to CPT Asst $$	Publi	shed in CPT A	sst:		

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96366 Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance Global: ZZZ Issue: Intravenous Infusion Screen: CMS High Expenditure Complete? Yes Procedural Codes1 or drug); each additional hour (list separately in addition to code for primary Therapy procedure) 2022 Work RVU: 0.18 Specialty Developing ACRh, ASCO. **Most Recent Tab: 28 First** 2020 **RUC Meeting:** January 2013 ASH, ISDA Identified: April 2013 Recommendation: Medicare **2022 NF PE RVU: 0.43** 549,123 **Utilization:** 2022 Fac PE RVU: NA **RUC Recommendation: 0.18** Referred to CPT Result: Maintain **Referred to CPT Asst Published in CPT Asst:** Screen: CMS High Expenditure 96367 Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance Global: ZZZ Issue: Intravenous Infusion Complete? Yes Therapy or drug); additional sequential infusion of a new drug/substance, up to 1 hour Procedural Codes1 (list separately in addition to code for primary procedure) 2022 Work RVU: 0.19 Most Recent **Tab: 28** Specialty Developing ACRh, ASCO, First 2020 **RUC Meeting:** January 2013 ASH, ISDA Identified: September 2011 Recommendation: Medicare **2022 NF PE RVU: 0.68 Utilization:** 1,231,930 2022 Fac PE RVU: NA **RUC Recommendation: 0.19** Referred to CPT Result: Maintain Referred to CPT Asst **Published in CPT Asst:** 96368 Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance Issue: Intravenous Infusion Screen: CMS High Expenditure Complete? Yes Global: ZZZ or drug); concurrent infusion (list separately in addition to code for primary Therapy Procedural Codes1 procedure) 2022 Work RVU: 0.17 **Most Recent Tab: 28 Specialty Developing** ACRh, ASCO, First 2020 ASH. ISDA Medicare **RUC Meeting:** January 2013 Recommendation: Identified: April 2013 2022 NF PE RVU: 0.42 132.910 **Utilization:** 2022 Fac PE RVU: NA **RUC Recommendation: 0.17** Referred to CPT **Result:** Maintain

Referred to CPT Asst

Published in CPT Asst:

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Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); Global: XXX Issue: Application of On-body Screen: Different Performing Complete? Yes Injector with Subcutaneous Specialty from Survey2 / subcutaneous or intramuscular CMS High Expenditure Injection Procedural Codes2 2022 Work RVU: 0.17 **Most Recent Tab: 26** Specialty Developing ASCO, ASH, First 2020 **RUC Meeting:** January 2017 Recommendation: AAFP, ACRh Identified: April 2013 Medicare 2022 NF PE RVU: 0.24 **Utilization:** 7,679,555 2022 Fac PE RVU: NA Referred to CPT **RUC Recommendation: 0.17** Result: Maintain Referred to CPT Asst **Published in CPT Asst:** 96374 Therapeutic, prophylactic, or diagnostic injection (specify substance or drug): Screen: CMS High Expenditure Global: XXX Issue: Application of On-body Complete? Yes intravenous push, single or initial substance/drug Injector with Subcutaneous Procedural Codes2 Injection 2022 Work RVU: 0.18 Most Recent **Tab: 26** Specialty Developing ASCO, ASH, ACRh First 2020 Identified: July 2015 Medicare **RUC Meeting:** January 2017 Recommendation: **2022 NF PE RVU: 0.96 Utilization:** 231,198 2022 Fac PE RVU: NA **RUC Recommendation: 0.18** Referred to CPT Result: Maintain Referred to CPT Asst **Published in CPT Asst:** 96375 Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); Global: ZZZ Application of On-body Screen: CMS High Expenditure Complete? Yes each additional sequential intravenous push of a new substance/drug (list Injector with Subcutaneous **Procedural Codes2** separately in addition to code for primary procedure) Injection 2022 Work RVU: 0.10 Specialty Developing ASCO, ASH, ACRh First **Tab: 26** 2020 **RUC Meeting:** January 2017 Recommendation: Identified: July 2015 Medicare **2022 NF PE RVU: 0.36 Utilization:** 1,377,521 2022 Fac PE RVU: NA **RUC Recommendation: 0.10** Referred to CPT Result: Maintain Referred to CPT Asst Published in CPT Asst:

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96377 Application of on-body injector (includes cannula insertion) for timed Global: XXX Issue: Application of On-body Screen: should be on N/R LOI Complete? Yes Injector with Subcutaneous iust added to track subcutaneous injection Injection 2022 Work RVU: 0.17 **Most Recent** Specialty Developing ASCO, ASH **First** 2020 **Tab: 26 RUC Meeting:** January 2017 Recommendation: Identified: January 2016 Medicare **2022 NF PE RVU: 0.38 Utilization:** 62,528 2022 Fac PE RVU: NA **RUC Recommendation: 0.17** Referred to CPT N/A Result: Not Part of RAW Referred to CPT Asst **Published in CPT Asst:** Screen: CMS High Expenditure Chemotherapy administration, subcutaneous or intramuscular; non-hormonal Global: XXX Chemotherapy Complete? Yes 96401 Administration **Procedural Codes2** anti-neoplastic 2022 Work RVU: 0.21 **Most Recent** Specialty Developing ASBMT, ASCO, 2020 **Tab: 27** First **RUC Meeting:** January 2017 Recommendation: ASH, ACRh Identified: July 2015 Medicare **2022 NF PE RVU: 1.99 Utilization:** 750,708 2022 Fac PE RVU: NA **RUC Recommendation: 0.21** Referred to CPT Result: Maintain Referred to CPT Asst **Published in CPT Asst:** 96402 Chemotherapy administration, subcutaneous or intramuscular; hormonal anti-Global: XXX Chemotherapy Screen: CMS High Expenditure Complete? Yes Administration Procedural Codes2 neoplastic 2022 Work RVU: 0.19 **Most Recent Tab: 27 Specialty Developing** ASBMT, ASCO, First 2020 **RUC Meeting:** January 2017 Recommendation: ASH. AUA Identified: July 2015 Medicare 2022 NF PE RVU: 0.77 **Utilization:** 394.519 2022 Fac PE RVU: NA

Referred to CPT

Referred to CPT Asst

N/A

**Published in CPT Asst:** 

**Result:** Maintain

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**RUC Recommendation: 0.19** 

96405 Chemotherapy administra	tion; intralesional, up to and inc	cluding 7 lesions	Global: 000		Chemotherapy Administration	Screen: CMS Request - Practice Expense Review	Complete? Yes
Most Recent Ta	b: 55 Specialty Developing A	<b>ASCO</b>	First		2020	2022 Work RVU: 0.52	
RUC Meeting: April 2008	Recommendation:	A000	Identified: NA	Medicare	Medicare	<b>2022 NF PE RVU</b> : 1.95	
					Utilization: 13,682	<b>2022 Fac PE RVU</b> : 0.28	
RUC Recommendation: New PE inp	outs	Refe	erred to CPT			Result: PE Only	
		Refe	erred to CPT Asst	Publis	shed in CPT Asst:		
96406 Chemotherapy administra	tion; intralesional, more than 7 l	lesions	Global: 000		Chemotherapy Administration	Screen: CMS Request - Practice Expense Review	Complete? Yes
	b: 55 Specialty Developing A	ASCO	First		2020	<b>2022 Work RVU</b> : 0.80	
RUC Meeting: April 2008	Recommendation:		Identified: NA		Medicare Utilization: 608	<b>2022 NF PE RVU</b> : 3.10	
					Othization: 000	<b>2022 Fac PE RVU</b> : 0.44	
	auta.	Pofe	erred to CPT			Result: PE Only	
		Refe	erred to CPT Asst		shed in CPT Asst:	Screen: CMS High Expenditure	Complete? Ye
96409 Chemotherapy administra substance/drug	tion; intravenous, push techniqu	Refe	I Global: XXX	Issue:	Chemotherapy Administration	Screen: CMS High Expenditure Procedural Codes2 2022 Work RVU: 0.24	Complete? Ye
96409 Chemotherapy administra substance/drug	tion; intravenous, push techniqub: 27 Specialty Developing	Refe	I Global: XXX	Issue:	Chemotherapy Administration 2020 Medicare	Procedural Codes2	Complete? Ye
substance/drug	tion; intravenous, push techniqu b: 27 Specialty Developing	Refeue, single or initia	I Global: XXX	Issue:	Chemotherapy Administration	Procedural Codes2  2022 Work RVU: 0.24  2022 NF PE RVU: 2.80  2022 Fac PE RVU: NA	Complete? Ye
96409 Chemotherapy administra substance/drug	tion; intravenous, push techniqu b: 27 Specialty Developing	Refe ue, single or initia ASBMT, ASCO, ASH	I Global: XXX	Issue:	Chemotherapy Administration 2020 Medicare	Procedural Codes2  2022 Work RVU: 0.24  2022 NF PE RVU: 2.80	Complete? Yes
96409 Chemotherapy administra substance/drug  Most Recent Ta RUC Meeting: January 2017  RUC Recommendation: 0.24	tion; intravenous, push techniques: 27 Specialty Developing A Recommendation: A	Reference Refere	Global: XXX  First Identified: July 2015  Perred to CPT N/A  Perred to CPT Asst	Issue:	Chemotherapy Administration  2020  Medicare  Utilization: 65,537	Procedural Codes2  2022 Work RVU: 0.24  2022 NF PE RVU: 2.80  2022 Fac PE RVU: NA	·
96409 Chemotherapy administra substance/drug  Most Recent Ta RUC Meeting: January 2017  RUC Recommendation: 0.24  96411 Chemotherapy administra substance/drug (list separ	tion; intravenous, push techniques: 27 Specialty Developing A Recommendation: A Recommendation: A Recommendation intravenous, push techniques at ly in addition to code for principles.	Reference ASBMT, ASCO, ASH  Reference Reference Reference Regression and a second additional mary procedure)	I Global: XXX  First Identified: July 2015  erred to CPT N/A  erred to CPT Asst   Global: ZZZ	Publis	Chemotherapy Administration  2020 Medicare Utilization: 65,537  Shed in CPT Asst:  Chemotherapy Administration	Procedural Codes2  2022 Work RVU: 0.24  2022 NF PE RVU: 2.80  2022 Fac PE RVU: NA  Result: Maintain  Screen: CMS High Expenditure Procedural Codes2	·
96409 Chemotherapy administra substance/drug  Most Recent Ta RUC Meeting: January 2017  RUC Recommendation: 0.24  96411 Chemotherapy administra substance/drug (list separ	tion; intravenous, push techniques: 27 Specialty Developing A Recommendation: A street tion; intravenous, push techniques at ly in addition to code for prints: 27 Specialty Developing A	Reference ASBMT, ASCO, ASH  Reference Reference Reference Regression and a second additional mary procedure)	Global: XXX  First Identified: July 2015  Perred to CPT N/A  Perred to CPT Asst	Publis	Chemotherapy Administration  2020 Medicare Utilization: 65,537  Shed in CPT Asst:  Chemotherapy	Procedural Codes2  2022 Work RVU: 0.24  2022 NF PE RVU: 2.80  2022 Fac PE RVU: NA  Result: Maintain  Screen: CMS High Expenditure Procedural Codes2  2022 Work RVU: 0.20	·
96409 Chemotherapy administra substance/drug  Most Recent Ta RUC Meeting: January 2017  RUC Recommendation: 0.24  96411 Chemotherapy administra substance/drug (list separ	tion; intravenous, push techniques: 27 Specialty Developing A Recommendation: A street tion; intravenous, push techniques at ly in addition to code for prints: 27 Specialty Developing A	Reference Refere	I Global: XXX  First Identified: July 2015  erred to CPT N/A  erred to CPT Asst   Global: ZZZ  First	Publis	Chemotherapy Administration  2020 Medicare Utilization: 65,537  Shed in CPT Asst:  Chemotherapy Administration  2020	Procedural Codes2  2022 Work RVU: 0.24  2022 NF PE RVU: 2.80  2022 Fac PE RVU: NA  Result: Maintain  Screen: CMS High Expenditure Procedural Codes2  2022 Work RVU: 0.20  2022 NF PE RVU: 1.46	·
96409 Chemotherapy administra substance/drug  Most Recent Ta RUC Meeting: January 2017  RUC Recommendation: 0.24  96411 Chemotherapy administra substance/drug (list separ	tion; intravenous, push techniques: 27 Specialty Developing A Recommendation: A street tion; intravenous, push techniques at ly in addition to code for prints: 27 Specialty Developing A	Reference Refere	I Global: XXX  First Identified: July 2015  erred to CPT N/A  erred to CPT Asst   Global: ZZZ  First	Publis	Chemotherapy Administration  2020 Medicare Utilization: 65,537  Shed in CPT Asst:  Chemotherapy Administration  2020 Medicare	Procedural Codes2  2022 Work RVU: 0.24  2022 NF PE RVU: 2.80  2022 Fac PE RVU: NA  Result: Maintain  Screen: CMS High Expenditure Procedural Codes2  2022 Work RVU: 0.20	Complete? Ye

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96413 Chemotherapy administration, in single or initial substance/drug	ntravenous infusion technique; up to 1 hou	ur, Global: XXX Issue:	Chemotherapy Administration	Screen: Codes Reported Together 75% or More- Part1 / CMS High Expenditure Procedural Codes1	Complete? Yes
Most Recent Tab: 29	Specialty Developing ACRh, ASCO,	First	2020	<b>2022 Work RVU:</b> 0.28	
RUC Meeting: January 2013	Recommendation: ASH, ASBMT	Identified: February 2010	Medicare Utilization: 1,833,479	<b>2022 NF PE RVU</b> : 3.68	
			Ottiization. 1,000,479	2022 Fac PE RVU:NA	
RUC Recommendation: 0.28 and new PE	inputs Re	ferred to CPT		Result: Maintain	
	Re	ferred to CPT Asst	shed in CPT Asst:		
96415 Chemotherapy administration, in hour (list separately in addition	ntravenous infusion technique; each addit to code for primary procedure)	ional Global: ZZZ Issue:	Chemotherapy Administration	Screen: CMS High Expenditure Procedural Codes1	Complete? Yes
Most Recent Tab: 29	Specialty Developing ACRh, ASCO,	First	2020	<b>2022 Work RVU:</b> 0.19	
RUC Meeting: January 2013	Recommendation: ASH, ASBMT	Identified: January 2012	Medicare	<b>2022 NF PE RVU</b> : 0.65	
			Utilization: 844,948	2022 Fac PE RVU: NA	
RUC Recommendation: 0.19 and new PE	inputs Re	ferred to CPT		Result: Maintain	
	Re	ferred to CPT Asst 🔲 Publi	shed in CPT Asst:		
prolonged chemotherapy infusion	ntravenous infusion technique; initiation o on (more than 8 hours), requiring use of a	f Global: XXX Issue:	Chemotherapy Administration	Screen: Codes Reported Together 75% or More-	Complete? Yes
portable or implantable pump				Part1	
Most Recent Tab: 20	Specialty Developing ACRh, ASCO, AS		2020	<b>2022 Work RVU</b> : 0.21	
RUC Meeting: October 2010	Recommendation:	Identified: February 2010	Medicare Utilization: 26,235	<b>2022 NF PE RVU:</b> 3.68	
			,	2022 Fac PE RVU:NA	
RUC Recommendation: New PE inputs		ferred to CPT		Result: PE Only	
	Re	ferred to CPT Asst 🔲 Publi	shed in CPT Asst:		

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96417 Chemotherapy administration, intravenous infusion technique; each additional Global: ZZZ Issue: Chemotherapy Screen: CMS High Expenditure Complete? Yes Administration Procedural Codes1 sequential infusion (different substance/drug), up to 1 hour (list separately in addition to code for primary procedure) 2022 Work RVU: 0.21 Specialty Developing ACRh, ASCO. **Most Recent Tab**: 29 First 2020 **RUC Meeting:** January 2013 Identified: January 2012 Recommendation: ASH, ASBMT Medicare 2022 NF PE RVU: 1.72 371,277 **Utilization:** 2022 Fac PE RVU: NA RUC Recommendation: 0.21 and new PE inputs Referred to CPT Result: Maintain Referred to CPT Asst **Published in CPT Asst:** Global: 000 Issue: Chemotherapy Screen: CMS Request - Practice Chemotherapy administration into pleural cavity, requiring and including Complete? Yes 96440 thoracentesis Administration Expense Review **2022 Work RVU: 2.12** 2020 **Most Recent** Tab: R **Specialty Developing** First **RUC Meeting:** February 2008 Recommendation: Identified: NA Medicare 2022 NF PE RVU: 21.03 **Utilization:** 29 **2022 Fac PE RVU: 1.65** RUC Recommendation: New PE inputs Referred to CPT Result: PE Only **Referred to CPT Asst** Published in CPT Asst: Photodynamic therapy by external application of light to destroy premalignant Screen: High Volume Growth1 / Complete? Yes Global: XXX Issue: Photodynamic Therapy 96567 lesions of the skin and adjacent mucosa with application and CMS Fastest Growing / CMS High Expenditure illumination/activation of photosensitive drug(s), per day Procedural Codes2 2022 Work RVU: 0.00 Most Recent **Tab:** 16 Specialty Developing AAD First 2020 Identified: February 2008 **RUC Meeting:** January 2017 Recommendation: Medicare **2022 NF PE RVU: 4.28 Utilization:** 45.056 2022 Fac PE RVU: NA RUC Recommendation: 0.00 PE Only

Referred to CPT

Referred to CPT Asst

September 2016

Published in CPT Asst:

Result: Maintain

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96573 Photodynamic therapy by external application of light to destroy premalignant Global: 000 Issue: Photodynamic Therapy Screen: CMS High Expenditure Complete? Yes Procedural Codes2 lesions of the skin and adjacent mucosa with application and illumination/activation of photosensitizing drug(s) provided by a physician or other qualified health care professional, per day 2022 Work RVU: 0.48 **Most Recent Tab:** 16 Specialty Developing AAD First 2020 **RUC Meeting:** January 2017 Recommendation: Identified: January 2017 Medicare 2022 NF PE RVU: 6.47 **Utilization:** 30,156 2022 Fac PE RVU: NA September 2016 **RUC Recommendation: 0.48** Referred to CPT Result: Increase Referred to CPT Asst | Published in CPT Asst: 96574 Debridement of premalignant hyperkeratotic lesion(s) (ie, targeted curettage, Global: 000 Issue: Photodynamic Therapy **Screen:** CMS High Expenditure Complete? Yes Procedural Codes2 abrasion) followed with photodynamic therapy by external application of light to destroy premalignant lesions of the skin and adjacent mucosa with application and illumination/activation of photosensitizing drug(s) provided by a physician or other qualified health care professional, per day 2022 Work RVU: 1.01 **Most Recent Tab:** 16 Specialty Developing AAD First 2020 **RUC Meeting:** January 2017 Recommendation: Identified: January 2017 Medicare **2022 NF PE RVU: 7.46 Utilization:** 42,444 2022 Fac PE RVU: NA **RUC Recommendation: 1.01** Referred to CPT September 2016 Result: Increase Referred to CPT Asst □ Published in CPT Asst: 96910 Photochemotherapy; tar and ultraviolet b (goeckerman treatment) or petrolatum Global: XXX **Issue:** Photo-chemotherapy Screen: CMS High Expenditure Complete? Yes and ultraviolet b Procedural Codes2 2022 Work RVU: 0.00 **Most Recent** Specialty Developing AAD 2020 **Tab:** 44 First **RUC Meeting:** April 2016 Recommendation: Identified: July 2015 Medicare 2022 NF PE RVU: 3.48 **Utilization:** 284,327 2022 Fac PE RVU: NA Result: PE Only

Referred to CPT Referred to CPT Asst

☐ Published in CPT Asst:

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RUC Recommendation: PE Only

96920 Laser treatment for inflammatory skin disease (psoriasis); total area less than Global: 000 Issue: Laser Treatment - Skin Screen: CMS Fastest Growing / Complete? No

250 sa cm

CPT Assistant Analysis /

High Volume Growth3

**2022 Work RVU: 1.15** Most Recent **Tab:** 09 Specialty Developing AADA **First** 2020 **RUC Meeting:** April 2022 Recommendation: Identified: October 2008

Medicare **2022 NF PE RVU: 3.47 Utilization:** 79,671

2022 Fac PE RVU: 0.66

RUC Recommendation: Refer to CPT. 1.15 Referred to CPT February 2023 Result: Maintain

Referred to CPT Asst Published in CPT Asst: Sep 2016

Laser treatment for inflammatory skin disease (psoriasis); 250 sq cm to 500 sq Global: 000 Issue: Laser Treatment - Skin Screen: High Volume Growth1 / Complete? No 96921

cm

CMS Fastest Growing / CPT Assistant Analysis / High Volume Growth3

2022 Work RVU: 1.30 2020 **Most Recent Tab:** 09 Specialty Developing AADA First

Identified: February 2008 RUC Meeting: April 2022 Recommendation: Medicare 2022 NF PE RVU: 3.75

21,553 **Utilization:** 2022 Fac PE RVU: 0.74

RUC Recommendation: Refer to CPT. 1.30 Referred to CPT February 2023 Result: Increase

Referred to CPT Asst Published in CPT Asst: Sep 2016

96922 Laser treatment for inflammatory skin disease (psoriasis); over 500 sq cm Global: 000 Issue: Laser Treatment - Skin Screen: High Volume Growth1 / Complete? No

CMS Fastest Growing /

**CPT Assistant Analysis** 

2022 Work RVU: 2.10 **Most Recent Tab:** 09 Specialty Developing AADA 2020 First **RUC Meeting:** April 2022

Identified: October 2008 Recommendation: Medicare 2022 NF PE RVU: 4.75 11,568

**2022 Fac PE RVU: 1.19** 

**RUC Recommendation:** Refer to CPT 2.10 Referred to CPT February 2023 Result: Maintain

Referred to CPT Asst Published in CPT Asst: Sep 2016

**Utilization:** 

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97001 Physical therapy evaluation	Global: Issue:	Physical Medicine and Rehabilitation Workgroup	Screen: CMS High Expenditure Procedural Codes1	Complete? Yes
Most Recent Tab: 17 Specialty Developing	First	2020	2022 Work RVU:	
RUC Meeting: October 2015 Recommendation:	Identified: September 2011	Medicare Utilization:	2022 NF PE RVU:	
		Otilization.	2022 Fac PE RVU:	
RUC Recommendation: Deleted from CPT	Referred to CPT February 2015		Result: Deleted from CPT	
	Referred to CPT Asst  Publi	shed in CPT Asst:		
97002 Physical therapy re-evaluation	Global: Issue:	Physical Medicine and Rehabilitation Workgroup	Screen: CMS High Expenditure Procedural Codes1	Complete? Yes
Most Recent Tab: 17 Specialty Developing	First	2020	2022 Work RVU:	
RUC Meeting: October 2015 Recommendation:	Identified: February 2015	Medicare Utilization:	2022 NF PE RVU:	
		Utilization:	2022 Fac PE RVU:	
RUC Recommendation: Deleted from CPT	Referred to CPT February 2015 Referred to CPT Asst Public	5 shed in CPT Asst:	Result: Deleted from CPT	
97003 Occupational therapy evaluation	Global: Issue:	Physical Medicine and Rehabilitation Workgroup	Screen: CMS High Expenditure Procedural Codes1	Complete? Yes
Most Recent Tab: 17 Specialty Developing	First	2020	2022 Work RVU:	
RUC Meeting: October 2015 Recommendation:	Identified: February 2015	Medicare	2022 NF PE RVU:	
		Utilization:	2022 Fac PE RVU:	
RUC Recommendation: Deleted from CPT	Referred to CPT February 2015		Result: Deleted from CPT	
	Referred to CPT Asst U Publi	shed in CPT Asst:		
97004 Occupational therapy re-evaluation	Global: Issue:	Physical Medicine and Rehabilitation Workgroup	Screen: CMS High Expenditure Procedural Codes1	Complete? Yes
Most Recent Tab: 17 Specialty Developing	First	2020	2022 Work RVU:	
UC Meeting: October 2015 Recommendation:	Identified: February 2015	Medicare	2022 NF PE RVU:	
		Utilization:	2022 Fac PE RVU:	
RUC Recommendation: Deleted from CPT	Referred to CPT February 2015		Result: Deleted from CPT	
	Referred to CPT Asst  Publi	ahad in CDT Asstu		

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97010 Application of a modality to 1 or more areas; hot or cold packs Global: XXX Issue: Physical Medicine and Screen: Physical Medicine and Complete? Yes Rehabilitation Services -Rehabilitation Services Modalities 2022 Work RVU: 0.06 **Most Recent** 2020 **Tab:** 41 Specialty Developing No Interest First Identified: April 2016 **RUC Meeting:** April 2017 Recommendation: Medicare 2022 NF PE RVU: 0.11 **Utilization:** 2022 Fac PE RVU: NA RUC Recommendation: No specialty society interest Referred to CPT Result: Maintain **Referred to CPT Asst Published in CPT Asst:** 97012 Application of a modality to 1 or more areas; traction, mechanical Global: XXX Physical Medicine and Screen: Physical Medicine and Complete? Yes Rehabilitation Services -Rehabilitation Services Modalities 2022 Work RVU: 0.25 **Most Recent Tab: 29** Specialty Developing APTA First 2020 **RUC Meeting:** January 2017 Recommendation: Identified: April 2016 Medicare **2022 NF PE RVU**: 0.16 **Utilization:** 417.188 2022 Fac PE RVU: NA **RUC Recommendation: 0.25** Referred to CPT Result: Maintain Referred to CPT Asst Published in CPT Asst: 97014 Application of a modality to 1 or more areas; electrical stimulation (unattended) Global: XXX Physical Medicine and Screen: Physical Medicine and Complete? Yes Rehabilitation Services -Rehabilitation Services Modalities 2022 Work RVU: 0.18 2020 **Most Recent Tab**: 29 Specialty Developing APTA First **RUC Meeting:** January 2017 Recommendation: Identified: April 2016 Medicare 2022 NF PE RVU: 0.18 **Utilization:** 2022 Fac PE RVU: NA **RUC Recommendation: 0.18** Referred to CPT Result: Maintain Referred to CPT Asst Published in CPT Asst:

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97016 Application of a moda	ality to 1 or	more areas; vasopneumatic devices	Global: XXX Issu	e: Physical Medicine and Rehabilitation Services - Modalities	Screen: Codes Reported Together 75% or More- Part1 / High Volume Growth2	Complete? Yes
Most Recent			First	2020	<b>2022 Work RVU:</b> 0.18	
RUC Meeting: January 2017		Recommendation:	Identified: February 2010	Medicare Utilization: 804,443	<b>2022 NF PE RVU:</b> 0.16	
					2022 Fac PE RVU:NA	
RUC Recommendation: 0.18			Referred to CPT		Result: Maintain	
			Referred to CPT Asst	blished in CPT Asst:		
97018 Application of a moda	ality to 1 or	more areas; paraffin bath	Global: XXX Issu	e: Physical Medicine and Rehabilitation Services - Modalities	Screen: Codes Reported Together 75% or More- Part1	Complete? Yes
Most Recent	<b>Tab</b> : 29	Specialty Developing AOTA, APTA	First	2020	<b>2022 Work RVU:</b> 0.06	
RUC Meeting: January 2017	140120	Recommendation:	Identified: February 2010	Medicare	<b>2022 NF PE RVU</b> : 0.10	
				Utilization: 122,539	2022 Fac PE RVU:NA	
<b>RUC Recommendation:</b> 0.06			Referred to CPT		Result: Maintain	
			Referred to CPT Asst	blished in CPT Asst:		
97022 Application of a moda	ality to 1 or	more areas; whirlpool	Global: XXX Issu	e: Physical Medicine and Rehabilitation Services - Modalities	Screen: Physical Medicine and Rehabilitation Services	Complete? Yes
Most Recent	<b>Tab:</b> 29	Specialty Developing APTA	First	2020	<b>2022 Work RVU:</b> 0.17	
RUC Meeting: January 2017		Recommendation:	Identified: April 2016	Medicare Utilization: 127,796	<b>2022 NF PE RVU</b> : 0.33	
				Othization. 121,190	2022 Fac PE RVU:NA	
<b>RUC Recommendation:</b> 0.17			Referred to CPT		Result: Maintain	
			Referred to CPT Asst	blished in CPT Asst:		

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97032 Application of a modality to 1 or more areas; electrical stimulation (manual). Global: XXX Issue: Physical Medicine and Screen: CMS High Expenditure Complete? Yes Rehabilitation Services -Procedural Codes2 each 15 minutes Modalities 2022 Work RVU: 0.25 **Most Recent First** 2020 **Tab**: 29 Specialty Developing APTA **RUC Meeting:** January 2017 Recommendation: Identified: July 2015 Medicare **2022 NF PE RVU: 0.17 Utilization:** 687,061 2022 Fac PE RVU: NA RUC Recommendation: 0.25 Referred to CPT Result: Maintain **Referred to CPT Asst Published in CPT Asst:** 97033 Application of a modality to 1 or more areas; iontophoresis, each 15 minutes Global: XXX Physical Medicine and Screen: Physical Medicine and Complete? Yes Rehabilitation Services -Rehabilitation Services Modalities 2022 Work RVU: 0.26 **Most Recent Tab: 29** Specialty Developing APTA First 2020 **RUC Meeting:** January 2017 Recommendation: Identified: April 2016 Medicare **2022 NF PE RVU: 0.31 Utilization:** 39.200 2022 Fac PE RVU: NA **RUC Recommendation: 0.26** Referred to CPT Result: Maintain Referred to CPT Asst Published in CPT Asst: 97034 Application of a modality to 1 or more areas; contrast baths, each 15 minutes Global: XXX Physical Medicine and Screen: Physical Medicine and Complete? Yes Rehabilitation Services -Rehabilitation Services Modalities 2022 Work RVU: 0.21 2020 **Most Recent Tab**: 29 Specialty Developing APTA, AOTA **RUC Meeting:** January 2017 Recommendation: Identified: April 2016 Medicare 2022 NF PE RVU: 0.21 **Utilization:** 6,669 2022 Fac PE RVU: NA

Referred to CPT

Referred to CPT Asst

Published in CPT Asst:

Result: Maintain

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**RUC Recommendation: 0.21** 

97035 Application of a moda	ality to 1 or	more areas; ultrasound, each 15 minute	s Global: XXX Issue:	: Physical Medicine and Rehabilitation Services - Modalities	Screen: Low Value-High Volume / CMS High Expenditure Procedural Codes2	Complete? Yes
Most Recent	<b>Tab</b> : 29	Specialty Developing APTA	First	2020	<b>2022 Work RVU:</b> 0.21	
RUC Meeting: January 2017		Recommendation:	Identified: October 2010	Medicare Utilization: 1,417,772	<b>2022 NF PE RVU</b> : 0.20	
				Otilization: 1,417,772	2022 Fac PE RVU: NA	
RUC Recommendation: 0.21			Referred to CPT Referred to CPT Asst  Publ	ished in CPT Asst:	Result: Maintain	
0,110	•	re areas, each 15 minutes; therapeutic ex nce, range of motion and flexibility	kercises Global: XXX Issue:	: Physical Medicine and Rehabilitation Services - Therapeutic	Screen: Codes Reported Together 75% or More- Part1 / MPC List / CMS High Expenditure Procedural Codes2	Complete? Yes
Most Recent	<b>Tab</b> : 29	Specialty Developing AOTA, APTA	First	2020	<b>2022 Work RVU</b> : 0.45	
RUC Meeting: January 2017		Recommendation:	Identified: February 2010	Medicare	<b>2022 NF PE RVU</b> : 0.40	
				<b>Utilization:</b> 48,673,226	2022 Fac PE RVU:NA	
<b>RUC Recommendation:</b> 0.45		F	Referred to CPT		Result: Maintain	
		F	Referred to CPT Asst	ished in CPT Asst:		
reeducation of mover	nent, balan	e areas, each 15 minutes; neuromuscul ce, coordination, kinesthetic sense, pos and/or standing activities		: Physical Medicine and Rehabilitation Services - Therapeutic	Screen: CMS High Expenditure Procedural Codes1 / CMS High Expenditure Procedural Codes2	Complete? Yes
Most Recent	<b>Tab</b> : 29	Specialty Developing APTA, AOTA	First	2020	<b>2022 Work RVU</b> : 0.50	
RUC Meeting: January 2017		Recommendation:	Identified: September 2011	Medicare Utilization: 16,195,152	<b>2022 NF PE RVU</b> : 0.49	
				Otilization. 10,193,132	2022 Fac PE RVU: NA	
<b>RUC Recommendation:</b> 0.50			Referred to CPT		Result: Increase	
		F	Referred to CPT Asst 🔲 Publ	ished in CPT Asst:		

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97113 Therapeutic procedure, 1 or more areas, each 15 minutes; aquatic therapy with Global: XXX Issue: Physical Medicine and Screen: CMS High Expenditure Complete? Yes Rehabilitation Services -Procedural Codes2 therapeutic exercises Therapeutic 2022 Work RVU: 0.48 **Most Recent** Specialty Developing APTA 2020 **Tab**: 29 First **RUC Meeting:** January 2017 Recommendation: Identified: July 2015 Medicare 2022 NF PE RVU: 0.59 **Utilization:** 1,219,859 2022 Fac PE RVU: NA **RUC Recommendation: 0.48** Referred to CPT Result: Increase Referred to CPT Asst **Published in CPT Asst:** 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes Global: XXX Physical Medicine and **Screen:** Codes Reported Complete? Yes Rehabilitation Services -Together 75% or Morestair climbing) Therapeutic Part1 / CMS High **Expenditure Procedural** Codes2 2022 Work RVU: 0.45 **Most Recent** 2020 **Tab**: 29 Specialty Developing APTA First **RUC Meeting:** January 2017 Recommendation: **Identified:** February 2010 Medicare 2022 NF PE RVU: 0.40 **Utilization:** 2,665,806 2022 Fac PE RVU: NA RUC Recommendation: 0.45 Referred to CPT Result: Increase Referred to CPT Asst **Published in CPT Asst:** 97127 Therapeutic interventions that focus on cognitive function (eq. attention, Global: Issue: Cognitive Function Screen: High Volume Growth3 Complete? Yes memory, reasoning, executive function, problem solving, and/or pragmatic Intervention functioning) and compensatory strategies to manage the performance of an activity (eg, managing time or schedules, initiating, organizing and sequencing tasks), direct (one-on-one) patient contact 2022 Work RVU: **Most Recent** Specialty Developing 2020 **Tab**: 29 First Identified: January 2017 **RUC Meeting:** January 2017 Recommendation: Medicare **2022 NF PE RVU: Utilization:** 2022 Fac PE RVU: RUC Recommendation: 1 50 Referred to CPT September 2016 Result: Decrease Referred to CPT Asst Published in CPT Asst:

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Manual therapy techniques (eg, mobilization/ manipulation, manual lymphatic Global: XXX Issue: Physical Medicine and Screen: CMS High Expenditure Complete? Yes Rehabilitation Services -Procedural Codes1 / drainage, manual traction), 1 or more regions, each 15 minutes Therapeutic CMS High Expenditure Procedural Codes2 2022 Work RVU: 0.43 Most Recent **Tab: 29** Specialty Developing APTA First 2020 **RUC Meeting:** January 2017 Recommendation: Identified: September 2011 Medicare 2022 NF PE RVU: 0.35 **Utilization:** 22,945,736 2022 Fac PE RVU: NA **RUC Recommendation: 0.43** Referred to CPT Result: Maintain **Referred to CPT Asst** Published in CPT Asst: Screen: CMS-Other - Utilization Global: XXX Issue: Physical Medicine and Complete? Yes Therapeutic procedure(s), group (2 or more individuals) Rehabilitation Services over 500.000 Therapeutic **2022 Work RVU: 0.29** Most Recent Tab: Specialty Developing APTA **First** 2020 **RUC Meeting:** January 2012 Identified: April 2011 Recommendation: Medicare **2022 NF PE RVU: 0.22 Utilization:** 999,305 2022 Fac PE RVU: NA **RUC Recommendation: 0.29** Referred to CPT Result: Increase **Published in CPT Asst:** Referred to CPT Asst Physical therapy evaluation: low complexity, requiring these components: a Global: XXX Issue: Physical Medicine and Screen: CMS High Expenditure Complete? Yes Rehabilitation Services history with no personal factors and/or comorbidities that impact the plan of Procedural Codes1 care; an examination of body system(s) using standardized tests and measures addressing 1-2 elements from any of the following: body structures and functions, activity limitations, and/or participation restrictions; a clinical presentation with stable and/or uncomplicated characteristics; and clinical decision making of low complexity using standardized patient assessment instrument and/or measurable assessment of functional outcome, typically, 20 minutes are spent face-to-face with the patient and/or family. 2022 Work RVU: 1.54 **Tab:** 17 **Most Recent** Specialty Developing AOTA, APTA 2020 **RUC Meeting:** October 2015 Identified: February 2015 Recommendation: Medicare **2022 NF PE RVU: 1.35 Utilization:** 1.188.088 2022 Fac PE RVU: NA February 2015 Result: Decrease RUC Recommendation: 0.75 Referred to CPT **Referred to CPT Asst** □ Published in CPT Asst:

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97162 Physical therapy evaluation: moderate complexity, requiring these components: a history of present problem with 1-2 personal factors and/or comorbidities that impact the plan of care; an examination of body systems using standardized tests and measures in addressing a total of 3 or more elements from any of the following: body structures and functions, activity limitations, and/or participation restrictions; an evolving clinical presentation with changing characteristics; and clinical decision making of moderate complexity using standardized patient assessment instrument and/or measurable assessment of functional outcome. typically, 30 minutes are spent face-to-face with the patient and/or family.

Most Recent RUC Meeting: October 2015 Tab: 17 Specialty Developing AOTA, APTA

Recommendation:

First 2020 Identified: February 2015 Medicare

**Utilization:** 1,052,427

**Issue:** Physical Medicine and

Rehabilitation Services

**2022 Work RVU**: 1.54 **2022 NF PE RVU**: 1.35

2022 Fac PE RVU:NA

Complete? Yes

Screen: CMS High Expenditure

Procedural Codes1

**RUC Recommendation:** 1.18

Referred to CPT February 2015

Global: XXX

Result: Decrease

Referred to CPT Asst Published in CPT Asst:

Physical therapy evaluation: high complexity, requiring these components: a history of present problem with 3 or more personal factors and/or comorbidities that impact the plan of care; an examination of body systems using standardized tests and measures addressing a total of 4 or more elements from any of the following: body structures and functions, activity limitations, and/or participation restrictions; a clinical presentation with unstable and unpredictable characteristics; and clinical decision making of high complexity using standardized patient assessment instrument and/or measurable assessment of functional outcome. typically, 45 minutes are spent face-to-face with the patient and/or family.

**Tab:** 17

9

Most Recent RUC Meeting: October 2015 Specialty Developing AOTA, APTA Recommendation:

First 2020 Identified: February 2015 Medicare

Utilization: 234,585

2022 Work RVU: 1.54 2022 NF PE RVU: 1.35 2022 Fac PE RVU: NA

RUC Recommendation: 1.50

Referred to CPT February 2015

,...

Result: Maintain

Referred to CPT Asst Published in CPT Asst:

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97164 Re-evaluation of physical therapy established plan of care, requiring these components: an examination including a review of history and use of standardized tests and measures is required; and revised plan of care using a standardized patient assessment instrument and/or measurable assessment of functional outcome typically, 20 minutes are spent face-to-face with the patient and/or family.

**Most Recent Tab:** 17 Specialty Developing AOTA, APTA First

**RUC Meeting:** October 2015 **Identified:** February 2015 Recommendation: Medicare 2022 NF PE RVU: 1.04 **Utilization:** 443.064

**RUC Recommendation: 0.75** Referred to CPT February 2015 Result: Increase

> Referred to CPT Asst Published in CPT Asst:

97165 Occupational therapy evaluation, low complexity, requiring these components: Global: XXX Issue: Physical Medicine and Screen: CMS High Expenditure Complete? Yes Rehabilitation Services an occupational profile and medical and therapy history, which includes a brief Procedural Codes1 history including review of medical and/or therapy records relating to the

**Identified:** February 2015

Global: XXX

Issue: Physical Medicine and

2020

Rehabilitation Services

Screen: CMS High Expenditure

Procedural Codes1

2022 Work RVU: 0.96

2022 Fac PE RVU: NA

Complete? Yes

presenting problem: an assessment(s) that identifies 1-3 performance deficits (ie, relating to physical, cognitive, or psychosocial skills) that result in activity limitations and/or participation restrictions; and clinical decision making of low complexity, which includes an analysis of the occupational profile, analysis of data from problem-focused assessment(s), and consideration of a limited number of treatment options. patient presents with no comorbidities that affect occupational performance. modification of tasks or assistance (eg, physical or verbal) with assessment(s) is not necessary to enable completion of evaluation component. typically, 30 minutes are spent face-to-face with the patient and/or

Recommendation:

**RUC Meeting:** October 2015

family. 2022 Work RVU: 1.54 Most Recent **Tab:** 17 Specialty Developing AOTA, APTA 2020

> **2022 NF PE RVU: 1.37 Utilization:** 124,556 2022 Fac PE RVU: NA

Medicare

**RUC Recommendation: 0.88** Referred to CPT February 2015 Result: Decrease

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97166 Occupational therapy evaluation, moderate complexity, requiring these components: an occupational profile and medical and therapy history, which includes an expanded review of medical and/or therapy records and additional review of physical, cognitive, or psychosocial history related to current functional performance; an assessment(s) that identifies 3-5 performance deficits (ie, relating to physical, cognitive, or psychosocial skills) that result in activity limitations and/or participation restrictions; and clinical decision making of moderate analytic complexity, which includes an analysis of the occupational profile, analysis of data from detailed assessment(s), and consideration of several treatment options. patient may present with comorbidities that affect occupational performance. minimal to moderate modification of tasks or assistance (eg, physical or verbal) with assessment(s) is necessary to enable patient to complete evaluation component. typically, 45 minutes are spent face-to-face with the patient and/or family.

Global: XXX Issue: Physical Medicine and Rehabilitation Services Procedural Codes1

Complete? Yes

Most Recent Tab: 17 Specialty Developing AOTA, APTA First 2020 2022 Work RVU: 1.54 RUC Meeting: October 2015 Recommendation: First Identified: February 2015 Medicare 2022 NF PE RVU: 1.37

Utilization: 92,211 2022 Fac PE RVU: NA

Screen: CMS High Expenditure

Procedural Codes1

Complete? Yes

RUC Recommendation: 1.20 Referred to CPT February 2015 Result: Maintain

Referred to CPT Asst Published in CPT Asst:

Global: XXX

97167 Occupational therapy evaluation, high complexity, requiring these components: an occupational profile and medical and therapy history, which includes review of medical and/or therapy records and extensive additional review of physical, cognitive, or psychosocial history related to current functional performance; an assessment(s) that identifies 5 or more performance deficits (ie, relating to physical, cognitive, or psychosocial skills) that result in activity limitations and/or participation restrictions; and clinical decision making of high analytic complexity, which includes an analysis of the patient profile, analysis of data from comprehensive assessment(s), and consideration of multiple treatment options. patient presents with comorbidities that affect occupational performance. significant modification of tasks or assistance (eg, physical or verbal) with assessment(s) is necessary to enable patient to complete evaluation component. typically, 60 minutes are spent face-to-face with the patient and/or

family.

Most Recent Tab: 17 Specialty Developing AOTA, APTA First 2020 2022 Work RVU: 1.54 RUC Meeting: October 2015 Recommendation: Identified: February 2015 Medicare 2022 NF PE RVU: 1.37

Utilization: 19,455

2022 Fac PE RVU: 1.37

**Issue:** Physical Medicine and

Rehabilitation Services

RUC Recommendation: 1.70 Referred to CPT February 2015 Result: Increase

Referred to CPT Asst Published in CPT Asst:

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97168 Re-evaluation of occupational therapy established plan of care, requiring these Global: XXX Issue: Physical Medicine and Screen: CMS High Expenditure Complete? Yes Rehabilitation Services Procedural Codes1 components: an assessment of changes in patient functional or medical status with revised plan of care; an update to the initial occupational profile to reflect changes in condition or environment that affect future interventions and/or goals; and a revised plan of care, a formal reevaluation is performed when there is a documented change in functional status or a significant change to the plan of care is required, typically, 30 minutes are spent face-to-face with the patient and/or family. 2022 Work RVU: 0.96 Most Recent **Tab:** 17 Specialty Developing AOTA, APTA **First** 2020 **RUC Meeting:** October 2015 **Identified:** February 2015 Recommendation: Medicare 2022 NF PE RVU: 1.05 **Utilization:** 28.565 2022 Fac PE RVU: NA February 2015 RUC Recommendation: 0.80 Referred to CPT Result: Increase Published in CPT Asst: Referred to CPT Asst 97530 Therapeutic activities, direct (one-on-one) patient contact (use of dynamic Global: XXX Physical Medicine and Screen: CMS High Expenditure Complete? Yes Rehabilitation Services -Procedural Codes1 / activities to improve functional performance), each 15 minutes Therapeutic CMS High Expenditure Procedural Codes2 2022 Work RVU: 0.44 2020 Most Recent **Tab**: 29 Specialty Developing APTA, AOTA **RUC Meeting:** January 2017 Recommendation: Identified: September 2011 Medicare 2022 NF PE RVU: 0.64 **Utilization:** 17,002,856 2022 Fac PE RVU: NA **RUC Recommendation: 0.44** Referred to CPT Result: Maintain Referred to CPT Asst Published in CPT Asst: 97532 Development of cognitive skills to improve attention, memory, problem solving Issue: Cognitive Function Screen: High Volume Growth2 / Global: Complete? Yes Intervention High Volume Growth3 (includes compensatory training), direct (one-on-one) patient contact, each 15 minutes 2022 Work RVU: **Most Recent Specialty Developing** APTA, AOTA, 2020 **Tab**: 29 **First RUC Meeting:** January 2017 Recommendation: ASHA, APA Identified: April 2013 Medicare **2022 NF PE RVU:** (psychology) **Utilization:** 2022 Fac PE RVU: RUC Recommendation: Deleted from CPT Referred to CPT September 2016 Result: Deleted from CPT Referred to CPT Asst Published in CPT Asst:

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97533 Sensory integrative techniques to enhance sensory processing and promote Global: XXX Issue: Physical Medicine and Screen: Physical Medicine and Complete? Yes Rehabilitation Services -Rehabilitation Services adaptive responses to environmental demands, direct (one-on-one) patient ADL/IADL contact, each 15 minutes 2022 Work RVU: 0.48 **Most Recent Tab**: 29 Specialty Developing APTA, AOTA First 2020 **RUC Meeting:** January 2017 Identified: April 2016 Recommendation: Medicare **2022 NF PE RVU: 1.41** 35,300 **Utilization:** 2022 Fac PE RVU: NA **RUC Recommendation: 0.48** Referred to CPT Result: Increase **Referred to CPT Asst Published in CPT Asst:** 97535 Self-care/home management training (eg, activities of daily living (adl) and Global: XXX Physical Medicine and Screen: Codes Reported Complete? Yes Rehabilitation Services compensatory training, meal preparation, safety procedures, and instructions in Together 75% or More-ADL/IADL Part2 use of assistive technology devices/adaptive equipment) direct one-on-one contact, each 15 minutes 2022 Work RVU: 0.45 Most Recent **Tab: 29** Specialty Developing APTA, AOTA 2020 **RUC Meeting:** January 2017 Recommendation: Identified: October 2012 Medicare **2022 NF PE RVU: 0.50** 2,035,438 **Utilization:** 2022 Fac PE RVU: NA **RUC Recommendation: 0.45** Referred to CPT Result: Maintain Referred to CPT Asst ✓ Published in CPT Asst: Article no longer necessary Global: XXX Physical Medicine and Screen: Physical Medicine and Complete? Yes Community/work reintegration training (eg, shopping, transportation, money management, avocational activities and/or work environment/modification Rehabilitation Services -Rehabilitation Services ADL/IADL analysis, work task analysis, use of assistive technology device/adaptive equipment), direct one-on-one contact, each 15 minutes 2022 Work RVU: 0.48 **Tab: 29** Specialty Developing APTA, AOTA 2020 Most Recent First **RUC Meeting:** January 2017 Recommendation: Identified: April 2016 Medicare **2022 NF PE RVU: 0.44 Utilization:** 15.016 2022 Fac PE RVU: NA **RUC Recommendation: 0.48** Referred to CPT Result: Increase

Referred to CPT Asst

**Published in CPT Asst:** 

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97542 Wheelchair management (eg, assessment, fitting, training), each 15 minutes Global: XXX Issue: Physical Medicine and Screen: High Volume Growth2 Complete? Yes Rehabilitation Services -Therapeutic 2022 Work RVU: 0.48 **Most Recent** 2020 **Tab**: 29 Specialty Developing APTA, AOTA First **RUC Meeting:** January 2017 Recommendation: Identified: April 2013 Medicare **2022 NF PE RVU: 0.44 Utilization:** 63,616 2022 Fac PE RVU: NA **RUC Recommendation: 0.48** Referred to CPT Result: Increase Referred to CPT Asst **Published in CPT Asst:** Debridement (eg, high pressure waterjet with/without suction, sharp selective Global: 000 **Issue:** Open Wound Debridement **Screen:** Site of Service Anomaly / Complete? Yes High Volume Growth3 debridement with scissors, scalpel and forceps), open wound, (eq. 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 **2022 Work RVU: 0.77** 2020 **Most Recent Tab: 23** Specialty Developing AAFP, ACS, APMA First **RUC Meeting:** October 2018 Recommendation: Identified: September 2007 Medicare **2022 NF PE RVU**: 2.19 **Utilization:** 768,106 2022 Fac PE RVU: 0.22 **RUC Recommendation: 0.88** Referred to CPT Result: Increase Referred to CPT Asst **Published in CPT Asst:** Global: ZZZ 97598 Debridement (eg, high pressure waterjet with/without suction, sharp selective Issue: Open Wound Debridement Screen: Site of Service Anomaly / Complete? Yes debridement with scissors, scalpel and forceps), open wound, (eq. fibrin, High Volume Growth3 / Different Performing devitalized epidermis and/or dermis, exudate, debris, biofilm), including topical application(s), wound assessment, use of a whirlpool, when performed and Specialty from Survey 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) 2022 Work RVU: 0.50 **Most Recent** 2020 **Tab: 23** Specialty Developing AAFP, ACS, APMA First **RUC Meeting:** October 2018 Recommendation: Identified: September 2007 Medicare 2022 NF PE RVU: 0.78 148.930 **Utilization:** 2022 Fac PE RVU: 0.17 **RUC Recommendation: 0.50** Referred to CPT Result: Increase **Referred to CPT Asst Published in CPT Asst:** 

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97602 Removal of devitalized tissue from wound(s), non-selective debridement, Global: XXX Issue: Physical Medicine and Screen: Physical Medicine and Complete? Yes Rehabilitation Services -Rehabilitation Services without anesthesia (eq. wet-to-moist dressings, enzymatic, abrasion, larval **Active Wound Care** therapy), including topical application(s), wound assessment, and instruction(s) Management for ongoing care, per session 2022 Work RVU: 0.00 **Most Recent Tab: 47** Specialty Developing AAOS, ACS, First 2020 APMA, ASPS Identified: April 2016 **RUC Meeting:** April 2016 Recommendation: Medicare 2022 NF PE RVU: 0.00 **Utilization: 2022 Fac PE RVU: 0.00 RUC Recommendation:** Maintain Referred to CPT Result: Maintain Referred to CPT Asst Published in CPT Asst: 97605 Negative pressure wound therapy (eg, vacuum assisted drainage collection), Global: XXX Issue: Negative Pressure Wound Screen: High Volume Growth2 Complete? Yes utilizing durable medical equipment (dme), including topical application(s), wound assessment, and instruction(s) for ongoing care, per session; total wound(s) surface area less than or equal to 50 square centimeters 2022 Work RVU: 0.55 **Most Recent** Specialty Developing AAOS, ACS, **First** 2020 **RUC Meeting:** April 2016 APMA, ASPS Identified: April 2013 Recommendation: Medicare **2022 NF PE RVU: 0.68 Utilization:** 48,547 2022 Fac PE RVU: 0.16 RUC Recommendation: 0.55 Referred to CPT Result: Maintain Referred to CPT Asst **Published in CPT Asst:** 97606 Negative pressure wound therapy (eg, vacuum assisted drainage collection), Global: XXX Issue: Negative Pressure Wound Screen: High Volume Growth2 Complete? Yes utilizing durable medical equipment (dme), including topical application(s), Therapy wound assessment, and instruction(s) for ongoing care, per session; total wound(s) surface area greater than 50 square centimeters 2022 Work RVU: 0.60 Specialty Developing APMA, ACS, **Most Recent Tab:** 47 2020 First AAOS, ASPS **RUC Meeting:** April 2016 Recommendation: Identified: April 2013 Medicare 2022 NF PE RVU: 0.86 **Utilization:** 17,066 2022 Fac PE RVU: 0.18 **RUC Recommendation: 0.60** Referred to CPT Result: Maintain Referred to CPT Asst **Published in CPT Asst:** 

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Negative pressure wound therapy, (eg, vacuum assisted drainage collection), Global: XXX Issue: Negative Pressure Wound Screen: High Volume Growth2 Complete? Yes utilizing disposable, non-durable medical equipment including provision of Therapy exudate management collection system, topical application(s), wound assessment, and instructions for ongoing care, per session; total wound(s) surface area less than or equal to 50 square centimeters 2022 Work RVU: 0.41 **Most Recent Tab:** 47 Specialty Developing APMA, ACS, 2020 First AAOS, ASPS **RUC Meeting:** April 2016 Recommendation: Identified: May 2013 Medicare **2022 NF PE RVU: 10.98 Utilization:** 6,061 2022 Fac PE RVU: 0.17 **RUC Recommendation: 0.11** Referred to CPT Result: Decrease Referred to CPT Asst **Published in CPT Asst:** 97608 Negative pressure wound therapy, (eg, vacuum assisted drainage collection), Global: XXX Issue: Negative Pressure Wound Screen: High Volume Growth2 Complete? Yes utilizing disposable, non-durable medical equipment including provision of Therapy exudate management collection system, topical application(s), wound assessment, and instructions for ongoing care, per session; total wound(s) surface area greater than 50 square centimeters **2022 Work RVU: 0.46** Specialty Developing APMA, ACS, 2020 Most Recent **Tab:** 47 First AAOS, ASPS Identified: May 2013 **RUC Meeting:** April 2016 Recommendation: Medicare 2022 NF PE RVU: 10 77 1,379 **Utilization:** 2022 Fac PE RVU: 0.19 Result: Decrease **RUC Recommendation:** 0.46 Referred to CPT Referred to CPT Asst Published in CPT Asst: 97610 Low frequency, non-contact, non-thermal ultrasound, including topical Global: XXX Physical Medicine and Screen: Physical Medicine and Complete? Yes Rehabilitation Services -Rehabilitation Services application(s), when performed, wound assessment, and instruction(s) for **Active Wound Care** ongoing care, per day Management 2022 Work RVU: 0.40 **Most Recent Specialty Developing** First 2020 **Tab:** 47 **RUC Meeting:** April 2016 Identified: April 2016 Recommendation: Medicare 2022 NF PE RVU: 13.14 **Utilization:** 16,743 2022 Fac PE RVU: 0.12 **RUC Recommendation:** Maintain Referred to CPT Result: Maintain

Referred to CPT Asst

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97755 Assistive technology assessment (eg, to restore, augment or compensate for Global: XXX Issue: Physical Medicine and Screen: High Volume Growth1 Complete? Yes Rehabilitation Services existing function, optimize functional tasks and/or maximize environmental Tests and Measures accessibility), direct one-on-one contact, with written report, each 15 minutes 2022 Work RVU: 0.62 **Most Recent** Specialty Developing APTA, AOTA 2020 Identified: February 2008 **RUC Meeting:** April 2016 Recommendation: Medicare 2022 NF PE RVU: 0.48 2,577 Utilization: 2022 Fac PE RVU: NA RUC Recommendation: Remove from screen Referred to CPT Result: Remove from Screen Referred to CPT Asst **Published in CPT Asst:** 97760 Orthotic(s) management and training (including assessment and fitting when not Global: XXX Orthotic Management and Screen: Physical Medicine and Complete? Yes Rehabilitation Services otherwise reported), upper extremity(ies), lower extremity(ies) and/or trunk, **Prosthetic Training** initial orthotic(s) encounter, each 15 minutes 2022 Work RVU: 0.50 Most Recent **Tab**: 29 Specialty Developing APTA, AOTA First 2020 **RUC Meeting:** January 2017 Identified: April 2016 **Medicare** Recommendation: **2022 NF PE RVU: 0.92 Utilization:** 47,325 2022 Fac PE RVU: NA **RUC Recommendation: 0.50** Referred to CPT September 2016 Result: Increase Referred to CPT Asst Published in CPT Asst: 97761 Prosthetic(s) training, upper and/or lower extremity(ies), initial prosthetic(s) Issue: Orthotic Management and Screen: Physical Medicine and Complete? Yes Global: XXX encounter, each 15 minutes **Prosthetic Training** Rehabilitation Services 2022 Work RVU: 0.50 **Most Recent Tab: 29** Specialty Developing APTA First 2020 **RUC Meeting:** January 2017 Identified: April 2016 Recommendation: Medicare 2022 NF PE RVU: 0.71 **Utilization:** 3.036 2022 Fac PE RVU: NA

Referred to CPT

September 2016

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Result: Increase

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**RUC Recommendation: 0.50** 

97762 Checkout for orthotic/prosthetic use, established patient, each 15 minutes Global: Issue: Orthotic Management and Screen: Physical Medicine and Complete? Yes Prosthetic Training Rehabilitation Services 2022 Work RVU: **Tab: 29** Specialty Developing APTA 2020 **Most Recent** First **RUC Meeting:** January 2017 Recommendation: Identified: April 2016 Medicare **2022 NF PE RVU: Utilization:** 2022 Fac PE RVU: **RUC Recommendation:** Deleted from CPT Referred to CPT September 2016 Result: Deleted from CPT Referred to CPT Asst Published in CPT Asst: Screen: Physical Medicine and 97763 Orthotic(s)/prosthetic(s) management and/or training, upper extremity(ies), Issue: Orthotic Management and Global: XXX Complete? Yes lower extremity(ies), and/or trunk, subsequent orthotic(s)/prosthetic(s) **Prosthetic Training** Rehabilitation Services encounter, each 15 minutes 2022 Work RVU: 0.48 **Most Recent Tab**: 29 Specialty Developing APTA, AOTA First 2020 Identified: April 2016 **RUC Meeting:** January 2017 Recommendation: Medicare 2022 NF PE RVU: 1.10 **Utilization:** 30,959 2022 Fac PE RVU: NA **RUC Recommendation: 0.48** Referred to CPT Result: Increase Referred to CPT Asst Published in CPT Asst: 97802 Medical nutrition therapy; initial assessment and intervention, individual, face-to- Global: XXX Screen: CMS Request - Medical Complete? Yes **Issue:** Medical Nutrition Therapy face with the patient, each 15 minutes **Nutrition Therapy** 2022 Work RVU: 0.53 **Most Recent** Specialty Developing ADA, AGA, AACE 2020 **Tab:** 53 First **RUC Meeting:** April 2008 Recommendation: Identified: NA Medicare 2022 NF PE RVU: 0.53 **Utilization:** 173,453 2022 Fac PE RVU: 0.40 RUC Recommendation: 0.53 Referred to CPT Result: Increase

Referred to CPT Asst

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97803 Medical nutrition therapy; re-a face with the patient, each 15 i	ssessment and intervention, individual, face- ninutes	-to- Global: XXX Issue:	Medical Nutrition Therapy	Screen: CMS Request - Medical Nutrition Therapy	Complete? Yes
Most Recent Tab: 53	Specialty Developing ADA, AGA, AACE	First	2020	<b>2022 Work RVU:</b> 0.45	
RUC Meeting: April 2008	Recommendation:	Identified: NA	Medicare Utilization: 179,999	<b>2022 NF PE RVU</b> : 0.47	
			Othization: 170,000	<b>2022 Fac PE RVU</b> : 0.34	
RUC Recommendation: 0.45		ferred to CPT	labad to ODT Assets	Result: Increase	
	Reti	ferred to CPT Asst U Publi	shed in CPT Asst:		
97810 Acupuncture, 1 or more needle of personal one-on-one contact	es; without electrical stimulation, initial 15 mits twith the patient	inutes Global: XXX Issue:	RAW	Screen: Different Performing Specialty from Survey4	Complete? No
Most Recent Tab: 13	Specialty Developing AAFP, AAPM&R,	First	2020	<b>2022 Work RVU</b> : 0.60	
RUC Meeting: September 2022	Recommendation: ACA	Identified: September 2022	Medicare	<b>2022 NF PE RVU</b> : 0.52	
			Utilization: 22,471	<b>2022 Fac PE RVU:</b> 0.28	
RUC Recommendation: Review action p		ferred to CPT		Result:	
	Ref	ferred to CPT Asst	shed in CPT Asst:		
15 minutes of personal one-on	es; without electrical stimulation, each additi -one contact with the patient, with re-insertic dition to code for primary procedure)		RAW	Screen: Different Performing Specialty from Survey4	Complete? No
Most Recent Tab: 13	Specialty Developing AAFP, AAPM&R,	First	2020	<b>2022 Work RVU:</b> 0.50	
RUC Meeting: September 2022	Recommendation: ACA	Identified: September 2022	Medicare Utilization: 25,163	<b>2022 NF PE RVU:</b> 0.33	
			Otilization. 23,103	<b>2022 Fac PE RVU:</b> 0.24	
RUC Recommendation: Review action p		ferred to CPT		Result:	
	Ref	ferred to CPT Asst 🛚 🖳 Publi	shed in CPT Asst:		

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97813 Acupuncture, 1 or more needles; with electrical stimulation, initial 15 minutes of Global: XXX Screen: Different Performing Complete? No Specialty from Survey4 personal one-on-one contact with the patient 2022 Work RVU: 0.65 Specialty Developing AAFP, AAPM&R, 2020 **Most Recent Tab:** 13 **RUC Meeting:** September 2022 Recommendation: **ACA** Identified: September 2022 Medicare 2022 NF PE RVU: 0.67 19,553 **Utilization: 2022 Fac PE RVU: 0.30** RUC Recommendation: Review action plan Referred to CPT Result: **Referred to CPT Asst Published in CPT Asst:** Screen: Different Performing 97814 Acupuncture, 1 or more needles; with electrical stimulation, each additional 15 Global: XXX Issue: RAW Complete? No minutes of personal one-on-one contact with the patient, with re-insertion of Specialty from Survey4 needle(s) (list separately in addition to code for primary procedure) 2022 Work RVU: 0.55 **Most Recent Tab:** 13 Specialty Developing AAFP, AAPM&R, 2020 **RUC Meeting:** September 2022 Identified: September 2022 Recommendation: ACA Medicare 2022 NF PE RVU: 0.53 23,543 **Utilization:** 2022 Fac PE RVU: 0.26 RUC Recommendation: Review action plan Referred to CPT Result: **Referred to CPT Asst** Published in CPT Asst: Osteopathic manipulative treatment (omt); 1-2 body regions involved Global: 000 Osteopathic Manipulative Screen: Harvard Valued -Complete? Yes Treatment Utilization over 100,000 **2022 Work RVU: 0.46** Specialty Developing AOA 2020 Most Recent **Tab:** 34 First **RUC Meeting:** February 2011 **Identified:** February 2010 Recommendation: Medicare **2022 NF PE RVU: 0.43 Utilization:** 42,085 **2022 Fac PE RVU: 0.19** 

Result: Increase

Referred to CPT

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RUC Recommendation: 0.50

98926 Osteopathic manipul	lative treatm	ent (omt); 3-4 body regions involved	Global: 000 Issue:	Osteopathic Manipulative Treatment	Screen: Harvard Valued - Utilization over 100,000	Complete? Yes
Most Recent	<b>Tab</b> : 34	Specialty Developing AOA	First	2020	<b>2022 Work RVU:</b> 0.71	
RUC Meeting: February 2011		Recommendation:	Identified: October 2009	Medicare	<b>2022 NF PE RVU</b> : 0.56	
				Utilization: 78,183	<b>2022 Fac PE RVU</b> : 0.28	
<b>RUC Recommendation:</b> 0.75			Referred to CPT		Result: Increase	
			Referred to CPT Asst  Publi	shed in CPT Asst:		
98927 Osteopathic manipul	lative treatm	ent (omt); 5-6 body regions involved	Global: 000 Issue:	Osteopathic Manipulative Treatment	Screen: Harvard Valued - Utilization over 100,000	Complete? Yes
Most Recent	<b>Tab:</b> 34	Specialty Developing AOA	First	2020	<b>2022 Work RVU</b> : 0.96	
RUC Meeting: February 2011		Recommendation:	Identified: October 2009	Medicare	<b>2022 NF PE RVU</b> : 0.70	
				Utilization: 69,362	<b>2022 Fac PE RVU</b> : 0.35	
<b>RUC Recommendation:</b> 1.00			Referred to CPT		Result: Increase	
			Referred to CPT Asst L Publi	shed in CPT Asst:		
98928 Osteopathic manipul	lative treatm	ent (omt); 7-8 body regions involved	Global: 000 Issue:	Osteopathic Manipulative Treatment	Screen: Harvard Valued - Utilization over 100,000	Complete? Yes
		, , , ,	Global: 000 Issue:	Treatment		Complete? Yes
98928 Osteopathic manipul  Most Recent RUC Meeting: February 2011	lative treatm	ent (omt); 7-8 body regions involved  Specialty Developing AOA Recommendation:		Treatment 2020 Medicare	Utilization over 100,000	Complete? Yes
Most Recent		Specialty Developing AOA	First	Treatment 2020	Utilization over 100,000 <b>2022 Work RVU</b> : 1.21	Complete? Yes
Most Recent		Specialty Developing AOA	First Identified: February 2010  Referred to CPT	Treatment  2020 Medicare Utilization: 75,202	Utilization over 100,000  2022 Work RVU: 1.21  2022 NF PE RVU: 0.82	Complete? Yes
Most Recent RUC Meeting: February 2011		Specialty Developing AOA	First Identified: February 2010  Referred to CPT	Z020 Medicare Utilization: 75,202	Utilization over 100,000 2022 Work RVU: 1.21 2022 NF PE RVU: 0.82 2022 Fac PE RVU: 0.44	Complete? Yes
Most Recent RUC Meeting: February 2011 RUC Recommendation: 1.25	<b>Tab</b> : 34	Specialty Developing AOA	First Identified: February 2010  Referred to CPT Referred to CPT Asst Publi	Treatment  2020 Medicare Utilization: 75,202	Utilization over 100,000 2022 Work RVU: 1.21 2022 NF PE RVU: 0.82 2022 Fac PE RVU: 0.44	Complete? Yes  Complete? Yes
Most Recent RUC Meeting: February 2011 RUC Recommendation: 1.25	<b>Tab</b> : 34	Specialty Developing AOA Recommendation:  ent (omt); 9-10 body regions involved	First Identified: February 2010  Referred to CPT Referred to CPT Asst Publi	Treatment  2020 Medicare Utilization: 75,202  shed in CPT Asst:  Osteopathic Manipulative	Utilization over 100,000 2022 Work RVU: 1.21 2022 NF PE RVU: 0.82 2022 Fac PE RVU: 0.44 Result: Increase  Screen: Harvard Valued -	
Most Recent RUC Meeting: February 2011  RUC Recommendation: 1.25  98929 Osteopathic manipul	Tab: 34	Specialty Developing AOA Recommendation:	First Identified: February 2010  Referred to CPT Referred to CPT Asst Publi  Global: 000 Issue:	Treatment  2020 Medicare Utilization: 75,202  Shed in CPT Asst:  Osteopathic Manipulative Treatment  2020 Medicare	Utilization over 100,000 2022 Work RVU: 1.21 2022 NF PE RVU: 0.82 2022 Fac PE RVU: 0.44 Result: Increase  Screen: Harvard Valued - Utilization over 100,000	
Most Recent RUC Meeting: February 2011  RUC Recommendation: 1.25  98929 Osteopathic manipul  Most Recent	Tab: 34	Specialty Developing AOA Recommendation:  ent (omt); 9-10 body regions involved Specialty Developing AOA	First Identified: February 2010  Referred to CPT Referred to CPT Asst Publi  Global: 000 Issue:	Treatment  2020 Medicare Utilization: 75,202  Shed in CPT Asst:  Osteopathic Manipulative Treatment  2020	Utilization over 100,000 2022 Work RVU: 1.21 2022 NF PE RVU: 0.82 2022 Fac PE RVU: 0.44 Result: Increase  Screen: Harvard Valued - Utilization over 100,000 2022 Work RVU: 1.46	
Most Recent RUC Meeting: February 2011  RUC Recommendation: 1.25  98929 Osteopathic manipul  Most Recent	Tab: 34	Specialty Developing AOA Recommendation:  ent (omt); 9-10 body regions involved Specialty Developing AOA	First Identified: February 2010  Referred to CPT Referred to CPT Asst Publi  Global: 000 Issue:	Treatment  2020 Medicare Utilization: 75,202  Shed in CPT Asst:  Osteopathic Manipulative Treatment  2020 Medicare Utilization: 62,738	Utilization over 100,000 2022 Work RVU: 1.21 2022 NF PE RVU: 0.82 2022 Fac PE RVU: 0.44 Result: Increase  Screen: Harvard Valued - Utilization over 100,000 2022 Work RVU: 1.46 2022 NF PE RVU: 0.94	

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98940 Chiropractic manipula	ative treatm	nent (cmt); spinal, 1-2 regions		Global: 000 Issue:	Chiropractic Manipulative Treatment	Screen: CMS High Expenditure Procedural Codes1	Complete? Yes
Most Recent	<b>Tab</b> : 25	Specialty Developing ACA	First	ł	2020	<b>2022 Work RVU</b> : 0.46	
RUC Meeting: October 2012		Recommendation:		tified: September 2011		<b>2022 NF PE RVU</b> : 0.34	
					Utilization: 4,333,649	2022 Fac PE RVU: 0.17	
RUC Recommendation: 0.46			Referred t	o CPT	F	Result: Increase	
			Referred t	o CPT Asst U Publ	ished in CPT Asst:		
98941 Chiropractic manipul	ative treatm	nent (cmt); spinal, 3-4 regions		Global: 000 Issue:	Chiropractic Manipulative Treatment	Screen: CMS High Expenditure Procedural Codes1	Complete? Yes
Most Recent	<b>Tab</b> : 25	Specialty Developing ACA	First	<b>1</b>	2020	<b>2022 Work RVU</b> : 0.71	
RUC Meeting: October 2012		Recommendation:		tified: September 2011		<b>2022 NF PE RVU</b> : 0.44	
					<b>Utilization:</b> 11,589,611	2022 Fac PE RVU: 0.27	
RUC Recommendation: 0.71			Referred t	o CPT	F	Result: Increase	
			Referred t	o CPT Asst 🔲 Publ	ished in CPT Asst:		
98942 Chiropractic manipul	ative treatm	nent (cmt); spinal, 5 regions	Referred t		ished in CPT Asst:  Chiropractic Manipulative	Screen: CMS High Expenditure	Complete? Yes
98942 Chiropractic manipul	ative treatm	nent (cmt); spinal, 5 regions	Referred t			Screen: CMS High Expenditure Procedural Codes1	Complete? Yes
Most Recent	ative treatm	nent (cmt); spinal, 5 regions  Specialty Developing ACA	First	Global: 000 Issue:	Chiropractic Manipulative Treatment		Complete? Yes
Most Recent		. , ,	First	Global: 000 Issue:	Chiropractic Manipulative Treatment 2020 Medicare	Procedural Codes1	Complete? Yes
98942 Chiropractic manipula  Most Recent RUC Meeting: October 2012		Specialty Developing ACA	First	Global: 000 Issue:	Chiropractic Manipulative Treatment	Procedural Codes1  2022 Work RVU: 0.96	Complete? Yes
Most Recent RUC Meeting: October 2012		Specialty Developing ACA	First	Global: 000 Issue: tified: September 2011	Chiropractic Manipulative Treatment  2020  Medicare Utilization: 837,075	Procedural Codes1  2022 Work RVU: 0.96  2022 NF PE RVU: 0.54	Complete? Yes
Most Recent RUC Meeting: October 2012		Specialty Developing ACA	First Iden Referred t	Global: 000 Issue: tified: September 2011	Chiropractic Manipulative Treatment  2020  Medicare Utilization: 837,075	2022 Work RVU: 0.96 2022 NF PE RVU: 0.54 2022 Fac PE RVU: 0.36	Complete? Yes
Most Recent RUC Meeting: October 2012 RUC Recommendation: 0.96	<b>Tab</b> : 25	Specialty Developing ACA Recommendation:	First Iden Referred t Referred t	Global: 000 Issue: tified: September 2011 to CPT to CPT Asst  Publ	Chiropractic Manipulative Treatment  2020  Medicare Utilization: 837,075	2022 Work RVU: 0.96 2022 NF PE RVU: 0.54 2022 Fac PE RVU: 0.36	Complete? Yes  Complete? Yes
Most Recent RUC Meeting: October 2012  RUC Recommendation: 0.96  98943 Chiropractic manipula	Tab: 25	Specialty Developing ACA Recommendation:	First Iden Referred t Referred t	Global: 000 Issue: tified: September 2011 to CPT to CPT Asst Publ Global: XXX Issue:	Chiropractic Manipulative Treatment  2020 Medicare Utilization: 837,075  ished in CPT Asst:	Procedural Codes1  2022 Work RVU: 0.96  2022 NF PE RVU: 0.54  2022 Fac PE RVU: 0.36  Result: Increase  Screen: CMS High Expenditure	•
Most Recent RUC Meeting: October 2012  RUC Recommendation: 0.96  98943 Chiropractic manipulations	<b>Tab</b> : 25	Specialty Developing ACA Recommendation:	First Iden Referred t Referred t ore regions	Global: 000 Issue: tified: September 2011 to CPT to CPT Asst Publ Global: XXX Issue:	Chiropractic Manipulative Treatment  2020 Medicare Utilization: 837,075  ished in CPT Asst:  Chiropractic Manipulative Treatment  2020 Medicare	Procedural Codes1  2022 Work RVU: 0.96  2022 NF PE RVU: 0.54  2022 Fac PE RVU: 0.36  Result: Increase  Screen: CMS High Expenditure Procedural Codes1	•
Most Recent RUC Meeting: October 2012  RUC Recommendation: 0.96  98943 Chiropractic manipulations	Tab: 25	Specialty Developing ACA Recommendation:  nent (cmt); extraspinal, 1 or m  Specialty Developing ACA	First Iden Referred t Referred t ore regions	Global: 000 Issue: tified: September 2011 to CPT to CPT Asst Publ Global: XXX Issue:	2020 Medicare Utilization: 837,075 ished in CPT Asst:  Chiropractic Manipulative Treatment	Procedural Codes1  2022 Work RVU: 0.96  2022 NF PE RVU: 0.54  2022 Fac PE RVU: 0.36  Result: Increase  Screen: CMS High Expenditure Procedural Codes1  2022 Work RVU: 0.46	•
Most Recent	Tab: 25	Specialty Developing ACA Recommendation:  nent (cmt); extraspinal, 1 or m  Specialty Developing ACA	First Iden Referred t Referred t ore regions	Global: 000 Issue: tified: September 2011 to CPT to CPT Asst Publ Global: XXX Issue: tified: September 2011	Chiropractic Manipulative Treatment  2020 Medicare Utilization: 837,075  ished in CPT Asst:  Chiropractic Manipulative Treatment  2020 Medicare Utilization:	Procedural Codes1  2022 Work RVU: 0.96  2022 NF PE RVU: 0.54  2022 Fac PE RVU: 0.36  Result: Increase  Screen: CMS High Expenditure Procedural Codes1  2022 Work RVU: 0.46  2022 NF PE RVU: 0.28	•

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99143 Deleted from CPT				Global:	ssue:	Moderate Sedation Services So	reen: Moderate Sedation Review	Complete? Yes
Most Recent RUC Meeting: October 2015	<b>Tab</b> : 14	Specialty Developing Recommendation:	AAP, AAOMS, ACC, CHEST, ACEP, ACG, ACR, AGA, ASGE, ASA, ATS, HRS, SIR, SVS, SCAI	First Identified: January 20	14	2020 Medicare Utilization:	2022 Work RVU: 2022 NF PE RVU: 2022 Fac PE RVU:	
RUC Recommendation: Delete	d from CPT		Refe	rred to CPT		Resu	It: Deleted from CPT	
			Refe	rred to CPT Asst	Publi	shed in CPT Asst:		
99144 Deleted from CPT				Global:	ssue:	Moderate Sedation Services Sc	reen: Moderate Sedation Review	Complete? Yes
Most Recent	<b>Tab:</b> 14	Specialty Developing		First		2020	2022 Work RVU:	
RUC Meeting: October 2015		Recommendation:	ACC, CHEST, ACEP, ACG, ACR,	Identified: January 20	14	Medicare Utilization:	2022 NF PE RVU:	
			AGA, ASGE, ASA, ATS, HRS, SIR, SVS, SCAI				2022 Fac PE RVU:	
RUC Recommendation: Delete	d from CPT		Refe	rred to CPT		Resu	It: Deleted from CPT	
			Refe	rred to CPT Asst	Publi	shed in CPT Asst:		
9148 Deleted from CPT				Global: I	ssue:	Moderate Sedation Services Sc	reen: Moderate Sedation Review	Complete? Yes
Most Recent	<b>Tab:</b> 14	Specialty Developing		First		2020	2022 Work RVU:	
RUC Meeting: October 2015		Recommendation:	ACC, CHEST, ACEP, ACG, ACR,	Identified: January 20	14	Medicare Utilization:	2022 NF PE RVU:	
			AGA, ASGE, ASA, ATS, HRS, SIR, SVS, SCAI				2022 Fac PE RVU:	
RUC Recommendation: Delete	d from CPT		Refe	rred to CPT		Resu	It: Deleted from CPT	
			Refe	rred to CPT Asst	Publi	shed in CPT Asst:		

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99149 Deleted from CPT				Global:	Issue:	Moderate Sedation Services	Screen: Moderate Sedation Review	Complete? Yes
Most Recent	<b>Tab:</b> 14	Specialty Developing	AAP, AAOMS,	First		2020	2022 Work RVU:	
RUC Meeting: October 2015		Recommendation:	ACC, CHEST, ACEP, ACG, ACR,	Identified: January 2	014	Medicare Utilization:	2022 NF PE RVU:	
			AGA, ASGE, ASA, ATS, HRS, SIR, SVS, SCAI			Ottinzation.	2022 Fac PE RVU:	
RUC Recommendation: Delete	d from CPT			erred to CPT	1		sult: Deleted from CPT	
			Refe	erred to CPT Asst	Publi	shed in CPT Asst:		
99150 Deleted from CPT				Global:	Issue:	Moderate Sedation Services	Screen: Moderate Sedation Review	Complete? Yes
Most Recent	<b>Tab</b> : 14	Specialty Developing	AAP, AAOMS,	First		2020	2022 Work RVU:	
RUC Meeting: October 2015		Recommendation:	ACC, CHEST, ACEP, ACG, ACR,	Identified: January 2	014	Medicare Utilization:	2022 NF PE RVU:	
			AGA, ASGE, ASA, ATS, HRS, SIR, SVS, SCAI			Utilization:	2022 Fac PE RVU:	
RUC Recommendation: Delete	d from CPT			erred to CPT	Publi	Re shed in CPT Asst:	sult: Deleted from CPT	
health care profession the sedation supports observer to assist in t	nal perform s, requiring he monitor	ided by the same physi ing the diagnostic or th the presence of an inde ing of the patient's leve nutes of intraservice til	erapeutic service the ependent trained I of consciousness	and	Issue:	Moderate Sedation Services	<b>Screen:</b> Moderate Sedation Review	Complete? Ye
lost Recent	<b>Tab:</b> 14	Specialty Developing		First	.044	2020	<b>2022 Work RVU:</b> 0.50	
RUC Meeting: October 2015		Recommendation:	ACC, CHEST, ACEP, ACG, ACR,	Identified: January 2	014	Medicare Utilization: 11	<b>2022 NF PE RVU</b> : 1.52	
			AGA, ASGE, ASA, ATS, HRS, SIR,				<b>2022 Fac PE RVU</b> : 0.19	
			SVS, SCAI					
RUC Recommendation: 0.50			,	erred to CPT		Re	sult: Maintain	

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99152 Moderate sedation services provided by the same physician or other qualified Global: XXX Issue: Moderate Sedation Services Screen: Moderate Sedation Complete? Yes Review health care professional performing the diagnostic or therapeutic service that the sedation supports, requiring the presence of an independent trained observer to assist in the monitoring of the patient's level of consciousness and physiological status; initial 15 minutes of intraservice time, patient age 5 years or older 2022 Work RVU: 0.25 2020 **Most Recent Tab:** 14 Specialty Developing AAP, AAOMS, First **RUC Meeting:** October 2015 ACC, CHEST, Identified: January 2014 Recommendation: Medicare **2022 NF PE RVU**: 1.22 ACEP, ACG, ACR, **Utilization:** 1,657,403 AGA, ASGE, ASA. 2022 Fac PE RVU: 0.08 ATS, HRS, SIR, SVS, SCAI **RUC Recommendation: 0.25** Referred to CPT Result: Maintain Referred to CPT Asst **Published in CPT Asst:** 99155 Moderate sedation services provided by a physician or other qualified health Issue: Moderate Sedation Services Screen: Moderate Sedation Complete? Yes Global: XXX care professional other than the physician or other qualified health care Review professional performing the diagnostic or therapeutic service that the sedation supports; initial 15 minutes of intraservice time, patient younger than 5 years of age 2022 Work RVU: 1.90 Most Recent **Tab:** 14 Specialty Developing AAP, AAOMS, 2020 **RUC Meeting:** October 2015 Recommendation: ACC, CHEST, Identified: January 2014 Medicare 2022 NF PE RVU: NA ACEP, ACG, ACR, Utilization: 21 AGA, ASGE, ASA, 2022 Fac PE RVU: 0.32 ATS, HRS, SIR, SVS, SCAI Referred to CPT Result: Maintain **RUC Recommendation: 1.90** Referred to CPT Asst Published in CPT Asst:

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99156 Moderate sedation services provided by a physician or other qualified health Global: XXX Issue: Moderate Sedation Services Screen: Moderate Sedation Complete? Yes Review care professional other than the physician or other qualified health care professional performing the diagnostic or therapeutic service that the sedation supports: initial 15 minutes of intraservice time, patient age 5 years or older 2022 Work RVU: 1.65 **Most Recent Tab:** 14 Specialty Developing AAP, AAOMS First 2020 **RUC Meeting:** October 2015 ACC. CHEST. Identified: January 2014 Recommendation: Medicare 2022 NF PE RVU: NA ACEP, ACG, ACR, **Utilization:** 7,350 AGA, ASGE, ASA, **2022 Fac PE RVU: 0.40** ATS, HRS, SIR, SVS, SCAI **RUC Recommendation: 1.84** Referred to CPT Result: Maintain Referred to CPT Asst **Published in CPT Asst:** 99174 Instrument-based ocular screening (eg, photoscreening, automated-refraction), Issue: Instrument-Based Ocular Screen: CMS Request - Practice Global: XXX Complete? Yes bilateral; with remote analysis and report Screening (PE Only) Expense Review 2022 Work RVU: 0.00 **Most Recent Tab:** 09 Specialty Developing AAP, AAO **First** 2020 **RUC Meeting:** September 2014 Recommendation: Identified: NA Medicare 2022 NF PE RVU: 0.16 **Utilization:** 2022 Fac PE RVU: NA RUC Recommendation: PE Only Referred to CPT May 2014 Result: PE Only Referred to CPT Asst **Published in CPT Asst:** 99177 Instrument-based ocular screening (eg, photoscreening, automated-refraction), Global: XXX Issue: Instrument-Based Ocular Screen: CMS Request - Practice Complete? Yes bilateral: with on-site analysis Screening (PE Only) Expense Review 2022 Work RVU: 0.00 Most Recent **Tab**: 09 Specialty Developing 2020 **RUC Meeting:** September 2014 Identified: May 2014 Recommendation: Medicare 2022 NF PE RVU: 0.13 **Utilization:** 2022 Fac PE RVU: NA RUC Recommendation: PE Only Referred to CPT Result: PE Only Referred to CPT Asst Published in CPT Asst:

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99183 Physician or other qualified health coof hyperbaric oxygen therapy, per se	care professional attendance and supervession	vision Global: XXX Issue:	Hyperbaric Oxygen Thera	py <b>Screen:</b> CMS-Other - Utilization over 250,000	Complete? Yes
Most Recent Tab: 33 Sp	pecialty Developing ACEP, ACP, ACS,	First	2020	<b>2022 Work RVU:</b> 2.11	
RUC Meeting: January 2014	ecommendation: APMA	Identified: April 2013	Medicare Utilization: 325,694	<b>2022 NF PE RVU:</b> 0.78	
			Othization: 323,034	<b>2022 Fac PE RVU</b> : 0.78	
RUC Recommendation: 2.11		erred to CPT		Result: Decrease	
	Refe	erred to CPT Asst U Publis	shed in CPT Asst:		
	evaluation and management of a patient hysician or other qualified health care	t that Global: XXX Issue:	ED Visits	Screen: CMS Request - Final Rule for 2018	Complete? Yes
Most Recent Tab: 29 Sp	pecialty Developing AAP, ACEP	First	2020	<b>2022 Work RVU:</b> 0.48	
•	ecommendation:	Identified: June 2017	Medicare	2022 NF PE RVU: NA	
			Utilization: 51,623	2022 Fac PE RVU: 0.11	
RUC Recommendation: 0.48	Refe	erred to CPT		Result: Increase	
	Refe	erred to CPT Asst U Publis	shed in CPT Asst:		
99282 Emergency department visit for the e which requires a medically appropria straightforward medical decision ma		t, Global: XXX Issue:	ED Visits	Screen: CMS Request - Final Rule for 2018	Complete? Yes
Most Recent Tab: 29 Sp	pecialty Developing AAP, ACEP	First	2020	<b>2022 Work RVU:</b> 0.93	
RUC Meeting: April 2018 Re	ecommendation:	Identified: June 2017	Medicare Utilization: 283,817	2022 NF PE RVU: NA	
			<b>Juli 200,017</b>	<b>2022 Fac PE RVU</b> : 0.21	
RUC Recommendation: 0.93		erred to CPT		Result: Increase	
	Refe	erred to CPT Asst L Publis	shed in CPT Asst:		

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99283 Emergency department visit for the evaluation and management of a patient, Global: XXX Issue: ED Visits Screen: CMS Request - Final Complete? Yes which requires a medically appropriate history and/or examination and low level Rule for 2018 of medical decision making 2022 Work RVU: 1.60 **Tab: 29 Most Recent** Specialty Developing AAP, ACEP First 2020 Identified: June 2017 **RUC Meeting:** April 2018 Recommendation: Medicare 2022 NF PE RVU: NA **Utilization:** 1,984,076 **2022 Fac PE RVU: 0.33 RUC Recommendation: 1.42** Referred to CPT Result: Increase Referred to CPT Asst **Published in CPT Asst:** 99284 Emergency department visit for the evaluation and management of a patient, Global: XXX Issue: ED Visits Screen: CMS Request - Final Complete? Yes which requires a medically appropriate history and/or examination and moderate Rule for 2018 level of medical decision making 2022 Work RVU: 2.74 Most Recent **Tab**: 29 Specialty Developing AAP, ACEP First 2020 **RUC Meeting:** April 2018 Identified: June 2017 **Medicare** Recommendation: 2022 NF PE RVU: NA **Utilization:** 4,006,675 2022 Fac PE RVU: 0.54 **RUC Recommendation: 2.60** Referred to CPT Result: Increase Referred to CPT Asst **Published in CPT Asst:** 99285 Emergency department visit for the evaluation and management of a patient. Global: XXX Issue: ED Visits Screen: CMS Request - Final Complete? Yes Rule for 2018 which requires a medically appropriate history and/or examination and high level of medical decision making 2022 Work RVU: 4.00 **Most Recent Tab: 29** Specialty Developing AAP, ACEP First 2020 **RUC Meeting:** April 2018 Recommendation: Identified: June 2017 Medicare 2022 NF PE RVU: NA 9.263.820 **Utilization:** 2022 Fac PE RVU: 0.75 **RUC Recommendation: 3.80** Referred to CPT Result: Maintain Published in CPT Asst: Referred to CPT Asst

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99358 Prolonged evaluation and management service before and/care; first hour		ut Direct Patient Rule for 2020	Complete? Yes
Most Recent Tab: 14 Specialty Developing A		<b>2022 Work RVU:</b> 2.10	
	AN, AAP, AATS, Identified: November 2019 Medica CP, ACRh, AGS, Utiliza	2022 NF FE RVO. 0.90	
At Ct	NA, ASCO, ATS, HEST, NASS, TS	<b>2022 Fac PE RVU</b> : 0.96	
RUC Recommendation: 1.80	Referred to CPT February 2021	Result: Decrease	
	Referred to CPT Asst  Published in	CPT Asst:	
99359 Prolonged evaluation and management service before and/care; each additional 30 minutes (list separately in addition prolonged service)		ut Direct Patient Rule for 2020	Complete? Yes
Most Recent Tab: 14 Specialty Developing A	AFP, AAHPM, First 2020	2022 Work RVU: 1.00	
	AN, AAP, AATS, Identified: November 2019 Medic CP, ACRh, AGS, Utiliza	2022 NF FE RVU. 0.47	
Ar Ci	NA, ASCO, ATS, HEST, NASS, TS	2022 Fac PE RVU: 0.47	
RUC Recommendation: 0.75	Referred to CPT February 2021	Result: Decrease	
	Referred to CPT Asst	CPT Asst:	
99363 Anticoagulant management for an outpatient taking warfari and interpretation of International Normalized Ratio (INR) to instructions, dosage adjustment (as needed), and ordering initial 90 days of therapy (must include a minimum of 8 INR	esting, patient of additional tests;	INR Monitoring Screen: High Volume Growth3	Complete? Yes
Most Recent Tab: 19 Specialty Developing	First 2020	2022 Work RVU:	
RUC Meeting: January 2017 Recommendation:	Identified: September 2016 Medic	2022 NF FE RVU.	
	Utiliza	tion: 2022 Fac PE RVU:	
RUC Recommendation: Deleted from CPT	Referred to CPT September 2016  Referred to CPT Asst  Published in	Result: Deleted from CPT	
	Referred to GPT ASSL	OF I MOOL	

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99364 Anticoagulant management for an outpatient taking warfarin, physician review Global: Issue: Home INR Monitoring Screen: High Volume Growth3 Complete? Yes and interpretation of International Normalized Ratio (INR) testing, patient instructions, dosage adjustment (as needed), and ordering of additional tests; each subsequent 90 days of therapy (must include a minimum of 3 INR measurements) 2022 Work RVU: **Most Recent Tab:** 19 **Specialty Developing** First 2020 Identified: September 2016 **RUC Meeting:** January 2017 Recommendation: Medicare **2022 NF PE RVU: Utilization:** 2022 Fac PE RVU: RUC Recommendation: Deleted from CPT Referred to CPT September 2016 Result: Deleted from CPT Published in CPT Asst: Referred to CPT Asst 99375 Supervision of a patient under care of home health agency (patient not present) Global: XXX Issue: Home Healthcare Screen: CMS-Other - Utilization Complete? Yes in home, domiciliary or equivalent environment (eq. alzheimer's facility) Supervision over 250,000 requiring complex and multidisciplinary care modalities involving regular development and/or revision of care plans by that individual, review of subsequent reports of patient status, review of related laboratory and other studies, communication (including telephone calls) for purposes of assessment or care decisions with health care professional(s), family member(s), surrogate decision maker(s) (eq. legal guardian) and/or key caregiver(s) involved in patient's care, integration of new information into the medical treatment plan and/or adjustment of medical therapy, within a calendar month; 30 minutes or more 2022 Work RVU: 1.73 Most Recent **Tab: 47** Specialty Developing No Interest 2020 First **RUC Meeting:** April 2016 Recommendation: Identified: April 2016 Medicare 2022 NF PE RVU: 1.14 **Utilization:** 2022 Fac PE RVU: 0.67 **RUC Recommendation:** RUC recommended to survey but no specialty Referred to CPT Result: Remove from Screen society interest followed.

Referred to CPT Asst | Published in CPT Asst:

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99378 Supervision of a hospice patient (patient not present) requiring complex and Global: XXX Issue: Home Healthcare Screen: CMS-Other - Utilization Complete? Yes Supervision over 250.000 multidisciplinary care modalities involving regular development and/or revision of care plans by that individual, review of subsequent reports of patient status, review of related laboratory and other studies, communication (including telephone calls) for purposes of assessment or care decisions with health care professional(s), family member(s), surrogate decision maker(s) (eg, legal quardian) and/or key caregiver(s) involved in patient's care, integration of new information into the medical treatment plan and/or adjustment of medical therapy, within a calendar month; 30 minutes or more 2022 Work RVU: 1.73 2020 **Most Recent Tab:** 47 Specialty Developing No Interest First **RUC Meeting:** April 2016 Recommendation: Identified: April 2016 Medicare 2022 NF PE RVU: 1.14 **Utilization:** 2022 Fac PE RVU: 0.67 **RUC Recommendation:** RUC recommended to survey but no specialty Referred to CPT Result: Remove from Screen society interest followed. Referred to CPT Asst **Published in CPT Asst:** 99415 Prolonged clinical staff service (the service beyond the highest time in the range Global: ZZZ Prolonged Services -Screen: CMS Request - Final Complete? Yes Clinical Staff Services (PE Rule for 2020 of total time of the service) during an evaluation and management service in the Only) office or outpatient setting, direct patient contact with physician supervision; first hour (list separately in addition to code for outpatient evaluation and management service) 2022 Work RVU: 0.00 **Most Recent** Specialty Developing AAHPM, AAP, 2020 **Tab:** 15 First **RUC Meeting:** April 2021 Recommendation: CHEST, ACP, Identified: Medicare 2022 NF PE RVU: 0.29 AGS. ANA. ASCO. **Utilization:** 4,525 2022 Fac PE RVU: NA ATS, SVS **RUC Recommendation:** New PE Inputs Referred to CPT February 2022 Result: PE Only

Referred to CPT Asst

Published in CPT Asst:

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99416 Prolonged clinical staff service (the service beyond the highest time in the range Global: ZZZ Issue: Prolonged Services -Screen: CMS Request - Final Complete? Yes Clinical Staff Services (PE Rule for 2020 of total time of the service) during an evaluation and management service in the office or outpatient setting, direct patient contact with physician supervision; Only) each additional 30 minutes (list separately in addition to code for prolonged service) 2022 Work RVU: 0.00 **Most Recent Tab:** 15 Specialty Developing AAHPM, AAP, First 2020 CHEST, ACP, **RUC Meeting:** April 2021 Recommendation: Identified: Medicare 2022 NF PE RVU: 0.17 AGS, ANA, ASCO, **Utilization:** 2,214 ATS. SVS 2022 Fac PE RVU: NA February 2022 Result: PE Only **RUC Recommendation:** New PE Inputs Referred to CPT Referred to CPT Asst □ Published in CPT Asst: 99417 Prolonged outpatient evaluation and management service(s) time with or Global: XXX Issue: Prolonged Services - on the Screen: CMS Request - Final Complete? Yes date of an E/M without direct patient contact beyond the required time of the primary service Rule for 2020 when the primary service level has been selected using total time, each 15 minutes of total time (list separately in addition to the code of the outpatient evaluation and management service) 2022 Work RVU: 0.61 **Most Recent Tab:** 15 **Specialty Developing** AAFP, AAHPM, First 2020 **RUC Meeting:** January 2022 Recommendation: AAN, AAP, AATS, Identified: November 2021 Medicare 2022 NF PE RVU: 0.27 ACP, ACRh, AGS, **Utilization:** 2022 Fac PE RVU: 0.24 ANA, ASCO, ATS,

RUC Recommendation: 0.61 Referred to CPT February 2021 Result: Maintain

CHEST, NASS,

STS

Referred to CPT Asst Published in CPT Asst:

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99418 Prolonged inpatient or observation evaluation and management service(s) time Issue: Prolonged Services - on the Screen: CMS Request - Final Complete? Yes date of an E/M Rule for 2020 with or without direct patient contact beyond the required time of the primary service when the primary service level has been selected using total time, each 15 minutes of total time (list separately in addition to the code of the inpatient and observation evaluation and management service) 2022 Work RVU: Most Recent **Tab:** 15 Specialty Developing AAHPM, AAN, 2020 First AAP, AATS, ACP, **RUC Meeting:** January 2022 Recommendation: **Identified:** February 2021 Medicare **2022 NF PE RVU:** ACRh. AGS. ANA. **Utilization:** ASCO. ATS. 2022 Fac PE RVU: CHEST, NASS, STS **RUC Recommendation: 0.81** Referred to CPT February 2021 Result: Increase Referred to CPT Asst Published in CPT Asst: 99457 Remote physiologic monitoring treatment management services, clinical Global: XXX Issue: RAW Screen: Different Performing Complete? No staff/physician/other qualified health care professional time in a calendar month Specialty from Survev4 requiring interactive communication with the patient/caregiver during the month: first 20 minutes 2022 Work RVU: 0.61 **Most Recent Tab:** 13 Specialty Developing AAFP, ACC, ACP 2020 **RUC Meeting:** September 2022 Identified: April 2022 Recommendation: Medicare 2022 NF PE RVU: 0.80 **Utilization:** 367,198 2022 Fac PE RVU: 0.25 RUC Recommendation: Review action plan. Referred to CPT Result: Referred to CPT Asst Published in CPT Asst: 99491 Chronic care management services with the following required elements: Global: XXX Issue: Chronic Care Management Screen: New and Revised Complete? Yes Services Service (Not part of multiple (two or more) chronic conditions expected to last at least 12 months, or until the death of the patient, chronic conditions that place the patient at RAW) significant risk of death, acute exacerbation/decompensation, or functional decline, comprehensive care plan established, implemented, revised, or monitored; first 30 minutes provided personally by a physician or other qualified health care professional, per calendar month. 2022 Work RVU: 1.50 **Most Recent Tab:** 09 Specialty Developing AAFP, AAN, ACP, First 2020 **RUC Meeting:** April 2017 Recommendation: AGS Identified: NA Medicare 2022 NF PE RVU: 0.89 **Utilization:** 136,555 2022 Fac PE RVU: 0.64 RUC Recommendation: 1.45. Refer to CPT Assistant Referred to CPT Result: Not Part of RAW

Referred to CPT Asst

**✓ Published in CPT Asst**: Oct 2018

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Initial psychiatric collaborative care management, first 70 minutes in the first calendar month of behavioral health care manager activities, in consultation with a psychiatric consultant, and directed by the treating physician or other qualified health care professional, with the following required elements: outreach to and engagement in treatment of a patient directed by the treating physician or other qualified health care professional, initial assessment of the patient, including administration of validated rating scales, with the development of an individualized treatment plan, review by the psychiatric consultant with modifications of the plan if recommended, entering patient in a registry and tracking patient follow-up and progress using the registry, with appropriate documentation, and participation in weekly caseload consultation with the psychiatric consultant, and provision of brief interventions using evidence-based techniques such as behavioral activation, motivational interviewing, and other focused treatment strategies.

Global: XXX Issue: Psychiatric Collaborative Screen: Work Neutrality 2018 Complete? No Care Management Services

Most Recent Tab: 37 Specialty Developing Ruc Meeting: January 2020 Specialty Developing Recommendation: AACAP, AAFP, AACAP, AAFP, AACAP, AAFP, AACAP, AAFP, AACAP, ACCAP, ACCAP,

RUC Recommendation: CMS investigate and review for New Tech/New Svc Referred to CPT Result:

in April 2023.

Referred to CPT Asst Published in CPT Asst:

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99493	Subsequent psychiatric collaborative care management, first 60 minutes in a subsequent month of behavioral health care manager activities, in consultation with a psychiatric consultant, and directed by the treating physician or other qualified health care professional, with the following required elements: tracking patient follow-up and progress using the registry, with appropriate documentation, participation in weekly caseload consultation with the psychiatric consultant, ongoing collaboration with and coordination of the patient's mental health care with the treating physician or other qualified health care professional and any other treating mental health providers, additional review of progress and recommendations for changes in treatment, as indicated, including medications, based on recommendations provided by the psychiatric consultant, provision of brief interventions using evidence-based techniques such as behavioral activation, motivational interviewing, and other focused treatment strategies, monitoring of patient outcomes using validated rating scales, and relapse prevention planning with patients as they achieve remission of symptoms and/or other treatment goals and are prepared for discharge from active treatment.		ation er acking ealth al the ed ther	Issue:	Psychiatric Collaborative Care Management Services	Screen: Work Neutrality 2018	Complete? No			
	eting: January 20	020	<b>ab:</b> 37	Specialty Developing Recommendation:	AAP, ACP, APA (psychiatry)	First Identified: October 20	)19	2020 Medicare Utilization: 23,187	2022 Work RVU: 2.05 2022 NF PE RVU: 2.13 2022 Fac PE RVU:0.82	
RUC Rec		CMS inve in April 20	•	and review for New Tech/		ferred to CPT	Publis	R shed in CPT Asst:	esult:	
99494	30 minutes in a consultation wi	calendar th a psych her qualifi	month on the control of the control	collaborative care man of behavioral health car consultant, and directed th care professional (lis	e manager activitie by the treating	es, in	Issue:	Psychiatric Collaborative Care Management Services	Screen: Work Neutrality 2018	Complete? No
Most Red RUC Mee	cent eting: January 20		<b>ab:</b> 37	Specialty Developing Recommendation:	AACAP, AAFP, AAP, ACP, APA (psychiatry)	First Identified: October 20	)19	2020 Medicare Utilization: 13,820	2022 Work RVU: 0.82 2022 NF PE RVU: 0.97 2022 Fac PE RVU: 0.35	
RUC Rec		CMS inve in April 20		and review for New Tech/		ferred to CPT	Publis	R shed in CPT Asst:	esult:	

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99495 Transitional care management services with the following required elements: communication (direct contact, telephone, electronic) with the patient and/or caregiver within 2 business days of discharge at least moderate level of medical decision making during the service period face-to-face visit, within 14 calendar

days of discharge

**Most Recent RUC Meeting:** September 2022

RUC Recommendation: Withdrawn

Specialty Developing AGS, ANA **Tab**: 09

Recommendation:

First Identified: October 2021

Global: XXX

**Utilization:** 592,370

Management Services

Issue: Transitional Care

2020

Medicare

Issue: Transitional Care

2022 Fac PE RVU: 1.21 Result: Increase

Result: Increase

Screen: Codes Increased by

**RUC Review** 

Screen: Codes Increased by

CMS Independent of **RUC Review** 

2022 Work RVU: 3.79

2022 NF PE RVU: 4 11

2022 Fac PE RVU: 1.63

CMS Independent of

2022 Work RVU: 2.78

2022 NF PE RVU: 3.07

Complete? Yes

Complete? Yes

Complete? Yes

Referred to CPT

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

99496 Transitional care management services with the following required elements: communication (direct contact, telephone, electronic) with the patient and/or caregiver within 2 business days of discharge high level of medical decision making during the service period face-to-face visit, within 7 calendar days of

discharge

**Most Recent Tab**: 09 **RUC Meeting:** September 2022

Specialty Developing AGS, ANA

Recommendation:

First

Referred to CPT

Identified: October 2021

Global: XXX

Medicare

593,324 **Utilization:** 

Management Services

Issue: Advance Care Planning

RUC Recommendation: Withdrawn

Referred to CPT Asst

Published in CPT Asst:

2020

99497 Advance care planning including the explanation and discussion of advance directives such as standard forms (with completion of such forms, when performed), by the physician or other qualified health care professional; first 30 minutes, face-to-face with the patient, family member(s), and/or surrogate

Most Recent **RUC Meeting:** April 2022

**RUC Recommendation: 1.50** 

**Tab**: 10 Specialty Developing AAHPM, CHEST. Recommendation:

AGS. ANA. ATS

Identified: January 2014

Global: XXX

**Utilization:** 1,918,106

2022 NF PE RVU: 0.87 2022 Fac PE RVU: 0.65

2022 Work RVU: 1.50

Screen: CPT Assistant Analysis

Referred to CPT Result: Maintain

2020

Medicare

Referred to CPT Asst Published in CPT Asst: Dec 2014

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99498 Advance care planning including the explanation and discussion of advance directives such as standard forms (with completion of such forms, when performed), by the physician or other qualified health care professional; each

**RUC Recommendation: 1.40** 

additional 30 minutes (list separately in addition to code for primary procedure)

**2022 Work RVU**: 1.40 **Most Recent Tab:** 10 Specialty Developing AAHPM, CHEST, 2020

**RUC Meeting:** April 2022 AGS, ANA, ATS Identified: January 2014 Recommendation: Medicare 2022 NF PE RVU: 0.65 **Utilization:** 56,902

**2022 Fac PE RVU: 0.63** Referred to CPT

Referred to CPT Asst Published in CPT Asst: Dec 2014

9X036 Global: Issue: Female Pelvic Exam Screen: Gender Equity Payment Complete? No

Global: ZZZ

2022 Work RVU: Specialty Developing ACOG 2020 Most Recent **Tab**: 16 First

**RUC Meeting:** April 2022 Recommendation: Identified: April 2022 Medicare **2022 NF PE RVU: Utilization:** 

2022 Fac PE RVU:

RUC Recommendation: Refer to CPT Referred to CPT September 2022 Result:

Referred to CPT Asst | Published in CPT Asst:

G0008 Administration of influenza virus vaccine Issue: Immunization Administration Screen: CMS Request-Final Rule Global: XXX Complete? Yes

for 2021

Issue: Advance Care Planning

Screen: CPT Assistant Analysis

Result: Maintain

Complete? Yes

2022 Work RVU: 0.00 **Most Recent** AAFP, AAP, 2020 **Tab:** 19 Specialty Developing First

**RUC Meeting:** April 2021 Recommendation: ACOG, ACP, ANA Identified: July 2020 Medicare 2022 NF PE RVU: 0.00 **Utilization:** 

2022 Fac PE RVU: 0.00

**RUC Recommendation: 0.17** Referred to CPT Result: Maintain

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

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G0009 Administration of pneu	ımococcal	vaccine		Global: XXX Iss	ue: Immunizatio	n Administrati	ion <b>Screen:</b> CMS Request-Final Rule for 2021	Complete? Yes
Most Recent	<b>Tab</b> : 19	Specialty Developing	AAFP, AAP,	First	2020		<b>2022 Work RVU:</b> 0.00	
RUC Meeting: April 2021		Recommendation:	ACOG, ACP, ANA	Identified: July 2020	Medicare Utilization:		<b>2022 NF PE RVU</b> : 0.00	
					Otilization.		2022 Fac PE RVU: 0.00	
RUC Recommendation: 0.17			Refe	erred to CPT			Result: Maintain	
			Refe	erred to CPT Asst L P	ublished in CPT	Asst:		
G0010 Administration of hepa	ititis b vac	cine		Global: XXX Iss	ue: Immunization	n Administrati	ion <b>Screen:</b> CMS Request-Final Rule for 2021	Complete? Yes
Most Recent	<b>Tab</b> : 19	Specialty Developing	AAFP. AAP.	First	2020		<b>2022 Work RVU</b> : 0.00	
RUC Meeting: April 2021		Recommendation:	ACOG, ACP, ANA	Identified: July 2020	Medicare		<b>2022 NF PE RVU</b> : 0.00	
					Utilization:		2022 Fac PE RVU: 0.00	
RUC Recommendation: 0.17			Refe	erred to CPT			Result: Maintain	
			TCI	erred to CPT Asst U P	ublished in CPT			
G0101 Cervical or vaginal can	icer screei	ning; pelvic and clinical			ue:		Screen: Low Value-High Volume / CMS-Other - Utilization over 250,000	Complete? Yes
	cer screer		breast examination				/ CMS-Other - Utilization	Complete? Yes
Most Recent		ning; pelvic and clinical Specialty Developing Recommendation:	breast examination	Global: XXX Iss	ue: 2020 Medicare	729 456	/ CMS-Other - Utilization over 250,000	Complete? Yes
Most Recent		Specialty Developing	breast examination	Global: XXX lss	ue: 2020	728,456	/ CMS-Other - Utilization over 250,000  2022 Work RVU: 0.45	Complete? Yes
Most Recent RUC Meeting: October 2016	<b>Tab:</b> 35	Specialty Developing Recommendation:	breast examination ACOG	First Identified: October 2010	2020 Medicare Utilization:		/ CMS-Other - Utilization over 250,000 2022 Work RVU: 0.45 2022 NF PE RVU: 0.63	Complete? Yes
G0101 Cervical or vaginal cand  Most Recent RUC Meeting: October 2016  RUC Recommendation: Remove	<b>Tab:</b> 35	Specialty Developing Recommendation:	breast examination ACOG	First Identified: October 2010	ue: 2020 Medicare		/ CMS-Other - Utilization over 250,000 2022 Work RVU: 0.45 2022 NF PE RVU: 0.63 2022 Fac PE RVU:0.29	Complete? Yes
Most Recent RUC Meeting: October 2016 RUC Recommendation: Remove	Tab: 35	Specialty Developing Recommendation:	breast examination ACOG	First Identified: October 2010 Perred to CPT Perred to CPT Asst	2020 Medicare Utilization:		/ CMS-Other - Utilization over 250,000 2022 Work RVU: 0.45 2022 NF PE RVU: 0.63 2022 Fac PE RVU:0.29	,
Most Recent RUC Meeting: October 2016 RUC Recommendation: Remove 30102 Prostate cancer screen	Tab: 35	Specialty Developing Recommendation:	breast examination ACOG	First Identified: October 2010 Perred to CPT Perred to CPT Asst	2020 Medicare Utilization: ublished in CPT		/ CMS-Other - Utilization over 250,000  2022 Work RVU: 0.45  2022 NF PE RVU: 0.63  2022 Fac PE RVU:0.29  Result: Remove from Screen	•
Most Recent RUC Meeting: October 2016 RUC Recommendation: Remove G0102 Prostate cancer screen	Tab: 35 e from screening; digita	Specialty Developing Recommendation:	breast examination ACOG	First Identified: October 2010 Perred to CPT Perred to CPT Asst P	2020 Medicare Utilization: ublished in CPT ue: RAW 2020 Medicare	Asst:	/ CMS-Other - Utilization over 250,000  2022 Work RVU: 0.45  2022 NF PE RVU: 0.63  2022 Fac PE RVU:0.29  Result: Remove from Screen  Screen: High Volume Growth4	•
Most Recent RUC Meeting: October 2016	Tab: 35 e from screening; digita	Specialty Developing Recommendation:  een  al rectal examination  Specialty Developing	breast examination ACOG	First Identified: October 2010  erred to CPT Fired to CPT Asst P	2020 Medicare Utilization: ublished in CPT		/ CMS-Other - Utilization over 250,000  2022 Work RVU: 0.45  2022 NF PE RVU: 0.63  2022 Fac PE RVU:0.29  Result: Remove from Screen  Screen: High Volume Growth4  2022 Work RVU: 0.18	•
Most Recent RUC Meeting: October 2016 RUC Recommendation: Remove G0102 Prostate cancer screen	Tab: 35 e from screening; digitation	Specialty Developing Recommendation:  een  al rectal examination  Specialty Developing Recommendation:	breast examination  ACOG  Refe	First Identified: October 2010  erred to CPT Asst P  Global: XXX Iss  First Identified: October 2016	2020 Medicare Utilization: ublished in CPT ue: RAW 2020 Medicare	<b>Asst:</b> 29,742	/ CMS-Other - Utilization over 250,000  2022 Work RVU: 0.45  2022 NF PE RVU: 0.63  2022 Fac PE RVU:0.29  Result: Remove from Screen  Screen: High Volume Growth4  2022 Work RVU: 0.18  2022 NF PE RVU: 0.49	Complete? Yes

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	ening; flex	ible sigmoidoscopy		Global: 000 Issue:	Flexible Sigmoidoscopy	Screen: MPC List	Complete? Ye
Most Recent RUC Meeting: January 2014	<b>Tab</b> : 09	Specialty Developing Recommendation:	AGA, ASGE, ACG, ASCRS, SAGES, ACS	First Identified: January 2014	2020 Medicare Utilization: 2,061	2022 Work RVU: 0.84 2022 NF PE RVU: 4.72 2022 Fac PE RVU: 0.69	
RUC Recommendation: 0.84				erred to CPT October 2013 erred to CPT Asst  Publi	shed in CPT Asst:	Result: Decrease	
30105 Colorectal cancer scre	eening; col	onoscopy on individual	at high risk	Global: 000 Issue:	Colonoscopy	Screen: MPC List / CMS-Other Utilization over 20,000 Part3	Complete? Ye
Most Recent	<b>Tab:</b> 13	Specialty Developing	AGA, ASGE, ACG,	First	2020	<b>2022 Work RVU:</b> 3.26	
RUC Meeting: September 2022		Recommendation:	ASCRS, ACS, SAGES	Identified: September 2011	Medicare Utilization: 202,130	<b>2022 NF PE RVU</b> : 6.66	
			0/1020		Otmzation. 202,100	<b>2022 Fac PE RVU</b> : 1.74	
RUC Recommendation: 3.36				erred to CPT erred to CPT Asst	shed in CPT Asst:	Result: Decrease	
minutes		ment training services,			Diabetes Management Training	Screen: CMS-Other - Utilization over 100,000	Complete? Ye
minutes  Most Recent		ment training services,  Specialty Developing Recommendation:		Global: XXX Issue: First Identified: April 2016	Training 2020 Medicare		Complete? Ye
minutes  Most Recent		Specialty Developing		First	Training 2020	over 100,000 2022 Work RVU: 0.90	Complete? Ye
		Specialty Developing	AND	First Identified: April 2016	Training 2020 Medicare	over 100,000 2022 Work RVU: 0.90 2022 NF PE RVU: 0.67	Complete? Ye
minutes  Most Recent RUC Meeting: April 2017  RUC Recommendation: 0.90	Tab: 41iv	Specialty Developing Recommendation:	AND Refe Refe	First Identified: April 2016  Perred to CPT  Perred to CPT Asst Public	Training  2020 Medicare Utilization: 140,681	over 100,000 2022 Work RVU: 0.90 2022 NF PE RVU: 0.67 2022 Fac PE RVU: NA	
minutes  Most Recent RUC Meeting: April 2017  RUC Recommendation: 0.90  G0109 Diabetes outpatient se more), per 30 minutes	Tab: 41iv	Specialty Developing Recommendation:	AND Refe Refe group session (2 or	First Identified: April 2016  Perred to CPT  Perred to CPT Asst Public	Training  2020 Medicare Utilization: 140,681  shed in CPT Asst:  Diabetes Management	over 100,000  2022 Work RVU: 0.90  2022 NF PE RVU: 0.67  2022 Fac PE RVU: NA  Result: Maintain  Screen: CMS-Other - Utilization	
minutes  Most Recent RUC Meeting: April 2017  RUC Recommendation: 0.90  G0109 Diabetes outpatient se more), per 30 minutes  Most Recent	Tab: 41iv	Specialty Developing Recommendation:	AND Refe Refe group session (2 or	First Identified: April 2016  Perred to CPT  Perred to CPT Asst Public  Global: XXX Issue:	Training  2020 Medicare Utilization: 140,681  Shed in CPT Asst:  Diabetes Management Training  2020 Medicare	over 100,000  2022 Work RVU: 0.90  2022 NF PE RVU: 0.67  2022 Fac PE RVU: NA  Result: Maintain  Screen: CMS-Other - Utilization over 100,000	
minutes  Most Recent RUC Meeting: April 2017  RUC Recommendation: 0.90  G0109 Diabetes outpatient se	Tab: 41iv	Specialty Developing Recommendation:  ment training services,  Specialty Developing	AND Refe Refe group session (2 or	First Identified: April 2016  erred to CPT erred to CPT Asst Public  Global: XXX Issue:	Training  2020 Medicare Utilization: 140,681  shed in CPT Asst:  Diabetes Management Training  2020	over 100,000  2022 Work RVU: 0.90  2022 NF PE RVU: 0.67  2022 Fac PE RVU: NA  Result: Maintain  Screen: CMS-Other - Utilization over 100,000  2022 Work RVU: 0.25	Complete? Ye

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G0121 Colorectal cancer screenigh risk	ening; col	onoscopy on individual	not meeting criteri	a for Global: 000	Issue:	Colonoscopy	Screen	n: MPC List /CMS-Other Utilization over 20,000 Part3	Complete? Yes
Most Recent RUC Meeting: September 2022	<b>Tab:</b> 13	Specialty Developing Recommendation:	ASCRS, ACS, SAGES	Identified: Septembe	er 2011	2020 Medicare Utilization: 136		2022 Work RVU: 3.26 2022 NF PE RVU: 6.66 2022 Fac PE RVU:1.74	
RUC Recommendation: 3.36				erred to CPT erred to CPT Asst	Public	shed in CPT Asst:	Result: [	Decrease	
G0124 Screening cytopatholo preservative fluid, autophysician		al or vaginal (any report n layer preparation, req	ting system), collec	ted in Global: XXX		Cytopathology Cervical/Vaginal	Screer	n: CMS-Other - Utilization over 30,000	Complete? Yes
Most Recent RUC Meeting: April 2018	<b>Tab:</b> 26	Specialty Developing Recommendation:	CAP	First Identified: October 2	017	2020 Medicare		2022 Work RVU: 0.26	
NOC Meeting. April 2010		Recommendation.		identified. October 2	017	Utilization: 39,1	75	<b>2022 NF PE RVU</b> : 0.38	
RUC Recommendation: 0.42			Refe	erred to CPT			Result:	2022 Fac PE RVU: 0.38 Maintain	
				erred to CPT Asst	Publis	shed in CPT Asst:			
G0127 Trimming of dystrophi	c nails, an	y number		Global: 000	Issue:		Screer	n: CMS-Other - Utilization over 500,000	Complete? Yes
Most Recent	<b>Tab:</b> 51	Specialty Developing	APMA	First		2020		<b>2022 Work RVU:</b> 0.17	
RUC Meeting: September 2011		Recommendation:		Identified: April 2011		Medicare Utilization: 913.	570	<b>2022 NF PE RVU</b> : 0.51	
						Utilization: 913	31Z	<b>2022 Fac PE RVU</b> : 0.04	
RUC Recommendation: Remove	e from scre	een		erred to CPT			Result: F	Remove from Screen	
			Refe	erred to CPT Asst $\; igsqcup$	Publis	shed in CPT Asst:			

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G0141 Screening cytopathology smears, cervical or vaginal, performed by automated Global: XXX Issue: Cytopathology Screen: CMS-Other - Utilization Complete? Yes Cervical/Vaginal over 30.000 system, with manual rescreening, requiring interpretation by physician 2022 Work RVU: 0.26 **Tab: 26** Specialty Developing CAP 2020 **Most Recent** First **RUC Meeting:** April 2018 Recommendation: Identified: October 2017 Medicare 2022 NF PE RVU: 0.38 2,589 **Utilization: 2022 Fac PE RVU:** 0.38 **RUC Recommendation: 0.42** Referred to CPT Result: Maintain **Referred to CPT Asst Published in CPT Asst:** G0166 External counterpulsation, per treatment session Issue: External Counterpulsation Screen: CMS-Other - Utilization Global: XXX Complete? Yes over 100,000 / CMS Request - Final Rule for 2020 2022 Work RVU: 0.00 **Most Recent Tab:** 14 Specialty Developing ACC First 2020 **RUC Meeting:** October 2019 Identified: April 2016 Recommendation: Medicare 2022 NF PE RVU: 3.17 57.008 **Utilization:** 2022 Fac PE RVU: NA RUC Recommendation: 0.00 (PE Only) Referred to CPT Result: PE Only Referred to CPT Asst Published in CPT Asst: Global: 000 Issue: Wound Closure by Adhesive Screen: CMS 000-Day Global Complete? Yes G0168 Wound closure utilizing tissue adhesive(s) only Typically Reported with an E/M 2022 Work RVU: 0.31 **Most Recent Tab:** 34 Specialty Developing ACEP, AAFP First 2020 **RUC Meeting:** April 2017 Recommendation: Identified: July 2016 Medicare **2022 NF PE RVU: 3.39 Utilization:** 35,030 2022 Fac PE RVU: 0.07 **RUC Recommendation: 0.45** Referred to CPT Result: Maintain Referred to CPT Asst **Published in CPT Asst:** 

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G0179 Physician re-certification for medicare-covered home health services under a Global: XXX Issue: Physician Recertification Screen: CMS Fastest Growing / Complete? Yes CMS-Other - Utilization 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 over 250,000 affirm the initial implementation of the plan of care that meets patient's needs. per re-certification period 2022 Work RVU: 0.45 **Most Recent** Specialty Developing No Interest 2020 First **RUC Meeting:** April 2016 Recommendation: Identified: October 2008 Medicare 2022 NF PE RVU: 0.71 **Utilization:** 770,216 2022 Fac PE RVU: NA RUC Recommendation: RUC recommended to survey but no specialty Referred to CPT Result: Remove from Screen society interest followed. **Published in CPT Asst:** Referred to CPT Asst Screen: CMS Fastest Growing / G0180 Physician certification for medicare-covered home health services under a home Global: XXX Issue: Physician Recertification Complete? Yes CMS-Other - Utilization health plan of care (patient not present), including contacts with home health over 250.000 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 2022 Work RVU: 0.67 Most Recent **Tab:** 47 Specialty Developing No Interest First 2020 **RUC Meeting:** April 2016 Recommendation: Identified: October 2008 Medicare **2022 NF PE RVU: 0.83** 1,101,665 **Utilization:** 2022 Fac PE RVU: NA RUC Recommendation: RUC recommended to survey but no specialty Result: Remove from Screen Referred to CPT

society interest followed.

Referred to CPT Asst Published in CPT Asst:

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G0181 Physician supervision of a patient receiving medicare-covered services provided Global: XXX Issue: Home Healthcare Screen: CMS Fastest Growing / Complete? Yes Supervision CMS-Other - Utilization by a participating home health agency (patient not present) requiring complex and multidisciplinary care modalities involving regular physician development over 250,000 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 2022 Work RVU: 1.73 Most Recent Specialty Developing No Interest First 2020 **RUC Meeting:** April 2016 Identified: October 2008 Recommendation: Medicare **2022 NF PE RVU**: 1.22 **Utilization:** 388.445 2022 Fac PE RVU: NA RUC Recommendation: Recommend deletion after review of 99375 and Referred to CPT Result: Remove from Screen 99378. No specialty society interest followed. **Published in CPT Asst:** Referred to CPT Asst Screen: CMS-Other - Utilization G0182 Physician supervision of a patient under a medicare-approved hospice (patient Global: XXX Issue: Home Healthcare Complete? Yes Supervision over 250,000 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 **2022 Work RVU: 1.73** Most Recent Specialty Developing No Interest 2020 **Tab:** 47 First **RUC Meeting:** April 2016 Recommendation: Identified: April 2016 Medicare 2022 NF PE RVU: 1.26 **Utilization:** 30,278 2022 Fac PE RVU: NA RUC Recommendation: Recommend deletion after review of 99375 and Referred to CPT Result: Remove from Screen 99378. No specialty society interest followed.

Referred to CPT Asst

Published in CPT Asst:

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G0202 Screening mammography, bilateral (2-view study of each breast), including Global: Issue: Mammography Screen: CMS Fastest Growing / Complete? Yes CMS-Other - Utilization computer-aided detection (cad) when performed over 250,000 2022 Work RVU: Most Recent **Tab**: 20 Specialty Developing ACR First 2020 **RUC Meeting:** January 2016 Recommendation: **Identified:** February 2008 Medicare **2022 NF PE RVU: Utilization:** 2022 Fac PE RVU: RUC Recommendation: Assume CMS will delete Referred to CPT October 2015 Result: Deleted from CPT Referred to CPT Asst **Published in CPT Asst:** G0204 Diagnostic mammography, including computer-aided detection (cad) when Global: Issue: Mammography Screen: CMS Fastest Growing / Complete? Yes CMS-Other - Utilization performed; bilateral over 250.000 2022 Work RVU: **Most Recent Tab: 20** Specialty Developing ACR First 2020 **RUC Meeting:** January 2016 Recommendation: **Identified:** February 2008 Medicare **2022 NF PE RVU: Utilization:** 2022 Fac PE RVU: RUC Recommendation: Assume CMS will delete Referred to CPT October 2015 Result: Deleted from CPT Referred to CPT Asst Published in CPT Asst: G0206 Diagnostic mammography, including computer-aided detection (cad) when Global: Issue: Mammography Screen: CMS Fastest Growing / Complete? Yes CMS-Other - Utilization performed; unilateral over 250,000 2022 Work RVU: **Most Recent Tab: 20** Specialty Developing ACR First 2020 **RUC Meeting:** January 2016 **Identified:** February 2008 Recommendation: Medicare **2022 NF PE RVU: Utilization:** 2022 Fac PE RVU: RUC Recommendation: Assume CMS will delete Referred to CPT October 2015 Result: Deleted from CPT

Referred to CPT Asst Published in CPT Asst:

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G0237 Therapeutic procedures to increase strength or endurance of respiratory Global: XXX **Issue:** Respiratory Therapy Screen: CMS Fastest Growing Complete? Yes muscles, face to face, one on one, each 15 minutes (includes monitoring) 2022 Work RVU: 0.00 **Most Recent Tab:** 38 Specialty Developing ACCP/ATS First 2020 **RUC Meeting:** February 2009 **Identified:** February 2008 Recommendation: Medicare 2022 NF PE RVU: 0.29 **Utilization:** 12,117 2022 Fac PE RVU: NA RUC Recommendation: Remove from screen - RUC articulated concerns Referred to CPT Result: Remove from Screen regarding claims reporting to CMS Referred to CPT Asst Published in CPT Asst: G0238 Therapeutic procedures to improve respiratory function, other than described by Global: XXX **Issue:** Respiratory Therapy Screen: CMS Fastest Growing Complete? Yes g0237, one on one, face to face, per 15 minutes (includes monitoring) 2022 Work RVU: 0.00 2020 **Tab:** 38 Specialty Developing ACCP/ATS Most Recent First **RUC Meeting:** February 2009 Recommendation: Identified: February 2008 Medicare 2022 NF PE RVU: 0.29 **Utilization:** 18,715 2022 Fac PE RVU: NA RUC Recommendation: Remove from screen - RUC articulated concerns Referred to CPT Result: Remove from Screen regarding claims reporting to CMS Referred to CPT Asst **Published in CPT Asst:** G0248 Demonstration, prior to initiation of home inr monitoring, for patient with either Global: XXX Issue: Home INR Monitoring Screen: High Volume Growth3 Complete? Yes mechanical heart valve(s), chronic atrial fibrillation, or venous thromboembolism who meets medicare coverage criteria, under the direction of a physician; includes: face-to-face demonstration of use and care of the inr monitor. obtaining at least one blood sample, provision of instructions for reporting home in test results, and documentation of patient's ability to perform testing and report results 2022 Work RVU: 0.00 **Tab:** 19 **Most Recent** Specialty Developing ACC 2020 First **RUC Meeting:** January 2017 Recommendation: Identified: January 2016 Medicare 2022 NF PE RVU: 1.87 **Utilization:** 34,614 2022 Fac PE RVU: NA RUC Recommendation: Created Category I code, recommend CMS delete G Referred to CPT September 2016 Result: Deleted from CPT code Referred to CPT Asst Published in CPT Asst:

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G0249 Provision of test materials and equipment for home inr monitoring of patient Global: XXX Issue: Home INR Monitoring Screen: CMS Fastest Growing / Complete? Yes High Volume Growth3 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 2022 Work RVU: 0.00 2020 **Most Recent Tab:** 19 Specialty Developing ACC **First RUC Meeting:** January 2017 Identified: February 2008 Recommendation: Medicare **2022 NF PE RVU: 1.39 Utilization:** 1,234,315 2022 Fac PE RVU: NA Result: Deleted from CPT RUC Recommendation: Created Category I code, recommend CMS delete G Referred to CPT September 2016 Referred to CPT Asst **Published in CPT Asst:** G0250 Physician review, interpretation, and patient management of home inr testing for Global: XXX Screen: CMS Fastest Growing / Issue: Home INR Monitoring Complete? Yes patient with either mechanical heart valve(s), chronic atrial fibrillation, or venous High Volume Growth3 thromboembolism who meets medicare coverage criteria; testing not occurring more frequently than once a week; billing units of service include 4 tests 2022 Work RVU: 0.18 Most Recent **Tab:** 19 Specialty Developing ACC First 2020 **RUC Meeting:** January 2017 Identified: February 2008 Recommendation: Medicare **2022 NF PE RVU: 0.05** 167,183 **Utilization:** 2022 Fac PE RVU: NA RUC Recommendation: Created Category I code, recommend CMS delete G September 2016 Result: Deleted from CPT Referred to CPT Referred to CPT Asst Published in CPT Asst: G0268 Removal of impacted cerumen (one or both ears) by physician on same date of Global: 000 Removal of Impacted Screen: CMS Fastest Growing / Complete? Yes Cerumen CMS 000-Day Global service as audiologic function testing Typically Reported with an E/M 2022 Work RVU: 0.61 Most Recent **Tab:** 35 Specialty Developing AAO-HNS **First** 2020 **RUC Meeting:** April 2017 Identified: October 2008 Recommendation: Medicare **2022 NF PE RVU: 0.84** 130.857 **Utilization: 2022 Fac PE RVU: 0.28 RUC Recommendation: 0.61** Referred to CPT Result: Maintain Referred to CPT Asst **Published in CPT Asst:** 

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G0270 Medical nutrition therapy; reassessment and subsequent intervention(s) Global: XXX Issue: Medical Nutrition Therapy Screen: CMS Fastest Growing Complete? Yes 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 2022 Work RVU: 0.45 **Most Recent Tab:** 37 Specialty Developing ADA First 2020 **RUC Meeting:** January 2019 Medicare Recommendation: **Identified:** February 2008 2022 NF PE RVU: 0.47 **Utilization:** 79,202 **2022 Fac PE RVU: 0.34** RUC Recommendation: Maintain/Remove from screen Referred to CPT Result: Maintain Referred to CPT Asst Published in CPT Asst: G0277 Hyperbaric oxygen under pressure, full body chamber, per 30 minute interval Global: XXX Issue: RAW Screen: High Volume Growth8 Complete? No 2022 Work RVU: 0.00 2020 Most Recent **Tab:** 13 Specialty Developing AAFP **RUC Meeting:** September 2022 Recommendation: Identified: April 2022 Medicare 2022 NF PE RVU: 5.20 **Utilization:** 122.860 2022 Fac PE RVU: NA RUC Recommendation: Review PE at January 2023 meeting Referred to CPT Result: Referred to CPT Asst **Published in CPT Asst:** G0279 Diagnostic digital breast tomosynthesis, unilateral or bilateral (list separately in Global: ZZZ Screen: CMS-Other - Utilization Complete? Yes addition to 77065 or 77066) over 30,000 2022 Work RVU: 0.60 **Tab:** 31 2020 **Most Recent** Specialty Developing First Identified: October 2017 **RUC Meeting:** January 2018 Recommendation: Medicare **2022 NF PE RVU: 0.92** 790,648 **Utilization:** 2022 Fac PE RVU: NA RUC Recommendation: Recommend CMS delete Result: Remove from Screen Referred to CPT

**Referred to CPT Asst** 

**Published in CPT Asst:** 

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G0283 Electrical stimulation (unattended), to one or more areas for indication(s) other Global: XXX Issue: Physical Medicine and Screen: Low Value-High Volume Complete? Yes Rehabilitation Services -/ CMS-Other - Utilization than wound care, as part of a therapy plan of care **Electrical Stimulation Other** over 250,000 / CMS High than Wound Expenditure Procedural Codes2 2022 Work RVU: 0.18 Most Recent **Tab**: 29 Specialty Developing APTA First 2020 Identified: October 2010 **RUC Meeting:** January 2017 Recommendation: Medicare 2022 NF PE RVU: 0.17 **Utilization:** 5,317,417 2022 Fac PE RVU: NA **RUC Recommendation:** 0.18 Referred to CPT Result: Maintain Referred to CPT Asst Published in CPT Asst: G0296 Counseling visit to discuss need for lung cancer screening using low dose ct Global: XXX Issue: Counseling Visit for Lung Screen: CMS-Other - Utilization Complete? Yes Cancer over 20,000 Part1 scan (ldct) (service is for eligibility determination and shared decision making) **2022 Work RVU: 0.52** 2020 **Most Recent Tab**: 20 Specialty Developing First Identified: January 2019 RUC Meeting: January 2022 Recommendation: Medicare 2022 NF PE RVU: 0.28 43,859 **Utilization:** 2022 Fac PE RVU: 0.20 Referred to CPT **RUC Recommendation:** Maintain Result: Maintain **Referred to CPT Asst Published in CPT Asst:** Issue: Screening CT of Thorax Screen: CMS-Other - Utilization G0297 Low dose ct scan (ldct) for lung cancer screening Global: Complete? Yes over 30,000-Part2 2022 Work RVU: **Most Recent Tab: 07 Specialty Developing** First 2020 **RUC Meeting:** October 2019 Identified: October 2018 Recommendation: Medicare **2022 NF PE RVU: Utilization:** 255,085 2022 Fac PE RVU: RUC Recommendation: Recommend CMS delete. Cat I code created. Referred to CPT May 2019 Result: Deleted from CPT

Referred to CPT Asst

■ Published in CPT Asst:

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G0364 Bone marrow aspiration performed with bone marrow biopsy through the same Global: Issue: RAW Screen: CMS-Other - Utilization Complete? Yes over 30.000 incision on the same date of service 2022 Work RVU: **Specialty Developing** 2020 **Most Recent Tab:** 31 First **RUC Meeting:** January 2018 Recommendation: Identified: October 2017 Medicare **2022 NF PE RVU: Utilization:** 2022 Fac PE RVU: RUC Recommendation: Deleted from CPT Referred to CPT Result: Deleted from CPT **Referred to CPT Asst** Published in CPT Asst: G0365 Vessel mapping of vessels for hemodialysis access (services for preoperative Issue: Duplex Scan Arterial Inflow- Screen: CMS-Other - Utilization Global: Complete? Yes vessel mapping prior to creation of hemodialysis access using an autogenous Venous Outflow Upper over 30,000 Extremity hemodialysis conduit, including arterial inflow and venous outflow) 2022 Work RVU: 2020 **Most Recent Tab:** 17 Specialty Developing ACR, SIR, SVS First Identified: October 2017 **RUC Meeting:** January 2019 Recommendation: Medicare **2022 NF PE RVU: Utilization:** 2022 Fac PE RVU: **RUC Recommendation:** Deleted from CPT Referred to CPT September 2018 Result: Deleted from CPT Referred to CPT Asst Published in CPT Asst:

G0389 Ultrasound b-scan and/or real time with image documentation; for abdominal aortic aneurysm (aaa) screening

Global: Issue: Abdominal Aorta Ultrasound Screening

High Volume Growth4

Complete? Yes

Most Recent Tab: 12 Specialty Developing ACC, ACP, ACR, First 2020 2022 Work RVU:

RUC Meeting: October 2015 Recommendation: SCAI, SVS Identified: July 2014 Medicare
Utilization: 2022 NF PE RVU:

2022 Vork RVU:

2022 Work RVU:

2022 NF PE RVU:

2022 Vork RVU:

RUC Recommendation: CPT Assistant article published Referred to CPT May 2015 Result: Deleted from CPT

Referred to CPT Asst Published in CPT Asst: Jan 2017

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G0396 Alcohol and/or substance (other than tobacco) abuse structured assessment Global: XXX Issue: Screen: CMS-Other - Utilization Complete? No over 30.000 (e.g., audit, dast), and brief intervention 15 to 30 minutes **2022 Work RVU: 0.65** Specialty Developing AAFP, ASA, ASAM First 2020 **Most Recent Tab:** 31 **RUC Meeting:** January 2018 Recommendation: Identified: October 2017 Medicare 2022 NF PE RVU: 0.34 50,764 **Utilization: 2022 Fac PE RVU: 0.25 RUC Recommendation:** Refer to CPT Referred to CPT Time Uncertain Result: **Referred to CPT Asst Published in CPT Asst:** G0399 Home sleep test (hst) with type iii portable monitor, unattended; minimum of 4 Screen: High Volume Growth5 / Global: XXX Issue: RAW Complete? Yes channels: 2 respiratory movement/airflow, 1 ecg/heart rate and 1 oxygen Contractor Priced High Volume2 saturation 2022 Work RVU: 0.00 **Most Recent Tab:** 13 Specialty Developing AASM, ATS, First 2020 **RUC Meeting:** September 2022 Recommendation: CHEST Identified: October 2018 Medicare 2022 NF PE RVU: 0.00 **Utilization:** 106,622 2022 Fac PE RVU: NA **RUC Recommendation:** Requested CMS delete Referred to CPT Result: Deleted from CPT Referred to CPT Asst **Published in CPT Asst:** G0402 Initial preventive physical examination; face-to-face visit, services limited to new Global: XXX Issue: Initial Preventive Exam Screen: CMS-Other - Utilization Complete? Yes beneficiary during the first 12 months of medicare enrollment over 100.000 2022 Work RVU: 2.60 Most Recent **Tab:** 35 Specialty Developing No Specialty First 2020 **RUC Meeting:** October 2016 Identified: April 2016 Recommendation: Society Interest Medicare **2022 NF PE RVU**: 2.13 **Utilization:** 484.018 2022 Fac PE RVU: 1.13 RUC Recommendation: RUC recommended to survey but no specialty Referred to CPT Result: Maintain society interest followed.

Referred to CPT Asst

**Published in CPT Asst:** 

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G0403 Electrocardiogram, routine ecg with 12 leads; performed as a screening for the Global: XXX Issue: EKG for Initial Preventive Screen: CMS-Other - Utilization Complete? Yes Exam over 100.000 initial preventive physical examination with interpretation and report 2022 Work RVU: 0.17 **Tab: 35** No Specialty 2020 **Most Recent** Specialty Developing First **RUC Meeting:** October 2016 Recommendation: Society Interest Identified: April 2016 Medicare 2022 NF PE RVU: 0.23 111,091 **Utilization:** 2022 Fac PE RVU: NA RUC Recommendation: RUC recommended to survey but no specialty Referred to CPT Result: Maintain society interest followed. **Referred to CPT Asst Published in CPT Asst:** Screen: CMS-Other - Utilization G0407 Follow-up inpatient consultation, intermediate, physicians typically spend 25 Global: XXX Issue: Complete? No minutes communicating with the patient via telehealth over 20,000 Part2 2022 Work RVU: 1.39 **Most Recent** AAN, ANA, APA 2020 **Tab**: 24 Specialty Developing First **RUC Meeting:** April 2021 Identified: October 2020 Recommendation: (psychiatry) Medicare 2022 NF PE RVU: NA **Utilization:** 58,714 2022 Fac PE RVU: 0.57 RUC Recommendation: Review action plan Referred to CPT Result: Referred to CPT Asst **Published in CPT Asst:** Global: XXX G0408 Follow-up inpatient consultation, complex, physicians typically spend 35 Issue: Screen: CMS-Other - Utilization Complete? No over 20.000 Part2 minutes communicating with the patient via telehealth 2022 Work RVU: 2.00 2020 **Most Recent** First **Tab: 24** Specialty Developing AAN, ANA, APA RUC Meeting: April 2021 Recommendation: (psychiatry) Identified: October 2020 Medicare 2022 NF PE RVU: NA **Utilization:** 40.924 2022 Fac PE RVU: 0.82 **Referred to CPT** RUC Recommendation: Review action plan Result:

Referred to CPT Asst

**Published in CPT Asst:** 

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			e needle Global: XXX Issu		ology <b>Screen:</b> Final Rule for 2015	Complete? Ye
biopsy, any method	jioss and n	icroscopic examinations, for prostat				•
lost Recent	<b>Tab</b> : 16	Specialty Developing ASC, CAP	First	2020	<b>2022 Work RVU:</b> 3.60	
RUC Meeting: October 2015		Recommendation:	Identified: July 2014	Medicare Utilization: 115,45	<b>2022 NF PE RVU:</b> 6.65	
				otilization. 110,436	2022 Fac PE RVU:NA	
RUC Recommendation: 4.00			Referred to CPT		Result: Increase	
			Referred to CPT Asst	blished in CPT Asst:		
G0422 Intensive cardiac reh exercise, per session		with or without continuous ecg moni	toring with Global: XXX Issu	e:	Screen: CMS-Other - Utilization over 20,000 Part2	Complete? Ye
Most Recent	<b>Tab</b> : 29	Specialty Developing	First	2020	2022 Work RVU: 1.71	
RUC Meeting: January 2021		Recommendation:	Identified: October 2020	Medicare	2022 NF PE RVU: 1.51	
				Utilization: 23,004	2022 Fac PE RVU: 1.51	
RUC Recommendation: Main	tain		Referred to CPT		Result: Remove from Screen	
			Referred to CPT Asst	blished in CPT Asst:		
G0423 Intensive cardiac reh without exercise, pei		with or without continuous ecg moni			Screen: CMS-Other - Utilization over 20,000 Part2	Complete? Ye
without exercise, per						Complete? Ye
without exercise, per	session	with or without continuous ecg moni Specialty Developing Recommendation:	toring; Global: XXX Issu	e: 2020 Medicare	over 20,000 Part2	Complete? Ye
	session	Specialty Developing	toring; Global: XXX Issu	e: 2020	over 20,000 Part2  2022 Work RVU: 1.71	Complete? Ye
without exercise, per Most Recent RUC Meeting: January 2021	Tab: 29	Specialty Developing	toring; Global: XXX Issu  First Identified: October 2020  Referred to CPT	e: 2020 Medicare Utilization: 33,897	over 20,000 Part2  2022 Work RVU: 1.71  2022 NF PE RVU: 1.51	Complete? Ye
without exercise, per	Tab: 29	Specialty Developing	toring; Global: XXX Issu  First Identified: October 2020  Referred to CPT	e: 2020 Medicare	over 20,000 Part2  2022 Work RVU: 1.71  2022 NF PE RVU: 1.51  2022 Fac PE RVU: 1.51	Complete? Ye
without exercise, per Most Recent RUC Meeting: January 2021 RUC Recommendation: Main	Tab: 29	Specialty Developing	First Identified: October 2020  Referred to CPT Referred to CPT Asst Pul	e: 2020 Medicare Utilization: 33,897	over 20,000 Part2  2022 Work RVU: 1.71  2022 NF PE RVU: 1.51  2022 Fac PE RVU: 1.51	Complete? Ye
without exercise, per Most Recent RUC Meeting: January 2021 RUC Recommendation: Main G0425 Telehealth consultate minutes communicate Most Recent	tain  ton, emerge ting with the	Specialty Developing Recommendation:  ncy department or initial inpatient, ty patient via telehealth	First Identified: October 2020  Referred to CPT Referred to CPT Asst Pul	e:  2020 Medicare Utilization: 33,897 blished in CPT Asst:	over 20,000 Part2  2022 Work RVU: 1.71  2022 NF PE RVU: 1.51  2022 Fac PE RVU: 1.51  Result: Remove from Screen  Screen: CMS-Other - Utilization	,
without exercise, per Most Recent RUC Meeting: January 2021 RUC Recommendation: Main G0425 Telehealth consultate minutes communicate Most Recent	tain  ton, emerge ting with the	Specialty Developing Recommendation:  ncy department or initial inpatient, ty	First Identified: October 2020  Referred to CPT Referred to CPT Asst Pul  pically 30 Global: XXX Issue	e:  2020 Medicare Utilization: 33,897  blished in CPT Asst:  e: RAW  2020 Medicare	over 20,000 Part2  2022 Work RVU: 1.71  2022 NF PE RVU: 1.51  2022 Fac PE RVU: 1.51  Result: Remove from Screen  Screen: CMS-Other - Utilization over 20,000-Part3	,
without exercise, per Most Recent RUC Meeting: January 2021 RUC Recommendation: Main	tain  ton, emerge ting with the	Specialty Developing Recommendation:  ncy department or initial inpatient, ty e patient via telehealth  Specialty Developing AAN, ANA	First Identified: October 2020  Referred to CPT Referred to CPT Asst Pul  pically 30 Global: XXX Issu  First	e:  2020 Medicare Utilization: 33,897 blished in CPT Asst:  e: RAW  2020	over 20,000 Part2  2022 Work RVU: 1.71  2022 NF PE RVU: 1.51  2022 Fac PE RVU: 1.51  Result: Remove from Screen  Screen: CMS-Other - Utilization over 20,000-Part3  2022 Work RVU: 1.92	,
without exercise, per Most Recent RUC Meeting: January 2021 RUC Recommendation: Main G0425 Telehealth consultate minutes communicate Most Recent	tain  Tab: 29  ton, emerge ting with the	Specialty Developing Recommendation:  ncy department or initial inpatient, ty e patient via telehealth  Specialty Developing AAN, ANA	First Identified: October 2020  Referred to CPT Referred to CPT Asst Pulpically 30 Global: XXX Issue First Identified: April 2022  Referred to CPT	e:  2020 Medicare Utilization: 33,897  blished in CPT Asst:  e: RAW  2020 Medicare	over 20,000 Part2  2022 Work RVU: 1.71  2022 NF PE RVU: 1.51  2022 Fac PE RVU: 1.51  Result: Remove from Screen  Screen: CMS-Other - Utilization over 20,000-Part3  2022 Work RVU: 1.92  2022 NF PE RVU: NA	,

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G0426 Telehealth consultation, emergency department or initial inpatient, typically 50 Global: XXX Issue: RAW Screen: CMS-Other - Utilization Complete? No over 20.000-Part3 minutes communicating with the patient via telehealth 2022 Work RVU: 2.61 **Tab:** 13 2020 **Most Recent** Specialty Developing AAN, ANA First **RUC Meeting:** September 2022 Recommendation: Identified: September 2022 Medicare 2022 NF PE RVU: NA 25,273 **Utilization: 2022 Fac PE RVU: 1.08 RUC Recommendation:** Survey Referred to CPT Result: **Referred to CPT Asst Published in CPT Asst:** Screen: CMS-Other - Utilization G0427 Telehealth consultation, emergency department or initial inpatient, typically 70 Global: XXX Complete? No minutes or more communicating with the patient via telehealth over 20,000-Part3 2022 Work RVU: 3.86 Most Recent Specialty Developing AAN, ANA First 2020 **Tab:** 13 **RUC Meeting:** September 2022 Recommendation: Identified: September 2022 Medicare 2022 NF PE RVU: NA **Utilization:** 18,743 **2022 Fac PE RVU: 1.58 RUC Recommendation:** Survey Referred to CPT Result: Referred to CPT Asst **Published in CPT Asst:** G0436 Smoking and tobacco cessation counseling visit for the asymptomatic patient; Global: Issue: RAW Screen: CMS-Other - Utilization Complete? Yes intermediate, greater than 3 minutes, up to 10 minutes over 100,000 2022 Work RVU: 2020 **Most Recent Tab:** 35 **Specialty Developing** First **RUC Meeting:** October 2016 Recommendation: Identified: April 2016 Medicare **2022 NF PE RVU: Utilization:** 2022 Fac PE RVU: Result: Deleted from CPT **RUC Recommendation:** Deleted from CPT Referred to CPT Referred to CPT Asst **Published in CPT Asst:** 

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G0438 Annual wellness visit; includes a personalized prevention plan of service (pps), Global: XXX Issue: RAW Screen: CMS-Other - Utilization Complete? Yes over 250.000 initial visit 2022 Work RVU: 2.60 **Most Recent Tab: 47** Specialty Developing No Interest 2020 First **RUC Meeting:** April 2016 Recommendation: Identified: April 2013 Medicare 2022 NF PE RVU: 2.13 838,315 **Utilization:** 2022 Fac PE RVU: NA RUC Recommendation: RUC recommended to survey but no specialty Referred to CPT Result: Remove from Screen society interest followed. **Referred to CPT Asst Published in CPT Asst:** G0439 Annual wellness visit, includes a personalized prevention plan of service (pps), Screen: CMS-Other - Utilization Global: XXX Issue: RAW Complete? Yes subsequent visit over 250,000 2022 Work RVU: 1.92 **Most Recent Tab:** 47 Specialty Developing No Interest 2020 First **RUC Meeting:** April 2016 Identified: April 2013 Recommendation: Medicare 2022 NF PE RVU: 1.80 **Utilization:** 8,154,820 2022 Fac PE RVU: NA RUC Recommendation: RUC recommended to survey but no specialty Referred to CPT Result: Remove from Screen society interest followed. Referred to CPT Asst **Published in CPT Asst:** Screen: CMS-Other - Utilization G0442 Annual alcohol misuse screening, 15 minutes Global: XXX Issue: Annual Alcohol Screening Complete? No over 100.000 / High Volume Growth8 2022 Work RVU: 0.18 2020 **Most Recent Tab:** 13 Specialty Developing No Specialty **First RUC Meeting:** September 2022 Society Interest Recommendation: Identified: April 2016 Medicare **2022 NF PE RVU: 0.36 Utilization:** 759,928 **2022 Fac PE RVU: 0.08** 

Referred to CPT

Referred to CPT Asst

**Published in CPT Asst:** 

Result: Maintain

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RUC Recommendation: Survey April 2023.

G0444 Annual depression screening, 15 minutes Global: XXX Issue: Annual Depression Screen: CMS-Other - Utilization Complete? No Screening over 100.000 /High Volume Gowth8 2022 Work RVU: 0.18 Most Recent **Tab:** 13 Specialty Developing No Specialty First 2020 **RUC Meeting:** September 2022 Recommendation: Society Interest Identified: April 2016 Medicare 2022 NF PE RVU: 0.35 **Utilization:** 1,939,323 **2022 Fac PE RVU: 0.08 RUC Recommendation:** Survey April 2023. Referred to CPT Result: Maintain Referred to CPT Asst **Published in CPT Asst:** G0446 Annual, face-to-face intensive behavioral therapy for cardiovascular disease, Global: XXX Issue: Intensive Behavioral Screen: CMS-Other - Utilization Complete? No Therapy for Cardiovascular over 30,000 / High individual, 15 minutes Disease Volume Growth8 2022 Work RVU: 0.45 **Most Recent Tab:** 13 Specialty Developing No Specialty 2020 **RUC Meeting:** September 2022 Society Interest Identified: October 2017 Recommendation: Medicare 2022 NF PE RVU: 0.28 261,551 **Utilization:** 2022 Fac PE RVU: 0.20 RUC Recommendation: Survey April 2023. Referred to CPT Result: Maintain Referred to CPT Asst Published in CPT Asst: G0447 Face-to-face behavioral counseling for obesity, 15 minutes Global: XXX Issue: Behavioral Counseling for Screen: CMS-Other - Utilization Complete? Yes Obesity over 100.000 2022 Work RVU: 0.45 2020 **Most Recent Tab:** 35 Specialty Developing No Specialty Medicare **RUC Meeting:** October 2016 Recommendation: Society Interest Identified: April 2016 **2022 NF PE RVU: 0.28 Utilization:** 280,549 2022 Fac PE RVU: 0.19 RUC Recommendation: RUC recommended to survey but no specialty Referred to CPT Result: Maintain society interest followed.

Referred to CPT Asst

**Published in CPT Asst:** 

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G0452 Molecular pathology procedure; physician interpretation and report Global: XXX Issue: Molecular Pathology Screen: CMS-Other - Utilization Complete? Yes Interpretation over 30.000-Part2 2022 Work RVU: 0.93 2020 **Most Recent Tab:** 13 **Specialty Developing** First **RUC Meeting:** October 2019 Recommendation: Identified: October 2018 Medicare 2022 NF PE RVU: 0.44 137.304 **Utilization:** 2022 Fac PE RVU: NA RUC Recommendation: 0.93 Referred to CPT Result: Increase **Referred to CPT Asst** Published in CPT Asst: Global: XXX Screen: CMS-Other - Utilization G0453 Continuous intraoperative neurophysiology monitoring, from outside the Issue: RAW Complete? Yes operating room (remote or nearby), per patient, (attention directed exclusively to over 100,000 one patient) each 15 minutes (list in addition to primary procedure) 2022 Work RVU: 0.60 **Most Recent Tab:** 35 **Specialty Developing** First 2020 Identified: April 2016 **RUC Meeting:** October 2016 Recommendation: Medicare 2022 NF PE RVU: NA **Utilization:** 396,662 **2022 Fac PE RVU: 0.30** RUC Recommendation: Remove from screen Referred to CPT Result: Remove from Screen Referred to CPT Asst **Published in CPT Asst:** G0456 Negative pressure wound therapy, (e.g. vacuum assisted drainage collection) Issue: Negative Pressure Wound Screen: CMS Request - Final Complete? Yes Global: using a mechanically-powered device, not durable medical equipment, including Therapy Rule for 2013 provision of cartridge and dressing(s), topical application(s), wound assessment, and instructions for ongoing care, per session; total wounds(s) surface area less than or equal to 50 square centimeters 2022 Work RVU: Most Recent **Tab:** 17 **Specialty Developing** First 2020 **RUC Meeting:** January 2014 Recommendation: Identified: November 2012 Medicare **2022 NF PE RVU: Utilization:** 2022 Fac PE RVU: RUC Recommendation: RUC recommended to survey but no specialty Referred to CPT May 2013 Result: Deleted from CPT society interest followed. CMS deleted. Referred to CPT Asst Published in CPT Asst:

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G0457 Negative pressure wound therapy, (e.g. vacuum assisted drainage collection) Global: Issue: Negative Pressure Wound Screen: CMS Request - Final Complete? Yes Rule for 2013 using a mechanically-powered device, not durable medical equipment, including Therapy provision of cartridge and dressing(s), topical application(s), wound assessment, and instructions for ongoing care, per session; total wounds(s) surface area greater than 50 square centimeters 2022 Work RVU: **Most Recent Tab**: 17 **Specialty Developing** First 2020 **RUC Meeting:** January 2014 Recommendation: Identified: November 2012 Medicare **2022 NF PE RVU: Utilization:** 2022 Fac PE RVU: RUC Recommendation: RUC recommended to survey but no specialty Referred to CPT May 2013 Result: Deleted from CPT society interest followed. CMS deleted. Referred to CPT Asst □ Published in CPT Asst: G0500 Moderate sedation services provided by the same physician or other qualified Screen: CMS-Other - Utilization Global: XXX Issue: Complete? Yes over 20.000 Part2 health care professional performing a gastrointestinal endoscopic service that sedation supports, requiring the presence of an independent trained observer to assist in the monitoring of the patient's level of consciousness and physiological status; initial 15 minutes of intra-service time; patient age 5 years or older (additional time may be reported with 99153, as appropriate) 2022 Work RVU: 0.10 **Most Recent Tab: 29 Specialty Developing First** 2020 **RUC Meeting:** January 2021 Identified: October 2020 Recommendation: Medicare **2022 NF PE RVU: 1.55 Utilization:** 319,191 2022 Fac PE RVU: 0.04 **RUC Recommendation:** Maintain Referred to CPT Result: Remove from Screen Referred to CPT Asst **Published in CPT Asst:** G0506 Comprehensive assessment of and care planning for patients requiring chronic Screen: CMS-Other - Utilization Complete? Yes care management services (list separately in addition to primary monthly care over 20,000 Part2 management service) 2022 Work RVU: 0.87 Most Recent **Tab: 20 Specialty Developing** 2020 Identified: October 2020 **RUC Meeting:** October 2021 Recommendation: Medicare **2022 NF PE RVU: 0.87 Utilization:** 113.010 2022 Fac PE RVU: 0.37 **RUC Recommendation:** Request CMS Delete Referred to CPT Result: Request CMS Delete Referred to CPT Asst **Published in CPT Asst:** 

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G2010 Remote evaluation of recorded video and/or images submitted by an established Global: XXX Issue: RAW Screen: CMS-Other - Utilization Complete? No over 20.000-Part3 patient (e.g., store and forward), including interpretation with follow-up with the patient within 24 business hours, not originating from a related e/m service provided within the previous 7 days nor leading to an e/m service or procedure within the next 24 hours or soonest available appointment 2022 Work RVU: 0.18 Most Recent **Tab**: 13 Specialty Developing AADA, AAFP, ACP 2020 Identified: April 2022 **RUC Meeting:** September 2022 Recommendation: Medicare 2022 NF PE RVU: 0.16 **Utilization:** 23,831 **2022 Fac PE RVU: 0.08** RUC Recommendation: Refer to CPT to review by the CPT/RUC Referred to CPT February 2023 Result: Telemedicine Office Visits Workgroup. Referred to CPT Asst □ Published in CPT Asst: Screen: CMS-Other - Utilization G2012 Brief communication technology-based service, e.g. virtual check-in, by a Global: XXX Issue: RAW Complete? No over 20.000-Part3 physician or other qualified health care professional who can report evaluation and management services, provided to an established patient, not originating from a related e/m service provided within the previous 7 days nor leading to an e/m service or procedure within the next 24 hours or soonest available appointment; 5-10 minutes of medical discussion 2022 Work RVU: 0.25 Specialty Developing AAFP, ACP, ANA **Most Recent Tab:** 13 2020 **RUC Meeting:** September 2022 Identified: April 2022 Recommendation: Medicare **2022 NF PE RVU: 0.15 Utilization:** 816,036 2022 Fac PE RVU: 0.10 RUC Recommendation: Refer to CPT to review by the CPT/RUC Referred to CPT February 2023 Result: Telemedicine Office Visits Workgroup. Referred to CPT Asst Published in CPT Asst: Global: XXX Issue: Remote Interrogation Screen: Contractor Priced High Complete? No G2066 Interrogation device evaluation(s), (remote) up to 30 days; implantable Device Evaluation -Volume2 cardiovascular physiologic monitor system, implantable loop recorder system. or subcutaneous cardiac rhythm monitor system, remote data acquisition(s), Cardiovascular receipt of transmissions and technician review, technical support and distribution of results 2022 Work RVU: 0.00 Specialty Developing ACC, HRS 2020 Most Recent **Tab:** 13 First **RUC Meeting:** September 2022 Identified: April 2022 Recommendation: Medicare **2022 NF PE RVU**: 0 **Utilization:** 938,880 2022 Fac PE RVU:0 Referred to CPT RUC Recommendation: RUC review Result: Referred to CPT Asst Published in CPT Asst:

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G6001 Ultrasonic guidance for placement of radiation therapy fields Global: XXX Issue: Screen: CMS-Other - Utilization Complete? No over 20.000 Part2 2022 Work RVU: 0.58 **Tab:** 16 Specialty Developing AADA, ASTRO 2020 **Most Recent** First **RUC Meeting:** April 2022 Recommendation: Identified: October 2020 Medicare 2022 NF PE RVU: 4.69 **Utilization:** 125,385 2022 Fac PE RVU: NA RUC Recommendation: Review in 2 years Referred to CPT Result: **Referred to CPT Asst Published in CPT Asst:** G6002 Stereoscopic x-ray guidance for localization of target volume for the delivery of Global: XXX Screen: CMS-Other - Utilization Complete? Yes radiation therapy over 30,000 2022 Work RVU: 0.39 2020 Most Recent **Tab:** 31 **Specialty Developing RUC Meeting:** January 2018 Recommendation: Identified: October 2017 Medicare **2022 NF PE RVU: 1.76 Utilization:** 1,083,968 2022 Fac PE RVU: NA RUC Recommendation: Remove from screen Referred to CPT Result: Remove from Screen Referred to CPT Asst **Published in CPT Asst:** G6012 Radiation treatment delivery,3 or more separate treatment areas, custom Global: XXX Issue: Screen: CMS-Other - Utilization Complete? No blocking, tangential ports, wedges, rotational beam, compensators, electron over 20,000 Part2 beam: 6-10 mev 2022 Work RVU: 0.00 **Most Recent Tab: 29** Specialty Developing 2020 First **RUC Meeting:** January 2021 Recommendation: Identified: October 2020 Medicare 2022 NF PE RVU: 7.10 **Utilization:** 309,318 2022 Fac PE RVU: NA RUC Recommendation: Review action plan Referred to CPT Result: Referred to CPT Asst □ Published in CPT Asst:

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G6013 Radiation treatment delivery,3 or more separate treatment areas, custom Global: XXX Issue: Screen: CMS-Other - Utilization Complete? No blocking, tangential ports, wedges, rotational beam, compensators. electron over 20.000 Part2 beam; 11-19 mev 2022 Work RVU: 0.00 **Most Recent Tab**: 29 **Specialty Developing** First 2020 **RUC Meeting:** January 2021 Identified: October 2020 Recommendation: Medicare **2022 NF PE RVU: 7.12 Utilization:** 184,134 2022 Fac PE RVU: NA RUC Recommendation: Review action plan Referred to CPT Result: Referred to CPT Asst **Published in CPT Asst:** G6014 Radiation treatment delivery,3 or more separate treatment areas, custom Global: XXX Screen: CMS-Other - Utilization Complete? Yes Issue: RAW blocking, tangential ports, wedges, rotational beam, compensators, electron over 20,000 Part1 beam; 20 mev or greater 2022 Work RVU: 0.00 Most Recent **Tab: 17** Specialty Developing First 2020 **RUC Meeting:** October 2019 Identified: January 2019 Recommendation: Medicare **2022 NF PE RVU: 7.08 Utilization:** 16,498 2022 Fac PE RVU: NA RUC Recommendation: Remove from screen Referred to CPT Result: Remove from screen Referred to CPT Asst **Published in CPT Asst:** G6015 Intensity modulated treatment delivery, single or multiple fields/arcs, via narrow Screen: CMS-Other - Utilization Complete? No spatially and temporally modulated beams, binary, dynamic mlc, per treatment over 20,000 Part2 session 2022 Work RVU: 0.00 **Most Recent Tab: 29 Specialty Developing** First 2020 **RUC Meeting:** January 2021 Identified: October 2020 Recommendation: Medicare 2022 NF PE RVU: 10.79 **Utilization:** 1.167.880 2022 Fac PE RVU: NA RUC Recommendation: Review action plan Referred to CPT Result: **Published in CPT Asst:** Referred to CPT Asst

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G6017 Intra-fraction localization and tracking of target or patient motion during delivery Global: YYY Issue: RAW Screen: Contractor Priced High Complete? Yes of radiation therapy (eg,3d positional tracking, gating, 3d surface tracking), each Volume2 fraction of treatment 2022 Work RVU: 0.00 **Most Recent Tab:** 13 Specialty Developing ASTRO **First** 2020 **RUC Meeting:** September 2022 Identified: April 2022 Recommendation: Medicare 2022 NF PE RVU: 0.00 81.098 **Utilization: 2022 Fac PE RVU: 0.00** RUC Recommendation: Removed from screen Referred to CPT Result: Remove from screen **Referred to CPT Asst Published in CPT Asst:** Screen: CMS Request - Final GPCX1 Visit complexity inherent to evaluation and management associated with Issue: Visit Complexity E/M Add-Complete? Yes Global: medical care services that serve as the continuing focal point for all needed On Rule for 2020 health care services and/or with medical care services that are part of ongoing care related to a patient's single, serious, or complex chronic condition. (Add-on code, list separately in addition to office/ outpatient evaluation and management visit, new or established) 2022 Work RVU: **Most Recent Tab:** 34 Specialty Developing First 2020 **RUC Meeting:** January 2020 Recommendation: **Identified:** November 2019 Medicare **2022 NF PE RVU: Utilization:** 2022 Fac PE RVU: RUC Recommendation: No recommendation on physician work, time or PE Referred to CPT Result: N/A for this code. CMS estimates of utilization for code GPC1X should be more conservative. Published in CPT Asst: Referred to CPT Asst P3001 Screening papanicolaou smear, cervical or vaginal, up to three smears, Global: XXX Issue: Cytopathology Screen: CMS-Other - Utilization Complete? Yes Cervical/Vaginal over 30.000 requiring interpretation by physician **2022 Work RVU: 0.26** Most Recent **Tab: 26** Specialty Developing CAP 2020 **RUC Meeting:** April 2018 Identified: October 2017 Recommendation: Medicare **2022 NF PE RVU: 0.38 Utilization:** 1.296 **2022 Fac PE RVU: 0.38 RUC Recommendation: 0.42** Referred to CPT Result: Maintain Referred to CPT Asst **Published in CPT Asst:** 

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Q0091 Screening papanicolaou smear; obtaining, preparing and conveyance of cervical Global: XXX Issue: RAW Screen: CMS-Other - Utilization Complete? Yes over 30,000-Part2

or vaginal smear to laboratory

2022 Work RVU: 0.37 Specialty Developing No Specialty 2020 **Most Recent Tab:** 37 First **RUC Meeting:** January 2019 Society Interest Identified: October 2018

Recommendation: Medicare **2022 NF PE RVU**: 0.86 **Utilization:** 410,577

RUC Recommendation: RUC recommended to survey but no specialty Referred to CPT Result: Maintain

society interest followed.

**Referred to CPT Asst Published in CPT Asst:**  2022 Fac PE RVU: 0.14

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				2022 Base			F	Refer to	CPT Ed	
	Most Recent RUC	RUC or Specialty  Next RUC RAW to Society to	First Identified -		2022 Non- Fac PE 2022 PLI	2020 Referred Medicare to CPT C	CPT Asst CPT Asst Referred B	CPT Backgrou CPT	Panel Status	
CPT	2023 Long Descriptor Issue Meeting Date Ta	•	Screen RUC Meeting Date Global		RVU RVU		Status Complete to CPT	· ·	Complete Comple	ete Result
00534	Anesthesia for transvenous inserti RAW January 2019 3	ASA Remove from screen	High Volume Growth 4 October 2018 XXX		0.00 0.00	28442 FALSE	FALSE		TRUE	
00537 00560	Anesthesia for cardiac electrophys Anesthesia for Cardiac Elect October 2020 1:  Anesthesia for procedures on hea RAW January 2019 3:	ASA 12 ASA Remove from screen	High Volume Growth4 October 2016 XXX High Volume Growth5 October 2018 XXX		0.00 0.00 0.00 0.00	83159 FALSE 55792 FALSE	FALSE FALSE		TRUI TRUI	
00731	Anesthesia for upper gastrointesti Anesthesia for Intestinal En January 2017 0	ASA 5 base units	CMS Request - Final Rule for 2 September 2016 XXX		0.00 0.00	1018758 FALSE	FALSE	Septembe 12	yes TRUE	
00732 00740	Anesthesia for upper gastrointesti Anesthesia for Intestinal En January 2017  Anesthesia for upper gastrointesti Anesthesia for Intestinal En January 2017  O-0-1	ASA 6 base units ASA Deleted from CPT	CMS Request - Final Rule for 2 September 2016 XXX CMS Request - Final Rule for 2 July 2015	6 0.00	0.00 0.00	95019 FALSE FALSE	FALSE TRUE In	Septembe⊦12 n April 20 Septembe⊦12	yes TRUE	
00810	Anesthesia for lower intestinal en Anesthesia for Intestinal En January 2017 0	ASA Deleted from CPT	CMS Request - Final Rule for 2 July 2015			FALSE		n April 20 Septembe 12	yes TRUE	
00811	Anesthesia for lower intestinal en Anesthesia for Intestinal En April 2017  Anesthesia for lower intestinal en Anesthesia for Intestinal En April 2017  Orange Anesthesia for Intestinal En April 2017	ASA 4 base units	CMS Request - Final Rule for 2 September 2016 XXX		0.00 0.00	910064 FALSE	FALSE	Septembe 12	yes TRUE	
00812 00813	Anesthesia for lower intestinal en Anesthesia for Intestinal En April 2017 04  Anesthesia for combined upper ar Anesthesia for Intestinal En January 2017 04	ASA 3 base units ASA 5 base units	CMS Request - Final Rule for 2 September 2016 XXX CMS Request - Final Rule for 2 September 2016 XXX		0.00 0.00 0.00 0.00	384162 FALSE 426571 FALSE	FALSE FALSE	Septembe 12 Septembe 12	yes TRUE	
00918	Anesthesia for transurethral proce Anesthesia for transurethra January 2021	Maintain	High Volume Growth7 October 2020 XXX	5 0.00	0.00 0.00	93333 FALSE	FALSE	·	TRU	Remove from Screen
01916 01930	Anesthesia for diagnostic arteriography/venography October 2020 2:  Anesthesia for therapeutic interve Anesthesia for Intervention; February 2008 S	Septembe RAW Review action plan  ASA Remove from screen	High Volume Growth6 October 2019 XXX High Volume Growth1 February 2008 XXX		0.00 0.00 0.00 0.00	54832 FALSE 14455 FALSE	FALSE FALSE		FALS TRUI	
01935	Anesthesia for percutaneous imag Anesthesia Services for Ima <sub>i</sub> January 2021 0-	ASA Deleted from CPT	High Volume Growth4 January 2021 XXX	3 0.00	0.00 0.00	21562 FALSE	FALSE	October 2(15	complete TRU	
01936	Anesthesia for percutaneous imag Anesthesia Services for Ima <sub>i</sub> January 2021 0		High Volume Growth4 October 2016 XXX			257223 FALSE		his servic October 2(15	complete TRUI	
01937 01938	Anesthesia for percutaneous imag Anesthesia Services for Ima <sub>i</sub> January 2021 04  Anesthesia for percutaneous imag Anesthesia Services for Ima <sub>i</sub> January 2021 04	ASA 4 ASA 4	High Volume Growth4 January 2021 XXX High Volume Growth4 January 2021 XXX		0.00 0.00 0.00 0.00	FALSE FALSE	FALSE FALSE	October 2(15 October 2(15	complete TRUE	
01939	Anesthesia for percutaneous imag Anesthesia Services for Ima <sub>i</sub> January 2021 0	ASA 4	High Volume Growth4 January 2021 XXX		0.00 0.00	FALSE	FALSE	October 2(15	complete TRU	
01940	Anesthesia for percutaneous imag Anesthesia Services for Ima <sub>i</sub> January 2021 0	ASA 4	High Volume Growth 4 January 2021 XXX		0.00 0.00	FALSE	FALSE	October 2(15	complete TRUE	
01941 01942	Anesthesia for percutaneous imag Anesthesia Services for Ima <sub>i</sub> January 2021 04 Anesthesia for percutaneous imag Anesthesia Services for Ima <sub>i</sub> January 2021 04	ASA 6 ASA 6	High Volume Growth4 January 2021 XXX High Volume Growth4 January 2021 XXX		0.00 0.00 0.00 0.00	FALSE FALSE	FALSE FALSE	October 2(15 October 2(15	complete TRUE	
10004	Fine needle aspiration biopsy, witl Fine Needle Aspiration October 2017 0-	0.80	CMS High Expenditure Proced June 2017 ZZZ	0.8 0.35	0.60 0.11	317 FALSE	FALSE		TRU	Decrease
10005 10006	Fine needle aspiration biopsy, incl Fine Needle Aspiration  January 2020  Fine needle aspiration biopsy, incl Fine Needle Aspiration  October 2017  October 2017	1.63 1.00	CMS High Expenditure Proced June 2017 XXX CMS High Expenditure Proced June 2017 ZZZ		<ul><li>2.48 0.17</li><li>0.68 0.10</li></ul>	118014 FALSE 27167 FALSE	FALSE FALSE		TRUI TRUI	
10007	Fine needle aspiration biopsy, incl Fine Needle Aspiration October 2017 October 201	1.81	CMS High Expenditure Proced June 2017 XXX		7.01 0.20	465 FALSE	FALSE		TRU	
10008	Fine needle aspiration biopsy, incl Fine Needle Aspiration October 2017 0	1.18	CMS High Expenditure Proced June 2017 ZZZ		3.63 0.11	21 FALSE	FALSE			Decrease
10009 10010	Fine needle aspiration biopsy, incl Fine Needle Aspiration October 2017 October 201	2.43 1.65	CMS High Expenditure Proced June 2017 XXX CMS High Expenditure Proced June 2017 ZZZ		11.09 0.22 6.17 0.14	3625 FALSE 46 FALSE	FALSE FALSE		TRUI TRUI	
10011	Fine needle aspiration biopsy, incl Fine Needle Aspiration  January 2018  O	Contractor Price	CMS High Expenditure Proced June 2017 XXX		0.00 0.00	74 FALSE	FALSE		TRUE	
10012	Fine needle aspiration biopsy, incl Fine Needle Aspiration January 2018 0	Contractor Price	CMS High Expenditure Proced June 2017 ZZZ		0.00 0.00	73 FALSE	FALSE		TRUE	
10021 10022	Fine needle aspiration biopsy, witl Fine Needle Aspiration  January 2020  Fine needle aspiration; with imagi Fine Needle Aspiration  October 2017  October 2017	AACE, ASB 1.20 AACE, ASB Deleted from CPT	CMS Request - Final Rule for 2 July 2015 XXX CMS Fastest Growing / CMS H October 2008	1.03 0.45	1.87 0.12	13427 FALSE FALSE		he specia June 2017 06 he specia June 2017 06	yes TRUE	
10030	Image-guided fluid collection drain Drainage of Abscess January 2013 0-	ACR, SIR 3.00	Codes Reported Together 75% January 2012 000	2.75 0.94	16.91 0.25	7896 FALSE	FALSE	October 2006	Complete TRU	
10040	Acne surgery (eg, marsupialization Acne Surgery April 2016 1:	AAD 0.91	Harvard Valued - Utilization o October 2015 010		2.45 0.09	31603 FALSE	FALSE		TRUE	
10060 10061	Incision and drainage of abscess (Encision and Drainage of Ab: October 2010 O' Incision and drainage of abscess (Encision and Drainage of Ab: January 2020 3'	APMA 1.50 APMA Maintain. 2.45	Harvard Valued - Utilization or February 2010 010 Harvard Valued - Utilization or October 2009 010		2.35 0.12 3.55 0.32	301942 FALSE 112597 FALSE	FALSE FALSE		TRUI TRUI	
10120	Incision and removal of foreign body, subcutaneous tissues; sii September 2011 1.	APMA, AA 1.25	Harvard Valued - Utilization o April 2011 010		3.12 0.12	35873 FALSE	FALSE		TRUE	
10180	Incision and drainage, complex, postoperative wound infection October 2013	Remove from re-review APMA, AP <sup>-</sup> Deleted from CPT	RUC identified when reviewin January 2013 010	2.3 2.46	5.08 0.50	8361 FALSE	FALSE TRUE D	Vaccariator Octobor 3/15	TRUI Code Dele TRUI	
11040 11041	Deleted from CPT Excision and Debridement September 2007 1  Deleted from CPT Excision and Debridement September 2007 1	,	Site of Service Anomaly September 2007 Site of Service Anomaly September 2007			FALSE FALSE		Descriptor October 2(15 Descriptor October 2(15	Code Dele TRUI  Code Dele TRUI	
11042	Debridement, subcutaneous tissue Excision and Debridement February 2010 0	· · · · · · · · · · · · · · · · · · ·	Site of Service Anomaly September 2007 000		2.74 0.12	1874785 FALSE		Descriptor October 2(15	Complete TRU	
11043 11044	Debridement, muscle and/or fasci Debridement February 2010 0- Debridement, bone (includes epid Debridement February 2010 0-	APMA, AP 3.00 APMA, AP 4.56	Site of Service Anomaly September 2007 000 Site of Service Anomaly September 2007 000		3.81 0.41 4.44 0.65	511436 FALSE 103711 FALSE		Descriptor October 2(15 Descriptor October 2(15	Complete TRUE	
11044	Debridement, subcutaneous tissus Excision and Debridement February 2010 0-	•	Site of Service Anomaly February 2010 ZZZ		0.62 0.09	562568 FALSE	FALSE	escriptor October 2013	TRUE	
11046	Debridement, muscle and/or fasci Debridement September 2022 1	·	Site of Service Anomaly / High February 2010 ZZZ		0.95 0.20	297110 FALSE	FALSE			E Decrease
11047 11055	Debridement, bone (includes epid Debridement January 2020 3' Paring or cutting of benign hyperk RAW Review January 2012 3'	ACS, APM/ 2.00 APMA Maintain	Site of Service Anomaly / High February 2010 ZZZ CMS Request to Re-Review Fa November 2011 000		1.43 0.34 1.77 0.04	79890 FALSE 717784 FALSE	FALSE FALSE		TRUI TRUI	
11056	Paring or cutting of benign hyperk Trim Skin Lesions January 2012 5.	APMA 0.50	MPC List / CMS Request to Re October 2010 000		1.93 0.04	1666621 FALSE	FALSE		TRUI	
11057	Paring or cutting of benign hyperk RAW Review January 2012 30	APMA Maintain	CMS Request to Re-Review Fa November 2011 000	0.65 0.14	2.01 0.05	292269 FALSE	FALSE	trianta th Fahman 265	TRUE	
11100 11101	Biopsy of skin, subcutaneous tissu Biopsy of Skin Lesion April 2017 09 Biopsy of skin, subcutaneous tissu Biopsy of Skin Lesion April 2017 09	AAD Deleted from CPT AAD Deleted from CPT	MPC List / CMS High Expendit October 2010 Low Value Billed in Multiple U October 2010			FALSE FALSE		Prior to the February 265 Prior to the February 265	yes TRUE	
11102	Tangential biopsy of skin (eg, shav Skin Biopsy April 2017 0	0.66	CMS High Expenditure Proced February 2017 000		2.32 0.07	2845400 FALSE	FALSE	February 265	yes TRUI	
11103 11104	Tangential biopsy of skin (eg, shav Skin Biopsy April 2017 Of Punch biopsy of skin (including sin Skin Biopsy April 2017 Of April 2017		CMS High Expenditure Proced February 2017 ZZZ CMS High Expenditure Proced February 2017 000		1.10 0.04 2.87 0.09	1260155 FALSE 318040 FALSE	FALSE FALSE	February 2 65 February 2 65	yes TRUE	
11105	Punch biopsy of skin (including sin Skin Biopsy April 2017 09	0.45	CMS High Expenditure Proced February 2017 ZZZ		1.27 0.05	86591 FALSE	FALSE	February 265	yes TRU	
11106	Incisional biopsy of skin (eg, wedg Skin Biopsy April 2017 0	1.01	CMS High Expenditure Proced February 2017 000		3.57 0.11	34138 FALSE	FALSE	February 265	yes TRUE	
11107 11300	Incisional biopsy of skin (eg, wedg Skin Biopsy April 2017 Of Shaving of epidermal or dermal le Shaving of Epidermal or Dei April 2012 33	0.54 AAD 0.60	CMS High Expenditure Proced February 2017 ZZZ CMS High Expenditure Proced January 2012 000		1.53 0.07 2.39 0.07	7813 FALSE 82507 FALSE	FALSE FALSE	February 265	yes TRUI TRUI	
11301	Shaving of epidermal or dermal le Shaving of Epidermal or Dei April 2012 3	AAD 0.90	CMS High Expenditure Proced January 2012 000	0.9 0.50	2.67 0.09	175815 FALSE	FALSE		TRU	Increase
11302	Shaving of epidermal or dermal le Shaving of Epidermal or Dei April 2012 Shaving of epidermal or dermal le Shaving of Epidermal or Dei April 2013		CMS High Expenditure Proced January 2012 000		2.98 0.11	97980 FALSE	FALSE		TRUE	
11303 11305	Shaving of epidermal or dermal le Shaving of Epidermal or Dei April 2012 33 Shaving of epidermal or dermal le Shaving of Epidermal or Dei April 2012 33	AAD 1.25 AAD 0.80	CMS High Expenditure Proced January 2012 000 CMS High Expenditure Proced January 2012 000		3.19 0.12 2.33 0.08	14452 FALSE 86124 FALSE	FALSE FALSE		TRU! TRU!	
11306	Shaving of epidermal or dermal le Shaving of Epidermal or Dei April 2012 3	AAD 1.18	CMS High Expenditure Proced January 2012 000	0.96 0.39	2.63 0.09	89198 FALSE	FALSE		TRU	Increase
11307 11308	Shaving of epidermal or dermal le Shaving of Epidermal or Dei April 2012 33 Shaving of epidermal or dermal le Shaving of Epidermal or Dei April 2012 33	AAD 1.20 AAD 1.46	CMS High Expenditure Proced January 2012 000 CMS High Expenditure Proced January 2012 000		2.90 0.11 2.88 0.12	46559 FALSE 14490 FALSE	FALSE FALSE		TRUI TRUI	
11310	Shaving of epidermal or dermal le Shaving of Epidermal or Dei April 2012 3	AAD 1.40 AAD 1.19	CMS High Expenditure Proced January 2012 000		2.60 0.09	55330 FALSE	FALSE		TRUI	
11311	Shaving of epidermal or dermal le Shaving of Epidermal or Dei April 2012  Shaving of epidermal or dermal le Shaving of Epidermal or Dei April 2013	AAD 1.43	CMS High Expenditure Proced January 2012 000		2.90 0.11	81049 FALSE	FALSE		TRUE	
11312 11313	Shaving of epidermal or dermal le Shaving of Epidermal or Der April 2012 3: Shaving of epidermal or dermal le Shaving of Epidermal or Der April 2012 3:	AAD 1.80 AAD 2.00	CMS High Expenditure Proced January 2012 000 CMS High Expenditure Proced January 2012 000		3.23 0.12 3.56 0.19	37360 FALSE 6566 FALSE	FALSE FALSE		TRUI TRUI	
11719	Trimming of nondystrophic nails, ¿Debridement of Nail January 2012 3:	APMA 0.17	Low Value-High Volume October 2010 000	0.17 0.04	0.23 0.01	618801 FALSE	FALSE		TRU	Maintain
11720 11721	Debridement of nail(s) by any met Debridement of Nail  September 2011 5:  Debridement of nail(s) by any met Debridement of Nail  September 2011 5:	•	MPC List Septemer 2011 000		0.60 0.04	1664611 FALSE	FALSE		TRUE	
11721 11730	Debridement of nail(s) by any met Debridement of Nail September 2011 5:  Avulsion of nail plate, partial or co Removal of Nail Plate January 2016 5:	·	MPC List October 2010 000 CMS High Expenditure Proced July 2015 000		0.72 0.04 2.29 0.09	5311737 FALSE 325804 FALSE	FALSE FALSE		TRU! TRU!	
11750	Excision of nail and nail matrix, pa Excision of Nail Bed - HCPA( September 2014 20	RUC Review work and 1.99	010-Day Global Post-Operativ January 2014 010		3.06 0.12	168490 FALSE	FALSE		TRU	Decrease
11752 11755	Excision of nail and nail matrix, pa Excision of Nail Bed - HCPA( January 2015 26 Biopsy of nail unit (eg, plate, bed, Biopsy of Nail April 2017 46	Deleted from CPT i APMA 1.25	010-Day Global Post-Operativ January 2014 CMS 000-Day Global Typically July 2016 000	1.25 0.42	2.32 0.10	FALSE 51856 FALSE	TRUE TI FALSE	he Ameri October 2(09	Code Dele TRUI	E Deleted from CPT E Decrease
11755	Injection, intralesional; up to and Skin Injection Services  April 2010  3:	APIVIA 1.25 AAD 0.52	Harvard Valued - Utilization o October 2009 000		1.11 0.05	220328 FALSE	FALSE		TRUE	
11901	Injection, intralesional; more than Skin Injection Services April 2010 3	AAD 0.80	Harvard Valued - Utilization or February 2010 000	0.8 0.45	1.20 0.09	58874 FALSE	FALSE	- I	TRUE	
11980 11981	Subcutaneous hormone pellet imp Drug Delivery Implant Proce October 2018 09 Insertion, drug-delivery implant (in Drug Delivery Implant Proce October 2018 09)		High Volume Growth2 / Differ April 2013 000 High Volume Growth1 / Differ June 2008 000		1.52 0.12 1.65 0.22	28049 FALSE 9550 FALSE		n January May 2018 10 n January May 2018 10	Yes TRUE	Decrease Decrease
11982	Removal, non-biodegradable drug Drug Delivery Implant Proce October 2018 0	AAOS, ACC 1.70	High Volume Growth1 / Differ February 2008 000	1.34 0.60	1.78 0.25	3025 FALSE	TRUE In	n January May 2018 10	Yes TRUE	Decrease
11983 12001	Removal with reinsertion, non-bio Drug Delivery Implant Proce October 2018		High Volume Growth1 June 2008 000		1.99 0.33	1684 FALSE	FALSE		TRUE	
12001 12002	Simple repair of superficial wounc Repair of Superficial Wounc April 2010 3: Simple repair of superficial wounc Repair of Superficial Wounc April 2010 3:	•	Harvard Valued - Utilization o October 2009 000 Harvard Valued - Utilization o October 2009 000		<ul><li>1.79 0.17</li><li>2.01 0.22</li></ul>	157000 FALSE 128921 FALSE	FALSE FALSE		TRUI TRUI	
12004	Simple repair of superficial wounc Repair of Superficial Wounc April 2010 33	ACEP, AAF 1.44	Harvard Valued - Utilization o April 2010 000	1.44 0.44	2.20 0.27	20692 FALSE	FALSE		TRU	Decrease
12005 12006	Simple repair of superficial wound Repair of Superficial Wound April 2010 3: Simple repair of superficial wound Repair of Superficial Wound April 2010 3:	•	Harvard Valued - Utilization o April 2010 000 Harvard Valued - Utilization o April 2010 000		<ul><li>2.92 0.39</li><li>3.31 0.47</li></ul>	5583 FALSE 1045 FALSE	FALSE FALSE		TRUI TRUI	
12006	Simple repair of superficial wounc Repair of Superficial Wounc April 2010  Simple repair of superficial wounc Repair of Superficial Wounc April 2010  33	•	Harvard Valued - Utilization of April 2010 000		3.31 0.47 3.48 0.56	365 FALSE	FALSE		TRU	
12011	Simple repair of superficial wound Repair of Superficial Wound April 2010  3. Simple repair of superficial wound Repair of Superficial Wound April 2010	ACEP, AAF 1.07	Harvard Valued - Utilization o April 2010 000		2.07 0.21	78196 FALSE	FALSE			Decrease
12013	Simple repair of superficial wounc Repair of Superficial Wounc April 2010 3:	ACEP, AAF 1.22	Harvard Valued - Utilization o April 2010 000	1.22 0.26	2.03 0.24	47045 FALSE	FALSE		TRU	E Decrease

12014	Simple repair of superficial wounc Repair of Superficial Wounc April 2010	32	ACEP, AAF 1.57	Harvard Valued - Utilization	•		1.57 0.33	2.40	0.31		ALSE	FALSE			TRUE	Decrease
12015	Simple repair of superficial wounc Repair of Superficial Wounc April 2010	32	ACEP, AAF 2.60	Harvard Valued - Utilization	•		1.98 0.42	2.76	0.39		ALSE	FALSE			TRUE	Decrease
12016 12017	Simple repair of superficial wounc Repair of Superficial Wounc April 2010 Simple repair of superficial wounc Repair of Superficial Wounc April 2010	32 32	ACEP, AAF 2.68 ACEP, AAF 3.18	Harvard Valued - Utilization Harvard Valued - Utilization	•		2.68 0.61 3.18 0.67	3.36 NA	0.52 0.66	612 F 69 F	ALSE	FALSE FALSE			TRUE TRUE	Decrease Decrease
12017	Simple repair of superficial wounc Repair of Superficial Wounc April 2010	32	ACEP, AAF 3.61	Harvard Valued - Utilization	•		3.61 0.74	NA	0.77		ALSE	FALSE			TRUE	Decrease
12031	Repair, intermediate, wounds of s Repair of Intermediate Wou October 2010	22	AAO-HNS, 2.00	Harvard Valued - Utilization	•	010	2 2.17	5.65	0.25		ALSE	FALSE			TRUE	Decrease
12032	Repair, intermediate, wounds of s Repair of Intermediate Wou October 2010	22	AAO-HNS, 2.52	Harvard Valued - Utilization	n o October 2009	010	2.52 2.73	6.24		81588 F	ALSE	FALSE			TRUE	Maintain
12034	Repair, intermediate, wounds of s Repair of Intermediate Wou October 2010	22	AAO-HNS, 2.97	Harvard Valued - Utilization	n o February 2010	010	2.97 2.63	6.63	0.40	28378 F	ALSE	FALSE			TRUE	Maintain
12035	Repair, intermediate, wounds of s Repair of Intermediate Wou October 2010	22	AAO-HNS, 3.60	Harvard Valued - Utilization	•	010	3.5 2.95	7.51	0.64		ALSE	FALSE				Increase
12036	Repair, intermediate, wounds of s Repair of Intermediate Wou October 2010	22	AAO-HNS, 4.50	Harvard Valued - Utilization	•		4.23 3.24	7.87	0.89		ALSE	FALSE			TRUE	Increase
12037 12041	Repair, intermediate, wounds of s Repair of Intermediate Wou October 2010 Repair, intermediate, wounds of n Repair of Intermediate Wou October 2010	22	AAO-HNS, 5.25 AAO-HNS, 2.10	Harvard Valued - Utilization Harvard Valued - Utilization	•	010 010	5 3.64 2.1 1.86	8.46 5.58	1.04		ALSE ALSE	FALSE FALSE			TRUE TRUE	Increase
12041	Repair, intermediate, wounds of n Repair of Intermediate Wot October 2010	22	AAO-HNS, 2.79	Harvard Valued - Utilization	•		2.1 1.60	6.16	0.25 0.32		ALSE	FALSE			TRUE	Decrease Maintain
12044	Repair, intermediate, wounds of n Repair of Intermediate Wot October 2010	22	AAO-HNS, 3.19	Harvard Valued - Utilization	•		3.19 2.62	7.77	0.43		ALSE	FALSE			TRUE	Maintain
12045	Repair, intermediate, wounds of n Repair of Intermediate Wou October 2010	22	AAO-HNS, 3.90	Harvard Valued - Utilization	•		3.75 3.58	7.80	0.65	373 F		FALSE			TRUE	Increase
12046	Repair, intermediate, wounds of n Repair of Intermediate Wou October 2010	22	AAO-HNS, 4.60	Harvard Valued - Utilization	n o February 2010	010	4.3 4.07	9.72	1.09	86 F	ALSE	FALSE			TRUE	Increase
12047	Repair, intermediate, wounds of n Repair of Intermediate Wou October 2010	22	AAO-HNS, 5.50	Harvard Valued - Utilization	•		4.95 4.31	10.32	1.25		ALSE	FALSE			TRUE	Increase
12051	Repair, intermediate, wounds of fi Repair of Intermediate Wou October 2010	22	AAO-HNS, 2.33	Harvard Valued - Utilization	•		2.33 2.32	5.88			ALSE	FALSE			TRUE	Decrease
12052 12053	Repair, intermediate, wounds of fi Repair of Intermediate Wou April 2010	45 22	AAO UNS 2.17	Harvard Valued - Utilization	•		2.87 2.60	6.22	0.34		ALSE	FALSE			TRUE	Remove from Screen
12053	Repair, intermediate, wounds of fa Repair of Intermediate Wou October 2010 Repair, intermediate, wounds of fa Repair of Intermediate Wou October 2010	22	AAO-HNS, 3.17 AAO-HNS, 3.50	Harvard Valued - Utilization Harvard Valued - Utilization	•	010 010	3.17 2.69 3.5 2.35	7.33 7.50	0.40 0.56		ALSE ALSE	FALSE FALSE			TRUE TRUE	Maintain Maintain
12055	Repair, intermediate, wounds of fi Repair of Intermediate Wot October 2010	22	AAO-HNS, 4.65	Harvard Valued - Utilization	•	010	4.5 3.48	9.82	0.79		ALSE	FALSE			TRUE	Increase
12056	Repair, intermediate, wounds of fi Repair of Intermediate Wou October 2010	22	AAO-HNS, 5.50	Harvard Valued - Utilization	•	010	5.3 5.06	11.11	0.96	42 F		FALSE			TRUE	Increase
12057	Repair, intermediate, wounds of fa Repair of Intermediate Wou October 2010	22	AAO-HNS, 6.28	Harvard Valued - Utilization	n o February 2010	010	6 5.25	11.25	1.09	26 F	ALSE	FALSE			TRUE	Increase
13100	Repair, complex, trunk; 1.1 cm to Complex Wound Repair April 2012	37	AAD, AAO: 3.00	CMS Request	July 2011	010	3 2.50	6.85	0.35	4629 F	ALSE	FALSE			TRUE	Decrease
13101	Repair, complex, trunk; 2.6 cm to Complex Wound Repair April 2012	37	AAD, AAO: 3.50	CMS Request	•	010	3.5 3.35	8.00	0.40		ALSE	FALSE			TRUE	Decrease
13102	Repair, complex, trunk; each addit Complex Wound Repair April 2012	37	AAD, AAO· 1.24	CMS Request	•	ZZZ	1.24 0.68	2.05	0.20		ALSE	FALSE			TRUE	Maintain
13120	Repair, complex, scalp, arms, and/ Complex Wound Repair October 2017	19	AAD, AAO, 4.00	CMS Fastest Growing / CPT			3.23 3.20	7.02	0.39	10142 T	RUE 1st article: complete	FALSE	September 9	Complete		Decrease
13121 13122	Repair, complex, scalp, arms, and/ Complex Wound Repair October 2017 Repair, complex, scalp, arms, and/ Complex Wound Repair October 2017	19	AAD, AAO· 4.00 AAD, AAO· 1.44	CMS Fastest Growing / CPT CMS Fastest Growing / CPT		010 ZZZ	4 3.08 1.44 0.77	8.29 2.14	0.42 1 0.20		RUE 1st article: complete RUE 1st article: complete	FALSE FALSE	Septembe⊦9 Septembe⊦9	Complete Complete	TRUE TRUE	Decrease Maintain
13131	Repair, complex, scalp, arms, and complex wound Repair October 2017  Repair, complex, forehead, cheeks Complex Wound Repair April 2012	37	AAD, AAO 3.73	Harvard Valued - Utilization		010	3.73 2.91	7.44	0.42		ALSE	FALSE	эертение: э	complete	TRUE	Decrease
13132	Repair, complex, forehead, cheeks Complex Wound Repair April 2012	37	AAD, AAO: 4.78	CMS Request	September 2011	010					ALSE	FALSE			TRUE	Decrease
13133	Repair, complex, forehead, cheeks Complex Wound Repair April 2012	37	AAD, AAO 2.19	CMS Request	September 2011			2.54			ALSE	FALSE			TRUE	Maintain
13150	Repair, complex, eyelids, nose, ea Complex Wound Repair April 2012	37	AAD, AAO Deleted from CPT	CMS Request	September 2011						ALSE		Specialties October 2005	Deleted fro		Deleted from CPT
13151	Repair, complex, eyelids, nose, ea Complex Wound Repair April 2012	37	AAD, AAO 4.34	CMS Request	•		4.34 3.27	7.77			ALSE	FALSE			TRUE	Decrease
13152	Repair, complex, eyelids, nose, ear Complex Wound Repair April 2012	37	AAD, AAO, 3.38	Harvard Valued - Utilization	•		5.34 3.84	8.87	0.61		ALSE	FALSE			TRUE	Decrease
13153 14000	Repair, complex, eyelids, nose, ear Complex Wound Repair April 2012  Adjacent tissue transfer or rearrar Skin Tissue Rearrangement October 2008	37	AAD, AAO · 2.38 ACS, AAD, 6.19	CMS Request Site of Service Anomaly	•		2.38 1.28 6.37 7.30	2.77 11.36	0.34 1.09	833 F 6116 F	ALSE	FALSE FALSE			TRUE TRUE	Maintain Decrease
14000	Adjacent tissue transfer or rearrar Skin Tissue Rearrangement October 2008  Adjacent tissue transfer or rearrar Skin Tissue Rearrangement October 2008	9	ACS, AAD, 8.19 ACS, AAD, 8.58	Site of Service Anomaly	•		8.78 8.83	13.62	1.57		ALSE	FALSE			TRUE	Decrease
14020	Adjacent tissue transfer or rearrar Skin Tissue Rearrangement October 2008	9	AAD, ASPS 7.02	Site of Service Anomaly	•		7.22 8.30	12.49	1.01		ALSE	FALSE			TRUE	Decrease
14021	Adjacent tissue transfer or rearrar Skin Tissue Rearrangement October 2008	9	AAD, ASPS 9.52	Site of Service Anomaly / C	•			14.48			ALSE	FALSE			TRUE	Decrease
14040	Adjacent tissue transfer or rearrar Skin Tissue Rearrangement October 2008	9	AAD, ASPS 8.44	Site of Service Anomaly	April 2008	090	8.6 8.53	12.68	1.06	57382 F	ALSE	FALSE			TRUE	Maintain
14041	Adjacent tissue transfer or rearrar Skin Tissue Rearrangement October 2008	9	AAD, ASPS 10.63	Site of Service Anomaly			10.83 10.10	14.97			ALSE	FALSE			TRUE	Decrease
14060	Adjacent tissue transfer or rearrar Skin Tissue Rearrangement October 2008	9	AAD, ASPS Maintain	Site of Service Anomaly	•		9.23 9.07	12.26	1.09		ALSE	FALSE			TRUE	Maintain
14061	Adjacent tissue transfer or rearrar Skin Tissue Rearrangement October 2008	9	AAD, ASPS 11.25	Site of Service Anomaly	'	090 1	11.48 11.02	16.35	1.34		ALSE	FALSE	The specia February 200	Cada Dalai	TRUE	Decrease
14300 14301	Deleted from CPT Adjacent Tissue Transfer April 2009 Adjacent tissue transfer or rearrar Adjacent Tissue Transfer April 2009	04 04	ACS, AAD, Deleted from CPT ACS, AAO- 12.47	Site of Service Anomaly / C Site of Service Anomaly / C	•	090 1	12.65 10.88	17.51	1.94		ALSE ALSE	TRUE FALSE	The specia February 209 February 209	Code Dele	TRUE TRUE	Deleted from CPT Decrease
14302	Adjacent tissue transfer or rearrar Adjacent Tissue Transfer April 2009  Adjacent tissue transfer or rearrar Adjacent Tissue Transfer April 2009	04	ACS, AAO- 3.73	Site of Service Anomaly / C	•		3.73 1.96	1.96			ALSE	FALSE	February 209		TRUE	Decrease
15002	Surgical preparation or creation o RAW September 201	1 21	ASPS Maintain work RVU and adjust the	, .	•			6.10			ALSE	FALSE	,		TRUE	Maintain
15004	Surgical preparation or creation o RAW September 201	4 21	ASPS, APN Maintain work RVU and adjust the	Pre-Time Analysis	January 2014	000	4.58 2.44	6.58	0.65	31129 F	ALSE	FALSE			TRUE	Maintain
15100	Split-thickness autograft, trunk, ar RAW September 201		ASPS Maintain work RVU and adjust the		,	090	9.9 9.32	14.08			ALSE	FALSE			TRUE	Maintain
15120	Split-thickness autograft, face, sca Autograft September 200		AAO-HNS, Remove from screen	Site of Service Anomaly	'	090 1	10.15 8.51	13.29	1.64	7976 F		FALSE			TRUE	Remove from Screen
15170 15171	Acellular dermal replacement, tru Acellular Dermal Replaceme February 2010		APMA, ASI Deleted from CPT APMA, ASI Deleted from CPT	Different Performing Special							ALSE ALSE	FALSE FALSE			TRUE	Deleted from CPT Deleted from CPT
15171 15175	Acellular dermal replacement, tru Acellular Dermal Replaceme February 2010 Acellular dermal replacement, fac Acellular Dermal Replaceme February 2010		,	Different Performing Special Different Perfor							ALSE	TRUE	The specia October 2007	Complete	TRUE TRUE	Deleted from CPT
15176	Acellular dermal replacement, fac Acellular Dermal Replaceme February 2010			Different Performing Specia							ALSE	FALSE	The specia october 2007	complete	TRUE	Deleted from CPT
15220	Full thickness graft, free, including Skin Graft  September 200		AAO-HNS, Reduce 99238 to 0.5	Site of Service Anomaly (99		090	8.09 8.63	13.51	1.11		ALSE	FALSE				PE Only
15240	Full thickness graft, free, including RAW September 201	4 21	ASPS, AAD Maintain work RVU and adjust the	Pre-Time Analysis	January 2014	090 1	10.41 11.45	15.60	1.38	12127 F	ALSE	FALSE			TRUE	Maintain
15271	Application of skin substitute graft Chronic Wound Dermal Sub April 2011	04	ACS, APM, 1.50	Different Performing Specia		000	1.5 0.74	2.90	0.22 1	15628 F	ALSE	FALSE	February 2011		TRUE	Decrease
15272	Application of skin substitute graft Chronic Wound Dermal Sub April 2011	04	ACS, APM/ 0.59	Different Performing Specia	, ,		0.33 0.12	0.35			ALSE	FALSE	February 2011		TRUE	Decrease
15273	Application of skin substitute graft Chronic Wound Dermal Sub April 2011	04	ACS, APM, 3.50	Different Performing Specia		000	3.5 1.67	5.32	0.65		ALSE	FALSE	February 2011		TRUE	Decrease
15274 15275	Application of skin substitute graft Chronic Wound Dermal Sub April 2011 Application of skin substitute graft Chronic Wound Dermal Sub April 2011	04	ACS, APM; 0.80 ACS, APM; 1.83	Different Performing Special Different Perfor		000	0.8 0.36 1.83 0.71	1.53 2.72	0.18 0.20 1	01.07	ALSE ALSE	FALSE FALSE	February 2011 February 2011		TRUE TRUE	Decrease Decrease
15275 15276	Application of skin substitute graft Chronic Wound Dermal Sub April 2011  Application of skin substitute graft Chronic Wound Dermal Sub April 2011	04 04	ACS, APM/ 1.83 ACS, APM/ 0.59	Different Performing Special		ZZZ	0.5 0.17	0.39	0.20		ALSE	FALSE	February 2011 February 2011		TRUE	Decrease
15277	Application of skin substitute graft Chronic Wound Dermal Sub April 2011	04	ACS, APM/ 4.00	Different Performing Specia	, ,	000	4 1.90	5.66	0.73		ALSE	FALSE	February 2011		TRUE	Decrease
15278	Application of skin substitute graft Chronic Wound Dermal Sub April 2011	04	•	Different Performing Specia	, ,	ZZZ	1 0.47	1.70	0.20		ALSE	FALSE	February 2011		TRUE	Decrease
15320	Deleted from CPT Skin Allograft February 2010		APMA, ASI Deleted from CPT	Different Performing Specia							ALSE	TRUE	The specia October 2007	Complete		Deleted from CPT
15321	Deleted from CPT Skin Allograft February 2010	31	APMA, ASI Deleted from CPT	Different Performing Specia							ALSE	FALSE			TRUE	Deleted from CPT
15330	Acellular dermal allograft, trunk, a Allograft February 2008  Acellular Dermal Allograft February 2010	S 21	ASPS Deleted from CPT	High IWPUT	February 2008						ALSE	FALSE			TRUE	Deleted from CPT
15331 15335	Deleted from CPT Acellular Dermal Allograft February 2010  Deleted from CPT Acellular Dermal Allograft February 2010	31 31	AAO-HNS, Deleted from CPT AAO-HNS, Deleted from CPT	Different Performing Special Different Perfor							ALSE ALSE	FALSE TRUE	The specia October 2007	Complete	TRUE TRUE	Deleted from CPT Deleted from CPT
15335	Deleted from CPT Acellular Dermal Allograft February 2010  Acellular Dermal Allograft February 2010		AAO-HNS, Deleted from CPT  AAO-HNS, Deleted from CPT	Different Performing Specia	•						ALSE	FALSE	February 2011	Complete	TRUE	Deleted from CPT
15360	Deleted from CPT Tissue Cultured Allogeneic I February 2010		APMA, ASI Deleted from CPT	Different Performing Specia							ALSE	FALSE	February 2011		TRUE	Deleted from CPT
15361	Deleted from CPT Tissue Cultured Allogeneic I February 2010		APMA, ASI Deleted from CPT	Different Performing Specia							ALSE	FALSE	February 2011		TRUE	Deleted from CPT
15365	Deleted from CPT Tissue Cultured Allogeneic I February 2010	31	APMA, ASI Deleted from CPT	Different Performing Specia	ialty October 2009					F	ALSE	TRUE	The specia October 2007	Complete	TRUE	Deleted from CPT
15366	Deleted from CPT Tissue Cultured Allogeneic I February 2010			Different Performing Specia							ALSE	FALSE	February 2011		TRUE	Deleted from CPT
15400 15401	Deleted from CPT Xenograft September 200		APMA, AA Deleted from CPT	Site of Service Anomaly	September 2007						ALSE	FALSE			TRUE	Deleted from CPT
15401 15420	Deleted from CPT Xenograft February 2008  Deleted from CPT Xenograft Skin February 2010		ACS, ASPS Deleted from CPT APMA, ASI Deleted from CPT	High Volume Growth1  Different Performing Specia	February 2008						ALSE ALSE	FALSE TRUE	The specia October 2007	Complete	TRUE TRUE	Deleted from CPT Deleted from CPT
15420 15421	Deleted from CPT Xenograft Skin February 2010  Xenograft Skin February 2010  Xenograft Skin February 2010		APMA, ASI Deleted from CPT  APMA, ASI Deleted from CPT	Different Performing Specia	•						ALSE	FALSE	February 2011	Complete	TRUE	Deleted from CPT
15421	Formation of direct or tubed pedicSkin Pedicle Flaps  October 2008	10	ACS, ASPS, 10.00	Site of Service Anomaly	September 2007	090 1	10.21 9.47	14.93	1.94		ALSE	FALSE	i Corudiy 2011		TRUE	Maintain
15572	Formation of direct or tubed pedicSkin Pedicle Flaps  October 2008	10	ACS, ASPS, 9.94	Site of Service Anomaly	·			14.10	1.71	576 F		FALSE			TRUE	Maintain
15574	Formation of direct or tubed pedicSkin Pedicle Flaps October 2008	10	ASPS, AAC 10.52	Site of Service Anomaly				13.77	1.63	1656 F		FALSE				Maintain
15576	Formation of direct or tubed pedic Skin Pedicle Flaps October 2008	10	ASPS, AAC 9.24	Site of Service Anomaly			9.37 8.61		1.11	3842 F		FALSE			TRUE	Maintain
15730 15733	Midface flap (ie, zygomaticofacial Muscle Flaps January 2017	05	AAO 13.50	High Level E/M in Global Pe	•	090	13.5 11.82	27.61	1.47		ALSE	FALSE	The energia Combined and		TRUE	Decrease
15732 15733	Muscle, myocutaneous, or fascioc Muscle Flaps  January 2017  Muscle, myocutaneous, or fascioc Muscle Flaps  January 2017	05 05	ASPS Deleted from CPT ASPS 15.68	Site of Service Anomaly / H High Level E/M in Global Pe	• .	090 1	15.68 12.24	NA	2.49		ALSE ALSE	TRUE FALSE	The specia Septembe 15	yes	TRUE TRUE	Deleted from CPT
15733 15734	Muscle, myocutaneous, or fascioc Muscle Flaps  January 2017  Muscle, myocutaneous, or fascioc Muscle Flaps  April 2016	05 14	23.00	High Level E/M in Global Pe	•	090 1		NA NA			ALSE	FALSE	Septembe 15	yes		Decrease Increase
15734	Muscle, myocutaneous, or fascioc Muscle Flaps  April 2016  April 2016	14	ASSH, ASP 17.04	High Level E/M in Global Pe				NA	3.27	1355 F		FALSE	Septembe 15	yes	TRUE	Maintain
15738	Muscle, myocutaneous, or fascioc Muscle Flaps  April 2016  April 2016	14	ASPS 19.04	High Level E/M in Global Pe	•			NA	3.61		ALSE	FALSE	Septembe 15	yes	TRUE	Maintain
15740	Flap; island pedicle requiring iden Dermatology and Plastic Sui April 2008	28	AAD, ASPS 11.57	Site of Service Anomaly / C	•			16.23	1.72		ALSE	TRUE	CPT code 1 February 211 & 07	Complete		Maintain
15769	Grafting of autologous soft tissue, Tissue Grafting Procedures September 202	2 13	AAOHNS, , Refer to CPT Assistant. 6.68.	Site of Service Anomaly - 20	•		6.68 6.23	NA	1.24		RUE	FALSE				Increase
15771	Grafting of autologous fat harvest Tissue Grafting Procedures October 2018	04	ASPS 6.73	Site of Service Anomaly - 20	,		6.73 6.68	9.56	1.18		ALSE	FALSE				Increase
15772 15773	Grafting of autologous fat harvest Tissue Grafting Procedures October 2018 Grafting of autologous fat harvest Tissue Grafting Procedures October 2018	04 04	ASPS 2.50 ASPS 6.83	Site of Service Anomaly - 20 Site of Service Anomaly - 20		ZZZ 090	2.5 1.40	2.66 9.73	0.44 1.33	5007 F		FALSE FALSE				Increase
13//3	Granding of autorogous fat flat vesti fissue dialiting Procedures. October 2018	U <del>-1</del>	MJI J 0.03	Site of Service Allomaly - 20	.01/ IVIAY 2010	050	6.83 6.81	3.13	1.33	54/ F	TLJL	IALJE			INUE	Increase

15774	Grafting of autologous fat harvest Tissue Grafting Procedures October 2018	04	ASPS 2.41	Site of Service Anomaly - 2017 May 2018	ZZZ	2.41 1.39	2.66	0.42	87 FALSE	FALSE			TRUE Increase
15777 15778	Implantation of biologic implant (Chronic Wound Dermal Sub April 2011 Implantation of absorbable mesh Anterior Abdominal Hernia April 2021	04 09	ACS, APM/ 3.65 ACS, ASCR 8.00	Different Performing Specialty April 2011 Site of Service Anomaly - 2019 February 2021	ZZZ	3.65 1.97	1.97	0.72	7449 FALSE FALSE	FALSE FALSE	February 2011 February 218	complete	TRUE Decrease TRUE Decrease
15823	Blepharoplasty, upper eyelid; with Upper Eyelid Blepharoplast April 2010	33	AAO 6.81	Harvard Valued - Utilization o October 2009	090	6.81 8.71	10.86	0.60	69275 FALSE	FALSE	1 001 001 7 2 20	complete	TRUE Decrease
16020	Dressings and/or debridement of Dressings/ Debridement of October 2010	08	ASPS, AAF 1.85	Different Performing Specialty October 2009	000	0.71 0.78	1.69	0.11	13402 FALSE	FALSE			TRUE Maintain
16025 16030	Dressings and/or debridement of Dressings/ Debridement of October 2010  Dressings and/or debridement of Dressings/ Debridement of April 2010	08 45	ASPS, AAF 1.85 ACEP, ASP CPT Assistant article published.	Different Performing Specialty October 2009 Different Performing Specialty February 2010	000 000	1.74 1.26 2.08 1.40	2.67 3.40	0.27 0.39	2336 FALSE 1357 TRUE Oct 2012 Yes	FALSE FALSE			TRUE Maintain TRUE Maintain
17000	Destruction (eg, laser surgery, elec Destruction of Premalignan April 2013	17	AAD 0.61	MPC List October 2010	010	0.61 0.93	1.31	0.07	5075530 FALSE	FALSE			TRUE Decrease
17003 17004	Destruction (eg, laser surgery, elec Destruction of Premalignan April 2013  Destruction (eg, laser surgery, elec Destruction of Premalignan April 2013	17 17	AAD 0.04  AAD Remove from Modifier -51 Exem	Low Value-Billed in Multiple L October 2010 ppt CMS High Expenditure Proced September 2011	ZZZ 010	0.04 0.02 1.37 1.35	0.16 3.51	0.00 0.12	16342065 FALSE 745568 FALSE	FALSE FALSE			TRUE Decrease TRUE Decrease
17106	Destruction of cutaneous vascular Destruction of Skin Lesions October 2008	11	AAD 3.61	High IWPUT February 2008	010 090	3.69 3.94	6.00	0.12	3054 FALSE	FALSE			TRUE Decrease
17107	Destruction of cutaneous vascular Destruction of Skin Lesions October 2008	11	AAD 4.68	High IWPUT February 2008	090	4.79 5.12	7.80	0.56	1396 FALSE	FALSE			TRUE Decrease
17108 17110	Destruction of cutaneous vascular Destruction of Skin Lesions October 2008  Destruction (eg, laser surgery, elec RAW October 2013	11 18	AAD 6.37 Remove from screen	High IWPUT February 2008 High Volume Growth2 April 2013	090 010	7.49 6.88 0.7 1.17	10.13 2.59	0.94 0.08	4184 FALSE 2225566 FALSE	FALSE FALSE			TRUE Decrease TRUE Remove from Screen
17111	Destruction (eg, laser surgery, electron  October 2013  Destruction (eg, laser surgery, electron  October 2013	18	Remove from screen	High Volume Growth2 April 2013	010	0.97 1.31	2.87	0.10	104490 FALSE	FALSE			TRUE Remove from Screen
17250	Chemical cauterization of granulat Chemical Cauterization of G January 2022	20 January 20 RAW	AAFP, ACS Review in 3 years (Jan 2025).	High Volume Growth3 October 2015	000	0.5 0.51	2.09	0.09	242534 TRUE Sep 2016 Yes	TRUE	In January Septembe 17	yes	FALSE
17261 17262	Destruction, malignant lesion (eg, Destruction of Malignant Le October 2010 Destruction, malignant lesion (eg, Destruction of Malignant Le October 2010	26 26	AAD, AAFF 1.22 AAD, AAFF 1.63	Harvard Valued - Utilization o October 2009 Harvard Valued - Utilization o February 2010	010 010	1.22 1.18 1.63 1.40	3.05 3.50	0.11 0.17	122481 FALSE 265012 FALSE	FALSE FALSE			TRUE Maintain TRUE Maintain
17271	Destruction, malignant lesion (eg, Destruction of Malignant Le October 2010	26	AAD, AAFF 1.54	Harvard Valued - Utilization o February 2010	010	1.54 1.35	3.23	0.14	46030 FALSE	FALSE			TRUE Maintain
17272	Destruction, malignant lesion (eg, Destruction of Malignant Le October 2010	26	AAD, AAFF 1.82	Harvard Valued - Utilization or February 2010	010	1.82 1.51	3.59	0.19	73725 FALSE	FALSE			TRUE Maintain
17281 17282	Destruction, malignant lesion (eg, Destruction of Malignant Le October 2010 Destruction, malignant lesion (eg, Destruction of Malignant Le October 2010	26 26	AAD, AAFF 1.77 AAD, AAFF 2.09	Harvard Valued - Utilization on February 2010 Harvard Valued - Utilization on October 2009	010 010	1.77 1.48 2.09 1.66	3.38 3.79	0.18 0.21	70486 FALSE 68417 FALSE	FALSE FALSE			TRUE Maintain TRUE Maintain
17311	Mohs micrographic technique, inc Mohs Surgery April 2013	18	AAD 6.20	CMS High Expenditure Proced September 2011		6.2 3.54	13.07	0.60	755119 FALSE	FALSE			TRUE Maintain
17312 17313	Mohs micrographic technique, inc Mohs Surgery April 2013  Mohs micrographic technique, inc Mohs Surgery April 2013	18 18	AAD 3.30 AAD 5.56	CMS High Expenditure Proced September 2011 CMS High Expenditure Proced January 2012	ZZZ 000	3.3 1.88 5.56 3.18	8.49 12.56	0.32 0.55	457601 FALSE 140420 FALSE	FALSE FALSE			TRUE Maintain TRUE Maintain
17313	Mohs micrographic technique, inc Mohs Surgery  April 2013  April 2013	18	AAD 3.06	CMS High Expenditure Proced January 2012	ZZZ	3.06 1.74	8.24	0.29	56304 FALSE	FALSE			TRUE Maintain
17315	Mohs micrographic technique, inc Mohs Surgery April 2013	18	AAD 0.87	CMS High Expenditure Proced January 2012	ZZZ	0.87 0.50	1.31	0.09	17925 FALSE	FALSE			TRUE Maintain
19020 19081	Mastotomy with exploration or dr Mastotomy  Biopsy, breast, with placement of Breast Biopsy  April 2013	7 16 04	ACS Reduce 99238 to 0.5, remove ho ACR, ACS, 3.29	osp Site of Service Anomaly September 2007 Codes Reported Together 75% January 2012	090 000	3.83 4.59 3.29 1.19	9.45 11.72	0.89 0.33	1451 FALSE 51373 FALSE	FALSE FALSE	October 2008	Complete	TRUE PE Only TRUE Decrease
19082	Biopsy, breast, with placement of Breast Biopsy April 2013  April 2013	04	ACR, ACS, 1.65	Codes Reported Together 75% January 2012	ZZZ	1.65 0.60	10.20	0.17	3920 FALSE	FALSE	October 2008	Complete	TRUE Decrease
19083	Biopsy, breast, with placement of Breast Biopsy April 2013	04	ACR, ACS, 3.10	Codes Reported Together 75% January 2012	000	3.1 1.12	12.11	0.32	104245 FALSE	FALSE	October 2008	Complete	TRUE Decrease
19084 19085	Biopsy, breast, with placement of Breast Biopsy April 2013 Biopsy, breast, with placement of Breast Biopsy April 2013	04 04	ACR, ACS, 1.55 ACR, ACS, 3.64	Codes Reported Together 75% January 2012 Codes Reported Together 75% January 2012	ZZZ 000	1.55 0.56 3.64 1.31	10.20 19.92	0.14 0.31	13958 FALSE 5690 FALSE	FALSE FALSE	October 2(08 October 2(08	Complete Complete	TRUE Decrease TRUE Decrease
19086	Biopsy, breast, with placement of Breast Biopsy April 2013	04	ACR, ACS, 1.82	Codes Reported Together 75% January 2012	ZZZ	1.82 0.66	16.66	0.14	1151 FALSE	FALSE	October 2008	Complete	TRUE Decrease
19102	Biopsy of breast; percutaneous, ne Breast Biopsy April 2013	04	ACR, ACS, Deleted from CPT	Codes Reported Together 75% January 2012					FALSE	FALSE	October 2008	Complete	TRUE Deleted from CPT
19103 19281	Biopsy of breast; percutaneous, at Breast Biopsy April 2013 Placement of breast localization d Breast Biopsy April 2013	04 04	ACR, ACS, Deleted from CPT ACR, ACS, 2.00	Codes Reported Together 75% January 2012 Codes Reported Together 75% January 2012	000	2 0.72	4.99	0.18	FALSE 24887 FALSE	FALSE FALSE	October 2(08 October 2(08	Complete Complete	TRUE Deleted from CPT TRUE Decrease
19282	Placement of breast localization d Breast Biopsy April 2013	04	ACR, ACS, 1.00	Codes Reported Together 75% January 2012	ZZZ	1 0.36	4.02	0.09	3043 FALSE	FALSE	October 2008	Complete	TRUE Decrease
19283 19284	Placement of breast localization d Breast Biopsy April 2013 Placement of breast localization d Breast Biopsy April 2013	04	ACR, ACS, 2.00 ACR, ACS, 1.00	Codes Reported Together 75% January 2012 Codes Reported Together 75% January 2012	000	2 0.72	5.62	0.20	3274 FALSE 415 FALSE	FALSE FALSE	October 2(08 October 2(08	Complete	TRUE Decrease TRUE Decrease
19284	Placement of breast localization d Breast Biopsy April 2013 Placement of breast localization d Breast Biopsy April 2013	04	ACR, ACS, 1.00 ACR, ACS, 1.70	Codes Reported Together 75% January 2012  Codes Reported Together 75% January 2012	ZZZ 000	1 0.36 1.7 0.61	4.74 9.60	0.11 0.17	23245 FALSE	FALSE	October 2008	Complete Complete	TRUE Decrease TRUE Decrease
19286	Placement of breast localization d Breast Biopsy April 2013	04	ACR, ACS, 0.85	Codes Reported Together 75% January 2012	ZZZ	0.85 0.31	8.53	0.09	1932 FALSE	FALSE	October 2008	Complete	TRUE Decrease
19287 19288	Placement of breast localization d Breast Biopsy April 2013 Placement of breast localization d Breast Biopsy April 2013	04	ACR, ACS, . 3.02 ACR, ACS, . 1.51	Codes Reported Together 75% January 2012 Codes Reported Together 75% January 2012	000 ZZZ	2.55 0.92 1.28 0.46	17.09 14.04	0.21 0.11	266 FALSE 61 FALSE	FALSE FALSE	October 2(08 October 2(08	Complete Complete	TRUE Decrease TRUE Decrease
19290	Preoperative placement of needle Breast Biopsy April 2013  April 2013	04	ACR, ACS, Deleted from CPT	Codes Reported Together 75% January 2012	ZZZ	1.28 0.40	14.04	0.11	FALSE	FALSE	October 2008	Complete	TRUE Deleted from CPT
19291	Preoperative placement of needle Breast Biopsy April 2013	04	ACR, ACS, Deleted from CPT	Codes Reported Together 75% January 2012					FALSE	FALSE	October 2(08	Complete	TRUE Deleted from CPT
19295 19303	Image guided placement, metallic Breast Biopsy April 2013 Mastectomy, simple, complete Mastectomy April 2016	04 15	ACR, ACS, Deleted from CPT ACS, ASBS 15.00	CMS Fastest Growing / Codes October 2008 Site of Service Anomaly - 2015 October 2015	090	15 9.88	NA	3.73	FALSE 22732 FALSE	FALSE FALSE	October 2(08	Complete	TRUE Deleted from CPT TRUE Decrease
19307	Mastectomy, modified radical, inc Modified Radical Mastecton January 2020	22	17.99	Site of Service Anomaly - 2015 October 2019	090	17.99 12.83	NA	4.47	5145 FALSE	FALSE			TRUE Decrease
19318	Breast reduction Mammaplasty September 2007	7 16	ASPS Reduce 99238 to 0.5	Site of Service Anomaly (9923 September 2007	090	16.03 13.31	NA	2.99	5722 FALSE	FALSE			TRUE PE Only
19340 19357	Insertion of breast implant on san Breast Implant/Expander PI January 2020 Tissue expander placement in bre Breast Implant/Expander PI January 2020	05 05	ASPS 11.00 ASPS 15.36	CMS Request / Site of Service October 2009 Site of Service Anomaly / 090-September 2007	090 090	10.48 9.93 14.84 16.66	NA NA	2.03 2.82	6133 FALSE 5820 FALSE	FALSE TRUE	Originally   October 2(20	Complete	TRUE Decrease TRUE Decrease
20000	Deleted from CPT Incision of Abcess September 2007	7 16	APMA, AA Deleted from CPT	Site of Service Anomaly (9923 September 2007					FALSE	TRUE	This servic June 2009 15	Code Dele	TRUE Deleted from CPT
20005 20220	Incision and drainage of soft tissue Incision of Deep Abscess October 2017 Biopsy, bone, trocar, or needle; su Bone Biopsy Trocar/Needle January 2019	19	ACS, AAO- Deleted from CPT ACR, SIR 1.93	Site of Service Anomaly / Neg September 2007 Different Performing Specialty January 2018	000	1.65 0.75	5.39	0.14	FALSE 11306 FALSE	TRUE FALSE	A RUC mei February 206	complete	TRUE Deleted from CPT TRUE Increase
20225	Biopsy, bone, trocar, or needle; de Bone Biopsy Trocar/Needle January 2019	22	ACR, SIR 3.00	Different Performing Specialty October 2017	000	2.45 1.11	9.17	0.14	12575 FALSE	FALSE			TRUE Increase
20240	Biopsy, bone, open; superficial (eg Bone Biopsy Excisional January 2016	04	AAOS, APN 3.73	010-Day Global Post-Operativ April 2014	000	2.61 1.23	NA	0.31	6937 FALSE	FALSE			TRUE Increase
20245 20525	Biopsy, bone, open; deep (eg, hun Bone Biopsy Excisional January 2016  Removal of foreign body in muscle Removal of Foreign Body September 2007	04 7 16	AAOS 6.50 ACS, AAOS Reduce 99238 to 0.5	010-Day Global Post-Operativ January 2014 Site of Service Anomaly (9923 September 2007	000 010	6 3.17 3.54 3.12	NA 9.83	1.05 0.64	3706 FALSE 1442 FALSE	TRUE FALSE	In April 20 October 2015	revised	TRUE Decrease TRUE PE Only
20526	Injection, therapeutic (eg, local an RAW January 2017	30	Remove fromm screen	CMS 000-Day Global Typically July 2016	000	0.94 0.57	1.32	0.18	91612 FALSE	FALSE			TRUE Remove from Screen
20550	Injection(s); single tendon sheath, Injection of Tendon  January 2016  Injection(s); single tendon origin in Therapoutis Injection Carp. April 2017	27 RUC	AAOS, AAF 0.75 AAPMR, A. 0.75	CMS Fastest Growing / CMS H October 2008	000 000	0.75 0.30 0.75 0.31	0.85 0.88	0.10 0.09	754987 FALSE 131533 FALSE	FALSE FALSE			TRUE Maintain TRUE Maintain
20551 20552	Injection(s); single tendon origin/i Therapeutic Injection Carpa April 2017 Injection(s); single or multiple trigger point(s), 1 or 2 muscle(s) January 2016	28 RUC	AAPM&R, 0.66	CMS Fastest Growing / CMS 0 October 2008 CMS High Expenditure Proced July 2015	000	0.66 0.36	0.84	0.09	281251 FALSE	FALSE			TRUE Maintain
20553	Injection(s); single or multiple trigger point(s), 3 or more musc January 2016	28 RUC	AAPM&R, 0.75	CMS High Expenditure ProcedJuly 2015	000	0.75 0.41	0.98	0.10	320696 FALSE	FALSE			TRUE Maintain
20600 20604	Arthrocentesis, aspiration and/or Arthrocentesis January 2014  Arthrocentesis, aspiration and/or Arthrocentesis January 2014	04 04	AAFP, AAC 0.66 and new PE inputs AAFP, AAC 0.89	Harvard Valued - Utilization o February 2010 CMS Request - Final Rule for 2 July 2013	000 000	0.66 0.30 0.89 0.36	0.82 1.44	0.09 0.10	388696 FALSE 43818 FALSE	TRUE FALSE	Ultrasound October 2006 October 2006	Complete	TRUE Maintain TRUE Decrease
20605	Arthrocentesis, aspiration and/or Arthrocentesis January 2014	04	AAFP, AAC 0.68 and new PE inputs	Harvard Valued - Utilization o October 2009	000	0.68 0.32	0.85	0.09	389042 FALSE	TRUE	Ultrasound October 2006	Complete	TRUE Maintain
20606	Arthrocentesis, aspiration and/or Arthrocentesis January 2014	04	AAFP, AAC 0.70 and now RE inputs	CMS Request - Final Rule for 2 July 2013	000	1 0.41	1.53	0.11	52205 FALSE	FALSE	October 2006	Complete	TRUE Decrease
20610 20611	Arthrocentesis, aspiration and/or Arthrocentesis January 2014 Arthrocentesis, aspiration and/or Arthrocentesis January 2014	04 04	AAFP, AAC 0.79 and new PE inputs AAFP, AAC 1.10	Harvard Valued - Utilization o February 2010 CMS Request - Final Rule for 2 July 2013	000 000	0.79 0.42 1.1 0.50	1.01 1.71	0.12 0.14	5497402 FALSE 952613 FALSE	TRUE FALSE	Ultrasoun: October 2:06 October 2:06	Complete	TRUE Maintain TRUE Decrease
20612	Aspiration and/or injection of gan RAW January 2017	30	Remove from screen	CMS 000-Day Global Typically July 2016	000	0.7 0.41	1.10	0.10	22763 FALSE	FALSE			TRUE Remove from Screen
20680 20692	Removal of implant; deep (eg, bur RAW September 2014 Application of a multiplane (pins c RAW April 2014	4 21 52	AAOS, API 5.96 and adjustments to pre-service.  Maintain	vic Pre-Time Analysis January 2014 090-Day Global Post-Operativ January 2014	090 090	5.96 5.39 16.27 14.01	10.98 NA	1.04 2.85	47394 FALSE 3130 FALSE	FALSE FALSE			TRUE Maintain TRUE Maintain
20694	Removal, under anesthesia, of ext External Fixation September 2007		AAOS Reduce 99238 to 0.5	Site of Service Anomaly (9923 September 2007	090	4.28 5.02	7.74	0.77	5813 FALSE	FALSE			TRUE PE Only
20700	Manual preparation and insertion Drug Delivery Implant Proce October 2018	05	AAOS, AU, 1.50	Different Performing Specialty May 2018	ZZZ	1.5 0.72	0.72	0.29	798 FALSE	FALSE			TRUE Increase
20701 20702	Removal of drug-delivery device(s Drug Delivery Implant Proce October 2018  Manual preparation and insertion Drug Delivery Implant Proce October 2018	05 05	AAOS, AU, 1.13 AAOS, AU, 2.50	Different Performing Specialty May 2018 Different Performing Specialty May 2018	ZZZ ZZZ	1.13 0.55 2.5 1.23	0.55 1.23	0.23 0.50	202 FALSE 355 FALSE	FALSE FALSE			TRUE Increase TRUE Increase
20703	Removal of drug-delivery device(s Drug Delivery Implant Proce October 2018	05	AAOS, AU/ 1.80	Different Performing Specialty May 2018	ZZZ	1.8 0.91	0.91	0.37	66 FALSE	FALSE			TRUE Increase
20704	Manual preparation and insertion Drug Delivery Implant Proce October 2018	05 05	AAOS, AU, 2.60	Different Performing Specialty May 2018	ZZZ 777	2.6 1.33	1.33	0.54	353 FALSE	FALSE FALSE			TRUE Increase
20705 20900	Removal of drug-delivery device(s Drug Delivery Implant Proce October 2018  Bone graft, any donor area; minor Bone Graft Procedures April 2008	05 29	AAOS, AU/ 2.15 AOFAS, A/ 3.00	Different Performing Specialty May 2018 Site of Service Anomaly September 2007	ZZZ 000	2.15 1.09 3 1.83	1.09 8.27	0.42 0.52	128 FALSE 4084 FALSE	FALSE			TRUE Increase TRUE Decrease
20902	Bone graft, any donor area; major Bone Graft Procedures April 2008	29	AOFAS, A# 4.58	Site of Service Anomaly April 2008	000	4.58 2.72	NA	0.87	4113 FALSE	FALSE			TRUE Decrease
20926 21015	Tissue grafts, other (eg, paratenor Tissue Grafting Procedures October 2018 Radical resection of tumor (eg, sar Radical Resection of Soft Tis February 2009	04 6	AAOS, ASF Deleted from CPT ACS, AAOS 9.71	CMS Fastest Growing / Site of October 2008 Site of Service Anomaly September 2007	090	9.89 9.11	NA	1.70	TRUE Deleted fo N/A 376 FALSE	TRUE TRUE	In October May 2018 12 CPT develc June 2008 06	Yes New code	TRUE Deleted from CPT TRUE Increase
21015	Excision of bone (eg, for osteomy Excision of Bone – Mandible October 2010	61	AAOMS 10.03	Site of Service Anomaly September 2007 Site of Service Anomaly September 2007		10.03 8.40	12.32	0.99	4098 FALSE	FALSE	S. 1 ACVERTABLE 2000 00	THE W COUR	TRUE Decrease
21495	Open treatment of hyoid fracture Laryngoplasty  January 2016  Particular and formula for the second	09 RUC	Deleted from CPT	090-Day Global Post-Operativi October 2015	000	4475 455-		2.00	FALSE	FALSE	CDT develop	AL .	TRUE Deleted from CPT
21557 21800	Radical resection of tumor (eg, sar Radical Resection of Soft Tis February 2009 Closed treatment of rib fracture, u Internal Fixation of Rib Frac April 2014	6 05	ACS, AAOS 14.57 STS, ACS Deleted from CPT	Site of Service Anomaly September 2007 CMS Request - Final Rule for 2 July 2013	090	14.75 10.55	NA	3.03	429 FALSE FALSE	TRUE TRUE	CPT develoune 2008 06 Refer to CI February 215	New code Complete	TRUE Decrease TRUE Deleted from CPT
21805	Open treatment of rib fracture willnternal Fixation of Rib Frac April 2014	05	STS, ACS Deleted from CPT	CMS Request - Final Rule for 2 January 2014					FALSE	TRUE	Referred to October 207	Complete	TRUE Deleted from CPT
21810 21811	Treatment of rib fracture requirinį Internal Fixation of Rib Frac April 2014  Open treatment of rib fracture(s) Internal Fixation of Rib Frac April 2014	05 05	STS, ACS Deleted from CPT STS, ACS 19.55	CMS Request - Final Rule for 2 January 2014 CMS Request - Final Rule for 2 January 2014	000	10.79 4.27	NA	2.50	FALSE 439 FALSE	FALSE FALSE	October 2007 October 2007	Complete Complete	TRUE Deleted from CPT TRUE Decrease
21811	Open treatment of rib fracture(s) Internal Fixation of Rib Frac April 2014	05	STS, ACS 19.55 STS, ACS 25.00	CMS Request - Final Rule for 2 January 2014 CMS Request - Final Rule for 2 January 2014	000	13 5.29	NA NA	3.00	489 FALSE	FALSE	October 2007	Complete	TRUE Decrease
21813	Open treatment of rib fracture(s) Internal Fixation of Rib Frac April 2014	05	STS, ACS 35.00	CMS Request - Final Rule for 2 January 2014	000	17.61 7.12	NA	4.45	67 FALSE	FALSE	October 2(07	Complete	TRUE Decrease
21820 21825	Closed treatment of sternum fract Internal Fixation of Rib Frac April 2016  Open treatment of sternum fractu Internal Fixation of Rib Frac April 2014	46 05	AAOS, ACE PE Clinical staff pre-time revised STS, ACS Unrelated to the family	CMS Request - Final Rule for 2 January 2014 CMS Request - Final Rule for 2 January 2014	090 090	1.36 2.73 7.76 6.79	2.82 NA	0.27 1.81	135 TRUE Jan 2018 yes 549 FALSE	FALSE FALSE	October 2(07 October 2(07	Complete Complete	TRUE PE Only TRUE Remove from Screen
_1323	, 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		,	Equation 101 Estimate 2017	320	0 0.75	•		- · · · · · · · · · · · · · · · · · · ·	. , \LJL	200000 2007	35piece	

21935 22214	Radical resection of tumor (eg, sar Radical Resection of Soft Tis Osteotomy of spine, posterior or RAW	February 2009 6 September 2014 21		ACS, AAOS 15.54 AAOS, NAS Maintain	Site of Service Anomaly September 2 CMS Fastest Growing October 2		90 15.72 11 90 21.02 17		3.55 5.94	213 FALSE 6664 FALSE	TRUE CI FALSE	PT develc June 2008 06			Oecrease Maintain
22305	Closed treatment of vertebral pro Closed treatment of vertebra	•		,	CMS Request - Final Rule for 2 July 2013		21.02 17	.00 INA	3.34	FALSE		October May 2016 13			Deleted from CPT
22310	Closed treatment of vertebral bod Closed Treatment Vertebral	•	Septembe RAW	AANS, AA( 3.45. Flag for Rereview	Negative IWPUT / Site of Serv April 2017		3.45 4.6	5.06	0.75	5711 FALSE	FALSE	,	•		Decrease
22510	Percutaneous vertebroplasty (bon Percutaneous Vertebroplast			AANS, CNS 8.15	Codes Reported Together 75% April 2014		10 7.9 3.7		1.00	2489 FALSE	FALSE	February 216			Decrease
22511	Percutaneous vertebroplasty (bon Percutaneous Vertebroplast	•		AANS, CNS 8.05	Codes Reported Together 75% April 2014		10 7.33 3.6		0.96	3052 FALSE	FALSE	February 216	•		Decrease
22512 22513	Percutaneous vertebroplasty (bon Percutaneous Vertebroplast Percutaneous vertebral augmenta Percutaneous Vertebroplast	•		AANS, CNS 4.00 AANS, CNS 8.90	Codes Reported Together 75% April 2014 Codes Reported Together 75% April 2014		Z 4 1.4 LO 8.65 4.8		0.64 5 1.55	1935 FALSE 19696 FALSE	FALSE FALSE	February 216 February 216	•		Decrease Decrease
22514	Percutaneous vertebral augmenta Percutaneous Vertebroplast			AANS, CNS 8.24	Codes Reported Together 75% April 2014		10 7.99 4.5			21668 FALSE	FALSE	February 216	•		Decrease
22515	Percutaneous vertebral augmenta Percutaneous Vertebroplast	1 April 2014 06		AANS, CN5 4.00	Codes Reported Together 75% April 2014	14 ZZ	ZZ 4 1.6	87.68	0.77	13498 FALSE	FALSE	February 216	Complete	TRUE D	)ecrease
22520	Percutaneous vertebroplasty (bon Percutaneous Vertebroplast	•			CMS Request - Practice Expen February	•				FALSE		oint Work February 216	•		Peleted from CPT
22521	Percutaneous vertebroplasty (bon Percutaneous Vertebroplast	•		AANS, CNS Deleted from CPT	Site of Service Anomaly (9923 September 25% April 2014					FALSE		oint Work February 216	•		Deleted from CPT
22522 22523	Percutaneous vertebroplasty (bon Percutaneous Vertebroplast Percutaneous vertebral augmenta Percutaneous Vertebroplast	•		AANS, CNS Deleted from CPT AANS, CNS Deleted from CPT	Codes Reported Together 75% April 2014 CMS Request: PE Review September					FALSE FALSE	FALSE FALSE	February 216 February 216			Deleted from CPT Deleted from CPT
22524	Percutaneous vertebral augmenta Percutaneous Vertebroplast	'		AANS, CNS Deleted from CPT	CMS Request: PE Review September					FALSE	FALSE	February 216	•		Peleted from CPT
22525	Percutaneous vertebral augmenta Percutaneous Vertebroplast	1 April 2014 06		AANS, CNS Deleted from CPT	CMS Request: PE Review September	per 2011				FALSE	FALSE	February 216	Complete	TRUE D	Peleted from CPT
22533	•	September 2011 51		•	CMS Fastest Growing October 2				6.11	582 TRUE Oct 2009 Yes	FALSE				lemove from Screen
22551 22552	•	February 2010 05		NASS, AAN 24.50 NASS, AAN 6.50	Codes Reported Together 95% February	•	90 25 17 ZZ 6.5 3.1		7.87 2.01	33372 FALSE 29861 FALSE	FALSE FALSE	October 2(21 October 2(21			Decrease Maintain
22552		February 2010 05 September 2022 13		AANS, AAR Refer to CPT Assistant. 17.69	Codes Reported Together 95% February Codes Reported Together 95% February	•	.2 6.5 3 90 17.69 14		5.43	4006 TRUE		eferred to October 2021		FALSE N	
22558	Arthrodesis, anterior interbody te Vertebral Corpectomy with	•		AANS/CNS Maintain	High Volume Growth2 / Code: April 2013	•	90 23.53 15		6.24	18435 FALSE		January Septembe 20	•		/laintain
22585	•	February 2010 05		NASS, AAN Remove from screen	Codes Reported Together 95% February	•			1.54	15353 FALSE	FALSE	October 2(21			⁄laintain
22612	•	October 2015 21			Codes Reported Together 75% February	•			6.51	39083 FALSE		he Work{ October 2( 16			Maintain
22614 22630	•	February 2011 04 February 2011 04		AANS/CNS 6.43 AANS/CNS 22.09	Codes Reported Together 75% February Codes Reported Together 75% February	•			1.94 7.35	134805 FALSE 4864 FALSE	FALSE TRUE TI	he Works October 2(16			Decrease Maintain
22632	•	February 2011 04		AANS/CNS 5.22	Codes Reported Together 75% February	•			1.70	1721 FALSE	FALSE	THE WORKE OCCUDE! 2010			Decrease
22633	•	February 2011 04		AANS/CNS 27.75	Codes Reported Together 75% February	•			8.24	32588 FALSE	TRUE	October 2(16			Decrease
22634	•	February 2011 04		AANS/CNS 8.16	Codes Reported Together 75% February	•			2.47	12432 FALSE	TRUE	October 2(16	Complete	TRUE D	ecrease ecrease
22843	·	February 2009 38		AAOS, NAS Remove from screen	CMS Fastest Growing October 2				4.01	8394 FALSE	FALSE	h - Marila I 2010 10			demove from Screen
22849 22851	Reinsertion of spinal fixation devic RAW  Application of intervertebral biom Biomechancial Device Insert	September 2014 21 January 2016 06	RLIC	AAOS, NA: Maintain AANS/CNS Deleted from CPT	CMS Fastest Growing October 2 CMS Fastest Growing / High V October 2		90 19.17 14	.12 NA	5.50	3879 FALSE FALSE		he Work& June 2010 10 /hile pre& October 2(14	•		Maintain Deleted from CPT
22859	Insertion of intervertebral biomec Biomechancial Device Insert	•	NOC	AAOS, AAI 6.00	CMS High Expenditure Proced October 2		ZZ 5.5 2.7	70 NA	1.62	1628 FALSE	FALSE	Time prepoctober 2014			Decrease
22867	Insertion of interlaminar/interspir Insertion of Interlaminar/In	January 2021 26		•	CMS High Expenditure Proced October 2		90 15 12		4.55	1608 FALSE	FALSE			TRUE In	ncrease
22868	Insertion of interlaminar/interspir Biomechancial Device Insert	,		AAOS, AAI 5.50	CMS High Expenditure Proced October 2				1.25	331 FALSE	FALSE				Decrease
22900	Excision, tumor, soft tissue of abd Subfascial Excision of Soft T	•		ACS, AAOS 8.21	Site of Service Anomaly September				1.90	490 FALSE		PT develoune 2008 06			ncrease
23076	Excision, tumor, soft tissue of shot Subfascial Excision of Soft T Claviculectomy; partial Claviculectomy	April 2008 30		ACS, AAOS 7.28 AAOS 7.23	Site of Service Anomaly September Se				1.64 1.49	449 FALSE 5044 FALSE	TRUE CI FALSE	PT develcJune 2008 06			Decrease Maintain
23130	, ,	September 2007 16		AAOS Reduce 99238 to 0.5	Site of Service Anomaly (9923 September				1.60	1262 FALSE	FALSE				E Only
23350	Injection procedure for shoulder a Injection for Shoulder X-Ray	September 2011 13		ACR, AAOS 1.00	Harvard Valued - Utilization o April 2013		00 1 0.3		0.09	28129 FALSE	FALSE				/aintain
23405	,	September 2007 16		AAOS Reduce 99238 to 0.5	Site of Service Anomaly (9923 September				1.57	1931 FALSE	FALSE				E Only
23410	·	February 2008 12		AAOS 11.23	Site of Service Anomaly September				2.29	2627 FALSE 9154 FALSE	FALSE				Decrease
23412 23415	Repair of ruptured musculotendin Rotator Cuff Coracoacromial ligament release, Shoulder Ligament Release	September 2014 21 October 2010 62		AAOS Maintain work RVU and adjust the AAOS 9.23	Site of Service Anomaly / Pre- September Site of Service Anomaly September S				2.40 1.90	312 FALSE	FALSE FALSE				Decrease Decrease
23420		February 2008 12		AAOS 13.35	Site of Service Anomaly September				2.78	1571 FALSE	FALSE				ecrease
23430	Tenodesis of long tendon of bicep Tenodesis	October 2009 12			CMS Fastest Growing, Site of September	per 2007 09			2.01	18394 FALSE	FALSE				⁄laintain
23440	•	September 2007 16		AAOS Reduce 99238 to 0.5	Site of Service Anomaly (9923 September				2.17	1196 FALSE	FALSE				E Only
23472		October 2015 21 April 2016 46			CMS Fastest Growing / High V October 2 Emergent Procedures October 2		90 22.13 16 90 2.36 4.2		4.39 0.47	57646 FALSE 283 TRUE Jan 2018 yes	FALSE FALSE			TRUE R	lemove from Screen
23600	Closed treatment of proximal hum Treatment of Humerus Frac	•		AAOS 3.00	Harvard Valued - Utilization o April 2013		90 2.36 4.2		0.47	28950 FALSE	FALSE				Decrease
23625	·	April 2016 46		AAOS, ACE PE Clinical staff pre-time revised	•		90 4.1 5.6		0.84	162 TRUE Jan 2018 yes	FALSE				E Only
23650		April 2016 46		AAOS, ACE PE Clinical staff pre-time revised			3.53 4.6		0.73	13496 TRUE Jan 2018 yes	FALSE				E Only
23655		April 2016 46		AAOS, ACE PE Clinical staff pre-time revised	· ·		90 4.76 6.5		0.95	2079 TRUE Jan 2018 yes	FALSE				E Only
23665 24505		April 2016 46 April 2016 46		AAOS, ACE PE Clinical staff pre-time revised AAOS, ACE PE Clinical staff pre-time revised			90 4.66 6.4 90 5.39 7.2		0.95 1.10	422 TRUE Jan 2018 yes 767 TRUE Jan 2018 yes	FALSE FALSE				E Only E Only
24600		April 2016 46		AAOS, ACE PE Clinical staff pre-time revised	•		90 4.37 4.9		0.90	1206 TRUE Jan 2018 yes	FALSE				E Only
24605	Treatment of closed elbow disloca PE Subcommittee	April 2016 46		•	Emergent Procedures October 2		5.64 7.5	NA NA	1.12	380 TRUE Jan 2018 yes	FALSE			TRUE P	E Only
25116	• •	October 2010 63		ASSH, AAC 7.56	Site of Service Anomaly September				1.40	861 FALSE	FALSE				/laintain
25210 25260	, , ,	September 2007 16 September 2007 16		AAOS Reduce 99238 to 0.5 AAOS Reduce 99238 to 0.5	Site of Service Anomaly (9923 September Site of Service Anomaly (9923 September 9923 September 19923 Septemb				1.11 1.51	2762 FALSE 1002 FALSE	FALSE FALSE				E Only E Only
25280		September 2007 16		AAOS Reduce 99238 to 0.5	Site of Service Anomaly (9923 September				1.38	1248 FALSE	FALSE				E Only
25310		February 2008 15		ASSH, AAC 7.94	Site of Service Anomaly September				1.48	6280 FALSE	FALSE				) Decrease
25447		September 2022 13	Septembe RUC	AAOS, ASS Refer to CPT for code bundling sol			90 11.14 11		2.06	18426 FALSE		1 April 20 May 2023		FALSE	
25565		April 2016 46		AAOS, ACE PE Clinical staff pre-time revised					1.20	532 TRUE Jan 2018 yes	FALSE			TRUE P	•
25605 25606		April 2016 46 September 2014 21		AAOS, ACE PE Clinical staff pre-time revised AAOS, ASS Maintain work RVU and adjust the	•				1.27 1.68	19202 TRUE Jan 2018 yes 1528 FALSE	FALSE FALSE				E Only Maintain
25607		September 2014 21		AAOS, ASS Maintain work RVU and adjust the	•				1.85	8580 FALSE	FALSE				/laintain
25608	•	September 2014 21		AAOS, ASS Maintain work RVU and adjust the	Pre-Time Analysis September	per 2014 09	90 11.07 11	.36 NA	2.17	6568 FALSE	FALSE				⁄laintain
25609	•	September 2014 21		AAOS, ACERE Clinical staff pro time revised	, ,				2.78	17635 FALSE	FALSE				Maintain
25675 26020	Closed treatment of distal radioul PE Subcommittee  Drainage of tendon sheath, digit a Tendon Sheath Procedures	April 2016 46 April 2018 07		AAOS, ACE PE Clinical staff pre-time revised AAOS, ASF 7.79	Emergent Procedures October 2 Negative IWPUT April 2013				0.99 1.30	421 TRUE Jan 2018 yes 2274 FALSE	FALSE FALSE				E Only ncrease
26055	Tendon sheath incision (eg, for tri Tendon Sheath Procedures	•		AAOS, ASF 3.75	Negative IWPUT April 2013				0.60	91853 FALSE	FALSE				ncrease
26080	Arthrotomy, with exploration, dra RAW	October 2015 21	RAW	ASSH, AAC Action plan for RAW Oct 2015. Ma					0.84	1617 TRUE Sep 2012 Yes	FALSE			TRUE N	//aintain
26160	Excision of lesion of tendon sheatl Tendon Sheath Procedures			AAOS, ASF 3.57	Negative IWPUT April 2017				0.66	13564 FALSE	FALSE				/laintain
26356 26357	·	April 2015 25 April 2015 25	RUC	-	Site of Service Anomaly (9923 September 090-Day Global Post-Operative April 2014		90 9.56 12 90 11 13		1.78 2.26	1203 FALSE 81 FALSE	FALSE FALSE				ecrease
26357	·	April 2015 25 April 2015 25	RUC RUC	-	090-Day Global Post-Operativ April 2012		90 12.6 14		2.26	52 FALSE	FALSE				ncrease ncrease
26480	•		Septembe RUC	AAOS, ASS Refer to CPT for code bundling sol			90 6.9 15		1.27	9519 FALSE		n April 20 May 2023			/laintain
26700	Closed treatment of metacarpoph PE Subcommittee	April 2016 46		AAOS, ACE PE Clinical staff pre-time revised	Emergent Procedures October 2	2015 09	3.83 4.7	78 5.60	0.76	476 TRUE Jan 2018 yes	FALSE			TRUE P	E Only
26750	, ,	April 2016 46		AAOS, ACE PE Clinical staff pre-time revised	3		90 1.8 3.5		0.34	5738 TRUE Jan 2018 yes	FALSE				E Only
26755 26770		April 2016 46 April 2016 46		AAOS, ACE PE Clinical staff pre-time revised AAOS, ACE PE Clinical staff pre-time revised	3		90 3.23 4.4 90 3.15 4.0		0.64 0.61	463 TRUE Jan 2018 yes 5399 TRUE Jan 2018 yes	FALSE FALSE				E Only E Only
27048	Excision, tumor, soft tissue of pelv Excision of Subfascial Soft T	•		ACS, ACS 8.74	Site of Service Anomaly September 2				1.96	316 FALSE		PT develc June 2008 06			ncrease
27062	Excision; trochanteric bursa or cal Trochanteric Bursa Excision	•		AAOS 5.66	Site of Service Anomaly September				1.16	1733 FALSE	FALSE				/aintain
27096	Injection procedure for sacroiliac j Injection for Sacroiliac Joint			AAPM, AA 1.48	Different Performing Specialty October 2				0.12	399563 FALSE		efer to CI February 276			Decrease
27130		October 2019 11			CMS High Expenditure Proced September				4.01 6.22	146584 FALSE 9978 FALSE	FALSE				Decrease
27134 27193	Revision of total hip arthroplasty; RAW  Closed treatment of pelvic ring fra Closed Treatment of Pelvic	September 2014 21 January 2016 07		AAOS, AAI Maintain work RVU and adjust the AAOS Deleted from CPT	Pre-Time Analysis January 2 CMS Request - Final Rule for 2 July 2013		90 30.28 19	.82 NA	6.22	9978 FALSE FALSE	FALSE TRUE Re	efer to CI October 2015			Maintain Deleted from CPT
27194	Closed treatment of pelvic ring fra Closed Treatment of Pelvic I	•			CMS Request - Final Rule for 2 October 2					FALSE	FALSE	2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3			Peleted from CPT
27197	Closed treatment of posterior pel\ Closed Treatment of Pelvic	January 2016 07		AAOS 5.50	CMS Request - Final Rule for 2 October 2		1.53 2.3		0.31	8791 FALSE	FALSE				ecrease e
27198	Closed treatment of posterior pel\ Closed Treatment of Pelvic	•		AAOS 9.00	CMS Request - Final Rule for 2 October 2		00 4.75 3.8		0.87	185 FALSE	FALSE				Decrease
27220 27230	Closed treatment of acetabulum (I Closed Treatment Fracture Closed treatment of femoral fracti PE Subcommittee	April 2018 08 April 2016 46			Negative IWPUT April 2017 Emergent Procedures October 2		90 5.5 5.7 90 5.81 7.2		1.11 1.18	2622 FALSE 1276 TRUE Jan 2018 yes	FALSE FALSE			TRUE D	ecrease F Only
27232		April 2016 46		AAOS, ACE PE Clinical staff pre-time revised	3		90 11.72 7.7		2.44	189 TRUE Jan 2018 yes	FALSE			TRUE P	•
27236	Open treatment of femoral fractul Open Treatment of Femora	October 2012 16		AAOS 17.61	CMS High Expenditure Proced September	per 2011 09	90 17.61 14	.16 NA	3.60	55483 FALSE	FALSE			TRUE N	//aintain
27240	Closed treatment of intertrochant PE Subcommittee	April 2016 46		AAOS, ACE PE Clinical staff pre-time revised	Emergent Procedures October 2	2015 09	90 13.81 11	.86 NA	2.83	257 TRUE Jan 2018 yes	FALSE			TRUE P	E Only

27244	Treatment of intertrochanteric, ρε Treat Thigh Fracture October 20			AAOS 18.00	High IWPUT April 2008	090	18.18 14.47	NA	3.73	4927 FALSE	FALSE		RUE Increase
27245	Treatment of intertrochanteric, pc Treat Thigh Fracture October 20			AAOS 18.00	High IWPUT / CMS Fastest Grc February 2008	090	18.18 14.46	NA	3.71	79407 FALSE	FALSE		RUE Decrease
27250	Closed treatment of hip dislocatio Closed Treatment of Hip Dis February 2			ACEP 3.82	Site of Service Anomaly September 2007	000	3.82 0.73	NA	0.78	2922 FALSE	FALSE		RUE Decrease
27252	Closed treatment of hip dislocatio PE Subcommittee April 2016	46		•	Emergent Procedures October 2015	090	11.03 9.22	NA	2.23	712 TRUE Jan 2018 yes	FALSE		RUE PE Only
27265	Closed treatment of post hip arthr PE Subcommittee April 2016	46		•	Emergent Procedures October 2015	090	5.24 5.97	NA	1.07	7736 TRUE Jan 2018 yes	FALSE		RUE PE Only
27266 27279	Closed treatment of post hip arthr PE Subcommittee April 2016 Arthrodesis, sacroiliac joint, percu Arthodesis - Sacroiliac Joint April 2018	46 09		AAOS, ACE PE Clinical staff pre-time revised AANS, AA( 9.03	Emergent Procedures October 2015 CMS Request - Final Rule for 2 July 2017	090	7.78 8.09 12.13 9.89	NA NA	1.59	5027 TRUE Jan 2018 yes 4778 FALSE	FALSE FALSE		RUE PE Only RUE Maintain
27279	Biopsy, soft tissue of thigh or knee Soft Tissue Biopsy  September			ACS, AAOS Reduce 99238 to 0.5	Site of Service Anomaly (9923 September 2007	090 090	5.04 5.98	NA NA	2.84 1.11	678 FALSE	FALSE		RUE PE Only
27369	Injection procedure for contrast ki Knee Arthrography Injectior September		il 2024 RAW	ACR, AAPN Review action plan. 0.96	Harvard Valued - Utilization O June 2017	000	0.77 0.30	4.44	0.10	45496 FALSE	TRUE In June 20 February 2 EC-O		ALSE Maintain
27370	Injection of contrast for knee arth Knee Arthrography Injectior October 20	•	11 2024 NAVV	ACR Deleted from CPT	High Volume Growth1 / CMS   February 2008	000	0.77 0.30	4.44	0.10	TRUE Clinical Exc Yes	TRUE In October June 2017 09	•	RUE Deleted from CPT
27446	Arthroplasty, knee, condyle and pl Knee Arthroplasty  April 2021	18		AAOS, AAI 17.13	CMS High Expenditure Proced September 2011	090	17.48 13.13	NA	3.57	12458 FALSE	FALSE	•	RUE Decrease
27447	Arthroplasty, knee, condyle and pl Hip/Knee Arthroplasty  April 2021	18		AAOS, AAI 19.60	CMS High Expenditure Proced September 2011	090	19.6 14.38	NA	4.00	246923 FALSE	FALSE		RUE Decrease
27502	Closed treatment of femoral shaft PE Subcommittee April 2016	46		•	Emergent Procedures October 2015	090	11.36 8.91	NA	2.33	363 TRUE Jan 2018 yes	FALSE		RUE PE Only
27510	Closed treatment of femoral fracti PE Subcommittee April 2016	46		•	Emergent Procedures October 2015	090	9.8 8.43	NA	1.99	335 TRUE Jan 2018 yes	FALSE		RUE PE Only
27550	Closed treatment of knee dislocati PE Subcommittee April 2016	46		,	Emergent Procedures October 2015	090	5.98 6.98	8.24	1.24	285 TRUE Jan 2018 yes	FALSE		RUE PE Only
27552	Closed treatment of knee dislocati PE Subcommittee April 2016	46		•	Emergent Procedures October 2015	090	8.18 9.09	NA	1.66	258 TRUE Jan 2018 yes	FALSE		RUE PE Only
27615	Radical resection of tumor (eg, sar Radical Resection of Soft Tiss February 2	009 6		ACS, AAOS 15.54	Site of Service Anomaly September 2007	090	15.72 11.41	NA	3.22	213 FALSE	TRUE CPT develc June 2008 06		RUE Increase
27619	Excision, tumor, soft tissue of leg (Excision of Subfascial Soft T February 2	009 5		ACS, AAOS 6.80	Site of Service Anomaly September 2007	090	6.91 5.66	NA	1.12	463 FALSE	TRUE CPT develc June 2008 06	New code T	RUE Decrease
27640	Partial excision (craterization, sauc Leg Bone Resection Partial February 2	008 19		AOFAS, AA 12.10	Site of Service Anomaly September 2007	090	12.24 10.24	NA	2.22	1640 FALSE	TRUE CPT Editor June 2008 07	Complete T	RUE Maintain
27641	Partial excision (craterization, sauc Leg Bone Resection Partial February 2	008 19		AOFAS, A# 9.72	Site of Service Anomaly February 2008	090	9.84 7.91	NA	1.60	985 FALSE	TRUE CPT Editor June 2008 07	Complete T	RUE Decrease
27650	Repair, primary, open or percutan Achilles Tendon Repair February 2	008 20		AAOS, AOI 9.00	Site of Service Anomaly September 2007	090	9.21 8.90	NA	1.44	2064 FALSE	FALSE	Т	RUE Decrease
27654	Repair, secondary, achilles tendon Achilles Tendon Repair April 2008	33		AOFAS, AF 10.32	Site of Service Anomaly September 2007	090	10.53 9.03	NA	1.57	2734 FALSE	FALSE	Т	RUE Maintain
27685	Lengthening or shortening of tend Tendon Repair September	2007 16		AAOS Reduce 99238 to 0.5	Site of Service Anomaly (9923 September 2007	090	6.69 6.13	11.90	0.93	3677 FALSE	FALSE	Т	RUE PE Only
27687	Gastrocnemius recession (eg, strayTendon Repair September	2007 16		AAOS Reduce 99238 to 0.5	Site of Service Anomaly (9923 September 2007	090	6.41 6.09	NA	0.95	5972 FALSE	FALSE		RUE PE Only
27690	Transfer or transplant of single ter Tendon Transfer April 2008	34		AOFAS, AF 8.96	Site of Service Anomaly September 2007	090	9.17 8.46	NA	1.37	1109 FALSE	FALSE		RUE Maintain
27691	Transfer or transplant of single ter Tendon Transfer April 2008	34		AOFAS, AF 10.28	Site of Service Anomaly September 2007	090	10.49 9.81	NA	1.78	3911 FALSE	FALSE		RUE Maintain
27752	Closed treatment of tibial shaft fra PE Subcommittee April 2016	46		,	Emergent Procedures October 2015	090	6.27 7.15	8.51	1.28	1136 TRUE Jan 2018 yes	FALSE		RUE PE Only
27762	Closed treatment of medial maller PE Subcommittee April 2016	46		,	Emergent Procedures October 2015	090	5.47 6.56	7.93	1.09	356 TRUE Jan 2018 yes	FALSE		RUE PE Only
27792	Open treatment of distal fibular fr Treatment of Ankle Fracture February 2			AAOS, AOI 9.71	Site of Service Anomaly June 2010	090	8.75 8.83	NA = ==	1.63	6531 FALSE	FALSE		RUE Maintain
27810	Closed treatment of bimalleolar at PE Subcommittee April 2016	46		,	Emergent Procedures October 2015	090	5.32 6.39	7.79	1.06	2798 TRUE Jan 2018 yes	FALSE		RUE PE Only
2/814	Open treatment of bimalleolar an RAW September			AAOS ACC DE Clinical at the man time and in a		090	10.62 10.07	NA 7.07	2.05	10116 FALSE	FALSE		RUE Maintain
27818	Closed treatment of trimalleolar a Treatment of Fracture April 2016	46		•	Site of Service Anomaly (9923 September 2007	090	5.69 6.30	7.87	1.12	3478 TRUE Jan 2018 yes	FALSE		RUE PE Only
27825	Closed treatment of fracture of we PE Subcommittee April 2016 Closed treatment of ankle dislocat PE Subcommittee April 2016	46			Emergent Procedures October 2015	090	6.69 6.66	8.24	1.33	666 TRUE Jan 2018 yes	FALSE		RUE PE Only
27840 28001	Closed treatment of ankle dislocat PE Subcommittee April 2016 Incision and drainage, bursa, foot Treatment of Foot Infection October 20	40 20 1 <i>4</i>		AAOS, AOI 2.00	Emergent Procedures October 2015 010-Day Global Post-Operativ April 2020	090 010	4.77 5.74 2 0.66	NA 2.08	0.95 0.19	2066 TRUE Jan 2018 yes 2705 FALSE	FALSE FALSE		RUE PE Only RUE Decrease
28001	Incision and drainage below fascia Treatment of Foot Infection October 20			AAOS, AOI 3.50	010-Day Global Post-Operativ April 2020 010-Day Global Post-Operativ January 2014	010	2.79 1.10	2.98 4.37	0.19	6205 FALSE	FALSE		RUE Decrease RUE Decrease
28002	Incision and drainage below fascia Treatment of Foot Infection October 20			AAOS, AOI 5.28	010-Day Global Post-Operativi April 2020	090	5.28 1.80	5.46	0.64	6080 FALSE	FALSE		RUE Decrease
28111	Ostectomy, complete excision; firs Ostectomy  September			APMA, AA Reduce 99238 to 0.5	Site of Service Anomaly (9923 September 2007	090	5.15 3.75	8.52	0.56	1064 FALSE	FALSE		RUE PE Only
28120	Partial excision (craterization, sau Removal of Foot Bone February 2			AOFAS, AF 8.27	Site of Service Anomaly September 2007  Site of Service Anomaly September 2007	090	7.31 6.38	11.66	0.98	5001 FALSE	FALSE		RUE Increase
28122	Partial excision (craterization, saur Removal of Foot Bone February 2			AOFAS, AF 7.72	Site of Service Anomaly September 2007	090	6.76 5.38	9.96	0.73	14389 FALSE	FALSE		RUE Maintain
28124	Partial excision (craterization, sauc Toe Removal September			APMA, AA Remove 99238	Site of Service Anomaly (9923 September 2007	090	5 4.33	8.61	0.44	9041 FALSE	FALSE		RUE PE Only
28285	Correction, hammertoe (eg, interr Orthopaedic Surgery/Podial October 20			AAOS, AOI 5.62	Harvard Valued - Utilization o February 2010	090	5.62 5.06	9.64	0.60	54045 FALSE	FALSE		RUE Increase
28289	Hallux rigidus correction with chei Bunionectomy  January 20			AAOS, AOI 6.90	090-Day Global Post-Operativ October 2015	090	6.9 5.80	12.65	0.79	3586 FALSE	FALSE October 2(19		RUE Decrease
28290	Correction, hallux valgus (bunion), Bunionectomy  January 20	16 08		AAOS, AOI Deleted from CPT	090-Day Global Post-Operativ October 2015					FALSE	FALSE October 2(19	Complete T	RUE Deleted from CPT
28291	Hallux rigidus correction with chei Bunionectomy  January 20	16 08		AAOS, AOI 8.01	090-Day Global Post-Operativ October 2015	090	8.01 5.61	12.13	0.79	2695 FALSE	FALSE October 2(19	Complete T	RUE Decrease
28292	Correction, hallux valgus (bunione Bunionectomy January 20	16 08		AAOS, AOI 7.44	090-Day Global Post-Operativ October 2015	090	7.44 5.96	12.34	0.73	4884 FALSE	FALSE October 2(19	Complete T	RUE Decrease
28293	Correction, hallux valgus (bunion), Bunionectomy January 20	16 08		AAOS, AOI Deleted from CPT	090-Day Global Post-Operativ January 2014					FALSE	TRUE In January October 2(19	Complete T	RUE Deleted from CPT
28294	Correction, hallux valgus (bunion), Bunionectomy January 20	16 08		AAOS, AOI Deleted from CPT	090-Day Global Post-Operativ October 2015					FALSE	FALSE October 2(19	Complete T	RUE Deleted from CPT
28295	Correction, hallux valgus (bunione Bunionectomy January 20	16 08		AAOS, AOI 8.57	090-Day Global Post-Operativ October 2015	090	8.57 8.32	22.61	1.32	378 FALSE	FALSE October 2(19	Complete T	RUE Decrease
28296	Correction, hallux valgus (bunione Bunionectomy January 20	16 08		AAOS, AOI 8.25	Site of Service Anomaly September 2007	090	8.25 6.02	17.36	0.77	6895 FALSE	FALSE October 2(19	Complete T	RUE Decrease
28297	Correction, hallux valgus (bunione Bunionectomy January 20			AAOS, AOI 9.29	090-Day Global Post-Operativ October 2015	090	9.29 7.35	20.37	1.16	2423 FALSE	FALSE October 2(19		RUE Decrease
28298	Correction, hallux valgus (bunione Bunionectomy January 20			AAOS, AOI 7.75	Site of Service Anomaly (9923 September 2007	090	7.75 6.13	16.03	0.90	2486 FALSE	FALSE October 2(19	•	RUE Decrease
28299	Correction, hallux valgus (bunione Bunionectomy January 20			AAOS, AOI 9.29	090-Day Global Post-Operativ October 2015	090	9.29 6.99	19.57	1.02	3605 FALSE	FALSE October 2(19	•	RUE Decrease
28300	Osteotomy; calcaneus (eg, dwyer Osteotomy September			AAOS Reduce 99238 to 0.5	Site of Service Anomaly (9923 September 2007	090	9.73 7.95	NA	1.55	2231 FALSE	FALSE		RUE PE Only
28310	Osteotomy, shortening, angular or Osteotomy September			APMA, AA Reduce 99238 to 0.5	Site of Service Anomaly (9923 September 2007	090	5.57 4.44	9.92	0.62	1366 FALSE	FALSE		RUE PE Only
28470	Closed treatment of metatarsal fra Treatment of Metatarsal Fra September			AAOS, API 2.03	Harvard Valued - Utilization o April 2011	090	2.03 3.80	4.19	0.29	23950 FALSE	FALSE		RUE Maintain
28660	Closed treatment of interphalange PE Subcommittee April 2016	46		AAOS, ACE PE Clinical staff pre-time revised	Emergent Procedures October 2015	010	1.28 1.24	2.14	0.23	555 TRUE Jan 2018 yes	FALSE		RUE PE Only
28725	Arthrodesis; subtalar Foot Arthrodesis February 2			AOFAS, AF 12.18	Site of Service Anomaly September 2007	090	11.22 9.95	NA	1.84	4005 FALSE	FALSE		RUE Maintain
28730 28740	Arthrodesis, midtarsal or tarsome Foot Arthrodesis  Arthrodesis, midtarsal or tarsome Arthrodesis  September			AOFAS, AF 12.42 AAOS Reduce 99238 to 0.5	Site of Service Anomaly September 2007 Site of Service Anomaly (9923 September 2007	090 090	10.7 9.31 9.29 7.65	NA 13.95	1.65 1.30	3431 FALSE 3304 FALSE	FALSE FALSE		RUE Maintain RUE PE Only
28820	Amputation, toe; metatarsophalar Toe Amputation April 2019	11		AAOS Reduce 99258 to 0.5 AAOS, ACS 4.10	Site of Service Anomaly - 2018 October 2018	090	3.51 1.32	4.99	0.42	27143 FALSE	FALSE		RUE Decrease
28825	Amputation, toe; interphalangeal Toe Amputation April 2019  April 2019	11		AAOS, ACS 4.10	Site of Service Anomaly September 2007	000	3.41 1.29	4.94	0.42	13343 FALSE	FALSE		RUE Decrease
29075	Application, cast; elbow to finger (Application of Forearm Cast September	2011 16		AAOS, ASS 0.77	Harvard Valued - Utilization o April 2011	000	0.77 0.90	1.63	0.40	59186 FALSE	FALSE		RUE Maintain
29105	Application of long arm splint (she Application of Long Arm Spl April 2017	11		AAOS, ACE 0.80	CMS 000-Day Global Typically July 2016	000	0.8 0.28	1.45	0.14	22392 FALSE	FALSE		RUE Decrease
29200	Strapping; thorax Strapping Procedures January 20	14 35		APTA 0.39	High Volume Growth2 April 2013	000	0.39 0.14	0.57	0.02	9806 FALSE	FALSE		RUE Decrease
29220	Deleted from CPT Strapping; low back April 2008	57		AAFP Deleted from CPT	High Volume Growth1 February 2008					TRUE Deleted fro Yes	TRUE The specia October 2(10		RUE Deleted from CPT
29240	Strapping; shoulder (eg, velpeau) Strapping Procedures January 20	14 35		APTA 0.39	High Volume Growth2 April 2013	000	0.39 0.13	0.48	0.02	14158 FALSE	FALSE		RUE Decrease
29260	Strapping; elbow or wrist Strapping Procedures January 20			APTA 0.39	High Volume Growth2 October 2013	000	0.39 0.14	0.45	0.04	3914 FALSE	FALSE	Т	RUE Decrease
29280	Strapping; hand or finger Strapping Procedures January 20	14 35		APTA 0.39	High Volume Growth2 October 2013	000	0.39 0.15	0.44	0.04	3111 FALSE	FALSE	Т	RUE Decrease
29445	Application of rigid total contact le Application of Rigid Leg Cast April 2016	17		AAOS, AHI 1.78	High Volume Growth3 October 2015	000	1.78 0.93	1.79	0.20	33224 FALSE	FALSE	Т	RUE Maintain
29520	Strapping; hip Strapping Procedures January 20			APTA 0.39	High Volume Growth2 April 2013	000	0.39 0.13	0.63	0.02	10267 FALSE	FALSE		RUE Decrease
29530	Strapping; knee Strapping Procedures January 20	14 35		APTA 0.39	High Volume Growth2 April 2013	000	0.39 0.12	0.48	0.02	20223 FALSE	FALSE		RUE Decrease
29540	Strapping; ankle and/or foot Strapping Lower Extremity April 2017	41ii		APMA 0.39	Harvard Valued - Utilization o October 2009	000	0.39 0.09	0.39	0.04	167744 FALSE	FALSE		RUE Decrease
29550	Strapping; toes Strapping Lower Extremity April 2017	41ii		APMA 0.25	Harvard Valued - Utilization or February 2010	000	0.25 0.06	0.29	0.02	44200 FALSE	FALSE		RUE Decrease
29580	Strapping; unna boot Strapping Multi Layer Comp October 20		RUC	ACS, APM, 0.55	CMS High Expenditure Proced July 2015	000	0.55 0.16	1.27	0.08	231247 FALSE	FALSE		RUE Maintain
29581	Application of multi-layer compres Strapping Multi Layer Comp October 20			ACS, APM, 0.60	CMS High Expenditure Proced July 2015	000	0.6 0.18	2.04	0.02	184476 FALSE	FALSE	_	RUE Maintain
29582	Application of multi-layer compres New Technology Review October 20			APTA Deleted from CPT	New Technology/New Service October 2015					TRUE Aug 2016 Yes	FALSE September 22	•	RUE Deleted from CPT
29583	Application of multi-layer compres New Technology Review October 20			APTA Deleted from CPT	New Technology/New Service October 2015	000	0.35.0.15	2.40	0.01	TRUE Aug 2016 Yes	FALSE Septembe 22	•	RUE Deleted from CPT
29584	Application of multi-layer compres New Technology Review January 20	22 20		APTA Maintain	New Technology/New Service October 2015	000	0.35 0.10	2.10	0.01	1728 TRUE Aug 2016 Yes	FALSE		RUE Maintain
29590	Denis-Browne splint strapping Dennis-Browne splint revisit April 2012	U/ =1		APMA Deleted from CPT	Harvard Valued - Utilization or February 2010	000	6.03.635	NIA	1 10	FALSE	TRUE This servic February 208		RUE Deleted from CPT
29805 29822	Arthroscopy, shoulder, diagnostic, Arthroscopy April 2008 Arthroscopy, shoulder, surgical: de Shoulder Debridgment January 20	51		AAOS No NF PE inputs	CMS Request - Practice Expen NA	090	6.03 6.75	NA NA	1.18	444 FALSE	FALSE TRUE In October September 14		RUE PE Only
29822	Arthroscopy, shoulder, surgical; de Shoulder Debridement  January 20  Arthroscopy, shoulder, surgical; de Shoulder Debridement  January 20			7.03 7.98	CMS Fastest Growing October 2008 Harvard-Valued Annual Allow October 2012	090	7.03 7.69	NA NA	1.40 1.57	6885 FALSE 40783 FALSE	TRUE In October Septembe 14 TRUE In October Septembe 14	•	RUE Decrease RUE Decrease
29823 29824	Arthroscopy, shoulder, surgical; de Shoulder Debridement  Arthroscopy, shoulder, surgical; di RAW  October 20			7.98 AAOS 8.82	Codes Reported Together 75% February 2010	090 090	7.98 8.09 8.98 9.39	NA NA	1.57 1.78	33015 FALSE	TRUE In October Septembe 14 FALSE	•	RUE Decrease RUE Maintain
29824 29826	Arthroscopy, shoulder, surgical; di RAW October 20 Arthroscopy, shoulder, surgical; di RAW October 20			AAOS 8.82 AAOS 3.00	Codes Reported Together 75% February 2010  Codes Reported Together 75% February 2010	ZZZ	3 1.50	NA NA	0.60	66775 FALSE	FALSE		RUE Decrease
29826 29827	Arthroscopy, shoulder, surgical; at RAW October 20 Arthroscopy, shoulder, surgical; w RAW September				j CMS Fastest Growing/ Codes I October 2008	090	15.59 13.06	NA NA	3.06	60014 FALSE	FALSE		RUE Decrease RUE Maintain
29827	Arthroscopy, shoulder, surgical; bi RAW September September			AAOS 13.16	Codes Reported Together 75% February 2010	090	13.16 11.45	NA NA	2.61	17169 FALSE	FALSE		RUE Maintain
29830	Arthroscopy, elbow, diagnostic, wi Arthroscopy  April 2008	51		AAOS No NF PE inputs	CMS Request - Practice Expen NA	090	5.88 6.62	NA	1.04	108 FALSE	FALSE		RUE PE Only
29840	Arthroscopy, wrist, diagnostic, wit Arthroscopy  April 2008	51		AAOS No NF PE inputs	CMS Request - Practice Expen NA	090	5.68 6.72	NA	1.02	135 FALSE	FALSE		RUE PE Only
29870	Arthroscopy, knee, diagnostic, wit Arthroscopy  October 20			AAOS New PE non-facility inputs	CMS Request - Practice Expen NA	090	5.19 5.94	10.33	0.99	693 FALSE	FALSE		RUE PE Only
29888	Arthroscopically aided anterior cru ACL Repair April 2008	38		AAOS 14.14	Site of Service Anomaly September 2007	090	14.3 11.89	NA	2.80	1016 FALSE	FALSE		RUE Maintain
29900	Arthroscopy, metacarpophalange: Arthroscopy April 2008	51		AAOS No NF PE inputs	CMS Request - Practice Expen NA	090	5.88 7.91	NA	1.21	5 FALSE	FALSE		RUE PE Only
30140	Submucous resection inferior turk Resection of Inferior Turbin October 20	_	RUC	AAOHNS 3.00	Harvard Valued - Utilization o October 2015	000	3 1.81	5.46	0.42	37031 FALSE	FALSE		RUE Decrease
30465	Repair of nasal vestibular stenosis Repair Nasal Stenosis September			AAO-HNS Reduce 99238 to 0.5	Site of Service Anomaly (9923 September 2007	090	12.36 16.77	NA	1.78	3440 FALSE	FALSE		RUE PE Only
30901	Control nasal hemorrhage, anteric Control Nasal Hemorrhage April 2016	20		AAOHNS 1.10	Harvard Valued - Utilization o October 2009	000	1.1 0.38	3.47	0.19	70328 FALSE	FALSE		RUE Maintain

30903	Control nasal hemorrhage, anteric Control Nasal Hemorrhage April 2016	20	AAOH	HNS 1.54	CMS Request - Final Rule for 2	2 July 2015	000	1.54 0.48	5.66	0.25	39728 FALSE	FALSE			TRUE	Maintain
30905	Control nasal hemorrhage, poster Control Nasal Hemorrhage April 2016	20	AAOH	INS 1.97	CMS Request - Final Rule for 2	2 July 2015	000	1.97 0.80	8.35	0.34	4585 FALSE	FALSE				Maintain
30906	Control nasal hemorrhage, poster Control Nasal Hemorrhage April 2016	20		INS 2.45	CMS Request - Final Rule for 2	•	000	2.45 1.16	8.35	0.39	824 FALSE	FALSE				Maintain
31231	Nasal endoscopy, diagnostic, unila Nasal/Sinus Endoscopy January 2012	19		HNS 1.10		October 2010	000	1.1 0.63	4.42	0.14	476427 FALSE	FALSE				Maintain
31237	Nasal/sinus endoscopy, surgical; w Nasal/Sinus Endoscopy April 2013	19		HNS 2.60	CMS High Expenditure Proced	•	000	2.6 1.71	4.66	0.37	105242 FALSE	FALSE				Decrease
31238	Nasal/sinus endoscopy, surgical; w Nasal/Sinus Endoscopy April 2013	19		HNS 2.74	CMS High Expenditure Proced	•	000	2.74 1.77	4.32	0.39	23984 FALSE	FALSE				Decrease
31239	Nasal/sinus endoscopy, surgical; w Nasal/Sinus Endoscopy April 2013	19		HNS 9.04	CMS High Expenditure Proced	•	010	9.04 7.90	NA	0.95	1012 FALSE	FALSE			TRUE	Decrease
31240 31241	Nasal/sinus endoscopy, surgical; w Nasal/Sinus Endoscopy April 2013 Nasal/sinus endoscopy, surgical; w Nasal/Sinus Endoscopy January 2017	19		HNS 2.61 HNS 8.51	CMS High Expenditure Proced Codes Reported Together 759	•	000 000	2.61 1.67 8 3.93	NA NA	0.37 1.12	3630 FALSE 397 FALSE	FALSE FALSE	Septembe 24	VOS		Maintain Decrease
31253	Nasal/sinus endoscopy, surgical w Nasal/Sinus Endoscopy  January 2017  Nasal/sinus endoscopy, surgical w Nasal/Sinus Endoscopy  January 2017	07		INS 9.00	Codes Reported Together 75%	•	000	9 4.42	NA	1.12	6522 FALSE	FALSE	Septembe 24	yes yes	TRUE	Decrease
31253	Nasal/sinus endoscopy, surgical w Nasal/Sinus Endoscopy  January 2017  Nasal/sinus endoscopy, surgical w Nasal/Sinus Endoscopy  January 2017	07		INS 4.27	CMS Request - Final Rule for 2	•	000	4.27 2.27	8.31	0.60	10074 FALSE	FALSE	Septembe 24	yes		Decrease
31255	Nasal/sinus endoscopy, surgical w Nasal/Sinus Endoscopy  January 2017	07		INS 5.75	Codes Reported Together 759	•	000	5.75 2.95	NA	0.83	7772 FALSE	TRUE	In April 20 Septembe 24	yes	TRUE	Decrease
31256	Nasal/sinus endoscopy, surgical, w Nasal/Sinus Endoscopy  January 2017	07		INS 3.11	CMS Request - Final Rule for 2	•	000	3.11 1.74	NA	0.42	10991 FALSE	FALSE	September 24	yes		Decrease
31257	Nasal/sinus endoscopy, surgical w Nasal/Sinus Endoscopy  January 2017	07		INS 8.00	Codes Reported Together 75%	•	000	8 3.98	NA	1.11	4615 FALSE	FALSE	Septembe 24	yes		Decrease
31259	Nasal/sinus endoscopy, surgical w Nasal/Sinus Endoscopy January 2017	07		INS 8.48	Codes Reported Together 75%	•	000	8.48 4.18	NA	1.20	6410 FALSE	FALSE	Septembe 24	yes	TRUE	Decrease
31267	Nasal/sinus endoscopy, surgical, w Nasal/Sinus Endoscopy January 2017	07		INS 4.68	CMS Request - Final Rule for 2	•	000	4.68 2.45	NA	0.66	21660 FALSE	FALSE	Septembe 24	yes		Decrease
31276	Nasal/sinus endoscopy, surgical, w Nasal/Sinus Endoscopy January 2017	07	AAOH	INS 6.75	Codes Reported Together 759	April 2015	000	6.75 3.40	NA	0.95	11927 FALSE	TRUE	In April 20 Septembe 24	yes	TRUE	Decrease
31287	Nasal/sinus endoscopy, surgical, w Nasal/Sinus Endoscopy January 2017	07	AAOH	INS 3.50	Codes Reported Together 75%	April 2015	000	3.5 1.92	NA	0.50	2449 FALSE	TRUE	In April 20 Septembe 24	yes	TRUE	Decrease
31288	Nasal/sinus endoscopy, surgical, w Nasal/Sinus Endoscopy January 2017	07	AAOH	INS 4.10	Codes Reported Together 759	April 2015	000	4.1 2.19	NA	0.60	3260 FALSE	TRUE	In April 20 Septembe 24	yes	TRUE	Decrease
31295	Nasal/sinus endoscopy, surgical, w Nasal/Sinus Endoscopy January 2017	07	AAOH	INS 2.70	Codes Reported Together 75%	April 2015	000	2.7 1.55	48.76	0.39	21542 FALSE	FALSE			TRUE	Maintain
31296	Nasal/sinus endoscopy, surgical, w Nasal/Sinus Endoscopy January 2017	07	AAOH	HNS 3.10	Codes Reported Together 75%	April 2015	000	3.1 1.73	49.06	0.42	5960 FALSE	TRUE	In April 20 Septembe 24	yes	TRUE	Decrease
31297	Nasal/sinus endoscopy, surgical, w Nasal/Sinus Endoscopy January 2017	07	AAOH	INS 2.44	Codes Reported Together 75%	April 2015	000	2.44 1.43	48.64	0.34	1530 FALSE		In April 20 Septembe 24	yes	TRUE	Decrease
31298	Nasal/sinus endoscopy, surgical, w Nasal/Sinus Endoscopy October 2020	24	AAOH	INS 4.50	Codes Reported Together 759	April 2015	000	4.5 2.37	92.54	0.64	15631 FALSE	FALSE	Septembe 24	yes	TRUE	Decrease
31500	Intubation, endotracheal, emerge Endotracheal Intubation October 2018	27		, ASA 3.00	CMS High Expenditure Proced	•	000	3 0.73	NA	0.42	298685 TRUE Oct 2016 yes	FALSE				Increase
31551	Laryngoplasty; for laryngeal steno Laryngoplasty  January 2016	09		INS 21.50	090-Day Global Post-Operativ		090	21.5 21.37	NA	3.04	FALSE	FALSE	October 2(13	Complete		Decrease
31552	Laryngoplasty; for laryngeal steno Laryngoplasty  January 2016	09		INS 20.50	090-Day Global Post-Operativ		090	20.5 20.94	NA	2.92	12 FALSE	FALSE	October 2(13	Complete		Decrease
31553	Laryngoplasty; for laryngeal steno: Laryngoplasty  January 2016	09		INS 22.00	090-Day Global Post-Operativ		090	22 25.13	NA	3.13	1 FALSE	FALSE	October 2(13	Complete		Decrease
31554	Laryngoplasty; for laryngeal steno: Laryngoplasty  January 2016	09		INS 22.00	090-Day Global Post-Operativ		090	22 25.16	NA	3.13	17 FALSE	FALSE	October 2(13	Complete		Decrease
31571	Laryngoscopy, direct, with injectio Laryngoscopy  September 200	07 16		HNS Reduce 99238 to 0.5	Site of Service Anomaly (9923	•	000	4.26 2.42	NA 2.70	0.60	4609 FALSE	FALSE				PE Only
31575	Laryngoscopy, flexible; diagnostic October 2015	08		HNS 1.00	MPC List / CMS High Expendit		000	0.94 0.91	2.79	0.12	478910 FALSE	FALSE			TRUE	Decrease
31579	Laryngoscopy, flexible or rigid tele Laryngoscopy October 2015	08		HNS 1.94	CMS Fastest Growing / CMS F		000	1.88 1.36	3.78	0.25	63562 FALSE	FALSE	CDT and a Costabar 2(12	Complete		Decrease
31580	Laryngoplasty; for laryngeal web, Laryngoplasty  January 2016  Laryngoplasty; for laryngeal steno: Laryngoplasty  January 2015	09 09		HNS 14.60 HNS Deleted from CPT	090-Day Global Post-Operativ	•	090	14.6 21.79	NA	2.07	20 FALSE FALSE		CPT code : October 2(13	Complete Deleted fro		Decrease Deleted from CPT
31582 31584	Laryngoplasty; for laryngeal steno: Laryngoplasty January 2015  Laryngoplasty; with open reductio Laryngoplasty January 2016	09		HNS 20.00	090-Day Global Post-Operativ 090-Day Global Post-Operativ	•	090	17.58 22.27	NA	2.49	18 FALSE	TRUE TRUE	CPT code : October 2(13 CPT code : October 2(13	Complete		Decrease
31587	Laryngoplasty, cricoid split, withou Laryngoplasty  January 2016  January 2016	09		HNS 15.27	090-Day Global Post-Operativ	•	090	15.27 18.56	NA	2.49	9 FALSE		CPT code (October 2013	Complete		Decrease
31588	Laryngoplasty, not otherwise spec Laryngoplasty  January 2016	09		HNS Deleted from CPT	090-Day Global Post-Operativ	•	090	13.27 18.30	INA	2.17	FALSE		CPT code (October 2013	Deleted from		Deleted from CPT
31591	Laryngoplasty, medialization, unila Laryngoplasty  January 2016	09		INS 15.60	090-Day Global Post-Operativ	•	090	13.56 17.33	NA	1.94	857 FALSE	FALSE	October 2(13			Decrease
31592	Cricotracheal resection Laryngoplasty January 2016	09		INS 25.00	090-Day Global Post-Operativ		090	25 22.99	NA	3.55	24 FALSE	FALSE	October 2(13	Complete		Decrease
31600	Tracheostomy, planned (separate Tracheostomy April 2016	21		INS 5.56	CMS High Expenditure Proced		000	5.56 2.41	NA	1.05	24837 FALSE	FALSE	000000. 2.20	oop.ctc		Increase
31601	Tracheostomy, planned (separate Tracheostomy April 2016	21		INS 8.00	CMS High Expenditure Proceed	•	000	8 4.08	NA	1.12	5 FALSE	FALSE				Increase
31603	Tracheostomy, emergency proced Tracheostomy April 2016	21		HNS 6.00	CMS High Expenditure Proced	,	000	6 2.37	NA	1.09	740 FALSE	FALSE				Increase
31605	Tracheostomy, emergency proced Tracheostomy April 2016	21	AAOH	INS 6.45	CMS High Expenditure Proced	d July 2015	000	6.45 2.07	NA	1.30	254 FALSE	FALSE			TRUE	Increase
31610	Tracheostomy, fenestration proce Tracheostomy October 2016	15 R	RUC AAOH	INS, / 12.00	CMS High Expenditure Proced	d July 2015	090	12 14.85	NA	1.82	1570 FALSE	FALSE			TRUE	Increase
31611	Construction of tracheoesophagea Speech Prosthesis February 2008	S	AAO-	HNS Reduce 99238 to 0.5	Site of Service Anomaly	September 2007	090	6 9.16	NA	0.89	729 FALSE	FALSE			TRUE	PE Only
31620	Endobronchial ultrasound (EBUS) Endobronchial Ultrasound - January 2015	05	ACCP	, ATS Deleted from CPT	High Volume Growth2	April 2013					FALSE	TRUE	In January October 2(10	Complete	TRUE	Deleted from CPT
31622	Bronchoscopy, rigid or flexible, inc Bronchial Aspiration of Trac January 2015	05	ACCP	, ATS 2.78	High Volume Growth2	April 2013	000	2.53 1.04	4.60	0.28	39918 FALSE	FALSE	October 2(10	Complete	TRUE	Maintain
31623	Bronchoscopy, rigid or flexible, inc Diagnostic Bronchoscopy October 2017	09	ATS, (	CHES' 2.63	High Volume Growth4	October 2016	000	2.63 1.02	5.48	0.22	19304 FALSE	FALSE			TRUE	Maintain
31624	Bronchoscopy, rigid or flexible, inc Diagnostic Bronchoscopy October 2017	09	•	CHES' 2.63	High Volume Growth4	October 2017	000	2.63 1.05	4.82	0.23	91904 FALSE	FALSE				Maintain
31625	Bronchoscopy, rigid or flexible, inc Endobronchial Ultrasound - January 2015	05	•	CHES' 3.36	High Volume Growth2	April 2013	000	3.11 1.18	7.26	0.28	14651 FALSE	FALSE	October 2(10	Complete	TRUE	Maintain
31626	Bronchoscopy, rigid or flexible, inc Endobronchial Ultrasound - January 2015	05		, ATS 4.16	High Volume Growth2	April 2013	000	3.91 1.41	20.18	0.42	1820 FALSE	FALSE	October 2(10	Complete		Maintain
31628	Bronchoscopy, rigid or flexible, inc Endobronchial Ultrasound - January 2015	05		, ATS 3.80	High Volume Growth2	April 2013	000	3.55 1.30	7.48	0.28	26147 FALSE	FALSE	October 2(10	Complete		Maintain
31629	Bronchoscopy, rigid or flexible, inc Endobronchial Ultrasound - January 2015	05		, ATS 4.00	High Volume Growth2	April 2013	000	3.75 1.36	9.80	0.33	12212 FALSE	FALSE	October 2(10	Complete		Decrease
31632	Bronchoscopy, rigid or flexible, inc Endobronchial Ultrasound - January 2015	05		, ATS 1.03	High Volume Growth2	April 2013	ZZZ	1.03 0.32	0.80	0.09	3345 FALSE	FALSE				Maintain
31633	Bronchoscopy, rigid or flexible, inc Endobronchial Ultrasound - January 2015	05		, ATS 1.32	•	April 2013	ZZZ	1.32 0.41	0.95	0.11	965 FALSE	FALSE				Maintain
31645	Bronchoscopy, rigid or flexible, inc Bronchial Aspiration of Trac October 2016		-	CHES 2.88	Harvard Valued - Utilization o		000	2.88 1.15	5.07	0.25	30487 FALSE	FALSE	May 2016 14			Decrease
31646	Bronchoscopy, rigid or flexible, inc Bronchial Aspiration of Trac October 2016		-	CHES' 2.78 ACCP 5.00	Harvard Valued - Utilization o High Volume Growth2	October 2015	000	2.78 1.11	NA 24.62	0.25	3746 FALSE 21872 FALSE	FALSE FALSE	May 2016 14 October 2010	Complete Complete		Increase
31652 31653	Bronchoscopy, rigid or flexible, inc Endobronchial Ultrasound - January 2015 Bronchoscopy, rigid or flexible, inc Endobronchial Ultrasound - January 2015	05 05	•	ACCP 5.50	· ·	October 2014 October 2014	000 000	4.46 1.59 4.96 1.75	34.63 35.59	0.41 0.45	12420 FALSE	FALSE	October 2(10	Complete		Decrease Decrease
31654	Bronchoscopy, rigid or flexible, inc Bronchial Aspiration of Trac January 2015	05	-	ACCP 1.70	High Volume Growth2	October 2014 October 2014	ZZZ	1.4 0.44	2.12	0.43	7822 FALSE	FALSE	October 2(10	Complete		Decrease
32201	Pneumonostomy; with percutane Drainage of Abscess January 2013	04	A13,7	Deleted from CPT	Codes Reported Together 759			1.4 0.44	2.12	0.11	FALSE	FALSE	October 2006	Complete		Deleted from CPT
32405	Biopsy, lung or mediastinum, perc Lung Biopsy-CT Guidance Bt April 2019	05	ACR.	SIR Deleted from CPT	Codes Reported Together 75%	•					58546 FALSE	TRUE	In October February 211	complete	TRUE	Deleted from CPT
32408	Core needle biopsy, lung or media Lung Biopsy-CT Guidance Bt April 2019	05	ACR,		Codes Reported Together 759		000	3.18 1.00	23.07	0.27	FALSE	FALSE		55p.	TRUE	Increase
32420	Pneumocentesis, puncture of lung Thoracentesis with Tube Ins September 201	11 17	•	, ACR Deleted from CPT	Harvard Valued - Utilization o	•					FALSE		In Septem February 210	Complete	TRUE	Deleted from CPT
32421	Thoracentesis, puncture of pleura Thoracentesis with Tube Ins September 201			, ACR Deleted from CPT	Harvard Valued - Utilization o	•					FALSE		In Septem February 210	Complete	TRUE	Deleted from CPT
32422	Thoracentesis with insertion of tul Thoracentesis with Tube Ins September 202		ACCP	, ACR Deleted from CPT	Harvard Valued - Utilization o	April 2011					FALSE	TRUE	In Septem February 210	Complete	TRUE	Deleted from CPT
32440	Removal of lung, pneumonectomy RAW Review January 2013	34		, ATS No reliable way to determine inc	•		090	27.28 12.44	NA	6.47	217 FALSE	FALSE			TRUE	Remove from Screen
32480	Removal of lung, other than pneu RAW Review January 2013	34		, ATS No reliable way to determine inci	'		090		NA	6.12	3477 FALSE	FALSE				Remove from Screen
32482	Removal of lung, other than pneur RAW Review January 2013	34		, ATS No reliable way to determine inci	·		090	27.44 12.65	NA	6.51	243 FALSE	FALSE				Remove from Screen
32491	Removal of lung, other than pneu RAW Review January 2012	30		, ATS Request further information from	·		090	25.24 12.07	NA	5.98	15 FALSE	FALSE				Remove from Screen
32551	Tube thoracostomy, includes conr Chest Tube Thoracostomy April 2012	10		, ATS 3.50	Harvard Valued - Utilization o	•	000	3.04 1.02	NA 5.40	0.55	34718 FALSE	TRUE	In Septem February 209			Increase
32554	Thoracentesis, needle or catheter, Chest Tube Interventions October 2012	04		, ACR 1.82	Harvard Valued - Utilization o		000	1.82 0.60	5.19	0.20	11100 FALSE	FALSE	February 210	Complete		Decrease
32555	Thoracentesis, needle or catheter, Chest Tube Interventions October 2012	04		, ACR 2.27	Harvard Valued - Utilization o		000	2.27 0.74	7.19	0.20	203967 FALSE	FALSE	February 210	Complete		Decrease
32556 32557	Pleural drainage, percutaneous, w Chest Tube Interventions October 2012  Pleural drainage, percutaneous, w Chest Tube Interventions October 2012	04		, ACR 2.50 , ACR 3.62	Harvard Valued - Utilization o Harvard Valued - Utilization o		000 000	2.5 0.81 3.12 0.97	20.19 17.11	0.32 0.27	4846 FALSE 35023 FALSE	FALSE FALSE	February 210 February 210	Complete		Decrease Decrease
		04											February 2 10	Complete		
32663 33010	Thoracoscopy, surgical; with lobec RAW review January 2013  Pericardiocentesis; initial Pericardiocentesis and Pericanary 2019	34 04	STS	No reliable way to determine incompleted from CPT		October 2008 September 2018	090	24.64 10.60	NA	5.85	8115 FALSE FALSE	FALSE FALSE	Santamba 14	Complete		Remove from Screen Deleted from CPT
33010	Pericardiocentesis; initial Pericardiocentesis and Peric January 2019 Pericardiocentesis; subsequent Pericardiocentesis and Peric January 2019	04		Deleted from CPT  Deleted from CPT	Negative IWPUT Negative IWPUT	September 2018 September 2018					FALSE FALSE	FALSE	Septembe⊦14 Septembe⊦14	Complete Complete		Deleted from CPT  Deleted from CPT
33011	Tube pericardiostomy Pericardiocentesis and Pericanduary 2019  Pericardiocentesis and Pericanduary 2019	04	ACC	Deleted from CPT	•	April 2017					FALSE	TRUE	A RUC mei Septembei 14	Complete		Deleted from CPT
33015	Pericardiocentesis, including imag Pericardiocentesis and Pericandary 2019	04	ACC	5.00	Negative IWPUT		000	4.4 1.54	NA	0.96	4498 FALSE	FALSE	September 14	Complete		Increase
33017	Pericardial drainage with insertior Pericardiocentesis and Pericanuary 2019	04		5.50	•	•	000	4.62 1.61	NA	0.99	2767 FALSE	FALSE	September 14	Complete		Increase
33018	Pericardial drainage with insertior Pericardiocentesis and Peric January 2019	04		6.00	Negative IWPUT		000	5.4 1.86	NA	1.27	6 FALSE	FALSE	Septembe 14	Complete		Increase
33019	Pericardial drainage with insertior Pericardiocentesis and Peric January 2019	04		5.00		•	000	4.29 1.42	NA	0.60	275 FALSE	FALSE	Septembe 14			Increase
33020	Pericardiotomy for removal of clot Pericardiotomy April 2018	10	AATS	, STS 14.31		April 2018	090	14.31 6.69	NA	3.38	145 FALSE	TRUE	In April 20 May 2018 EC	Yes		Decrease
33025	Creation of pericardial window or Pericardiotomy April 2018	10	AATS	, STS 13.20	Negative IWPUT	April 2017	090	13.2 6.33	NA	3.09	3936 FALSE	TRUE	In April 20 May 2018 EC	Yes	TRUE	Decrease
33207	Insertion of new or replacement c Pacemaker or Pacing Cariov April 2011	10	ACC	8.05	Codes Reported Together 759	February 2010	090	7.8 4.57	NA	1.80	9601 FALSE	TRUE	33213 - Th February 213	Complete	TRUE	Maintain
33208	Insertion of new or replacement c Pacemaker or Pacing Cariov April 2011	10	ACC	8.77	Codes Reported Together 75%	February 2010	090	8.52 4.89	NA	1.96	89252 FALSE	TRUE	33213 - Th February 213	Complete	TRUE	Maintain
33212	Insertion of pacemaker pulse gene Pacemaker or Pacing Cariov September 201		ACC	5.26	Codes Reported Together 75%	•	090	5.01 3.39	NA	1.16	258 FALSE	TRUE	33213 - Th February 213	Complete		Decrease
33213	Insertion of pacemaker pulse gene Pacemaker or Pacing Cariov September 201		ACC	5.53	CMS Fastest Growing / Codes		090	5.28 3.49	NA	1.20	988 FALSE	TRUE	33213 - Th February 213	Complete		Decrease
33221	Insertion of pacemaker pulse gene Pacemaker or Pacing Cariov September 201		ACC	5.80	Codes Reported Together 75%	•	090	5.55 3.88	NA	1.27	228 FALSE	FALSE	February 213			Decrease
33227	Removal of permanent pacemaker Pacemaker or Pacing Cariov September 201		ACC	5.50	Codes Reported Together 759	•	090	5.25 3.61	NA	1.20	3157 FALSE	FALSE	February 213			Decrease
33228	Removal of permanent pacemake Pacemaker or Pacing Cariov September 201		ACC	5.77	Codes Reported Together 75%	•	090	5.52 3.73	NA	1.28	26170 FALSE	FALSE	February 213			Decrease
33229	Removal of permanent pacemaker Pacemaker or Pacing Cariov September 200		ACC	6.04	Codes Reported Together 75%	•	090	5.79 4.00	NA	1.33	5499 FALSE	FALSE	February 213			Decrease
33230	Insertion of implantable defibrillat Pacemaker or Pacing Cariov September 201		ACC	6.32	Codes Reported Together 75%	•	090	6.07 3.93	NA	1.39	102 FALSE	FALSE	February 213			Decrease
33231	Insertion of implantable defibrillat Pacemaker or Pacing Cariov September 201		ACC	6.59	Codes Reported Together 759		090	6.34 4.06	NA NA	1.43	111 FALSE	FALSE	February 213			Decrease
33233	Removal of permanent pacemaker Pacemaker or Pacing Cariov April 2011	10	ACC	3.39	Codes Reported Together 759	repruary 2010	090	3.14 3.06	NA	0.73	7698 FALSE	IKUE	33213 - Th February 213	Complete	IKUE	Maintain

33240	Insertion of implantable defibrillal Pacemaker or Pacing Cariov September 2011	1 04		Codes Reported Together 75% February 2010	090	5.8 3.71	NA	1.36	174 FALSE	TF	UE 33213 - Th February 213	Complete	TRUE	Decrease
33241	Removal of implantable defibrillat Pacemaker or Pacing Cariov April 2011	10		Codes Reported Together 75% February 2010	090	3.04 2.63	NA	0.72	5115 FALSE		UE 33213 - Th February 213	Complete	TRUE	Maintain
33249	Insertion or replacement of perma Pacemaker or Pacing Cariov April 2011	10		Codes Reported Together 75% February 2010	090	14.92 8.76	NA	3.46	34980 FALSE		UE 33213 - Th February 213	Complete	TRUE	Maintain
33262	Removal of implantable defibrillat Pacemaker or Pacing Cariov September 2011			Codes Reported Together 75% April 2011	090	5.81 3.94	NA	1.33	2466 FALSE		LSE February 213		TRUE	Decrease
33263 33264	Removal of implantable defibrillat Pacemaker or Pacing Cariov September 2011 Removal of implantable defibrillat Pacemaker or Pacing Cariov September 2011			Codes Reported Together 75% April 2011 Codes Reported Together 75% April 2011	090 090	6.08 4.04	NA	1.40	6837 FALSE 11676 FALSE		LSE February 213 LSE February 213		TRUE TRUE	Decrease
33282	Implantation of patient-activated (Implantation and Removal c April 2013	20		CMS Request - Final Rule for 2 October 2012	090	6.35 4.18	NA	1.47	FALSE		LSE February 213	VOS	TRUE	Decrease Decrease
33284	Removal of an implantable, patien Implantation and Removal c April 2013	20		CMS Request - Final Rule for 2 October 2012					FALSE		LSE February 212	yes yes	TRUE	Decrease
33405	Replacement, aortic valve, open, v Valve Replacement and CAE April 2012	40			090	41.32 15.56	NA	9.73	12189 FALSE		LSE	yes	TRUE	Maintain
33430	Replacement, mitral valve, with ca Valve Replacement and CAE April 2012	40		High IWPUT / CMS High Exper February 2008	090	50.93 19.28	NA	11.98	6096 FALSE		LSE		TRUE	Maintain
33533	Coronary artery bypass, using arte Valve Replacement and CAE April 2012	40			090	33.75 13.24	NA	7.95	46522 FALSE		LSE		TRUE	Increase
33620	Application of right and left pulmc New Technology Review January 2019	37	STS CPT Article published July 2016. M	New Technology/New Service January 2015	090	30 11.22	NA	7.11	66 TRUE	July 2016 Yes FA	LSE		TRUE	Maintain
33621	Transthoracic insertion of cathete New Technology Review January 2019	37	STS CPT Article published July 2016. M	New Technology/New Service January 2015	090	16.18 7.28	NA	3.84	1 TRUE	July 2016 Yes FA	LSE		TRUE	Maintain
33622	Reconstruction of complex cardiac New Technology Review January 2019	37	STS CPT Article published July 2016. M	New Technology/New Service January 2015	090	64 21.27	NA	15.18	TRUE	July 2016 Yes FA	LSE		TRUE	Maintain
33741	Transcatheter atrial septostomy (t Atrial Septostomy January 2020	13	14.00	CMS Request - Final Rule for 2 September 2019	000	14 4.83	NA	3.28	FALSE	FA	LSE Septembe 16	yes	TRUE	Maintain
33745	Transcatheter intracardiac shunt ( Atrial Septostomy January 2020	13			000	20 6.90	NA	4.67	FALSE		LSE Septembe 16	yes	TRUE	Maintain
33746	Transcatheter intracardiac shunt ( Atrial Septostomy January 2020	13		·	ZZZ	8 2.76	NA	1.86	FALSE		LSE Septembe 16	yes	TRUE	Maintain
33863	Ascending aorta graft, with cardio Aortic Graft February 2008	S	•		090	58.79 19.58	NA	13.84	1627 FALSE		LSE		TRUE	Remove from Screen
33945	Heart transplant, with or without   ECMO-ECLS	11	, , , , , , , , , , , , , , , , , , , ,		090	89.5 31.93	NA	21.06	668 FALSE		LSE February 223	Complete	TRUE	Maintain
33946	Extracorporeal membrane oxygen ECMO-ECLS April 2014	11			XXX	6 1.83	NA	1.25	604 FALSE		LSE February 223	Complete	TRUE	Maintain
33947 33948	Extracorporeal membrane oxygen ECMO-ECLS April 2014 Extracorporeal membrane oxygen ECMO-ECLS April 2014	11			XXX	6.63 2.00 4.73 1.48	NA NA	1.41 0.77	1278 FALSE 6049 FALSE		LSE February 223 LSE February 223	Complete Complete	TRUE TRUE	Maintain Maintain
33949	Extracorporeal membrane oxygen ECMO-ECLS April 2014  Extracorporeal membrane oxygen ECMO-ECLS April 2014	11			XXX	4.75 1.48	NA	0.77	5136 FALSE		LSE February 223	Complete	TRUE	Maintain
33951	Extracorporeal membrane oxygen ECMO-ECLS April 2014  Extracorporeal membrane oxygen ECMO-ECLS April 2014	11			000	8.15 2.35	NA	1.91	FALSE		LSE February 223	Complete	TRUE	Maintain
33952	Extracorporeal membrane oxygen ECMO-ECLS April 2014	11			000	8.15 2.57	NA	1.81	1399 FALSE		LSE February 223	Complete	TRUE	Maintain
33953	Extracorporeal membrane oxygen ECMO-ECLS April 2014	11		CMS Request - Final Rule for 2 November 2013	000	9.11 2.61	NA	2.16	1 FALSE		LSE February 223	Complete	TRUE	Maintain
33954	Extracorporeal membrane oxygen ECMO-ECLS April 2014	11			000	9.11 2.74	NA	2.14	298 FALSE		LSE February 223	Complete	TRUE	Maintain
33956	Extracorporeal membrane oxygen ECMO-ECLS April 2014	11		CMS Request - Final Rule for 2 November 2014	000	16 4.70	NA	3.74	370 FALSE	FA	LSE February 223	Complete	TRUE	Maintain
33957	Extracorporeal membrane oxygen ECMO-ECLS April 2014	11	STS, AAP, 4.00	CMS Request - Final Rule for 2 November 2014	000	3.51 1.07	NA	0.83	FALSE	FA	LSE February 2 23	Complete	TRUE	Maintain
33958	Extracorporeal membrane oxygen ECMO-ECLS April 2014	11	STS, AAP, 14.05		000	3.51 1.07	NA	0.83	74 FALSE	FA	LSE February 2 23	Complete	TRUE	Maintain
33959	Extracorporeal membrane oxygen ECMO-ECLS April 2014	11	STS, AAP, 14.69	CMS Request - Final Rule for 2 November 2014	000	4.47 1.34	NA	1.04	FALSE	FA	LSE February 223	Complete	TRUE	Maintain
33960	Prolonged extracorporeal circulati ECMO-ECLS April 2014	11		CMS Request - Final Rule for 2 July 2013					FALSE		UE October 2(February 223	Complete	TRUE	Deleted from CPT
33961	Prolonged extracorporeal circulati ECMO-ECLS April 2014	11		CMS Request - Final Rule for 2 July 2013			_		FALSE		UE October 2(February 223	Complete	TRUE	Deleted from CPT
33962	Extracorporeal membrane oxygen ECMO-ECLS April 2014	11		•	000	4.47 1.34	NA	1.04	18 FALSE		LSE February 223	Complete	TRUE	Maintain
33963	Extracorporeal membrane oxygen ECMO-ECLS April 2014	11	, ,		000	9 2.58	NA	2.11	FALSE		LSE February 223	Complete	TRUE	Maintain
33964	Extracorporeal membrane oxygen ECMO-ECLS April 2014	11			000	9.5 2.72	NA	2.22	13 FALSE		LSE February 223	Complete	TRUE	Maintain
33965	Extracorporeal membrane oxygen ECMO-ECLS April 2014	11			000	3.51 1.07	NA	0.83	FALSE		LSE February 223	Complete	TRUE	Maintain
33966	Extracorporeal membrane oxygen ECMO-ECLS April 2014	11			000	4.5 1.43	NA	0.99	477 FALSE		LSE February 223	Complete	TRUE	Maintain
33969	Extracorporeal membrane oxygen ECMO-ECLS April 2014	11			000	5.22 1.54	NA	1.21	FALSE 426 FALSE		LSE February 223 LSE February 223	Complete	TRUE	Maintain
33984 33985	Extracorporeal membrane oxygen ECMO-ECLS April 2014 Extracorporeal membrane oxygen ECMO-ECLS April 2014	11 11		•	000 000	5.46 1.56 9.89 2.83	NA NA	1.29 2.31	1 FALSE		LSE February 223 LSE February 223	Complete Complete	TRUE TRUE	Maintain Maintain
33986	Extracorporeal membrane oxygen ECMO-ECLS April 2014  Extracorporeal membrane oxygen ECMO-ECLS April 2014	11		•	000	10 2.99	NA	2.33	212 FALSE		LSE February 223	Complete	TRUE	Maintain
33987	Arterial exposure with creation of ECMO-ECLS April 2014  April 2014	11		•	ZZZ	4.04 1.12	NA	0.95	36 FALSE		LSE February 223	Complete	TRUE	Maintain
33988	Insertion of left heart vent by thor ECMO-ECLS April 2014	11		·	000	15 4.23	NA	3.52	29 FALSE		LSE February 2 23	Complete	TRUE	Maintain
33989	Removal of left heart vent by thor ECMO-ECLS April 2014	11		•	000	9.5 2.72	NA	2.22	15 FALSE		LSE February 2 23	Complete	TRUE	Maintain
34701	Endovascular repair of infrarenal a Endovascular Repair Proced January 2017	10		Codes Reported Together 75% January 2017	090	23.71 6.99	NA	5.65	650 FALSE		LSE	,	TRUE	Decrease
34702	Endovascular repair of infrarenal a Endovascular Repair Proced January 2017	10	SVS, SIR, S 36.00	Codes Reported Together 75% January 2017	090	36 9.41	NA	8.74	97 FALSE	FA	LSE		TRUE	Decrease
34703	Endovascular repair of infrarenal a Endovascular Repair Proced January 2017	10	SVS, SIR, S 26.52	Codes Reported Together 75% January 2017	090	26.52 7.36	NA	6.39	795 FALSE	FA	LSE		TRUE	Decrease
34704	Endovascular repair of infrarenal a Endovascular Repair Proced January 2017	10	SVS, SIR, S 45.00	Codes Reported Together 75% January 2017	090	45 10.84	NA	11.06	99 FALSE	FA	LSE		TRUE	Decrease
34705	Endovascular repair of infrarenal a Endovascular Repair Proced January 2017	10		Codes Reported Together 75% January 2017	090	29.58 8.06	NA	7.10	10152 FALSE		LSE		TRUE	Decrease
34706	Endovascular repair of infrarenal a Endovascular Repair Proced January 2017	10		Codes Reported Together 75% January 2017	090	45 10.84	NA	10.97	609 FALSE		LSE		TRUE	Decrease
34707	Endovascular repair of iliac artery Endovascular Repair Proced January 2017	10		Codes Reported Together 75% January 2017	090	22.28 6.34	NA	5.28	453 FALSE		LSE		TRUE	Decrease
34708	Endovascular repair of iliac artery Endovascular Repair Proced January 2017	10		Codes Reported Together 75% January 2017	090	36.5 9.06	NA	8.55	76 FALSE		LSE		TRUE	Decrease
34709	Placement of extension prosthesis Endovascular Repair Proced January 2017	10		Codes Reported Together 75% January 2017	ZZZ	6.5 1.38	NA	1.55	2552 FALSE		LSE		TRUE	Decrease
34710	Delayed placement of distal or pre Endovascular Repair Proced January 2017	10		Codes Reported Together 75% January 2017	090	15 4.70	NA NA	3.60	1049 FALSE 306 FALSE		LSE LSE		TRUE TRUE	Decrease
34711 34712	Delayed placement of distal or prc Endovascular Repair Proced January 2017 Transcatheter delivery of enhance Endovascular Repair Proced January 2017	10 10	SVS, SIR, S 6.00 SVS, SIR, S 12.00	Codes Reported Together 75% January 2017 Codes Reported Together 75% January 2017	ZZZ 090	6 1.19 12 4.34	NA NA	1.43 2.84	1001 FALSE		LSE		TRUE	Decrease Decrease
34712	Percutaneous access and closure c Endovascular Repair Proced January 2017	10		Codes Reported Together 75% January 2017  Codes Reported Together 75% January 2017	ZZZ	2.5 0.51	NA	0.60	13909 FALSE		LSE		TRUE	Decrease
34714	Open femoral artery exposure wit Endovascular Repair Proced January 2017	10		Codes Reported Together 75% January 2017	ZZZ	5.25 1.37	NA	1.26	472 FALSE		LSE		TRUE	Decrease
34715	Open axillary/subclavian artery ex Endovascular Repair Proced January 2017	10	•	Codes Reported Together 75% January 2017	ZZZ	6 1.29	NA	1.47	205 FALSE		LSE		TRUE	Decrease
34716	Open axillary/subclavian artery ex Endovascular Repair Proced January 2017	10		Codes Reported Together 75% January 2017	ZZZ	7.19 1.99	NA	1.68	966 FALSE		LSE		TRUE	Decrease
34800	Endovascular repair of infrarenal a Endovascular Repair Proced January 2017	10	AAOHNS Deleted from CPT	Codes Reported Together 75% October 2015					FALSE		LSE		TRUE	Deleted from CPT
34802	Endovascular repair of infrarenal a Endovascular Repair Proced January 2017	10	SVS, SIR, S Deleted from CPT	Pre-Time Analysis / Codes Rep January 2014					FALSE	TF	UE Referred to September 2016	yes	TRUE	Deleted from CPT
34803	Endovascular repair of infrarenal a Endovascular Repair Proced January 2017	10	SVS, SIR, S Deleted from CPT	Codes Reported Together 75% October 2015					FALSE	FA	LSE		TRUE	Deleted from CPT
34804	Endovascular repair of infrarenal a Endovascular Repair Proced January 2017	10		Codes Reported Together 75% October 2015					FALSE		LSE		TRUE	Deleted from CPT
34805	Endovascular repair of infrarenal a Endovascular Repair Proced January 2017	10		Codes Reported Together 75% January 2017					FALSE		LSE		TRUE	Deleted from CPT
34806	Transcatheter placement of wirels Endovascular Repair Proced January 2017	10		Codes Reported Together 75% January 2017	777	4.40.000	A1.0	4.00	FALSE		LSE		TRUE	Deleted from CPT
34812 34820	Open femoral artery exposure for Endovascular Repair Proced January 2017	10 10		Pre-Time Analysis January 2014	ZZZ 777	4.13 0.90	NA NA	1.00	6601 FALSE		UE Referred ti Septembei 27	yes	TRUE	Decrease
34820 34825	Open iliac artery exposure for deli Endovascular Repair Proced January 2017 Placement of proximal or distal ex Endovascular Repair Proced January 2017	10 10		Codes Reported Together 75% January 2017 Pre-Time Analysis / Codes Reg January 2014	ZZZ	7 1.12	NA	1.73	57 FALSE FALSE		LSE UE Referred t <sub>'</sub> Septembe 27	VAS	TRUE TRUE	Decrease Deleted from CPT
34825 34826	Placement of proximal or distal ex Endovascular Repair Proced January 2017  Placement of proximal or distal ex Endovascular Repair Proced January 2017	10		Codes Reported Together 75% January 2017					FALSE		LSE	yes	TRUE	Deleted from CPT
34833	Open iliac artery exposure with cr Endovascular Repair Proced January 2017	10	• •	Codes Reported Together 75% January 2017  Codes Reported Together 75% January 2017	ZZZ	8.16 1.30	NA	2.03	40 FALSE		LSE		TRUE	Decrease
34834	Open brachial artery exposure for Endovascular Repair Proced January 2017	10		Codes Reported Together 75% January 2017  Codes Reported Together 75% January 2017	ZZZ	2.65 0.48	NA	0.65	374 FALSE		LSE		TRUE	Decrease
34900	Endovascular repair of iliac artery Endovascular Repair Proced January 2017	10		Codes Reported Together 75% January 2017					FALSE		LSE		TRUE	Deleted from CPT
35301	Thromboendarterectomy, includir Thromboendarterectomy January 2013	21			090	21.16 6.70	NA	5.29	27259 FALSE		LSE		TRUE	Increase
35450	Transluminal balloon angioplasty, Open and Percutaneous Tra January 2016	15 RUC		Codes Reported Together 75% October 2015					FALSE		LSE		TRUE	Deleted from CPT
35452	Transluminal balloon angioplasty, Open and Percutaneous Tra January 2016	15 RUC	•	Codes Reported Together 75% October 2015					FALSE		LSE		TRUE	Deleted from CPT
35454	Deleted from CPT Endovascular Revascularizat April 2010	07	ACC, ACR, Deleted from CPT	CMS Fastest Growing February 2010					FALSE	FA	LSE February 207		TRUE	Deleted from CPT
35456	Deleted from CPT Endovascular Revascularizat April 2010	07	•	CMS Fastest Growing February 2010					FALSE		LSE February 207		TRUE	Deleted from CPT
35458	Transluminal balloon angioplasty, Open and Percutaneous Tra January 2016	15 RUC		Codes Reported Together 75% October 2015					FALSE		LSE		TRUE	Deleted from CPT
35459	Deleted from CPT Endovascular Revascularizat April 2010	07	• •	CMS Fastest Growing February 2010					FALSE		LSE February 207		TRUE	Deleted from CPT
35460	Transluminal balloon angioplasty, Open and Percutaneous Tra January 2016	15 RUC		Codes Reported Together 75% October 2015					FALSE		LSE	<b>5</b> .1 + 1 = 1	TRUE	Deleted from CPT
35470 35471	Deleted from CPT Endovascular Revascularizat April 2010  Transluminal halloon angionlasty. Onen and Bossytaneous Transluminal April 2016	U/		CMS Fastest Growing October 2008					FALSE		UE The code i February 207	Deleted- N	TRUE	Deleted from CPT
35471 35472	Transluminal balloon angioplasty, Open and Percutaneous Tra January 2016  Transluminal balloon angioplasty, Open and Percutaneous Tra January 2016	15 RUC		CMS Fastest Growing / Codes October 2009					FALSE		UE In January October 2015	Deleted from	TRUE	Deleted from CPT
35472 35473	Transluminal balloon angioplasty, Open and Percutaneous Tra January 2016  Deleted from CPT Endovascular Revascularizat April 2010	15 RUC		CMS Fastest Growing / Codes October 2009 CMS Fastest Growing February 2010					FALSE FALSE		UE The code i Removed from CP UE The code i February 207	•	TRUE TRUE	Deleted from CPT Deleted from CPT
35473 35474	Deleted from CPT Endovascular Revascularizat April 2010  Deleted from CPT Endovascular Revascularizat April 2010	07	•	CMS Fastest Growing February 2010 CMS Fastest Growing October 2008					FALSE		UE The code i February 207  UE The code i February 207	Deleted- N Deleted- N	TRUE	Deleted from CPT
35474 35475	Transluminal balloon angioplasty, Open and Percutaneous Tra January 2016	15	•	CMS Fastest Growing / CMS H September 2011					FALSE		UE In January October 2015	Deleted fro	TRUE	Deleted from CPT
35476	Transluminal balloon angioplasty, Open and Percutaneous Tra January 2016	15 RUC		CMS Fastest Growing / CMS H September 2011					FALSE		UE In January October 2015	Deleted fro		Deleted from CPT
35490	Deleted from CPT Endovascular Revascularizat April 2010	07	•	High Volume Growth1 April 2008					FALSE		UE The RUC reFebruary 207	Deleted- N		Deleted from CPT
35491	Deleted from CPT Endovascular Revascularizat April 2010	07	,	High Volume Growth1 April 2008					FALSE		UE The RUC reFebruary 207	Deleted- N	TRUE	Deleted from CPT
35492	Deleted from CPT Endovascular Revascularizat April 2010	07		High Volume Growth1 April 2008					FALSE		UE The RUC reFebruary 207	Deleted- N		Deleted from CPT
35493	Deleted from CPT Endovascular Revascularizat April 2010	07		High Volume Growth1 February 2008					FALSE	TF	UE The RUC reFebruary 207	Deleted- N		Deleted from CPT
35494	Deleted from CPT Endovascular Revascularizat April 2010	07	SIR, ACR, S Deleted from CPT	High Volume Growth1 April 2008					FALSE		UE The RUC reFebruary 207			Deleted from CPT
35495	Deleted from CPT Endovascular Revascularizat April 2010	07	SIR, ACR, S Deleted from CPT	High Volume Growth1 February 2008					FALSE	TF	UE The RUC reFebruary 207	Deleted- N	TRUE	Deleted from CPT

35701	Exploration not followed by surgic Exploration of Artery	January 2019	06		ACS, SVS 7.50	Negative IWPUT	January 2018	090	7.5 4.09	NA	1.29	885 FALSE		TRUE	The RUC ic Septembe 17	Complete	TRUE	Decrease
35701	Exploration not followed by surgic Exploration of Artery	January 2019	06		7.12	Negative IWPUT	•	090	7.12 3.20	NA	1.66	499 FALSE		FALSE	September 17	Complete		Decrease
35703	Exploration not followed by surgic Exploration of Artery	January 2019	06		7.50 ACS, SVS Deleted from CPT	Negative IWPUT	September 2018	090	7.5 3.04	NA	1.78	666 FALSE		FALSE	Septembe 17	Complete		Decrease Deleted from CPT
35721 35741	Exploration (not followed by surgi Exploration of Artery Exploration (not followed by surgi Exploration of Artery	January 2019 January 2019	06 06		ACS, SVS Deleted from CPT  ACS, SVS Deleted from CPT	Negative IWPUT Negative IWPUT	January 2018 January 2018					FALSE FALSE		TRUE TRUE	The RUC ic Septembe 17 The RUC ic Septembe 17	Complete Complete		Deleted from CPT
35761	Exploration (not followed by surgi Exploration of Artery	January 2019	06		ACS, SVS Deleted from CPT	Negative IWPUT	April 2017					FALSE		TRUE	The RUC ic Septembe 17	Complete		Deleted from CPT
36000 36010	Introduction of needle or intracatl Introduction of Needle or I Introduction of catheter, superior Introduction of Catheter	•	45 19		ACC, AUR, CMS consider a bundled status fo			XXX	0.18 0.07	0.70	0.01	FALSE 13423 FALSE		TRUE	The specialty societies indicate	d Complete		Maintain
36010 36140	Introduction of catheter, superior introduction of Catheter Introduction of needle or intracatl Introduction of Needle or I	October 2013 r October 2013	18		ACR, SIR, S Remove from re-review. SVS, SIR, A Remove from re-review	Codes Reported Together : Harvard Valued - Utilization	•	XXX	2.18 0.61 1.76 0.50	14.32 13.78	0.39 0.35	13423 FALSE 17418 FALSE		FALSE FALSE	February 215			Remove from Screen Remove from Screen
36145	Deleted from CPT Arteriovenous Shunt Imagi		9		Deleted from CPT	Codes Reported Together 9	•					FALSE		TRUE	Referred to February 231	Code Dele		Deleted from CPT
36147	Introduction of needle and/or catl Dialysis Circuit -1	January 2016	14		ACR, RPA, Deleted from CPT	Codes Reported Together 9	•					FALSE FALSE		FALSE	October 2027	Complete		Deleted from CPT
36148 36215	Introduction of needle and/or catl Dialysis Circuit -1 Selective catheter placement, arte Selective Catheter Placeme	January 2016 ei April 2016	23		ACR, RPA, Deleted from CPT ACR, RPA, 4.17	Codes Reported Together S Codes Reported Together S	•	000	4.17 1.46	27.20	0.57	42749 FALSE		FALSE TRUE	October 2027 The Workgroup recommends t	Complete h Complete		Deleted from CPT Decrease
36216	Selective catheter placement, arte Selective Catheter Placeme	•	23		ACR, SIR, S 5.27	Codes Reported Together	•	000	5.27 1.63	26.59	0.98	4110 FALSE		TRUE	The Workgroup recommends t	•		Maintain
36217	Selective catheter placement, arts Selective Catheter Placeme	•	23		ACR, SIR, S 6.29	Harvard Valued - Utilization	•	000	6.29 1.99	46.84	1.26	3625 FALSE		TRUE	In September 2011, the specia	t <sub>i</sub> Complete		Maintain
36218 36221	Selective catheter placement, arte Selective Catheter Placement Non-selective catheter placement Cervicocerebral Angiograph	•	23 14		ACR, SIR, S 1.01 AAN, AAN: 4.51	CMS High Expenditure Pro Codes Reported Together	•	ZZZ 000	1.01 0.31 3.92 1.09	4.97 25.89	0.18 0.89	1773 FALSE 1758 FALSE		FALSE TRUE	The Works February 212	Complete		Maintain Decrease
36222	Selective catheter placement, com Cervicocerebral Angiograp	•	14		AAN, AAN: 6.00	Codes Reported Together	•	000	5.28 1.79	30.52	1.26	5920 FALSE		TRUE	The Work February 212	Complete		Decrease
36223	Selective catheter placement, cor Cervicocerebral Angiograp		24		AAN, AAN! 7.55	Codes Reported Together	,	000	5.75 2.25	41.86	1.44	24795 FALSE		TRUE	The Works February 212	Complete		Decrease
36224 36225	Selective catheter placement, inte Cervicocerebral Angiograpi Selective catheter placement, sub Cervicocerebral Angiograpi		24 14		AAN, AAN: 7.55 AAN, AAN: 6.50	Codes Reported Together 1 Codes Reported Together 1	•	000 000	6.25 2.70 5.75 2.17	53.61 39.34	1.68 1.47	32350 FALSE 9398 FALSE		TRUE TRUE	The Works February 212 The Works February 212	Complete Complete		Decrease Decrease
36226	Selective catheter placement, vert Cervicocerebral Angiograp	•	14		AAN, AAN: 7.55	Codes Reported Together	•	000	6.25 2.65	51.43	1.66	28231 FALSE		TRUE	The Work February 212	Complete		Decrease
36227	Selective catheter placement, exte Cervicocerebral Angiograp	•	14		AAN, AAN! 4.35	Codes Reported Together	•	ZZZ	2.09 0.84	4.40	0.56	13420 FALSE		TRUE	The Works February 212	Complete		Decrease
36228 36245	Selective catheter placement, eacl Cervicocerebral Angiograph Selective catheter placement, arte Selective Catheter Placement	•	14 22		AAN, AAN: 4.25 ACC, ACR,  4.90	Codes Reported Together : Harvard Valued - Utilization	•	ZZZ XXX	4.25 1.71 4.65 1.42	32.82 33.01	1.18 0.79	1948 FALSE 35341 FALSE		TRUE TRUE	The Works February 212 An extensi February 207 & 06	Complete New code		Decrease Decrease
36246	Selective catheter placement, arte Vascular Injection Procedu	•	27		SVS, SIR, A 5.27	Harvard Valued - Utilization		000	5.02 1.34	19.75	1.01	31792 FALSE		FALSE	, , , , , , , , , , , , , , , , , , , ,			Maintain
36247	Selective catheter placement, arte Vascular Injection Procedu		27		SVS, SIR, A 7.00	Harvard Valued - Utilization	•	000	6.04 1.63	37.03	1.02	60496 FALSE		FALSE	TI 1:51 007			Increase
36248 36251	Selective catheter placement, arte Catheter Placement Selective catheter placement (first Renal Angiography	October 2009 April 2011	40 11		ACR, SIR Remove from screen ACR, SIR 5.45	CMS Fastest Growing Codes Reported Together 3	October 2008 75% February 2011	ZZZ 000	1.01 0.28 5.1 1.49	2.43 33.88	0.11 0.89	25988 FALSE 3009 FALSE		TRUE FALSE	The code i February 207	New code		Remove from Screen Decrease
36252	Selective catheter placement (first Renal Angiography	April 2011	11		ACR, SIR 7.38	Codes Reported Together	•	000	6.74 2.25	34.76	1.48	6222 FALSE		FALSE				Decrease
36253	Superselective catheter placemen Renal Angiography	April 2011	11		ACR, SIR 7.55	Codes Reported Together	•	000	7.3 2.15	54.16	0.85	1559 FALSE		FALSE				Decrease
36254 36410	Superselective catheter placemen Renal Angiography Venipuncture, age 3 years or older Venipunture	April 2011 April 2010	11 36		ACR, SIR 8.15 ACP 0.18	Codes Reported Together : Harvard Valued - Utilization	•	000 XXX	7.9 2.50 0.18 0.07	52.13 0.32	1.61 0.02	154 FALSE 137370 FALSE		FALSE FALSE				Decrease Maintain
36475	Endovenous ablation therapy of ir Endovenous Ablation	April 2014	38		ACC, ACR, 5.30	High Volume Growth2	April 2013	000	5.3 1.72	26.97	1.11	82131 FALSE		FALSE				Decrease
36476	Endovenous ablation therapy of ir Endovenous Ablation	April 2014	38		ACC, ACR, 2.65	High Volume Growth2	October 2013	ZZZ	2.65 0.72	5.47	0.57	5868 FALSE		FALSE				Decrease
36478 36479	Endovenous ablation therapy of ir Endovenous Ablation Endovenous ablation therapy of ir Endovenous Ablation	April 2014 April 2014	38 38		ACC, ACR, 5.30 ACC, ACR, 2.65	High Volume Growth2 High Volume Growth2	April 2013 April 2013	000 ZZZ	5.3 1.76 2.65 0.78	24.09 5.91	1.05 0.55	37437 FALSE 4399 FALSE		FALSE FALSE				Decrease Decrease
36481	Percutaneous portal vein catheter Interventional Radiology Pr	•			ACR, SIR New PE Inputs	CMS Request - Practice Exp	•	000	6.73 2.01	46.31	0.64	709 FALSE		FALSE				PE Only
36511	Therapeutic apheresis; for white t Therapeutic Apheresis	January 2017	12		CAP, RPA 2.00. Refer to CPT Assistant.	CMS Request - Final Rule fo	,	000	2 1.07	NA	0.12	278 TRUE		FALSE	Septembe 30	yes		Increase
36512 36513	Therapeutic apheresis; for red blo Therapeutic Apheresis Therapeutic apheresis; for platele Therapeutic Apheresis	January 2017 January 2017	12 12		CAP, RPA 2.00. Refer to CPT Assistant.  CAP, RPA 2.00. Refer to CPT Assistant.	CMS Request - Final Rule for CMS Request - Final Rule for	•	000 000	2 1.00 2 0.90	NA NA	0.12 0.21	2926 TRUE 179 TRUE	May 2018 yes May 2018 yes	FALSE FALSE	Septembe⊦30 Septembe⊦30	yes yes		Increase Increase
36514	Therapeutic apheresis; for plasma Therapeutic Apheresis	January 2017	12		CAP, RPA 1.81. Refer to CPT Assistant	CMS Request - Final Rule fo	•	000	1.81 0.79	15.21	0.14	25754 TRUE	May 2018 yes	FALSE	Septembe 30	yes		Increase
36515	Therapeutic apheresis; with extrac Therapeutic Apheresis	January 2017	12		CAP, RPA Deleted from CPT	CMS Request - Final Rule fo	•					TRUE		FALSE	Septembe 30	yes		Deleted from CPT
36516 36522	Therapeutic apheresis; with extracTherapeutic Apheresis Photopheresis, extracorporeal Therapeutic Apheresis	January 2017 January 2017	12 12		CAP, RPA 1.56. Refer to CPT Assistant CAP, RPA 1.75. Refer to CPT Assistant	CMS Fastest Growing / CM CMS Request - Final Rule for		000 000	1.56 0.65 1.75 0.97	52.81 39.97	0.28 0.11	978 TRUE 8511 TRUE	•	TRUE FALSE	CPT code 3 Septembe 30 Septembe 30	yes yes		Increase Increase
36555	Insertion of non-tunneled centrall Insertion of Catheter	October 2016	16	RUC	ACR, ASA 1.93	CMS High Expenditure Pro	•	000	1.93 0.38	3.64	0.17	34 FALSE		FALSE	September30	yes		Decrease
36556	Insertion of non-tunneled centrall Insertion of Catheter	October 2016	16	RUC	ACR, ASA 1.75	CMS High Expenditure Pro	•	000	1.75 0.50	4.53	0.22	422378 FALSE		FALSE				Decrease
36568 36569	Insertion of peripherally inserted (PICC Line Procedures Insertion of peripherally inserted (PICC Line Procedures	September 202			ACR, SIR 2.11 ACR, SIR 1.90.	Identified in RUC review of CMS High Expenditure Pro		000	2.11 0.35 1.9 0.60	NA NA	0.21 0.24	2 FALSE 11928 FALSE		TRUE TRUE	In October Septembe 16 In October Septembe 16	Complete Complete		Decrease Decrease
36572	Insertion of peripherally inserted (PICC Line Procedures	September 202			ACR, SIR, S 2.00	CMS High Expenditure Pro	•	000	1.82 0.33	9.46	0.20	26 FALSE		FALSE	m octobel september 10	complete		Decrease
36573	Insertion of peripherally inserted PICC Line Procedures	September 202			ACR, SIR, S 1.90	CMS High Expenditure Pro	•	000	1.7 0.56	9.96	0.20	75480 FALSE		FALSE				Decrease
36584 36620	Replacement, complete, of a perir PICC Line Procedures Arterial catheterization or cannula Insertion of Catheter	September 202 April 2018	2 13 33		ACR, SIR 1.47 ACR, ASA 1.00	Identified in RUC review of CMS High Expenditure Pro		000	1.2 0.40 1 0.20	8.86 NA	0.11 0.09	3570 FALSE 537935 FALSE		TRUE FALSE	In October Septembe 16	Complete		Decrease Decrease
36818	Arteriovenous anastomosis, open; Arteriovenous Anastomosis	•	10		ACS, SVS 13.00	CMS Request - Final Rule fo	•	090	12.39 4.83	NA	3.04	4375 FALSE		FALSE				Increase
36819	Arteriovenous anastomosis, open; Arteriovenous Anastomosis		10		ACS, SVS 15.00	CMS Request - Final Rule for		090	13.29 4.90	NA	3.29	6123 FALSE		FALSE				Increase
36820 36821	Arteriovenous anastomosis, open; Arteriovenous Anastomosis Arteriovenous anastomosis, open; Arteriovenous Anastomosis		10		ACS, SVS 13.99 ACS, SVS 11.90	Site of Service Anomaly / C Site of Service Anomaly / C	•	090 090	13.07 4.88 11.9 4.63	NA NA	3.18 2.94	1070 FALSE 26218 FALSE		FALSE FALSE				Decrease Decrease
36822	Insertion of cannula(s) for prolong ECMO-ECLS	April 2014	11		STS, AAP, Deleted from CPT	CMS Request - Final Rule fo	•					FALSE		TRUE	Added as February 223	Complete		Deleted from CPT
36825	Creation of arteriovenous fistula b Arteriovenous Anastomosis		10		ACS, SVS 15.93	Site of Service Anomaly / C	•	090	14.17 5.64	NA	3.53	1533 FALSE		FALSE				Increase
36830 36834	Creation of arteriovenous fistula b Arteriovenous Anastomosis  Deleted from CPT  Aneurysm Repair	September 2013	7 16		ACS, SVS 11.90 AVA, ACS Deleted from CPT	CMS Request - Final Rule for Site of Service Anomaly	September 2012	090	12.03 4.60	NA	2.97	17399 FALSE FALSE		FALSE TRUE	The RUC reFebruary 218	Code Dele		Decrease Deleted from CPT
36870	Thrombectomy, percutaneous, art Dialysis Circuit -1	January 2016	14	RUC	ACR, SIR, S Deleted from CPT	Site of Service Anomaly (99	•					FALSE		TRUE	The RUC re October 2027	Complete		Deleted from CPT
36901	Introduction of needle(s) and/or c Dialysis Circuit -1	January 2016	14 14	RUC	ACR, RPA, 3.36 ACR, RPA, 4.83	Codes Reported Together Codes Reported Together		000	3.36 1.05 4.83 1.47	17.91	0.50	58681 FALSE 180136 FALSE		FALSE FALSE	October 2(27 October 2(27	Complete		Decrease
36902 36903	Introduction of needle(s) and/or c Dialysis Circuit -1 Introduction of needle(s) and/or c Dialysis Circuit -1	January 2016 January 2016	14	RUC RUC	ACR, RPA, 4.83 ACR, RPA, 6.39	Codes Reported Together		000 000	6.39 1.82	31.90 127.30	0.68 0.99	19278 FALSE		FALSE	October 2(27	Complete Complete		Decrease Decrease
36904	Percutaneous transluminal mecha Dialysis Circuit -1	January 2016	14	RUC	ACR, RPA, 7.50	Codes Reported Together		000	7.5 2.15	47.32	1.04	3960 FALSE		FALSE	October 2(27	Complete		Decrease
36905 36906	Percutaneous transluminal mecha Dialysis Circuit -1 Percutaneous transluminal mecha Dialysis Circuit -1	January 2016 January 2016	14	RUC RUC	ACR, RPA, 9.00 ACR, RPA, 10.42	Codes Reported Together 1 Codes Reported Together 1		000 000	9 2.72 10.42 3.01	60.63 158.47	1.20 1.42	38039 FALSE 13925 FALSE		FALSE FALSE	October 2(27 October 2(27	Complete Complete		Decrease Decrease
36907	Transluminal balloon angioplasty, Dialysis Circuit -1	January 2016 January 2016	14	RUC	ACR, RPA, 10.42 ACR, RPA, 3.00	Codes Reported Together		ZZZ	3 0.83	14.83	0.42	62214 FALSE		FALSE	October 2(27	Complete		Decrease
36908	Transcatheter placement of intrav Dialysis Circuit -1	January 2016	14	RUC	ACR, RPA, 4.25	Codes Reported Together		ZZZ	4.25 1.11	39.30	0.67	5044 FALSE		FALSE	October 2(27	Complete	TRUE	Decrease
36909 37183	Dialysis circuit permanent vascula Dialysis Circuit -1 Revision of transvenous intrahepa Interventional Radiology Pr	January 2016	14 21	RUC	ACR, RPA, 4.12 ACR, SIR New PE inputs	Codes Reported Together CMS Request - Practice Exp		ZZZ 000	4.12 1.11 7.74 2.35	55.62 174.69	0.64 0.72	4891 FALSE 850 FALSE		FALSE FALSE	October 2(27	Complete		Decrease PE Only
37103	Insertion of intravascular vena cav IVC Transcatheter Procedu	,	12		ACR, SIR, S 4.71	Codes Reported Together		000	4.46 1.36	58.48	0.72	22388 FALSE		FALSE	February 215			Decrease
37192	Repositioning of intravascular ven IVC Transcatheter Procedu	•	12		ACR, SIR, S 8.00	Codes Reported Together	•	000	7.1 1.21	30.64	1.78	22 FALSE		FALSE	February 215			Decrease
37193 37201	Retrieval (removal) of intravascula IVC Transcatheter Procedu	r April 2011 April 2012	12		ACR, SIR, S 8.00 ACR, SIR, S Deleted from CPT	Codes Reported Together		000	7.1 1.99	38.17	0.99	5916 FALSE FALSE		FALSE	February 215	Complete		Decrease
37201 37203	Transcatheter therapy, infusion fo Bundle Thrombolysis Transcatheter retrieval, percutane Transcatheter Procedures	•	1 07		ACC, ACR, Deleted from CPT	Codes Reported Together Todes Reported Together	•					FALSE		TRUE TRUE	The Works October 2(18 The Works June 2011	Complete Complete		Deleted from CPT Deleted from CPT
37204	Transcatheter occlusion or emboli Embolization and Occlusion	•	08		ACC, ACR, Deleted from CPT	Codes Reported Together	75% February 2010					FALSE		TRUE	In Februar February 209	Complete		Deleted from CPT
37205 37206	Transcatheter placement of an int Endovascular Revasculariza	•	07		SVS, ACS, ! Deleted from CPT	High Volume Growth1 / Co	•					FALSE		TRUE	In Februar February 210	Complete		Deleted from CPT
37206 37207	Transcatheter placement of an int Endovascular Revasculariza Transcatheter placement of an int Endovascular Revasculariza	•	07 07		SVS, ACS, ! Deleted from CPT SVS, ACS, ! Deleted from CPT	High Volume Growth1 High Volume Growth1	February 2010 February 2010					FALSE FALSE		TRUE TRUE	In Februar February 210 In Februar February 210	Complete Complete		Deleted from CPT Deleted from CPT
37208	Transcatheter placement of an int Endovascular Revasculariza	nt April 2010	07		SVS, ACS, ! Deleted from CPT	High Volume Growth1	February 2010					FALSE		TRUE	In Februar February 210	Complete	TRUE	Deleted from CPT
37209 37210	Exchange of a previously placed in Bundle Thrombolysis  Uterine fibroid embolization (UEE Embolization and Occlusion	April 2012	15 08		ACR, SIR, S Deleted from CPT	Codes Reported Together	•					FALSE FALSE		TRUE	The Works October 2(18	Complete		Deleted from CPT
37210 37211	Uterine fibroid embolization (UFE, Embolization and Occlusion Transcatheter therapy, arterial inf Bundle Thrombolysis	April 2013 April 2012	06 15		ACR, SIR, S Deleted from CPT ACR, SIR, S 8.00	Codes Reported Together 1 Codes Reported Together 1	•	000	7.75 2.10	NA	1.40	10346 FALSE		TRUE FALSE	February 209	Complete		Deleted from CPT Decrease
37212	Transcatheter therapy, venous infi Bundle Thrombolysis	April 2012	15		ACR, SIR, S 7.06	Codes Reported Together	75% February 2010	000	6.81 1.89	NA	1.11	2474 FALSE		FALSE			TRUE	Decrease
37213 3721 <i>4</i>	Transcatheter therapy, arterial or Bundle Thrombolysis	April 2012	15 15		ACR, SIR, S 5.00	Codes Reported Together	•	000	4.75 1.22	NA	0.78	1877 FALSE 5072 FALSE		FALSE FALSE				Decrease
37214 37220	Transcatheter therapy, arterial or Bundle Thrombolysis Revascularization, endovascular, o Endovascular Revasculariza	April 2012 at April 2022	15 April	l 2023 RUC	ACR, SIR, S 3.04 SVS, ACS, ! Refer to CPT. 8.15	Codes Reported Together 1 High Volume Growth1	February 2010 February 2010	000 000	2.49 0.64 7.9 2.02	NA 68.59	0.41 1.78	5072 FALSE 11274 FALSE		TRUE	In October February 2023			Decrease Decrease
37221	Revascularization, endovascular, o Endovascular Revasculariza	•	16 April	I 2023 RUC	SVS, ACS, ! Refer to CPT. 10.00	High Volume Growth1	February 2010	000	9.75 2.47	84.63	2.20	30206 FALSE		TRUE	In October February 2023		FALSE	Decrease
37222	Revascularization, endovascular, o Endovascular Revascularization	•	•	1 2023 RUC	SVS, ACS, ! Refer to CPT. 3.73	High Volume Growth1	February 2010	ZZZ	3.73 0.85	14.34	0.85	3085 FALSE		TRUE	In October February 2023			Decrease
37223 37224	Revascularization, endovascular, o Endovascular Revascularization, endovascularization,	•	•	l 2023 RUC l 2023 RUC	SVS, ACS, ! Refer to CPT. 4.25 SVS, ACS, ! Refer to CPT. 9.00	High Volume Growth1 High Volume Growth1	February 2010 February 2010	ZZZ 000	4.25 0.98 8.75 2.27	34.68 80.87	0.98 1.95	4092 FALSE 30467 FALSE		TRUE TRUE	In October February 2023 In October February 2023			Decrease Decrease
37225	Revascularization, endovascular, o Endovascular Revasculariza	t April 2022	16 April	l 2023 RUC	SVS, ACS, SRefer to CPT.	High Volume Growth1 / PE	Sc February 2010	000	11.75 3.21	261.72	2.56	41114 FALSE		TRUE	In October February 2023		FALSE	Decrease
37226	Revascularization, endovascular, o Endovascular Revasculariza	nt April 2022	16 April	l 2023 RUC	SVS, ACS, ! Refer to CPT. 10.49	High Volume Growth1	February 2010	000	10.24 2.60	244.93	2.33	22168 FALSE		TRUE	In October February 2023		FALSE	Decrease

37227	Revascularization, endovascular, o Endovascular Revascularizat	April 2022	16	April 2023 RUC	SVS, ACS, SRefer to CPT. 14.50	High Volume Growth1 / PE Sc	February 2010	000	14.25 3.65	336.35	3.09	21431 FALSE		TRUE	In October February 2023	F,	ALSE I	Decrease
37228	Revascularization, endovascular, o Endovascular Revascularizat	•	16	April 2023 RUC	SVS, ACS, SRefer to CPT. 11.00	ū	February 2010	000	10.75 2.69		2.36	32986 FALSE			In October February 2023			Decrease
37229 37230	Revascularization, endovascular, o Endovascular Revascularizat Revascularization, endovascular, o Endovascular Revascularizat	•	16 16	April 2023 RUC April 2023 RUC	SVS, ACS, SRefer to CPT. 14.05 SVS, ACS, SRefer to CPT. 13.80	High Volume Growth1 / PE Sc High Volume Growth1	February 2010 February 2010	000 000	13.8 3.66 13.55 3.78		2.85 3.00	39090 FALSE 2731 FALSE		TRUE	In October February 2023 In October February 2023			Decrease Decrease
37231	Revascularization, endovascular, o Endovascular Revascularization	•	16	April 2023 RUC	SVS, ACS, ! Refer to CPT. 15.00	· ·	February 2010	000	14.75 4.00		2.73	2909 FALSE		TRUE	In October February 2023			Decrease
37232	Revascularization, endovascular, o Endovascular Revascularizat	•	16	April 2023 RUC	SVS, ACS, ! Refer to CPT. 4.00	•	February 2010	ZZZ	4 1.01		0.79	15768 FALSE		TRUE	In October February 2023			Decrease
37233 37234	Revascularization, endovascular, o Endovascular Revascularizat Revascularization, endovascular, o Endovascular Revascularizat	•	16 16	April 2023 RUC April 2023 RUC	SVS, ACS, SRefer to CPT. 6.50 SVS, ACS, SRefer to CPT. 5.50	•	February 2010 February 2010	ZZZ ZZZ	6.5 1.62 5.5 1.56	24.00 106.58	1.33 1.20	8651 FALSE 402 FALSE		TRUE TRUE	In October February 2023 In October February 2023			Decrease Decrease
37235	Revascularization, endovascular, o Endovascular Revascularization	•	16	April 2023 RUC	SVS, ACS, ! Refer to CPT. 7.80	· ·	February 2010	ZZZ	7.8 2.12	112.18	1.26	139 FALSE		TRUE	In October February 2023			Decrease
37236	Transcatheter placement of an int Transcatheter Placement of	•	09		SVS, ACS, 59.00	Codes Reported Together 75%	•	000	8.75 2.28	75.20	1.87	11118 FALSE		FALSE	February 210	•		Decrease
37237 37238	Transcatheter placement of an int Transcatheter Placement of Transcatheter placement of an int Transcatheter Placement of Transca	•	09 09		SVS, ACS, \$4.25 SVS, ACS, \$6.29	Codes Reported Together 75% Codes Reported Together 75%	•	ZZZ 000	4.25 0.97 6.04 1.71		0.95 1.18	1341 FALSE 10491 FALSE		FALSE FALSE	February 2 10 February 2 10			Decrease Decrease
37239	Transcatheter placement of an int Transcatheter Placement of	•	09		SVS, ACS, \$3.34	Codes Reported Together 75%	•	ZZZ	2.97 0.82	49.57	0.61	4194 FALSE		FALSE	February 210	•		Decrease
37241	Vascular embolization or occlusior Embolization and Occlusion	•	08		SVS, ACS, 59.00	Codes Reported Together 75%	•	000	8.75 2.47	136.01	1.29	1852 FALSE		FALSE	February 209			Decrease
37242 37243	Vascular embolization or occlusior Embolization and Occlusion Vascular embolization or occlusior Embolization and Occlusion	•	08 08		SVS, ACS, \$11.98 SVS, ACS, \$14.00	Codes Reported Together 75% Codes Reported Together 75%	•	000 000	9.8 2.55 11.74 3.33		1.44 1.09	8018 FALSE 13506 FALSE		FALSE FALSE	February 209 February 209			Decrease Decrease
37243 37244	Vascular embolization or occlusior Embolization and Occlusion	•	08		SVS, ACS, \$14.00	Codes Reported Together 75%	•	000	13.75 4.05		1.33	13195 FALSE		FALSE	February 209			Decrease
37246	Transluminal balloon angioplasty (Open and Percutaneous Tra	•	15	RUC	ACR, SIR, S 7.00	Codes Reported Together 75%		000	7 1.89	48.61	1.24	7743 FALSE		FALSE	October 2(24	•		Decrease
37247 37248	Transluminal balloon angioplasty (Open and Percutaneous Transluminal balloon angioplasty (Open and Percutaneous Transluminal balloon angioplasty)	•	15 15	RUC RUC	ACR, SIR, S 3.50 ACR, SIR, S 6.00	Codes Reported Together 75% Codes Reported Together 75%		ZZZ 000	3.5 0.73 6 1.79		0.73	651 FALSE 14716 FALSE		FALSE FALSE	October 2(24 October 2(24			Decrease Decrease
37248 37249	Transluminal balloon angioplasty (Open and Percutaneous Transluminal balloon angioplasty)	•	15	RUC	ACR, SIR, S 2.97	Codes Reported Together 75%		ZZZ	2.97 0.76	35.48 10.13	0.86 0.50	3590 FALSE		FALSE	October 2024 October 2024			Decrease
37250	•	January 2015	07		• •		July 2014					FALSE		TRUE	A CCP was October 2(13	Complete T		Deleted from CPT
37251 37252	·	January 2015	07		ACC,SCAI, Deleted from CPT ACC,SCAI, 1.80	Final Rule for 2015 Final Rule for 2015 / Work Ne	July 2014	777	1.8 0.45	27.51	0.24	FALSE 68320 FALSE		TRUE FALSE	A CCP was October 2(13			Deleted from CPT Decrease
37252 37253	•	October 2018 October 2018	14 14		ACC,SCAI, 1.80 ACC,SCAI, 1.44	Final Rule for 2015 / Work Ne	,	ZZZ ZZZ	1.44 0.36	27.51 3.38	0.34 0.25	105426 FALSE		FALSE	October 2(13 October 2(13	•		Decrease
37609	•	September 2007	16		SVS, ACS Reduce 99238 to 0.5	Site of Service Anomaly (9923	•	010	3.05 2.36	5.74	0.64	11518 FALSE		FALSE		•		PE Only
37619	Ligation of inferior vena cava Ligation of Inferior Vena Cav.	•	13		•	Codes Reported Together 75%	•	090	30 13.84	NA	7.57	51 FALSE		FALSE	February 215			Increase
37620 37760		April 2010 April 2009	45 10		ACR, SIR, S Deleted from CPT SVS, ACS 10.69	Codes Reported Together 75% Site of Service Anomaly	September 2007	090	10.78 3.47	NA	2.69	FALSE 39 FALSE		TRUE TRUE	The Work February 215 The RUC reFebruary 219			Deleted from CPT Maintain
37761		April 2009	10		SVS, ACS 9.00	•	April 2009	090	9.13 4.46	NA	2.20	227 FALSE		FALSE	,	•	RUE I	Increase
37765	Stab phlebectomy of varicose vein Stab Phlebectomy of Varico	•	12		ACS, SIR, S 4.80	High Volume Growth1 / CMS I	•	010	4.8 2.12	7.04	1.05	9983 FALSE		FALSE				Decrease
37766 37785	Stab phlebectomy of varicose vein Stab Phlebectomy of Varico Ligation, division, and/or excision Ligation	April 2018 September 2007	12 ' 16		ACS, SIR, S 6.00 APMA, SV'. Reduce 99238 to 0.5	High Volume Growth1 / CMS   Site of Service Anomaly (9923)	•	010 090	6 2.44 3.93 2.69	7.69 5.77	1.32 0.95	8158 FALSE 707 FALSE		FALSE FALSE				Decrease PE Only
38220	Diagnostic bone marrow; aspiratic Diagnostic Bone Marrow As	•	06		ASCO, ASH 1.20	CMS High Expenditure Proced		XXX	1.2 0.70	3.35	0.09	4953 FALSE		FALSE	February 216			Decrease
38221	Diagnostic bone marrow; biopsy(i Diagnostic Bone Marrow As	•	06		ASCO, ASH 1.28	CMS High Expenditure Proced	•	XXX	1.28 0.70	3.46	0.09	8935 FALSE		TRUE	Prior to the February 216	•		Decrease
38222 38505	Diagnostic bone marrow; biopsy(i Diagnostic Bone Marrow As Biopsy or excision of lymph node( Needle Biopsy of Lymph No	•	06 15		ASCO, ASH 1.44 ACR, SIR 1.59	CMS High Expenditure Proced Harvard Valued - Utilization or	,	000	1.44 0.68 1.59 0.77	3.68 3.60	0.11 0.14	112874 FALSE 32769 FALSE		FALSE FALSE	February 216	•		Decrease Increase
38542	Dissection, deep jugular node(s) Jugular Node Dissection		40		ACS, AAO- 7.85		September 2007	090	7.95 6.19	NA	1.37	503 FALSE		FALSE				Increase
38570	Laparoscopy, surgical; with retrop Laparoscopy Lymphadenect	September 2014			AUA 9.34	010-Day Global Post-Operative	•	010	8.49 5.28	NA	1.47	5794 FALSE		FALSE				Maintain
38571	Laparoscopy, surgical; with bilater Laparoscopy Lymphadenect	•				CMS Fastest Growing / 010-Da		010	12 5.89	NA	1.53	16802 FALSE		FALSE				Decrease
38572 38792	Laparoscopy, surgical; with bilater Laparoscopy Lymphadenect Injection procedure; radioactive tr Radioactive Tracer	January 2018	23		ACOG 15.60 0.65	010-Day Global Post-Operative Negative IWPUT	April 2017	010 000	15.6 8.72 0.65 0.23	NA 1.72	2.46 0.09	1824 FALSE 29251 FALSE		FALSE FALSE				Decrease Increase
39400	Mediastinoscopy, includes biopsy( Mediastinoscopy with Biops	•	08		STS Deleted from CPT	· ·	January 2014					FALSE		TRUE	Referred to October 2014	Complete T	RUE I	Deleted from CPT
39401	Mediastinoscopy; includes biopsy( Mediastinoscopy with Biops	•	08		STS 5.44	•	October 2014	000	5.44 2.32	NA	1.29	375 FALSE		FALSE	October 2(14			Decrease
39402 40490	Mediastinoscopy; with lymph nod Mediastinoscopy with Biops.  Biopsy of lip  Biopsy of Lip	September 2011	08 21		STS 7.50 AAO-HNS, 1.22	Pre-Time Analysis Harvard Valued - Utilization or	October 2014 April 2011	000	7.25 2.87 1.22 0.68	NA 2.32	1.70 0.11	3044 FALSE 26035 FALSE		FALSE FALSE	October 2(14			Increase Maintain
40650		April 2016	46		AAOS, ACE PE Clinical staff pre-time revised		October 2015	090	3.78 4.74	9.90	0.73		Nov 2016 yes	FALSE				PE Only
40800		April 2014	52		Maintain	010-Day Global Post-Operative	•	010	1.23 2.15	4.76	0.12	2838 FALSE		FALSE				Maintain
40801 40808		January 2020 April 2018	37 13		APMA, AA Maintain. Reduced 99238 to 0.5 AAOHNS, 1.05	Site of Service Anomaly (9923 Negative IWPUT	September 2007 April 2017	010 010	2.63 2.91 1.05 1.40	5.75 3.89	0.25 0.11	1342 FALSE 7939 FALSE		FALSE FALSE				PE Only Increase
40812		April 2014	52		Maintain	010-Day Global Post-Operative	•	010	2.37 2.85	5.94	0.25	5069 FALSE		FALSE				Maintain
40820		April 2014	52		Maintain	010-Day Global Post-Operative	•	010	1.34 3.54	6.44	0.12	870 FALSE		FALSE				Maintain
41530 42145	Submucosal ablation of the tongu Submucosal ablation of tong Palatopharyngoplasty (eg, uvulopa Palatopharyngoplasty	April 2015 April 2008	26 <i>4</i> 1	RUC	AAO-HNS 3.50 AAO-HNS 9.63		July 2014 September 2007	000 090	3.5 7.41 9.78 9.25	24.36 NA	0.50 1.39	248 FALSE 359 FALSE		FALSE FALSE				Decrease Maintain
42415	Excision of parotid tumor or parot Excise Parotid Gland/Lesion	•	27		ACS, AAO- 18.12	Site of Service Anomaly	September 2007	090	17.16 11.64	NA	2.50	4301 FALSE		FALSE				Maintain
42420	Excision of parotid tumor or parot Excise Parotid Gland/Lesion	•	27		ACS, AAO- 21.00	•	•		19.53 12.70	NA	2.85	1345 FALSE		FALSE				Maintain
42440 43191	Excision of submandibular (subma Submandibular Gland Excisi Esophagoscopy, rigid, transoral; di Esophagoscopy	October 2010 October 2012	64 10		AAO-HNS, 7.13 AAO-HNS, 2.78	Site of Service Anomaly MPC List	September 2007 September 2011	090	6.14 5.27 2.49 1.69	NA NA	0.89 0.37	1464 FALSE 2534 FALSE		FALSE FALSE				Maintain Increase
43192		October 2012	10		AAO-HNS, 3.21	MPC List	September 2011		2.79 1.79	NA	0.40	164 FALSE		FALSE				Increase
43193		October 2012	10		AAO-HNS, 3.36	MPC List	September 2011		2.79 1.78	NA	0.40	196 FALSE		FALSE				Increase
43194 43195		October 2012 October 2012	10 10		AAO-HNS, 3.99 AAO-HNS, 3.21		September 2011 September 2011	000 000	3.51 1.60 3.07 1.91	NA NA	0.57 0.43	118 FALSE 493 FALSE		FALSE FALSE				Increase Increase
43193		October 2012 October 2012	10		AAO-HNS, 3.36	MPC List	September 2011	000	3.31 2.00	NA	0.43	375 FALSE		FALSE		т		Increase
43197	Esophagoscopy, flexible, transnasa Esophagoscopy	October 2012	10		AAO-HNS, 1.59	MPC List	September 2011		1.52 0.67	4.04	0.24	909 FALSE		FALSE				Maintain
43198 43200		October 2012 October 2012	10		AAO-HNS, 1.89 AAO-HNS, 1.59		September 2011 September 2011	000 000	1.82 0.82 1.42 0.94	4.33 6.43	0.25	210 FALSE 4190 FALSE		FALSE FALSE	May 2012			Maintain Maintain
43200		October 2012 October 2012	10		AGA, ASGI 1.90	MPC List	•	000	1.72 1.06	5.98	0.21 0.25	200 FALSE		FALSE	May 2012			Decrease
43202		October 2012	10		AAO-HNS, 1.89		September 2011		1.72 1.07	9.12	0.23	1940 FALSE		FALSE	May 2012			Maintain
43204		October 2012	10		AGA, ASGI 2.89		•		2.33 1.36	NA	0.25	17 FALSE		FALSE	May 2012			Decrease
43205 43206		October 2012 October 2012	10 10		AGA, ASGE 3.00 AGA, ASGE 2.39		September 2011 September 2011	000 000	2.44 1.41 2.29 1.35	NA 6.70	0.25 0.25	109 FALSE 26 FALSE		FALSE FALSE	May 2012			Decrease Decrease
43211	Esophagoscopy, flexible, transoral Esophagoscopy	October 2012	10		AGA, ASGI 4.58	MPC List	September 2011	000	4.2 2.20	NA	0.45	67 FALSE		FALSE		Т	RUE I	Decrease
43212		October 2012	10 10		AGA, ASGE 3.73		September 2011	000	3.4 1.58	NA 22.20	0.57	493 FALSE 179 FALSE		FALSE FALSE				Decrease
43213 43214		October 2012 October 2012	10 10		AGA, ASGE 5.00 AGA, ASGE 3.78		September 2011 September 2011	000 000	4.63 2.26 3.4 1.81	33.29 NA	0.72 0.44	179 FALSE		FALSE				Decrease Decrease
43215		October 2012	10		AAO-HNS, 2.60	MPC List	•		2.44 1.34	9.33	0.37	752 FALSE		FALSE	May 2012			Maintain
43216		October 2012	10		AGA, ASGI 2.40	MPC List	•		2.3 1.35	10.15	0.25	135 FALSE		FALSE	May 2012		_	Maintain
43217 43219		October 2012 October 2012	10 10		AGA, ASGI 2.90 AGA, ASGI Deleted from CPT		September 2011 September 2011	000	2.8 1.57	9.85	0.31	28 FALSE FALSE		FALSE FALSE	May 2012 May 2012			Maintain Deleted from CPT
43220		October 2012	10		AGA, ASGE 2.10		September 2011	000	2 1.20	26.03	0.25	1676 FALSE		FALSE	May 2012			Maintain
43226		October 2012	10		AAO-HNS, 2.34		•		2.24 1.25	9.29	0.33	1386 FALSE		FALSE	May 2012			Maintain
43227 43228		October 2012 October 2012	10 10		AGA, ASGI 3.26 AGA, ASGI Deleted from CPT		September 2011 September 2011	000	2.89 1.59	15.26	0.34	164 FALSE FALSE		FALSE FALSE	May 2012 May 2012			Decrease Deleted from CPT
43228		October 2012 October 2012	10		AGA, ASGE Deleted from CPT	MPC List	•	000	3.49 1.85	18.25	0.41	1542 FALSE		FALSE	ividy ZUIZ			Decrease
43231	Esophagoscopy, flexible, transoral Esophagoscopy	April 2013	10		AGA, ASGI 3.19	MPC List	September 2011	000	2.8 1.55	NA	0.29	486 FALSE		FALSE	May 2012	Т	RUE I	Maintain
43232 43233		April 2013 January 2013	10 08		AGA, ASGE 3.83 AGA, ASGE 4.45		September 2011 October 2012	000 000	3.59 1.85 4.07 2.06	NA NA	0.39 0.60	330 FALSE 1145 FALSE		FALSE FALSE	May 2012 October 2(14			Decrease Decrease
43233 43234		April 2013	10		AGA, ASGI Deleted from CPT		September 2011	000	4.07 2.00	IVA	0.00	FALSE		TRUE	Several sp. February 211	•		Decrease Deleted from CPT
43235	Esophagogastroduodenoscopy, fle EGD	January 2013	08		AGA, ASGI 2.26	MPC List / CMS High Expendit	October 2010	000	2.09 1.25	6.75	0.25	253237 FALSE		FALSE	October 2(14	Complete T	RUE I	Decrease
43236		January 2013	08			CMS Fastest Growing / MPC List		000	2.39 1.38	9.76	0.25		Apr 2009 a Yes	FALSE	October 2(14			Decrease
43237 43238		April 2013 April 2013	11 11		AGA, ASGE 3.85 AGA, ASGE 4.50		September 2011 September 2011	000 000	3.47 1.87 4.16 2.18	NA NA	0.39 0.44	16466 FALSE 13506 FALSE		TRUE TRUE	In the Pan February 212 In the Pan February 212	•		Decrease Decrease
43239	Esophagogastroduodenoscopy, fle EGD with Biopsy	April 2019	12		ACG, ACS, 2.39	MPC List / CMS Request - Fina	October 2010	000	2.39 1.38	8.97	0.27	1131001 FALSE		FALSE		•		Maintain
43240	1 0 0	April 2013	11		AGA, ASGI 7.25	MPC List	September 2011	000	7.15 3.51	NA	0.79	1053 FALSE		TRUE	In the Pan February 212			Increase
43241	Esophagogastroduodenoscopy, fle EGD	January 2013	Uð		AGA, ASGE 2.59	MPC List	September 2011	000	2.49 1.37	NA	0.31	4196 FALSE		FALSE	October 2012	I	NUE I	Maintain

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43242	Esophagogastroduodenoscopy, fle EGD	April 2013	11	AGA, ASGI 4.37	CMS Fastest Growing / MPC		000	4.73 2.44	NA	0.52	23675 TRUE	Mar 2009 Yes		In the Pan February 212	Complete		Decrease
43243 43244	Esophagogastroduodenoscopy, fle EGD Esophagogastroduodenoscopy, fle EGD	January 2013 January 2013	08 08	AGA, ASGE 4.37 AGA, ASGE 4.50	MPC List MPC List	September 2011 September 2011	000 000	4.27 2.16 4.4 2.29	NA NA	0.50 0.47	491 FALSE 18306 FALSE		FALSE FALSE	October 2012 October 2012			Decrease Decrease
43244	Esophagogastroduodenoscopy, fle EGD	January 2013	08	AGA, ASGI 4:30 AGA, ASGI 3:18	MPC List	September 2011	000	3.08 1.65	15.01	0.47	12727 FALSE		FALSE	October 2012 October 2012			Maintain
43246	Esophagogastroduodenoscopy, fle EGD	April 2013	11	AGA, ASGE 4.32	MPC List	September 2011	000	3.56 1.79	NA	0.52	66201 FALSE		FALSE	October 2012			Maintain
43247	Esophagogastroduodenoscopy, fle EGD	January 2013	08	AGA, ASGE 3.27	MPC List	September 2011		3.11 1.68	8.25	0.39	23932 FALSE		FALSE	October 2012			Decrease
43248	Esophagogastroduodenoscopy, fle EGD	January 2013	08	AGA, ASGE 3.01	MPC List	September 2011	000	2.91 1.61	9.47	0.33	86776 FALSE		FALSE	October 2012		TRUE	Decrease
43249	Esophagogastroduodenoscopy, fle EGD	January 2013	08	AGA, ASGE 2.77	MPC List	September 2011	000	2.67 1.50	31.12	0.32	103830 FALSE		FALSE	October 2012		TRUE	Decrease
43250	Esophagogastroduodenoscopy, fle EGD	January 2013	08	AGA, ASGE 3.07	MPC List	September 2011	000	2.97 1.59	10.58	0.42	2969 FALSE		FALSE	October 2012			Decrease
43251	Esophagogastroduodenoscopy, fle EGD	April 2013	11	AGA, ASGI 3.57	MPC List	September 2011	000	3.47 1.86	11.44	0.40	31307 FALSE		FALSE	October 2012			Decrease
43253	Esophagogastroduodenoscopy, fle EGD	April 2013	11	AGA, ASGE 5.39	MPC List	February 2012	000	4.73 2.43	NA	0.52	2011 FALSE			In the Pan February 212	Complete		Decrease
43254	Esophagogastroduodenoscopy, fle EGD	January 2013	08	AGA, ASGE 5.25	MPC List	October 2012	000	4.87 2.49	NA	0.56	4869 FALSE		FALSE	October 2(14	Complete		Decrease
43255	Esophagogastroduodenoscopy, fle EGD	January 2013	08	AGA, ASSI Poloted from CDT	MPC List	September 2011	000	3.56 1.91	15.52	0.40	57096 FALSE		FALSE	October 2012			Decrease
43256 43257	Upper gastrointestinal endoscopy EGD Esophagogastroduodenoscopy, fle EGD	January 2013 January 2013	08 08	AGA, ASGI Deleted from CPT AGA, ASGI 4.25	MPC List MPC List	September 2011 September 2011	000	4.15 2.13	NA	0.56	FALSE 106 FALSE		FALSE FALSE	October 2012 October 2012			Deleted from CPT Decrease
43258	Upper gastrointestinal endoscopy EGD	January 2013	08	AGA, ASGI 4.23 AGA, ASGI Deleted from CPT	MPC List	September 2011	000	4.13 2.13	INA	0.50	FALSE		FALSE	October 2012 October 2014	Complete		Deleted from CPT
43259	Esophagogastroduodenoscopy, fle EGD	April 2013	11	AGA, ASGE Deleted from CFT	CMS Fastest Growing	October 2008	000	4.04 2.13	NA	0.42		Mar 2009 Yes		In the Pan February 212	Complete		Decrease
43260	Endoscopic retrograde cholangiop ERCP	April 2013	12	AGA, ASGE 5.95	MPC List	September 2011	000	5.85 2.93	NA	0.65	4228 FALSE	Widi 2005 105	TRUE	Several sp. February 213	Complete		Maintain
43261	Endoscopic retrograde cholangiop ERCP	April 2013	12	AGA, ASGI 6.25	MPC List	September 2011	000	6.15 3.07	NA	0.67	6788 FALSE		FALSE	January 2013	<b>,</b>		Decrease
43262	Endoscopic retrograde cholangiop ERCP	April 2013	12	AGA, ASGI 6.60	MPC List	September 2011	000	6.5 3.23	NA	0.73	26478 FALSE		FALSE	January 20 13		TRUE	Decrease
43263	Endoscopic retrograde cholangiop ERCP	April 2013	12	AGA, ASGE 7.28	MPC List	September 2011	000	6.5 3.23	NA	0.73	47 FALSE		FALSE	February 213		TRUE	Maintain
43264	Endoscopic retrograde cholangiop ERCP	April 2013	12	AGA, ASGE 6.73	Harvard Valued - Utilization	o April 2011	000	6.63 3.28	NA	0.73	51951 FALSE		FALSE	February 213			Decrease
43265	Endoscopic retrograde cholangiop ERCP	April 2013	12	AGA, ASGE 8.03	MPC List	September 2011	000	7.93 3.87	NA	0.89	2379 FALSE		FALSE	February 213			Decrease
43266	Esophagogastroduodenoscopy, fle EGD	January 2013	08	AGA, ASGE 4.40	MPC List	October 2012	000	3.92 1.96	NA	0.50	5609 FALSE		FALSE	October 2(14	Complete		Decrease
43267	Endoscopic retrograde cholangiop ERCP	April 2013	12	AGA, ASSI Deleted from CPT	MPC List	September 2011					FALSE		FALSE	February 213			Deleted from CPT
43268	Endoscopic retrogrado cholongion ERCP	April 2013 April 2013	12 12	AGA, ASGI Deleted from CPT AGA, ASGI Deleted from CPT	Harvard Valued - Utilization of MPC List	•					FALSE FALSE		FALSE FALSE	February 213			Deleted from CPT
43269 43270	Endoscopic retrograde cholangiop ERCP Esophagogastroduodenoscopy, fle EGD	January 2013	08	AGA, ASGE Deleted from CPT AGA, ASGE 4.39	MPC List	September 2011 October 2012	000	4.01 2.11	18.26	0.43	17190 FALSE		FALSE	February 213 October 2(14	Complete		Deleted from CPT Decrease
43270	Endoscopic retrograde cholangiop ERCP	April 2013	12	AGA, ASGI 4:33	MPC List	September 2011	000	4.01 2.11	10.20	0.43	FALSE		FALSE	February 213	Complete	TRUE	Deleted from CPT
43272	Endoscopic retrograde cholangiop ERCP	April 2013	12	AGA, ASGE Deleted from CPT	MPC List	September 2011					FALSE		FALSE	February 213			Deleted from CPT
43273	Endoscopic cannulation of papilla ERCP	April 2013	12	AGA, ASGE 2.24	MPC List	September 2011	ZZZ	2.24 1.00	NA	0.25	7409 FALSE		FALSE	February 213			Maintain
43274	Endoscopic retrograde cholangiop ERCP	April 2013	12	AGA, ASGI 8.74	MPC List	September 2011		8.48 4.10	NA	0.95	40694 FALSE		FALSE	February 213			Decrease
43275	Endoscopic retrograde cholangiop ERCP	April 2013	12	AGA, ASGI 6.96	MPC List	September 2011	000	6.86 3.38	NA	0.76	12746 FALSE		FALSE	February 213			Decrease
43276	Endoscopic retrograde cholangiop ERCP	April 2013	12	AGA, ASGE 9.10	MPC List	September 2011	000	8.84 4.27	NA	0.98	15929 FALSE		FALSE	February 213		TRUE	Decrease
43277	Endoscopic retrograde cholangiop ERCP	April 2013	12	AGA, ASGE 7.11	MPC List	September 2011	000	6.9 3.41	NA	0.76	6431 FALSE		FALSE	February 213		TRUE	Decrease
43278	Endoscopic retrograde cholangiop ERCP	April 2013	12	AGA, ASGI 8.08	MPC List	September 2011	000	7.92 3.86	NA	0.89	456 FALSE		FALSE	February 213			Decrease
43450	Dilation of esophagus, by unguide Dilation of Esophagus	October 2012	17	AGA, ASGI 1.30	MPC List	September 2011	000	1.28 0.90	4.29	0.14	53506 FALSE		FALSE				Decrease
43453	Dilation of esophagus, over guide Dilation of Esophagus	October 2012	17	AGA, ASGE 1.51	MPC List	September 2011	000	1.41 0.94	23.63	0.18	1132 FALSE		FALSE	May 2012			Maintain
43456	Dilation of esophagus, by balloon Dilation of Esophagus	October 2012	17	AGA, ASSI Poloted from CPT	MPC List	September 2011					FALSE		FALSE	October 2(14	Complete		Deleted from CPT
43458 43760	Dilation of esophagus with balloor Dilation of Esophagus Change of gastrostomy tube, perc Gastrostomy Tube Replace	October 2012	1/	AGA, ASGI Deleted from CPT ACEP, ACG Deleted from CPT	MPC List CMS 000-Day Global Typicall	September 2011					FALSE FALSE		FALSE TRUE	October 2(14 In April 20 Septembe 18	Complete Complete		Deleted from CPT Deleted from CPT
43762	Replacement of gastrostomy tube Gastrostomy Tube Replace	•	20 January 20 RAW	ACEP, ACG Deleted from CFT  ACEP, ACG 0.75. CPT Assistant article	CMS 000-Day Global Typicall		000	0.75 0.22	6.14	0.12		June 2022 complete	FALSE	III April 20 September 18	Complete		Decrease
43763	Replacement of gastrostomy tube Gastrostomy Tube Replace	•	20 January 20 RAW	ACEP, ACG 1.41. CPT Assistant article.	CMS 000-Day Global Typicall		000	1.41 0.84	8.92	0.25	2006 TRUE	June 2022 complete	FALSE				Decrease
44143	Colectomy, partial; with end colos RAW	January 2016	54	99214 visit appropriate. Remove			090	27.79 15.00	NA	6.46	8929 FALSE		FALSE				Remove from Screen
44205	Laparoscopy, surgical; colectomy, Laproscopic Procedures	October 2008	26	ACS, ASCR Remove from screen	CMS Fastest Growing	October 2008	090	22.95 11.81	NA	4.79	10094 FALSE		FALSE			TRUE	Remove from Screen
44207	Laparoscopy, surgical; colectomy, Laproscopic Procedures	October 2008	26	ACS, ASCR Remove from screen	CMS Fastest Growing	February 2008	090	31.92 15.29	NA	6.34	8396 FALSE		FALSE			TRUE	Remove from Screen
44380	lleoscopy, through stoma; diagnos lleoscopylleoscopy	October 2013	04	AGA, ASGI 0.97	MPC List	September 2011	000	0.87 0.68	5.01	0.10	1720 FALSE		FALSE	May 2013	Complete	TRUE	Decrease
44381	lleoscopy, through stoma; with tralleoscopy	October 2013	04	AGA, ASGE 1.48	MPC List	May 2013	000	1.38 0.90	28.87	0.18	155 FALSE		FALSE	May 2013	Complete		Decrease
44382	lleoscopy, through stoma; with bic lleoscopylleoscopylleoscopy		04	AGA, ASGI 1.27	MPC List	September 2011	000	1.17 0.84	7.95	0.12	1292 FALSE		FALSE	May 2013	Complete		Maintain
44383	lleoscopy, through stoma; with tralleoscopy	October 2013	04	AGA, ASGI Deleted from CPT	MPC List	September 2011	000	2.05.4.22		0.05	FALSE		FALSE	May 2013	Complete		Deleted from CPT
44384	lleoscopy, through stoma; with plalleoscopy	October 2013	04	AGA, ASGE 3.11	MPC List	May 2013	000	2.85 1.32	NA 5.40	0.35	99 FALSE		FALSE	May 2013	Complete		Decrease
44385 44386	Endoscopic evaluation of small int Pouchoscopy  Endoscopic evaluation of small int Pouchoscopy	October 2013 October 2013	05 05	ACG, ACS, 1.30 ACG, ACS, 1.60	MPC List MPC List	September 2011 September 2011	000 000	1.2 0.76 1.5 0.92	5.18 7.92	0.17 0.20	1065 FALSE 1677 FALSE		FALSE FALSE	May 2013 May 2013	Complete Complete		Decrease Decrease
44388	Colonoscopy through stoma; diagi Colonoscopy through stom		08	ACG, ACS, 1.00 ASCRS, AC 2.82	MPC List	September 2011	000	2.72 1.46	6.49	0.40	3386 FALSE		TRUE	Several sp. October 2(17	Complete		Maintain
44389	Colonoscopy through stoma; with Colonoscopy through stom	•	08	ASCRS, AC 3.12	MPC List	September 2011	000	3.02 1.62	9.22	0.39	2086 FALSE		TRUE	Several spi October 2(17	Complete		Decrease
44390	Colonoscopy through stoma; with Colonoscopy through stom		08	ASCRS, AC 3.82	MPC List	September 2011	000	3.74 1.99	8.16	0.40	16 FALSE		TRUE	Several sp. October 2(17	Complete		Maintain
44391	Colonoscopy through stoma; with Colonoscopy through stom	•	08	ASCRS, AC 4.22	MPC List	September 2011	000	4.12 2.13	15.15	0.50	150 FALSE		TRUE	Several sp. October 2(17	Complete	TRUE	Decrease
44392	Colonoscopy through stoma; with Colonoscopy through stom	a January 2014	08	ASCRS, AC 3.63	MPC List	September 2011	000	3.53 1.77	7.67	0.54	183 FALSE		TRUE	Several sp October 2(17	Complete	TRUE	Decrease
44393	Colonoscopy through stoma; with Colonoscopy through stom	a January 2014	08	ASCRS, AC Deleted from CPT	MPC List	September 2011					FALSE		TRUE	Several sp October 2(17	Complete	TRUE	Deleted from CPT
44394	Colonoscopy through stoma; with Colonoscopy through stom	a January 2014	08	ASCRS, AC 4.13	MPC List	September 2011	000	4.03 2.05	8.82	0.54	1664 FALSE		TRUE	Several sp. October 2(17	Complete	TRUE	Decrease
44397	Colonoscopy through stoma; with Colonoscopy through stom	•	08	ASCRS, AC Deleted from CPT	MPC List	September 2011					FALSE		TRUE	Several sp October 2(17	Complete		Deleted from CPT
44401	Colonoscopy through stoma; with Colonoscopy through stom	•	08	ASCRS, AC 4.44	MPC List	September 2011	000	4.34 2.26	70.35	0.47	47 FALSE		TRUE	October 2(17	Complete		Decrease
44402	Colonoscopy through stoma; with Colonoscopy through stom	•	08	ASCRS, AC 5.84	MPC List	January 2014	000	4.7 2.43	NA	0.52	15 FALSE		FALSE	October 2(17	Complete		Decrease
44403 44404	Colonoscopy through stoma; with Colonoscopy through stom Colonoscopy through stoma; with Colonoscopy through stom	•	08 08	ASCRS, AC 5.81 ASCRS, AC 3.13	MPC List MPC List	January 2014 January 2014	000 000	5.5 2.78 3.02 1.62	NA 9.55	0.60 0.40	68 FALSE 176 FALSE		TRUE TRUE	October 2( 17 October 2( 17	Complete Complete		Decrease Decrease
44404	Colonoscopy through stoma; with Colonoscopy through stom	•	08	ASCRS, AC 3.13 ASCRS, AC 3.33	MPC List	January 2014 January 2014	000	3.02 1.02	13.62	0.40	54 FALSE		TRUE	October 2(17	Complete		Decrease
44406	Colonoscopy through stoma; with Colonoscopy through stom		08	ASCRS, AC 4.41	MPC List	January 2014	000	4.1 2.16	NA	0.43	3 FALSE		TRUE	October 2(17	Complete		Decrease
44407	Colonoscopy through stoma; with Colonoscopy through stom	•	08	ASCRS, AC 5.06	MPC List	January 2014	000	4.96 2.54	NA	0.56	2 FALSE		TRUE	October 2(17	Complete		Decrease
44408	Colonoscopy through stoma; with Colonoscopy through stom	a January 2014	08	ASCRS, AC 4.24	MPC List	January 2014	000	4.14 2.17	NA	0.44	60 FALSE		TRUE	October 2(17	Complete		Decrease
44901	Incision and drainage of appendic Drainage of Abscess	January 2013	04	Deleted from CPT	Codes Reported Together 75	•					FALSE		FALSE	October 2006	Complete		Deleted from CPT
44970 45170	Laparoscopy, surgical, appendectc Laproscopic Procedures	October 2008	26	ACS Remove from screen	CMS Fastest Growing	October 2008	090	9.45 6.25	NA	2.31	20116 FALSE		FALSE	CDTday Court Court	0-1-5		Remove from Screen
45170 45171	Deleted from CPT Rectal Tumor Excision  Excision of rectal tumor transpal Portal Tumor Excision	February 2009		ACS, ASCR 200	Site of Service Anomaly	September 2007	000	0 10 0 01	NI A	1 [2	FALSE			CPT code 4 October 2(18	Code Dele		Deleted from CPT
45171 45172	Excision of rectal tumor, transanal Rectal Tumor Excision Excision of rectal tumor, transanal Rectal Tumor Excision	February 2009 February 2009	11 11	ACS, ASCR 8.00 ACS, ASCR 12.00	Site of Service Anomaly Site of Service Anomaly	September 2007 September 2007	090 090	8.13 8.81 12.13 10.29	NA NA	1.52 2.14	1966 FALSE 1566 FALSE		FALSE FALSE				Decrease Decrease
45172 45300	Proctosigmoidoscopy, rigid; diagn. Diagnostic Proctosigmoido	•	13	ACS, ASCR 12.00 ACS, ASCR 0.80	CMS 000-Day Global Typicall	•	090	0.8 0.49	NA 2.98	0.11	17300 FALSE		FALSE				Maintain
45330	Sigmoidoscopy, flexible; diagnostic Flexible Sigmoidoscopy	October 2013	06	ACG, ACS, 0.84	Harvard Valued - Utilization		000	0.84 0.69	4.72	0.11	40039 FALSE		FALSE	May 2013	Complete		Decrease
45331	Sigmoidoscopy, flexible; with biop Flexible Sigmoidoscopy	October 2013	06	ACG, ACS, 0.34 ACG, ACS, 1.14	MPC List	September 2011	000	1.14 0.83	7.58	0.11	28866 FALSE		FALSE	May 2013	Complete		Decrease
45332	Sigmoidoscopy, flexible; with rem Flexible Sigmoidoscopy	October 2013	06	ACG, ACS, 1.85	MPC List	September 2011	000	1.76 1.09	6.51	0.23	279 FALSE		FALSE	May 2013	Complete		Decrease
45333	Sigmoidoscopy, flexible; with rem Flexible Sigmoidoscopy	October 2013	06	ACG, ACS, 1.65	MPC List	September 2011	000	1.55 0.98	8.40	0.22	480 FALSE		FALSE	May 2013	Complete	TRUE	Decrease
45334	Sigmoidoscopy, flexible; with cont Flexible Sigmoidoscopy	October 2013	06	ACG, ACS, 2.10	MPC List	September 2011	000	2 1.21	13.14	0.23	2921 FALSE		FALSE	May 2013	Complete		Decrease
45335	Sigmoidoscopy, flexible; with dire Flexible Sigmoidoscopy	October 2013	06	ACG, ACS, 1.15	MPC List	September 2011	000	1.04 0.77	7.84	0.12	2544 FALSE		FALSE	May 2013	Complete		Decrease
45337	Sigmoidoscopy, flexible; with decc Flexible Sigmoidoscopy	October 2013	06	ACG, ACS, 2.20	MPC List	September 2011		2.1 1.01	NA C 07	0.25	1484 FALSE		FALSE	May 2013	Complete		Decrease
45338 45330	Sigmoidoscopy, flexible; with rem Flexible Sigmoidoscopy	October 2013	06	ACG, ACS, Poloted from CPT	MPC List	September 2011	000	2.05 1.22	6.87	0.25	4295 FALSE		FALSE	May 2013	Complete		Decrease
45339 45340	Sigmoidoscopy, flexible; with abla Flexible Sigmoidoscopy Sigmoidoscopy, flexible; with tran Flexible Sigmoidoscopy	October 2013 October 2013	06 06	ACG, ACS, Deleted from CPT ACG, ACS, 1.35	MPC List MPC List	September 2011 September 2011	000	1.25 0.86	12.88	0.18	FALSE 1058 FALSE		FALSE FALSE	May 2013 May 2013	Complete Complete		Deleted from CPT Decrease
45340 45341	Sigmoidoscopy, flexible; with transflexible Sigmoidoscopy Sigmoidoscopy, flexible; with ends Flexible Sigmoidoscopy	January 2014	09	AGA, ASGE 2.43	MPC List	September 2011 September 2011	000	2.12 1.27	12.88 NA	0.18	1958 FALSE		TRUE	Several spi October 2(16	Complete		Increase
45341	Sigmoidoscopy, flexible; with tran Flexible Sigmoidoscopy	January 2014 January 2014	09	AGA, ASGI 2.43 AGA, ASGI 3.08	MPC List	September 2011	000	2.98 1.65	NA	0.24	311 FALSE		TRUE	Several sp. October 2(16	Complete		Decrease
45345	Sigmoidoscopy, flexible; with tran Flexible Sigmoidoscopy	October 2013	06	ACG, ACS, Deleted from CPT	MPC List	September 2011	-	<del>-</del>		-	FALSE		FALSE	May 2013	Complete		Deleted from CPT
45346	Sigmoidoscopy, flexible; with abla Flexible Sigmoidoscopy	October 2013	06	ACG, ACS, 2.97	MPC List	May 2013	000	2.81 1.55	69.68	0.33	931 FALSE		FALSE	May 2013	Complete		Decrease
45347		October 2013	06	ACG, ACS, 2.98	MPC List	May 2013	000	2.72 1.48	NA	0.31	613 FALSE		FALSE	May 2013	Complete		Decrease
	Sigmoidoscopy, flexible; with plac Flexible Sigmoidoscopy						000	3.52 1.88	NA	0.40	506 FALSE		TRUE	October 2(16	Complete	TRUE	Decrease
45349	Sigmoidoscopy, flexible; with end Flexible Sigmoidoscopy	April 2014	13	AGA, ASGE 3.83	MPC List	January 2014									•		
45350	Sigmoidoscopy, flexible; with end Flexible Sigmoidoscopy Sigmoidoscopy, flexible; with ban Flexible Sigmoidoscopy	April 2014 April 2014	13 13	AGA, ASGI 1.78	MPC List	January 2014	000	1.68 1.06	19.15	0.21	922 FALSE		TRUE	October 2(16	Complete	TRUE	Decrease
45350 45355	Sigmoidoscopy, flexible; with end Flexible Sigmoidoscopy Sigmoidoscopy, flexible; with ban Flexible Sigmoidoscopy Colonoscopy, rigid or flexible, tran Colonoscopy via stoma	April 2014 April 2014 January 2014	13 13 08	AGA, ASGI 1.78 AGA, ASGI Deleted from CPT	MPC List MPC List	January 2014 September 2011	000	1.68 1.06	19.15	0.21	922 FALSE FALSE		TRUE FALSE	October 2(16 February 232	Complete Complete	TRUE TRUE	Decrease Deleted from CPT
45350	Sigmoidoscopy, flexible; with end Flexible Sigmoidoscopy Sigmoidoscopy, flexible; with ban Flexible Sigmoidoscopy	April 2014 April 2014		AGA, ASGI 1.78	MPC List	January 2014 September 2011	000				922 FALSE		TRUE FALSE TRUE	October 2(16	Complete	TRUE TRUE TRUE	Decrease Deleted from CPT Decrease

45380												
_	Colonoscopy, flexible; with biopsy Colonoscopy January 2014	10	AGA, ASGE 3.66	MPC List October 2010	000	3.56 1.89	9.33	0.41	811967 FALSE	TRU	JE Several sp: October 2(18	Complete TRUE Decrease
45381		31	AGA, ASGE 3.67	CMS Fastest Growing / MPC Li October 2008	000	3.56 1.89	9.60	0.41	63277 TRUE	Jun 2010 Yes TRU	JE Several sp October 2(18	Complete TRUE Decrease
45382	Colonoscopy, flexible; with contro Colonoscopy January 2014	10	AGA, ASGE 4.76	MPC List September 2011	000	4.66 2.39	15.39	0.54	21198 FALSE	TRU	JE Several sp October 2(18	Complete TRUE Decrease
45383	Colonoscopy, flexible, proximal to Colonoscopy January 2014	10	AGA, ASGI Deleted from CPT	MPC List September 2011					FALSE	TRU	JE Several sp October 2(18	Complete TRUE Deleted from CPT
45384		10	AGA, ASGI 4.17	MPC List September 2011	000	4.07 2.03	10.30	0.60	50204 FALSE	TRU	JE Several sp October 2(18	Complete TRUE Decrease
45385	• • • • • • • • • • • • • • • • • • • •	13	AGA, ASGE 4.57	MPC List / Codes Reported To October 2010	000	4.57 2.34	8.72	0.54	766664 FALSE	TRU	•	Complete TRUE Maintain
45386		10	AGA, ASGE 3.87	MPC List September 2011		3.77 1.97	14.69	0.44	1879 FALSE	TRU	•	Complete TRUE Decrease
45387	, , , , , , , , , , , , , , , , , , , ,	10	AGA, ASGI Deleted from CPT	MPC List September 2011					FALSE	TRU	'	Complete TRUE Deleted from CPT
45388	• • • • • • • • • • • • • • • • • • • •	10	AGA, ASGE 4.98	MPC List January 2014	000	4.88 2.43	72.13	0.60	19852 FALSE	FAL	'	Complete TRUE Decrease
45389	• • • • • • • • • • • • • • • • • • • •	10	AGA, ASGE 5.50	MPC List January 2014	000	5.24 2.64	NA	0.60	425 FALSE	FAL		Complete TRUE Decrease
45390		10	AGA, ASGE 6.35	MPC List January 2014	000	6.04 3.01	NA	0.66	19558 FALSE	FAL		Complete TRUE Decrease
45391	• • • • • • • • • • • • • • • • • • • •	10	AGA, ASGE 4.95	MPC List September 2011		4.64 2.39	NA	0.51	714 FALSE	TRU		Complete TRUE Decrease
45392		10	AGA, ASGE 5.60	MPC List September 2011		5.5 2.77	NA	0.61	104 FALSE	TRU	•	Complete TRUE Decrease
45392		10	AGA, ASGE 4.78	MPC List September 2013  MPC List January 2014	000	4.68 2.12	NA	0.60	1934 FALSE	FAL	'	Complete TRUE Decrease
45393 45398	• • • • • • • • • • • • • • • • • • • •	10	AGA, ASGI 4.78 AGA, ASGI 4.30	MPC List January 2014  MPC List January 2014	000	4.08 2.12	20.94		2937 FALSE	FAL		•
	• • • • • • • • • • • • • • • • • • • •	16		010-Day Global Post-Operativ October 2019	010			0.60	1239 FALSE	FAL		•
46020 46030	riadement di data.		ACS, ASCR 3.50 ACS, ASCR 2.00			1.86 1.22	NA 6.00	0.34	301 FALSE			
		16	•	010-Day Global Post-Operativ April 2020	010	1.48 0.84	6.09	0.25		FAL		
46200	,,, y	16	ACS Reduce 99238 to 0.5	Site of Service Anomaly (9923 September 2007		3.59 5.85	10.13	0.62	818 FALSE	FAL		TRUE PE Only
46500		24	ACS, ASCR 2.00	010-Day Global Post-Operativ January 2014	010	1.74 3.56	7.59	0.25	10311 FALSE	FAL		TRUE Increase
47011 47125	, , , ,	04	Deleted from CPT	Codes Reported Together 75% January 2012	000	00 47 67	NIA	22.24	FALSE	FAL		Complete TRUE Deleted from CPT
47135 47136	Liver allotransplantation, orthotor Liver Allotransplantation September 2014  Liver allotransplantation; heterotc RAW April 2014		ACS, ASTS 91.78 ACS, ASTS Deleted from CPT	090-Day Global Post-Operativ April 2014	090	90 47.67	NA	22.31	1612 FALSE	FAL		TRUE Increase Complete TRUE Deleted from CPT
47136	P -	52	,	090-Day Global Post-Operativ April 2014	010	14.07.5.00	07.00	1 20	FALSE	TRU		
47382	Ablation, 1 or more liver tumor(s), Interventional Radiology Pri October 2008	13	ACR, SIR New PE Inputs	CMS Request - Practice Expen NA	010	14.97 5.00	97.90	1.39	2796 FALSE	FAL		TRUE PE Only
47490	, , , , , , , , , , , , , , , , , ,	04	ACR 4.76	CMS Fastest Growing October 2008	010	4.76 4.57	NA	0.42	11779 FALSE	TRU		CPT Editor TRUE Decrease
47500	,,,,,,,,	06 RUC	ACR, SIR Deleted from CPT	Codes Reported Together 75% October 2012					FALSE	TRU	,	Complete TRUE Deleted from CPT
47505	Injection procedure for cholangio Percutaneous Biliary Procec October 2015	06 RUC	ACR, SIR Deleted from CPT	Codes Reported Together 75% October 2012					FALSE	TRU	•	Complete TRUE Deleted from CPT
47510	Introduction of percutaneous tran Percutaneous Biliary Procec October 2015	06 RUC	ACR, SIR Deleted from CPT	Codes Reported Together 75% October 2012					FALSE	TRU	•	Complete TRUE Deleted from CPT
47511	,	06 RUC	ACR, SIR Deleted from CPT	Codes Reported Together 75% October 2012					FALSE	TRU	,	Complete TRUE Deleted from CPT
47525	Change of percutaneous biliary dr Percutaneous Biliary Procec October 2015	06 RUC	ACR, SIR Deleted from CPT	High IWPUT February 2008					FALSE	FAL	,	TRUE Deleted from CPT
47530	nevision and, or remove that reconstruction of the remove that remove the remove the remove that remove the remove the remove that remove the remove	D6 RUC	ACR, SIR Deleted from CPT	Codes Reported Together 75% February 2015					FALSE	FAL	,	TRUE Deleted from CPT
47531	Injection procedure for cholangio Percutaneous Biliary Procec October 2015	04 RUC	ACR, SIR 1.30	Codes Reported Together 75% February 2015	000	1.3 0.62	11.78	0.11	7294 FALSE	FAL	•	TRUE Increase
47532	Injection procedure for cholangios Percutaneous Biliary Procec October 2015	04 RUC	ACR, SIR 4.50	Codes Reported Together 75% February 2015	000	4.25 1.46	21.33	0.41	514 FALSE	FAL	•	TRUE Increase
47533		04 RUC	ACR, SIR 5.63	Codes Reported Together 75% February 2015	000	5.38 1.78	30.26	0.50	1402 FALSE	FAL	•	TRUE Increase
47534	Placement of biliary drainage cath Percutaneous Biliary Procec October 2015	D4 RUC	ACR, SIR 7.85	Codes Reported Together 75% February 2015	000	7.6 2.39	31.09	0.68	4184 FALSE	FAL	SE February 216	TRUE Increase
47535	Conversion of external biliary drai Percutaneous Biliary Procec October 2015	04 RUC	ACR, SIR 4.20	Codes Reported Together 75% February 2015	000	3.95 1.36	23.20	0.35	377 FALSE	FAL	SE February 216	TRUE Increase
47536	Exchange of biliary drainage cathe Percutaneous Biliary Procec October 2015	04 RUC	ACR, SIR 2.86	Codes Reported Together 75% February 2015	000	2.61 0.95	16.89	0.24	13827 FALSE	FAL	SE February 216	TRUE Increase
47537	Removal of biliary drainage cathet Percutaneous Biliary Procec October 2015	D4 RUC	ACR, SIR 1.85	Codes Reported Together 75% February 2015	000	1.84 0.77	13.28	0.18	1851 FALSE	FAL	SE February 216	TRUE Increase
47538	Placement of stent(s) into a bile di Percutaneous Biliary Procec October 2015	04 RUC	ACR, SIR 5.00	Codes Reported Together 75% February 2015	000	4.75 1.60	113.39	0.42	997 FALSE	FAL	SE February 216	TRUE Increase
47539	Placement of stent(s) into a bile di Percutaneous Biliary Procec October 2015	04 RUC	ACR, SIR 9.00	Codes Reported Together 75% February 2015	000	8.75 2.60	121.81	0.86	160 FALSE	FAL	SE February 216	TRUE Increase
47540	Placement of stent(s) into a bile di Percutaneous Biliary Procec October 2015	04 RUC	ACR, SIR 9.28	Codes Reported Together 75% February 2015	000	9.03 2.83	123.24	0.84	215 FALSE	FAL	SE February 216	TRUE Increase
47541	Placement of access through the k Percutaneous Biliary Procec October 2015	04 RUC	ACR, SIR 7.00	Codes Reported Together 75% February 2015	000	6.75 2.26	28.35	0.65	159 FALSE	FAL	SE February 216	TRUE Increase
47542	Balloon dilation of biliary duct(s) c Percutaneous Biliary Procec October 2015	04 RUC	ACR, SIR 2.85	Codes Reported Together 75% February 2015	ZZZ	2.85 0.81	12.27	0.25	1063 FALSE	FAL	SE February 216	TRUE Increase
47543	Endoluminal biopsy(ies) of biliary Percutaneous Biliary Procec October 2015	04 RUC	ACR, SIR 3.00	Codes Reported Together 75% February 2015	ZZZ	3 0.88	8.76	0.25	642 FALSE	FAL	SE February 216	TRUE Increase
47544	Removal of calculi/debris from bili Percutaneous Biliary Procec October 2015	04 RUC	ACR, SIR 3.28	Codes Reported Together 75% February 2015	ZZZ	3.28 0.91	22.48	0.31	312 FALSE	TRU	JE The comm February 216	Complete TRUE Increase
47560		18	Deleted from CPT	CMS Request - Final Rule for 2 July 2013					FALSE	FAL	•	TRUE Maintain
47562	Laparoscopy, surgical; cholecystec RAW review September 2014	21	ACS Maintain work RVU and adjust	the CMS High Expenditure Proced September 2011	090	10.47 6.68	NA	2.61	81282 FALSE	FAL		TRUE Maintain
47563		18	No further action. 12.11	CMS High Expenditure Proced September 2011		11.47 7.18	NA	2.85	32357 FALSE	FAL		TRUE Maintain
47600	Cholecystectomy; Cholecystectomy April 2012	36	ACS, SAGE 20.00	CMS Request - Final Rule for 2 September 2011		17.48 10.19	NA	4.26	6677 FALSE	FAL		TRUE Increase
47605	Cholecystectomy; with cholanging Cholecystectomy  April 2012	36	ACS, SAGE 21.00	CMS Request - Final Rule for 2 September 2011		18.48 10.65	NA	4.57	1050 FALSE	FAL		TRUE Increase
48102		16	SIR Reduce 99238 to 0.5	Site of Service Anomaly (9923 September 2007		4.7 1.74	10.59	0.41	836 FALSE	FAL		TRUE PE Only
48511		04	Deleted from CPT	Codes Reported Together 75% January 2012					FALSE	FAL		Complete TRUE Deleted from CPT
49021		04	ACR, SIR Deleted from CPT	Codes Reported Together 75% January 2012					FALSE	FAL		Complete TRUE Deleted from CPT
49041	,											
インソナエ	Dialiage of Subulabiliagiliatic of 3 Dialiage of Abscess Jailiai v 2013	04	ACR, SIR Deleted from CPT						FALSE	FAL		•
		04 04	ACR, SIR Deleted from CPT	Codes Reported Together 75% January 2012					FALSE FALSE	FAL FAI	SE October 2006	Complete TRUE Deleted from CPT
49061	Drainage of retroperitoneal absce Drainage of Abscess January 2013	04 04 5	ACR, SIR Deleted from CPT	Codes Reported Together 75% January 2012 Codes Reported Together 75% January 2012					FALSE	FAL	SE October 2006 SE October 2006	Complete TRUE Deleted from CPT Complete TRUE Deleted from CPT
49061 49080	Drainage of retroperitoneal absce Drainage of Abscess  Peritoneocentesis, abdominal para Peritoneocentesis  October 2010		ACR, SIR Deleted from CPT ACR, AGA, Deleted from CPT	Codes Reported Together 75% January 2012 Codes Reported Together 75% January 2012 Harvard Valued - Utilization o October 2009					FALSE FALSE	FAL TRU	October 2(06 SE October 2(06 JE The specia June 2010 09	Complete TRUE Deleted from CPT Complete TRUE Deleted from CPT Complete TRUE Deleted from CPT
49061 49080 49081	Drainage of retroperitoneal absce Drainage of Abscess  Peritoneocentesis, abdominal par Peritoneocentesis  Peritoneocentesis, abdominal par Peritoneocentesis  October 2010  October 2010	04 5 5	ACR, SIR Deleted from CPT ACR, AGA, Deleted from CPT ACR, AGA, Deleted from CPT	Codes Reported Together 75% January 2012 Codes Reported Together 75% January 2012 Harvard Valued - Utilization o October 2009 Harvard Valued - Utilization o February 2010	000	1 24 0 73	5.05	0.19	FALSE FALSE FALSE	FAL TRU FAL	October 2006 SE October 2006 JE The specia June 2010 09 SE June 2010 09	Complete TRUE Deleted from CPT Complete TRUE Deleted from CPT Complete TRUE Deleted from CPT TRUE Deleted from CPT
49061 49080 49081 49082	Drainage of retroperitoneal absce Drainage of Abscess  Peritoneocentesis, abdominal para Peritoneocentesis  Peritoneocentesis, abdominal para Peritoneocentesis  October 2010  Abdominal paracentesis (diagnost Abdominal Paracentesis  October 2010	04 5 5 5 05	ACR, SIR Deleted from CPT ACR, AGA, Deleted from CPT ACR, AGA, Deleted from CPT ACR, ACS, 1.35	Codes Reported Together 75% January 2012 Codes Reported Together 75% January 2012 Harvard Valued - Utilization o October 2009 Harvard Valued - Utilization o February 2010 Harvard Valued - Utilization o February 2010	000	1.24 0.73	5.05 6.78	0.19	FALSE FALSE FALSE 10481 FALSE	FAL TRU FAL FAL	SE         October 2(06           SE         October 2(06           JE         The specia June 2010 09           SE         June 2010 09           SE         June 2010 09	Complete TRUE Deleted from CPT Complete TRUE Deleted from CPT Complete TRUE Deleted from CPT TRUE Deleted from CPT TRUE Decrease
49061 49080 49081 49082 49083	Drainage of retroperitoneal absce Drainage of Abscess  Peritoneocentesis, abdominal para Peritoneocentesis  October 2010  Peritoneocentesis, abdominal para Peritoneocentesis  Abdominal paracentesis (diagnost Abdominal Paracentesis  October 2010  Abdominal paracentesis (diagnost Abdominal Paracentesis  October 2010  October 2010	04 5 5 05 05	ACR, SIR Deleted from CPT ACR, AGA, Deleted from CPT ACR, AGA, Deleted from CPT ACR, ACS, 1.35 ACR, ACS, 2.00	Codes Reported Together 75% January 2012 Codes Reported Together 75% January 2012 Harvard Valued - Utilization o October 2009 Harvard Valued - Utilization o February 2010 Harvard Valued - Utilization o February 2010 Harvard Valued - Utilization o February 2010	000	2 0.91	6.78	0.19	FALSE FALSE FALSE 10481 FALSE 252899 FALSE	FAL TRU FAL FAL FAL	October 2006  SE October 2006  JE The specia June 2010 09  SE June 2010 09  SE June 2010 09  SE June 2010 09	Complete TRUE Deleted from CPT Complete TRUE Deleted from CPT Complete TRUE Deleted from CPT TRUE Deleted from CPT TRUE Decrease TRUE Decrease
49061 49080 49081 49082 49083	Drainage of retroperitoneal absce Drainage of Abscess  Peritoneocentesis, abdominal para Peritoneocentesis  October 2010  Peritoneocentesis, abdominal para Peritoneocentesis  October 2010  Abdominal paracentesis (diagnost Abdominal Paracentesis  October 2010  Abdominal paracentesis (diagnost Abdominal Paracentesis  Peritoneal lavage, including imagii Abdominal Paracentesis  October 2010	04 5 5 5 05	ACR, SIR Deleted from CPT ACR, AGA, Deleted from CPT ACR, AGA, Deleted from CPT ACR, ACS, 1.35 ACR, ACS, 2.00 ACR, ACS, 2.50	Codes Reported Together 75% January 2012 Codes Reported Together 75% January 2012 Harvard Valued - Utilization o October 2009 Harvard Valued - Utilization o February 2010	000 000	2 0.91 2 0.74	6.78 NA	0.19 0.42	FALSE FALSE FALSE 10481 FALSE 252899 FALSE 1630 FALSE	FAL TRU FAL FAL FAL	October 2006 SE October 2006 JE The specia June 2010 09 SE June 2010 09	Complete TRUE Deleted from CPT Complete TRUE Deleted from CPT Complete TRUE Deleted from CPT TRUE Deleted from CPT TRUE Decrease TRUE Decrease TRUE Increase
49061 49080 49081 49082 49083	Drainage of retroperitoneal absce Drainage of Abscess Peritoneocentesis, abdominal para Peritoneocentesis October 2010 Peritoneocentesis, abdominal para Peritoneocentesis October 2010 Abdominal paracentesis (diagnost Abdominal Paracentesis Abdominal paracentesis (diagnost Abdominal Paracentesis October 2010 Peritoneal lavage, including imagii Abdominal Paracentesis October 2010 Image-guided fluid collection draii Drainage of Abscess January 2013	04 5 5 05 05	ACR, SIR Deleted from CPT ACR, AGA, Deleted from CPT ACR, AGA, Deleted from CPT ACR, ACS, 1.35 ACR, ACS, 2.00 ACR, ACS, 2.50 ACR, SIR 4.25	Codes Reported Together 75% January 2012 Codes Reported Together 75% January 2012 Harvard Valued - Utilization o October 2009 Harvard Valued - Utilization o February 2010 Codes Reported Together 75% January 2012	000 000 000	2 0.91 2 0.74 4 1.31	6.78 NA 23.06	0.19 0.42 0.35	FALSE FALSE FALSE 10481 FALSE 252899 FALSE 1630 FALSE 5663 FALSE	FAL TRI FAL FAL FAL FAL	October 2006  SE October 2006  JE The specia June 2010 09  SE October 2006	Complete TRUE Deleted from CPT Complete TRUE Deleted from CPT Complete TRUE Deleted from CPT TRUE Deleted from CPT TRUE Decrease TRUE Decrease TRUE Decrease TRUE Increase Complete TRUE Decrease
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49622	Repair of parastomal hernia, any a Anterior Abdominal Hernia April 2021	09		Site of Service Anomaly - 2019 February 2021					FALSE	FALS	·	complete		Decrease
49623	Removal of total or near total non Anterior Abdominal Hernia April 2021	09	•	Site of Service Anomaly - 2019 February 2021					FALSE	FALS	•	complete		Decrease
49652	Laparoscopy, surgical, repair, vent Anterior Abdominal Hernia April 2021	09	•	Site of Service Anomaly June 2010	090	11.92 7.37	NA	2.95	7685 FALSE	FALS	•	complete	TRUE	Deleted from CPT
49653	Laparoscopy, surgical, repair, vent Anterior Abdominal Hernia April 2021	09	•	Site of Service Anomaly June 2010	090	14.94 9.19	NA	3.73	4902 FALSE	FALS	•	complete		Deleted from CPT
49654 49655	Laparoscopy, surgical, repair, incis Anterior Abdominal Hernia April 2021  Laparoscopy, surgical, repair, incis Anterior Abdominal Hernia April 2021	09 09	,	Site of Service Anomaly June 2010 Site of Service Anomaly June 2010	090 090	13.76 8.08 16.84 9.90	NA NA	3.39 4.18	6115 FALSE 4090 FALSE	FALS FALS	•	complete		Deleted from CPT Deleted from CPT
49656	Laparoscopy, surgical, repair, mois Anterior Abdominal Hernia April 2021  Laparoscopy, surgical, repair, recu Anterior Abdominal Hernia April 2021	09	•	Site of Service Anomaly - 2019 February 2021	090	15.08 8.59	NA NA	3.74	1309 FALSE	FALS	•	complete complete		Deleted from CPT
49657	Laparoscopy, surgical, repair, recu Anterior Abdominal Hernia April 2021	09	•	Site of Service Anomaly - 2015 February 2021	090	22.11 11.79	NA	5.45	1349 FALSE	FALS	•	complete		Deleted from CPT
50021	Drainage of perirenal or renal abs Drainage of Abscess January 2013	04		Codes Reported Together 75% January 2012				51.15	FALSE	FALS	•	Complete		Deleted from CPT
50080	Percutaneous nephrolithotomy or Percutaneous Nephrostolith January 2022	08		Site of Service Anomaly - 2019 October 2019	090	15.74 7.76	NA	1.86	2092 FALSE	TRU		complete		Decrease
50081	Percutaneous nephrolithotomy or Percutaneous Nephrostolith January 2022	08	AUA 22.00	Site of Service Anomaly - 2019 October 2019	090	23.5 10.98	NA	2.82	5083 FALSE	TRU	In January Septembe 22	complete	TRUE	Decrease
50200	Renal biopsy; percutaneous, by tro Interventional Radiology Pro October 2008	13	ACR, SIR New PE Inputs	CMS Request - Practice Expen NA	000	2.38 1.10	13.33	0.22	32365 FALSE	FALS	E		TRUE	PE Only
50360	Renal allotransplantation, implant Renal Allotransplantation April 2013	21	,	Harvard-Valued Annual Allow July 2012	090	39.88 22.73	NA	9.60	12214 FALSE	FALS				Maintain
50387	Removal and replacement of exte Genitourinary Catheter Proc January 2015	09	•	Codes Reported Together 75% October 2012	000	1.75 0.50	15.44	0.17	7840 FALSE	FALS		Complete		Maintain
50392	Introduction of intracatheter or ca Genitourinary Catheter Proc January 2015	09	•	Codes Reported Together 75% October 2012					FALSE	TRU		Complete		Deleted from CPT
50393	Introduction of ureteral catheter (Genitourinary Catheter Proc January 2015	09		Codes Reported Together 75% October 2012					FALSE	TRU		Complete		Deleted from CPT
50394 50395	Injection procedure for pyelograp Genitourinary Catheter Proc January 2015 Introduction of guide into renal pc Dilation of Urinary Tract January 2018	09		Codes Reported Together 75% October 2012					FALSE FALSE	TRU		Complete		Deleted from CPT Deleted from CPT
50398	Change of nephrostomy or pyelos Genitourinary Catheter Proc January 2015	09	•	Codes Reported Together 75% October 2014 Codes Reported Together 75% October 2012					FALSE	TRU TRU		complete Complete		Deleted from CPT
50430	Injection procedure for antegrade Genitourinary Catheter Proclamary 2015	09	•	Codes Reported Together 75% October 2012	000	2.9 1.27	16.23	0.28	915 FALSE	FALS		Complete		Increase
50431	Injection procedure for antegrade Genitourinary Catheter Proc January 2015	09	•	Codes Reported Together 75% October 2014	000	1.1 0.69	8.78	0.10	7532 FALSE	FALS		Complete		Increase
50432	Placement of nephrostomy cathet Dilation of Urinary Tract January 2018	12	•	Codes Reported Together 75% October 2014	000	4 1.56	23.66	0.35	26858 FALSE	FALS	E October 2(18	Complete	TRUE	Maintain
50433	Placement of nephroureteral cath Dilation of Urinary Tract January 2018	12	5.05	Codes Reported Together 75% September 2017	000	5.05 1.83	29.40	0.45	5157 FALSE	FALS	E	·	TRUE	Maintain
50434	Convert nephrostomy catheter to Genitourinary Catheter Proc January 2015	09	ACR, SIR 4.20	Codes Reported Together 75% October 2014	000	3.75 1.42	23.98	0.34	2127 FALSE	FALS	E October 2(18	Complete	TRUE	Increase
50435	Exchange nephrostomy catheter,   Genitourinary Catheter Proc January 2015	09	ACR, SIR 2.00	Codes Reported Together 75% October 2014	000	1.82 0.89	16.69	0.18	45304 FALSE	FALS	E October 2(18	Complete	TRUE	Increase
50436	Dilation of existing tract, percutan Dilation of Urinary Tract January 2018	12			000	2.78 1.31	NA	0.27	502 FALSE	FALS				Decrease
50437	Dilation of existing tract, percutan Dilation of Urinary Tract January 2018	12			000	4.85 1.92	NA	0.43	778 FALSE	FALS				Decrease
50542	Laparoscopy, surgical; ablation of Laproscopic Procedures October 2008	26		CMS Fastest Growing October 2008	090	21.36 10.11	NA	2.61	113 FALSE	FALS				Remove from Screen
50548	Laparoscopy, surgical; nephrecton Laproscopic Procedures October 2008	26		CMS Fastest Growing October 2008	090	25.36 10.74 9.77 5.78	NA 11.05	3.06	2275 FALSE 44104 FALSE	FALS FALS				Remove from Screen
50590 50605	Lithotripsy, extracorporeal shock \ Lithotripsy April 2012  Ureterotomy for insertion of indw Ureterotomy October 2015	42 21 PAW		CMS High Expenditure Proced September 2011 CMS Fastest Growing / CPT As October 2008	090 090	16.79 9.26	11.05 NA	1.17 3.75	44104 FALSE 3249 TRUE Dec 20					Maintain Maintain
50606	Endoluminal biopsy of ureter and, Genitourinary Catheter Proc April 2015	08 RAVV	•	Codes Reported Together 75% October 2014	ZZZ	3.16 0.52	11.31	0.32	78 FALSE	TRU		Complete		Increase
50693	Placement of ureteral stent, percu Genitourinary Catheter Proc January 2015	09	•	Codes Reported Together 75% October 2014	000	3.96 1.56	26.44	0.35	3910 FALSE	FALS		Complete		Increase
50694	Placement of ureteral stent, percu Genitourinary Catheter Programuary 2015	09	•	Codes Reported Together 75% October 2014	000	5.25 1.97	28.70	0.45	826 FALSE	FALS		Complete		Increase
50695	Placement of ureteral stent, percu Genitourinary Catheter Proc January 2015	09	•	Codes Reported Together 75% October 2014	000	6.8 2.48	33.93	0.60	1243 FALSE	FALS		Complete		Increase
50705	Ureteral embolization or occlusior Genitourinary Catheter Proc April 2015	08	ACR, SIR 4.03	Codes Reported Together 75% October 2014	ZZZ	4.03 0.66	52.88	0.40	63 FALSE	TRU	October 2(18	Complete	TRUE	Increase
50706	Balloon dilation, ureteral stricture Genitourinary Catheter Proc April 2015	08	ACR, SIR 3.80	Codes Reported Together 75% October 2014	ZZZ	3.8 1.09	21.82	0.34	1346 FALSE	TRU	October 2(18	Complete	TRUE	Increase
51040	Cystostomy, cystotomy with drain Cystostomy September 2007	16	AUA Reduce 99238 to 0.5	Site of Service Anomaly (9923 September 2007	090	4.49 3.51	NA	0.55	3927 FALSE	FALS	E		TRUE	PE Only
51102	Aspiration of bladder; with insertic Urological Procedures April 2008	45		,	000	2.7 1.22	4.24	0.29	12346 FALSE	FALS				Decrease
51700	Bladder irrigation, simple, lavage a Bladder Catheter January 2016	32		CMS High Expenditure Proced July 2015	000	0.6 0.21	1.60	0.09	173053 FALSE	FALS				Decrease
51701	Insertion of non-indwelling bladde Bladder Catheter January 2016	32		CMS High Expenditure Proced July 2015	000	0.5 0.18	0.75	0.08	128393 FALSE	FALS				Maintain
51702	Insertion of temporary indwelling Bladder Catheter January 2016	32		CMS High Expenditure Proced July 2015	000	0.5 0.18	1.28	0.07	214430 FALSE	FALS				Maintain
51703	Insertion of temporary indwelling Bladder Catheter January 2016	32		CMS High Expenditure Proced July 2015	000	1.47 0.58	2.84	0.19	51547 FALSE 154326 FALSE	FALS FALS				Maintain
51720 51726	Bladder instillation of anticarcinog Treatment of Bladder Lesio: January 2016  Complex cystometrogram (ie, calil Urodynamic Studies April 2009	16		CMS High Expenditure Proced July 2015 Codes Reported Together 95% February 2008	000	0.87 0.30 1.71 NA	1.62 7.24	0.10 0.16	154326 FALSE 3276 FALSE	TRU		Complete		Decrease Maintain
51727	Complex cystometrogram (ie, calit Orodynamic Studies April 2009  Complex cystometrogram (ie, calit Urodynamic Studies April 2009	16	•	Codes Reported Together 95% February 2009	000	2.11 NA	8.66	0.10	1347 FALSE	FALS	,	complete		Decrease
51728	Complex cystometrogram (ie, calit Urodynamic Studies September 2022	13	•	Codes Reported Together 95% February 2009	000	2.11 NA	8.76	0.21	67834 TRUE	FALS				Decrease
51729	Complex cystometrogram (ie, calil Urodynamic Studies September 2022		•	Codes Reported Together 95% February 2009	000	2.51 NA	8.93	0.27	46890 TRUE	FALS				Decrease
51736	Simple uroflowmetry (ufr) (eg, sto Uroflowmetry October 2010	11		Harvard Valued - Utilization o February 2010	XXX	0.17 NA	0.20	0.02	7700 FALSE	FALS	E			Decrease
51741	Complex uroflowmetry (eg, calibra Uroflowmetry September 2022	13	AUA Refer to CPT Assistant. 0.17	Harvard Valued - Utilization o October 2009	XXX	0.17 NA	0.21	0.03	321257 TRUE	FALS	E		FALSE	Decrease
51772	Deleted from CPT Urodynamic Studies April 2009	16	AUA Deleted from CPT	Codes Reported Together 95% February 2008					FALSE	TRU	Referred to February 224	Code Dele	TRUE	Deleted from CPT
51784	Electromyography studies (emg) o Electromyography Studies (September 2022	13		Codes Reported Together 75% October 2012	XXX	0.75 NA	1.06	0.09	107600 TRUE Feb 20		•	Complete		Decrease
51792	Stimulus evoked response (eg, me Urinary Reflex Studies with January 2019	37		e Codes Reported Together 75% October 2012	000	1.1 NA	6.98	0.13	4508 TRUE Feb 20		,	Complete		Maintain
51795	Deleted from CPT Urology Studies February 2008	S		Codes Reported Together 95% February 2008	777	0.0.014	F 04	0.00	FALSE	TRU	•	Code Dele		Deleted from CPT
51797 51798	Voiding pressure studies, intra-abi Urology Studies February 2008  Measurement of post-voiding resi Voiding Pressure Studies April 2016	35		Codes Reported Together 95% February 2008 CMS High Expenditure Proced July 2015	ZZZ XXX	0.8 NA 0 NA	5.04	0.08	88637 FALSE 1685762 FALSE	TRU FALS	•	Code Revis		Maintain
52000	Cystourethroscopy (separate proc Cystourethroscopy January 2016	35	•	MPC List / CMS High Expendit October 2010	000	1.53 0.63	0.30 5.59	0.01 0.19	760641 FALSE	FALS				PE Only Decrease
52214	Cystourethroscopy, with fulguratic Cystourethroscopy  October 2017	19		High Volume Growth1 / CPT A June 2008	000	3.5 1.19	19.10	0.41	15203 TRUE Aug 20					Decrease
52224	Cystourethroscopy, with fulguratic Cystourethroscopy  October 2017	19		High Volume Growth1 / CPT A February 2008	000	4.05 1.36	19.48	0.50	31440 TRUE Aug 20					Increase
52234	Cystourethroscopy, with fulguratic Cystourethroscopy and Ured January 2021	29		Harvard Valued - Utilization o September 2011	000	4.62 1.95	NA	0.56	25413 TRUE May 20		E			Maintain
52235	Cystourethroscopy, with fulguratic Cystourethroscopy and Urel October 2017	19	AUA 5.44	Harvard Valued - Utilization o April 2011	000	5.44 2.26	NA	0.65	31288 TRUE May 20	16 Yes FALS	E		TRUE	Maintain
52240	Cystourethroscopy, with fulguratic Cystourethroscopy and Ure January 2021	29	AUA 8.75	Harvard Valued - Utilization o September 2011	000	7.5 2.96	NA	0.90	20714 TRUE May 20	16 Yes FALS	E		TRUE	Decrease
52281	Cystourethroscopy, with calibratic Cystourethroscopy April 2010	38		Harvard Valued - Utilization o October 2009	000	2.75 1.33	6.81	0.33	52605 FALSE	FALS				Maintain
52287	Cystourethroscopy, with injection(s) for chemodenervation of January 2020	37		High Volume Growth6 October 2019	000	3.2 1.32	8.19	0.40	46656 FALSE	FALS				Remove from Screen
52332	Cystourethroscopy, with insertion Cystourethroscopy April 2013	13		Harvard Valued - Utilization o October 2009	000	2.82 1.35	9.07	0.34	138775 FALSE	TRU	•	Complete		Maintain
52334 52341	Cystourethroscopy with insertion Dilation of Urinary Tract January 2018 Cystourethroscopy; with treatmen Urological Procedures October 2010	65		Codes Reported Together 75% September 2017 Site of Service Anomaly April 2008	000 000	3.37 1.52 5.35 2.23	NA NA	0.40 0.64	212 FALSE 2126 FALSE	FALS FALS			TRUE TRUE	Decrease Decrease
52341	Cystourethroscopy; with treatmer Urological Procedures October 2010  Cystourethroscopy; with treatmer Urological Procedures October 2010	65		Site of Service Anomaly April 2008  April 2008  April 2008	000	5.85 2.40	NA	0.64	150 FALSE	FALS				Decrease
52343	Cystourethroscopy; with treatmer Urological Procedures  October 2010	65		Site of Service Anomaly April 2008	000	6.55 2.64	NA	0.77	27 FALSE	FALS				Decrease
52344	Cystourethroscopy with ureterosc Urological Procedures October 2010	65		Site of Service Anomaly September 2007	000	7.05 2.81	NA	0.85	3404 FALSE	FALS				Decrease
52345	Cystourethroscopy with ureterosc Urological Procedures October 2010	65		Site of Service Anomaly April 2008	000	7.55 2.97	NA	0.90	414 FALSE	FALS				Decrease
52346	Cystourethroscopy with ureterosc Urological Procedures October 2010	65		Site of Service Anomaly April 2008	000	8.58 3.34	NA	1.00	280 FALSE	FALS				Decrease
52351	Cystourethroscopy, with ureterosc Cystourethroscopy and Ure September 2011				000	5.75 2.33	NA	0.68	21257 FALSE	FALS				Decrease
52352	Cystourethroscopy, with ureterosc Cystourethroscopy and Urel September 2011	23		Harvard Valued - Utilization o September 2011	000	6.75 2.71	NA	0.79	21065 FALSE	FALS		C		Decrease
52353	Cystourethroscopy, with ureterosc Cystourethroscopy April 2013	13		Harvard Valued - Utilization of April 2011	000	7.5 2.96	NA	0.90	10162 FALSE	TRU	,	Complete		Decrease
52354 52355	Cystourethroscopy, with ureterosc Cystourethroscopy and Urel September 2011 Cystourethroscopy, with ureterosc Cystourethroscopy and Urel September 2011			Harvard Valued - Utilization or September 2011 Harvard Valued - Utilization or September 2011	000	8 3.13 9 3.46	NA NA	0.95 1.06	8420 FALSE 892 FALSE	FALS FALS				Increase Increase
52356	Cystourethroscopy, with ureterosc Cystourethroscopy April 2013	13		Codes Reported Together 75% January 2013	000	8 3.09	NA	0.95	72899 FALSE	FALS				Decrease
52400	Cystourethroscopy with incision, f Urological Procedures  October 2010	65			090	8.69 4.20	NA	1.04	72 FALSE	FALS				Decrease
52442	Cystourethroscopy, with insertion PE Subcommittee October 2020	24		PE Units Screen April 2020	ZZZ	1.01 0.34	25.86	0.11	97548 FALSE	FALS				Maintain
52500	Transurethral resection of bladder Urological Procedures October 2010	65	•	·	090	8.14 5.29	NA	0.96	2486 FALSE	FALS				Decrease
52601	Transurethral electrosurgical rese Transurethral Electrosurgica April 2016	26		Site of Service Anomaly - 2015 October 2015	090	13.16 6.58	NA	1.55	37340 FALSE	FALS				Decrease
52640	Transurethral resection; of postop Urological Procedures April 2008	45		, , , , , , , , , , , , , , , , , , , ,	090	4.79 4.05	NA	0.57	1312 FALSE	FALS				Decrease
52648	Laser vaporization of prostate, inc Laser Surgery of Prostate April 2008	57		High Volume Growth1 February 2008	090	12.15 6.66	35.48	1.43	14196 FALSE	FALS				Remove from Screen
53445	Insertion of inflatable urethral/bla Urological Procedures February 2011	31		, , , , , , , , , , , , , , , , , , , ,	090	13 7.60	NA	1.54	1617 FALSE	FALS				Decrease
53850 54405	Transurethral destruction of prost Transurethral Destruction o April 2012	43 45		5 1	090	5.42 4.31	37.52	0.65	1438 FALSE	FALS				Maintain Maintain
54405 54410	Insertion of multi-component, infl Urological Procedures April 2008 Removal and replacement of all cc Urological Procedures February 2011	45 31		· · · · · · · · · · · · · · · · · · ·	090 090	14.52 7.41 15.18 8.27	NA NA	1.72 1.81	4163 FALSE 1160 FALSE	FALS FALS				Maintain Decrease
54520	Orchiectomy, simple (including su Removal of Testical September 2007	16			090	5.3 3.64	NA	0.70	2160 FALSE	FALS				PE Only
54530	Orchiectomy, radical, for tumor; ir Urological Procedures  October 2010	65			090	8.46 5.41	NA	1.04	1033 FALSE	FALS				Decrease
55700	Biopsy, prostate; needle or punch Biopsy of Prostate September 2022			CMS High Expenditure Proced July 2015	000	2.5 0.99	4.43	0.29	131593 FALSE	TRU				Decrease
55706	Biopsies, prostate, needle, transpe RAW April 2014	52		010-Day Global Post-Operativ January 2014	010	6.28 4.00	NA	0.73	1955 FALSE	FALS	•			Maintain
55840	Prostatectomy, retropubic radical, with or without nerve spari April 2014	31		CMS Request - Final Rule for 2 October 2013	090	21.36 10.22	NA	2.56	1486 FALSE	FALS				Decrease
55842	Prostatectomy, retropubic radical, with or without nerve spari April 2014	31		CMS Request - Final Rule for 2 October 2013	090	21.36 10.23	NA	2.56	126 FALSE	FALS				Decrease
55845	Prostatectomy, retropubic radical, RAW April 2014	31	AUA 29.07	CMS Request - Final Rule for 2 July 2013	090	25.18 11.51	NA	3.02	728 FALSE	FALS	t		IRUE	Decrease

	Laparoscopy, surgical prostatector Laparoscopic Radical Prosta	a April 2015	27 RUC	AUA 26.80	New Technology / CMS Fastes September 2007	090	26.8 12.02	NA	3.22	18557 FALSE	TRUE	The specialty society reporte	tr Complete	TRUE Decrease
55873	Cryosurgical ablation of the prosta Cryoablation of Prostate	February 2009	25	AUA 13.45	CMS Request - Practice Expen September 2007	090	13.6 7.14	162.77	1.62	1362 FALSE	FALSE		·	TRUE Decrease
56515	Destruction of lesion(s), vulva; ext Destruction of Lesions	September 2007	16	ACOG Reduce 99238 to 0.5	Site of Service Anomaly (9923 September 2007		3.08 2.76	4.79	0.50	2247 FALSE	FALSE			TRUE PE Only
56620 57150	Vulvectomy simple; partial Partial Removal of Vulva Irrigation of vagina and/or applica Vaginal Treatments	February 2008 April 2017	D 15	ACOG 7.35 ACOG 0.50	Site of Service Anomaly September 2007 CMS 000-Day Global Typically July 2016	090 000	7.53 8.74 0.5 0.19	NA 1.20	1.24 0.09	2636 FALSE 19829 FALSE	FALSE FALSE			TRUE Decrease TRUE Decrease
57155	Insertion of uterine tandem and/c RAW	January 2017	30	ACOG, AS15.40	Site of Service Anomaly / Diffe September 2007		5.15 2.72	6.05	0.42	2870 FALSE	TRUE	ACOG con October 2(33		TRUE Decrease
57156	Insertion of a vaginal radiation aft RAW	January 2017	30	ACOG, AS1 2.69	Site of Service Anomaly September 2007	000	2.69 1.51	3.84	0.20	14536 FALSE	FALSE	October 2(33	·	TRUE Decrease
57160	Fitting and insertion of pessary or Vaginal Treatments	April 2017	15	ACOG 0.89	CMS 000-Day Global Typically July 2016	000	0.89 0.33	1.21	0.12	68682 FALSE	FALSE			TRUE Maintain
57240 57250	Anterior colporrhaphy, repair of c Colporrhaphy with Cystour Posterior colporrhaphy, repair of c Colporrhaphy with Cystour	•	14 1 <i>4</i>	ACOG 10.08 ACOG 10.08	Site of Service Anomaly - 2015 October 2015 Site of Service Anomaly - 2015 April 2016	090 090	10.08 6.66 10.08 6.70	NA NA	1.51 1.59	6545 FALSE 6951 FALSE	TRUE TRUE	In October Septembe 35 In October Septembe 35	•	TRUE Decrease TRUE Decrease
57260	Combined anteroposterior colpor: Colporrhaphy with Cystour	•	14	ACOG 10.08 ACOG 13.25	Site of Service Anomaly - 2015 April 2016	090	13.25 7.86	NA	2.08	7243 FALSE	TRUE	In October September 35	•	TRUE Decrease
57265	Combined anteroposterior colpor Colporrhaphy with Cystour	•	14	ACOG 15.00	Site of Service Anomaly - 2015 April 2016	090	15 8.57	NA	2.39	3214 FALSE	TRUE	In October Septembe 35	•	TRUE Decrease
57282	Colpopexy, vaginal; extra-peritone Colpopexy	January 2020	26	13.48	Site of Service Anomaly - 2019 October 2019	090	11.63 7.25	NA	1.78	5394 FALSE	FALSE			TRUE Increase
57283 57287	Colpopexy, vaginal; intra-peritone Colpopexy Removal or revision of sling for str Urological Procedures	January 2020 February 2008	26	13.51 AUA 10.97	Site of Service Anomaly - 2019 October 2019 Site of Service Anomaly September 2007	090 090	11.66 7.31 11.15 9.37	NA NA	1.84 1.62	4549 FALSE 1245 FALSE	FALSE FALSE			TRUE Increase TRUE Decrease
57288	Sling operation for stress incontinisling Operation for Stress I	•	0	ACOG, AU, 12.00	New Technology September 2007		12.13 8.17	NA	1.78	18279 FALSE	FALSE			TRUE Decrease
57425	Laparoscopy, surgical, colpopexy ( Laparoscopic Colopexy	January 2020	27	18.02	Site of Service Anomaly - 2019 October 2019	090	17.03 9.29	NA	2.60	8288 FALSE	FALSE			TRUE Increase
58100	Endometrial sampling (biopsy) wit Biopsy of Uterus Lining	April 2017	16	ACOG 1.21	CMS 000-Day Global Typically July 2016	000	1.21 0.47	1.66	0.20	59095 FALSE	FALSE			TRUE Decrease
58110	Endometrial sampling (biopsy) per Biopsy of Uterus Lining	April 2017	16	ACOG 0.77	CMS 000-Day Global Typically April 2017	ZZZ	0.77 0.30	0.59	0.12	583 FALSE 1214 FALSE	FALSE			TRUE Maintain
58555 58558	Hysteroscopy, diagnostic (separate Hysteroscopy Hysteroscopy, surgical; with samp Hysteroscopy	January 2016 January 2016	37	ACOG 3.07 ACOG 4.37	CMS Request - Practice Expen NA CMS Request - Practice Expen NA	000 000	2.65 1.37 4.17 1.96	8.03 36.73	0.42 0.67	1214 FALSE 37701 FALSE	FALSE FALSE			TRUE Decrease TRUE Decrease
58559	Hysteroscopy, surgical; with lysis c Hysteroscopy	January 2016	37	ACOG 5.54	CMS High Expenditure Proced July 2015	000	5.2 2.34	NA	0.86	101 FALSE	FALSE			TRUE Decrease
58560	Hysteroscopy, surgical; with divisic Hysteroscopy	January 2016	37	ACOG 6.15	CMS High Expenditure Proced July 2015	000	5.75 2.53	NA	0.95	43 FALSE	FALSE			TRUE Decrease
58561	Hysteroscopy, surgical, with remo Hysteroscopy	January 2016	37	ACOG 7.00	CMS Paguest Practice Even NA	000	6.6 2.88	NA o ca	1.07	1828 FALSE	FALSE			TRUE Decrease
58562 58563	Hysteroscopy, surgical; with remo Hysteroscopy Hysteroscopy, surgical; with endo: Hysteroscopy	January 2016 January 2016	37 37	ACOG 4.17 ACOG 4.62	CMS Request - Practice Expen NA CMS Request - Practice Expen NA	000 000	4 1.88 4.47 2.05	8.54 61.14	0.65 0.73	204 FALSE 1978 FALSE	FALSE FALSE			TRUE Decrease TRUE Decrease
58660	Laparoscopy, surgical; with lysis of Laproscopic Procedures	September 2007		AUA, ACO Reduce 99238 to 0.5	Site of Service Anomaly (9923 September 2007	090	11.59 6.57	NA	2.14	669 FALSE	FALSE			TRUE PE Only
58661	Laparoscopy, surgical; with remov Laproscopic Procedures	September 2007	16	ACOG Reduce 99238 to 0.5	Site of Service Anomaly (9923 September 2007	010	11.35 6.17	NA	1.86	10413 FALSE	FALSE			TRUE PE Only
58823	Drainage of pelvic abscess, transva Drainage of Abscess	January 2013	04	Deleted from CPT	Codes Reported Together 75% January 2012		26 50 24 00	NIA	0.52	FALSE	FALSE	October 2006	Complete	TRUE Deleted from CPT
59400 59409	Routine obstetric care including a Obstetrical Care Vaginal delivery only (with or with Obstetrical Care	October 2009 October 2009	15 15	ACOG, AAI 32.69 ACOG, AAI 14.37	High IWPUT February 2008 High IWPUT February 2008	MMM MMM	36.58 24.98 14.37 5.63	NA NA	9.53 3.73	2504 FALSE 1424 FALSE	FALSE FALSE			TRUE Increase TRUE Increase
59410	Vaginal delivery only (with or with Obstetrical Care	October 2009	15	ACOG, AAI 14.57 ACOG, AAI 18.54	High IWPUT February 2008	MMM	18.34 8.29	NA	4.75	692 FALSE	FALSE			TRUE Increase
59412	External cephalic version, with or Obstetrical Care	October 2009	15	ACOG, AAI 1.71	High IWPUT April 2008	MMM	1.71 0.82	NA	0.50	24 FALSE	FALSE			TRUE Maintain
59414	Delivery of placenta (separate pro Obstetrical Care	October 2009	15	ACOG, AAI 1.61	High IWPUT April 2008	MMM	1.61 0.61	NA	0.44	62 FALSE	FALSE			TRUE Maintain
59425 59426	Antepartum care only; 4-6 visits Obstetrical Care Antepartum care only; 7 or more Obstetrical Care	October 2009 October 2009	15	ACOG, AAI 6.31 ACOG, AAI 11.16	High IWPUT April 2008 High IWPUT April 2008	MMM MMM	7.8 3.02 14.3 5.57	6.81 12.43	2.01 3.63	586 FALSE 572 FALSE	FALSE FALSE			TRUE Decrease
59426 59430	Postpartum care only (separate pr Obstetrical Care	October 2009	15	ACOG, AAI 11.16 ACOG, AAI 2.47	High IWPUT April 2008 High IWPUT April 2008	MMM	3.22 1.25	3.84	0.85	815 FALSE	FALSE			TRUE Decrease TRUE Increase
59510	Routine obstetric care including at Obstetrical Care	October 2009	15	ACOG, AAI 36.17	High IWPUT February 2008	MMM	40.39 26.62	NA	11.49	2156 FALSE	FALSE			TRUE Increase
59514	Cesarean delivery only; Obstetrical Care	October 2009	15	ACOG, AAI 16.13	High IWPUT October 2008	MMM	16.13 6.19	NA	4.51	1159 FALSE	FALSE			TRUE Increase
59515	Cesarean delivery only; including   Obstetrical Care	October 2009	15	ACOG, AAI 22.00	High IWPUT April 2008	MMM	22.13 10.21	NA	6.32	662 FALSE	FALSE			TRUE Increase
59610 59612	Routine obstetric care including a Obstetrical Care Vaginal delivery only, after previor Obstetrical Care	October 2009 October 2009	15	ACOG, AAI 34.40 ACOG, AAI 16.09	High IWPUT April 2008 High IWPUT April 2008	MMM MMM	38.29 25.05 16.09 6.08	NA NA	11.00 4.62	69 FALSE 51 FALSE	FALSE FALSE			TRUE Increase TRUE Increase
59614	Vaginal delivery only, after previor Obstetrical Care	October 2009	15	ACOG, AAI 20.26	High IWPUT April 2008	MMM	20.06 8.04	NA	5.79	29 FALSE	FALSE			TRUE Increase
59618	Routine obstetric care including a Obstetrical Care	October 2009	15	ACOG, AAI 36.69	High IWPUT April 2008	MMM	40.91 26.67	NA	11.75	18 FALSE	FALSE			TRUE Increase
59620	Cesarean delivery only, following (Obstetrical Care	October 2009	15	ACOG, AAI 16.66	High IWPUT April 2008	MMM	16.66 6.30	NA	4.78	18 FALSE	FALSE			TRUE Decrease
59622 60220	Cesarean delivery only, following a Obstetrical Care Total thyroid lobectomy, unilatera Total Thyroid Lobectomy	October 2009 April 2008	15	ACOG, AAI 22.53 ACS, AAO- 12.29	High IWPUT April 2008 Site of Service Anomaly September 2007	MMM 090	22.66 10.94 11.19 7.70	NA NA	6.50 2.11	9 FALSE 6083 FALSE	FALSE FALSE			TRUE Increase TRUE Maintain
60225	Total thyroid lobectomy, unilatera Total Thyroid Lobectomy	April 2008	46	ACS, AAO- 12.29 ACS, AAO- 14.67	Site of Service Anomaly September 2007 Site of Service Anomaly September 2007		14.79 10.34	NA	2.72	210 FALSE	FALSE			TRUE Maintain
60520	Thymectomy, partial or total; tran RAW Review	January 2013	34	•	ermine an ir CMS Request to Re-Review Fa November 2011	090	17.16 10.09	NA	4.01	336 FALSE	FALSE			TRUE Remove from Screen
60521	Thymectomy, partial or total; steri RAW Review	January 2013	34	•	ermine an ir CMS Request to Re-Review Fa November 2011		19.18 9.35	NA	4.55	214 FALSE	FALSE			TRUE Remove from Screen
60522 61055	Thymectomy, partial or total; steri RAW Review Cisternal or lateral cervical (c1-c2) Myelography	January 2013 April 2014	34	No reliable way to def Editorial change	ermine an ir CMS Request to Re-Review Fa November 2011 Codes Reported Together 75% January 2014	090	23.48 11.28 2.1 1.03	NA NA	5.51 0.32	91 FALSE 166 FALSE	FALSE TRUE	This code (October 2(21		TRUE Remove from Screen TRUE Remove from Screen
61624	Transcatheter permanent occlusic RAW	April 2014	17	Euitoriai Change	codes Reported Together 73/January 2014	000	2.1 1.03	NA	5.55				Complete	FALSE
		September 2022	13 Septembe RUC	AANS, ACF Refer to CPT for code	bundling sol Codes Reported Together 75% April 2022	000	20.12 8.27	NA		/55/ FALSE	TRUE	In April 20 May 2023		ralse
61781	Stereotactic computer-assisted (na Stereotactic Computer-Ass	September 2022 February 2010	13 Septembe RUC 13	AANS, ACF Refer to CPT for code NASS, AAN 3.75	bundling sol Codes Reported Together 75% April 2022 CMS Fastest Growing October 2009	000 ZZZ	20.12 8.27 3.75 1.78	NA NA	1.41	7557 FALSE 15164 FALSE	TRUE FALSE	In April 20 May 2023 October 2(34		TRUE Decrease
61782	Stereotactic computer-assisted (na Stereotactic Computer-Ass	February 2010 February 2010	Septembe RUC  13  13	NASS, AAN 3.75 NASS, AAN 3.18	CMS Fastest Growing October 2009 CMS Fastest Growing October 2009	ZZZ ZZZ	3.75 1.78 3.18 1.45	NA NA NA	0.45	15164 FALSE 15306 FALSE	FALSE FALSE	October 2(34 October 2(34		TRUE Decrease TRUE Decrease
61782 61783	Stereotactic computer-assisted (na Stereotactic Computer-Ass Stereotactic computer-assisted (na Stereotactic Computer-Ass	February 2010 February 2010 February 2010	13 Septembe RUC 13 13 13	NASS, AAN 3.75 NASS, AAN 3.18 NASS, AAN 3.75	CMS Fastest Growing October 2009 CMS Fastest Growing October 2009 CMS Fastest Growing October 2009	ZZZ	3.75 1.78	NA NA NA		15164 FALSE 15306 FALSE 19623 FALSE	FALSE FALSE FALSE	October 2(34 October 2(34 October 2(34		TRUE Decrease TRUE Decrease TRUE Decrease
61782 61783 61793	Stereotactic computer-assisted (na Stereotactic Computer-Ass Stereotactic computer-assisted (na Stereotactic Computer-Ass Deleted from CPT Stereotactic Radiosurgery	February 2010 February 2010 February 2010 October 2008	13 Septembe RUC 13 13 13 26 38	NASS, AAN 3.75 NASS, AAN 3.18 NASS, AAN 3.75 AANS Deleted from CPT	CMS Fastest Growing October 2009 CMS Fastest Growing October 2009 CMS Fastest Growing October 2009 CMS Fastest Growing, Site of \$ September 2007	ZZZ ZZZ	3.75 1.78 3.18 1.45	NA NA NA	0.45	15164 FALSE 15306 FALSE 19623 FALSE FALSE	FALSE FALSE FALSE FALSE	October 2(34 October 2(34 October 2(34 February 2008		TRUE Decrease TRUE Decrease TRUE Decrease TRUE Deleted from CPT
61782 61783	Stereotactic computer-assisted (na Stereotactic Computer-Ass Stereotactic computer-assisted (na Stereotactic Computer-Ass	February 2010 February 2010 February 2010 October 2008 February 2009	13 Septembe RUC 13 13 13 26 38 38	NASS, AAN 3.75 NASS, AAN 3.18 NASS, AAN 3.75	CMS Fastest Growing October 2009 CMS Fastest Growing October 2009 CMS Fastest Growing October 2009	ZZZ ZZZ	3.75 1.78 3.18 1.45	NA NA NA	0.45	15164 FALSE 15306 FALSE 19623 FALSE	FALSE FALSE FALSE	October 2(34 October 2(34 October 2(34	Code Dele	TRUE Decrease TRUE Decrease TRUE Decrease
61782 61783 61793 61795 61796 61797	Stereotactic computer-assisted (na Stereotactic Computer-Ass Stereotactic computer-assisted (na Stereotactic Computer-Ass Deleted from CPT Stereotactic Radiosurgery Deleted from CPT Stereotactic Radiosurgery Stereotactic radiosurgery (particle Stereotactic Radiosurgery Stereotactic radiosurgery (particle Stereotactic Radiosurgery	February 2010 February 2010 February 2010 October 2008 February 2009 February 2009 February 2009	13 Septembe RUC 13 13 13 26 38 38 38	NASS, AAN 3.75 NASS, AAN 3.18 NASS, AAN 3.75 AANS Deleted from CPT NASS, AAC Deleted from CPT 15.50 3.48	CMS Fastest Growing October 2009 CMS Fastest Growing October 2009 CMS Fastest Growing October 2009 CMS Fastest Growing, Site of \$ September 2007 CMS Fastest Growing October 2008 CMS Request - 2009 Final Rule NA CMS Request - 2009 Final Rule NA	ZZZ ZZZ ZZZ 090 ZZZ	3.75 1.78 3.18 1.45 3.75 1.82 13.93 11.07 3.48 1.66	NA NA	0.45 1.28 5.30 1.33	15164 FALSE 15306 FALSE 19623 FALSE FALSE FALSE 6404 FALSE 8507 FALSE	FALSE FALSE FALSE TRUE FALSE FALSE	October 2(34 October 2(34 October 2(34 February 2008	Code Dele	TRUE Decrease TRUE Decrease TRUE Decrease TRUE Deleted from CPT TRUE Deleted from CPT TRUE Decrease TRUE Decrease TRUE Decrease
61782 61783 61793 61795 61796 61797	Stereotactic computer-assisted (na Stereotactic Computer-Ass Stereotactic computer-assisted (na Stereotactic Computer-Ass Deleted from CPT Stereotactic Radiosurgery Deleted from CPT Stereotactic Radiosurgery Stereotactic radiosurgery (particle Stereotactic Radiosurgery Stereotactic radiosurgery (particle Stereotactic Radiosurgery Stereotactic radiosurgery (particle Stereotactic Radiosurgery	February 2010 February 2010 October 2008 February 2009 February 2009 February 2009 February 2009	13 Septembe RUC 13 13 13 26 38 38 38 38	NASS, AAN 3.75 NASS, AAN 3.18 NASS, AAN 3.75 AANS Deleted from CPT NASS, AAC Deleted from CPT 15.50 3.48 19.75	CMS Fastest Growing October 2009 CMS Fastest Growing October 2009 CMS Fastest Growing October 2009 CMS Fastest Growing, Site of \$ September 2007 CMS Fastest Growing October 2008 CMS Request - 2009 Final Rule NA CMS Request - 2009 Final Rule NA CMS Request - 2009 Final Rule NA	ZZZ ZZZ ZZZ 090 ZZZ 090	3.75 1.78 3.18 1.45 3.75 1.82 13.93 11.07 3.48 1.66 19.85 13.75	NA	0.45 1.28 5.30 1.33 7.44	15164 FALSE 15306 FALSE 19623 FALSE FALSE FALSE 6404 FALSE 8507 FALSE 3174 FALSE	FALSE FALSE FALSE TRUE FALSE FALSE FALSE	October 2(34 October 2(34 October 2(34 February 2008	Code Dele	TRUE Decrease TRUE Decrease TRUE Decrease TRUE Deleted from CPT TRUE Deleted from CPT TRUE Decrease TRUE Decrease TRUE Decrease TRUE Decrease
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61782 61783 61793 61795 61796 61797 61798 61799 61800 61885 62263 62270 62272 62281 62284 62287 62290 62302 62302 62303 62304 62305 62310 62311 62318 62319 62320 62321 62322 62323 62324 62325 62327 62328 62327 62328 62327 62328 62329 62350 62355 62360 62355	Stereotactic computer-assisted (na Stereotactic Computer-Ass Stereotactic computer-assisted (na Stereotactic Computer-Ass Stereotactic Computer-Ass Deleted from CPT Stereotactic Radiosurgery Deleted from CPT Stereotactic Radiosurgery Stereotactic radiosurgery (particle Stereotactic Radiosurgery Application of stereotactic headfra Stereotactic Radiosurgery Insertion or replacement of crania Vagal Nerve Stimulator Percutaneous lysis of epidural add Epidual Lysis Spinal puncture, lumbar, diagnost Lumbar Puncture Spinal puncture, therapeutic, for c Lumbar Puncture Injection/infusion of neurolytic su Injection of Neurolytic Age Injection procedure for myelograr Myelography Decompression procedure, percut Percutaneous Diskectomy Injection procedure for discograpl Injection for discography Myelography via lumbar injection, Myelography Injection(s), of diagnostic or thera Epidural Injections Injection(s), including indwelling c Epidural Injections Injection(s), including indwelling c Epidural Injections Injection(s), of diagnostic or thera Epidural Injections Injection(s), of diagnostic or thera Epidural Injections Injection(s), including indwelling c Epidural Injections Injection(s), including ind	February 2010 February 2010 Cotober 2008 February 2009 February 2009 February 2009 February 2009 February 2009 February 2009 February 2010 October 2010 January 2019 January 2019 January 2019 January 2019 April 2014 September 2007 April 2014 April 2014 April 2014 April 2014 April 2014 April 2014 October 2015 October 2010 Coctober 2010	13 13 13 13 26 38 38 38 38 38 38 16 14 66 09 09 09 16 17 16 45 17 17 17 17 10  RUC	NASS, AAN 3.75 NASS, AAN 3.18 NASS, AAN 3.75 AANS Deleted from CPT NASS, AAC Deleted from CPT 15.50 3.48 19.75 4.81 2.25 AANS/CNS 6.44 AAPM, AA 6.54 ACR, ASNR 1.44 1.80 ASA Remove 99238 ACR, ASNR 1.54 ASA Reduce 99238 to 0.5 ASA, AAPN 3.00, CPT Assistant art ACR, ASNR 2.29 ACR, ASNR 2.29 ACR, ASNR 2.29 ACR, ASNR 2.25 ACR, ASNR 2.35 AAPM, AA Deleted from CPT AANS, AAN 1.80 AANS, AAN 1.95 AANS, AAN 1.95 AANS, AAN 1.89 AANS, AAN 1.78 AANS, AAN 1.78 AANS, AAN 1.90 1.95 2.25 AAPM, AA 6.05 AAPM, AA 4.33 AAPM, AA 5.65	CMS Fastest Growing October 2009 CMS Fastest Growing October 2009 CMS Fastest Growing October 2009 CMS Fastest Growing, Site of \$ September 2007 CMS Fastest Growing October 2008 CMS Fastest Growing October 2008 CMS Request - 2009 Final Rule NA CMS Fastest Growing, Site of \$ February 2008 Site of Service Anomaly September 2007 Site of Service Anomaly September 2007 Different Performing Specialty October 2017 Different Performing Specialty, September 2007 Codes Reported Together 75% October 2012 Site of Service Anomaly (9923 September 2007 Codes Reported Together 75% October 2012 Codes Reported Together 75% Octob	2ZZ 2ZZ 2ZZ 2ZZ 090 2ZZ 090 010 000 010 000 000 000 000 000 000	3.75 1.78 3.18 1.45 3.75 1.82  13.93 11.07 3.48 1.66 19.85 13.75 4.81 2.29 2.25 1.36 6.05 7.43 5 3.70 1.22 0.40 1.58 0.66 2.66 1.73 1.54 0.76 9.03 6.98 3 1.42 2.29 1.00 2.29 1.01 2.25 0.99 2.35 1.03  1.8 0.89 1.95 0.99 2.35 1.03  1.8 0.89 1.95 0.99 1.55 0.64 1.8 0.92 1.89 0.56 2.2 0.85 1.78 0.57 1.9 0.97 1.73 0.62 2.03 0.82 6.05 4.54 3.55 3.75 4.33 4.23 5 6.00	NA NA NA NA NA 13.50 2.35 3.17 4.20 4.11 NA 7.56 5.35 5.49 5.30 5.89  2.87 5.77 2.43 5.82 2.06 5.26 2.22 5.89 5.32 6.76 NA NA NA	0.45 1.28  5.30 1.33 7.44 1.83 0.87 2.20 0.50 0.20 0.39 0.25 0.18 0.95 0.27 0.20 0.20 0.21  0.21  0.17 0.20 0.19 0.19 0.17 0.21 0.17 0.20 0.22 0.42 1.18 0.77 1.05	15164 FALSE 15306 FALSE 19623 FALSE FALSE FALSE FALSE FALSE 6404 FALSE 8507 FALSE 3174 FALSE 3174 FALSE 786 FALSE 4520 FALSE 4795 FALSE 205 FALSE 25821 FALSE 3334 FALSE 244 TRUE Q&A May Yes 14134 FALSE 96 FALSE 5808 TRUE Mar 2011 Yes 2942 FALSE 340 FALSE 12583 FALSE 4788 FALSE FALSE FALSE FALSE FALSE FALSE 565221 FALSE 31138 FALSE 15111 FALSE 933 FALSE 15111 FALSE 934 FALSE 15111 FALSE 935 FALSE 15111 FALSE 937 FALSE 15111 FALSE 938 FALSE 15111 FALSE	FALSE TRUE FALSE FALSE TRUE FALSE TRUE FALSE TRUE TRUE TRUE TRUE TRUE TRUE TRUE TRU	October 2(34 October 2(34 October 2(34 February 2008 The specia October 2(35  In January September 24 September 24  Joint Work October 2(21 In the NPR May 2015 15	Complete	TRUE Decrease TRUE Decrease TRUE Decrease TRUE Deleted from CPT TRUE Deleted from CPT TRUE Decrease TRUE Maintain TRUE Increase TRUE PE Only TRUE Maintain TRUE PE Only TRUE Maintain TRUE Decrease TRUE Deleted from CPT TRUE Deleted from CPT TRUE Deleted from CPT TRUE Decrease

62367	Electronic analysis of programmak Electronic Analysis Implante	•	14	AAPM, AA New PE inputs. 0.48	Different Performing Specialty October 2009	XXX	0.48 0.19	0.39	0.07	7561 FAL			lentified October 2(49	•		Maintain
62368	Electronic analysis of programmak Electronic Analysis Implants	•	14	AAPM, AA Now PE inputs. 0.67	Different Performing Specialty October 2009	XXX	0.67 0.27	0.55	0.09	33073 FAL 27725 FAL			lentified October 2(49	Complete		Decrease
62369 62370	Electronic analysis of programmak Electronic Analysis Implante Electronic analysis of programmak Electronic Analysis Implante	•	14 14	AAPM, AA New PE inputs. 0.67 AAPM, AA New PE inputs. 1.10	Codes Reported Together 75% October 2010 Codes Reported Together 75% October 2010	XXX	0.67 0.28 0.9 0.35	2.00 1.78	0.09 0.10	27725 FAL 100936 FAL		TRUE TRUE	October 2(49 October 2(49	Complete Complete	TRUE TRUE	Decrease Decrease
63020	Laminotomy (hemilaminectomy), Lumbar Laminotomy with D	•	17	AANS, AA( 15.95	Site of Service Anomaly - 2018 January 2022	090	16.2 13.26	NA	4.99	1043 FAL		FALSE	October 2(45	complete	TRUE	Decrease
63030	Laminotomy (hemilaminectomy), Lumbar Laminotomy with D	•	17	AANS, AA( 13.18	Pre-Time Analysis / Site of Ser January 2014	090	13.18 11.76	NA	4.06	22190 FAL			October September 2021	CCA reject		Maintain
63035	Laminotomy (hemilaminectomy), Lumbar Laminotomy with D	January 2022	17	AANS, AA( 4.00	Site of Service Anomaly - 2018 January 2022	ZZZ	3.15 1.54	NA	0.95	5431 FAL	SE F	FALSE			TRUE	Increase
63042	• • • • • • • • • • • • • • • • • • • •	September 2014		AANS, AA( Maintain work RVU and adjust th		090	18.76 14.36	NA	5.32	9447 FAL		FALSE			TRUE	Maintain
63045		September 2014		Review work and 17.95	CMS Request - Final Rule for 2 November 2013	090	17.95 14.31	NA	6.02	10007 FAL		FALSE				Maintain
63046 63047		September 2014 January 2013	24 RUC	Review work and 17.25 NASS, AAN 15.37	CMS Request - Final Rule for 2 November 2013 CMS High Expenditure Proced September 2011	090 090	17.25 13.80 15.37 12.81	NA NA	5.43 4.66	3965 FAL 83353 FAL		FALSE FALSE			TRUE TRUE	Maintain Maintain
63048	·	•	24	NASS, AAN 3.47	CMS High Expenditure Proced January 2012	ZZZ	3.47 1.70	NA	1.04	108554 FAL		FALSE			TRUE	Maintain
63056		October 2015	21 RAW	•	0: CMS Fastest Growing / CPT As October 2008	090	21.86 15.60	NA	6.86	4943 TRI			he specia February 2010	Complete		Maintain
63075	Discectomy, anterior, with decom  Arthrodesis Including Discec	February 2010	5	NASS, AAN 19.60	Codes Reported Together 95% February 2008	090	19.6 14.70	NA	6.07	346 FAL	SE 1	TRUE Re	eferred t <sub>1</sub> October 2(21	Complete	TRUE	Maintain
63076	Discectomy, anterior, with decom  Arthrodesis Including Discec	•	5	NASS, AAN 4.04	Codes Reported Together 95% or More	ZZZ	4.04 1.98	NA	1.16	274 FAL		FALSE	October 2(21		TRUE	Maintain
63081	, , ,	September 2022		AANS, AA( Refer to CPT Assistant	Codes Reported Together 75% April 2022	090	26.1 17.99	NA	8.08	4386 TRI		FALSE			FALSE	
63090 63620	Vertebral corpectomy (vertebral b Vertebral Corpectomy with	•	13	AAOS, AAI Maintain 15.50	Codes Reported Together 75% January 2015 CMS Request - 2009 Final Rule NA	090 090	30.93 18.90 15.6 11.88	NA NA	8.23 5.96	738 FAL 570 FAL		TRUE In FALSE	January Septembe 20	yes	TRUE TRUE	Maintain
63621	Stereotactic radiosurgery (particle Stereotactic Radiosurgery Stereotactic radiosurgery (particle Stereotactic Radiosurgery	•	38	4.00	CMS Request - 2009 Final Rule NA	ZZZ	4 1.91	NA NA	1.53	177 FAL		FALSE			TRUE	Decrease Decrease
63650	Percutaneous implantation of neu Percutaneous implantation	•	24	AAPM, AA 7.20. New PE Inputs	Site of Service Anomaly / CMS September 2007	010	7.15 4.23	62.84	0.79	76274 FAL		FALSE			TRUE	Decrease
63655	Laminectomy for implantation of r Neurostimulator (Spinal)	April 2009	17	NASS, AAN 11.43	CMS Fastest Growing October 2008	090	10.92 10.41	NA	3.58	6648 FAL	.SE F	FALSE			TRUE	Maintain
63660	,	April 2009	17	AAPM, AA Deleted from CPT	Site of Service Anomaly / CMS September 2007					FAL			he RUC reOctober 2019	Code Dele	TRUE	Deleted from CPT
63661	,	April 2009	17	ISIS, NASS, 5.03	Site of Service Anomaly / CMS April 2008	010	5.08 3.66	14.57	0.95	3183 FAL		FALSE			TRUE	Decrease
63662 63663	,	April 2009 April 2009	17	ISIS, NASS, 10.87 ISIS, NASS, 70	Site of Service Anomaly / CMS April 2008 Site of Service Anomaly / CMS April 2008	090	11 10.58 7.75 4.45	NA 19.26	3.65	2049 FAL 1472 FAL		FALSE FALSE			TRUE TRUE	Decrease
63664		April 2009 April 2009	17	ISIS, NASS, 70 ISIS, NASS, 11.39	Site of Service Anomaly / CMS April 2008	010 090	11.52 10.88	18.26 NA	1.06 3.85	580 FAL		FALSE			TRUE	Decrease Decrease
63685		September 2022	04	AANS, AAF 5.19	Site of Service Anomaly / CMS September 2007	010	5.19 4.43	NA	1.09	24783 FAL		FALSE			TRUE	Decrease
63688	Revision or removal of implanted Spinal Neurostimulator	September 2022	04	AANS, AAF 4.35	Site of Service Anomaly September 2007	010	5.3 4.57	NA	1.16	6983 FAL	.SE F	FALSE			TRUE	Decrease
64400	Injection(s), anesthetic agent(s) ar Somatic Nerve Injections	October 2021	05	AAN, AAPI 1.00	Added as part of family October 2021	000	0.75 0.54	2.44	0.20	34519 FAL	.SE F	FALSE			TRUE	Decrease
64405		October 2021	05	AAN, AAPI 0.94	CMS 000-Day Global Typically July 2016	000	0.94 0.41	1.09	0.21	116809 FAL		FALSE			TRUE	Maintain
64408	,		05	AAN ASA Balatad fram CDT	Added as part of family October 2021	000	0.75 0.46	1.58	0.11	873 FAL		FALSE	A: 1 20 O - t - b 2/ 24	Camanlata	TRUE	Decrease
64412 64415	Injection, anesthetic agent; spinal Anesthetic Injection – Spina Injection(s), anesthetic agent(s) ar Somatic Nerve Injections	October 2021	36 05	AAN, ASA, Deleted from CPT AAPM, AS, 1.50	High Volume Growth2 April 2013 CMS Fastest Growing October 2008	000	1.35 0.38	1.89	0.11	TRI 179440 TRI	• •		April 20 October 2(21 uring the May 2021 14	Complete complete		Deleted from CPT Increase
64416		October 2021	05	AAPM, AS, 1.80	Site of Service Anomaly / High September 2007	000	1.48 0.27	NA	0.11	14758 FAL			uring the May 2021 14	complete	TRUE	Decrease
64417			05	AAPM, AS, 1.31	part of New/Revised Review October 2018	000	1.27 0.40	2.80	0.11	15139 FAL			uring the May 2021 14	•		Decrease
64418			05	AAPM, SIS 1.10	Harvard Valued - Utilization o October 2015	000	1.1 0.43	1.40	0.12	29410 FAL		FALSE	,	·	TRUE	Decrease
64420	Injection(s), anesthetic agent(s) ar Somatic Nerve Injections	October 2021	05	AAPM, AA 1.18	Added as part of family October 2021	000	1.08 0.54	1.71	0.11	18096 FAL		FALSE			TRUE	Maintain
64421			05	AAPM, AA 0.60	Added as part of family October 2021	ZZZ	0.5 0.18	0.43	0.05	16120 FAL		FALSE			TRUE	Decrease
64425			05	AAPM, AA 1.19	Added as part of family October 2021	000	1 0.51	2.23	0.10	6884 FAL		FALSE			TRUE	Decrease
64430 64435			05 05	AAPM, AC 1.15 AAPM, AC 0.75	Added as part of family October 2021  Added as part of family October 2021	000 000	1 0.48 0.75 0.41	1.83 1.56	0.11 0.11	3768 FAL 30 FAL		FALSE FALSE			TRUE TRUE	Decrease Decrease
64445			05	AAPM, AA 1.39	CMS Fastest Growing October 2008	000	1 0.47	2.66	0.11	120873 TRI		FALSE			TRUE	Decrease
64446			05	AAPM, AS, 1.75	Site of Service Anomaly / High February 2008	000	1.36 0.25	NA	0.11	5151 FAL			uring the May 2021 14	complete	TRUE	Decrease
64447		October 2021	05	AAPM, AS, 1.34	CMS Fastest Growing / Codes October 2008	000	1.1 0.35	1.44	0.09	257364 TRI	JE Dec 2011 { Yes	TRUE Du	uring the May 2021 14	complete	TRUE	Decrease
64448	Injection(s), anesthetic agent(s) ar Somatic Nerve Injections	October 2021	05	AAPM, AS, 1.68	Site of Service Anomaly / High February 2008	000	1.41 0.25	NA	0.11	31899 FAL	SE 1	TRUE D	uring the May 2021 14	complete	TRUE	Increase
64449			05	AAPM, NA 1.55	Site of Service Anomaly September 2007	000	1.27 0.42	NA	0.11	1353 FAL			he RUC reFebruary 231	Complete	TRUE	Decrease
64450			05	AAPM, AA 1, 53	Harvard Valued - Utilization o October 2009	000	0.75 0.40	1.42	0.09	345018 TRI		FALSE			TRUE	Maintain
64451 64454			05 05	AAPM, AA 1.52 AAPM, NA 1.52	Added as part of family October 2021  Added as part of family October 2021	000 000	1.52 0.73 1.52 0.74	5.27 5.05	0.14 0.17	18395 FAL 26332 FAL		FALSE FALSE			TRUE TRUE	Maintain Maintain
64455			05	AAPM, AP 0.75	High Volume Growth4 / CMS (October 2016	000	0.75 0.17	0.65	0.17	61227 FAL		FALSE			TRUE	Maintain
64470	Deleted from CPT Injection Anesthetic Agent		57	ASA, NASS Deleted from CPT	High Volume Growth1 April 2008		0.70 0.27			FAL			he RUC reFebruary 228	Code Dele	TRUE	Deleted from CPT
64472	Deleted from CPT Injection Anesthetic Agent	April 2008	57	ASA, NASS Deleted from CPT	High Volume Growth1 February 2008					FAL	SE 1	TRUE Th	he RUC reFebruary 228	Code Dele	TRUE	Deleted from CPT
64475	Deleted from CPT Injection Anesthetic Agent	•	57	ASA, NASS Deleted from CPT	High Volume Growth1 April 2008					FAL			he RUC reFebruary 228			Deleted from CPT
64476	Deleted from CPT Injection Anesthetic Agent	•	57	ASA, NASS Deleted from CPT	High Volume Growth1 April 2008	222	2 22 4 22	- 40	0.00	FAL			he RUC reFebruary 228			Deleted from CPT
64479 64480	Injection(s), anesthetic agent(s) ar Injection Anesthetic Agent Injection(s), anesthetic agent(s) ar Injection Anesthetic Agent		05	AAPM, ISI\$ 2.29 AAPM, ISI\$ 1.20	CMS Fastest Growing October 2008 CMS Fastest Growing October 2008	000	2.29 1.33	5.49	0.22	37416 FAL 16251 FAL			he RUC reJune 2009 19 he RUC reJune 2009 19			Increase
64483	Injection(s), anesthetic agent(s) ar Injection Anesthetic Agent		05	AAPM, ISI: 1.20 AAPM, ISI: 1.90	CMS Fastest Growing October 2008 CMS Fastest Growing October 2008	ZZZ 000	1.2 0.48 1.9 1.17	2.75 5.35	0.11 0.19	876575 FAL			he RUC reJune 2009 19			Decrease Decrease
64484	Injection(s), anesthetic agent(s) ar Injection of Anesthetic Ager		05	AAPM, ISI: 1.00	CMS Fastest Growing October 2008	ZZZ	1 0.41	2.27	0.10	358506 FAL			he Works June 2009 19			Decrease
64488		September 2022	13	ANA, ASA Maintain	High Volume Growth8 April 2022	000	1.6 0.29	2.44	0.12	55886 FAL	.SE F	FALSE	•		TRUE	Maintain
64490	Injection(s), diagnostic or therape Facet Joint Injections	April 2009	18	ASA, NASS 1.82	High Volume Growth1	000	1.82 1.08	3.68	0.20	219560 FAL	SE F	FALSE			TRUE	Decrease
64491		April 2009	18	ASA, NASS 1.16	High Volume Growth1	ZZZ	1.16 0.47	1.60	0.11	195781 FAL		FALSE			TRUE	Decrease
64492		April 2009	18	ASA, NASS 1.16	High Volume Growth1	ZZZ	1.16 0.49	1.61	0.11	126112 FAL		FALSE				Decrease
64493 64494	Injection(s), diagnostic or therape Facet Joint Injections Injection(s), diagnostic or therape Facet Joint Injections	April 2009 April 2009	18	ASA, NASS 1.52 ASA, NASS 1.00	High Volume Growth1 High Volume Growth1	000 ZZZ	1.52 0.97 1 0.40	3.56 1.60	0.14 0.10	738559 FAL 655091 FAL		FALSE FALSE			TRUE TRUE	Decrease Decrease
64495		April 2009	18	ASA, NASS 1.00 ASA, NASS 1.00	High Volume Growth1	ZZZ	1 0.42	1.59	0.10	372208 FAL		FALSE			TRUE	Decrease
64510		April 2009	27	ASA, ISIS, ANew PE inputs	CMS Request - Practice Expen April 2009	000	1.22 0.92	3.07	0.11	5831 FAL		FALSE				PE Only
64520	Injection, anesthetic agent; lumba Fluroscopy	April 2009	27	ASA, ISIS, , PE Review - no change	CMS Request - Practice Expen April 2009	000	1.35 1.00	5.48	0.12	15244 FAL	SE F	FALSE			TRUE	PE Only
64550	Application of surface (transcutan Percutaneous Neurostimula	•	29	AANS, CNS Deleted from CPT	Final Rule for 2015 January 2017	0.15		60.5-	0.70	FAL			Septem June 2017 12	yes	TRUE	Deleted from CPT
64553 64555	Percutaneous implantation of neu Percutaneous Neurostimula Percutaneous implantation of neu Percutaneous Neurostimula	•	15 RUC	AANS, CNS 5.76. Article published Jan 2016 a	Final Rule for 2015 July 2014  n High Volume Growth1 / CMS   February 2008	010	6.13 4.32 5.76 3.21	69.85 60.81	0.70 0.64	199 FAL 5358 TRI			he RUC d Septembe 36	yes		Increase
64555 64561	Percutaneous implantation of neu Percutaneous Neurostimula Percutaneous implantation of neu Percutaneous Neurostimula	•	24	•	n High Volume Growth1 / CMS (February 2008 m CMS Fastest Growing / High V October 2008	010 010	5.76 3.21 5.44 2.75	60.81 16.41	0.64 0.72	5358 TRI 14187 FAL		TRUE IN FALSE	he RUC d Septembe: 36 Septembe: 36	yes yes	TRUE TRUE	Increase Decrease
64565	Percutaneous implantation of neu Percutaneous Neurostimula		15	AANS, CNS Deleted from CPT	Final Rule for 2015 January 2017	010	3.44 2.73	10.41	0.72	FAL		FALSE	Septembe 36	yes	TRUE	Deleted from CPT
64566	Posterior tibial neurostimulation, Posterior Tibial Neurostimu	•	37	ACOG, AU, 0.60	CMS Request - Final Rule for 2 July 2013	000	0.6 0.21	2.89	0.09	144067 FAL		FALSE	,		TRUE	Maintain
64568	Open implantation of cranial nerv Vagus Nerve Stimulator	February 2010	14	AANS/CNS 11.19	Site of Service Anomaly February 2009	090	9 7.06	NA	2.08	1108 FAL	.SE F	FALSE	October 2(35		TRUE	Decrease
64573	Deleted from CPT Neurosurgical Procedures	•	28	AANS/CNS Deleted from CPT	Site of Service Anomaly September 2007					FAL			Feb 200 October 2(35	Code Dele	TRUE	Deleted from CPT
64581		January 2016	54		er Site of Service Anomaly / High September 2007	090	12.2 5.49	NA	1.63	9833 FAL		FALSE	0			Decrease
64590	·	January 2018	31	ACOG, AU Remove from screen	Harvard-Valued Annual Allow October 2012	010	2.45 1.94	5.11	0.34	11819 FAL			October 2017, this service wa	: Code incor		Remove from Screen
64615 64622	Chemodenervation of muscle(s); muscle(s) innervated by facia Destruction by neurolytic agent, p Fluroscopy	April 2009	23 27	AAN, AAN∣ Maintain ASA, ISIS, , PE Review - no change	High Volume Growth6 October 2019 CMS Request - Practice Expen April 2008	010	1.85 1.19	2.14	0.60	137679 FAL FAL		FALSE TRUE Th	he Execui June 2008 EC & 7	Code Dele	TRUE TRUE	Maintain Deleted from CPT
64623	Destruction by neurolytic agent, p Profescopy  Destruction by neurolytic agent, p Destruction by Neurolytic A	•	- <i>·</i> 57	ASA, NASS Deleted from CPT	High Volume Growth1, Harvar February 2008					FAL			he Execu June 2008 EC & 7			Deleted from CPT
64626		•	27	ASA, ISIS, , PE Review - no change	CMS Request - Practice Expen April 2008					FAL			he Execul June 2008 EC & 7			Deleted from CPT
64627	Destruction by neurolytic agent, p Destruction by Neurolytic A	April 2008	57	ASA, NASS Deleted from CPT	High Volume Growth1/ CMS F April 2008					FAL		TRUE Th	he Execu June 2008 EC & 7	Code Dele	TRUE	Deleted from CPT
64633	Destruction by neurolytic agent, p Destruction by Neurolytic A		17	ASA, AAPN 3.42	Work Neutrality Review September 2014		3.32 1.97	9.61	0.33	76381 TRI	•		Februar May 2015 20	complete		Decrease
64634	Destruction by neurolytic agent, p Destruction by Neurolytic A		17	ASA, AAPN 1.32	Work Neutrality Review September 2014		1.32 0.52	6.41	0.12	122270 TRI	•		Februar May 2015 20	•		Maintain
64635 64636	Destruction by neurolytic agent, p Destruction by Neurolytic A		1/ 17	ASA, AAPN 3.42 ASA, AAPN 1.16	Work Neutrality Review September 2014 Work Neutrality Review September 2014		3.32 1.98 1.16 0.46	9.74 6.14	0.32	307360 TRI 473019 TRI	•		Februar May 2015 20	•		Decrease Maintain
64636 64640	Destruction by neurolytic agent, p Destruction by Neurolytic A Destruction by neurolytic agent; o Injection Treatment of Nerv		25	ASAM AAF 1.23. Remove 99238.			1.16 0.46	6.14 5.25	0.11 0.20	473019 TRI 67205 FAL		TRUE In FALSE	Februar May 2015 20	complete	TRUE	Maintain Decrease
64708	Neuroplasty, major peripheral ner Neuroplasty – Leg or Arm	•	69	AOFAS, AS 6.36	Site of Service Anomaly September 2007 Site of Service Anomaly September 2007		6.36 7.41	NA	1.16	5462 FAL		FALSE			TRUE	Maintain
64712		October 2009	40	AOFAS, AS Remove from screen	Site of Service Anomaly September 2007		8.07 7.96	NA	1.66	692 FAL			he specia February 232	Editorial C	TRUE	Remove from Screen
64831		October 2010	70	AAOS, ASF 9.16	Site of Service Anomaly September 2007	090	9.16 9.71	NA	1.69	929 FAL		FALSE				Decrease
65105	Enucleation of eye; with implant, I Ophthalmologic Procedures	•	16	AAO Reduce 99238 to 0.5	Site of Service Anomaly (9923 September 2007	090	9.93 17.60	NA	0.77	711 FAL		FALSE				PE Only
65205 65210	Removal of foreign body, external Removal of Foreign Body - E	•	19	AAO, AOA 0.49	CMS 000-Day Global Typically July 2016	000	0.49 0.32	0.32	0.04	21465 FAL		FALSE			TRUE	Decrease
65210 65222	Removal of foreign body, external Removal of Foreign Body - E Removal of foreign body, external Removal of Foreign Body	April 2017 September 2011	26 19	AAO, AOA 0.75 AAO, AOA 0.93	CMS 000-Day Global Typically July 2016 Harvard Valued - Utilization o April 2011	000 000	0.61 0.40 0.84 0.57	0.49 1.09	0.04 0.05	20949 FAL 21931 FAL		FALSE FALSE			TRUE TRUF	Decrease Maintain
65222		February 2011		AAO 16.00	Site of Service Anomaly September 2007		15.36 15.47	1.09 NA	1.20	683 FAL		FALSE				Decrease
		. , =			- ,			•	-	322					- <del>-</del>	-

65778	Placement of amniotic membrane RAW Se	eptember 2022 13	January 20 RUC	AAO Survey	High Volume Growth8	April 2022	000	1 0.50	39.77	0.05	38004 F.	ALSE		FALSE			FALSE	
65779		eptember 2022 13	January 20 RUC	AAO Survey	High Volume Growth8	September 2022						ALSE		FALSE			FALSE	_
65780 65800	Ocular surface reconstruction; am Ocular Reconstruction Trans Se Paracentesis of anterior chamber Paracentesis of the Eye Ag	eptember 2022 13 pril 2012 21	January 20 RUC	AAO Survey. 8.80 AAO 1.53	CMS Fastest Growing / 09 Harvard Valued - Utilizati		090 000	7.81 10.96 1.53 0.94	NA 1.83	0.60 0.11		ΓRUE Ju :ALSE	n 2009 Yes	FALSE TRUE	Sept 2011 October 2(19	Complete		Decrease Decrease
65805	,	pril 2012 21		AAO Deleted from CPT	Harvard Valued - Utilizati	•	000	1.55 0.54	1.05	0.11		ALSE			Sept 2011 October 2(19	Complete		Deleted from CPT
65855	Trabeculoplasty by laser Surgery Trabeculoplasty by Laser Su Ap		RUC	AAO 3.00	010-Day Global Post-Ope	•	010	3 2.71	3.95	0.23		ALSE		TRUE	Referred to February 228	Complete		Decrease
66170 66172	<i>5</i> ,	pril 2015 32 pril 2015 32	RUC RUC	AAO 13.94 AAO 14.81	090-Day Global Post-Ope 090-Day Global Post-Ope	•	090 090	13.94 16.66 14.84 18.58	NA NA	1.07 1.16		ALSE		FALSE FALSE				Decrease Decrease
66174	Transluminal dilation of aqueous (Dilation of Aqueous Outflov Ja		Noc	AAO 8.53	New Technology/ New Se	•	090	7.62 13.77	NA	0.60		ALSE		TRUE	In October October 2(36	complete		Decrease
66175	Transluminal dilation of aqueous (Dilation of Aqueous Outflov Ja	•		AAO 10.25	New Technology/ New Se		090	9.34 13.02	NA	0.73		ALSE		FALSE				Decrease
66179 66180	·	inuary 2014 12 inuary 2020 37		AAO 14.00 AAO Maintain. 15.00	Harvard-Valued Annual A Harvard-Valued Annual A	•	090 090	14 16.23 15 16.83	NA NA	1.07 1.16		ALSE		TRUE TRUE	October 2(24 In April 20 October 2(24	Complete Complete		Decrease Decrease
66183	·	inuary 2020 37		AAO Maintain. 13.20	Harvard-Valued Annual A		090	13.2 15.60	NA	1.01		ALSE		FALSE	,			Maintain
66184	·	nuary 2014 12		AAO 9.58	Harvard-Valued Annual A	•	090	9.58 12.62	NA	0.73		ALSE		TRUE	October 2024	Complete		Decrease
66185 66711	·	inuary 2020 37 inuary 2019 11		AAO Maintain. 10.58 AAO 6.36	Harvard-Valued Annual A Codes Reported Togethe		090 090	10.58 13.24 5.62 8.60	NA NA	0.83 0.42		ALSE		TRUE TRUE	In April 20 October 2(24 In October May 2018 26	Complete Yes		Increase Decrease
66761		nuary 2020 37		AAO Maintain. 3.00	High IWPUT / 010-Day Gl		010	3 3.62	5.54	0.23		ALSE		TRUE	In April 20 February 233	Revised		Decrease
66821	Discission of secondary membranous cataract (opacified poste Fe	•		AAO Maintain	MPC List	October 2010	090	3.42 5.37	6.08	0.25		ALSE	2000 Vaa	FALSE				Maintain
66982 66983	Extracapsular cataract removal will Cataract Removal with Drair Ja Intracapsular cataract extraction v Cyclophotocoagulation Ja	inuary 2021 16 inuary 2019 11		AAO 10.25 Contractor Price	High IWPUT / CMS Fastes Codes Reported Togethe	•	090 090	10.25 10.54 0 0.00	NA 0.00	0.77 0.00		TRUE Se ALSE	ep 2009 Yes	FALSE FALSE				Decrease Contractor Price
66984	Extracapsular cataract removal wil Cataract Removal with Drair Ja	•		AAO 7.35	High IWPUT / MPC List /	•	090	7.35 7.83	NA	0.56		ALSE		TRUE	In October May 2018 26	Yes		Decrease
66987	Extracapsular cataract removal will Cataract Removal with Drair Ja	•		AAO 13.15 10.25	Codes Reported Togethe	•	090	0 0.00	0.00	0.00		ALSE		FALSE FALSE				Decrease
66988 66989	Extracapsular cataract removal will Cyclophotocoagulation Ja Extracapsular cataract removal will Cataract Removal with Drair Ja	inuary 2019 11 inuary 2021 16		AAO 12.13	Codes Reported Togethe High Volume Category III	•	090 090	0 0.00 12.13 11.69	0.00 NA	0.00 0.93		ALSE		FALSE	October 2(37	complete		Decrease Maintain
66991	Extracapsular cataract removal wil Cataract Removal with Drair Ja	•		AAO 9.23	High Volume Category III	Code January 2021	090	9.23 9.84	NA	0.68		ALSE		FALSE	October 2(37	complete		Maintain
67028 67036	Intravitreal injection of a pharmac Treatment of Retinal Lesion Se Vitrectomy, mechanical, pars plan Vitrectomy	•		AAO, ASRS 1.44 AAO 12.13	High Volume Growth1 / ( Harvard-Valued Annual A	•	000	1.44 1.10 12.13 12.85	1.75 NA	0.11 0.95		ALSE		FALSE FALSE				Maintain
67038	Deleted from CPT Ophthalmological Procedur Se			AAO Deleted from CPT	Site of Service Anomaly	September 2007	090	12.13 12.65	NA	0.95		ALSE		FALSE	February 2007			Decrease Deleted from CPT
67039	Vitrectomy, mechanical, pars plan Vitrectomy Oc	ctober 2013 11		AAO 13.20	Site of Service Anomaly (	9923 September 2007	090	13.2 13.51	NA	1.01	3085 F.	ALSE		FALSE	,		TRUE	Decrease
67040 67041	, , , , , , , , , , , , , , , , , , , ,	ctober 2013 11 ctober 2013 11		AAO 14.50 AAO 16.33	Site of Service Anomaly (	•		14.5 14.32	NA	1.11		ALSE		FALSE FALSE				Decrease
67041 67042		ctober 2013 11		AAO 16.33	Harvard-Valued Annual A Harvard-Valued Annual A		090 090	16.33 15.44 16.33 15.44	NA NA	1.26	10110	ALSE		FALSE				Decrease Decrease
67043		ctober 2013 11		AAO 17.40	Harvard-Valued Annual A		090	17.4 16.10	NA	1.33		ALSE		FALSE				Decrease
67101	Repair of retinal detachment, incluRetinal Detachment Repair O			AAO, ASRS 3.50	090-Day Global Post-Ope	•	010	3.5 4.45	5.99	0.25		ALSE			In April 20 May 2015 21	Complete		Decrease
67105 67107	Repair of retinal detachment, incluRetinal Detachment Repair Of Repair of retinal detachment; scle Retinal Detachment Repair Applications of Repair Of Repai		RUC	AAO, ASRS 3.84 AAO 16.00. Reduce 99238 to 0.5	090-Day Global Post-Ope Site of Service Anomaly (	•	010 090	3.39 4.30 16 15.24	4.97 NA	0.25 1.24		ALSE		TRUE FALSE	In April 20 May 2015 21 October 2(23	Complete		Decrease Decrease
67108	Repair of retinal detachment; with Retinal Detachment Repair Ap		RUC	AAO 17.13	Site of Service Anomaly (	•	090	17.13 15.93	NA	1.32		ALSE		FALSE	October 2(23			Decrease
67110 67113	Repair of retinal detachment; by in Retinal Detachment Repair A			AAO 10.25. Remove 99238	Site of Service Anomaly (	•	090	10.25 12.48	14.93	0.78		ALSE		FALSE	October 2(23	Complete		Maintain
67112 67113	Repair of retinal detachment; by s Retinal Detachment Repair Ap Repair of complex retinal detachm Retinal Detachment Repair Ap		RUC	AAO Deleted from CPT AAO 19.00	090-Day Global Post-Ope 090-Day Global Post-Ope	·	090	19 17.96	NA	1.47		ALSE		TRUE FALSE	Added as p October 2023 October 2023	Complete Complete		Deleted from CPT Decrease
67141	Prophylaxis of retinal detachment Retinal Detachment Prophy O	ctober 2020 08		AAO, ASRS 2.53	Harvard Valued - Utilizati	on o January 2020	090	2.53 3.54	5.15	0.20	1048 F.	ALSE		TRUE	CPT code ( May 2020	complete		Decrease
67145	Prophylaxis of retinal detachment Retinal Detachment Prophy Oc Destruction of localized lesion of r Treatment of Retinal Lesion Oc			AAO, ASRS 2.53	Harvard Valued - Utilizati		090	2.53 3.54	4.33	0.20		ALSE		TRUE	CPT code ( May 2020	Complete		Decrease
67210 67220	Destruction of localized lesion of a Treatment of Retinal Lesion Of Destruction of localized lesion of a Treatment of Retinal Lesion Of			AAO 6.36 AAO 6.36	High IWPUT High IWPUT	February 2008 February 2008	090 090	6.36 7.55 6.36 7.55	8.13 8.58	0.50 0.50		ALSE		TRUE TRUE	Code originally referred to CPT Code originally referred to CPT			Decrease Decrease
67225	Destruction of localized lesion of c Photodynamic Therapy of the	ebruary 2008 P		AAO 0.47	New Technology	•	ZZZ	0.47 0.29	0.34	0.04	124 F.	ALSE		FALSE	0 , ,	μ		Maintain
67228	Treatment of extensive or progres Treatment of Retinal Lesion Oc			AAO Remove from screen	High IWPUT	February 2008	010	4.39 4.04	5.14	0.34		ALSE		FALSE	Ostabar 2/24	Commisto		Remove from Screen
67255 67311		nuary 2014 12 ctober 2020 18		AAO 10.17 AAO, AAP 5.93	Harvard-Valued Annual A ZZZ Global Post-Operativ	•	090 090	8.38 10.92 5.93 7.61	NA NA	0.65 0.44		ALSE		TRUE FALSE	October 2(24	Complete		Maintain Decrease
67312	Strabismus surgery, recession or r Strabismus Surgery Oc	ctober 2020 18		AAO, AAP 9.50	ZZZ Global Post-Operativ	•	090	9.5 9.01	NA	0.73	1095 F.	ALSE		FALSE			TRUE	Decrease
67314 67316		ctober 2020 18 ctober 2020 18		AAO, AAP 5.93 AAO, AAP 10.31	ZZZ Global Post-Operativ ZZZ Global Post-Operativ	•	090	5.93 9.63 10.31 9.48	NA	0.44 0.79		ALSE		FALSE FALSE				Decrease
67318		ctober 2020 18 ctober 2020 18		AAO, AAP 10.51 AAO, AAP 9.80	ZZZ Global Post-Operativ	•	090 090	9.8 9.36	NA NA	0.75		ALSE		FALSE				Decrease Decrease
67320	Transposition procedure (eg, for p Strabismus Surgery Oc	ctober 2020 18		AAO, AAP 3.00	ZZZ Global Post-Operativ		ZZZ	3 4.16	NA	0.23		ALSE		FALSE			TRUE	Decrease
67331 67332		ctober 2020 18 ctober 2020 18		AAO, AAP 2.00 AAO, AAP 3.50	ZZZ Global Post-Operativ ZZZ Global Post-Operativ		ZZZ ZZZ	2 4.85 3.5 3.86	NA NA	0.17 0.25		ALSE		FALSE FALSE				Decrease Decrease
67334		ctober 2020 18		AAO, AAP 2.06	ZZZ Global Post-Operativ		ZZZ	2.06 4.69	NA	0.23		ALSE		FALSE				Decrease
67335		ctober 2020 18		AAO, AAP 3.23	ZZZ Global Post-Operativ		ZZZ	3.23 1.96	NA	0.25		ALSE		FALSE				Increase
67340 67500		ctober 2020 18 ctober 2017 11		AAO, AAP 5.00 AAO, ASRS 1.18	ZZZ Global Post-Operativ CMS 000-Day Global Typi		ZZZ 000	5 3.08 1.18 0.55	NA 0.95	0.39 0.09		ALSE		FALSE FALSE				Decrease Decrease
67505		ctober 2017 11		AAO, ASRS 1.18	CMS 000-Day Global Typi	•	000	1.18 0.82	1.26	0.09		ALSE		FALSE				Decrease
67515		ctober 2017 11		AAO, ASRS 0.84	CMS 000-Day Global Typi		000	0.75 0.55	0.70	0.07		ALSE		FALSE				Decrease
67820 67914		pril 2016 29 pril 2013 24		AOA, AOA 0.32 AAO 3.75	CMS High Expenditure Pr Harvard-Valued Annual A	•	000 090	0.32 0.30 3.75 5.42	0.22 10.45	0.02 0.32		ALSE		FALSE FALSE				Decrease Maintain
67915		pril 2013 24		AAO 2.03	Harvard-Valued Annual A		090	2.03 3.55	7.24	0.17		ALSE		FALSE				Decrease
67916		pril 2013 24		AAO 5.48	Harvard-Valued Annual A		090	5.48 6.50	12.18	0.44		ALSE		FALSE				Maintain
67917 67921		pril 2013 24 pril 2013 24		AAO 5.93 AAO 3.47	Harvard-Valued Annual A Harvard-Valued Annual A		090 090	5.93 6.77 3.47 5.27	12.06 10.49	0.50 0.25		ALSE		FALSE FALSE				Decrease Maintain
67922		pril 2013 24		AAO 2.03	Harvard-Valued Annual A		090	2.03 3.56	6.94	0.17	74 F.			FALSE				Decrease
67923		pril 2013 24 pril 2013 24		AAO 5.48 AAO 5.93	Harvard-Valued Annual A Harvard-Valued Annual A		090	5.48 6.51 5.93 6.78	12.19 12.85	0.42		ALSE		FALSE FALSE				Decrease Maintain
67924 68040	Repair of entropion; extensive (eg Repair of Eyelid Apexpression of conjunctival follicles Treatment of Eyelid Lesions Se	•		AAO 5.93 AAO Revised parenthetical	Harvard-valued Annual A	February 2008	090 000	0.85 0.49	0.92	0.47 0.04		ALSE			AAO to de February 218	Complete		Maintain
68200	Subconjunctival injection Subconjunctival Injection Oc	•		AAO 0.49	Harvard Valued - Utilizati	,	000	0.49 0.46	0.69	0.04		ALSE		FALSE	,	, , , , , , , , , , , , , , , , , , ,		Maintain
68801	Dilation of lacrimal punctum, with Dilation and Probing of Lacr Ja	•		AAO, AOA 1.00	010-Day Global Post-Ope	•	010	0.82 1.40	1.96	0.05		ALSE		FALSE				Maintain
68810 68811	Probing of nasolacrimal duct, with Dilation and Probing of Lacr Ja Probing of nasolacrimal duct, with or without irrigation; requir Ja	•		AAO, AOA 1.54 AAO, AOA 2.03	Site of Service Anomaly / 010-Day Global Post-Ope	•		1.54 2.03 1.74 2.02	3.09 NA	0.11 0.12		ALSE		FALSE FALSE				Decrease Decrease
68815	Probing of nasolacrimal duct, with Dilation and Probing of Lacr Ja	•		AAO, AOA 3.00	010-Day Global Post-Ope	•	010	2.7 3.50	8.30	0.22		ALSE		FALSE				Decrease
68816	Probing of nasolacrimal duct, with or without irrigation; with t Ja	•		AAO, AOA 2.35	010-Day Global Post-Ope	·	010	2.1 2.27	23.97	0.18		ALSE		FALSE				Decrease
69100 69200	• • • • • • • • • • • • • • • • • • • •	pril 2009 28 eptember 2011 29		AAO - 0.81 AAO-HNS 0.77	CMS Fastest Growing Harvard Valued - Utilizati	October 2008 on o April 2011	000 000	0.81 0.46 0.77 0.51	1.98 1.50	0.09 0.11		ALSE		FALSE FALSE				Maintain Maintain
69210		nuary 2015 29		AAFP, AAC 0.58.	CMS High Expenditure Pr	•	000	0.61 0.27	0.70	0.09		ALSE		TRUE	In January October 2(19	Complete		Decrease
69400 60401	Eustachian tube inflation, transna: Eustachian Tube Procedure: Oc			AAO HNS Deleted from CPT	High Volume Growth2	October 2013						ALSE		TRUE	October 2(February 241	Complete		Deleted from CPT
69401 69405	Eustachian tube inflation, transna: Eustachian Tube Procedure: Oc Eustachian tube catheterization, ti Eustachian Tube Procedure: Oc			AAO-HNS Deleted from CPT AAO-HNS Deleted from CPT	High Volume Growth2 High Volume Growth2	April 2013 October 2013						ALSE		TRUE TRUE	October 2(February 241 October 2(February 241	Complete Complete		Deleted from CPT Deleted from CPT
69433	Tympanostomy (requiring insertio Tympanostomy Se	eptember 2011 30		AAO-HNS 1.57	Harvard Valued - Utilizati	on o April 2011	010	1.57 2.10	4.25	0.22	34666 F.	ALSE		FALSE			TRUE	Maintain
69801		ctober 2015 21		AAO HNS Review action plan at RAW	•	·	000	2.06 1.31	4.49	0.28			ay 2011 Yes		The Work Feb 2010 34	Revised		Decrease
69802 69930	Labyrinthotomy, with perfusion of Labryinthotomy  Ap  Cochlear device implantation, witl Cochlear Device Implantatic Fe	pril 2010 16 ebruary 2008 M		AAO-HNS Deleted from CPT AAO-HNS 17.60	CMS Fastest Growing / Si Site of Service Anomaly		• • • • • • • • • • • • • • • • • • • •	) 17.73 16.05	NA	2.51		ALSE		TRUE FALSE	Prior to su Feburary 225	Code Dele		Deleted from CPT Maintain
70030	Radiologic examination, eye, for d X-Ray of Eye Ja	nuary 2020 28		0.18	CMS-Other - Utilization o	over 2 January 2019	XXX	0.18 NA	0.77	0.02	19577 F.	ALSE		FALSE			TRUE	Increase
70100 70310	_	ctober 2013 18			specif High Volume Growth2	April 2013	XXX	0.18 NA	0.95	0.02		ALSE		FALSE				Maintain
70210 70220		inuary 2019 24 inuary 2019 24		AAFP, ACP 0.20 AAFP, ACP 0.22	CMS-Other - Utilization o CMS-Other - Utilization o		XXX	0.17 NA 0.22 NA	0.78 0.89	0.02 0.02		ALSE		FALSE FALSE				Increase Decrease
70250		inuary 2019 25		ACR, ASNF 0.20	CMS-Other - Utilization o		XXX	0.18 NA	0.87	0.02	39086 F	ALSE		FALSE				Decrease
70260	•	nuary 2019 25		ACR, ASNF 0.29	CMS-Other - Utilization o		XXX	0.28 NA	1.04	0.02		ALSE		FALSE				Decrease Maintain
70310 70360		ctober 2013 18 Inuary 2019 26		AAFP, ACP 0.20	specif High Volume Growth2 CMS-Other - Utilization o	April 2013 over 3 October 2017	XXX	0.16 NA 0.18 NA	0.96 0.74	0.02 0.02	1961 F. 36813 F.	ALSE		FALSE FALSE				Maintain Increase

70371	Complex dynamic pharyngeal and Laryngography January 2019	37	ACR. AAFP CPT Assistant article published.	ad Codes Reported Together 75% October 2012	XXX	0.84 NA	2.24	0.05	1348 TRUE July 2014	Yes FA	LSE	TRUE Maintain
70373	Laryngography, contrast, radiologi Laryngography October 2012		ACR, AAFP CPT Assistant article published.	Codes Reported Together 75% October 2012	7001	0.0		0.00	TRUE July 2014		LSE	TRUE Maintain
70450	Computed tomography, head or b CT Head/Brain April 2019	15	ACR, ASNF 0.85	CMS-Other - Utilization over 5 April 2011	XXX	0.85 NA	2.37	0.05	4813481 FALSE		LSE	TRUE Maintain
70460 70470	Computed tomography, head or b CT Head/Brain April 2019 Computed tomography, head or b CT Head/Brain April 2019	15 15	ACR, ASNF 1.13 ACR, ASNF 1.27	CMS High Expenditure Proced April 2013 Harvard Valued - Utilization o October 2009	XXX XXX	1.13 NA 1.27 NA	3.41 4.06	0.06 0.08	21365 FALSE 70900 FALSE		LSE LSE	TRUE Maintain TRUE Maintain
70470	Computed tomography, riedd of BCT Fleady Brain April 2019  Computed tomography, orbit, sell CT – Orbit/Ear/Fossa October 2018	16	ACR, ASNR 1.27 ACR, ASNR 1.28	CMS-Other - Utilization over 3 October 2017	XXX	1.28 NA	3.56	0.08	43867 FALSE		LSE	TRUE Maintain
70481	Computed tomography, orbit, sell CT – Orbit/Ear/Fossa October 2018	16	ACR, ASNF 1.13	CMS-Other - Utilization over 3 October 2017	XXX	1.13 NA	4.43	0.06	8890 FALSE		LSE	TRUE Decrease
70482	Computed tomography, orbit, sell CT – Orbit/Ear/Fossa October 2018	16	ACR, ASNF 1.27	CMS-Other - Utilization over 3 October 2017	XXX	1.27 NA	5.25	0.09	3841 FALSE		LSE	TRUE Decrease
70486 70487	Computed tomography, maxillofa CT – Maxillofacial April 2014 Computed tomography, maxillofa CT – Maxillofacial April 2014	41 41	ACR, ASNF 0.85 ACR, ASNF 1.17	CMS-Other - Utilization over 2 April 2013 CMS-Other - Utilization over 2 April 2014	XXX XXX	0.85 NA 1.13 NA	3.06 3.53	0.05 0.06	425050 FALSE 25411 FALSE		LSE LSE	TRUE Decrease TRUE Decrease
70487	Computed tomography, maxillofacCT – Maxillofacial April 2014  April 2014  April 2014	41	ACR, ASNR 1.17 ACR, ASNR 1.30	CMS-Other - Utilization over 2 April 2014 CMS-Other - Utilization over 2 April 2014	XXX	1.13 NA 1.27 NA	4.42	0.08	3020 FALSE		LSE	TRUE Decrease
70490	Computed tomography, soft tissue CT Soft Tissue Neck January 2017	21	ACR, ASNF 1.28	CMS High Expenditure Proced July 2015	XXX	1.28 NA	3.30	0.08	56374 FALSE		LSE	TRUE Maintain
70491	Computed tomography, soft tissue CT Soft Tissue Neck  January 2017	21	ACR, ASNF 1.38	CMS High Expenditure Proced July 2015	XXX	1.38 NA	4.29	0.08	247043 FALSE		LSE	TRUE Maintain
70492 70496	Computed tomography, soft tissue CT Soft Tissue Neck January 2017 Computed tomographic angiography – Head & N September 2022	21 13 Septembe RUC	ACR, ASNR Refer to CPT for code bundling	CMS High Expenditure Proced July 2015 sol: High Volume Growth1 / CMS   February 2008	XXX XXX	1.62 NA 1.75 NA	5.19 6.70	0.11 0.13	20210 FALSE 509547 FALSE		LSE LUE In April 20 May 2023	TRUE Increase FALSE Maintain
70498	Computed tomographic angiograp CT Angiography – Head & N September 2022	•	,	sol High Volume Growth1 / CMS   February 2008	XXX	1.75 NA 1.75 NA	6.69	0.13	529852 FALSE		UE In April 20 May 2023	FALSE Maintain
70540	Magnetic resonance (eg, proton) i MRI Face and Neck January 2016	39	ACR, ASNF 1.35	CMS High Expenditure Proced July 2015	XXX	1.35 NA	5.70	0.09	8567 FALSE		LSE	TRUE Maintain
70542	Magnetic resonance (eg, proton) i MRI Face and Neck January 2016	39	ACR, ASNF 1.62	CMS High Expenditure Proced July 2015	XXX	1.62 NA	6.76	0.10	805 FALSE		LSE	TRUE Maintain
70543	,	39	ACR, ASNE Povious action plan, 1.20	CMS High Expenditure Proced July 2015	XXX XXX	2.15 NA 1.2 NA	8.41	0.14	55029 FALSE 195255 FALSE		LSE LSE	TRUE Maintain TRUE Maintain
70544 70545	Magnetic resonance angiography, Magnetic Resonance Angiog September 2022  Magnetic resonance angiography, Magnetic Resonance Angiog October 2016	22 April 2024 RAW 18 RUC	ACR, ASNF Review action plan. 1.20 ACR, ASNF 1.20	CMS High Expenditure Proced July 2015 CMS High Expenditure Proced July 2015	XXX	1.2 NA 1.2 NA	5.46 5.83	0.09 0.09	2796 FALSE		LSE	TRUE Maintain
70546	Magnetic resonance angiography, Magnetic Resonance Angiog October 2016	18	ACR, ASNF 1.48	CMS High Expenditure Proced July 2015	XXX	1.48 NA	8.73	0.12	16258 FALSE		LSE	TRUE Decrease
70547	Magnetic resonance angiography, Magnetic Resonance Angiog September 2022		ACR, ASNR Review action plan. 1.20	CMS High Expenditure Proced July 2015	XXX	1.2 NA	5.48	0.09	64629 FALSE		LSE	TRUE Maintain
70548 70549	Magnetic resonance angiography, Magnetic Resonance Angios October 2016	19 RUC 19 RUC	ACR, ASNF 1.50 ACR, ASNF 1.80	CMS High Expenditure Proced July 2015 CMS High Expenditure Proced July 2015	XXX	1.5 NA 1.8 NA	6.11 8.90	0.10 0.13	13439 FALSE 44370 FALSE		LSE LSE	TRUE Increase TRUE Maintain
70549	Magnetic resonance angiography, Magnetic Resonance Angiog October 2016  Magnetic resonance (eg, proton) i MRI-Brain  January 2013	26 KOC	ACR, ASNR 1.80 ACR, ASNR 1.48	CMS High Expenditure Proced September 2011		1.48 NA	4.55	0.13	988012 FALSE		LSE	TRUE Maintain
70552	Magnetic resonance (eg, proton) i MRI-Brain January 2013	26	ACR, ASNF 1.78	CMS High Expenditure Proced September 2011		1.78 NA	6.59	0.11	18020 FALSE		LSE	TRUE Maintain
70553	Magnetic resonance (eg, proton) i MRI-Brain January 2013	26	ACR, ASNF 2.36	CMS-Other - Utilization over 5 April 2011	XXX	2.29 NA	7.57	0.15	868451 FALSE		LSE	TRUE Maintain
71010 71015	Radiologic examination, chest; sin Chest X-Rays April 2016 Radiologic examination, chest; ste Chest X-Rays April 2016	07	ACR Deleted from CPT ACR Deleted from CPT	Low Value-High Volume / CMS October 2010 CMS High Expenditure Proced July 2015					FALSE FALSE		LSE February 2 20 LSE February 2 20	Complete TRUE Deleted from CPT Complete TRUE Deleted from CPT
71013	Radiologic examination, chest, 2 v Chest X-Rays April 2016  April 2016  April 2016	07	ACR Deleted from CPT  ACR Deleted from CPT	MPC List / CMS High Expendit October 2010					FALSE		LSE February 220	Complete TRUE Deleted from CPT
71021	Radiologic examination, chest, 2 v Chest X-Rays April 2016	07	ACR Deleted from CPT	CMS High Expenditure Proced July 2015					FALSE		LSE February 220	Complete TRUE Deleted from CPT
71022	Radiologic examination, chest, 2 v Chest X-Rays April 2016	07	ACR Deleted from CPT	CMS High Expenditure Proced July 2015					FALSE		LSE February 220	Complete TRUE Deleted from CPT
71023	Radiologic examination, chest, 2 v Chest X-Ray  April 2016  April 2016	07	ACR Deleted from CPT ACR Deleted from CPT	CMS High Expenditure Proced July 2015					FALSE FALSE		LSE February 2 20 LSE February 2 20	Complete TRUE Deleted from CPT
71030 71034	Radiologic examination, chest, cor Chest X-Rays April 2016 Radiologic examination, chest, cor Chest X-Rays April 2016	07	ACR Deleted from CPT  ACR Deleted from CPT	CMS High Expenditure Proced July 2015 CMS High Expenditure Proced July 2015					FALSE		LSE February 2 20 LSE February 2 20	Complete TRUE Deleted from CPT Complete TRUE Deleted from CPT
71035	Radiologic examination, chest, spe Chest X-Rays April 2016	07	ACR Deleted from CPT	CMS High Expenditure Proced July 2015					FALSE		LSE February 220	Complete TRUE Deleted from CPT
71045	Radiologic examination, chest; sin Chest X-Ray April 2016	07	ACR 0.18	CMS High Expenditure Proced February 2016	XXX	0.18 NA	0.57	0.02	15258006 FALSE		LSE February 220	Complete TRUE Decrease
71046 71047	Radiologic examination, chest; 2 v Chest X-Ray  April 2016  April 2016	07	ACR 0.22 ACR 0.27	CMS High Expenditure Proced February 2016	XXX	0.22 NA	0.76	0.02	6588226 FALSE 12357 FALSE		LSE February 220	Complete TRUE Decrease
71047 71048	Radiologic examination, chest; 3 v Chest X-Ray April 2016 Radiologic examination, chest; 4 o Chest X-Ray April 2016	07	ACR 0.27 ACR 0.31	CMS High Expenditure Proced February 2016 CMS High Expenditure Proced February 2016	XXX XXX	0.27 NA 0.31 NA	0.97 1.05	0.02 0.02	12357 FALSE 8226 FALSE		LSE February 2 20 LSE February 2 20	Complete TRUE Decrease Complete TRUE Decrease
71090	Insertion pacemaker, fluoroscopy Insertion/Removal of Pacer April 2011	10	ACC Deleted from CPT	Codes Reported Together 75% February 2010		0.02		0.02	FALSE		UE 33213 - Th February 213	Complete TRUE Deleted from CPT
71100	Radiologic examination, ribs, unila X-Ray of Ribs April 2016	30	ACR 0.22	CMS-Other - Utilization over 2 April 2013	XXX	0.22 NA	0.86	0.02	131612 FALSE		LSE	TRUE Maintain
71101	Radiologic examination, ribs, unila X-Ray of Ribs  April 2016	30	ACR 0.27	CMS-Other - Utilization over 2 October 2015	XXX	0.27 NA	0.97	0.02	228061 FALSE		LSE	TRUE Maintain
71110 71111	Radiologic examination, ribs, bilat X-Ray of Ribs  April 2016  Radiologic examination, ribs, bilat X-Ray of Ribs  April 2016	30 30	ACR 0.29 ACR 0.32	CMS-Other - Utilization over 2 October 2015 CMS-Other - Utilization over 2 October 2015	XXX XXX	0.29 NA 0.32 NA	1.00 1.23	0.02 0.02	19903 FALSE 25320 FALSE		LSE LSE	TRUE Maintain TRUE Maintain
71250	Computed tomography, thorax, di Screening CT of Thorax October 2019	07	ACR 1.16	CMS Fastest Growing / CMS H October 2008	XXX	1.08 NA	2.97	0.06	2090446 FALSE		LSE	TRUE Increase
71260	Computed tomography, thorax, di Screening CT of Thorax October 2019	07	ACR 1.38	CMS High Expenditure Proced July 2015	XXX	1.16 NA	3.95	0.06	1677657 FALSE		LSE	TRUE Maintain
71270	Computed tomography, thorax, di Screening CT of Thorax October 2019	07	ACR 1.24	CMS High Expenditure Proced July 2015	XXX	1.25 NA	4.81	0.09	57503 FALSE		LSE	TRUE Maintain
71271 71275	Computed tomography, thorax, lo Screening CT of Thorax October 2019 Computed tomographic angiography CT Angiography-Chest January 2014	07 27	1.16 ACR, SIR 1.82	CMS-Other - Utilization over 3 May 2019 CMS Fastest Growing / MPC Li October 2008	XXX XXX	1.08 NA 1.82 NA	3.11 6.81	0.06 0.13	FALSE 1251116 TRUE Jun 2009		LSE LSE	TRUE Increase TRUE Decrease
72020	Radiologic examination, spine, sin X-Ray Spine January 2019	27	AAOS, ACF 0.16	CMS-Other - Utilization over 1 April 2016	XXX	0.16 NA	0.55	0.13	112855 FALSE		LSE	TRUE Increase
72040	Radiologic examination, spine, cer X-Ray Spine January 2019	27	AAOS, ACF 0.22	Low Value-High Volume / CM! October 2010	XXX	0.22 NA	0.94	0.02	511863 FALSE		UE The RUC re October 2(17	Complete TRUE Maintain
72050	Radiologic examination, spine, cer X-Ray Spine  January 2019	27	AAOS, ACF 0.27	Low Value-High Volume / CM! October 2010	XXX	0.27 NA	1.30	0.02	288978 FALSE		UE The RUC re October 2017	Complete TRUE Decrease
72052 72070	Radiologic examination, spine, cer X-Ray Spine January 2019 Radiologic examination, spine; thc X-Ray Spine January 2019	27	AAOS, ACF 0.30 AAOS, ACF 0.20	Low Value-High Volume / CM! October 2010 CMS-Other - Utilization over 2 April 2013	XXX XXX	0.3 NA 0.2 NA	1.53 0.76	0.02 0.02	60768 FALSE 242793 FALSE		UE The RUC re October 2(17 LSE	Complete TRUE Decrease TRUE Decrease
72072	Radiologic examination, spine; the X-Ray Spine January 2019	27	AAOS, ACF 0.23	CMS-Other - Utilization over 1 April 2016	XXX	0.23 NA	0.92	0.02	139106 FALSE		LSE	TRUE Increase
72074	Radiologic examination, spine; thc X-Ray Spine January 2019	27	AAOS, ACF 0.25	CMS-Other - Utilization over 1 October 2016	XXX	0.25 NA	1.06	0.02	9899 FALSE	FA	LSE	TRUE Increase
72080	Radiologic examination, spine; thc X-Ray Spine January 2019	27	AAOS, ACF 0.21	CMS-Other - Utilization over 1 October 2016	XXX	0.21 NA	0.81	0.02	38221 FALSE		LSE	TRUE Decrease
72100 72110	Radiologic examination, spine, lun X-Ray Spine January 2019 Radiologic examination, spine, lun X-Ray Spine January 2019	27 27	AAOS, ACF 0.22 AAOS, ACF 0.26	Harvard Valued - Utilization or February 2010 Harvard Valued - Utilization or October 2009	XXX XXX	0.22 NA 0.26 NA	0.95 1.25	0.02 0.02	1440021 FALSE 650097 FALSE		UE This servic October 2(18 UE April 2010 October 2(18	Complete TRUE Maintain Complete TRUE Decrease
72114	Radiologic examination, spine, lun X-Ray Spine January 2019	27	AAOS, ACF 0.30	Harvard Valued - Utilization of February 2010	XXX	0.3 NA	1.53	0.02	77915 FALSE		UE This servic October 2(18	Complete TRUE Decrease
72120	Radiologic examination, spine, lun X-Ray Spine January 2019	27	AAOS, ACF 0.22	Harvard Valued - Utilization or February 2010	XXX	0.22 NA	0.98	0.02	41713 FALSE		UE Code 7211 October 2(18	Complete TRUE Maintain
72125	Computed tomography, cervical s <sub>1</sub> CT Spine April 2018	18	ACR, ASNR 1.07	CMS Fastest Growing October 2008	XXX	1 NA	2.97	0.06	1184668 FALSE		LSE	TRUE Maintain
72126 72127	Computed tomography, cervical s <sub>1</sub> CT Spine April 2018 Computed tomography, cervical s <sub>1</sub> CT Spine April 2018	18	ACR, ASNF 1.22 ACR, ASNF 1.27	CMS Fastest Growing February 2009 CMS Fastest Growing February 2009	XXX XXX	1.22 NA 1.27 NA	3.95 4.81	0.08 0.10	17347 FALSE 1538 FALSE		LSE LSE	TRUE Maintain TRUE Maintain
72128	Computed tomography, thoracic s CT Spine April 2018	18	ACR, ASNF 1.00	CMS Fastest Growing October 2008	XXX	1 NA	2.96	0.06	181393 FALSE		LSE	TRUE Maintain
72129	Computed tomography, thoracic s CT Spine April 2018	18	ACR, ASNR 1.22	CMS Fastest Growing February 2009	XXX	1.22 NA	3.99	0.08	26681 FALSE		LSE	TRUE Maintain
72130 72131	Computed tomography, thoracic s CT Spine April 2018 Computed tomography, lumbar sr CT Spine April 2018	18	ACR, ASNF 1.27 ACR, ASNF 1.00	CMS Fastest Growing / CMS-C February 2009	XXX XXX	1.27 NA	4.84 2.05	0.09	1246 FALSE 443104 FALSE		LSE LSE	TRUE Maintain TRUE Maintain
72131 72132	Computed tomography, lumbar sr CT Spine April 2018 Computed tomography, lumbar sr CT Spine April 2018	18	ACR, ASNR 1.00 ACR, ASNR 1.22	CMS Fastest Growing / CMS-C February 2009 CMS Fastest Growing / CMS-C February 2009	XXX	1 NA 1.22 NA	2.95 3.95	0.06 0.08	53885 FALSE		LSE	TRUE Maintain TRUE Maintain
72133	Computed tomography, lumbar sr CT Spine April 2018	18	ACR, ASNF 1.27	CMS Fastest Growing / CMS-C February 2009	XXX	1.27 NA	4.80	0.10	3482 FALSE	FA	LSE	TRUE Maintain
72141	Magnetic resonance (eg, proton) i MRI Neck and Lumbar Spine April 2013	25	ACR 1.48	CMS High Expenditure Proced September 2011		1.48 NA	4.41	0.10	487773 FALSE		LSE	TRUE Decrease
72142 72146	Magnetic resonance (eg, proton) i MRI Neck and Lumbar Spine April 2013	25	ACR 1.78	CMS High Expenditure Proced April 2013	XXX	1.78 NA	6.79	0.11	2683 FALSE		LSE	TRUE Decrease
72146 72147	Magnetic resonance (eg, proton) i MRI Neck and Lumbar Spine April 2013  Magnetic resonance (eg, proton) i MRI Neck and Lumbar Spine April 2013	25 25	ACR 1.48 ACR 1.78	CMS High Expenditure Proced April 2013 CMS High Expenditure Proced April 2013	XXX	1.48 NA 1.78 NA	4.40 6.70	0.10 0.11	188463 FALSE 2667 FALSE		LSE LSE	TRUE Decrease TRUE Decrease
72148	Magnetic resonance (eg, proton) i MRI Neck and Lumbar Spine April 2013	25	AAOS, AUI 1.48	CMS-Other - Utilization over 5 April 2011	XXX	1.48 NA	4.42	0.10	1096788 FALSE		LSE	TRUE Maintain
72149	Magnetic resonance (eg, proton) i MRI Neck and Lumbar Spine April 2013	25	1.78	CMS High Expenditure Proced April 2013	XXX	1.78 NA	6.63	0.11	4533 FALSE		LSE	TRUE Maintain
72156 72157	Magnetic resonance (eg. proton) i MRI Neck and Lumbar Spine April 2013	25 25	2.29 2.29	CMS High Expenditure Proced April 2013	XXX	2.29 NA	7.65 7.66	0.13	102071 FALSE 88842 FALSE		LSE LSE	TRUE Decrease TRUE Decrease
72157 72158	Magnetic resonance (eg, proton) i MRI Neck and Lumbar Spin∈ April 2013 Magnetic resonance (eg, proton) i MRI Neck and Lumbar Spin∈ April 2013	25 25	2.29	CMS High Expenditure Proced April 2013 CMS High Expenditure Proced April 2013	XXX	2.29 NA 2.29 NA	7.66 7.62	0.13 0.13	203972 FALSE		LSE	TRUE Decrease TRUE Decrease
72170	Radiologic examination, pelvis; 1 c X-Ray Exam – Pelvis January 2019	28	AAOS, ACF 0.17	Low Value-High Volume / Cod October 2010	XXX	0.17 NA	0.64	0.02	671286 FALSE		UE The Joint \ October 2(27	Complete TRUE Maintain
72190	Radiologic examination, pelvis; co X-Ray Exam – Pelvis January 2019	28	AAOS, ACF 0.25	CMS-Other - Utilization over 3 October 2017	XXX	0.25 NA	0.99	0.02	49156 FALSE		LSE	TRUE Increase
72191 72192	Computed tomographic angiography CT Angiography October 2013  Computed tomography, pelvis; wi CT Pelvis October 2008	12 26	ACR, SIR 1.81 ACR 1.09	High Volume Growth1 / CMS   February 2008 Codes Reported Together 95% October 2008	XXX XXX	1.81 NA 1.09 NA	7.65 2.97	0.11	2365 FALSE 160045 FALSE		UE The Work October 2(19) UE The specia October 2(37)	Complete TRUE Maintain Complete TRUE Maintain
72192 72193	Computed tomography, pelvis; wi CT Pelvis October 2008 Computed tomography, pelvis; wi CT Pelvis October 2008	26	ACR 1.09 ACR 1.16	Codes Reported Together 95% October 2008  Codes Reported Together 95% October 2008	XXX	1.09 NA 1.16 NA	6.05	0.06 0.06	32629 FALSE		UE The specia October 2(37)	Complete TRUE Maintain  Complete TRUE Maintain
72194	Computed tomography, pelvis; wi CT Abdomen and Pelvis April 2014	44	ACR 1.22	Codes Reported Together 95% February 2008	XXX	1.22 NA	6.71	0.09	4605 FALSE	TF	UE Referred to October 2037	Complete TRUE Maintain
72195	Magnetic resonance (eg, proton) i MRI Pelvis October 2016	21 RUC	ACR 1.46	CMS High Expenditure Proced July 2015	XXX	1.46 NA	5.70	0.10	73312 FALSE		LSE	TRUE Maintain
72196 72197	Magnetic resonance (eg. proton) i MRI Pelvis October 2016  Magnetic resonance (eg. proton) i MRI Pelvis October 2016	21 RUC	ACR 1.73 ACR 2.20	CMS High Expenditure Proced July 2015	XXX	1.73 NA 2.2 NA	6.66 8.34	0.11	2001 FALSE 207770 FALSE		LSE LSE	TRUE Maintain
72197 72200	Magnetic resonance (eg, proton) i MRI Pelvis October 2016 Radiologic examination, sacroiliac X-Ray Sacrum January 2019	21 RUC 29	ACR 2.20 AAOS, ACF 0.20	CMS High Expenditure Proced July 2015 CMS-Other - Utilization over 1 October 2016	XXX XXX	2.2 NA 0.17 NA	8.34 0.79	0.14 0.02	207770 FALSE 12099 FALSE		LSE LSE	TRUE Decrease TRUE Increase
72202	Radiologic examination, sacroiliac X-Ray Sacrum  January 2019	29	AAOS, ACF 0.26	CMS-Other - Utilization over 1 October 2016	XXX	0.23 NA	0.92	0.02	31483 FALSE		LSE	TRUE Increase
72220	Radiologic examination, sacrum ar X-Ray Sacrum January 2019	29	AAOS, ACF 0.20	CMS-Other - Utilization over 1 April 2016	XXX	0.17 NA	0.78	0.02	91400 FALSE		LSE	TRUE Increase
72240 72255	Myelography, cervical, radiologica Myelography April 2014  Myelography, thoracic, radiologica Myelography April 2014	17 17	ACR, ASNF 0.91 ACR, ASNF 0.91	Codes Reported Together 75% October 2012	XXX XXX	0.91 NA	2.49	0.06	430 FALSE 107 FALSE		UE Joint Work October 2021	Complete TRUE Maintain Complete TRUE Maintain
12255	Myelography, thoracic, radiologica Myelography April 2014	11	ACN, ASIND U.31	Codes Reported Together 75% October 2013	^^^	0.91 NA	2.56	0.06	IO\ LYF2E	11	UE This code (October 2(21	Complete INOE Mainfail

72265 72270	Myelography, lumbosacral, radiok Myelography Myelography, 2 or more regions ( Myelography	April 2014 April 2014	17 17		ACR, ASNF 0.83 ACR, ASNF 1.33	Codes Reported Together 75% October 2012 Codes Reported Together 75% October 2012	XXX XXX	0.83 NA 1.33 NA	2.40 3.58	0.05 0.10	2317 FALSE 456 FALSE	TRI TRI		Complete Complete		Maintain Maintain
72270 72275	Epidurography, radiological super Epidurography	January 2020	37		ASA, AAPN Deleted from CPT	Different Performing Specialty October 2009	XXX	1.55 NA	5.56	0.10		09 a Yes TRI		complete		Deleted from CPT
72291	Radiological supervision and inter Percutaneous Vertebropla	•	06		Deleted from CPT	Codes Reported Together 75% October 2012					FALSE	TR		Complete		Deleted from CPT
72292	Radiological supervision and inter Percutaneous Vertebropla	•	06		Deleted from CPT	Codes Reported Together 75% October 2012					FALSE	TRI	•	Complete		Deleted from CPT
73000 73010	Radiologic examination; clavicle, c X-Ray – Clavicle/Shoulder Radiologic examination; scapula, c X-Ray – Clavicle/Shoulder	October 2018 October 2018	17 17		ACR, AAOS 0.16 ACR, AAOS 0.17	CMS-Other - Utilization over 3 October 2017 CMS-Other - Utilization over 3 October 2017	XXX	0.16 NA 0.17 NA	0.78 0.52	0.02 0.02	86745 FALSE 40937 FALSE	FAI FAI				Maintain Maintain
73010	Radiologic examination, scapula, c x-ray – clavicle/shoulder	October 2018	17		ACR, AAOS 0.17 ACR, AAOS 0.15	CMS-Other - Utilization over 3 October 2017	XXX	0.15 NA	0.32	0.02	98733 FALSE	FAI				Maintain
73030	Radiologic examination, shoulder; X-Ray – Clavicle/Shoulder	October 2018	17		ACR, AAOS 0.18	Low Value-High Volume / CM! October 2010	XXX	0.18 NA	0.83	0.02	2321375 FALSE	FAI			TRUE	Maintain
73050	Radiologic examination; acromioc X-Ray – Clavicle/Shoulder	October 2018	17		ACR, AAOS 0.18	CMS-Other - Utilization over 3 October 2017	XXX	0.18 NA	0.65	0.02	6420 FALSE	FAI				Decrease
73060 73070	Radiologic examination; humerus, X-Ray Exams Radiologic examination, elbow; 2 'X-Ray Elbow/Forearm	September 2014 January 2019	17 30		AAOS, ACF 0.16 AAOS, ACF 0.16	CMS-Other - Utilization over 2 April 2013 CMS-Other - Utilization over 1 April 2016	XXX XXX	0.16 NA 0.16 NA	0.77 0.69	0.02 0.02	292126 FALSE 186583 FALSE	FAI FAI				Decrease Increase
73070	Radiologic examination, elbow; co X-Ray Elbow/Forearm	January 2019 January 2019	30		AAOS, ACF 0.17	Harvard Valued - Utilization o October 2009	XXX	0.10 NA 0.17 NA	0.03	0.02	339612 FALSE	FAI				Maintain
73090	Radiologic examination; forearm, X-Ray Elbow/Forearm	January 2019	30		AAOS, ACF 0.16	CMS-Other - Utilization over 1 April 2016	XXX	0.16 NA	0.69	0.02	200668 FALSE	FAL				Maintain
73100	Radiologic examination, wrist; 2 vi X-Ray Wrist	April 2016	32		ACR 0.16	CMS High Expenditure Proced July 2015	XXX	0.16 NA	0.83	0.02	231579 FALSE	FAI				Maintain
73110 73120	Radiologic examination, wrist; con X-Ray Wrist	April 2016	32 33		ACR 0.17 ACR 0.16	Low Value-High Volume / CMS October 2010 CMS High Expenditure Proced July 2015	XXX XXX	0.17 NA	1.03	0.02 0.02	916846 FALSE 231529 FALSE	FAI FAI				Maintain Maintain
73120	Radiologic examination, hand; 2 vi X-Ray of Hand/Fingers Radiologic examination, hand; mir X-Ray of Hand/Fingers	April 2016 April 2016	33		ACR 0.16 ACR 0.17	Low Value-High Volume / CMS October 2010	XXX	0.16 NA 0.17 NA	0.75 0.90	0.02	1097585 FALSE	FAI				Maintain
73140	Radiologic examination, finger(s), X-Ray of Hand/Fingers	April 2016	33		ACR 0.13	CMS High Expenditure Proced July 2015	XXX	0.13 NA	0.97	0.02	316609 FALSE	FAL				Maintain
73200	Computed tomography, upper ext CT Upper Extremity	October 2009	23		ACR 1.09	CMS Fastest Growing October 2008	XXX	1 NA	4.02	0.06	113021 FALSE	FAI				Maintain
73201 73202	Computed tomography, upper ext CT Upper Extremity	October 2009 October 2009	40		ACR Remove from screen  ACR Remove from screen	CMS Fastest Growing February 2009 CMS Fastest Growing February 2009	XXX XXX	1.16 NA 1.22 NA	5.07 6.58	0.06 0.09	18828 FALSE 1767 FALSE	FAI FAI				Remove from Screen Remove from Screen
73202 73206	Computed tomography, upper ext CT Upper Extremity Computed tomographic angiograp CT Angiography	October 2009	12			CMS Fastest Growing February 2009 o CMS Request - Final Rule for 2 May 2013	XXX	1.22 NA 1.81 NA	7.39	0.09	6441 FALSE	FAI				Remove from Screen
73218	Magnetic resonance (eg, proton) i MRI	October 2013	18		ACR CPT Assistant published.	CMS Fastest Growing October 2008	XXX	1.35 NA	8.21	0.09		11 Yes FAI				Maintain
73221	Magnetic resonance (eg, proton) i MRI	January 2012	20		ACR 1.35	CMS Fastest Growing / CMS H October 2008	XXX	1.35 NA	4.89	0.10	396179 FALSE	FAI				Maintain
73500 73501	Radiologic examination, hip, unila Radiologic Exam-Hip and P	•	14		AAOS, ACE 0.17	CMS-Other - Utilization over 5 April 2011	VVV	0.18 NA	0.77	0.02	FALSE 227987 FALSE	TRI		Complete		Deleted from CPT
73501 73502	Radiologic examination, hip, unila Radiologic Exam-Hip and P Radiologic examination, hip, unila Radiologic Exam-Hip and P	•	14 14		AAOS, ACF 0.17 AAOS, ACF 0.22	Codes Reported Together 75% October 2014 Codes Reported Together 75% October 2014	XXX	0.18 NA 0.22 NA	0.77 1.16	0.02 0.02	227987 FALSE 2236429 FALSE	FAI FAI		Complete Complete		Decrease Decrease
73503	Radiologic examination, hip, unila Radiologic Exam-Hip and P	•	14		AAOS, ACF 0.27	Codes Reported Together 75% October 2014	XXX	0.27 NA	1.47	0.02	42499 FALSE	FAL		Complete		Decrease
73510	Radiologic examination, hip, unila Radiologic Exam-Hip and P	•	14		AAOS, ACF Deleted from CPT	Havard Valued - Utilization ov October 2008					FALSE	FAI		Complete		Deleted from CPT
73520	Radiologic examination, hips, bilat Radiologic Exam-Hip and P	•	14		AAOS, ACF Deleted from CPT	CMS-Other - Utilization over 2 April 2013	VAA/	0.22.114	0.00	0.02	FALSE	TRI		Complete		Deleted from CPT
73521 73522	Radiologic examination, hips, bilat Radiologic Exam-Hip and P Radiologic examination, hips, bilat Radiologic Exam-Hip and P	•	14 1 <i>4</i>		AAOS, ACF 0.22 AAOS, ACF 0.29	Codes Reported Together 75% October 2014 Codes Reported Together 75% October 2014	XXX	0.22 NA 0.29 NA	0.99 1.29	0.02 0.02	125940 FALSE 148965 FALSE	FAI FAI		Complete Complete		Decrease Decrease
73522	Radiologic examination, hips, bilat Radiologic Exam-Hip and P	•	14		AAOS, ACF 0.23	Codes Reported Together 75% October 2014	XXX	0.31 NA	1.50	0.02	90087 FALSE	FAI		Complete		Decrease
73540	Radiologic examination, pelvis and Radiologic Exam-Hip and P	e April 2015	14		AAOS, ACF Deleted from CPT	Codes Reported Together 75% October 2014					FALSE	FAI	SE October 2(27	Complete	TRUE	Deleted from CPT
73542	Radiological examination, sacroilia Sacroiliac Joint Arthrograp	•	45		ASA, AAPN Deleted from CPT	Different Performing Specialty October 2009						d fri Yes TRI	•	Code Dele		Deleted from CPT
73550 73551	Radiologic examination, femur, 2 \ Radiologic Exam-Hip and P Radiologic examination, femur; 1 \ Radiologic Exam-Hip and P	•	14 1 <i>1</i>		AAOS, ACF Deleted from CPT AAOS, ACF 0.16	CMS-Other - Utilization over 5 April 2011 Codes Reported Together 75% October 2014	XXX	0.16 NA	0.69	0.02	FALSE 32983 FALSE	TRI FAI		Complete Complete		Deleted from CPT Decrease
73551	Radiologic examination, femur; mi Radiologic Exam-Hip and P	•	14		AAOS, ACF 0.10 AAOS, ACF 0.18	Codes Reported Together 75% October 2014  Codes Reported Together 75% October 2014	XXX	0.18 NA	0.85	0.02	482114 FALSE	FAI		Complete		Decrease
73560	Radiologic examination, knee; 1 o X-Ray Exams	September 2014	17		AAOS, ACF 0.16	Low Value-High Volume October 2010	XXX	0.16 NA	0.84	0.02	1367423 FALSE	FAI	SE	·		Decrease
73562	Radiologic examination, knee; 3 vi X-Ray Exams	September 2014			AAOS, ACF 0.18	Low Value-High Volume October 2010	XXX	0.18 NA	1.02	0.02	1967688 FALSE	FAI				Maintain
73564 73565	Radiologic examination, knee; con X-Ray Exams Radiologic examination, knee; bot X-Ray Exams	September 2014 September 2014			AAOS, ACF 0.22 AAOS, ACF 0.16	Low Value-High Volume October 2010 CMS-Other - Utilization over 2 April 2013	XXX	0.22 NA 0.16 NA	1.14 1.03	0.02 0.02	1347467 FALSE 134804 FALSE	FAI FAI				Maintain Decrease
73580	Radiologic examination, knee, but X-Ray Exams  Radiologic examination, knee, arth Contrast X-Ray of Knee Join	•	16		ACR 0.59	High Volume Growth1 / CMS   February 2008	XXX	0.16 NA 0.54 NA	3.85	0.02		12 Yes FAI		erred to CPT for		Increase
73590	Radiologic examination; tibia and X-Ray Exams	September 2014			AAOS, ACF 0.16	CMS-Other - Utilization over 2 April 2013	XXX	0.16 NA	0.76	0.02	418045 FALSE	FAL	•			Decrease
73600	Radiologic examination, ankle; 2 v X-Ray Exams	September 2014			AAOS, ACF 0.16	CMS-Other - Utilization over 2 April 2013	XXX	0.16 NA	0.78	0.02	199747 FALSE	FAI				Maintain
73610	Radiologic examination, ankle; cor Radiologic Examination	October 2009	24		ACR, AAOS 0.17	Havard Valued - Utilization ov October 2008	XXX	0.17 NA	0.91	0.02	1053621 FALSE 442295 FALSE	FAL				Maintain
73620 73630	Radiologic examination, foot; 2 vie X-Ray Exam of Foot Radiologic examination, foot; com Radiologic Examination	April 2011 October 2009	27 24		ACR, AAOS 0.16 ACR, AAOS 0.17	Low Value-High Volume October 2010 Havard Valued - Utilization ov October 2008	XXX	0.16 NA 0.17 NA	0.66 0.84	0.02 0.02	442295 FALSE 2308194 FALSE	FAI FAI				Maintain Maintain
73650	Radiologic examination; calcaneus X-Ray Heel	January 2019	31		AAOS, ACF 0.16	CMS-Other - Utilization over 1 April 2016	XXX	0.16 NA	0.68	0.02	66375 FALSE	FAL				Maintain
73660	Radiologic examination; toe(s), mi X-Ray Toe	January 2019	32		AAOS, ACF 0.13	CMS-Other - Utilization over 1 April 2016	XXX	0.13 NA	0.72	0.02	90504 FALSE	FAI				Maintain
73700	Computed tomography, lower ext CT Lower Extremity	April 2018	21		ACR 1.00	CMS Fastest Growing October 2008	XXX	1 NA	2.95	0.06	301802 FALSE	FAI				Maintain
73701 73702	Computed tomography, lower ext CT Lower Extremity Computed tomography, lower ext CT Lower Extremity	April 2018 April 2018	21		ACR 1.16 ACR 1.22	High Volume Growth1 / CMS- February 2009  High Volume Growth1 February 2009	XXX	1.16 NA 1.22 NA	3.96 4.77	0.06 0.09	45725 FALSE 4095 FALSE	FAI FAI				Maintain Maintain
73702	Computed tomographic angiography CT Angiography	October 2013	12		ACR, SIR Survey for October 2013. Remove	,	XXX	1.9 NA	8.09	0.13	16505 FALSE	FAL				Remove from Screen
73718	Magnetic resonance (eg, proton) i MRI Lower Extremity	October 2016	20	RUC	ACR 1.35	CMS High Expenditure Proced July 2015	XXX	1.35 NA	5.61	0.09	122818 FALSE	FAI				Maintain
73719	Magnetic resonance (eg, proton) i MRI Lower Extremity	October 2016	20	RUC	ACR 1.62	CMS High Expenditure Proced July 2015	XXX	1.62 NA	6.57	0.11	954 FALSE	FAI				Maintain
73720 73721	Magnetic resonance (eg, proton) i MRI Lower Extremity  Magnetic resonance (eg, proton) i MRI of Lower Extremity Jointon	October 2016	20 20	RUC	ACR 2.15 ACR 1.35	CMS High Expenditure Proced July 2015 MPC List October 2010	XXX XXX	2.15 NA 1.35 NA	8.39 4.88	0.14 0.10	55927 FALSE 537072 FALSE	FAI FAI				Maintain Maintain
74000	Radiologic examination, abdomen Abdominal X-Ray	April 2016	08		ACR Deleted from CPT	Low Value-High Volume / CMs October 2010		1.33 NA	4.00	0.10	FALSE	FAI		Complete		Deleted from CPT
74010	Radiologic examination, abdomen Abdominal X-Ray	April 2016	08		ACR Deleted from CPT	CMS High Expenditure Proced July 2015					FALSE	FAI	•	Complete	TRUE	Deleted from CPT
74018	Radiologic examination, abdomen Abdominal X-Ray	April 2016	08		ACR 0.18	CMS High Expenditure Proced February 2016	XXX	0.18 NA	0.70	0.02	1924615 FALSE	FAI		Complete		Decrease
74019 74020	Radiologic examination, abdomen Abdominal X-Ray Radiologic examination, abdomen Abdominal X-Ray	April 2016 April 2016	08 08		ACR 0.23 ACR Deleted from CPT	CMS High Expenditure Proced February 2016 CMS High Expenditure Proced July 2015	XXX	0.23 NA	0.85	0.02	315025 FALSE FALSE	FAI FAI	•	Complete Complete		Decrease Deleted from CPT
74020	Radiologic examination, abdomen Abdominal X-Ray	April 2016	08		ACR 0.27	CMS High Expenditure Proced February 2016	XXX	0.27 NA	1.00	0.02	42821 FALSE	FAI	•	Complete		Decrease
74022	Radiologic examination, complete Abdominal X-Ray	April 2016	08		ACR 0.32	CMS High Expenditure Proced July 2015	XXX	0.32 NA	1.15	0.02	182235 FALSE	FAL	•	Complete		Maintain
74150	Computed tomography, abdomen CT Abdomen	February 2008	S		ACR Review PE. 0.35	Codes Reported Together 95% February 2008	XXX	1.19 NA	2.98	0.08	62958 FALSE	TRI		Complete		Maintain
74160 74170	Computed tomography, abdomen CT Abdomen and Pelvis Computed tomography, abdomen CT Abdomen	April 2014 April 2012	44 34		ACR 0.42 ACR 1.40	Codes Reported Together 95% February 2008 Codes Reported Together 95% February 2008	XXX	1.27 NA 1.4 NA	6.07 6.81	0.08 0.10	87750 FALSE 92433 FALSE	TRI TRI		Complete Complete		Maintain Maintain
74170 74174	Computed tomographic angiograph CT Angiography	October 2013	12		ACR, SIR 2.20	Codes Reported Together 95% February 2008  Codes Reported Together 75% or More-Part1 / 9		2.2 NA	9.58	0.10	280481 FALSE	FAL		Complete		Decrease
74175	Computed tomographic angiograp CT Angiography	October 2013	12		ACR, SIR 1.82	CMS Fastest Growing / Codes October 2008	XXX	1.82 NA	7.65	0.11	30560 FALSE	TRI		Complete		Decrease
74176	Computed tomography, abdomen CT Abdomen/CT Pelvis	February 2010	16		ACR 1.74	CMS Fastest Growing October 2009	XXX	1.74 NA	3.82	0.10	1952320 FALSE	FAI				Decrease
74177 74178	Computed tomography, abdomen CT Abdomen and Pelvis Computed tomography, abdomen CT Abdomen/CT Pelvis	April 2014 February 2010	44 16		ACR 1.82 ACR 2.01	CMS Fastest Growing / CMS R October 2009 CMS Fastest Growing October 2009	XXX XXX	1.82 NA 2.01 NA	7.70 8.66	0.11 0.11	3041941 FALSE 463043 FALSE	FAI FAI				Decrease Decrease
74178 74181	Magnetic resonance (eg, proton) i MRI of Abdomen	October 2016	21	RUC	ACR 2.01 ACR 1.46	CMS High Expenditure Proced July 2015	XXX	1.46 NA	4.60	0.11	100049 FALSE	FAI				Maintain
74182	Magnetic resonance (eg, proton) i MRI of Abdomen	October 2016	21	RUC	ACR 1.73	CMS High Expenditure Proced July 2015	XXX	1.73 NA	7.73	0.11	3561 FALSE	FAL				Maintain
74183	Magnetic resonance (eg, proton) i MRI of Abdomen	October 2016	21	RUC	ACR 2.20	CMS High Expenditure Proced July 2015	XXX	2.2 NA	8.36	0.14	334598 FALSE	FAI				Decrease
74210 74220	Radiologic examination, pharynx a X-Ray Exam — Upper Gl	January 2019	12		ACR 0.59	CMS-Other - Utilization over 1 October 2016	XXX	0.59 NA	2.34	0.05	1111 FALSE	FAI				Maintain
74220 74221	Radiologic examination, esophagu X-Ray Exam – Upper GI Radiologic examination, esophagu X-Ray Exam – Upper GI	January 2019 January 2019	12		ACR 0.60 0.70	CMS-Other - Utilization over 1 April 2016 CMS-Other - Utilization over 3 October 2018	XXX XXX	0.6 NA 0.7 NA	2.36 2.64	0.05 0.05	100962 FALSE 46438 FALSE	FAI FAI				Decrease Increase
74221	Radiologic examination, esophagu X-Ray Exam — Opper Gr Radiologic examination, swallowir X-Ray Esophagus	April 2017	25		ACR 0.53	CMS-Other - Utilization over 2 April 2013	XXX	0.7 NA 0.53 NA	3.32	0.05	285714 FALSE	FAI				Maintain
74240	Radiologic examination, upper gas X-Ray Exam – Upper GI	January 2019	12		ACR 0.80	CMS-Other - Utilization over 3 October 2017	XXX	0.8 NA	2.92	0.05	68915 FALSE	TR	JE In January May 2018 27	Yes	TRUE	Increase
74241 74245	Radiologic examination, gastrointe X-Ray Exam – Upper Gl	January 2019	12		ACR Deleted from CPT	CMS-Other - Utilization over 3 October 2017					FALSE	TRI		Yes		Deleted from CPT
74245 74246	Radiologic examination, gastrointe X-Ray Exam – Upper GI Radiologic examination, upper gas X-Ray Exam – Upper GI	January 2019 January 2019	12 12		ACR Deleted from CPT ACR 0.90	CMS-Other - Utilization over 3 October 2017 CMS-Other - Utilization over 3 October 2017	XXX	0.9 NA	3.35	0.05	FALSE 50036 FALSE	TRI TRI	, ,	Yes Yes		Deleted from CPT Increase
74246 74247	Radiological examination, gastroin X-Ray Exam – Upper Gl	January 2019 January 2019	12		ACR Deleted from CPT	Harvard Valued - Utilization ov April 2011	7///	J.J IVA	5.55	5.05	FALSE	TRI		Yes		Deleted from CPT
74248	Radiologic small intestine follow-tl X-Ray Exam – Upper GI	January 2019	12		0.70	CMS-Other - Utilization over 3 October 2018	ZZZ	0.7 NA	1.79	0.05	16146 FALSE	TRI	• •			Increase
74249	Radiological examination, gastroin X-Ray Exam – Upper GI	January 2019	12		ACR Deleted from CPT	CMS-Other - Utilization over 3 October 2017	VVV	0.04.11	2.00	0.05	FALSE	TRI		Yes		Deleted from CPT
74250 74251	Radiologic examination, small inte Lower Gastroinetstinal Tra Radiologic examination, small inte Lower Gastroinetstinal Tra		11 11		ACR 0.81 ACR 1.17	CMS-Other - Utilization over 3 October 2017 CMS-Other - Utilization over 3 October 2017	XXX	0.81 NA 1.17 NA	2.90 10.28	0.05 0.08	42993 FALSE 410 FALSE	TRI TRI	• •	Yes Yes		Increase Increase
74251 74260	Duodenography, hypotonic X-Ray Exam – Small Intesti		11		ACR Deleted from CPT	CMS-Other - Utilization over 3 October 2017 CMS-Other - Utilization over 3 October 2017	7///	1.1/ IVA	10.20	5.55	FALSE FALSE	TRI		Yes		Deleted from CPT
74270	Radiologic examination, colon, inc Lower Gastroinetstinal Tra		11		ACR 1.04	CMS-Other - Utilization over 3 October 2017	XXX	1.04 NA	3.63	0.06	21625 FALSE	TR	• •	Yes		Increase
74280	Radiologic examination, colon, inc Lower Gastroinetstinal Tra		11		ACR 1.26	Harvard Valued - Utilization o April 2011	XXX	1.26 NA	5.48	0.08	5683 FALSE		JE In January May 2018 27	Yes		Increase
74300 74301	Cholangiography and/or pancreat X-Rays at Surgery Add-On Cholangiography and/or pancreat X-Rays at Surgery Add-On		19 19		ACR, SAGE 0.32 ACR, ACS, 0.21	CMS-Other - Utilization over 3 October 2018 CMS-Other - Utilization over 3 October 2018	XXX ZZZ	0 NA 0 NA	0.00 0.00	0.00 0.00	23965 FALSE 77 FALSE	FAI FAI	SE  This service was identified v	with 7/1300 In In		Decrease Maintain
, 7301	on one of a purification of participation of the pa	JULUNCI ZUZU				2.1.5 Stiller Stilledton Over 3 October 2010	LLL	JIM	0.00	5.50	,, IALJL	FAL	Jei vice was identified \	, <del>1</del> 500. III JC	OL	

74305	Deleted from CPT Percutaneous Biliary Procec October 2015 0	6 RUC	ACR, SIR Deleted from CPT	Codes Reported Together 75% October 2012					F	ALSE	TRUE	The Joint \ February 216	Complete	TRUE	Deleted from CPT
74320	Cholangiography, percutaneous, t Percutaneous Biliary Procec October 2015 0	6 RUC	ACR, SIR Deleted from CPT	Codes Reported Together 75% October 2012					F	ALSE	TRUE	The Joint \ February 216	Complete	TRUE	Deleted from CPT
74327	Postoperative biliary duct calculus Percutaneous Biliary Procec October 2015  October 2015	6 RUC	ACR, SIR Deleted from CPT	Codes Reported Together 75% February 2015	VVV	0.814	0.00	0.00		ALSE	FALSE	February 216			Deleted from CPT
74328 74329	Endoscopic catheterization of the X-Rays at Surgery Add-On April 2019 1 Endoscopic catheterization of the X-Rays at Surgery Add-On April 2019 1	9	ACR, SAGE 0.47 ACR, SAGE 0.50	CMS-Other - Utilization over 3 October 2018 CMS-Other - Utilization over 3 October 2018	XXX	0 NA 0 NA	0.00	0.00 0.00		ALSE ALSE	FALSE FALSE				Decrease Decrease
74323	, , , , , , , , , , , , , , , , , , , ,	9	ACR, SAGE 0.50	CMS-Other - Utilization over 3 October 2018	XXX	0 NA	0.00	0.00		ALSE	FALSE				Decrease
74400	Urography (pyelography), intraver Contrast X-Ray Exams September 2011 3	1	ACR 0.49	Harvard Valued - Utilization o April 2011	XXX	0.49 NA	3.61	0.03	3849 F	ALSE	FALSE			TRUE	Maintain
74420	Urography, retrograde, with or wi X-Ray Urinary Tract April 2017 2	6	ACR, AUA 0.52	CMS-Other - Utilization over 1 April 2016	XXX	0.52 NA	1.74	0.03		ALSE	FALSE	CDT and Control 27			Increase
74425 74475	Urography, antegrade, radiologica Urography October 2018 1 Introduction of intracatheter or ca Genitourinary Catheter Proc January 2015 0	8 9	ACR, AUA, 0.51, editorially revised ACR, SIR Deleted from CPT	Codes Reported Together 75% October 2012 Codes Reported Together 75% October 2012	XXX	0.51 NA	3.62	0.03		ALSE ALSE	TRUE TRUE	CPT code 7 Septembe 27 The Joint \ October 2(18	yes Complete		Increase Deleted from CPT
74480	Introduction of ureteral catheter c Genitourinary Catheter Proc January 2015		ACR, SIR Deleted from CPT	Codes Reported Together 75% October 2012						ALSE	TRUE	The Joint \ October 2(18	Complete		Deleted from CPT
74485	Dilation of ureter(s) or urethra, ra Dilation of Urinary Tract January 2018 1	2	0.83	Codes Reported Together 75% September 2017	XXX	0.83 NA	2.72	0.03		ALSE	FALSE				Increase
75561 75571	Cardiac magnetic resonance imaging for morphology and func January 2021 2 Computed tomography, heart, wit RAW September 2022 1	9	Maintain ACC, ACR, Maintain	High Volume Growth7 October 2020 High Volume Growth8 April 2022	XXX	2.6 NA 0.58 NA	8.87 2.43	0.12 0.05		ALSE ALSE	FALSE FALSE				Remove from Screen Maintain
75571 75572	Computed tomography, heart, wit KAW September 2022 1  Computed tomography, heart, with contrast material, for evaluationary 2021 2		Maintain	High Volume Growth7 October 2020	XXX	1.75 NA	5.17	0.03		ALSE	FALSE				Remove from Screen
75574	Computed tomographic angiography, heart, coronary arteries January 2021 2	9	ACR, SIR, A Maintain	CMS Request - Final Rule for 2 May 2013	XXX	2.4 NA	7.51	0.14		ALSE	FALSE			TRUE	Remove from Screen
75625	Aortography, abdominal, by serial Abdominal Aortography October 2018 1	9	ACC, SCAI, 1.75	CMS-Other - Utilization over 3 October 2017	XXX	1.44 NA	2.17	0.21		ALSE	FALSE				Increase
75630 75635	Aortography, abdominal plus bilat Abdominal Aortography October 2018 1 Computed tomographic angiography of Abdomir April 2016 3	9 4	ACC, SCAI, 2.00 ACR 2.40	CMS-Other - Utilization over 3 October 2017 High Volume Growth1 / CMS   February 2008	XXX	2 NA 2.4 NA	2.51 10.20	0.22 0.15		ALSE ALSE	FALSE FALSE				Increase Maintain
75650	Angiography, carotid, cervical, bila Carotid Angiography April 2010 4	5	ACC, ACR, Deleted from CPT	Codes Reported Together 75% February 2010	7000	2.4 107	10.20	0.13		ALSE	TRUE	The Works February 212	Complete		Deleted from CPT
75671	Angiography, carotid, cerebral, bil Carotid Angiography April 2010 4	5	AANS/CNS Deleted from CPT	Codes Reported Together 75% February 2010						ALSE	TRUE	The Works February 212	Complete		Deleted from CPT
75680 75710	Angiography, carotid, cervical, bila Carotid Angiography April 2010 4 Angiography, extremity, unilateral Angiography of Extremities January 2021 2	5 9	AANS/CNS Deleted from CPT ACR, ACC, Refer to CPT Assistant and revie	Codes Reported Together 75% February 2010 w CMS High Expenditure Proced July 2015	XXX	1.75 NA	2.54	0.23		FALSE FRUE July 2021 complete	TRUE FALSE	The Work February 212	Complete		Deleted from CPT Increase
75716 75716	Angiography, extremity, dimateral Angiography of Extremities January 2021  Angiography, extremity, bilateral, Angiography of Extremities October 2016  2	•	ACR, ACC, 1.97	CMS High Expenditure Proced July 2015	XXX	1.97 NA	2.68	0.23		ALSE	FALSE				Increase
75722	Angiography, renal, unilateral, seli Renal Angiography April 2010 4	5	ACC, ACR, Deleted from CPT	Codes Reported Together 75% February 2010						ALSE	TRUE	The Works February 206	Code Dele	TRUE	Deleted from CPT
75724 75726	Angiography, renal, bilateral, selected Renal Angiography April 2010 4		ACC, ACR, Deleted from CPT	Codes Reported Together 75% February 2010	VVV	2.05.114	2.00	0.14		ALSE	TRUE	The Work <sub>{</sub> February 206	Code Dele		Deleted from CPT
75726 75774	Angiography, visceral, selective or Angiography October 2018 2 Angiography, selective, each addit Angiography October 2018 2	•	SCAI, SIR, £2.05 SCAI, SIR, £1.01	CMS-Other - Utilization over 3 October 2017 CMS-Other - Utilization over 3 October 2017	XXX ZZZ	2.05 NA 1.01 NA	2.88 1.80	0.14 0.10		ALSE ALSE	FALSE FALSE				Increase Increase
75790	Deleted from CPT Arteriovenous Shunt Imagir April 2009 9	•	SVS, SIR, A Deleted from CPT	Codes Reported Together 95% February 2008		1.01 1.7	2.00	0.10		ALSE	TRUE	Referred to February 231	Deleted		Deleted from CPT
75791	Angiography, arteriovenous shunt Dialysis Circuit -1 January 2016 1	4	ACR, RPA, Deleted from CPT	Codes Reported Together 95% or More						ALSE	FALSE	October 2024	Complete		Deleted from CPT
75820 75822	Venography, extremity, unilateral, Venography January 2020 2  Venography, extremity, bilateral, i Venography January 2020 2	9	1.05 1.48	CMS-Other - Utilization over 2 January 2019	XXX	1.05 NA 1.48 NA	2.15	0.10		ALSE ALSE	FALSE FALSE				Increase
75822 75885	Venography, extremity, bilateral, i Venography January 2020 2  Percutaneous transhepatic portog Interventional Radiology Pro February 2009 2	9 1	ACR, SIR New PE inputs	CMS-Other - Utilization over 2 October 2019 CMS Request - Practice Expen NA	XXX	1.46 NA 1.44 NA	2.39 2.50	0.12 0.10		ALSE	FALSE				Increase PE Only
75887	Percutaneous transhepatic portog Interventional Radiology Pro February 2009 2	1	ACR, SIR New PE inputs	CMS Request - Practice Expen NA	XXX	1.44 NA	2.57	0.10		ALSE	FALSE				PE Only
75894	Transcatheter therapy, embolizati Transcatheter Procedures September 2022 1	•		inc Codes Reported Together 75% February 2010	XXX	0 NA	0.00	0.00		ALSE	TRUE	In April 20 May 2023			Maintain
75896 75898	Transcatheter therapy, infusion, o Intracranial Endovascular In April 2015 0  Angiography through existing cath Intracranial Endovascular In September 2022 1		AANS ACE Refer to CPT for code hundlings	Codes Reported Together 75% February 2010 coll Codes Reported Together 75% February 2010	xxx	0 NA	0.00	0.00		FALSE FRUE Septembe complete	TRUE TRUE	AANS indic February 221 & 14 In April 20 May 2023 February	•		Deleted from CPT Contractor Price
75940	Percutaneous placement of IVC fil Major Vein Revision April 2010 4	•	ACR, SIR, S Deleted from CPT	Codes Reported Together 75% February 2010	XXX	O NA	0.00	0.00		ALSE	TRUE	The Works February 214	Code Dele		Deleted from CPT
75945	Intravascular ultrasound (non-corc Intravascular Ultrasound January 2015 0	7	ACC,SCAI, Deleted from CPT	Final Rule for 2015 July 2014						ALSE	TRUE	A CCP was October 2(13	Complete		Deleted from CPT
75946	Intravascular ultrasound (non-cord Intravascular Ultrasound January 2015 0	7	ACC,SCAI, Deleted from CPT	Final Rule for 2015 July 2014						ALSE	TRUE	A CCP was October 2(13	Complete		Deleted from CPT
75952 75953	Endovascular repair of infrarenal a Endovascular Repair Proced January 2017  Placement of proximal or distal ex Endovascular Repair Proced January 2017  1	0	SVS, SIR, S' Deleted from CPT SVS, SIR, S' Deleted from CPT	Codes Reported Together 75% October 2015 Codes Reported Together 75% October 2015						ALSE ALSE	FALSE FALSE				Deleted from CPT Deleted from CPT
75954	Endovascular repair of iliac artery Endovascular Repair Proced January 2017 1	0	SVS, SIR, S Deleted from CPT	Codes Reported Together 75% January 2017						ALSE	FALSE			TRUE	Deleted from CPT
75960	Transcatheter introduction of intraRAW October 2012 2	•	ACC, ACR, Deleted from CPT	High Volume Growth1 / Codes Reported Togeth	ner 75% or	More-Part1				ALSE	TRUE	In Februar February 210	Code Dele		Deleted from CPT
75961 75962	Translating Including April 2010 4	5	ACC, ACR, Deleted from CPT ACR, SIR, S Deleted from CPT	Codes Reported Together 75% February 2010						ALSE ALSE	TRUE	The Works October 2011	Code Dele		Deleted from CPT Deleted from CPT
75962 75964	Transluminal balloon angioplasty, Open and Percutaneous Tra January 2016  Transluminal balloon angioplasty, Open and Percutaneous Tra January 2016  1	5	ACR, SIR, S Deleted from CPT	High Volume Growth1 / Code: April 2010 High Volume Growth1						ALSE	TRUE TRUE	The Worke October 2(24 In Februar October 2(24	Complete Complete		Deleted from CPT
75966		5	ACR, SIR, S Deleted from CPT	Codes Reported Together 75% January 2015						ALSE	TRUE	In January October 2(24	Complete		Deleted from CPT
75968	Transluminal balloon angioplasty, Open and Percutaneous Tra January 2016	5	ACR, SIR, S Deleted from CPT	Codes Reported Together 75% January 2015						ALSE	TRUE	In January October 2024	Complete		Deleted from CPT
75978 75980	Transluminal balloon angioplasty, Open and Percutaneous Tra January 2016  Percutaneous transhepatic biliary Percutaneous Biliary Procec October 2015  0	6 RUC	ACR, SIR, S Deleted from CPT ACR, SIR Deleted from CPT	CMS-Other - Utilization over 2 April 2013 Codes Reported Together 75% October 2012						ALSE ALSE	TRUE TRUE	CPT code 7 October 2024 The Joint \ February 216	Complete Complete		Deleted from CPT Deleted from CPT
75982	Percutaneous placement of draina Percutaneous Biliary Procec October 2015  0	6 RUC	ACR, SIR Deleted from CPT	Codes Reported Together 75% October 2012						ALSE	TRUE	The Joint \ February 216	Complete		Deleted from CPT
75984	Change of percutaneous tube or d Introduction of Catheter or April 2019	7	ACR, SIR 0.83	Codes Reported Together 75% October 2012	XXX	0.83 NA	2.03	0.05		ALSE	FALSE	RAW will assess Oc			Increase
75992 75003	Deleted from CPT Transluminal Arthrectomy April 2008 5  Deleted from CPT Transluminal Arthrectomy April 2008 5	•	SIR, ACR, S Deleted from CPT	High Volume Growth1 February 2008						ALSE	TRUE	The RUC reFebruary 207	Deleted-ne		Deleted from CPT Deleted from CPT
75993 75994	Deleted from CPT Transluminal Arthrectomy April 2008 5 Revised to Category III Transluminal Arthrectomy April 2008 5	<i>7</i> 7	SIR, ACR, S Deleted from CPT SIR, ACR, S Deleted from CPT	High Volume Growth1 February 2008 High Volume Growth1 April 2008						ALSE ALSE	TRUE TRUE	The RUC reFebruary 207 The RUC reFebruary 207	Deleted-ne Category II		Deleted from CPT
75995	Revised to Category III Transluminal Arthrectomy April 2008 5	7	SIR, ACR, S Deleted from CPT	High Volume Growth1 April 2008						ALSE	TRUE	The RUC reFebruary 207	Category I		Deleted from CPT
75996	Revised to Category III Transluminal Arthrectomy April 2008 5	7	SIR, ACR, S Deleted from CPT	High Volume Growth1 April 2008			2.22	2.25		ALSE	TRUE	The RUC reFebruary 207	Category I		Deleted from CPT
76000 76001	Fluoroscopy (separate procedure) Fluoroscopy April 2017 2 Fluoroscopy, physician or other qu Fluoroscopy April 2017 2	•	ACR, APM, 0.30 ACR Deleted from CPT	Low Value-Billed in Multiple L October 2010 CMS-Other - Utilization over 1 October 2016	XXX	0.3 NA	0.93	0.05		ALSE ALSE	FALSE TRUE	In April 20 Septembe 27	complete		Increase Deleted from CPT
76098	Radiological examination, surgical X-Ray Exam Specimen October 2018 2	, 1	ACR 0.31	CMS-Other - Utilization over 3 October 2017	XXX	0.31 NA	0.87	0.03		ALSE	FALSE	m April 20 September 27	complete		Increase
76100	Radiologic examination, single pla Fluroscopy April 2009 2	7	ACR, ISIS New PE inputs	CMS Request - Practice Expen April 2009	XXX	0.58 NA	2.06	0.05		ALSE	FALSE				PE Only
76101 76102	Radiologic examination, complex   Fluroscopy April 2009 2 Radiologic examination, complex   Fluroscopy April 2009 2	7	ACR, ISIS New PE inputs ACR, ISIS New PE inputs	CMS Request - Practice Expen April 2009 CMS Request - Practice Expen April 2009	XXX					ALSE ALSE	FALSE FALSE				PE Only PE Only
76376	3d rendering with interpretation $\epsilon$ 3D Rendering April 2018 2		ACR, ASNR 0.20	Negative IWPUT April 2017	XXX	0.2 NA	0.46	0.02	247990 F		FALSE				Maintain
76377	3d rendering with interpretation a 3D Rendering with Interpret October 2021 1	7	ACR, ASNF 0.79	CMS Request - Final Rule for 2 July 2019	XXX	0.79 NA	1.30	0.05		ALSE	FALSE				Maintain
76510 76511	Ophthalmic ultrasound, diagnostic Opthalmic Ultrasound October 2016 2 Ophthalmic ultrasound, diagnostic Opthalmic Ultrasound October 2016 2	RUC RUC	AAO, ASRS 0.70 AAO, ASRS 0.64	CMS High Expenditure Proced April 2016 CMS High Expenditure Proced April 2016	XXX	0.7 NA 0.64 NA	1.33 1.01	0.02 0.02		ALSE ALSE	FALSE FALSE				Decrease Decrease
76511 76512	Ophthalmic ultrasound, diagnostic Opthalmic Ultrasound October 2016 2  Ophthalmic ultrasound, diagnostic Opthalmic Ultrasound October 2016 2		AAO, ASRS 0.64 AAO, ASRS 0.56	CMS High Expenditure Proced July 2015	XXX	0.56 NA	0.83	0.02		ALSE	FALSE				Decrease
76513	Ophthalmic ultrasound, diagnostic Ophthalmic Ultrasound Ant January 2020 1	7	AAO, AOA 0.60 and CPT Assistant article pu	ıbl High Volume Growth1 / CPT A February 2008	XXX	0.6 NA	1.62	0.02	20686	TRUE Apr 2013 Yes	TRUE	At the Apr Septembe 28	yes	TRUE	Decrease
76514	Ophthalmic ultrasound, diagnostic Echo Exam of Eye Thickness October 2017	2	AAO, AOA 0.17	Negative IWPUT April 2017	XXX	0.14 NA	0.18	0.02	370154 F		FALSE				Maintain
76516 76519	Ophthalmic biometry by ultrasour Opthalmic Biometry April 2016 3 Ophthalmic biometry by ultrasour Opthalmic Biometry April 2016 3	6	AAO, AOA 0.40 AAO, AOA 0.54	CMS High Expenditure Proced April 2016 CMS High Expenditure Proced July 2015	XXX	0.4 NA 0.54 NA	0.95 1.42	0.02 0.02		ALSE ALSE	FALSE FALSE				Decrease Maintain
76536	Ultrasound, soft tissues of head ar Soft Tissue Ultrasound April 2009 2	9	ACR, ASNF 0.56	CMS Fastest Growing October 2008	XXX	0.56 NA	2.76	0.05		ALSE	FALSE				Maintain
76604	Ultrasound, chest (includes media Ultrasound Exam - Chest April 2018 2	4	ACR 0.59	CMS-Other - Utilization over 3 October 2017	XXX	0.59 NA	1.10	0.05		ALSE	FALSE				Increase
76641	Ultrasound, breast, unilateral, real Breast Ultrasound January 2014 1	3	ACR 0.73	CMS-Other - Utilization over 5 January 2014	XXX	0.73 NA	2.32	0.05		ALSE	FALSE	October 2(26	Complete		Increase
76642 76645	Ultrasound, breast, unilateral, real Breast Ultrasound January 2014 1 Ultrasound, breast(s) (unilateral ol Breast Ultrasound January 2014 1	3	ACR 0.68 ACR Deleted from CPT	CMS-Other - Utilization over 5 January 2014 CMS-Other - Utilization over 5 April 2011	XXX	0.68 NA	1.81	0.05		ALSE ALSE	FALSE TRUE	October 2(26 Code 7664 October 2(26	Complete Complete		Increase Deleted from CPT
76700	Ultrasound, abdominal, real time Ultrasound October 2013 1	3	ACR 0.81	MPC List October 2010	XXX	0.81 NA	2.67	0.05		ALSE	FALSE				Maintain
76705	Ultrasound, abdominal, real time Ultrasound October 2013 1	3	ACR, ASBS 0.59	CMS-Other - Utilization over 5 April 2011	XXX	0.59 NA	2.00	0.05		ALSE	FALSE			TRUE	Maintain
76706 76770	Ultrasound, abdominal aorta, real Abdominal Aorta Ultrasoun October 2015  Ultrasound, retroperitoneal (eg, re Ultrasound October 2013 1	<u> </u>	ACR, SIR, S 0.55 ACR 0.74	Final Rule for 2015 May 2015 CMS-Other - Utilization over 5 April 2011	XXX	0.55 NA 0.74 NA	2.61 2.48	0.05 0.05		FRUE Jan 2017 Yes FALSE	FALSE FALSE	May 2015 23	Complete		Decrease Maintain
76770 76775	Ultrasound, retroperitoneal (eg, re Ultrasound October 2013 1  Ultrasound, retroperitoneal (eg, re Ultrasound October 2013 1		ACR 0.74 ACR 0.58	CMS-Other - Utilization over 5 April 2011 CMS-Other - Utilization over 5 April 2011	XXX	0.74 NA 0.58 NA	2.48 1.10	0.05		ALSE	FALSE				Maintain
76819	Fetal biophysical profile; without I RAW October 2013 1	8	Remove from screen	High Volume Growth2 April 2013	XXX	0.77 NA	1.68	0.05	11226 F	ALSE	FALSE			TRUE	Remove from Screen
76830 76856	Ultrasound, transvaginal Transvaginal and Transrecta April 2012 4	4	ACP 0.69	CMS Other Litilization over 5 April 2011	XXX	0.69 NA	2.87	0.05		ALSE	FALSE				Maintain Maintain
76856 76857	Ultrasound, pelvic (nonobstetric), Ultrasound October 2013 1 Ultrasound, pelvic (nonobstetric), Ultrasound October 2013 1	3	ACR 0.69 ACR 0.50	CMS-Other - Utilization over 5 April 2011 CMS-Other - Utilization over 2 April 2013	XXX	0.69 NA 0.5 NA	2.45 0.89	0.05 0.03		ALSE ALSE	FALSE FALSE				Maintain Decrease
76870	Ultrasound, scrotum and contents Ultrasound Exam - Scrotum April 2017 2	8	ACR, AUA 0.64	CMS-Other - Utilization over 1 April 2016	XXX	0.64 NA	2.35	0.05		ALSE	FALSE				Maintain
76872	Ultrasound, transrectal; Transvaginal and Transrecta September 2022 1	•	ACOG, ACI Refer to CPT. 0.69	CMS High Expenditure Proced September 2011	XXX	0.69 NA	5.38	0.04		ALSE	TRUE	In April 20 May 2023	5 · 1 · · ·		Maintain
76880 76881	Deleted from CPT Lower Extremity Ultrasounc October 2009 2 Ultrasound, complete joint (ie, joil Neuromuscular Ultrasound January 2022 1	ხ 1	APMA, AC Deleted from CPT AAN, AAN 0.90	CMS Fastest Growing October 2008 CMS Fastest Growing / New T-April 2010	XXX	0.63 NA	1.08	0.03		FALSE FRUE Clinical ExaYes	TRUE TRUE	The RUC reFebruary 237 In Februar June 2017 13	Deleted yes		Deleted from CPT Decrease
76882	Ultrasound, limited, joint or focal Neuromuscular Ultrasound January 2022 1	- 1	AAN, AAN 0.69	CMS Fastest Growing / New T-April 2010	XXX	0.49 NA	1.15	0.03		TRUE Clinical Exa Yes	TRUE	In Februar June 2017 13	yes		Decrease
76883	Ultrasound, nerve(s) and accompa Neuromuscular Ultrasound January 2022 1	1	AAN, AANI 1.21	New Technology/New Service October 2021					F	ALSE	FALSE		•	TRUE	Increase
76930	Ultrasonic guidance for pericardio Pericardiocentesis and Peric January 2019  Ultrasonic guidance for endomyoc Ultrasound Guidance April 2014  3	4	ACC Deleted from CPT ACC 0.67	CMS Request - Final Rule for 2 July 2013 CMS Request - Final Rule for 2 July 2013	YYY	0 NA	0.00	0.00	1148 F	ALSE ALSE	FALSE FALSE	Septembe 14	Complete		Deleted from CPT Maintain
70332	ora asome guidance for endomyot offiasound duidance April 2014 3	<del>-</del>	ACC 0.07	Civio nequest - Filiai nule IUI 2 July 2013	111	UNA	0.00	0.00	1146 h	ALUL	TALSE			INUE	iviaiiitaiii

76936	Ultrasound guided compression re RAW October 2013	18		Maintain	CMS Request - Final Rule for 2 July 2013	XXX	1.99 NA	5.59	0.26	675 FALSE		ALSE				Maintain
76937 76940	Ultrasound guidance for vascular a Ultrasound Guidance for Va September 2022 Ultrasound guidance for, and mon Ultrasound Guidance January 2015	2 07 29		ACR, SIR, S 0.30 ACS, ACR, 2.00	Identified in RUC review of ot January 2018 CMS Request - Final Rule for 2 July 2013	ZZZ YYY	0.3 NA 0 NA	0.85 0.00	0.02 0.00	638180 FALSE 1176 FALSE		ALSE ALSE				Maintain Maintain
76942	Ultrasonic guidance for needle pla Somatic Nerve Injections October 2021	05		AAPM, AA 0.67	CMS-Other - Utilization over 5 April 2011	XXX	0.67 NA	1.00	0.05	1039361 FALSE			During the May 2021 14	complete		Maintain
76948	Ultrasonic guidance for aspiration Echo Guidance for Ova Aspi January 2015	25		ACOG 0.85	CMS Request - Final Rule for 2 July 2013	XXX	0.67 NA	1.69	0.03	10 FALSE	F.A	ALSE	,	·	TRUE	Increase
76950	Ultrasonic guidance for placement Ultrasound Guidance April 2014	34		Deleted from CPT	Codes Reported Together 75% February 2010	2004		4.24	0.05	FALSE			At the Apr October 2(28	Complete		Deleted from CPT
76965 76970	Ultrasonic guidance for interstitial Ultrasound Guidance September 2014 Ultrasound study follow-up (specii IMRT with Ultrasound Guida October 2019	1 21 17		NO INTER! Maintain ACS, ACR, Deleted from CPT	CMS Request - Final Rule for 2 July 2013 High Volume Growth1 / CMS-  February 2008	XXX	1.34 NA	1.34	0.05	5396 FALSE 20100 FALSE		ALSE RUE	In October February 29	Complete		Maintain Deleted from CPT
76998	Ultrasonic guidance, intraoperativ Intraoperative Ultrasound S September 2022	2 05		AATS, ACC 1.20	CMS-Other - Utilization over 2 January 2019	XXX	0 NA	0.00	0.00	26174 FALSE			In October May 2022 20	complete		Maintain
77001	Fluoroscopic guidance for central PICC Line Procedures January 2018	09	RUC	AANS, AAI 0.38	MPC List / CMS Request - Fina January 2012	ZZZ	0.38 NA	2.65	0.05	286956 FALSE	TI	RUE	In the NPR October 2015	Complete		Maintain
77002	Fluoroscopic guidance for needle Somatic Nerve Injections October 2021	05 05		AAPM, AA 0.60	MPC List / CMS Request - Fina January 2012	ZZZ	0.54 NA	2.90	0.05	466846 FALSE		RUE	In the NPR October 2015	Complete		Maintain
77003 77011	Fluoroscopic guidance and localiza Somatic Nerve Injections October 2021 Computed tomography guidance 1 IMRT with CT Guidance October 2010	05 15		AAPM, AA 0.60 ASTRO, AC New PE inputs	MPC List / CMS Request - Fina October 2010 CMS Request - Practice Expense Review	ZZZ XXX	0.6 NA 1.21 NA	2.51 5.46	0.05 0.09	26632 FALSE 3549 FALSE		RUE ALSE	In the NPR October 2015	Complete		Maintain PE Only
77012	Computed tomography guidance   Lung Biopsy-CT Guidance Bi April 2019	05	Septembe RUC	ACR, SIR Bundled 32405 and 77012. 1.50	CMS-Other - Utilization over 1 April 2016	XXX	1.5 NA	2.65	0.10	185999 FALSE		RUE	In October February 211	complete		Increase
77014	Computed tomography guidance 1 IMRT with CT Guidance October 2021	20		ASTRO, AC Remove from screen	CMS Request - Practice Expen October 2010	XXX	0.85 NA	2.68	0.05	2333203 FALSE		ALSE				Maintain
77031	Stereotactic localization guidance Breast Biopsy April 2013	04		Deleted from CPT Deleted from CPT	Codes Reported Together 75% January 2012					FALSE FALSE		ALSE	October 2008	Complete		Deleted from CPT
77032 77046	Mammographic guidance for neec Breast Biopsy April 2013  Magnetic resonance imaging, breast MRI with Computer-, October 2017	04 06		ACR 1.45	Codes Reported Together 75% January 2012 CMS High Expenditure Proced June 2017	XXX	1.45 NA	5.16	0.10	270 FALSE		ALSE ALSE	October 2(08 June 2017 14	Complete		Deleted from CPT Decrease
77047	Magnetic resonance imaging, brea Breast MRI with Computer-, October 2017	06		ACR 1.60	CMS High Expenditure Proced June 2017	XXX	1.6 NA	5.19	0.10	2712 FALSE		ALSE	June 2017 14			Decrease
77048	Magnetic resonance imaging, brea Breast MRI with Computer-, October 2017	06		ACR 2.10	CMS High Expenditure Proced June 2017	XXX	2.1 NA	8.40	0.12	983 FALSE		ALSE	June 2017 14			Increase
77049 77051	Magnetic resonance imaging, brea Breast MRI with Computer-, October 2017 Computer-aided detection (compt Mammography-Computer A January 2016	06 20		ACR 2.30 ACR Deleted from CPT	CMS High Expenditure Proced June 2017 CMS-Other - Utilization over 250,000 / Final Rule	XXX for 2015	2.3 NA	8.41	0.13	85897 FALSE FALSE		ALSE ALSE	June 2017 14 October 2(38	Complete		Increase Deleted from CPT
77052	Computer-aided detection (compt Mammography-Computer # January 2016	20		ACR Deleted from CPT	Low Value-High Volume October 2010	101 2013				FALSE		ALSE	October 2038	Complete		Deleted from CPT
77055	Mammography; unilateral Mammography-Computer A January 2016	20		ACR Deleted from CPT	CMS-Other - Utilization over 2 January 2014					FALSE	TI	RUE	In the NPR October 2(38	Complete		Deleted from CPT
77056	Mammography; bilateral Mammography-Computer A January 2016	20		ACR Deleted from CPT	CMS-Other - Utilization over 2 January 2014					FALSE		RUE	In the NPR October 2038	Complete		Deleted from CPT
77057 77058	Screening mammography, bilatera Mammography-Computer A January 2016 Magnetic resonance imaging, brea Breast MRI with Computer - October 2017	06		ACR Deleted from CPT ACR Deleted from CPT	CMS-Other - Utilization over 2 January 2014 CMS High Expenditure Proced July 2015					FALSE FALSE		RUE RUE	In the NPR October 2038 In prepara June 2017 14	Complete yes		Deleted from CPT Deleted from CPT
77059	Magnetic resonance imaging, brea Breast MRI with Computer-, October 2017	06		ACR Deleted from CPT	CMS High Expenditure Proced July 2015					FALSE			In prepara June 2017 14	yes		Deleted from CPT
77065	Diagnostic mammography, includi Mammography-Computer A January 2016	20		ACR 0.81	Final Rule for 2015 October 2015	XXX	0.81 NA	2.90	0.05	642500 FALSE		ALSE	October 2(38	Complete		Increase
77066 77067	Diagnostic mammography, includi Mammography-Computer A January 2016	20		ACR 1.00 ACR 0.76	Final Rule for 2015 October 2015	XXX	1 NA	3.69	0.06	557163 FALSE 5112752 FALSE		ALSE	October 2(38	Complete		Increase
77067 77073	Screening mammography, bilatera Mammography-Computer A January 2016  Bone length studies (orthoroentga X-Ray Exam - Bone April 2018	20 25		AAOS, ACF 0.26	Final Rule for 2015 October 2015 CMS-Other - Utilization over 3 October 2017	XXX	0.76 NA 0.26 NA	3.02 1.06	0.05 0.03	5112752 FALSE 46209 FALSE		ALSE ALSE	October 2(38	Complete		Maintain Decrease
77074	Radiologic examination, osseous s X-Ray Exam - Bone April 2018	25		ACR 0.44	CMS-Other - Utilization over 3 October 2017	XXX	0.44 NA	1.48	0.03	3237 FALSE		ALSE				Decrease
77075	Radiologic examination, osseous s X-Ray Exam - Bone April 2018	25		ACR 0.55	CMS-Other - Utilization over 3 October 2017	XXX	0.55 NA	2.38	0.05	33273 FALSE		ALSE				Increase
77076	Radiologic examination, osseous s X-Ray Exam - Bone April 2018	25 25		ACR 0.70	CMS-Other - Utilization over 3 October 2017 CMS-Other - Utilization over 3 October 2017	XXX XXX	0.7 NA	2.45	0.05	30 FALSE		ALSE ALSE				Maintain
77077 77079	Joint survey, single view, 2 or mor X-Ray Exam - Bone April 2018  Computed tomography, bone min CT Bone Density Study February 2010	25 31		ACR 0.33 ACR, AAFP Deleted from CPT	Different Performing Specialty October 2009	XXX	0.33 NA	1.04	0.03	30468 FALSE FALSE			The Works October 2022	Complete		Increase Deleted from CPT
77080	Dual-energy x-ray absorptiometry Dual Energy X-Ray  October 2013	07		AACE, ACN 0.20	CMS Request - Final Rule for 2 September 2011	XXX	0.2 NA	0.88	0.02	2091832 FALSE			In Oct 201 May 2013	Complete		Maintain
77081	Dual-energy x-ray absorptiometry Dual-energy X-Ray Absorptic January 2018	25		0.20	Negative IWPUT April 2017	XXX	0.2 NA	0.70	0.02	30986 FALSE		ALSE				Decrease
77082	Dual-energy X-ray absorptiometry Dual Energy X-Ray  October 2013	07		AACE, ACN Deleted from CPT ACR, ACP Deleted from CPT	CMS Request - Final Rule for 2 September 2011					FALSE FALSE		RUE	In Oct 201 May 2013	Complete		Deleted from CPT Deleted from CPT
77083 77085	Radiographic absorptiometry (eg, Radiographic Absorptiomet February 2010 Dual-energy x-ray absorptiometry Dual Energy X-Ray October 2013	07		AACE, ACN 0.30	Different Performing Specialty October 2009 Codes Reported Together 75% or More-Part2	XXX	0.3 NA	1.19	0.02	84850 FALSE		RUE ALSE	The Work October 2022 May 2013	Complete Complete		Decrease
77086	Vertebral fracture assessment via Dual Energy X-Ray  October 2013	07		AACE, ACN 0.17	Codes Reported Together 75% or More-Part2	XXX	0.17 NA	0.78	0.02	1781 FALSE		ALSE	May 2013	Complete		Maintain
77261	Therapeutic radiology treatment r Radiation Therapy Planning April 2016	37		ASTRO 1.30	CMS High Expenditure Proced July 2015	XXX	1.3 0.69	0.69	0.09	8505 FALSE		ALSE				Decrease
77262	Therapeutic radiology treatment r Radiation Therapy Planning April 2016	37		ASTRO 2.00	CMS High Expenditure Proced July 2015	XXX	2 1.03	1.03	0.12	2829 FALSE		ALSE				Decrease
77263 77280	Therapeutic radiology treatment r Radiation Therapy Planning April 2016 Therapeutic radiology simulation—Set Radiation Therapy Field January 2013	37 14		ASTRO 3.14 ASTRO 0.70	CMS High Expenditure Proced July 2015 Harvard Valued - Utilization o April 2011	XXX XXX	3.14 1.55 0.7 NA	1.55 7.21	0.23 0.05	280220 FALSE 351456 FALSE		ALSE RUE	ASTRO rev October 2022	Complete		Maintain Maintain
77285	Therapeutic radiology simulation-Respiratory Motion Manage January 2013	14		ASTRO 1.05	•	XXX	1.05 NA	12.05	0.06	4671 FALSE			ASTRO rev October 2(22	Complete		Maintain
77290	Therapeutic radiology simulation-Respiratory Motion Manage January 2013	14		ASTRO 1.56	MPC List / Harvard Valued - U October 2010	XXX	1.56 NA	11.91	0.09	185187 FALSE			ASTRO rev October 2(22	Complete		Maintain
77293 77205	Respiratory motion management: Respiratory Motion Manage January 2013	14		ASTRO 2.00 ASTRO 4.29	Harvard Valued - Utilization over 30,000 Harvard Valued - Utilization o September 2011	ZZZ	2 NA	10.24	0.13	31435 FALSE 127409 FALSE		ALSE	October 2(22 ASTRO rev October 2(22, 28/2	Complete		Decrease
77295 77300	3-dimensional radiotherapy plan, Surface Radionuclide High E January 2013 Basic radiation dosimetry calculati Surface Radionuclide High E April 2014	20		ASTRO 4.29 ASTRO 0.62	MPC List / Codes Reported To October 2010	XXX	4.29 NA 0.62 NA	9.42 1.26	0.24 0.03	1231378 FALSE			On 8-21-1; February 244, 28/2	•		Decrease Maintain
77301	Intensity modulated radiotherapy IMRT - PE Only April 2013	28			t CMS Fastest Growing / CMS R October 2008	XXX	7.99 NA	45.27	0.60			ALSE				Maintain
77305	Teletherapy, isodose plan (whethe Isodose Calculation with Iso April 2014	20		ASTRO Deleted from CPT	Codes Reported Together 75% October 2010					FALSE			On 8-21-17 February 244	Complete		Deleted from CPT
77306 77307	Teletherapy isodose plan; simple (Isodose Calculation with Iso April 2014 Teletherapy isodose plan; comple: Isodose Calculation with Iso April 2014	20		1.40 2.90	Codes Reported Together 75% October 2010 Codes Reported Together 75% October 2010	XXX	1.4 NA 2.9 NA	2.81 5.27	0.07 0.15	1550 FALSE 34096 FALSE		ALSE ALSE				Decrease Decrease
77310	Teletherapy, isodose plan (whethe Isodose Calculation with Iso April 2014	20		ASTRO Deleted from CPT	Codes Reported Together 75% October 2010	^^^	2.5 NA	3.27	0.13	FALSE			On 8-21-17 February 244	Complete		Deleted from CPT
77315	Teletherapy, isodose plan (whethe Isodose Calculation with Iso April 2014	20		ASTRO Deleted from CPT	Codes Reported Together 75% October 2010					FALSE			On 8-21-17 February 244	Complete		Deleted from CPT
77316	Brachytherapy isodose plan; simp Isodose Calculation with Iso April 2014	20		1.50	Codes Reported Together 75% October 2012	XXX	1.4 NA	5.62	0.09	4061 FALSE		ALSE				Decrease
77317 77318	Brachytherapy isodose plan; inter Isodose Calculation with Iso April 2014 Brachytherapy isodose plan; comr Isodose Calculation with Iso October 2015	20 21		1.83 2.90	Codes Reported Together 75% October 2012 Codes Reported Together 75% October 2012	XXX	1.83 NA 2.9 NA	7.42 10.23	0.15 0.20	2411 FALSE 5224 FALSE		ALSE RUE	On 8-21-17 February 244	Complete		Decrease Decrease
77316	Brachytherapy isodose plan; simpl Isodose Calculation with Iso April 2014	20		Deleted from CPT	Codes Reported Together 75% October 2012		2.5 NA	10.23	0.20	FALSE			On 8-21-17 February 244	Complete		Deleted from CPT
77327	Brachytherapy isodose plan; inter Isodose Calculation with Iso April 2014	20		ASTRO Deleted from CPT	Codes Reported Together 75% October 2010					FALSE	TI	RUE	On 8-21-17 February 2 44	Complete	TRUE	Deleted from CPT
77328	Brachytherapy isodose plan; comr Isodose Calculation with Iso April 2014	20	DUC	Deleted from CPT	Codes Reported Together 75% October 2012	V/V/	0.45.114	0.65	0.03	FALSE			On 8-21-12 February 2 44	Complete		Deleted from CPT
77332 77333	Treatment devices, design and cor RAW January 2016  Treatment devices, design and cor RAW January 2016	40 40	RUC RUC	ASTRO 0.54 ASTRO 0.84	CMS High Expenditure Proced April 2015 CMS High Expenditure Proced April 2015	XXX	0.45 NA 0.75 NA	0.65 3.31	0.03 0.05	78627 FALSE 10325 FALSE		ALSE ALSE				Maintain Maintain
77334	Treatment devices, design and construction; complex (irregula January 2016	40	RUC	ASTRO 0.84 ASTRO 1.24	MPC List / RUC request / CMS October 2010	XXX	1.15 NA	2.44	0.05	776080 FALSE		ALSE				Maintain
77336	Continuing medical physics consul Continuing Medical Physics April 2013	31		ASTRO New PE Inputs	CMS Request - Final Rule for 2 October 2012	XXX	0 NA	2.35	0.08	376051 FALSE		ALSE				PE Only
77338 77371	Multi-leaf collimator (mlc) device(IMRT - PE Only April 2013 Radiation treatment delivery, ster Radiation Treatment Delive April 2009	28 30		ASTRO New PE inputs	Services with Stand-Alone PE   October 2012 CMS Request - Practice Expen NA	XXX XXX	4.29 NA 0 0.00	8.92 0.00	0.26 0.00	163112 FALSE 122 FALSE		ALSE ALSE				PE Only PE Only
77371	Radiation treatment delivery, ster Radiation Treatment Deliver April 2009  Radiation treatment delivery, ster Radiation Treatment Deliver October 2013	30 18		New PE Inputs	Services with Stand-Alone PE   October 2012	XXX	0 0.00 0 NA	28.91	0.00	721 FALSE		ALSE				PE Only
77373	Stereotactic body radiation therap Radiation Treatment Delive October 2013	18		ACR, ASTR New PE inputs	Services with Stand-Alone PE July 2012	XXX	0 NA	29.84	0.21	33311 FALSE		ALSE				PE Only
77385	Intensity modulated radiation treatment Delive January 2014	14		ACRO, AST PE Only, revised introductory guid	•	XXX	0 0.00	0.00	0.00	FALSE		ALSE	October 2(28	Complete	TRUE	•
77386 77387	Intensity modulated radiation treatalism Treatment Delive January 2014 Guidance for localization of target Radiation Treatment Delive January 2014	14		ACRO, AST DE Only, revised introductory guid	•	XXX	0 0.00	0.00	0.00	FALSE FALSE		ALSE ALSE	October 2028	Complete		PE Only
77387 77401	Radiation treatment delivery, supe Radiation Treatment Delive January 2014	31		ACRO, AST 0.58 New PE Inputs	Services with Stand-Alone PE January 2014 High Volume Growth5 October 2018	XXX	0 0.00 0 NA	0.00 1.21	0.00 0.01	212288 FALSE		RUE	October 2028 In October May 2019 08	Complete Withdrawr		Decrease PE Only
77402	Radiation treatment delivery, >=1 Radiation Treatment Delive January 2014	14		•	Services with Stand-Alone PE October 2012	XXX	0 0.00	0.00	0.00	FALSE			At the Apr October 2(28 & 45			PE Only
77403	Radiation treatment delivery, sing Radiation Treatment Delive January 2014	14		ACRO, AST Deleted from CPT	Services with Stand-Alone PE   October 2012					FALSE			At the Apr October 2(28	•		Deleted from CPT
77404 77406	Radiation treatment delivery, sing Radiation Treatment Delive January 2014 Radiation treatment delivery, sing Radiation Treatment Delive January 2014	14 1 <i>4</i>		ACRO, AST Deleted from CPT ACRO, AST Deleted from CPT	Services with Stand-Alone PE   October 2012 Services with Stand-Alone PE   October 2012					FALSE FALSE			At the Apr October 2028	Complete		Deleted from CPT Deleted from CPT
77406 77407	Radiation treatment delivery, sing Radiation Treatment Delive January 2014  Radiation treatment delivery, >=1 Radiation Treatment Delive January 2014	14 14		•	Services with Stand-Alone PE   October 2012	XXX	0 0.00	0.00	0.00	FALSE			At the Apr October 2028 At the Apr October 2028	Complete Complete		PE Only
77408	Radiation treatment delivery, 2 se Radiation Treatment Deliver January 2014	14		ACRO, AST Deleted from CPT	Services with Stand-Alone PE   October 2012				- <del>-</del>	FALSE			At the Apr October 2(28	•		Deleted from CPT
77409	Radiation treatment delivery, 2 se Radiation Treatment Delive January 2014	14		ACRO, AST Deleted from CPT	Services with Stand-Alone PE October 2012					FALSE			At the Apr October 2028	Complete		Deleted from CPT
77411 77412	Radiation treatment delivery, 2 se Radiation Treatment Delive January 2014 Radiation treatment delivery, >= 1 Radiation Treatment Delive January 2014	14 1 <i>4</i>		ACRO, AST Deleted from CPT ACRO, AST PE Only, revised introductory guid	Services with Stand-Alone PE   October 2012 Services with Stand-Alone PE   October 2012	XXX	0 0.00	0.00	0.00	FALSE FALSE			At the Apr October 2028 At the Apr October 2028	Complete Complete		Deleted from CPT PE Only
77412 77413	Radiation treatment delivery, >=1 Radiation Treatment Delive January 2014  Radiation treatment delivery, 3 or Radiation Treatment Delive January 2014	14 14		ACRO, AST Deleted from CPT	Services with Stand-Alone PE   October 2012	^^^	0 0.00	0.00	0.00	FALSE			At the Apr October 2028	Complete		Deleted from CPT
77414	Radiation treatment delivery, 3 or Radiation Treatment Delive January 2014	14		ACRO, AST Deleted from CPT	Services with Stand-Alone PE   October 2012					FALSE			At the Apr October 2(28	Complete	TRUE	Deleted from CPT
77416	Radiation treatment delivery, 3 or Radiation Treatment Delive January 2014	14		ACRO, AST Deleted from CPT	Services with Stand-Alone PE October 2012					FALSE			At the Apr October 2028	Complete		Deleted from CPT
77418 77421	Intensity modulated treatment de Radiation Treatment Delive January 2014 Stereoscopic X-ray guidance for lo Radiation Treatment Delive January 2014	14 1 <i>4</i>		ACRO, AST Deleted from CPT ACRO, AST Deleted from CPT	CMS Fastest Growing / Service October 2008 Codes Reported Together 75% February 2010					TRUE FALSE		RUE RUE	October 2028 In Jan 201: October 2028	Complete Complete		Deleted from CPT Deleted from CPT
77421 77422	High energy neutron radiation tre High Energy Neutron Radiat April 2015	14 35	RUC	AAOS, ASF Contractor Price	CMS Request - Final Rule for 2 November 2014					FALSE		ALSE	m Jun 201, October 2028	Complete		Maintain
77423	High energy neutron radiation tre High Energy Neutron Radiat April 2015	35	RUC	AAOS, ASF Contractor Price		XXX	0 0.00	0.00	0.00	FALSE		ALSE				Maintain
77427	Radiation treatment management Radiation Treatment Manag January 2016	54				XXX	3.37 1.95	1.95	0.25	959196 FALSE			In October June 2009 21	Complete		Decrease
77435 77470	Stereotactic body radiation therap RAW January 2017 Special treatment procedure (eg, 1 Special Radiation Treatment January 2016	30 41		Remove from screen ASTRO 2.03	High Volume Growth4 October 2016 CMS High Expenditure Proced July 2015	XXX XXX	11.87 5.99 2.03 NA	5.99 1.85	0.89 0.10	38736 FALSE 85083 FALSE		ALSE ALSE				Remove from Screen Decrease
,, <del>4</del> ,0	openial treatment procedure (eg., ropenial National Treatment January 2010	71		7.01110 £.03	Civio Filbri Experialitale Floceatury 2015	$\Lambda\Lambda\Lambda$	L.UJ INA	1.03	0.10	03003 FALSE	Γ,	LJL			TNUE	Decircuse

77520	Proton treatment delivery; simple Proton Beam Treatment De April 2019	19	ASTRO New PE Inputs	Contractor Priced High Volum October 2018	XXX	0 0.00	0.00	0.00	157 FA		FALSE		TRU	•
77522	Proton treatment delivery; simple Proton Beam Treatment De April 2019	19	ASTRO New PE Inputs	Contractor Priced High Volum January 2018	XXX	0 0.00	0.00	0.00	10315 FA		FALSE		TRU	•
77523	Proton treatment delivery; interm Proton Beam Treatment De April 2019	19	ASTRO New PE Inputs	High Volume Growth4 / Contr October 2016	XXX	0 0.00	0.00	0.00	62151 FA		FALSE		TRU	•
77525 77600	Proton treatment delivery; comple Proton Beam Treatment De April 2019  Hyperthermia, externally generate Hyperthermia - PE Only April 2013	19 30	ASTRO New PE Inputs  New PE Inputs	Contractor Priced High Volum October 2018 Services with Stand-Alone PE   October 2012	XXX	0 0.00 1.31 NA	0.00 13.68	0.00 0.10	19665 FA 8601 FA		FALSE FALSE		TRU TRU	•
77767	Remote afterloading high dose rat Surface Radionuclide High E January 2015	16	ASTRO, AC 1.05	Codes Reported Together 75% October 2014	XXX	1.05 NA	6.16	0.10	4232 FA		FALSE	October 2(28/29	Complete TRU	•
77768	Remote afterloading high dose rat Surface Radionuclide High E January 2015	16	ASTRO, AC 1.03	Codes Reported Together 75% October 2014	XXX	1.4 NA	9.11	0.12	5646 FA		FALSE	October 2(28/29	Complete TRU	
77770	Remote afterloading high dose rat Surface Radionuclide High E January 2015	16	ASTRO, AC 1.95	Codes Reported Together 75% October 2014	XXX	1.95 NA	8.09	0.13	15568 FA		FALSE	October 2(28/29	Complete TRU	
77771	Remote afterloading high dose rat Surface Radionuclide High C January 2015	16	ASTRO, AC 3.80	Codes Reported Together 75% October 2014	XXX	3.8 NA	13.48	0.21	14598 FA		FALSE	October 2(28/29	Complete TRU	
77772	Remote afterloading high dose rat Surface Radionuclide High C January 2015	16	ASTRO, AC 5.40	Codes Reported Together 75% October 2014	XXX	5.4 NA	20.27	0.34	3869 FA		FALSE	October 2(28/29	Complete TRU	
77776	Interstitial radiation source applica Interstitial Radiation Source April 2015	17	ACR, ASTR Deleted from CPT	Codes Reported Together 75% February 2015					FA	LSE	FALSE	February 235	Complete TRU	E Deleted from CPT
77777	Interstitial radiation source applica Interstitial Radiation Source April 2015	17	ACR, ASTR Deleted from CPT	Codes Reported Together 75% February 2015					FA	LSE	FALSE	February 235	Complete TRU	E Deleted from CPT
77778	Interstitial radiation source applica Interstitial Radiation Source October 2015	21	ACR, ASTR 8.78	Codes Reported Together 75% October 2012	000	8.78 NA	17.18	0.47	3881 FA	LSE	TRUE	The Joint \ February 235	Complete TRU	E Decrease
77781	Deleted from CPT Brachytherapy October 2008	26	ASTRO Deleted from CPT	CMS Fastest Growing October 2008					FA	LSE	TRUE	Deleted fro February 236	Code Dele TRU	E Deleted from CPT
77782	Deleted from CPT Brachytherapy February 2008	S	ASTRO Deleted from CPT	High Volume Growth1 / CMS   February 2008						LSE	TRUE	Deleted fro February 236	Code Dele TRU	E Deleted from CPT
77784	Deleted from CPT Brachytherapy February 2008	S	ASTRO Deleted from CPT	CMS Fastest Growing February 2008						LSE	TRUE	Deleted fro February 236	Code Dele TRU	
77785	Remote afterloading high dose rat Surface Radionuclide High E January 2015	16	ASTRO Deleted from CPT	High Volume Growth1 / CMS Fastest Growing/C		•					TRUE	In October October 2(28/29	Complete TRU	
77786	Remote afterloading high dose rat Surface Radionuclide High E January 2015	16	ASTRO Deleted from CPT	High Volume Growth1 / CMS Fastest Growing/C	CMS Request -	- Practice Expens	se / Services	s with Stand-Al			TRUE	In October October 2(28/29	Complete TRU	
77787 77790	Remote afterloading high dose rat Surface Radionuclide High E January 2015 Supervision, handling, loading of r Interstitial Radiation Source October 2015	16	ASTRO Deleted from CPT ACR, ASTR 0.00	High Volume Growth1 / CMS   October 2012	VVV	0.84	0.46	0.01	28 FA	LSE	TRUE	In October October 2(28/29	Complete TRU Complete TRU	
78000	Thyroid uptake; single determinat Thyroid Uptake/Imaging April 2012	22	ACR, ACNI Deleted from CPT	Codes Reported Together 75% October 2012 Harvard Valued - Utilization over 30,000	XXX	0 NA	0.46	0.01		LSE	TRUE TRUE	The Joint \ February 235 Identified   February 213	Complete TRU Complete TRU	
78001	Thyroid uptake; multiple determine Thyroid Uptake/Imaging April 2012	22	ACR, ACNI Deleted from CPT	Harvard Valued - Utilization over 30,000						LSE	TRUE	Identified February 213	Complete TRU	
78003	Thyroid uptake; stimulation, suppi Thyroid Uptake/Imaging April 2012	22	ACR, ACNI Deleted from CPT	Harvard Valued - Utilization over 30,000						LSE	TRUE	Identified February 213	Complete TRU	
78006	Thyroid imaging, with uptake; sing Thyroid Uptake/Imaging April 2012	22	ACR, ACNN Deleted from CPT	Harvard Valued - Utilization over 30,000						LSE	TRUE	Identified February 213	Complete TRU	
78007	Thyroid imaging, with uptake; mul Thyroid Uptake/Imaging April 2012	22	ACR, ACNI Deleted from CPT	Harvard Valued - Utilization o April 2011						LSE	TRUE	Specialty r February 213	Complete TRU	
78010	Thyroid imaging; only Thyroid Uptake/Imaging April 2012	22	ACR, ACNI Deleted from CPT	Harvard Valued - Utilization over 30,000						LSE	TRUE	Identified February 213	Complete TRU	E Deleted from CPT
78011	Thyroid imaging; with vascular flo Thyroid Uptake/Imaging April 2012	22	ACR, ACNI Deleted from CPT	Harvard Valued - Utilization over 30,000					FA	LSE	TRUE	Identified February 213	Complete TRU	E Deleted from CPT
78012	Thyroid uptake, single or multiple Thyroid Uptake/Imaging April 2012	22	ACR, ACNI 0.19	Harvard Valued - Utilization over 30,000	XXX	0.19 NA	2.15	0.05	1175 FA	LSE	TRUE	Identified February 213	Complete TRU	E Decrease
78013	Thyroid imaging (including vascula Thyroid Uptake/Imaging April 2012	22	ACR, ACNI 0.37	Harvard Valued - Utilization over 30,000	XXX	0.37 NA	5.08	0.05	894 FA	LSE	TRUE	Identified February 213	Complete TRU	E Decrease
78014	Thyroid imaging (including vascula Thyroid Uptake/Imaging April 2012	22	ACR, ACNI 0.50	Harvard Valued - Utilization over 30,000	XXX	0.5 NA	6.19	0.06	12835 FA	LSE	TRUE	Identified February 213	Complete TRU	E Decrease
78070	Parathyroid planar imaging (incluc Parathyroid Imaging January 2016	54	ACR, ACNI 0.80	Harvard Valued - Utilization o April 2011	XXX	0.8 NA	7.41	0.08	9388 TF	UE Dec 2016 yes	FALSE		TRU	E Maintain
78071	Parathyroid planar imaging (incluc Parathyroid Imaging January 2016	54	ACR, ACNI 1.20	Harvard Valued - Utilization o April 2011	XXX	1.2 NA	8.61	0.10	6158 TF	UE Dec 2016 yes	FALSE		TRU	E Maintain
78072	Parathyroid planar imaging (incluc Parathyroid Imaging January 2016	54	ACR, ACNI 1.60	Harvard Valued - Utilization o April 2011	XXX	1.6 NA	10.74	0.12	9045 TF	RUE Dec 2016 yes	FALSE		TRU	
78223	Hepatobiliary ductal system imagi Hepatobiliary Ductal System February 2011	12	ACR, SNM Deleted from CPT	Harvard Valued - Utilization o October 2009						LSE	TRUE	The specia October 2(21	Complete TRU	
78226	Hepatobiliary system imaging, incl Hepatobiliary System Imagii February 2011	12	ACR, SNM, 0.74	Harvard Valued - Utilization over 100,000	XXX	0.74 NA	8.38	0.09	45261 FA		FALSE		TRU	
78227	Hepatobiliary system imaging, incl Hepatobiliary System Imagii February 2011	12	ACR, SNM, 0.90	Harvard Valued - Utilization over 100,000	XXX	0.9 NA	11.38	0.11	52391 FA		FALSE		TRU	
78278	Acute gastrointestinal blood loss i Acute GI Blood Loss Imaging September 2011		ACR, SNM, 0.99	Harvard Valued - Utilization o April 2011	XXX	0.99 NA	8.78	0.09	21405 FA		FALSE		TRU	
78300	Bone and/or joint imaging; limitec Bone Imaging April 2016	38	ACNM, AC 0.62	CMS High Expenditure Proced July 2015	XXX	0.62 NA	5.77	0.08	5238 FA		FALSE		TRU	
78305	Bone and/or joint imaging; multip Bone Imaging April 2016	38	ACNM, AC 0.83	CMS High Expenditure Proced July 2015	XXX	0.83 NA	6.89	0.08	1047 FA		FALSE		TRU	
78306 78430	Bone and/or joint imaging; whole Bone Imaging April 2016	38	ACNM, AC 0.86	CMS High Expenditure Proced July 2015	XXX	0.86 NA	7.45	0.08	223016 FA		FALSE FALSE		TRU	
78429 78430	Myocardial imaging, positron emi: Myocardial PET January 2019  Myocardial imaging, positron emi: Myocardial PET January 2019	13 13	ACC, ACR, 1.76 ACC, ACR, 1.67	High Volume Growth4 May 2018 High Volume Growth4 May 2018	XXX	0 NA 0 NA	0.00 0.00	0.00	765 FA 361 FA		FALSE		TRU TRU	
78430 78431	Myocardial imaging, positron emi: Myocardial PET January 2019  Myocardial imaging, positron emi: Myocardial PET January 2019	13	ACC, ACR, 1.87 ACC, ACR, 1.90	High Volume Growth4 May 2018 High Volume Growth4 May 2018	XXX	0 NA	0.00	0.00 0.00	33533 FA		FALSE		TRU	
78431 78432	Myocardial imaging, positron emi: Myocardial PET January 2019  Myocardial imaging, positron emi: Myocardial PET January 2019	13	ACC, ACR, 1.90 ACC, ACR, 2.07	High Volume Growth4 May 2018	XXX	0 NA	0.00	0.00	61 FA		FALSE		TRU	
78432 78433	Myocardial imaging, positron emis Myocardial PET January 2019	13	ACC, ACR, 2.26	High Volume Growth4 May 2018	XXX	0 NA	0.00	0.00	1120 FA		FALSE		TRU	
78434	Absolute quantitation of myocardi Myocardial PET January 2019	13	ACC, ACR, 0.63	High Volume Growth4 May 2018	ZZZ	0 NA	0.00	0.00	34085 FA		FALSE		TRU	
78451	Myocardial perfusion imaging, ton Myocardial Perfusion Imagil February 2009	16	SNM, ACR, 1.40	Codes Reported Together 95% NA	XXX	1.38 NA	8.15	0.10	26107 FA		FALSE		TRU	
78452	Myocardial perfusion imaging, ton Myocardial Perfusion Imagin February 2009	16	SNM, ACR, 1.75	Codes Reported Together 95% NA	XXX	1.62 NA	11.65	0.15	1369821 FA		FALSE		TRU	
78453	Myocardial perfusion imaging, pla Myocardial Perfusion Imagii February 2009	16	SNM, ACR, 1.00	Codes Reported Together 95% NA	XXX	1 NA	7.28	0.08	1308 FA		FALSE		TRU	
78454	Myocardial perfusion imaging, pla Myocardial Perfusion Imagii February 2009	16	SNM, ACR, 1.34	Codes Reported Together 95% NA	XXX	1.34 NA	10.81	0.14	6551 FA		FALSE		TRU	
78459	Myocardial imaging, positron emi: Myocardial PET January 2019	13	ACC, ACR, 1.61	High Volume Growth4 May 2018	XXX	0 NA	0.00	0.00	998 FA	LSE	FALSE		TRU	E Increase
78460	Deleted from CPT Myocardial Perfusion Imagiı February 2009	16	SNM, ACR, Deleted from CPT	Codes Reported Together 95% or More					FA	LSE	FALSE	October 2(23	TRU	E Deleted from CPT
78461	Deleted from CPT Myocardial Perfusion Imagiı February 2009	16	SNM, ACR, Deleted from CPT	Codes Reported Together 95% or More					FA	LSE	FALSE	October 2(23	TRU	E Deleted from CPT
78464	Deleted from CPT Myocardial Perfusion Imagii February 2009	16	SNM, ACR, Deleted from CPT	Codes Reported Together 95% or More					FA	LSE	FALSE	October 2(23	TRU	
78465	Deleted from CPT Myocardial Perfusion Imagii February 2009	16	SNM, ACR, Deleted from CPT	Codes Reported Together 95% February 2008						LSE	TRUE	Referred to October 2023	Code Dele TRU	
78472	Cardiac blood pool imaging, gated Cardiac Blood Pool Imaging September 2011	1 35	ACC, ACR, 0.98	Harvard Valued - Utilization o April 2011	XXX	0.98 NA	5.42	0.08	13479 FA		FALSE		TRU	
78478	Deleted from CPT Myocardial Perfusion Imagii February 2009	16	SNM, ACR, Deleted from CPT	Codes Reported Together 95% February 2008						LSE	TRUE	Referred to October 2023	Code Dele TRU	
78480	Deleted from CPT Myocardial Perfusion Imagii February 2009	16	SNM, ACR, Deleted from CPT	Codes Reported Together 95% February 2008		0.114	0.00	0.00		LSE	TRUE	Referred to October 2023	Code Dele TRU	
78491	Myocardial imaging, positron emi: Myocardial PET January 2019	13	ACC, ACR, 1.56	High Volume Growth4 May 2018	XXX	0 NA	0.00	0.00	501 FA		FALSE	This comis May 2010, 20	TRU	
78492 78579	Myocardial imaging, positron emi: Myocardial PET January 2019  Pulmonary ventilation imaging (eg Pulmonary Imaging February 2011	13 13	ACC, ACR, 1.80 ACR, SNM 0.49	High Volume Growth4 October 2016 Harvard Valued - Utilization o February 2010	XXX	0 NA 0.49 NA	0.00 4.75	0.00 0.06	137725 FA 294 FA		TRUE TRUE	This servic May 2018 28 October 2(23	Yes TRU Complete TRU	
78580	Pulmonary perfusion imaging (eg, Pulmonary Imaging September 2022		SNM, ACR Review action plan. 0.74	Harvard Valued - Utilization of February 2010	XXX	0.49 NA 0.74 NA	5.88	0.00	60193 FA		TRUE	The specia October 2(23	complete FALS	
78582	Pulmonary ventilation (eg, aeroso Pulmonary Imaging February 2011	•	ACR, SNM 1.07	Harvard Valued - Utilization of February 2010	XXX	1.07 NA	8.25	0.09	64152 FA		TRUE	October 2(23	Complete TRU	
78584	Pulmonary perfusion imaging, par Pulmonary Perfusion Imagir February 2010	31	SNM, ACR Deleted from CPT	Harvard Valued - Utilization of February 2010	7077	1.07 1471	0.23	0.03		LSE	TRUE	The specia October 2(23	Code Dele TRU	
78585	Pulmonary perfusion imaging, par Pulmonary Perfusion Imagir February 2010	31	SNM, ACR Deleted from CPT	Harvard Valued - Utilization of October 2009						LSE	TRUE	The specia October 2023	Code Dele TRU	
78586	Pulmonary ventilation imaging, ae Pulmonary Perfusion Imagir February 2010	31	SNM, ACR Deleted from CPT	Harvard Valued - Utilization o February 2010						LSE	TRUE	The specia October 2(23	Code Dele TRU	
78587	Deleted from CPT Pulmonary Perfusion Imagir February 2010	31	SNM, ACR Deleted from CPT	Harvard Valued - Utilization o February 2010						LSE	TRUE	The specia October 2(23	Code Dele TRU	E Deleted from CPT
78588	Deleted from CPT Pulmonary Perfusion Imagir February 2010	31	SNM, ACR Deleted from CPT	Harvard Valued - Utilization o February 2010						LSE	TRUE	The specia October 2(23	Code Dele TRU	E Deleted from CPT
78591	Deleted from CPT Pulmonary Perfusion Imagir February 2010	31	SNM, ACR Deleted from CPT	Harvard Valued - Utilization o February 2010						LSE	TRUE	The specia October 2(23	Code Dele TRU	
78593	Deleted from CPT Pulmonary Perfusion Imagir February 2010	31	SNM, ACR Deleted from CPT	Harvard Valued - Utilization o February 2010						LSE	TRUE	The specia October 2(23	Code Dele TRU	
78594	Deleted from CPT Pulmonary Perfusion Imagir February 2010	31	SNM, ACR Deleted from CPT	Harvard Valued - Utilization o February 2010						LSE	TRUE	The specia October 2(23	Code Dele TRU	
78596	Deleted from CPT Pulmonary Perfusion Imagir February 2010	31	SNM, ACR Deleted from CPT	Harvard Valued - Utilization o February 2010		A		•		LSE	TRUE	The specia October 2(23	Code Dele TRU	
78597	Quantitative differential pulmonar Pulmonary Imaging February 2011	13	ACR, SNM 0.75	Harvard Valued - Utilization o February 2010	XXX	0.75 NA	4.90	0.06	2258 FA		FALSE	October 2(23	TRU	
78598	Quantitative differential pulmonar Pulmonary Imaging February 2011	13	ACR, SNM 0.85	Harvard Valued - Utilization of February 2010	XXX	0.85 NA	7.67	0.08	1446 FA		TRUE	October 2(23	Complete TRU	
78803	Radiopharmaceutical localization (RAW January 2019	14	ACR, ACNN 1.20	Harvard Valued - Utilization or January 2016	XXX	1.09 NA	9.68	0.09		UE Dec 2016 yes	FALSE		TRU	
78815 70101	Positron emission tomography (pet) with concurrently acquire February 2011	41 21	ACR, SNM Reaffirmed RUC recommendation		XXX	0 NA	0.00	0.00	573750 FA		FALSE		TRU	
79101 80500	Radiopharmaceutical therapy, by i Radiopharmaceutical Thera February 2010 Clinical pathology consultation; lin Pathology Clinical Consult January 2021	50 51	SNM, ACR Article published Feb 2012 CAP Deleted from CPT	Different Performing Specialty October 2009 CMS-Other - Utilization over 2 January 2019	XXX	1.96 NA	2.28	0.09	9835 TF 18871 FA	UE Feb 2012 Yes	FALSE TRUE	In October October 2(50	TRU complete TRU	
80500 80502	Clinical pathology consultation; in Pathology Clinical Consult — January 2021 — Clinical pathology consultation; co Pathology Clinical Consult — January 2021	20	CAP Deleted from CPT  CAP Deleted from CPT	CMS-Other - Utilization over 2 January 2019 CMS-Other - Utilization over 2 January 2021	XXX				18871 FA 10733 FA		FALSE	October 2(50	complete TRU	
80502 80503	Pathology clinical consultation; to Pathology Clinical Consult	20	CAP Deleted from CP1	CMS-Other - Utilization over 2 January 2021  CMS-Other - Utilization over 2 January 2021	XXX	0.43 0.20	0.32	0.02		LSE	FALSE	October 2050	complete TRU	
80504	Pathology clinical consultation; for Pathology Clinical Consult January 2021	20	CAP 0.50 CAP 0.91	CMS-Other - Utilization over 2 January 2021	XXX	0.43 0.20	0.52	0.02		LSE	FALSE	October 2(50	complete TRU	
80505	Pathology clinical consultation; for Pathology Clinical Consult January 2021	20	CAP 1.80	CMS-Other - Utilization over 2 January 2021	XXX	1.71 0.81	0.98	0.03		LSE	FALSE	October 2(50	complete TRU	
80506	Pathology clinical consultation; pri Pathology Clinical Consult January 2021	20	CAP 0.80	CMS-Other - Utilization over 2 January 2021	XXX	0.8 NA	0.41	0.04		LSE	FALSE	October 2(50	complete TRU	
85060	Blood smear, peripheral, interpret Blood Smear Interpretation April 2017	30	CAP 0.45	CMS-Other - Utilization over 1 April 2016	XXX	0.45 0.22	NA	0.04	186871 FA		FALSE		TRU	
85097	Bone marrow, smear interpretatic Bone Marrow Interpretation April 2017	31	CAP 1.00	CMS-Other - Utilization over 1 April 2016	XXX	0.94 0.41	1.02	0.05	127831 FA		FALSE		TRU	
85390	Fibrinolysins or coagulopathy scre Fibrinolysins Screen January 2018	26	0.75	Negative IWPUT April 2017	XXX	0 0.00	0.00	0.00	43456 FA		FALSE		TRU	
88104	Cytopathology, fluids, washings or Cytopathology April 2015	36	AUR, ASC, New PE Inputs. 0.56	Harvard Valued - Utilization o October 2009	XXX	0.56 NA	1.39	0.02	50461 FA		FALSE		TRU	
88106	Cytopathology, fluids, washings or Cytopathology April 2015	36	AUR, ASC, New PE Inputs. 0.56	Harvard Valued - Utilization o February 2010	XXX	0.37 NA	1.58	0.02	3149 FA	LSE	FALSE		TRU	E Maintain
88107	Deleted from CPT Cytopathology October 2010	17	AUR, ASC, Deleted from CPT	Harvard Valued - Utilization o February 2010						LSE	TRUE	This servic October 2(30	Complete TRU	E Deleted from CPT
88108	Cytopathology, concentration tech Cytopathology Concentratic April 2015	36 RUC	ACR, CAP New PE Inputs. 0.56	Harvard Valued - Utilization o February 2010	XXX	0.44 NA	1.43	0.02	192504 FA		FALSE		TRU	
88112	Cytopathology, selective cellular e Cytopathology Concentratic April 2015	36 RUC	ACR, CAP New PE Inputs. 0.56	CMS High Expenditure Proced September 2011		0.56 NA	1.37	0.02	742220 FA		FALSE		TRU	
88120	Cytopathology, in situ hybridizatio RAW review October 2017	19	Utilization shift is appropriate.	CMS Request - Final Rule for 2 November 2012		1.2 NA	16.96	0.06	39508 FA		FALSE		TRU	
88121	Cytopathology, in situ hybridizatio RAW review October 2017	19	Utilization shift is appropriate.	CMS Request - Final Rule for 2 November 2012		1 NA	11.80	0.03	26633 FA		FALSE		TRU	
88141	Cytopathology, cervical or vaginal Cytopathology Cervical/Vag April 2018	26	CAP 0.42	CMS-Other - Utilization over 3 October 2017	XXX	0.26 0.38	0.38	0.01	45239 FA		FALSE			E Maintain
88160	Cytopathology, smears, any other Cytopathology Concentratic April 2015	36	New PE Inputs	CMS Request - Final Rule for 2 April 2015	XXX	0.5 NA	1.58	0.02	6189 FA	LSE	FALSE		TRU	E PE Only

88161												
	Cytopathology, smears, any other Cytopathology Concentratic April 2015 36		New PE Inputs	CMS Request - Final Rule for 2 April 2015	XXX	0.5 NA	1.64	0.02	4129 FALSE	FALSE	TF	RUE PE Only
88162	Cytopathology, smears, any other Cytopathology Concentratic April 2015 36		New PE Inputs	CMS Request - Final Rule for 2 April 2015	XXX	0.76 NA		0.03	1315 FALSE	FALSE		RUE PE Only
88184	Flow cytometry, cell surface, cytor Flow Cytometry  January 2016  Flow cytometry, cell surface, cytor Flow Cytometry  January 2016		·	FR. CMS High Expenditure Proced July 2015	XXX	0 NA		0.02	98149 FALSE 1818730 FALSE	FALSE FALSE		RUE PE Only
88185 88187	Flow cytometry, cell surface, cytor Flow Cytometry January 2016  Flow cytometry, interpretation; 2 Flow Cytometry Interpretati January 2016 42		CAP New PE Inputs. Removed from I CAP 0.74	FR CMS High Expenditure Proced July 2015 CMS High Expenditure Proced July 2015	ZZZ XXX	0 NA 0.74 0.26		0.00 0.04	37046 FALSE	FALSE		RUE PE Only RUE Decrease
88188	Flow cytometry, interpretation; 9 Flow Cytometry Interpretati January 2016 42		CAP 1.40	CMS High Expenditure Proced July 2015	XXX	1.2 0.54		0.08	36578 FALSE	FALSE		RUE Decrease
88189	Flow cytometry, interpretation; 16 Flow Cytometry Interpretati January 2016 42		CAP 1.70	CMS High Expenditure Proced July 2015	XXX	1.7 0.65		0.09	217514 FALSE	FALSE		RUE Decrease
88300	Level i - surgical pathology, gross € Pathology Consultations January 2012 24		AAD, AGA, 0.08 and new PE inputs	Havard Valued - Utilization ov February 2009	XXX	0.08 NA	0.35	0.02	171012 FALSE	FALSE	TF	RUE Maintain
88302	Level ii - surgical pathology, gross Pathology Consultations January 2012 24		AAD, AGA, 0.13 and new PE inputs	Havard Valued - Utilization ov February 2009	XXX	0.13 NA	0.78	0.02	59362 FALSE	FALSE		RUE Maintain
88304	Level iii - surgical pathology, gross Pathology Consultations January 2012 24		AAD, AGA, 0.22 and new PE inputs	Havard Valued - Utilization ov October 2008	XXX	0.22 NA		0.02	772276 FALSE	FALSE		RUE Maintain
88305 88307	Level iv - surgical pathology, gross Pathology Consultations January 2012 24  Level v - surgical pathology, gross Pathology Consultations January 2012 24		AAD, AGA, 0.75 and new PE inputs AAD, AGA, 1.59 and new PE inputs	Havard Valued - Utilization ov October 2008 Havard Valued - Utilization ov February 2009	XXX	0.75 NA 1.59 NA		0.02	14541874 FALSE 891815 FALSE	FALSE FALSE		RUE Maintain RUE Maintain
88309	Level v - surgical pathology, gross Pathology Consultations January 2012 24  Level vi - surgical pathology, gross Pathology Services January 2012 24		AAD, AGA, 2.80 and new PE inputs	Havard Valued - Otilization ov February 2009	XXX	2.8 NA		0.08 0.09	135905 FALSE	FALSE		RUE Maintain
88312	Special stain including interpretati Special Stains January 2012 33		CAP 0.54	Havard Valued - Utilization ov October 2008	XXX	0.54 NA		0.02	1147300 FALSE	TRUE At the Feb June 2010 12		RUE Maintain
88313	Special stain including interpretati Special Stains February 2011 33		CAP 0.24	Havard Valued - Utilization ov October 2008	XXX	0.24 NA	2.12	0.02	1182080 FALSE	TRUE At the Feb June 2010 12	Complete TR	RUE Maintain
88314	Special stain including interpretati Special Stains February 2011 33		CAP 0.45	Havard Valued - Utilization ov February 2009	XXX	0.45 NA	2.43	0.02	24592 FALSE	TRUE At the Feb June 2010 12	Complete TR	RUE Maintain
88318	Deleted from CPT Special Stains February 2010 22		CAP, AAD Deleted from CPT	Havard Valued - Utilization over 1 Million					FALSE	TRUE At the Feb June 2010 12		RUE Deleted from CPT
88319	Special stain including interpretati Special Stains February 2011 33		CAP 0.53	Havard Valued - Utilization over 1 Million	XXX	0.53 NA		0.03	14530 FALSE	TRUE At the Feb June 2010 12		RUE Maintain
88321 88323	Consultation and report on referre Microslide Consultation January 2016 43  Consultation and report on referre Microslide Consultation January 2016 43		CAP, ASC 1.63 CAP, ASC 1.83	CMS High Expenditure Proced July 2015 CMS High Expenditure Proced July 2015	XXX	1.63 0.71 1.83 NA		0.09 0.03	151719 FALSE 32600 FALSE	FALSE FALSE		RUE Maintain RUE Maintain
88325	Consultation, comprehensive, with Microslide Consultation January 2016 43		CAP, ASC 1.85 CAP, ASC 2.85	CMS High Expenditure Proceduly 2015  CMS High Expenditure Proceduly 2015	XXX	2.85 0.95		0.03	11119 FALSE	FALSE		RUE Increase
88329	Pathology consultation during suri Pathology Consultation Dur October 2010 18		CAP 0.67	Harvard Valued - Utilization o February 2010	XXX	0.67 0.32		0.04	24272 FALSE	FALSE		RUE Maintain
88331	Pathology consultation during sur Pathology Consultation Dur October 2010 18		CAP 1.19	Harvard Valued - Utilization o October 2009	XXX	1.19 NA	1.77	0.03	375991 FALSE	FALSE	TF	RUE Maintain
88332	Pathology consultation during sur Pathology Consultation Dur October 2010 18		CAP 0.59	Harvard Valued - Utilization o October 2009	XXX	0.59 NA	0.98	0.02	138570 FALSE	FALSE	TF	RUE Maintain
88333	Pathology consultation during sur Pathology Consultation Dur April 2016 39		ASC, CAP 1.20	CMS Request - Final Rule for 2 July 2015	XXX	1.2 NA		0.03	62352 FALSE	FALSE		RUE Maintain
88334	Pathology consultation during sur Pathology Consultation Dur April 2016  39		ASC, CAP 0.73	CMS Request - Final Rule for 2 July 2015	ZZZ	0.73 NA		0.01	29657 FALSE	FALSE		RUE Maintain
88341 88342	Immunohistochemistry or immun Morphometric Analysis In S April 2014 21 Immunohistochemistry or immun Morphometric Analysis In S April 2014 21		CAP 0.65 CAP 0.70	CMS Request - Final Rule for 2 November 2013 CMS-Other - Utilization over 5 April 2011	ZZZ XXX	0.56 NA 0.7 NA		0.01 0.02	2978970 FALSE 1882442 FALSE	FALSE TRUE In Jan 201: May 2012		RUE Decrease RUE Decrease
88343	Immunohistochemistry or immuni Morphometric Analysis In S April 2014 21		CAP 0.70  CAP Deleted from CPT	CMS Request - Final Rule for 2 November 2013	^^^	0.7 NA	2.24	0.02	FALSE	FALSE	•	RUE Deleted from CPT
88344	Immunohistochemistry or immuni Morphometric Analysis In S April 2014 21		CAP 0.77	CMS Request - Final Rule for 2 November 2013	XXX	0.77 NA	4.21	0.02	126400 FALSE	FALSE		RUE Decrease
88346	Immunofluorescence, per specime Immunofluorescent Studies January 2015		CAP, ASC 0.74	CMS-Other - Utilization over 2 April 2013	XXX	0.74 NA		0.02	54989 FALSE	TRUE In April 20 October 2(45		RUE Decrease
88347	Immunofluorescent study, each ar Immunofluorescent Studies January 2015 17		CAP, ASC Deleted from CPT	CMS-Other - Utilization over 2 October 2013					FALSE	TRUE In April 20 October 2(45		RUE Deleted from CPT
88348	Electron microscopy, diagnostic Electron Microscopy-PE Onl October 2013 14		CAP New PE Inputs	Services with Stand-Alone PE   October 2012	XXX	1.51 NA	11.76	0.12	15300 FALSE	FALSE		RUE PE Only
88349	Electron microscopy; scanning Electron Microscopy-PE Onl October 2013 14		CAP ASC 0.70	Services with Stand-Alone PE   October 2012	777	0.50.514	3.00	0.03	FALSE	TRUE Refer to Cl Oct 2013		RUE Deleted from CPT
88350 88356	Immunofluorescence, per specime Immunofluorescent Studies January 2015 17  Morphometric analysis; nerve RAW April 2014 37		CAP, ASC 0.70 ASCP, CAP 2.80	CMS-Other - Utilization over 2 October 2014 High Volume Growth2 April 2013	ZZZ XXX	0.59 NA 2.8 NA		0.02	235065 FALSE 20695 FALSE	FALSE October 2(45 FALSE		RUE Decrease RUE Decrease
88360	Morphometric analysis, tierve KAW April 2014 37  Morphometric analysis, tumor imi Tumor Immunohistochemis April 2016 40		ASCP, CAP 2.80 ASC, CAP 0.85	CMS High Expenditure Proced July 2015	XXX	0.85 NA		0.09 0.02	529191 FALSE	FALSE		RUE Decrease RUE Decrease
88361	Morphometric analysis, tumor imi Tumor Immunohistochemis April 2016 40		ASC, CAP 0.95	CMS High Expenditure Proced July 2015	XXX	0.95 NA		0.02	149962 FALSE	FALSE		RUE Decrease
88364	In situ hybridization (eg, fish), per Morphometric Analysis In S April 2014 21		CAP, ASCP 0.88	CMS Request - Final Rule for 2 November 2013	ZZZ	0.7 NA		0.02	30654 FALSE	FALSE		RUE Decrease
88365	In situ hybridization (eg, fish), per Morphometric Analysis In S April 2014 21		CAP 0.88	CMS Request - Final Rule for 2 September 2011	XXX	0.88 NA	4.36	0.04	49961 TRUE Dec 2011 { Yes	TRUE In April 20 May 2013	Complete TR	RUE Decrease
88366	In situ hybridization (eg, fish), per Morphometric Analysis In S April 2014 21		CAP, ASCP 1.24	CMS Request - Final Rule for 2 May 2013	XXX	1.24 NA		0.04	2141 FALSE	FALSE May 2013	•	RUE Decrease
88367	Morphometric analysis, in situ hyk Morphometric Analysis In S September 2014 18		CAP, ASCP 0.86	CMS Request - Final Rule for 2 September 2011		0.73 NA		0.02	4387 TRUE Dec 2011 { Yes	TRUE In April 20 May 2013	'	RUE Decrease
88368	Morphometric analysis, in situ hyk Morphometric Analysis In S September 2014 18		CAP, ASCP 0.88	CMS Request - Final Rule for 2 September 2011 CMS Request - Final Rule for 2 November 2013		0.88 NA		0.03	17558 TRUE Dec 2011 { Yes 5451 FALSE	TRUE In April 20 May 2013 FALSE		RUE Decrease
88373 88374	Morphometric analysis, in situ hyk Morphometric Analysis In S April 2014 21  Morphometric analysis, in situ hyk Morphometric Analysis In S April 2014 21		CAP, ASCP 0.86 CAP, ASCP 1.04	CMS Request - Final Rule for 2014	ZZZ XXX	0.58 NA 0.93 NA		0.01 0.02	5451 FALSE 125957 FALSE	FALSE		RUE Decrease RUE Decrease
88377	Morphometric analysis, in situ hyk Morphometric Analysis In S October 2020 24		CAP, ASCP 1.40	CMS Request - Final Rule for 2 May 2013	XXX	1.4 NA		0.04	137903 FALSE	FALSE May 2013		RUE Decrease
88381	Microdissection (ie, sample prepa RAW September 2022 13	April 2025 RAW	ASC, AP Review action plan	High Volume Growth8 April 2022	XXX	0.53 NA		0.05	38136 FALSE	FALSE	•	ALSE
90460	Immunization administration thro Immunization Administratic April 2021 19		AAFP, AAP 0.24	CMS Request-Final Rule for 2C July 2020	XXX	0.17 NA	0.31	0.01	216 FALSE	FALSE	TF	RUE Increase
90461	Immunization administration thro Immunization Administratic April 2021 19		AAFP, AAP 0.18	CMS Request-Final Rule for 2C July 2020	ZZZ	0.15 NA	0.21	0.01	50 FALSE	FALSE		RUE Increase
90465	Deleted from CPT Immunization Administratic February 2008 R		AAP New PE inputs	CMS Request - Practice Expen NA					FALSE	FALSE		RUE Deleted from CPT
90467 90471	Deleted from CPT Immunization Administratic February 2008 R Immunization administration (incl Immunization Administratic April 2021 19		AAP New PE inputs AAFP, AAP 0.17	CMS Request - Practice Expen NA CMS Request - Practice Expen February 2008	XXX	0.17 NA	0.31	0.01	FALSE 222599 FALSE	FALSE FALSE		RUE Deleted from CPT RUE Maintain
90471	Immunization administration (incl Immunization Administratic April 2021 19		AAFP, AAP 0.15	CMS Request - Practice Expen February 2008	ZZZ	0.15 NA		0.01	17322 FALSE	FALSE		RUE Maintain
90473	Immunization administration by ir Immunization Administratic April 2021 19		AAFP, AAP 0.17	CMS Request - Practice Expen NA	XXX	0.17 NA		0.01	1 FALSE	FALSE		RUE Maintain
90474	Immunization administration by ir Immunization Administratic April 2021 19		AAFP, AAP 0.15	CMS Request - Practice Expen NA	ZZZ	0.15 NA	0.21	0.01	FALSE	FALSE	TF	RUE Maintain
90785	Interactive complexity (list separal Psychotherapy for Crisis and January 2020 37	Septembe RUC		(Se <sub>l</sub> CMS High Expenditure Proced April 2013	ZZZ	0.33 0.04		0.01	356184 FALSE	TRUE CPT Febru October 2(55		ALSE Increase
90791	Psychiatric diagnostic evaluation Psychotherapy April 2012 26		APA, APA (3.35	CMS High Expenditure Proced April 2013	XXX	3.84 0.49		0.12	706157 FALSE	TRUE CPT Febru February 293	•	RUE Increase
90792 90801	Psychiatric diagnostic evaluation v Psychotherapy April 2012 26 Psychiatric diagnostic interview ex RAW review January 2012 30		APA, APA +3.25 Deleted from CPT	CMS High Expenditure Proced April 2013 CMS High Expenditure Proced September 2011	XXX	4.16 0.75	1.46	0.17	493665 FALSE FALSE	TRUE CPT Febru February 293 TRUE January 20 February 293	Complete TR	RUE Increase RUE Deleted from CPT
90805	Individual psychotherapy, insight (RAW review January 2012 30		Deleted Holli CFT	Civis high expenditure Proced september 2011						TRUE January 20 rebruary 295	Complete TE	
90806	Individual psychotherapy, insight (RAW review January 2012 30		Deleted from CPT	CMS High Expenditure Proced September 2011						TRUE January 20 February 293	Complete TR	RUE Deleted from CPT
90808			Deleted from CPT Deleted from CPT	CMS High Expenditure Proced September 2011 CMS High Expenditure Proced September 2011					FALSE FALSE	TRUE January 2C February 293 TRUE January 2C February 293	Complete TR	RUE Deleted from CPT RUE Deleted from CPT
	Individual psychotherapy, insight (RAW review January 2012 30								FALSE FALSE FALSE	•	Complete TR	
90818	Individual psychotherapy, insight (RAW review January 2012 30		Deleted from CPT Deleted from CPT Deleted from CPT	CMS High Expenditure Proced September 2011 CMS High Expenditure Proced September 2011 CMS High Expenditure Proced September 2011					FALSE FALSE FALSE FALSE	TRUE January 2C February 293 TRUE January 2C February 293 TRUE January 2C February 293	Complete TR Complete TR Complete TR Complete TR	RUE Deleted from CPT RUE Deleted from CPT RUE Deleted from CPT
90832	Individual psychotherapy, insight (RAW review January 2012 30 Psychotherapy, 30 minutes with p Psychotherapy April 2012 26		Deleted from CPT Deleted from CPT Deleted from CPT APA, APA (1.50	CMS High Expenditure Proced September 2011 CMS High Expenditure Proced September 2011 CMS High Expenditure Proced September 2011 CMS High Expenditure Proced April 2013	XXX	1.7 0.22		0.07	FALSE FALSE FALSE FALSE 2253931 FALSE	TRUE January 2C February 293 TRUE January 2C February 293 TRUE January 2C February 293 TRUE CPT Febru February 293	Complete TR Complete TR Complete TR Complete TR Complete TR	RUE Deleted from CPT RUE Deleted from CPT RUE Deleted from CPT RUE Increase
90832 90833	Individual psychotherapy, insight (RAW review January 2012 30 Psychotherapy, 30 minutes with p Psychotherapy April 2012 26 Psychotherapy, 30 minutes with p Psychotherapy April 2012 26		Deleted from CPT Deleted from CPT Deleted from CPT APA, APA   1.50 APA, APA   1.50	CMS High Expenditure Proced September 2011 CMS High Expenditure Proced September 2011 CMS High Expenditure Proced September 2011 CMS High Expenditure Proced April 2013 CMS High Expenditure Proced April 2013	ZZZ	1.5 0.27	0.49	0.07	FALSE FALSE FALSE FALSE 2253931 FALSE 1363088 FALSE	TRUE January 2C February 293 TRUE January 2C February 293 TRUE January 2C February 293 TRUE CPT Febru February 293 TRUE CPT Febru February 293	Complete TR	RUE Deleted from CPT RUE Deleted from CPT RUE Deleted from CPT RUE Increase RUE Increase
90832	Individual psychotherapy, insight (RAW review January 2012 30 Psychotherapy, 30 minutes with p Psychotherapy April 2012 26 Psychotherapy, 30 minutes with p Psychotherapy April 2012 26 Psychotherapy, 45 minutes with p Psychotherapy April 2012 26		Deleted from CPT Deleted from CPT Deleted from CPT APA, APA (1.50	CMS High Expenditure Proced September 2011 CMS High Expenditure Proced September 2011 CMS High Expenditure Proced September 2011 CMS High Expenditure Proced April 2013			0.49 0.64		FALSE FALSE FALSE FALSE 2253931 FALSE	TRUE January 2C February 293 TRUE January 2C February 293 TRUE January 2C February 293 TRUE CPT Febru February 293	Complete TR	RUE Deleted from CPT RUE Deleted from CPT RUE Deleted from CPT RUE Increase
90832 90833 90834	Individual psychotherapy, insight (RAW review January 2012 30 Psychotherapy, 30 minutes with p Psychotherapy April 2012 26 Psychotherapy, 30 minutes with p Psychotherapy April 2012 26 Psychotherapy, 45 minutes with p Psychotherapy April 2012 26		Deleted from CPT Deleted from CPT Deleted from CPT APA, APA (1.50 APA, APA (1.50 APA, APA (2.00	CMS High Expenditure Proced September 2011 CMS High Expenditure Proced September 2011 CMS High Expenditure Proced September 2011 CMS High Expenditure Proced April 2013 CMS High Expenditure Proced April 2013 CMS High Expenditure Proced April 2013	ZZZ XXX	1.5 0.27 2.24 0.29	0.49 0.64 0.62	0.07 0.09	FALSE FALSE FALSE FALSE 2253931 FALSE 1363088 FALSE 4442413 FALSE	TRUE January 2C February 293 TRUE January 2C February 293 TRUE January 2C February 293 TRUE CPT Febru February 293 TRUE CPT Febru February 293 TRUE CPT Febru February 293	Complete TR	RUE Deleted from CPT RUE Deleted from CPT RUE Deleted from CPT RUE Increase RUE Increase RUE Increase
90832 90833 90834 90836	Individual psychotherapy, insight (RAW review January 2012 30 Psychotherapy, 30 minutes with p Psychotherapy April 2012 26 Psychotherapy, 30 minutes with p Psychotherapy April 2012 26 Psychotherapy, 45 minutes with p Psychotherapy April 2012 26 Psychotherapy, 45 minutes with p Psychotherapy April 2012 26		Deleted from CPT Deleted from CPT Deleted from CPT APA, APA   1.50 APA, APA   1.50 APA, APA   2.00 APA, APA   1.90	CMS High Expenditure Proced September 2011 CMS High Expenditure Proced September 2011 CMS High Expenditure Proced September 2011 CMS High Expenditure Proced April 2013	ZZZ XXX ZZZ	1.5 0.27 2.24 0.29 1.9 0.34	0.49 0.64 0.62 0.94	0.07 0.09 0.08	FALSE FALSE FALSE FALSE 2253931 FALSE 1363088 FALSE 4442413 FALSE 483506 FALSE	TRUE January 2C February 293 TRUE January 2C February 293 TRUE January 2C February 293 TRUE CPT Febru February 293	Complete TR	RUE Deleted from CPT RUE Deleted from CPT RUE Deleted from CPT RUE Increase RUE Increase RUE Increase RUE Increase
90832 90833 90834 90836 90837 90838 90839	Individual psychotherapy, insight (RAW review January 2012 30 Psychotherapy, 30 minutes with p Psychotherapy April 2012 26 Psychotherapy, 30 minutes with p Psychotherapy April 2012 26 Psychotherapy, 45 minutes with p Psychotherapy April 2012 26 Psychotherapy, 45 minutes with p Psychotherapy April 2012 26 Psychotherapy, 60 minutes with p Psychotherapy April 2012 26 Psychotherapy, 60 minutes with p Psychotherapy April 2012 26 Psychotherapy, 60 minutes with p Psychotherapy April 2012 26 Psychotherapy for crisis; first 60 m Psychotherapy for Crisis and April 2013 35		Deleted from CPT Deleted from CPT Deleted from CPT APA, APA   1.50 APA, APA   1.50 APA, APA   2.00 APA, APA   1.90 APA, APA   3.00 APA, APA   2.50 APA, APA   3.13	CMS High Expenditure Proced September 2011 CMS High Expenditure Proced September 2011 CMS High Expenditure Proced September 2011 CMS High Expenditure Proced April 2013	ZZZ XXX ZZZ XXX ZZZ XXX	1.5 0.27 2.24 0.29 1.9 0.34 3.31 0.42 2.5 0.47 3.13 0.44	0.49 0.64 0.62 0.94 0.82 0.92	0.07 0.09 0.08 0.11 0.10 0.12	FALSE FALSE FALSE FALSE 2253931 FALSE 1363088 FALSE 4442413 FALSE 483506 FALSE 6129662 FALSE 100291 FALSE 25447 FALSE	TRUE January 2C February 293 TRUE January 2C February 293 TRUE January 2C February 293 TRUE CPT Febru February 293	Complete TR	RUE Deleted from CPT RUE Deleted from CPT RUE Deleted from CPT RUE Increase
90832 90833 90834 90836 90837 90838 90839 90840	Individual psychotherapy, insight (RAW review January 2012 30 Psychotherapy, 30 minutes with p Psychotherapy April 2012 26 Psychotherapy, 30 minutes with p Psychotherapy April 2012 26 Psychotherapy, 45 minutes with p Psychotherapy April 2012 26 Psychotherapy, 45 minutes with p Psychotherapy April 2012 26 Psychotherapy, 60 minutes with p Psychotherapy April 2012 26 Psychotherapy, 60 minutes with p Psychotherapy April 2012 26 Psychotherapy, 60 minutes with p Psychotherapy April 2012 26 Psychotherapy for crisis; first 60 m Psychotherapy for Crisis and April 2013 35 Psychotherapy for crisis; each add Psychotherapy for Crisis and April 2013 35		Deleted from CPT Deleted from CPT Deleted from CPT APA, APA (1.50 APA, APA (1.50 APA, APA (2.00 APA, APA (1.90 APA, APA (3.00 APA, APA (3.13 APA, APA (1.50	CMS High Expenditure Proced September 2011 CMS High Expenditure Proced September 2011 CMS High Expenditure Proced September 2011 CMS High Expenditure Proced April 2013	ZZZ XXX ZZZ XXX ZZZ XXX ZZZ XXX	1.5 0.27 2.24 0.29 1.9 0.34 3.31 0.42 2.5 0.47 3.13 0.44 1.5 0.25	0.49 0.64 0.62 0.94 0.82 0.92 0.47	0.07 0.09 0.08 0.11 0.10 0.12 0.11	FALSE FALSE FALSE FALSE FALSE 2253931 FALSE 1363088 FALSE 4442413 FALSE 483506 FALSE 6129662 FALSE 100291 FALSE 25447 FALSE 16948 FALSE	TRUE January 2C February 293 TRUE January 2C February 293 TRUE January 2C February 293 TRUE CPT Febru February 293	Complete TR	RUE Deleted from CPT RUE Deleted from CPT RUE Increase
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90960	End-stage renal disease (esrd) rela End-Stage Renal Disease April 2009  End-stage renal disease (esrd) rela End-Stage Renal Disease April 2009	29 29			c CMS Request - Practice Expen Fel c CMS Request - Practice Expen Fel		XXX	6.77 3.26 5.52 2.80	2.80	0.41 0.34		ALSE ALSE	FALSE FALSE				PE Only PE Only
90961 90962	End-stage renal disease (esrd) rela End-Stage Renal Disease April 2009  End-stage renal disease (esrd) rela End-Stage Renal Disease April 2009	29		. ,	a CMS Request - Practice Expen Fel	,	XXX	3.57 2.16	2.16	0.34		ALSE	FALSE				PE Only
90963	End-stage renal disease (esrd) rela End-Stage Renal Disease April 2009  End-stage renal disease (esrd) rela End-Stage Renal Disease April 2009	29			a CMS Request - Practice Expen Fel	•		12.09 5.06	5.06	0.22		ALSE	FALSE				PE Only
90964	End-stage renal disease (esrd) rela End-Stage Renal Disease April 2009	29			a CMS Request - Practice Expen Fel	,		10.25 4.47	4.47	0.65		ALSE	FALSE				PE Only
90965	End-stage renal disease (esrd) rela End-Stage Renal Disease April 2009	29			a CMS Request - Practice Expen Fel	•	XXX	9.8 4.35	4.35	0.62		ALSE	FALSE				PE Only
90966	End-stage renal disease (esrd) rela End-Stage Renal Disease April 2009	29			a CMS Request - Practice Expen Fel	•	XXX	5.52 2.80	2.80	0.34	393883 F.	ALSE	FALSE				PE Only
91038	Esophageal function test, gastroes Gastroenterological Tests February 2010	23		AGA, ASGI New PE Inputs	CMS Request - Practice Expen Fel	bruary 2010	000	1.1 NA	11.55	0.06	3535 F	ALSE	FALSE			TRUE	PE Only
91110	Gastrointestinal tract imaging, intr Gastrointestinal Tract Imagi January 2016	44		ACG, AGA, 2.49	CMS High Expenditure Proced Jul	ly 2015	XXX	2.24 NA	20.99	0.09	44397 F	ALSE	FALSE			TRUE	Decrease
91111	Gastrointestinal tract imaging, intr Gastrointestinal Tract Imagi January 2016	44		ACG, AGA, 1.00	CMS High Expenditure Proced Jul	ly 2015	XXX	0.9 NA	27.13	0.05	160 F	ALSE	FALSE			TRUE	Maintain
91132	Electrogastrography, diagnostic, tr Electrogastrography February 2010	24		AGA, ACG, New PE Inputs	CMS Request - Practice Expense F	Review	XXX	0.52 NA	13.49	0.03	74 F.	ALSE	FALSE			TRUE	PE Only
91133	Electrogastrography, diagnostic, tr Electrogastrography February 2010	24		AGA, ACG, New PE Inputs	CMS Request - Practice Expense F	Review	XXX	0.66 NA	13.99	0.03	45 F.	ALSE	FALSE			TRUE	PE Only
92065	Orthoptic training; performed by a Orthoptic Training April 2021	10		AAO, AOA 0.71	Harvard Valued - Utilization or Oc		XXX	0.37 NA	1.16	0.02		ALSE	TRUE	This servic February 235	Complete		Increase
92066	Orthoptic training; under supervis Orthoptic Training April 2021	10		AAO, AOA New PE Inputs	Harvard Valued - Utilization o Fel							ALSE	FALSE				PE Only
92081	Visual field examination, unilatera Visual Field Examination April 2010	42		AAO, AOA 0.30	Harvard Valued - Utilization o Oc		XXX	0.3 NA	0.65	0.02		ALSE	FALSE				Decrease
92082	Visual field examination, unilatera Visual Field Examination April 2010	42		AAO, AOA 0.40	Harvard Valued - Utilization o Oc		XXX	0.4 NA	0.94	0.02		ALSE	FALSE				Decrease
92083	Visual field examination, unilatera Visual Field Examination April 2012	46		AAO, AOA 0.50	MPC List / CMS High Expendit Oc		XXX	0.5 NA	1.32	0.02		ALSE	FALSE				Maintain
92100	Serial tonometry (separate procec Serial Tonometry September 201			AAO, AOA 0.61	Harvard Valued - Utilization o Ap		XXX	0.61 0.31	1.87	0.02		ALSE	FALSE	October 2/44			Decrease
92133	Scanning computerized ophthalmi Computerized Scanning Opl April 2010 Scanning computerized ophthalmi Computerized Scanning Opl September 202	23		AAO, AOA 0.50 AAO, AOA 0.50			XXX	0.4 NA 0.45 NA	0.66	0.02		ALSE ALSE	FALSE FALSE	October 2(44 October 2(44			Decrease
92134 92135	Deleted from CPT Ophthalmic Diagnostic Imag October 2009	2 13		AAO, AOA 0.30  AAO, AOA Deleted from CPT	CMS Fastest Growing / Codes Oc CMS Fastest Growing Oc	ctober 2008	^^^	0.45 NA	0.72	0.02		ALSE	TRUE	Revise to s October 2(44	Code Dele		Decrease Deleted from CPT
92136	Ophthalmic biometry by partial co Ophthalmic Biometry April 2016	36		AAO 0.54	CMS Fastest Growing / CMS H Oc		XXX	0.54 NA	0.90	0.02		ALSE	FALSE	Nevise to 3 October 2144	Code Dele		Maintain
92140	Provocative tests for glaucoma, wi Glaucoma Provacative Tests April 2016	41		AAO, AOA Deleted from CPT	Harvard Valued - Utilization or Oc		7000	0.54 10.0	0.50	0.02		ALSE	TRUE	The specia May 2016 26	Complete		Deleted from CPT
92201	Ophthalmoscopy, extended; with Ophthalmoscopy April 2018	05		AAO, AOA 0.40		_	XXX	0.4 0.24	0.30	0.02		ALSE	FALSE	February 222	р.ссс		Decrease
92202	Ophthalmoscopy, extended; with Ophthalmoscopy April 2018	05		AAO, AOA 0.26	· ·	•	XXX	0.26 0.15	0.19	0.01		ALSE	FALSE	February 222			Decrease
92225	Ophthalmoscopy, extended, with Ophthalmoscopy April 2018	05		AAO, AOA Deleted from CPT	_	ril 2017						ALSE	TRUE	A RUC mei February 222	complete		Deleted from CPT
92226	Ophthalmoscopy, extended, with Ophthalmoscopy April 2018	05		AAO, AOA Deleted from CPT	Negative IWPUT Fel	bruary 2018					F.	ALSE	FALSE	February 222		TRUE	Deleted from CPT
92235	Fluorescein angiography (includes Ophthalmoscopic Angiograf January 2016	21	RUC	AAO, ASRS 0.75	Harvard Valued - Utilization o Ap	oril 2011	XXX	0.75 NA	2.92	0.02	327141 F	ALSE	TRUE	In January October 2(55	Complete	TRUE	Decrease
92240	Indocyanine-green angiography (ii Ophthalmoscopic Angiograf January 2016	21	RUC	AAO, ASRS 0.80	Codes Reported Together 75% Jan	nuary 2015	XXX	0.8 NA	4.82	0.10	8502 F	ALSE	TRUE	In January October 2(55	Complete	TRUE	Decrease
92242	Fluorescein angiography and indo Ophthalmoscopic Angiograf January 2016	21	RUC	AAO, ASRS 0.95	Codes Reported Together 75% Oc	ctober 2015	XXX	0.95 NA	6.38	0.05	31617 F.	ALSE	TRUE	In January October 2(55	Complete	TRUE	Decrease
92250	Fundus photography with interpre Fundus Photography January 2016	45		AAO, ASRS 0.40	MPC List / CMS High Expendit Oc	ctober 2010	XXX	0.4 NA	0.67	0.02	2952367 F	ALSE	FALSE			TRUE	Decrease
92270	Electro-oculography with interpre Electro-oculography October 2017	19		AAO-HNS CPT Assistant article published.	High Volume Growth1 / High \ Fel	bruary 2008	XXX	0.81 NA	2.36	0.03		RUE Aug 2008 ¿Yes	TRUE	The specia February 287	Complete	TRUE	Maintain
92273	Electroretinography (erg), with int Electroretinography January 2021	29	January 20 RAW	Review action plan. 0.80	CMS High Expenditure Proced Sep	•	XXX	0.69 NA	3.01	0.03		ALSE	FALSE				Decrease
92274	Electroretinography (erg), with int Electroretinography January 2021	29	January 20 RAW	Review action plan. 0.72	CMS High Expenditure Proced Sep	•	XXX	0.61 NA	1.92	0.02		ALSE	FALSE				Decrease
92275	Electroretinography with interpre Electroretinography January 2018	17		AAO, ASRS Deleted from CPT	CMS High Expenditure Proced Jul	•						ALSE	TRUE	In January June 2017 24	yes		Deleted from CPT
92284	Diagnostic dark adaptation examir Dark Adaption Eye Exam April 2021	20	Septembe RAW	AAO, AOA 0.14. Review Technology	Harvard Valued - Utilization o Oc		XXX	0.24 NA	1.43	0.03		ALSE	TRUE	In April 20 May 2021 EC-M	complete		Decrease
92285	External ocular photography with Ocular Photography October 2009	32		AAO, AOA 0.05 and new PE inputs	CMS Fastest Growing, Harvarc Oc		XXX	0.05 NA	0.61	0.02		ALSE	TRUE	The specia February 2010	Complete		Decrease
92286	Anterior segment imaging with int Anterior Segment Imaging April 2012	28		AAO, ASS 0.40	Harvard Valued - Utilization o Ap		XXX	0.4 NA	0.73	0.02		ALSE	TRUE	The specia October 2020	Complete		Decrease
92287	Anterior segment imaging with int Anterior Segment Imaging April 2021  Binocular microscopy (separate di Binocular Microscopy April 2010	42		AAO, ASRS 0.40 AAO-HNS 0.18	Harvard Valued - Utilization over	, ,		0.81 NA	4.48	0.03		RUE Mar 2013 Yes	TRUE FALSE	The specia October 2(20	Complete		Decrease
92504 92506	Binocular microscopy (separate di Binocular Microscopy April 2010 Evaluation of speech, language, vc Speech Language Pathology February 2010	43		ASHA Deleted from CPT	Harvard Valued - Utilization or Oc CMS Request/Speech Language P		XXX +	0.18 0.08	0.67	0.01		ALSE ALSE	TRUE	The specia October 2029	Complete		Maintain Deleted from CPT
92507	Treatment of speech, language, vc Speech Language Pathology January 2016	20 5/l			n CMS Request/Speech Languas Oc		XXX	1.3 NA	0.91	0.05		ALSE	FALSE	The specia October 2(28	Complete		Decrease
92508	Treatment of speech, language, vc Speech Language Pathology February 2010	28			n CMS Request/Speech Language P			0.33 NA	0.36	0.01		ALSE	FALSE				Decrease
92521	Evaluation of speech fluency (eg, s Speech Evaluation January 2013	32		ASHA 1.75	CMS Request/Speech Language P			2.24 NA	1.59	0.09		ALSE	FALSE	October 2(28	Complete		Increase
92522	Evaluation of speech sound produ Speech Evaluation  January 2013	32		ASHA 1.50	CMS Request/Speech Language P			1.92 NA	1.28	0.09		ALSE	FALSE	October 2(28	Complete		Increase
92523	Evaluation of speech sound produ Speech Evaluation January 2013	32		ASHA 3.36	CMS Request/Speech Language P			3.84 NA	2.73	0.12		ALSE	FALSE	October 2(28	Complete	TRUE	Increase
92524	Behavioral and qualitative analysis Speech Evaluation January 2013	32		ASHA 1.75	CMS Request/Speech Language P			1.92 NA	1.23	0.09	13510 F.	ALSE	FALSE	October 2(28	Complete	TRUE	Increase
92526	Treatment of swallowing dysfunct Speech Language Pathology October 2020	23		ASHA, AAC Maintain	CMS Request/Speech Languag NA	Α	XXX	1.34 NA	1.12	0.05	121719 F	ALSE	FALSE		·	TRUE	Decrease
92537	Caloric vestibular test with record Vestibular Caloric Irrigation January 2015	18		AAA, AAN, 0.80	CMS-Other - Utilization over 2 Oc	ctober 2014	XXX	0.6 NA	0.59	0.02	49240 F	ALSE	FALSE	October 2(54	Complete	TRUE	Increase
92538	Caloric vestibular test with record Vestibular Caloric Irrigation January 2015	18		AAA, AAN, 0.55	CMS-Other - Utilization over 2 Oc	ctober 2014	XXX	0.3 NA	0.35	0.02	4805 F.	ALSE	FALSE	October 2(54	Complete	TRUE	Increase
92540	Basic vestibular evaluation, includ EOG VNG April 2014	24		AAN, ASH/ 1.50	Codes Reported Together 95% or	r More	XXX	1.5 NA	1.72	0.05	63471 F	ALSE	FALSE			TRUE	Decrease
92541	Spontaneous nystagmus test, incl  EOG VNG April 2014	24		AAN, ASH/ 0.40	Codes Reported Together 95% Fel	•	XXX	0.4 NA	0.33	0.02		ALSE	TRUE	Referred to February 254	Complete	TRUE	Maintain
92542	Positional nystagmus test, minimu EOG VNG April 2014	24		AAN, ASH/ 0.48	Codes Reported Together 95% Fel	•	XXX	0.48 NA	0.36	0.02		ALSE	TRUE	Referred to February 254	Complete		Increase
92543	Caloric vestibular test, each irrigat Vestibular Caloric Irrigation January 2015	18		AAA, AAN, Deleted from CPT	Codes Reported Together 95% Fel	•						ALSE	TRUE	The RUC d October 2054	Complete		Deleted from CPT
92544	Optokinetic nystagmus test, bidire EOG VNG April 2014	24		AAN, ASH/ 0.27	Codes Reported Together 95% Fel	•	XXX	0.27 NA	0.24	0.02		ALSE	TRUE	Referred to February 254	Complete		Increase
92545	Oscillating tracking test, with reco EOG VNG  April 2014	24		AAN, ASH/ 0.25	Codes Reported Together 95% Fel	•	XXX	0.25 NA	0.23	0.02		ALSE	TRUE	Referred to February 254	Complete		Increase
92546	Sinusoidal vertical axis rotational t EOG VNG April 2014	24		Editorial change only	CMS-Other - Utilization over 2 Fel	•	XXX	0.29 NA	3.38	0.03		ALSE	TRUE	Referred to February 287	Complete		Maintain
92547	Use of vertical electrodes (list sep; EOG VNG April 2014	24 16		Editorial change only	CMS-Other - Utilization over 2 Fel	•	ZZZ	0 NA	0.31	0.00		ALSE ALSE	TRUE TRUE	Referred to February 287	Complete		Maintain
92548 92549	Computerized dynamic posturogra Computerized Dynamic Post January 2019 Computerized dynamic posturogra Computerized Dynamic Post January 2019	16	RUC	AAA, AAN, 0.76 0.96	CMS-Other - Utilization over 2 Fel CMS-Other - Utilization over 2 Sep	•	XXX	0.67 NA 0.87 NA	0.74 0.99	0.03 0.02		ALSE	FALSE	In 2014 the September 35 September 35	complete complete		Increase Increase
92550	Tympanometry and reflex thresho Bundled Audiology Tests April 2009	22	NOC	ASHA, AAC 0.35	Codes Reported Together 95% or	•	XXX	0.35 NA	0.29	0.02		ALSE	FALSE	September33	complete		Decrease
92557	Comprehensive audiometry thresl Bundled Audiology Tests April 2009	22		ASHA, AA( 0.60 work RVU and clinical staff t			XXX	0.6 0.31	0.47	0.04		ALSE	TRUE	Referred to February 254	Complete		Decrease
92558	Evoked otoacoustic emissions, scr. Otoacoustic Emissions Mea: April 2011	35		ASHA 0.17		•	XXX	0.17 0.07	0.10	0.01		ALSE	FALSE	February 2011	, , , , , , , , , , , , , , , , , , ,		Increase
92567	Tympanometry (impedance testin Bundled Audiology Tests April 2009	22		ASHA, AAC 0.20 work RVU and clinical staff t	iı Codes Reported Together 95% Fel	bruary 2008	XXX	0.2 0.10	0.28	0.01	705218 F	ALSE	TRUE	Referred to February 254	Complete	TRUE	Decrease
92568	Acoustic reflex testing, threshold Bundled Audiology Tests April 2009	22		ASHA, AAC 0.29 work RVU and clinical staff t	iı Codes Reported Together 95% Fel	bruary 2008	XXX	0.29 0.14	0.15	0.02	3217 F	ALSE	TRUE	Referred to February 254	Complete	TRUE	Decrease
92569	Deleted from CPT Bundled Audiology Tests April 2009	22		ASHA, AAC Deleted from CPT	Codes Reported Together 95% Fel	bruary 2008					F.	ALSE	TRUE	Referred to February 254	Code Dele	TRUE	Deleted from CPT
92570	Acoustic immittance testing, inclu Bundled Audiology Tests October 2015	21		ASHA, AAC 0.55	Codes Reported Together 95% or		XXX	0.55 0.28	0.38	0.04		ALSE	FALSE			TRUE	Decrease
92584	Electrocochleography Auditory Evoked Potentials April 2019	06		AAA, AAO· 1.00	CMS-Other - Utilization over 3 Fel	,	XXX	1 NA	2.35	0.05		ALSE	FALSE		-		Increase
92585	Auditory evoked potentials for evo Auditory Evoked Potentials April 2019	06 06		AAA, AAO, Deleted from CPT	CMS Other - Utilization over 3 Oc							ALSE	TRUE	In October February 219	complete		Deleted from CPT
92586 92587	Auditory evoked potentials for eva Auditory Evoked Potentials April 2019  Distortion product evoked otoaco Otoacoustic Emissions Mea: April 2011	06 25		AAA, AAO· Deleted from CPT ASHA 0.45	CMS-Other - Utilization over 3 Fel CMS Fastest Growing Oc		vvv	0.35 NA	0.36	0.02		ALSE ALSE	FALSE TRUE	February 219 The specia October 2(41	complete Complete		Deleted from CPT Increase
	·	35 35			· ·		XXX		0.28	0.02				•	Complete		
92588 92597	Distortion product evoked otoaco Otoacoustic Emissions Mea: April 2011  Evaluation for use and/or fitting o Speech Language Pathology February 2009	35 30		ASHA 0.60 ASHA 1.48 work RVU and clinical staff ti	CMS Fastest Growing nCMS Request/Speech Languag NA		XXX	0.55 NA 1.26 NA	0.43 0.80	0.02 0.07		ALSE ALSE	FALSE FALSE	February 2011			Increase Decrease
92597	Evaluation for use and/or fitting o Speech Language Pathology February 2009  Evaluation for prescription of non Eval of Rx for Non-Speech G April 2011	30 35		ASHA 1.48 WORK RVO and clinical staff ti	CMS Request/Speech Languag NA			1.75 0.68	0.86	0.07		ALSE	TRUE	The specia February 258	Complete		Increase
92606	Therapeutic service(s) for the use Speech Language Pathology February 2010	28			n CMS Request/Speech Language P	0, 1		1.4 0.54	0.90	0.12		ALSE	FALSE	Special column 200	Sompiete		Decrease
92607	Evaluation for prescription for spe Speech Language Pathology February 2010	28			n CMS Request/Speech Language P	• • • •		1.85 NA	1.73	0.08		ALSE	FALSE				Decrease
92608	Evaluation for prescription for spe Speech Language Pathology February 2010	28			n CMS Request/Speech Language P	• • • •		0.7 NA	0.71	0.04		ALSE	FALSE				Decrease
92609	Therapeutic services for the use o Speech Language Pathology February 2010	28			n CMS Request/Speech Language P			1.5 NA	1.50	0.07		ALSE	FALSE				Decrease
92610	Evaluation of oral and pharyngeal Speech Language Pathology October 2020	23		ASHA, AAC Maintain	CMS Request/Speech Languag NA	A	XXX	1.3 0.69	1.15	0.07	19233 F	ALSE	FALSE			TRUE	Decrease
92611	Motion fluoroscopic evaluation of Speech Language Pathology April 2009	39		ASHA 1.34 work RVU and clinical staff ti	n CMS Request/Speech Languag NA	A	XXX	1.34 NA	1.28	0.09		ALSE	FALSE			TRUE	Decrease
92618	Evaluation for prescription of non Eval of Rx for Non-Speech G April 2011	35		ASHA 0.65	CMS Request/Speech Language P		ZZZ	0.65 0.25	0.26	0.05		ALSE	FALSE	February 258			Increase
92620	Evaluation of central auditory fund Audiology Services October 2008	17		ASHA, AA( 1.50	CMS Request - Audiology Serv NA		XXX	1.5 0.78	1.11	0.08		ALSE	FALSE				Decrease
92621	Evaluation of central auditory func Audiology Services October 2008	17		ASHA, AA( 0.35	CMS Request - Audiology Serv NA		ZZZ	0.35 0.19	0.29	0.01		ALSE	FALSE				Decrease
92625	Assessment of tinnitus (includes p Audiology Services October 2008	17		ASHA, AA( 1.15	CMS Request - Audiology Serv NA		XXX	1.15 0.60	0.82	0.05		ALSE	FALSE	In Oak-b	Va -		Decrease
92626	Evaluation of auditory function for Audiology Services October 2018  Evaluation of auditory function for Audiology Services October 2018	30		AAA, ASHA AACA 22	CMS Request - Audiology Serv NA		XXX	1.4 0.74	1.15	0.05		RUE July 2014 Yes	TRUE	In October May 2018 34	Yes		Decrease
92627	Evaluation of auditory function for Audiology Services  October 2018  Diagnostic analysis with programs Audiology Services  October 2008	30 17		ASHA, AAC 1.76	CMS Request - Audiology Serv NA		ZZZ vvv	0.33 0.18	0.27	0.01		ALSE	FALSE				Decrease
92640 92650	Diagnostic analysis with programn Audiology Services October 2008  Auditory evoked potentials; screei Auditory Evoked Potentials April 2019	17 06		ASHA, AA( 1.76 AAA, AAO· 0.25	CMS Request - Audiology Serv NA CMS-Other - Utilization over 3 Fel		XXX	1.76 0.95	1.45 0.58	0.07		ALSE ALSE	FALSE FALSE	Enhruany 110	complete		Decrease
92650 92651	Auditory evoked potentials; screel Auditory Evoked Potentials April 2019  Auditory evoked potentials; for he Auditory Evoked Potentials April 2019	06 06		AAA, AAO: 0.25 AAA, AAO: 1.00	CMS-Other - Utilization over 3 Fel	•	XXX	0.25 NA 1 NA	0.58 1.56	0.02 0.05		ALSE	FALSE	February 219 February 219	complete complete		Decrease Increase
92652	Auditory evoked potentials, for the Auditory Evoked Potentials April 2019  Auditory evoked potentials; for th Auditory Evoked Potentials April 2019	06		AAA, AAO· 1.50	CMS-Other - Utilization over 3 Fel	•	XXX	1.5 NA	1.83	0.05		ALSE	FALSE	February 219	complete		Increase
92653	Auditory evoked potentials; not in Auditory Evoked Potentials April 2019  Auditory evoked potentials; neurc Auditory Evoked Potentials April 2019	06		AAA, AAN, 1.05	CMS-Other - Utilization over 3 Fel	•	XXX	1.05 NA	1.42	0.03		ALSE	FALSE	February 219	complete		Increase
92920	Percutaneous transluminal corona Percutaneous Coronary Inte January 2012	10		ACC 9.00		•	000	9.85 3.43	NA	2.25		ALSE	TRUE	October 2(21	Complete		Decrease
92921	Percutaneous transluminal corona Percutaneous Coronary Inte January 2012	10		ACC 4.00			ZZZ	0 0.00	0.00	0.00		ALSE	TRUE	October 2(21	Complete		Decrease
92924	Percutaneous transluminal corona Percutaneous Coronary Inte January 2012	10		ACC 11.00			000	11.74 4.08	NA	2.69		ALSE	TRUE	October 2(21	Complete		Decrease
	Percutaneous transluminal corona Percutaneous Coronary Inte January 2012	10		ACC 5.00			ZZZ	0 0.00	0.00	0.00	F	ALSE	TRUE	October 2(21	Complete		

92928	Percutaneous transcatheter place Percutaneous Coronary Inte January 2012	10		ACC	10.49	MPC List	October 2010	000	10.96 3.81	NA	2.51	206070 FALSE	TRUE	October 2(21	Complete	TRUE	Decrease
92929	Percutaneous transcatheter place Percutaneous Coronary Inte January 2012	10		ACC	4.44	MPC List	October 2010	ZZZ	0 0.00	0.00	0.00	FALSE	TRUE	October 2021	Complete		Decrease
92933	Percutaneous transluminal corona Percutaneous Coronary Inte January 2012	10		ACC	12.32	MPC List	October 2010	000	12.29 4.26	NA	2.83	17056 FALSE	TRUE	October 2(21	Complete		Decrease
92934	Percutaneous transluminal corona Percutaneous Coronary Inte January 2012	10		ACC	5.50	MPC List	October 2010	ZZZ	0 0.00	0.00	0.00	FALSE	TRUE	October 2(21	Complete	TRUE	Decrease
92937	Percutaneous transluminal revasc Percutaneous Coronary Inte January 2012	10		ACC	10.49	MPC List	October 2010	000	10.95 3.80	NA	2.51	15072 FALSE	TRUE	October 2(21	Complete	TRUE	Decrease
92938	Percutaneous transluminal revasc Percutaneous Coronary Inte January 2012	10		ACC	6.00	MPC List	October 2010	ZZZ	0 0.00	0.00	0.00	FALSE	TRUE	October 2(21	Complete	TRUE	Decrease
92941	Percutaneous transluminal revasc Percutaneous Coronary Inte January 2012	10		ACC	12.32	MPC List	October 2010	000	12.31 4.28	NA	2.83	36067 FALSE	TRUE	October 2(21	Complete		Decrease
92943	Percutaneous transluminal revasc Percutaneous Coronary Inte January 2012	10		ACC	12.32	MPC List	October 2010	000	12.31 4.27	NA	2.84	7498 FALSE	TRUE	October 2(21	Complete		Decrease
92944	Percutaneous transluminal revasc Percutaneous Coronary Inte January 2012	10		ACC	6.00	MPC List	October 2010	ZZZ	0 0.00	0.00	0.00	FALSE	TRUE	October 2(21	Complete		Decrease
92960	Cardioversion, elective, electrical (Cardioversion October 2010	19		ACC	2.25		October 2009	000	2 1.02	2.46	0.14	172353 FALSE	FALSE				Maintain
92973	Percutaneous transluminal corona RAW October 2017	19		۸۵۵	Remove from screen	High Volume Growth2	April 2013	ZZZ	3.28 1.15	NA	0.75	2271 FALSE	FALSE	Specialty s October 2/21	Dolotod fr		Maintain
92980	Transcatheter placement of an int Percutaneous Coronary Inte January 2012	10		ACC	Deleted from CPT	MPC List	October 2010					FALSE	TRUE	Specialty s October 2021	Deleted fro		Deleted from CPT
92981	Transcatheter placement of an int Percutaneous Coronary Inte January 2012 Percutaneous transluminal corona Percutaneous Coronary Inte January 2012	10		ACC ACC	Deleted from CPT	MPC List MPC List / Harvard-Valued Ar	October 2010					FALSE FALSE	TRUE	Specialty s October 2021	Deleted fro		Deleted from CPT Deleted from CPT
92982 92984	Percutaneous transluminal corona Percutaneous Coronary Inte January 2012  Percutaneous transluminal corona Percutaneous Coronary Inte January 2012	10		ACC	Deleted from CPT Deleted from CPT	MPC List / Harvard-valued Ar	October 2010					FALSE	TRUE TRUE	Specialty s October 2(21 Specialty s October 2(21	Deleted from Delet		Deleted from CPT
92986	Percutaneous balloon valvuloplast Valvuloplasty  October 2008	26		ACC	Deleted from CPT	CMS Fastest Growing	October 2018	090	22.6 11.06	NA	5.17	2239 FALSE	FALSE	Specialty s October 2021	Deleted III		Remove from Screen
92992	Atrial septectomy or septostomy; Atrial Septostomy  January 2020	13		ACC	Deleted from CPT	CMS Request - Final Rule for		050	22.0 11.00	IVA	3.17	65 FALSE	TRUE	In January Septembe 16	yes		Deleted from CPT
92993	Atrial septectomy or septostomy; Atrial Septostomy  January 2020	13			Deleted from CPT	CMS Request - Final Rule for						1 FALSE	TRUE	In January September 16	yes		Deleted from CPT
92995	Percutaneous transluminal corona Percutaneous Coronary Inte January 2012	10		ACC	Deleted from CPT	MPC List	October 2010					FALSE	TRUE	Specialty s October 2(21	Deleted fro		Deleted from CPT
92996	Percutaneous transluminal corona Percutaneous Coronary Inte January 2012	10		ACC	Deleted from CPT	MPC List	October 2010					FALSE	TRUE	Specialty s October 2(21	Deleted fro		Deleted from CPT
93000	Electrocardiogram, routine ecg wi Complete Electrocardiogran April 2019	20		ACC	0.17	CMS High Expenditure Proce	d September 2011	XXX	0.17 NA	0.23	0.02	9114128 FALSE	FALSE	,			Maintain
93005	Electrocardiogram, routine ecg wi Complete Electrocardiogran April 2019	20		ACC	0.00	High Volume Growth1 / CMS	February 2008	XXX	0 NA	0.17	0.01	382226 FALSE	FALSE			TRUE	PE Only
93010	Electrocardiogram, routine ecg wi Complete Electrocardiogran April 2019	20		ACC	0.17	MPC List / CMS High Expendi	it October 2010	XXX	0.17 0.06	0.06	0.01	15897234 FALSE	FALSE			TRUE	Maintain
93012	Deleted from CPT External Cardiovascular Dev April 2010	25		ACC	Deleted from CPT	Harvard Valued - Utilization o	October 2009					FALSE	FALSE	February 257		TRUE	Deleted from CPT
93014	Deleted from CPT External Cardiovascular Dev April 2010	25		ACC	Deleted from CPT	Harvard Valued - Utilization of	October 2009					FALSE	FALSE	February 257			Deleted from CPT
93015	Cardiovascular stress test using macCardiovascular Stress Tests April 2012	47		ACC	0.75. CPT Assistant published.	Codes Reported Together 75	•	XXX	0.75 NA	1.29	0.05	797036 TRUE Jan 2010 Yes	TRUE	The RUC a October 2(42	Complete	TRUE	Maintain
93016	Cardiovascular stress test using macCardiovascular Stress Tests April 2012	47		ACC	0.45	Codes Reported Together 75	•	XXX	0.45 0.16	0.16	0.02	782311 FALSE	FALSE				Maintain
93017	Cardiovascular stress test using macCardiovascular Stress Tests April 2010	45		ACC	New PE inputs	High Volume Growth1 / CMS	•	XXX	0 NA	1.02	0.02	77084 FALSE	FALSE				PE Only
93018	Cardiovascular stress test using ma Cardiovascular Stress Tests April 2012	47		ACC	0.30	Codes Reported Together 75	•	XXX	0.3 0.11	0.11	0.01	939343 TRUE Jan 2010 Yes	TRUE	The RUC a October 2(42	Complete		Maintain
93025	Microvolt t-wave alternans for ass Microvolt T-Wave Assessme October 2008	18		ACC	New PE Inputs	CMS Request - Practice Exper		XXX	0.75 NA	2.77	0.04	154 FALSE	FALSE				PE Only
93040	Rhythm ecg, 1-3 leads; with interp Rhythm EKG October 2009	34		ACC	0.15	Havard Valued - Utilization of	,	XXX	0.15 NA	0.20	0.02	78637 FALSE	FALSE				Decrease
93041	Rhythm ecg, 1-3 leads; tracing onl Rhythm EKG October 2009  Rhythm ecg, 1-3 leads; interpreted Phythm EKG October 2009	34		ACC ACE	0.00 (PE only)	Havard Valued - Utilization ov	•	XXX	0 NA	0.16	0.01	12166 FALSE	FALSE				Maintain
93042	Rhythm ecg, 1-3 leads; interpretat Rhythm EKG October 2009	34 25		ACC, ACE		Havard Valued - Utilization of		XXX	0.15 0.04	0.04	0.01	294197 FALSE 198394 FALSE	FALSE	The ACC of February 3.57	Dovisod		Decrease
93224	External electrocardiographic recc External Cardiovascular Dev April 2010  External electrocardiographic recc External Cardiovascular Dev April 2010	25 25		ACC ACC	0.52 N/A no physician work	Harvard Valued - Utilization of Harvard Valued - Utilization of		XXX XXX	0.39 NA 0 NA	1.81 0.56	0.03	198394 FALSE 85777 FALSE	TRUE FALSE	The ACC a February 257 February 257	Revised		Maintain Maintain
93225 93226	External electrocardiographic recc External Cardiovascular Dev April 2010  External electrocardiographic recc External Cardiovascular Dev April 2010	25 25		ACC	N/A no physician work	Harvard Valued - Utilization of		XXX	0 NA	1.11	0.01 0.01	130156 FALSE	FALSE	February 257			Maintain
93227	External electrocardiographic recc External Cardiovascular Dev April 2010	25 25		ACC	0.52	Harvard Valued - Utilization of		XXX	0.39 0.14	0.14	0.01	258641 FALSE	TRUE	The ACC ar Feburary 257	Revised		Maintain
93228	External mobile cardiovascular tel External Cardiovascular Dev April 2010	20		ACC, HRS		Harvard Valued - Utilization of		XXX	0.48 0.23	0.23	0.01	198640 FALSE	FALSE	The Acc arresulary 237	Revised		Maintain
93229	External mobile cardiovascular tel External Cardiovascular Dev October 2020	20		ACC, HRS		Harvard Valued - Utilization of		XXX	0 NA	26.25	0.10	281682 FALSE	FALSE				PE Only
93230	Deleted from CPT Cardiac Device Monitoring April 2009	31		ACC	Deleted from CPT	CMS Request - 2009 Final Rul		,,,,,	0	20.20	0.10	FALSE	TRUE	CMS state: February 257	Deleted		Deleted from CPT
93231	Deleted from CPT External Cardiovascular Dev April 2010	25			Deleted from CPT	Harvard Valued - Utilization of						FALSE	FALSE	February 257			Deleted from CPT
93232	Deleted from CPT External Cardiovascular Dev April 2010	25			Deleted from CPT	Harvard Valued - Utilization o	October 2009					FALSE	FALSE	February 257		TRUE	Deleted from CPT
93233	Deleted from CPT Cardiac Device Monitoring April 2009	31		ACC	Deleted from CPT	CMS Request - 2009 Final Rul	le NA					FALSE	TRUE	CMS state: February 257	Deleted	TRUE	Deleted from CPT
93235	Deleted from CPT External Cardiovascular Dev April 2010	25			Deleted from CPT	Harvard Valued - Utilization o	o October 2009					FALSE	FALSE	February 257		TRUE	Deleted from CPT
93236	Deleted from CPT Cardiovascular Stress Test April 2009	38		ACC	Deleted from CPT	Harvard Valued - Utilization o	o February 2008					FALSE	TRUE	In Februar February 257	Deleted	TRUE	Deleted from CPT
93237	Deleted from CPT Wearable Cardiac Device M February 2010	31		ACC	Deleted from CPT	Harvard Valued - Utilization of	October 2009					FALSE	TRUE	The ACC al February 257	Complete		Deleted from CPT
93268	External patient and, when perfor External Cardiovascular Dev April 2010	25		ACC	0.52	Harvard Valued - Utilization of	October 2009	XXX	0.52 NA	4.91	0.04	10346 FALSE	FALSE	February 257			Maintain
93270	External patient and, when perfor External Cardiovascular Dev April 2010	25		ACC	New PE inputs	Harvard Valued - Utilization of		XXX	0 NA	0.24	0.01	33495 FALSE	FALSE	February 257			PE Only
93271	External patient and, when perfor External Cardiovascular Dev April 2010	25		ACC	New PE inputs	Harvard Valued - Utilization of		XXX	0 NA	4.49	0.01	45016 FALSE	FALSE	February 257			PE Only
93272	External patient and, when perfor External Cardiovascular Dev April 2010	25		ACC	0.52	Harvard Valued - Utilization of		XXX	0.52 0.18	0.18	0.02	92987 FALSE	FALSE	February 257			Maintain
93279	Programming device evaluation (in Cardiac Electrophysiology D October 2016	25 25		ACC, HRS		CMS High Expenditure Proce	•	XXX	0.65 NA	1.37	0.03	107697 FALSE	TRUE	In the NPR February 2 Advisory	•		Maintain
93280	Programming device evaluation (in Cardiac Electrophysiology D October 2016	25 25		ACC, HRS ACC, HRS		CMS High Expenditure Proce CMS High Expenditure Proce	•	XXX	0.77 NA	1.61	0.05	732353 FALSE 60251 FALSE	TRUE	In the NPR February 2 Advisory	•		Maintain Decrease
93281 93282	Programming device evaluation (ii Cardiac Electrophysiology D October 2016  Programming device evaluation (ii Cardiac Electrophysiology D October 2016	25 25		ACC, HRS		CMS High Expenditure Proce	•	XXX	0.85 NA 0.85 NA	1.67 1.55	0.05 0.05	79726 FALSE	TRUE TRUE	In the NPR February 2 Advisory In the NPR February 2 Advisory	•		Maintain
93282	Programming device evaluation (il Cardiac Electrophysiology D October 2016  Programming device evaluation (il Cardiac Electrophysiology D October 2016	25		ACC, HRS		CMS High Expenditure Proce	•	XXX	1.15 NA	1.78	0.05	155222 FALSE	TRUE	In the NPR February 2 Advisory	•		Maintain
93284	Programming device evaluation (ii Cardiac Electrophysiology D October 2016	25		ACC, HRS		CMS High Expenditure Proce	•	XXX	1.25 NA	1.91	0.05	184356 FALSE	TRUE	In the NPR February 2 Advisory	•		Maintain
93285	Programming device evaluation (ii Cardiac Electrophysiology D October 2016	25		ACC, HRS		CMS High Expenditure Proce	•	XXX	0.52 NA	1.30	0.03	31578 FALSE		In the NPR February 2 Advisory	•		Maintain
93286	Peri-procedural device evaluation Cardiac Electrophysiology D October 2016	25		ACC, HRS		CMS High Expenditure Proce	•	XXX	0.3 NA	1.10	0.02	20521 FALSE	TRUE	In the NPR February 2 Advisory	•		Maintain
93287	Peri-procedural device evaluation Cardiac Electrophysiology D October 2016	25		ACC, HRS	0.45	CMS High Expenditure Proce	d July 2015	XXX	0.45 NA	1.16	0.03	11501 FALSE	TRUE	In the NPR February 2 Advisory	C yes	TRUE	Maintain
93288	Interrogation device evaluation (ir Cardiac Electrophysiology D October 2016	25		ACC, HRS	0.43	CMS High Expenditure Proce	d July 2015	XXX	0.43 NA	1.27	0.03	179035 FALSE	TRUE	In the NPR February 2 Advisory	C yes	TRUE	Maintain
93289	Interrogation device evaluation (ir Cardiac Electrophysiology D October 2016	25		ACC, HRS	0.75	CMS High Expenditure Proce	d July 2015	XXX	0.75 NA	1.41	0.05	71124 FALSE	TRUE	In the NPR February 2 Advisory	C yes	TRUE	Decrease
93290	Interrogation device evaluation (ir Cardiac Electrophysiology D October 2016	25		ACC, HRS		CMS High Expenditure Proce	•	XXX	0.43 NA	1.19	0.03	81381 FALSE	TRUE	In the NPR February 2 Advisory	C yes	TRUE	Maintain
93291	Interrogation device evaluation (ir Cardiac Electrophysiology D October 2016	25		ACC, HRS		CMS High Expenditure Proce	•	XXX	0.37 NA	1.13	0.02	51779 FALSE	TRUE	In the NPR February 2 Advisory	•		Decrease
93292	Interrogation device evaluation (ir Cardiac Electrophysiology D October 2016	25		ACC, HRS		CMS High Expenditure Proce	•	XXX	0.43 NA	1.08	0.03	1054 FALSE		In the NPR February 2 Advisory	•		Maintain
93293	Transtelephonic rhythm strip pace Cardiac Electrophysiology D January 2017	23		ACC, HRS		CMS High Expenditure Proce	•	XXX	0.31 NA	1.08	0.02	32414 FALSE	TRUE	In the NPR February 2 Advisory	C yes		Decrease
93294	Interrogation device evaluation(s) Cardiac Electrophysiology D January 2017 Interrogation device evaluation(s) Cardiac Electrophysiology D January 2017	23		ACC, HRS ACC, HRS		CMS High Expenditure Proce CMS High Expenditure Proce	•	XXX	0.6 0.24 0.74 0.30	0.24	0.04	1454135 FALSE 722096 FALSE	FALSE FALSE				Decrease Decrease
93295 93296	Interrogation device evaluation(s) Cardiac Electrophysiology D January 2017  Interrogation device evaluation(s) Cardiac Electrophysiology D October 2016	23 25		•	New PE inputs and Refer to CPT	CMS High Expenditure Proce	•	XXX	0.74 0.30 0 NA	0.30 0.68	0.05 0.01	1556454 FALSE	TRUE	In the NPR February 2 Advisory	CVAS		PE Only
93290	Interrogation device evaluation(s) Cardiac Electrophysiology D January 2017	23	January 20 RUC	ACC, HRS	•	CMS High Expenditure Proce	•	XXX	0.52 0.21	0.08	0.01	436620 FALSE	FALSE	Columy 2 havisoly	- ,		Maintain
93298	Interrogation device evaluation(s) Cardiac Electrophysiology D January 2017	23	January 20 RUC	ACC, HRS		CMS High Expenditure Proce	•	XXX	0.52 0.21	0.21	0.04	884510 FALSE	FALSE				Maintain
93299	Interrogation device evaluation(s) Cardiac Electrophysiology D October 2018	22	•	•	Deleted from CPT	CMS High Expenditure Proce	•					FALSE	TRUE	In October February 220	complete	TRUE	Deleted from CPT
93306	Echocardiography, transthoracic, r Complete Transthoracic Ech April 2019	21		ACC, ASE		CMS High Expenditure Proce	•	XXX	1.46 NA	4.39	0.07	6273165 FALSE	FALSE	, -	•		Decrease
93307	Echocardiography, transthoracic, r Transthoracic Echocardiogra April 2016	42		ACC	0.92	CMS Request - Practice Exper	•	XXX	0.92 NA	3.17	0.06	23577 FALSE	FALSE				Maintain
93308	Echocardiography, transthoracic, r Transthoracic Echocardiogra April 2016	42		ACC	0.53	CMS Fastest Growing, Harvar	c October 2008	XXX	0.53 NA	2.38	0.03	437576 FALSE	FALSE			TRUE	Maintain
93320	Doppler echocardiography, pulsec Doppler Echocardiography January 2014	30		ACC	0.38	CMS Request - Practice Exper	n February 2009	ZZZ	0.38 NA	1.13	0.02	289973 FALSE	FALSE			TRUE	Maintain
93321	Doppler echocardiography, pulsec Doppler Echocardiography January 2014	30		ACC	0.15	CMS-Other - Utilization over	2 October 2013	ZZZ	0.15 NA	0.60	0.01	232010 FALSE	FALSE			TRUE	Maintain
93325	Doppler echocardiography color fl Doppler Echocardiography January 2014	30		ACC	0.07	CMS Request - Practice Exper	n February 2009	ZZZ	0.07 NA	0.64	0.00	522631 FALSE	FALSE			TRUE	Maintain
93350	Echocardiography, transthoracic, r Stress Transthoracic Echoca October 2016	26	RUC	ACC, ASE	1.46; CPT Assistant article publish	•	•	XXX	1.46 NA	4.09	0.07	69260 TRUE Jan 2010 Yes	TRUE	The RUC a October 2(42	Complete		Decrease
93351	Echocardiography, transthoracic, r Stress Transthoracic Echoca October 2016	26	RUC	ACC, ASE		CMS High Expenditure Proce	•	XXX	1.75 NA	5.12	0.11	174967 FALSE	FALSE				Maintain
93451	Right heart catheterization includi Diagnostic Cardiac Catheter April 2018	33		ACC	Remove from Modifier -51 exem		-		2.47 NA	24.06	0.47	37808 FALSE	FALSE	October 2(13			Decrease
93452	Left heart catheterization includin Diagnostic Cardiac Catheter April 2011	28		ACC	4.32	Codes Reported Together 95		000	4.5 NA	22.56	0.90	2869 FALSE	FALSE	October 2(13			Decrease
93453	Combined right and left heart cath Diagnostic Cardiac Catheter April 2011	28 28		ACC	5.98 4.95	Codes Reported Together 95		000	5.99 NA	28.28	1.17	2065 FALSE	FALSE	October 2(13			Decrease
93454 93455	Catheter placement in coronary at Diagnostic Cardiac Catheter April 2011 Catheter placement in coronary at Diagnostic Cardiac Catheter April 2011	28 28		ACC ACC	4.95 6.15	Codes Reported Together 956 Codes Reported Together 956		000 000	4.54 NA 5.29 NA	22.55 24.81	0.93 1.05	99930 FALSE 20911 FALSE	FALSE FALSE	October 2(13 October 2(13			Decrease Decrease
93455 93456	Catheter placement in coronary at Diagnostic Cardiac Catheter April 2011  Catheter placement in coronary at Diagnostic Cardiac Catheter April 2018	20 22		ACC	6.15 Remove from Modifier -51 Exem				5.29 NA 5.9 NA	24.81 27.76	1.05	20911 FALSE 17270 FALSE	FALSE FALSE	October 2013			Decrease Decrease
93456 93457	Catheter placement in coronary at Diagnostic Cardiac Catheter April 2018  Catheter placement in coronary at Diagnostic Cardiac Catheter April 2011	33 28		ACC	7.66	Codes Reported Together 95	-	000	6.64 NA	30.00	1.15	2984 FALSE	FALSE	October 2(13			Decrease
93457	Catheter placement in coronary ai Diagnostic Cardiac Catheter April 2011  Catheter placement in coronary ai Diagnostic Cardiac Catheter April 2011	28 28		ACC	6.51	Codes Reported Together 95		000	5.6 NA	25.40	1.33	407727 FALSE	FALSE	October 2(13			Decrease
93459	Catheter placement in coronary at Diagnostic Cardiac Catheter April 2011  Catheter placement in coronary at Diagnostic Cardiac Catheter April 2011	28		ACC	7.34	Codes Reported Together 95		000	6.35 NA	26.92	1.12	70410 FALSE	FALSE	October 2(13			Decrease
93460	Catheter placement in coronary at Diagnostic Cardiac Catheter April 2011	28		ACC	7.88	Codes Reported Together 95		000	7.1 NA	29.86	1.42	74971 FALSE	FALSE	October 2(13			Decrease
93461	Catheter placement in coronary at Diagnostic Cardiac Catheter April 2011	28		ACC	9.00	Codes Reported Together 95		000	7.85 NA	32.88	1.58	11613 FALSE	FALSE	October 2(13			Decrease
93462	Left heart catheterization by trans Diagnostic Cardiac Catheter April 2011	28		ACC	3.73	Codes Reported Together 95		ZZZ	3.73 1.57	1.57	0.87	6201 FALSE	FALSE	October 2(13			Decrease
93463	Pharmacologic agent administratic Diagnostic Cardiac Catheter April 2011	28		ACC	2.00	Codes Reported Together 95		ZZZ	2 0.71	0.71	0.17	4851 FALSE	FALSE	October 2(13			Decrease
93464	Physiologic exercise study (eg, bic Diagnostic Cardiac Catheter April 2011	28		ACC	1.80	Codes Reported Together 95	% or More	ZZZ	1.8 NA	4.75	0.12	1108 FALSE	FALSE	October 2(13		TRUE	Decrease
93501	Deleted from CPT Cardiac Catheterization April 2010	26		ACC	Deleted from CPT	Codes Reported Together 95	•					FALSE	TRUE	Referred to October 2013	Deleted		Deleted from CPT
93503	Insertion and placement of flow d Insertion of Catheter April 2018	33		ACR, ASA	2.00	CMS High Expenditure Proce	d July 2015	000	2 0.39	NA	0.19	55707 FALSE	FALSE			TRUE	Decrease

93508	Deleted from CPT	Cardiac Catheterization	Anril 2010	26	۸٫۲۲	Deleted from CPT	Codes Benerted Tagether OF% February 2009					FALSE	TR	JE Referred t <sub>1</sub> October 20	12 Doloto	ر TDII	E Deleted from CPT
93510		Cardiac Catheterization	April 2010 February 2009	20 31	ACC ACC	Deleted from CPT	Codes Reported Together 95% February 2008 Codes Reported Together 95% February 2008					FALSE					
93511		Cardiac Catheterization	April 2010	26	ACC	Deleted from CPT	Codes Reported Together 95% February 2008					FALSE					
93514		Cardiac Catheterization	April 2010	26	ACC	Deleted from CPT	Codes Reported Together 95% February 2008					FALSE					
93524	Deleted from CPT	Cardiac Catheterization	April 2010	26	ACC	Deleted from CPT	Codes Reported Together 95% February 2008					FALSE	TR	JE Referred t <sub>1</sub> October 20	13 Delete		
93526	Deleted from CPT	Cardiac Catheterization	February 2008	S	ACC	Deleted from CPT	Codes Reported Together 95% February 2008					FALSE	TR	JE Referred to October 20	13 Delete	ed TRU	E Deleted from CPT
93527		Cardiac Catheterization	April 2010	26	ACC	Deleted from CPT	Codes Reported Together 95% February 2008					FALSE					
93528		Cardiac Catheterization	April 2010	26	ACC	Deleted from CPT	Codes Reported Together 95% February 2008					FALSE					
93529		Cardiac Catheterization	April 2010	26	ACC	Deleted from CPT	Codes Reported Together 95% February 2008					FALSE					
93539		Cardiac Catheterization	February 2008	S	ACC	Deleted from CPT	Codes Reported Together 95% February 2008					FALSE					
93540 93541		Cardiac Catheterization Cardiac Catheterization	February 2008 April 2010	3 26	ACC ACC	Deleted from CPT Deleted from CPT	Codes Reported Together 95% February 2008 Codes Reported Together 95% February 2008					FALSE FALSE					
93542		Cardiac Catheterization	April 2010 April 2010	26	ACC	Deleted from CPT	Codes Reported Together 95% February 2008					FALSE					
93543		Cardiac Catheterization	February 2009	31	ACC	Deleted from CPT	Codes Reported Together 95% February 2008					FALSE					
93544		Cardiac Catheterization	February 2008	S	ACC	Deleted from CPT	Codes Reported Together 95% February 2008					FALSE					
93545		Cardiac Catheterization		31	ACC	Deleted from CPT	Codes Reported Together 95% February 2008					FALSE					
93555		Cardiac Catheterization	February 2009	31	ACC	Deleted from CPT	Codes Reported Together 95% February 2008					FALSE					
93556	Deleted from CPT	Cardiac Catheterization	February 2009	31	ACC	Deleted from CPT	Codes Reported Together 95% February 2008					FALSE	TR	JE Referred t <sub>1</sub> October 20	13 Delete	ed TRU	E Deleted from CPT
93561	Indicator dilution studies such as o	Cardiac Output Measurem	e January 2018	27		0.77	Negative IWPUT October 2017	ZZZ				4 FALSE	FA	SE		TRU	E Increase
93562	Indicator dilution studies such as o	Cardiac Output Measurem	e January 2018	27		0.95	Negative IWPUT October 2017	ZZZ				10 FALSE		SE		TRU	
93563	Injection procedure during cardiac	•	•	28	ACC	2.00	Codes Reported Together 95% or More	ZZZ	1.11 0.40	0.40	0.19	127 FALSE			13	TRU	
93564	Injection procedure during cardiac	, , ,	October 2021	08 October 2(R		SCAI Review action plan	Survey Below 30 Threshold October 2021	ZZZ	1.13 0.39	0.39	0.25	5 FALSE			4.0	FALS	
93565	Injection procedure during cardia	•	•	28	ACC	1.90	Codes Reported Together 95% or More	ZZZ	0.86 0.30	0.30	0.20	73 FALSE				TRU	
93566 93567	Injection procedure during cardiac Injection procedure during cardiac	•	•	28 28	ACC ACC	0.96 0.97	Codes Reported Together 95% or More Codes Reported Together 95% or More	ZZZ ZZZ	0.86 0.31 0.97 0.34	2.85 2.10	0.18 0.22	236 FALSE 21505 FALSE				TRU TRU	
93568	Injection procedure during cardiac	•	•	28	ACC	0.98	Codes Reported Together 95% or More	ZZZ	0.88 0.32	2.60	0.22	1132 FALSE					
93571	Intravascular doppler velocity and	•	•	13		SCAI 1.50	High Volume Growth4 October 2016	ZZZ	0 NA	NA	0.00	62062 FALSE			15 COMP	TRU	
93572	Intravascular doppler velocity and	•		13		SCAI 1.00	High Volume Growth4 October 2017	ZZZ	0 NA	NA	0.00	11561 FALSE				TRU	
93613	Intracardiac electrophysiologic 3-c	•		07		HRS 5.23	CMS Fastest Growing / High V October 2008	ZZZ	5.23 2.25	NA	1.20	73995 FALSE				TRU	
93620	Comprehensive electrophysiologic	Intracardiac Catheter Ablat	ti April 2010	45	ACC	11.57	Codes Reported Together 75% February 2010	000	0 NA	0.00	0.00	7030 FALSE	TR	JE The Work October 20	22 Comp	lete TRU	E Maintain
93621	Comprehensive electrophysiologic	Cardiac Ablation Services E	Bı April 2021	07	,	HRS 1.75	High Volume Growth6 October 2019	ZZZ	0 NA	0.00	0.00	24799 FALSE	FA	SE		TRU	E Decrease
93623	Programmed stimulation and paci	•	•	22	ACC,	'	2 CMS-Other - Utilization over 3 October 2018	ZZZ	0 NA	0.00	0.00	34636 FALSE		JE In April 20 May 2019	EC-N Comp	lete TRU	
93641	Electrophysiologic evaluation of si	•	•	21	ACC	•	e Codes Reported Together 75% February 2010	000	0 NA	0.00	0.00	10622 FALSE		,			
93651	Intracardiac catheter ablation of a	•	•	11	,	HRS Deleted from CPT	Codes Reported Together 75% February 2010					FALSE		JE The Work October 20			
93652 93653	Intracardiac catheter ablation of a	· ·	•	11 07	,	HRS Deleted from CPT HRS 15.00	CMS Fastest Growing/Codes R October 2008	000	14.75 6.33	NIA	2 //1	FALSE 26463 FALSE					
93653 93654	Comprehensive electrophysiologic Comprehensive electrophysiologic		•	07	,	HRS 18.10	Codes Reported Together 75% October 2011 Codes Reported Together 75% October 2011	000 000	19.75 8.44	NA NA	3.41 4.57	6998 FALSE		JE The Works October 20 JE The Works October 20	•		
93655	Intracardiac catheter ablation of a		•	07		HRS 7.00	Codes Reported Together 75% October 2011  Codes Reported Together 75% October 2011	ZZZ	5.5 2.37	NA	1.28	32821 FALSE		JE The Works October 20			
93656	Comprehensive electrophysiologic		•	07		HRS 17.00	Codes Reported Together 75% October 2011	000	19.77 8.51	NA	4.58	50165 FALSE		•			
93657	Additional linear or focal intracarc		•	07		HRS 7.00	Codes Reported Together 75% October 2011	ZZZ	5.5 2.36	NA	1.28	23509 FALSE		•	•		
93662	Intracardiac echocardiography dui		•	07	,	HRS 2.53	High Volume Growth1 / High \ February 2008	ZZZ	0 NA	0.00	0.00	60838 FALSE		•		TRU	
93668	Peripheral arterial disease (pad) re	Peripheral Artery Disease (	F January 2018	28		New PE Inputs	CMS Request - Final Rule for 2 July 2017	XXX	0 NA	0.40	0.01	1257 FALSE	FA	SE		TRU	E PE Only
93701	Bioimpedance-derived physiologic	cardiovascular analysis	February 2011	41		Remove from screen	Low Value-High Volume October 2010	XXX	0 NA	0.80	0.01	6330 FALSE	FA	SE		TRU	E Remove from Screen
93731	Deleted from CPT	Cardiology Services	October 2008	26	ACC	Deleted from CPT	CMS Fastest Growing October 2008					FALSE	FA	SE		TRU	E Deleted from CPT
93732		Cardiology Services	October 2008	26	ACC	Deleted from CPT	CMS Fastest Growing October 2008					FALSE				TRU	
93733		Cardiology Services	October 2008	26	ACC	Deleted from CPT	CMS Fastest Growing October 2008					FALSE				TRU	
93743		Cardiology Services	October 2008	26	ACC	Deleted from CPT	CMS Fastest Growing October 2008					FALSE				TRU	
93744	Deleted from CPT Interrogation of ventricular assist	Cardiology Services	October 2008	26	ACC	Deleted from CPT	CMS Fastest Growing October 2008	VVV	0.75.0.24	0.62	0.11	FALSE 87483 FALSE				TRU TRU	
	interrogation of ventricular assist			24	A A T C					U.bZ	0.11	8/483 FALSE	FA				E Decrease
93750		·	•	24 January 20 B		, ACC 0.85	High Volume Growth3 / Work September 2016	XXX	0.75 0.31		0.04				ng ves		
93792	Patient/caregiver training for initia	Home INR Monitoring	January 2022	20 January 20 R	AW	Review in 3 years. 0.00 PE Only	High Volume Growth3 / Work September 2016	XXX	0 NA	1.84	0.04	1673 FALSE	FA	SE Septembe	•	TRU	E PE Only
93792 93793	Patient/caregiver training for initial Anticoagulant management for a part of the patients of	Home INR Monitoring Home INR Monitoring	January 2022 January 2022		AW AW	Review in 3 years. 0.00 PE Only Review in 3 years. 0.18	High Volume Growth3 / Work September 2016 High Volume Growth3 / Work September 2016				0.04 0.01	1673 FALSE 1710558 FALSE	FAI FAI	SE September SE September	08 yes	TRU TRU	E PE Only E Maintain
93792	Patient/caregiver training for initial Anticoagulant management for a part of the patients of	Home INR Monitoring Home INR Monitoring Noninvasive Vascular Diagr	January 2022 January 2022 n April 2010	20 January 20 R 20 January 20 R	AW AW AAN,	Review in 3 years. 0.00 PE Only	High Volume Growth3 / Work September 2016 High Volume Growth3 / Work September 2016 Codes Reported Together 75% February 2010	XXX	0 NA	1.84		1673 FALSE	FAI SS in proce Yes TR	SE September SE September JE The Work October 20	08 yes 43 Comp	TRU TRU lete TRU	E PE Only E Maintain E Deleted from CPT
93792 93793 93875	Patient/caregiver training for initial Anticoagulant management for a published from CPT	Home INR Monitoring Home INR Monitoring Noninvasive Vascular Diagr Duplex Scans	January 2022 January 2022	20 January 20 R 20 January 20 R	AW AW AAN, ACR,	Review in 3 years. 0.00 PE Only Review in 3 years. 0.18 ACC, Deleted from CPT	High Volume Growth3 / Work September 2016 High Volume Growth3 / Work September 2016	XXX XXX	0 NA 0.18 NA	1.84 0.14	0.01	1673 FALSE 1710558 FALSE TRUE	FAI SS in proce Yes TR Addressed Yes TR	SE September SE September SE The Works October 20 The Works October 20	08 yes 43 Comp	TRU TRU lete TRU	E PE Only E Maintain E Deleted from CPT E Increase
93792 93793 93875 93880	Patient/caregiver training for initial Anticoagulant management for a published from CPT Duplex scan of extracranial arteries	Home INR Monitoring Home INR Monitoring Noninvasive Vascular Diago Duplex Scans Duplex Scans	January 2022 January 2022 n April 2010 April 2014	20 January 20 R 20 January 20 R 45 33	AW AW AAN, ACR, ACC,	Review in 3 years. 0.00 PE Only Review in 3 years. 0.18 ACC, Deleted from CPT ACC, 0.80 ACR, 0.50	High Volume Growth3 / Work September 2016 High Volume Growth3 / Work September 2016 Codes Reported Together 75% February 2010 Codes Reported Together 75% February 2010	XXX XXX	0 NA 0.18 NA 0.8 NA	1.84 0.14 4.86	0.01	1673 FALSE 1710558 FALSE TRUE 1741221 TRUE	FAI  SS in proce Yes  Addressed Yes  TR  FAI	SE September SE September JE The Works October 20 JE The Works October 20 SE	08 yes 43 Comp	TRU TRU lete TRU lete TRU	E PE Only E Maintain E Deleted from CPT E Increase E Increase
93792 93793 93875 93880 93882	Patient/caregiver training for initial Anticoagulant management for a pulleted from CPT Duplex scan of extracranial arteries Duplex scan of extracranial arteries	Home INR Monitoring Home INR Monitoring Noninvasive Vascular Diagr Duplex Scans Duplex Scans Duplex Scans	January 2022 January 2022 April 2010 April 2014 April 2014 September 2022	20 January 20 R 20 January 20 R 45 33	AW AW AAN, ACR, ACC, UC AAN, AAN,	Review in 3 years. 0.00 PE Only Review in 3 years. 0.18 ACC, Deleted from CPT ACC, 0.80 ACR, 0.50 ACC, Refer to CPT for code bundling so ACC, 0.70	High Volume Growth3 / Work September 2016 High Volume Growth3 / Work September 2016 Codes Reported Together 75% February 2010 Codes Reported Together 75% February 2010 CMS High Expenditure Proced January 2012 Oli Codes Reported Together 75% February 2010 Codes Reported Together 75% February 2010	XXX XXX XXX	0 NA 0.18 NA 0.8 NA 0.5 NA	1.84 0.14 4.86 3.17	0.01 0.10 0.10	1673 FALSE 1710558 FALSE TRUE 1741221 TRUE 26394 FALSE 91514 FALSE 8867 FALSE	FAI  SS in proce Yes  Addressed Yes  TR  FAI  TR	SE September SE September SE The Works October 20 SE The Works October 20 SE In April 20 May 2023	08 yes 43 Comp 43 Comp	TRU TRU lete TRU lete TRU TRU FALS	E PE Only E Maintain E Deleted from CPT E Increase E Increase E Increase
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93792 93793 93875 93880 93882 93888 93890 93892 93922 93923 93924 93925 93926 93930 93931 93965 93970 93971 93975 93976 93978 93979 93982 93985 93986 93990 94010 94014 94015 94016 94016 94016 94200 94240 94250 94260 94250 94350 94350 94350 94400 94450 94450 94450 94617 94617	Patient/caregiver training for initial Anticoagulant management for a poleted from CPT  Duplex scan of extracranial arteries Duplex scan of extracranial arteries Transcranial doppler study of the intranscranial doppler study of incomplex scan of lower extremity are Duplex scan of lower extremity are Duplex scan of upper extremity are Duplex scan of upper extremity are Duplex scan of arterial inflow and Duplex scan of	Home INR Monitoring Home INR Monitoring Noninvasive Vascular Diagra Duplex Scans Duplex Scans Duplex Scans Duplex Scans Duplex Scans Duplex Scans intracranial arteries; vasore intracranial arteries; embol Extremity Non-Invasive Art Extremity Non-Invasive Art Extremity Non-Invasive Art Duplex Scans Pulpex Scans Endovascular Repair Proce Duplex Scan Arterial Inflow Duplex Scan Arterial Inflow Doppler Flow Testing Spirometry Pulmonary Tests Pulmonary Diagnostic Test	January 2022 January 2022 April 2010 April 2014 September 2022 April 2014 a September 2022 i September 2022 i September 2022 i September 2022 i September 2010 i April 2010 i April 2010 April 2014 April 2019 February 2019 February 2019 February 2009 October 2019 April 2010 April 2010 April 2010 April 2010 April 2010 February 2009 Soctober 2016 Soctober 2016 Soctober 2016 Soctober 2016	20	AW  AAN, ACR, ACC, UC  AAN, UC  AAN, SVS, SVS, SVS, ACC, ACC, ACR, ACR, ACR  ACR  ACR  ACR	Review in 3 years. 0.00 PE Only Review in 3 years. 0.18  ACC, Deleted from CPT ACC, 0.80  ACR, 0.50  ACC, Refer to CPT for code bundling so ACC, 0.70  ACR, Refer to CPT for code bundling so ACR, 0.25  ACR, 0.25  ACR, 0.45  ACR, 0.60  ACR, 0.60  ACC, 0.80  ACC, 0.50  ACR, 0.60  ACR, 0.70  SVS, 0.45  SVS, 1.30  1.00  0.97  0.70  SIR, S Deleted from CPT  0.80  0.50  SVS 0.60  CHES' 0.17  /ATS Remove from screen - 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04667	Manipulation short well such as a Evaluation of Milespins April 2010	25		ATC CUEC Nov. DE la puta	CDT Assistant Analysis 2010 April 2010	VVV	O NA	0.65	0.02	2502 54165	<b>5</b> A L	· -		TDLIE	DE Only
94667 94668		25 25		ATS, CHES New PE Inputs	CPT Assistant Analysis 2018 April 2019 cl Codes Reported Together 75% or More-Part2 / C	XXX	0 NA 0 NA	0.65 1.02	0.02 0.02	2593 FALSE 4363 TRUE M	FAL: ar 2014 Yes FAL:			TRUE TRUE	PE Only PE Only
94669	•	25		ATS, CHES' New PE Inputs  ATS, CHES' New PE Inputs	CPT Assistant Analysis 2018 April 2019	XXX	0 NA	0.53	0.02	197 FALSE	FAL			TRUE	PE Only
94681	Oxygen uptake, expired gas analy: Pulmonary Tests September 2011			AACE, TES Remove from screen	High Volume Growth1 / CMS   February 2008	XXX	0.2 NA	1.21	0.02	3835 FALSE	FAL			TRUE	Remove from Screen
94720		45		ACCP, ATS Deleted from CPT	Codes Reported Together 75% February 2010	7000	0.2 10.0	1.21	0.02	FALSE	TRU		Complete	TRUE	Deleted from CPT
94725	· · · · · · · · · · · · · · · · · · ·	45		ACCP, ATS Deleted from CPT	Codes Reported Together 75% February 2010					FALSE	TRU		Complete	TRUE	Deleted from CPT
94726	Plethysmography for determinatic Pulmonary Function Testing April 2011	19		ACCP, ATS 0.31	Codes Reported Together 75% February 2010	XXX	0.26 NA	1.32	0.03	491869 FALSE	FAL	SE February 2011	·	TRUE	Decrease
94727	Gas dilution or washout for deterr Pulmonary Function Testing April 2011	19		ACCP, ATS 0.31	Codes Reported Together 75% February 2010	XXX	0.26 NA	1.01	0.02	231939 FALSE	FAL	SE February 2011		TRUE	Decrease
94728	Airway resistance by oscillometry Pulmonary Function Testing April 2011	19		ACCP, ATS 0.31	Codes Reported Together 75% February 2010	XXX	0.26 NA	0.89	0.02	4090 FALSE	FAL	,		TRUE	Decrease
94729	Diffusing capacity (eg, carbon mor Pulmonary Function Testing April 2011	19		ACCP, ATS 0.19	Codes Reported Together 75% February 2010	ZZZ	0.19 NA	1.52	0.02	788850 FALSE	FAL	•		TRUE	Decrease
94750	(08)	17		Deleted from CPT	CMS-Other - Utilization over 2 January 2019	1004	0.44	0.00	0.04	16674 FALSE	FAL			TRUE	Deleted from CPT
94760	Noninvasive ear or pulse eximetry Measure Blood Oxygen Levi February 2009	32		ACCP, ATS New PE inputs	CMS Request - Practice Expen NA	XXX	0 NA	0.06	0.01	17819 FALSE	FAL			TRUE	PE Only
94761 94762	Noninvasive ear or pulse oximetry Measure Blood Oxygen Lev February 2009  Noninvasive ear or pulse oximetry Measure Blood Oxygen Lev February 2009	32		ACCP, ATS New PE inputs ACCP, ATS New PE inputs	CMS Request - Practice Expen NA CMS Fastest Growing, CMS Re October 2008	XXX	0 NA 0 NA	0.09	0.01 0.01	12350 FALSE 165622 FALSE	FAL: FAL:			TRUE TRUE	PE Only PE Only
94762		25		ATS, CHES' Deleted from CPT	High Volume Growth1 / Code: February 2008	^^^	UNA	0.77	0.01		ar 2014 Yes TRU		yes	TRUE	Deleted from CPT
95004	Percutaneous tests (scratch, punct Percutaneous Allergy Tests October 2016	27	RUC	AAAAI, AA 0.01	Low Value-Billed in Multiple L October 2010	XXX	0.01 NA	0.10	0.01	7781153 FALSE	FAL	•	yes	TRUE	Maintain
95010		31		JCAAI, AC/ Deleted from CPT	Low Value-Billed in Multiple L October 2010	7001	0.01 10.0	0.20	0.01	FALSE	TRU		Complete	TRUE	Deleted from CPT
95012	Nitric oxide expired gas determina Exhaled Nitric Oxide Measu April 2019	26		AAAAI, AC New PE Inputs	High Volume Growth5 October 2018	XXX	0 NA	0.55	0.01	73690 FALSE	FAL			TRUE	PE Only
95015	Intracutaneous (intradermal) tests Intracutaneous Allgery Test: April 2011	31		JCAAI, AC/ Deleted from CPT	Low Value-Billed in Multiple L October 2010					FALSE	TRU	JE The specia February 215	Complete	TRUE	Deleted from CPT
95017	Allergy testing, any combination o Percutaneous Allergy Testin April 2012	29		JCAAI 0.07	Low Value-Billed in Multiple L October 2010	XXX	0.07 0.03	0.18	0.01	22762 FALSE	TRU	JE Deleted cc February 215	Complete	TRUE	Decrease
95018	Allergy testing, any combination o Percutaneous Allergy Testin April 2012	29		JCAAI 0.14	Low Value-Billed in Multiple L October 2010	XXX	0.14 0.06	0.46	0.01	84296 FALSE	TRU	•	Complete	TRUE	Decrease
95024	Intracutaneous (intradermal) tests Intracutaneous Allgery Test: October 2017	19		JCAAI, AC! New PE Inputs.	Low Value-Billed in Multiple L October 2010	XXX	0.01 0.01	0.23	0.01	1368744 FALSE	FAL			TRUE	PE Only
95027	Intracutaneous (intradermal) tests Intracutaneous Allgery Tests February 2011	41		JCAAI, AC# 0.01	Low Value-Billed in Multiple L October 2010	XXX	0.01 NA	0.13	0.01	116742 FALSE	FAL			TRUE	Maintain
95115	······································	48		JCAAL AACNESS PE Inputs	CMS High Expenditure Proced January 2012	XXX	0 NA	0.27	0.01	859372 FALSE	FAL			TRUE	PE Only
95117	······································	48		JCAAI, AAC New PE Inputs	CMS High Expenditure Proced September 2011	XXX	0 NA	0.33	0.01	2434986 FALSE 155016 FALSE	FAL			TRUE	PE Only
95144 95148	Professional services for the super Antigen Therapy Services January 2016  Professional services for the supervision of preparation and pr October 2010	49 72		AAOHNS, 10.06 0.06	Low Value-Billed in Multiple L October 2010  Low Value-Billed in Multiple L October 2010	XXX	0.06 0.02 0.06 0.02	0.43 2.60	0.01 0.01	18559 FALSE	FAL: FAL:			TRUE TRUE	Maintain Maintain
95148		49		AAOHNS, , 0.06	MPC List / CMS High Expendit October 2010	XXX	0.06 0.02	0.39	0.01	6673468 FALSE	FAL			TRUE	Maintain
95249			anuary 20 RAW	AACE, ES, Re-review at RAW. PE Only.	High Volume Growth2	XXX	0.00 0.02 0 NA	1.69	0.01		ne 2018 yes TRU		yes	TRUE	PE Only
95250	Ambulatory continuous glucose m Continuous Glucose Monito January 2020		anuary 20 RAW	•	s. High Volume Growth2 / Work October 2013	XXX	0 NA	4.34	0.04	48697 FALSE	TRU		yes	TRUE	PE Only
95251	Ambulatory continuous glucose m Continuous Glucose Monito January 2020		anuary 20 RAW	AACE, ES Re-review at RAW. 0.70.	High Volume Growth / Work NApril 2013	XXX	0.7 0.28	0.28	0.04	296345 FALSE		IE In October February 238	yes	TRUE	Decrease
95700	Electroencephalogram (eeg) conti Long-Term EEG Monitoring September 2022	13 Ap	pril 2024 RAW	AAN, ACN! Review action plan. PE Only	High Volume Growth4 / Contr May 2018	XXX	0 0.00	0.00	0.00	13701 FALSE	FAL			TRUE	PE Only
95705	Electroencephalogram (eeg), with Long-Term EEG Monitoring October 2018	13		AAN, ACN! PE Only	High Volume Growth4 May 2018	XXX	0 0.00	0.00	0.00	1248 FALSE	FAL			TRUE	PE Only
95706	Electroencephalogram (eeg), with Long-Term EEG Monitoring October 2018	13		AAN, ACN! PE Only	High Volume Growth4 May 2018	XXX	0 0.00	0.00	0.00	217 FALSE	FAL			TRUE	PE Only
95707	Electroencephalogram (eeg), with Long-Term EEG Monitoring October 2018	13		AAN, ACN! PE Only	High Volume Growth4 May 2018	XXX	0 0.00	0.00	0.00	83 FALSE	FAL			TRUE	PE Only
95708	Electroencephalogram (eeg), with Long-Term EEG Monitoring October 2018	13		AAN, ACN! PE Only	High Volume Growth4 May 2018	XXX	0 0.00	0.00	0.00	8127 FALSE	FAL			TRUE	PE Only
95709	Electroencephalogram (eeg), with Long-Term EEG Monitoring October 2018	13		AAN, ACN! PE Only	High Volume Growth4 May 2018	XXX	0 0.00	0.00	0.00	1361 FALSE	FAL			TRUE	PE Only
95710	Electroencephalogram (eeg), with Long-Term EEG Monitoring October 2018	13		AAN, ACN'S PE Only	High Volume Growth4 May 2018	XXX	0 0.00	0.00	0.00	146 FALSE	FAL			TRUE	PE Only
95711	Electroencephalogram with video Long-Term EEG Monitoring October 2018	13		AAN, ACNS PE Only	High Volume Growth4 May 2018	XXX	0 0.00	0.00	0.00	356 FALSE	FAL			TRUE	PE Only
95712 95713	Electroencephalogram with video Long-Term EEG Monitoring October 2018  Electroencephalogram with video Long-Term EEG Monitoring October 2018	13		AAN, ACN! PE Only AAN, ACN! PE Only	High Volume Growth4 May 2018  High Volume Growth4 May 2018	XXX	0 0.00 0 0.00	0.00	0.00 0.00	744 FALSE 1555 FALSE	FAL: FAL:			TRUE TRUE	PE Only PE Only
95714	Electroencephalogram with video Long-Term EEG Monitoring October 2018	13		AAN, ACN: PE Only	High Volume Growth4 May 2018	XXX	0 0.00	0.00	0.00	6404 FALSE	FAL			TRUE	PE Only
95715	Electroencephalogram with video Long-Term EEG Monitoring September 2022	13 Ar	pril 2024 RAW	AAN, ACN' Review action plan. PE Only	High Volume Growth4 / Contr May 2018	XXX	0 0.00	0.00	0.00	14730 FALSE	FAL			TRUE	PE Only
95716	Electroencephalogram with video Long-Term EEG Monitoring October 2018	13	p 202 :	AAN, ACN! PE Only	High Volume Growth4 May 2018	XXX	0 0.00	0.00	0.00	2549 FALSE	FAL			TRUE	PE Only
95717	Electroencephalogram (eeg), cont Long-Term EEG Monitoring October 2018	13		AAN, ACN: 2.00	High Volume Growth4 May 2018	XXX	2 0.82	0.85	0.12	3137 FALSE	FAL			TRUE	Decrease
95718	Electroencephalogram (eeg), cont Long-Term EEG Monitoring October 2018	13		AAN, ACN: 2.50	High Volume Growth4 May 2018	XXX	2.5 1.22	1.28	0.20	29737 FALSE	FAL	SE		TRUE	Decrease
95719	Electroencephalogram (eeg), cont Long-Term EEG Monitoring October 2018	13		AAN, ACN: 3.00	High Volume Growth4 May 2018	XXX	3 1.35	1.39	0.22	5966 FALSE	FAL	SE		TRUE	Decrease
95720	Electroencephalogram (eeg), cont Long-Term EEG Monitoring October 2018	13		AAN, ACN: 3.86	High Volume Growth4 May 2018	XXX	3.86 1.86	1.96	0.31	123778 FALSE	FAL	SE		TRUE	Decrease
95721	Electroencephalogram (eeg), cont Long-Term EEG Monitoring October 2018	13		AAN, ACN: 3.86	High Volume Growth4 May 2018	XXX	3.86 1.85	1.97	0.29	2378 FALSE	FAL			TRUE	Decrease
95722	Electroencephalogram (eeg), cont Long-Term EEG Monitoring October 2018	13		AAN, ACN: 4.70	High Volume Growth4 May 2018	XXX	4.7 2.25	2.39	0.37	2167 FALSE	FAL			TRUE	Decrease
95723	Electroencephalogram (eeg), cont Long-Term EEG Monitoring October 2018	13		AAN, ACN' 4.75	High Volume Growth4 May 2018	XXX	4.75 2.25	2.40	0.37	2904 FALSE	FAL			TRUE	Decrease
95724 95725	Electroencephalogram (eeg), cont Long-Term EEG Monitoring October 2018 Electroencephalogram (eeg), cont Long-Term EEG Monitoring October 2018	13		AAN, ACN! 6.00 AAN, ACN! 5.40	High Volume Growth4 May 2018  High Volume Growth4 May 2018	XXX	6 2.85 5.4 2.63	3.02 2.82	0.45 0.42	4668 FALSE 181 FALSE	FAL: FAL:			TRUE TRUE	Decrease
95725 95726	Electroencephalogram (eeg), cont Long-Term EEG Monitoring October 2018	13		AAN, ACN: 5.40 AAN, ACN: 7.58	High Volume Growth4 May 2018	XXX	7.58 3.63	3.85	0.42	583 FALSE	FAL			TRUE	Decrease Decrease
95800	Sleep study, unattended, simultan Sleep Testing April 2010	28		ACNS, AAN 1.05	CMS Fastest Growing October 2009	XXX	0.85 NA	3.84	0.05	26905 FALSE	FAL			TRUE	Decrease
95801		28		ACNS, AAN 1.00	CMS Fastest Growing October 2009	XXX	0.85 NA	1.78	0.05	273 FALSE	FAL			TRUE	Decrease
95803	Actigraphy testing, recording, anal Sleep Testing April 2010	28		ACNS, AAN 0.90 and New PE inputs	CMS Request - Practice Expen NA	XXX	0.9 NA	3.40	0.03	192 FALSE	FAL			TRUE	Decrease
95805	Multiple sleep latency or mainten Sleep Testing April 2010	28		ACNS, AAN 1.20	CMS Fastest Growing October 2009	XXX	1.2 NA	11.00	0.14	1976 FALSE	FAL	SE October 2009		TRUE	Decrease
95806	Sleep study, unattended, simultan Sleep Testing April 2010	28		ACNS, AAN 1.28	CMS Fastest Growing October 2009	XXX	0.93 NA	1.71	0.06	78847 FALSE	FAL	SE October 2009		TRUE	Decrease
95807	Sleep study, simultaneous recordi Sleep Testing April 2010	28		ACNS, AAN 1.25	CMS Fastest Growing October 2009	XXX	1.28 NA	9.79	0.14	1584 FALSE	FAL			TRUE	Decrease
95808	Polysomnography; any age, sleep Sleep Testing April 2010	28		ACNS, AAN 1.74	CMS Fastest Growing October 2009	XXX	1.74 NA	17.89	0.18	537 FALSE	FAL			TRUE	Decrease
95810	Polysomnography; age 6 years or Sleep Testing April 2010	28		ACNS, AAN 2.50	CMS Fastest Growing / MPC Li February 2010	XXX	2.5 NA	15.27	0.20	172583 FALSE	FALS			TRUE	Decrease
95811	, , , , , , , , , , , , , , , , , , , ,	28		ACNS, AAN 2.60	CMS Passest Growing October 2009	XXX	2.6 NA	15.95	0.21	187980 FALSE	FAL			TRUE	Decrease
95812 95813	Electroencephalogram (eeg) exter Long-Term EEG Monitoring October 2018 Electroencephalogram (eeg) exter Long-Term EEG Monitoring October 2018	13 13		AAN, ACN: 1.08 AAN, ACN: 1.63	CMS Request - Final Rule for 2 July 2015 CMS Request - Final Rule for 2 July 2015	XXX	1.08 NA 1.63 NA	9.11 10.96	0.09 0.13	19920 FALSE 20770 FALSE	FAL: FAL:			TRUE TRUE	Maintain Decrease
95816		22		1.08	CMS High Expenditure Proced January 2012	XXX	1.08 NA	10.17	0.13	227325 FALSE	FAL			TRUE	Maintain
95819		22		AAN, ACN: 1.08	CMS High Expenditure Proced September 2011	XXX	1.08 NA	12.13	0.10	162443 FALSE	FAL			TRUE	Maintain
95822		22		AAN, ACN! 1.08	CMS High Expenditure Proced January 2012	XXX	1.08 NA	11.19	0.09	23964 FALSE	FAL			TRUE	Maintain
95827	Electroencephalogram (EEG); all n Long-Term EEG Monitoring October 2018	13		AAN, ACN! Deleted from CPT	High Volume Growth4 May 2018					FALSE	FAL			TRUE	Deleted from CPT
95831	6, 1 1 (11)	33		AAN, AAN Deleted from CPT	High Volume Growth3 / CMS-I October 2015					FALSE	TRU		complete	TRUE	Deleted from CPT
95832	Muscle testing, manual (separate Muscle Testing April 2018	33		AAN, AAN Deleted from CPT	High Volume Growth3 / CMS-I October 2017					FALSE	TRU		complete	TRUE	Deleted from CPT
95833		33		AAN, AAN Deleted from CPT	High Volume Growth3 / CMS-I October 2017					FALSE	TRU		complete	TRUE	Deleted from CPT
95834		33		AAN, AAN Deleted from CPT	High Volume Growth3 / CMS-I October 2017	VVV	0.46.006	0.44	0.04	FALSE	TRU		complete	TRUE	Deleted from CPT
95851	Range of motion measurements a RAW September 2022  Needle electromyography: 1 extra EMG in Conjunction with N/ April 2012	13 22		APTA Maintain	CMS-Other - Utilization over 2 April 2022	XXX	0.16 0.06	0.44	0.01	27252 FALSE	FAL		Commisse	TRUE	Maintain Maintain
95860 95861	Needle electromyography; 1 extre EMG in Conjunction with Ne April 2012  Needle electromyography; 2 extre EMG in Conjunction with Ne April 2012	32 32		AAN, AAPI 0.96 AAN, AAPI 1.54	Harvard Valued - Utilization o October 2009 Codes Reported Together 75% February 2010	XXX	0.96 NA 1.54 NA	2.38 3.27	0.05 0.09	1867 FALSE 44130 FALSE	TRU TRU	,	Complete Complete	TRUE TRUE	Maintain Maintain
95861 95863	Needle electromyography; 2 extre EMG in Conjunction with Ne April 2012  Needle electromyography; 3 extre EMG in Conjunction with Ne April 2012	32		AAN, AAPI 1.54 AAN, AAPI 1.87	Codes Reported Together 75% February 2010  Codes Reported Together 75% February 2010	XXX	1.54 NA 1.87 NA	3.27 4.44	0.09	106 FALSE	TRU	,	Complete	TRUE	Maintain Maintain
95864		32		AAN, AAPI 1.07 AAN, AAPI 1.99	Codes Reported Together 75% February 2010	XXX	1.99 NA	5.05	0.03	2015 FALSE	TRU	• ,	Complete	TRUE	Maintain
95867	Needle electromyography; cranial EMG in Conjunction with Ne April 2012	32		AAN, AAPI 0.79	Codes Reported Together 75% or More-Part1	XXX	0.79 NA	2.39	0.05	1124 FALSE	TRL	• ,	Complete	TRUE	Maintain
95868	Needle electromyography; cranial EMG in Conjunction with N€ April 2012	32		AAN, AAPI 1.18	Codes Reported Together 75% or More-Part1	XXX	1.18 NA	3.04	0.06	3767 FALSE	TRU		Complete	TRUE	Maintain
95869	Needle electromyography; thoraci EMG in Conjunction with Ne April 2012	32		AAN, AAPI 0.37	Codes Reported Together 75% October 2011	XXX	0.37 NA	2.57	0.03	564 FALSE	TRU	IE Identifed & October 2006	Complete	TRUE	Maintain
95870	Needle electromyography; limited EMG in Conjunction with № October 2017	19		AAN, AAPI 0.37	Codes Reported Together 75% October 2011	XXX	0.37 NA	2.17	0.03	52768 FALSE	TRU		Complete	TRUE	Maintain
95885	, 5 1 //	20		AAN, AAPI 0.35	Codes Reported Together 75% February 2010	ZZZ	0.35 NA	1.56	0.01	113196 FALSE	FAL	•	Complete	TRUE	Decrease
95886	Needle electromyography, each e: EMG in Conjunction with № April 2011	20		AAN, AAN 0.32	Codes Reported Together 75% February 2010	ZZZ	0.86 NA	2.08	0.04	784971 FALSE	FAL	•	Complete	TRUE	Decrease
95887	Needle electromyography, non-ex EMG in Conjunction with Ne April 2011	20		AAN, AARI Poleted from CRT	Codes Reported Together 75% February 2010	ZZZ	0.71 NA	1.82	0.04	13124 FALSE	FAL		Complete	TRUE	Decrease
95900 95903	, , , , , , , , , , , , , , , , , , ,	32		AAN, AAP! Deleted from CPT	MPC List / Codes Reported To October 2010 CMS High Expanditure Proced September 2011					FALSE	TRU		•	TRUE	Deleted from CPT
95903 95904	Nerve conduction, amplitude and EMG in Conjunction with Ne April 2012  Nerve conduction, amplitude and EMG in Conjunction with Ne April 2012	32 32		AAN, AAPI Deleted from CPT AAN, AAPI Deleted from CPT	CMS High Expenditure Proced September 2011 Codes Reported Together 75% February 2010					FALSE FALSE	TRU TRU			TRUE TRUE	Deleted from CPT Deleted from CPT
95904 95907	Nerve conduction, amplitude and EMG in Conjunction with Ne April 2012  Nerve conduction studies; 1-2 stur EMG in Conjunction with Ne April 2012	32		AAN, AAPI Deleted from CPT AAN, AAPI 1.00	Codes Reported Together 75% February 2010  Codes Reported Together 75% or More-Part1	XXX	1 NA	1.67	0.05	4952 FALSE	TRU		Complete	TRUE	Decrease
95908		32		AAN, AAPI 1.37	Codes Reported Together 75% or More-Part1	XXX	1.25 NA	2.08	0.05	44418 FALSE	TRU	•	Complete	TRUE	Decrease
95909		32		AAN, AAPI 1.77	Codes Reported Together 75% or More-Part1	XXX	1.5 NA	2.49	0.08	104301 FALSE	TRU	•	Complete	TRUE	Decrease
95910	Nerve conduction studies; 7-8 stucEMG in Conjunction with Ne April 2012	32		AAN, AAPI 2.80	Codes Reported Together 75% or More-Part1	XXX	2 NA	3.22	0.10	123612 FALSE	TRU		Complete	TRUE	Decrease
95911	Nerve conduction studies; 9-10 stt EMG in Conjunction with Ne April 2012	32		AAN, AAPI 3.34	Codes Reported Together 75% or More-Part1	XXX	2.5 NA	3.79	0.11	143752 FALSE	TRU	•	Complete	TRUE	Decrease
95912	Nerve conduction studies; 11-12 s EMG in Conjunction with N∈April 2012	32		AAN, AAPI 4.00	Codes Reported Together 75% or More-Part1	XXX	3 NA	4.32	0.13	63156 FALSE	TRU	,	Complete	TRUE	Decrease
95913	Nerve conduction studies; 13 or m EMG in Conjunction with Ne April 2012	32		AAN, AAPI 4.20	Codes Reported Together 75% or More-Part1	XXX	3.56 NA	4.90	0.16	69761 FALSE	TRU	Deleted 6 February 216	Complete	TRUE	Decrease

95921	Testing of autonomic nervous syst Autonomic Function Testing January 2020	37 Septembe RAW	AAFP, AAN Refer to CPT Assistant. 0.90	Different Performing Specialty October 2009	XXX	0.9 NA	1.69	0.05	42319 TRUE	Sep 2020 complete	TRUE	For code p February 217	Complete	TRUE	Maintain
95922	Testing of autonomic nervous syst Autonomic Function Testing January 2020	37 Septembe RAW	AAFP, AAN Refer to CPT Assistant. 0.96	High Volume Growth1 / CMS   February 2008	XXX	0.96 NA	1.99	0.06	1937 TRUE	Dec 2008; complete	TRUE	For code p February 217	Complete	TRUE	Maintain
95923 95924	Testing of autonomic nervous syst Autonomic Function Testing January 2020	<ul><li>37 Septembe RAW</li><li>37 Septembe RAW</li></ul>	AAFP, AAN Refer to CPT Assistant. 0.90 AAFP, AAN Refer to CPT Assistant. 1.73	Codes Reported Together 75% October 2019	XXX	0.9 NA 1.73 NA	2.80	0.05	88442 TRUE	Sep 2020 complete	FALSE TRUE	CDT Ech 2( Echruany 217	Complete	FALSE	Maintain
95924	Testing of autonomic nervous syst Autonomic Function Testing January 2020 Short-latency somatosensory evok Evoked Potentials and Refle January 2013	34 SeptemberkAW	AAN, AAN 0.54 and New PE Inputs	Codes Reported Together 75% or More-Part1 Codes Reported Together 75% February 2010	XXX	0.54 NA	2.62 4.87	0.11 0.08	15254 TRUE 4511 FALSE	Sep 2020 complete	TRUE	CPT Feb 2( February 217 The Works October 2(48	Complete Complete	TRUE TRUE	Decrease Maintain
95926	Short-latency somatosensory evok Evoked Potentials and Refle January 2013	34	AAN, AAN 0.54 and New PE Inputs	Codes Reported Together 75% February 2010	XXX	0.54 NA	4.15	0.06	3888 FALSE		TRUE	The Works October 2(48	Complete	TRUE	Maintain
95928	Central motor evoked potential st Evoked Potentials and Refle April 2013	36	AAN, AANI 1.50	Codes Reported Together 75% February 2010	XXX	1.5 NA	5.45	0.10	306 FALSE		TRUE	The Works October 2048	Complete	TRUE	Maintain
95929	Central motor evoked potential st Evoked Potentials and Refle April 2013	36	AAN, AAN 1.50	Codes Reported Together 75% February 2010	XXX	1.5 NA	5.66	0.09	1340 FALSE		TRUE	The Works October 2(48	Complete	TRUE	Maintain
95930	Visual evoked potential (vep) chec Visual Evoked Potential Test October 2016	11	AAO, AOA 0.35	High Volume Growth3 October 2015	XXX	0.35 NA	1.57	0.02	38305 FALSE		TRUE	In January May 2016 29	Complete	TRUE	Maintain
95934	H-reflex, amplitude and latency st EMG in Conjunction with No April 2012	32	Deleted from CPT	Codes Reported Together 75% or More-Part1					FALSE		TRUE	Identified October 2006 & 16	Complete	TRUE	Deleted from CPT
95936	H-reflex, amplitude and latency st EMG in Conjunction with Ne April 2012	32	Deleted from CPT	Codes Reported Together 75% or More-Part1					FALSE		TRUE	Identified October 2006 & 16	Complete	TRUE	Deleted from CPT
95938	Short-latency somatosensory evok Evoked Potentials and Refle January 2013	34	AAN, AAN 0.86 and new PE inputs	Codes Reported Together 75% January 2013	XXX	0.86 NA	9.84	0.08	90197 FALSE		TRUE	October 2(48	Complete	TRUE	Decrease
95939	Central motor evoked potential st Evoked Potentials and Refle January 2013	34	AAN, AAN 2.25 and new PE inputs	Codes Reported Together 75% January 2013	XXX	2.25 NA	13.89	0.15	42469 FALSE		TRUE	October 2(48	Complete	TRUE	Decrease
95940	Continuous intraoperative neurop Intraoperative Neurophysio January 2012	12	0.60	Codes Reported Together 75% January 2012	XXX	0.6 0.31	NA	0.04	25219 FALSE		TRUE	Deleted 6 February 216	Complete	TRUE	Decrease
95941	Continuous intraoperative neurop Intraoperative Neurophysio January 2012	12	2.00	Codes Reported Together 75% January 2012	XXX	0 0.00	0.00	0.00	FALSE		TRUE	Deleted 6 February 216	Complete	TRUE	Decrease
95943	Simultaneous, independent, quan Autonomic Function Testing January 2020	37	AAN, AAN Deleted from CPT	Codes Reported Together 75% January 2018	XXX				15809 FALSE		TRUE	CPT Feb 2( October 2( 65	complete	TRUE	Deleted from CPT
95950	Monitoring for identification and I Long-Term EEG Monitoring October 2018	13	AAN, ACN! Deleted from CPT	CMS Fastest Growing February 2009					FALSE		FALSE	This comis May 2010, 25	Voc	TRUE	Deleted from CPT
95951 95953	Monitoring for localization of cere Long-Term EEG Monitoring October 2018	13	Deleted from CPT AAN, ACN: Deleted from CPT	High Volume Growth4 October 2016					FALSE FALSE		TRUE FALSE	This servic May 2018 35	Yes	TRUE	Deleted from CPT Deleted from CPT
95953 95954	Monitoring for localization of cere Long-Term EEG Monitoring October 2018  Pharmacological or physical activa EEG Monitoring February 2008	13	AAN, ACN: Deleted from CPT  AAN, ACN: Remove from screen	CMS Fastest Growing February 2009 High Volume Growth1 February 2008	XXX	2.45 NA	9.40	0.19	449 FALSE		FALSE			TRUE TRUE	Remove from Screen
95956	Monitoring for localization of cere Long-Term EEG Monitoring October 2018	13	AAN, ACN: Deleted from CPT	CMS Fastest Growing October 2008	XXX	2.45 NA	3.40	0.13	TRUE	Dec 2009 Yes	FALSE			TRUE	Deleted from CPT
95957	Digital analysis of electroencephal Electroencephalogram (EEG January 2016	50	AAN 1.98	CMS High Expenditure Proced July 2015	XXX	1.98 NA	5.61	0.13	32186 FALSE	500 2003 103	FALSE			TRUE	Maintain
95970	Electronic analysis of implanted no Neurostimulator Services January 2019	37	AAN, AAN: 0.45	Harvard Valued - Utilization o February 2010	XXX	0.35 0.16	0.17	0.04	25427 TRUE	Jul 2016 Yes	TRUE	In January June 2017 31	Complete	TRUE	Maintain
95971	Electronic analysis of implanted no Neurostimulator Services October 2017	07	AUA, ACO: 0.78	Harvard Valued - Utilization o October 2009	XXX	0.78 0.31	0.58	0.08	15859 FALSE		TRUE	In January February 275, 31	Complete	TRUE	Maintain
95972	Electronic analysis of implanted ne Neurostimulator Services October 2017	07	AUA, ACO 0.80	Harvard Valued - Utilization o February 2010	XXX	0.8 0.30	0.76	0.09	36946 FALSE		TRUE	In January May 2014 EC1	Complete	TRUE	Decrease
95973	Electronic analysis of implanted nelmplanted Neurostimulator April 2015	21	AANS/CNS Deleted from CPT	Harvard Valued - Utilization o February 2010					FALSE		TRUE	In January February 275	Complete	TRUE	Deleted from CPT
95974	Electronic analysis of implanted ne Neurostimulator Services October 2017	07	AAN, AAN! Deleted from CPT	CMS Request - Final Rule for 2 July 2015					TRUE	Jul 2016 Yes	TRUE	In January June 2017 31	Complete	TRUE	Deleted from CPT
95975	Electronic analysis of implanted no Neurostimulator Services October 2017	07	AAN, AAN: Deleted from CPT	CMS Request - Final Rule for 2 July 2015					TRUE	Jul 2016 Yes	TRUE	In January June 2017 31	Complete	TRUE	Deleted from CPT
95976	Electronic analysis of implanted no Neurostimulator Services September 2022		AAN, AAN: 0.95	High Volume Growth2 / CMS I June 2017	XXX	0.73 0.36	0.38	0.08	6654 TRUE	February 2 complete	FALSE	June 2017 31		TRUE	Maintain
95977	Electronic analysis of implanted no Neurostimulator Services September 2022		AAN, AAN: 1.19	High Volume Growth2 / CMS I June 2017	XXX	0.97 0.47	0.50	0.10	5033 TRUE	February 2 complete	FALSE	June 2017 31		TRUE	Maintain
95978	Electronic analysis of implanted no Neurostimulator Services October 2017		AAN, AAN! Deleted from CPT	CMS Request - Final Rule for 2 July 2015						Jul 2016 Yes		In January June 2017 31	Complete	TRUE	Deleted from CPT
95979	Electronic analysis of implanted no Neurostimulator Services October 2017	07	AAN, AAN! Deleted from CPT	CMS Request - Final Rule for 2 July 2015	VVV	0.0.035	NIA	0.10	TRUE	Jul 2016 Yes	TRUE	In January June 2017 31	Complete	TRUE	Deleted from CPT
95980	Electronic analysis of implanted of Neurostimulator Services October 2017	07	No Interes Not part of family	CMS Request - Final Rule for 2 July 2015	XXX	0.8 0.35	NA 0.78	0.19	431 FALSE 562 FALSE		FALSE	June 2017 31	Complete	TRUE	Maintain
95981 95982	Electronic analysis of implanted no Neurostimulator Services October 2017 Electronic analysis of implanted no Neurostimulator Services January 2016	07 07	No Interes Not part of family No Interes Not part of family	CMS Request - Final Rule for 2 July 2015 CMS Request - Final Rule for 2 July 2015	XXX	0.3 0.17 0.65 0.31	0.78 0.97	0.05 0.11	562 FALSE 1011 FALSE		FALSE FALSE	June 2017 31 June 2017 31	Complete Complete	TRUE TRUE	Maintain Maintain
95983	Electronic analysis of implanted in Neurostimulator Services September 2022	•	AAN, AAN: 1.25	High Volume Growth2 / CMS I June 2017	XXX	0.91 0.46	0.49	0.11	32970 TRUE	February 2 complete	FALSE	June 2017 31	Complete	TRUE	Maintain
95984	Electronic analysis of implanted in Neurostimulator Services September 2022		AAN, AAN: 1.23 AAN, AAN: 1.00	High Volume Growth2 / CMS (June 2017	ZZZ	0.8 0.40	0.49	0.10	45873 TRUE	February 2 complete	FALSE	June 2017 31		TRUE	Maintain
95990		07	ASA, AAPN 0.00	Different Performing Specialty April 2010	XXX	0.8 0.40 0 NA	2.65	0.03	947 FALSE	rebruary 2 complete	TRUE	Identified October 2010	Complete	TRUE	Maintain
95991	Refilling and maintenance of impli Electronic Analysis Implante February 2011	07	ASA, AAPN 0.77	High Volume Growth1 / Code: February 2008	XXX	0.77 0.32	2.40	0.09	7441 FALSE		TRUE	October 2010	Complete	TRUE	Maintain
95992	Canalith repositioning procedure(s) (eg, epley maneuver, sem: April 2018	33	Remove from Modifier -51 Exer		XXX	0.75 0.28	0.49	0.04	96107 FALSE		FALSE	33323. 2323	oop.ccc	TRUE	Maintain
96101	Psychological testing (includes psy Psychological and Neuro-ps October 2017	08	APA (psycł Deleted from CPT	CMS High Expenditure Proced July 2015					FALSE		TRUE	In the July June 2017 32	complete	TRUE	Deleted from CPT
96102	Psychological testing (includes psy Psychological and Neuro-ps October 2017	08	APA (psycł Deleted from CPT	CMS High Expenditure Proced July 2015					FALSE		TRUE	In the July June 2017 32	complete	TRUE	Deleted from CPT
96103	Psychological testing (includes psy Psychological and Neuro-ps October 2017	08	APA (psycł Deleted from CPT	High Volume Growth2 / Differ April 2013					FALSE		TRUE	In the July June 2017 32	complete	TRUE	Deleted from CPT
96105	Assessment of aphasia (includes a Psychological and Neuro-ps October 2017	20	APA (psycł 1.75	CMS Request/Speech Languag January 2016	XXX	1.75 NA	1.04	0.10	1402 FALSE		TRUE	In the July June 2017 32	complete	TRUE	Decrease
96110	Developmental screening (eg, dev Psychological and Neuro-ps October 2017	08	APA (psycł New PE Inputs	CMS High Expenditure Proced January 2017	XXX	0 NA	0.30	0.01	FALSE		TRUE	In the July June 2017 32	complete	TRUE	PE Only
96111	Developmental testing, (includes a Psychological and Neuro-ps October 2017	08	APA (psycł Deleted from CPT	CMS High Expenditure Proced January 2017					FALSE		TRUE	In the July June 2017 32	complete	TRUE	Deleted from CPT
96112	Developmental test administration Psychological and Neuro-ps October 2017	08	APA (psycł 2.50	CMS High Expenditure Proced June 2017	XXX	2.56 1.01	1.05	0.12	1685 FALSE		TRUE	In the July June 2017 32	complete	TRUE	Decrease
96113	Developmental test administration Psychological and Neuro-ps October 2017	08	APA (psycł 1.10	CMS High Expenditure Proced June 2017	ZZZ	1.16 0.42	0.53	0.07	448 FALSE		TRUE	In the July June 2017 32	complete	TRUE	Decrease
96116	Neurobehavioral status exam (clin Psychological and Neuro-ps October 2017	08	APA (psych 1.86	CMS High Expenditure Proced July 2015	XXX	1.86 0.44	0.82	0.09	129367 FALSE		TRUE	In the July June 2017 32	complete	TRUE	Maintain
96118	Neuropsychological testing (eg, Ha Psychological and Neuro-ps October 2017	08	APA (psych Deleted from CPT	CMS High Expenditure Proced July 2015					FALSE			In the July June 2017 32	complete	TRUE	Deleted from CPT
96119 96120	Neuropsychological testing (eg, Harpsychological and Neuro-ps October 2017 Neuropsychological testing (eg, W Psychological and Neuro-ps October 2017	08	APA (psycł Deleted from CPT APA (psycł Deleted from CPT	CMS High Expenditure ProcedJuly 2015 High Volume Growth2 / CMS I April 2013					FALSE FALSE		TRUE TRUE	In the July June 2017 32 In the July June 2017 32	complete complete	TRUE TRUE	Deleted from CPT Deleted from CPT
96120	Neurobehavioral status exam (clin Psychological and Neuro-ps October 2017	08	APA (psych beleted from CFT  APA (psych 1.71	CMS High Expenditure Proced June 2017	ZZZ	1.71 0.28	0.52	0.08	39411 FALSE		TRUE	In the July June 2017 32	complete	TRUE	Decrease
96125	Standardized cognitive performan Psychological and Neuro-ps October 2017	20	APA (psych 1.70	CMS High Expenditure Proced January 2016	XXX	1.7 NA	1.27	0.09	3828 FALSE		TRUE	In the July June 2017 32	complete	TRUE	Maintain
96127	Brief emotional/behavioral assess Psychological and Neuro-ps October 2017	08	APA (psycł New PE Inputs	CMS High Expenditure Proced January 2016	XXX	0 NA	0.13	0.01	436595 FALSE		TRUE	In the July June 2017 32	complete	TRUE	PE Only
96130	Psychological testing evaluation se Psychological and Neuro-ps October 2017	20	APA (psycł 2.50	CMS High Expenditure Proced June 2017	XXX	2.56 0.49	0.84	0.11	98966 FALSE		TRUE	In the July June 2017 32	complete	TRUE	Decrease
96131	Psychological testing evaluation se Psychological and Neuro-ps October 2017	20	APA (psycł 1.90	CMS High Expenditure Proced June 2017	ZZZ	1.96 0.27	0.56	0.09	64986 FALSE		TRUE	In the July June 2017 32	complete	TRUE	Decrease
96132	Neuropsychological testing evalua Psychological and Neuro-ps October 2017	08	APA (psycł 2.50	CMS High Expenditure Proced June 2017	XXX	2.56 0.42	1.16	0.11	174666 FALSE		TRUE	In the July June 2017 32	complete	TRUE	Decrease
96133	Neuropsychological testing evalua Psychological and Neuro-ps October 2017	08	APA (psycł 1.90	CMS High Expenditure Proced June 2017	ZZZ	1.96 0.26	0.93	0.08	286541 FALSE		TRUE	In the July June 2017 32	complete	TRUE	Decrease
96136	Psychological or neuropsychologic Psychological and Neuro-ps October 2017	20	APA (psycł 0.55	CMS High Expenditure Proced June 2017	XXX	0.55 0.11	0.71	0.04	158948 FALSE		FALSE	June 2017 32		TRUE	Decrease
96137	Psychological or neuropsychologic Psychological and Neuro-ps October 2017	20	APA (psycł 0.46	CMS High Expenditure Proced June 2017	ZZZ	0.46 0.06	0.69	0.02	300973 FALSE		FALSE	June 2017 32		TRUE	Decrease
96138	Psychological or neuropsychologic Psychological and Neuro-ps October 2017	20	APA (psycł New PE Inputs	CMS High Expenditure Proced June 2017	XXX	0 NA	1.01	0.01	175273 FALSE		FALSE	June 2017 32		TRUE	PE Only
96139 96146	Psychological or neuropsychologic Psychological and Neuro-ps October 2017  Psychological or neuropsychologic Psychological and Neuro-ps October 2017	20	APA (psycł New PE Inputs  APA (psycł New PE Inputs	CMS High Expenditure Proced June 2017 CMS High Expenditure Proced June 2017	ZZZ XXX	0 NA 0 NA	1.03	0.01 0.01	302550 FALSE 13403 FALSE		FALSE FALSE	June 2017 32 June 2017 32		TRUE TRUE	PE Only PE Only
96150	Health and behavior assessment (Health and Behavior Assess January 2019	Δ1	Deleted from CPT	Negative IWPUT September 2018	***	UNA	0.05	0.01	FALSE		FALSE	Septembe 40	Complete	TRUE	Deleted from CPT
96150	Health and behavior assessment (Health and Behavior Assess January 2019	41	Deleted from CPT	Negative IWPUT September 2018  September 2018					FALSE		FALSE	Septembe 40	Complete Complete	TRUE	Deleted from CPT
96152	Health and behavior intervention, Health and Behavior Assess January 2019	41	Deleted from CPT	Negative IWPUT September 2018					FALSE		FALSE	Septembe 40	Complete	TRUE	Deleted from CPT
96153	Health and behavior intervention, Health and Behavior Assess January 2019	41	Deleted from CPT	Negative IWPUT September 2018					FALSE		FALSE	Septembe 40	Complete	TRUE	Deleted from CPT
96154	Health and behavior intervention, Health and Behavior Assess January 2019	41	APA (psycł Deleted from CPT	Negative IWPUT April 2017					FALSE		TRUE	In October Septembe 40	Complete	TRUE	Deleted from CPT
96155	Health and behavior intervention, Health and Behavior Assess January 2019	41	Deleted from CPT	Negative IWPUT September 2018					FALSE		FALSE	Septembe 40	Complete	TRUE	Deleted from CPT
96156	Health behavior assessment, or re Health and Behavior Assess January 2019	41	2.10	Negative IWPUT September 2018		2.1 0.32	0.63	0.09	25244 FALSE		FALSE	Septembe 40	Complete	TRUE	Increase
96158	Health behavior intervention, indi Health and Behavior Assess January 2019	41	1.45	Negative IWPUT September 2018		1.45 0.20	0.42	0.07	36724 FALSE		FALSE	Septembe 40	Complete	TRUE	Increase
96159	Health behavior intervention, indi Health and Behavior Assess January 2019	41	0.50	Negative IWPUT September 2018		0.5 0.06	0.14	0.02	34164 FALSE		FALSE	September 40	Complete	TRUE	Increase
96164	Health behavior intervention, grou Health and Behavior Assess January 2019	41	0.21	Negative IWPUT September 2018		0.21 0.04	0.07	0.01	11810 FALSE		FALSE	September 40	Complete	TRUE	Increase
96165 96167	Health behavior intervention, groundealth and Behavior Assess January 2019 Health behavior intervention, fam Health and Behavior Assess January 2019	41 <i>A</i> 1	0.10 1.55	Negative IWPUT September 2018 Negative IWPUT September 2018		0.1 0.02 1.55 0.21	0.03 0.44	0.00 0.07	29356 FALSE 1487 FALSE		FALSE FALSE	Septembe⊦40 Septembe⊦40	Complete Complete	TRUE TRUE	Increase Increase
96168	Health behavior intervention, fam Health and Behavior Assess January 2019	41 <i>1</i> 1	0.55	Negative IWPUT September 2018  September 2018					1487 FALSE		FALSE	·	•		
96170	Health behavior intervention, fam Health and Behavior Assess January 2019	41	1.50	Negative IWPUT September 2018  September 2018		0.55 0.07 1.5 0.58	0.16 0.71	0.02 0.11	FALSE FALSE		FALSE	Septembe 40 Septembe 40	Complete Complete	TRUE TRUE	Increase Increase
96171	Health behavior intervention, fam Health and Behavior Assess January 2019	41	0.54	Negative IWPUT September 2018		0.54 0.21	0.71	0.11	FALSE		FALSE	Septembe 40	Complete	TRUE	Increase
96360	Intravenous infusion, hydration; ir IV Hydration January 2017	25	ASCO, ASF 0.17	CMS High Expenditure Proced July 2015	XXX	0.17 NA	0.82	0.02	211384 FALSE		TRUE	These serv N/A N/A	N/A	TRUE	Maintain
96361	Intravenous infusion, hydration; e IV Hydration January 2017	25	ASCO, ASF 0.09	CMS High Expenditure Proced July 2015	ZZZ	0.09 NA	0.28	0.01	367462 FALSE		TRUE	These serv N/A N/A	N/A	TRUE	Maintain
96365	Intravenous infusion, for therapy, Intravenous Infusion Therar January 2013	28	ACRh, ASC 0.21	CMS High Expenditure Proced September 2011	XXX	0.21 NA	1.75	0.04	1196817 FALSE		FALSE			TRUE	Maintain
96366	Intravenous infusion, for therapy, Intravenous Infusion Therar January 2013	28	ACRh, ASC 0.18	CMS High Expenditure Proced April 2013	ZZZ	0.18 NA	0.43	0.01	549123 FALSE		FALSE			TRUE	Maintain
96367	Intravenous infusion, for therapy, Intravenous Infusion Thera; January 2013	28	ACRh, ASC 0.19	CMS High Expenditure Proced September 2011	ZZZ	0.19 NA	0.68	0.02	1231930 FALSE		FALSE			TRUE	Maintain
96368	Intravenous infusion, for therapy, Intravenous Infusion Thera; January 2013	28	ACRh, ASC 0.17	CMS High Expenditure Proced April 2013	ZZZ	0.17 NA	0.42	0.01	132910 FALSE		FALSE			TRUE	Maintain
96372	Therapeutic, prophylactic, or diagr Application of On-body Inje January 2017	26	ASCO, ASF 0.17	Different Performing Specialty April 2013	XXX	0.17 NA	0.24	0.01	7679555 FALSE		TRUE	These serv N/A N/A	N/A	TRUE	Maintain
96374	Therapeutic, prophylactic, or diagrapplication of On-body Inje January 2017	26	ASCO, ASF 0.18	CMS High Expenditure Proced July 2015	XXX	0.18 NA	0.96	0.02	231198 FALSE		TRUE	These serv N/A N/A	N/A	TRUE	Maintain
96375	Therapeutic, prophylactic, or diagrapplication of On-body Inje January 2017	26	ASCO, ASF 0.10	CMS High Expenditure Proced July 2015	ZZZ	0.1 NA	0.36	0.01	1377521 FALSE		TRUE	These serv N/A N/A	N/A	TRUE	Maintain
96401	Chemotherapy administration, sul Chemotherapy Administrati January 2017	27	ASBMT, AS 0.21	CMS High Expenditure Proced July 2015	XXX	0.21 NA	1.99	0.05	750708 FALSE		TRUE	These serv N/A N/A	N/A	TRUE	Maintain
96402	Chemotherapy administration, sul Chemotherapy Administrati January 2017	<i>21</i>	ASSMT, AS 0.19	CMS Progress - Practice Expen NA	XXX	0.19 NA	0.77	0.02	394519 FALSE		TRUE	These serv N/A N/A	N/A	TRUE	Maintain RE Only
96405 96406	Chemotherapy administration; int Chemotherapy Administrati April 2008	55 55	ASCO New PE inputs	CMS Request - Practice Expen NA	000	0.52 0.28	1.95	0.04	13682 FALSE		FALSE			TRUE	PE Only
96406 96409	Chemotherapy administration; int Chemotherapy Administrati April 2008 Chemotherapy administration; int Chemotherapy Administrati January 2017	55 27	ASCO New PE inputs ASBMT, AS 0.24	CMS Request - Practice Expen NA CMS High Expenditure Proced July 2015	000 XXX	0.8 0.44 0.24 NA	3.10 2.80	0.07 0.08	608 FALSE 65537 FALSE		FALSE TRUE	These serv N/A N/A	N/A	TRUE TRUE	PE Only Maintain
96 <u>4</u> 11	Chemotherapy administration; int Chemotherapy Administrati January 2017  Chemotherapy administration; int Chemotherapy Administrati January 2017	27	ASBMT, A: 0.24 ASBMT, A: 0.20	CMS High Expenditure Procedully 2015  CMS High Expenditure Procedully 2015	ZZZ	0.24 NA 0.2 NA	2.80 1.46	0.08	149102 FALSE			These serv N/A N/A	N/A N/A		Maintain
96413	Chemotherapy administration, int Chemotherapy Administrati January 2017	29	ACRh, ASC 0.28 and new PE inputs	Codes Reported Together 75% February 2010	XXX	0.2 NA 0.28 NA	3.68	0.04	1833479 FALSE		FALSE	COC GCTV IV/A IN/A	. 4/ / 1		Maintain
	, ,		,		•		2. <b>23</b>	<del></del>							

06415	Characthanan administration int Characthanan Administration 2012	20	ACDb ACC 0.10 and now DE innerto	CNAC High Funanditura Presed Innuany 2012	777	0.10 NA	0.65	0.02	044040	FALCE			TDLIE	Maintain
96415	Chemotherapy administration, int Chemotherapy Administrati January 2013 Chemotherapy administration, int Chemotherapy Administrati October 2010	29 20	ACRh, ASC 0.19 and new PE inputs ACRh, ASC New PE inputs	CMS High Expenditure Proced January 2012 Codes Reported Together 75% February 2010	ZZZ	0.19 NA 0.21 NA	0.65 3.68	0.02	844948 FALSE 26235 FALSE	FALSE FALSE				Maintain PE Only
96416 96417	Chemotherapy administration, int Chemotherapy Administrati October 2010  Chemotherapy administration, int Chemotherapy Administrati January 2013	29	ACRh, ASC 0.21 and new PE inputs	CMS High Expenditure Proced January 2012	XXX ZZZ	0.21 NA 0.21 NA	1.72	0.08 0.04	371277 FALSE	FALSE				Maintain
96440	Chemotherapy administration, int Chemotherapy Administrati Saluary 2018  Chemotherapy administration into Chemotherapy Administrati February 2008	R	New PE inputs	CMS Request - Practice Expen NA	000	2.12 1.65	21.03	0.12	29 FALSE	FALSE			TRUE	
96567	Photodynamic therapy by externa Photodynamic Therapy January 2017	16	AAD 0.00 PE Only	High Volume Growth1 / CMS   February 2008	XXX	0 NA	4.28	0.01	45056 FALSE	TRUE	CPT code § Septembe   78	yes		Maintain
96573	Photodynamic therapy by externa Photodynamic Therapy  January 2017  January 2017	16	AAD 0.48	CMS High Expenditure Proced January 2017	000	0.48 NA	6.47	0.02	30156 FALSE	FALSE	Septembe 78	yes		Increase
96574	Debridement of premalignant hyp Photodynamic Therapy January 2017	16	AAD 1.01	CMS High Expenditure Proced January 2017	000	1.01 NA	7.46	0.04	42444 FALSE	FALSE	Septembe 78	yes		Increase
96910	Photochemotherapy; tar and ultra Photo-chemotherapy April 2016	44	AAD PE Only	CMS High Expenditure Proced July 2015	XXX	0 NA	3.48	0.02	284327 FALSE	FALSE	·	•	TRUE	PE Only
96920	Laser treatment for inflammatory Laser Treatment – Skin April 2022	09 April 2023 RUC	AADA Refer to CPT. 1.15	CMS Fastest Growing / CPT As October 2008	000	1.15 0.66	3.47	0.05	79671 TRUE Sep 2016 Yes	TRUE	In October February 2023		FALSE	Maintain
96921	Laser treatment for inflammatory Laser Treatment – Skin April 2022	09 April 2023 RUC	AADA Refer to CPT. 1.30	High Volume Growth1 / CMS   February 2008	000	1.3 0.74	3.75	0.05	21553 TRUE Sep 2016 Yes	TRUE	In October February 2023		FALSE	Increase
96922	Laser treatment for inflammatory Laser Treatment – Skin April 2022	09 April 2023 RUC	AADA Refer to CPT 2.10	High Volume Growth1 / CMS I October 2008	000	2.1 1.19	4.75	0.09	11568 TRUE Sep 2016 Yes	TRUE	In October February 2023		FALSE	Maintain
97001	Physical therapy evaluation Physical Medicine and Reha October 2015	17 HCPAC	Deleted from CPT	CMS High Expenditure Proced September 2011					FALSE	TRUE	In Jan 201: February 288	Complete		Deleted from CPT
97002	Physical therapy re-evaluation Physical Medicine and Reha October 2015	17 HCPAC	Deleted from CPT	CMS High Expenditure Proced February 2015					FALSE	FALSE	February 288	Complete		Deleted from CPT
97003	Occupational therapy evaluation Physical Medicine and Reha October 2015	17 HCPAC	Deleted from CPT	CMS High Expenditure Proced February 2015					FALSE	FALSE	February 288	Complete		Deleted from CPT
97004	Occupational therapy re-evaluatio Physical Medicine and Reha October 2015	17 HCPAC	Deleted from CPT	CMS High Expenditure Proced February 2015	<b>100</b>	0.05.114	0.44	0.04	FALSE	FALSE	February 288	Complete		Deleted from CPT
97010	Application of a modality to 1 or n Physical Medicine and Reha April 2017	41	No Interes No specialty society interest	Physical Medicine and Rehabil April 2016	XXX	0.06 NA	0.11	0.01	FALSE	FALSE				Maintain
97012	Application of a modality to 1 or n Physical Medicine and Reha January 2017  Application of a modality to 1 or n Physical Medicine and Reha January 2017	29 29	APTA 0.25 APTA 0.18	Physical Medicine and Rehabil April 2016 Physical Medicine and Rehabil April 2016	XXX	0.25 NA 0.18 NA	0.16	0.01	417188 FALSE FALSE	FALSE FALSE		•		Maintain Maintain
97014 97016	Application of a modality to 1 or n Physical Medicine and Reha January 2017  Application of a modality to 1 or n Physical Medicine and Reha January 2017	29	APTA 0.18 APTA 0.18	Codes Reported Together 75% February 2010	XXX	0.18 NA 0.18 NA	0.18 0.16	0.01 0.01	804443 FALSE	FALSE		•		Maintain
97018	Application of a modality to 1 or n Physical Medicine and Reha January 2017  Application of a modality to 1 or n Physical Medicine and Reha January 2017	29	AOTA, AP10.06	Codes Reported Together 75% February 2010	XXX	0.16 NA 0.06 NA	0.10	0.01	122539 FALSE	FALSE		,		Maintain
97022	Application of a modality to 1 or n Physical Medicine and Reha January 2017	29	APTA 0.17	Physical Medicine and Rehabil April 2016	XXX	0.17 NA	0.33	0.01	127796 FALSE	FALSE		•		Maintain
97032	Application of a modality to 1 or n Physical Medicine and Reha January 2017	29	APTA 0.25	CMS High Expenditure Proced July 2015	XXX	0.25 NA	0.17	0.01	687061 FALSE	FALSE		•		Maintain
97033	Application of a modality to 1 or n Physical Medicine and Reha January 2017	29	APTA 0.26	Physical Medicine and Rehabi April 2016	XXX	0.26 NA	0.31	0.01	39200 FALSE	FALSE		survey exis		Maintain
97034	Application of a modality to 1 or n Physical Medicine and Reha January 2017	29	APTA, AO10.21	Physical Medicine and Rehabi April 2016	XXX	0.21 NA	0.21	0.01	6669 FALSE	FALSE		survey exis	TRUE	Maintain
97035	Application of a modality to 1 or n Physical Medicine and Reha January 2017	29	APTA 0.21	Low Value-High Volume / CM! October 2010	XXX	0.21 NA	0.20	0.01	1417772 FALSE	FALSE		survey exis	TRUE	Maintain
97110	Therapeutic procedure, 1 or more Physical Medicine and Reha January 2017	29	AOTA, AP10.45	Codes Reported Together 75% February 2010	XXX	0.45 NA	0.40	0.02	48673226 FALSE	FALSE		survey exis	TRUE	Maintain
97112	Therapeutic procedure, 1 or more Physical Medicine and Reha January 2017	29	APTA, AO10.50	CMS High Expenditure Proced September 2011	XXX	0.5 NA	0.49	0.02	16195152 FALSE	FALSE		survey exis	TRUE	Increase
97113	Therapeutic procedure, 1 or more Physical Medicine and Reha January 2017	29	APTA 0.48	CMS High Expenditure Proced July 2015	XXX	0.48 NA	0.59	0.02	1219859 FALSE	FALSE		survey exis	TRUE	Increase
97116	Therapeutic procedure, 1 or more Physical Medicine and Reha January 2017	29	APTA 0.45	Codes Reported Together 75% February 2010	XXX	0.45 NA	0.40	0.02	2665806 FALSE	FALSE		survey exis	TRUE	Increase
97127	Therapeutic interventions that foc Cognitive Function Interven January 2017	29	1.50	High Volume Growth3 January 2017			-		FALSE	FALSE	Septembe 80	yes		Decrease
97140	Manual therapy techniques (eg, m Physical Medicine and Reha January 2017	29	APTA 0.43	CMS High Expenditure Proced September 2011		0.43 NA	0.35	0.02	22945736 FALSE	FALSE		,		Maintain
97150	Therapeutic procedure(s), group ( Physical Medicine and Reha January 2012	47	APTA 0.29	CMS-Other - Utilization over 5 April 2011	XXX	0.29 NA	0.22	0.01	999305 FALSE	FALSE	e.1 000	,		Increase
97161 97162	Physical therapy evaluation: low c Physical Medicine and Reha October 2015 Physical therapy evaluation: modε Physical Medicine and Reha October 2015	17 HCPAC	AOTA, API 1.18	CMS High Expenditure Proced February 2015	XXX	1.54 NA	1.35	0.07	1188088 FALSE 1052427 FALSE	FALSE	February 288	• .		Decrease
97162		17 HCPAC	AOTA API1 50	CMS High Expenditure Proced February 2015	XXX	1.54 NA	1.35	0.07		FALSE	February 288	Complete		Decrease
9/103 97164	Physical therapy evaluation: high (Physical Medicine and Reha October 2015 Re-evaluation of physical therapy) Physical Medicine and Reha October 2015	17 HCPAC 17 HCPAC	AOTA, AP11.50 AOTA, AP10.75	CMS High Expenditure Proced February 2015 CMS High Expenditure Proced February 2015	XXX	1.54 NA 0.96 NA	1.35 1.04	0.07 0.04	234585 FALSE 443064 FALSE	FALSE FALSE	February 288 February 288	Complete Complete		Maintain Increase
97165	Occupational therapy evaluation, Physical Medicine and Reha October 2015	17 HCPAC	AOTA, AP10.73 AOTA, AP10.88	CMS High Expenditure Proced February 2015	XXX	1.54 NA	1.37	0.04	124556 FALSE	FALSE	February 288	Complete		Decrease
97166	Occupational therapy evaluation, Physical Medicine and Reha October 2015	17 HCPAC	AOTA, APT 1.20	CMS High Expenditure Proced February 2015	XXX	1.54 NA	1.37	0.07	92211 FALSE	FALSE	February 288	Complete		Maintain
97167	Occupational therapy evaluation, Physical Medicine and Reha October 2015	17 HCPAC	AOTA, AP1 1.70	CMS High Expenditure Proced February 2015	XXX	1.54 NA	1.37	0.07	19455 FALSE	FALSE	February 288	•		Increase
97168	Re-evaluation of occupational the Physical Medicine and Reha October 2015	17 HCPAC	AOTA, AP10.80	CMS High Expenditure Proced February 2015	XXX	0.96 NA	1.05	0.04	28565 FALSE	FALSE	February 288	•		Increase
97530	Therapeutic activities, direct (one- Physical Medicine and Reha January 2017	29	APTA, AO10.44	CMS High Expenditure Proced September 2011	XXX	0.44 NA	0.64	0.02	17002856 FALSE	FALSE	•	survey exis	TRUE	Maintain
97532	Development of cognitive skills to Cognitive Function Interven January 2017	29	APTA, AO1 Deleted from CPT	High Volume Growth2 / High \April 2013					FALSE	TRUE	In April 20 Septembe 80	yes	TRUE	Deleted from CPT
97533	Sensory integrative techniques to Physical Medicine and Reha January 2017	29	APTA, AO10.48	Physical Medicine and Rehabi April 2016	XXX	0.48 NA	1.41	0.02	35300 FALSE	FALSE		survey exis	TRUE	Increase
97535	Self-care/home management trair Physical Medicine and Reha January 2017	29	APTA, AO10.45	Codes Reported Together 75% October 2012	XXX	0.45 NA	0.50	0.02	2035438 TRUE Article no Yes	FALSE		survey exis	TRUE	Maintain
97537	Community/work reintegration tra Physical Medicine and Reha January 2017	29	APTA, AO10.48	Physical Medicine and Rehabi April 2016	XXX	0.48 NA	0.44	0.02	15016 FALSE	FALSE		survey exis	TRUE	Increase
97542	Wheelchair management (eg, asse Physical Medicine and Reha January 2017	29	APTA, AO10.48	High Volume Growth2 April 2013	XXX	0.48 NA	0.44	0.02	63616 FALSE	FALSE		survey exis	TRUE	Increase
97597	Debridement (eg, high pressure w Open Wound Debridement October 2018	23	AAFP, ACS 0.88	Site of Service Anomaly / High September 2007	000	0.77 0.22	2.19	0.07	768106 FALSE		In January 2018, the RUC recon	-		Increase
97598	Debridement (eg, high pressure w Open Wound Debridement October 2018	23	AAFP, ACS 0.50	Site of Service Anomaly / High September 2007	ZZZ	0.5 0.17	0.78	0.07	148930 FALSE	TRUE	In January 2018, the RUC recon	nı N/A		Increase
97602	Removal of devitalized tissue from Physical Medicine and Reha April 2016	47	AAOS, ACS Maintain	Physical Medicine and Rehabi April 2016	XXX	0 0.00	0.00	0.00	FALSE	FALSE				Maintain
97605	Negative pressure wound therapy Negative Pressure Wound T April 2016	47	AAOS, ACS 0.55	High Volume Growth2 April 2013	XXX	0.55 0.16	0.68	0.02	48547 FALSE	FALSE				Maintain
97606	Negative pressure wound therapy Negative Pressure Wound T April 2016	47	APMA, AC 0.60	High Volume Growth2 April 2013	XXX	0.6 0.18	0.86	0.02	17066 FALSE	FALSE				Maintain
97607	Negative pressure wound therapy Negative Pressure Wound T April 2016	47	APMA, AC: 0.11	High Volume Growth2 May 2013	XXX	0.41 0.17	10.98	0.08	6061 FALSE	FALSE				Decrease
97608 07610	Negative pressure wound therapy Negative Pressure Wound T April 2016  Low frequency, non-contact, non-Physical Medicine and Reha April 2016	47 47	APMA, AC: 0.46 Maintain	High Volume Growth2 May 2013 Physical Medicine and Rehabi April 2016	XXX	0.46 0.19 0.4 0.12	10.77	0.09	1379 FALSE 16743 FALSE	FALSE FALSE				Decrease Maintain
97610 97755	Assistive technology assessment (Physical Medicine and Reha April 2016	47	APTA, AO1 Remove from screen	High Volume Growth1 February 2008	XXX	0.4 0.12 0.62 NA	13.14 0.48	0.01 0.02	2577 FALSE	FALSE				Remove from Screen
97760	Orthotic(s) management and train Orthotic Management and IJanuary 2017	29	APTA, AO10.50	Physical Medicine and Rehabi April 2016	XXX	0.5 NA	0.48	0.02	47325 FALSE		In April 20 Septembe 81	yes		Increase
97761	Prosthetic(s) training, upper and/c Orthotic Management and I January 2017	29	APTA 0.50	Physical Medicine and Rehabi April 2016	XXX	0.5 NA	0.71	0.02	3036 FALSE		In April 20 Septembe 81	yes		Increase
97762	Checkout for orthotic/prosthetic u Orthotic Management and I January 2017	29	APTA Deleted from CPT	Physical Medicine and Rehabi April 2016			•		FALSE		In April 20 Septembe 81	yes		Deleted from CPT
97763	Orthotic(s)/prosthetic(s) managen Orthotic Management and I January 2017	29	APTA, AO10.48	Physical Medicine and Rehabi April 2016	XXX	0.48 NA	1.10	0.02	30959 FALSE	FALSE		•		Increase
97802	Medical nutrition therapy; initial a Medical Nutrition Therapy April 2008	53	ADA, AGA, 0.53	CMS Request - Medical Nutriti NA	XXX	0.53 0.40	0.53	0.02	173453 FALSE	FALSE			TRUE	Increase
97803	Medical nutrition therapy; re-asse Medical Nutrition Therapy April 2008	53	ADA, AGA, 0.45	CMS Request - Medical Nutriti NA	XXX	0.45 0.34	0.47	0.02	179999 FALSE	FALSE			TRUE	Increase
97810	Acupuncture, 1 or more needles; RAW September 2022	·	AAFP, AAP Review action plan	Different Performing Specialty September 2022	XXX	0.6 0.28	0.52	0.04	22471 FALSE	FALSE			FALSE	
97811	Acupuncture, 1 or more needles; RAW September 2022	•	AAFP, AAP Review action plan	Different Performing Specialty September 2022	XXX	0.5 0.24	0.33	0.04	25163 FALSE	FALSE			FALSE	
97813	Acupuncture, 1 or more needles; RAW September 2022	,	AAFP, AAP Review action plan	Different Performing Specialty September 2022	XXX	0.65 0.30	0.67	0.04	19553 FALSE	FALSE			FALSE	
97814	Acupuncture, 1 or more needles; RAW September 2022		AAFP, AAP Review action plan	Different Performing Specialty September 2022	XXX	0.55 0.26	0.53	0.04	23543 FALSE	FALSE			FALSE	lanar
98925	Osteopathic manipulative treatme Osteopathic Manipulative T February 2011	34	AOA 0.50 AOA 0.75	Harvard Valued - Utilization of February 2010	000	0.46 0.19	0.43	0.04	42085 FALSE 78183 FALSE	FALSE				Increase
98926 98927	Osteopathic manipulative treatme Osteopathic Manipulative T February 2011 Osteopathic manipulative treatme Osteopathic Manipulative T February 2011	34 34	AOA 0.75 AOA 1.00	Harvard Valued - Utilization o October 2009 Harvard Valued - Utilization o October 2009	000	0.71 0.28 0.96 0.35	0.56 0.70	0.04 0.05	78183 FALSE 69362 FALSE	FALSE FALSE				Increase Increase
98927	Osteopathic manipulative treatme Osteopathic Manipulative T February 2011  Osteopathic manipulative treatme Osteopathic Manipulative T February 2011	34	AOA 1.00 AOA 1.25	Harvard Valued - Utilization of October 2009  Harvard Valued - Utilization of February 2010	000	1.21 0.44	0.70	0.05	75202 FALSE	FALSE				Increase
98929	Osteopathic manipulative treatme Osteopathic Manipulative T February 2011	34	AOA 1.50	Harvard Valued - Utilization of February 2010	000	1.46 0.52	0.94	0.09	62738 FALSE	FALSE				Increase
98940	Chiropractic manipulative treatme Chiropractic Manipulative T October 2012	25	ACA 0.46	CMS High Expenditure Proced September 2011		0.46 0.17	0.34	0.01	4333649 FALSE	FALSE				Increase
98941	Chiropractic manipulative treatme Chiropractic Manipulative T October 2012	25	ACA 0.71	CMS High Expenditure Proced September 2011	000	0.71 0.27	0.44	0.01	11589611 FALSE	FALSE				Increase
98942	Chiropractic manipulative treatme Chiropractic Manipulative T October 2012	25	ACA 0.96	CMS High Expenditure Proced September 2011	000	0.96 0.36	0.54	0.02	837075 FALSE	FALSE				Increase
98943	Chiropractic manipulative treatme Chiropractic Manipulative T October 2012	25	ACA 0.46	CMS High Expenditure Proced September 2011	XXX	0.46 0.18	0.28	0.04	FALSE	FALSE			TRUE	Increase
99143	Deleted from CPT Moderate Sedation Services October 2015	14 RUC	AAP, AAOI Deleted from CPT	Moderate Sedation Review January 2014					FALSE	FALSE			TRUE	Deleted from CPT
99144	Deleted from CPT Moderate Sedation Services October 2015	14 RUC	AAP, AAOI Deleted from CPT	Moderate Sedation Review January 2014					FALSE	FALSE				Deleted from CPT
99148	Deleted from CPT Moderate Sedation Services October 2015	14 RUC	AAP, AAOI Deleted from CPT	Moderate Sedation Review January 2014					FALSE	FALSE				Deleted from CPT
99149	Deleted from CPT Moderate Sedation Services October 2015  Moderate Sedation Services October 2015  Moderate Sedation Services October 2015	14 RUC	AAP, AAOI Deleted from CPT	Moderate Sedation Review January 2014					FALSE	FALSE				Deleted from CPT
99150	Deleted from CPT Moderate Sedation Services October 2015  Moderate Sedation Services Provis Moderate Sedation Services October 2015	14 RUC	AAP, AAOI Deleted from CPT	Moderate Sedation Review January 2014	vvv	0 5 0 40	1.52	0.04	FALSE 11 FALSE	FALSE				Deleted from CPT
99151 99152	Moderate sedation services provic Moderate Sedation Services October 2015  Moderate sedation services provic Moderate Sedation Services October 2015	14 RUC 14 RUC	AAP, AAOI 0.50 AAP, AAOI 0.25	Moderate Sedation Review January 2014  Moderate Sedation Review January 2014	XXX	0.5 0.19 0.25 0.08	1.52 1.22	0.04 0.04	11 FALSE 1657403 FALSE	FALSE FALSE				Maintain Maintain
99152 99155	Moderate sedation services provit Moderate Sedation Services October 2015  Moderate sedation services provit Moderate Sedation Services October 2015	14 RUC	AAP, AAOI 1.90	Moderate Sedation Review January 2014  Moderate Sedation Review January 2014	XXX	1.9 0.32	NA	0.04	21 FALSE	FALSE				Maintain Maintain
99156	Moderate sedation services provit Moderate Sedation Services October 2015  Moderate sedation services provit Moderate Sedation Services October 2015	14 RUC	AAP, AAOI 1.84	Moderate Sedation Review January 2014  Moderate Sedation Review January 2014	XXX	1.65 0.40	NA	0.21	7350 FALSE	FALSE				Maintain
99174	Instrument-based ocular screening Instrument-Based Ocular Sc September 2014		AAP, AAO PE Only	CMS Request - Practice Expen NA	XXX	0 NA	0.16	0.18	FALSE		CMS reque May 2014 24	Complete	TRUE	
99177	Instrument-based ocular screeninį Instrument-Based Ocular Sc September 2014		PE Only	CMS Request - Practice Expen May 2014	XXX	0 NA	0.13	0.01	FALSE	TRUE	May 2014 24	Complete	TRUE	•
99183	Physician or other qualified health Hyperbaric Oxygen Therapy January 2014	33	ACEP, ACP 2.11	CMS-Other - Utilization over 2 April 2013	XXX	2.11 0.78	0.78	0.25	325694 FALSE	FALSE	•	•		Decrease
99281	Emergency department visit for th ED Visits April 2018	29	AAP, ACEP 0.48	CMS Request - Final Rule for 2 June 2017	XXX	0.48 0.11	NA	0.05	51623 FALSE	FALSE				Increase
99282	Emergency department visit for th ED Visits April 2018	29	AAP, ACEP 0.93	CMS Request - Final Rule for 2 June 2017	XXX	0.93 0.21	NA	0.10	283817 FALSE	FALSE			TRUE	Increase
99283	Emergency department visit for th ED Visits April 2018	29	AAP, ACEP 1.42	CMS Request - Final Rule for 2June 2017	XXX	1.6 0.33	NA	0.18	1984076 FALSE	FALSE				Increase
99284	Emergency department visit for th ED Visits April 2018	29	AAP, ACEP 2.60	CMS Request - Final Rule for 2 June 2017	XXX	2.74 0.54	NA	0.28	4006675 FALSE	FALSE				Increase
99285	Emergency department visit for th ED Visits April 2018	29	AAP, ACEP 3.80	CMS Request - Final Rule for 2 June 2017	XXX	4 0.75	NA	0.42	9263820 FALSE	FALSE				Maintain
99358	Prolonged evaluation and manage Prolonged Services - Withou October 2021	14	AAFP, AAH 1.80	CMS Request - Final Rule for 2 November 2019	XXX	2.1 0.96	0.96	0.14	344177 FALSE	TRUE	In October February 211	complete		Decrease
99359	Prolonged evaluation and manage Prolonged Services - Withou October 2021	14	AAFP, AAH 0.75	CMS Request - Final Rule for 2 November 2019	ZZZ	1 0.47	0.47	0.09	14025 FALSE	TRUE	In October February 211	complete		Decrease
99363 99364	Anticoagulant management for an Home INR Monitoring January 2017  Anticoagulant management for an Home INR Monitoring January 2017	19 10	Deleted from CPT Deleted from CPT	High Volume Growth3 September 2016 High Volume Growth3 September 2016					FALSE FALSE	FALSE FALSE	Septembe 08	yes		Deleted from CPT Deleted from CPT
99364	Anticoagulant management for an Home INR Monitoring January 2017	17	Deleted from CPT	High Volume Growth3 September 2016					FALSE	FALSE	Septembe 08	yes	IKUE	Deleten HOIH CPI

00275	Supervision of a patient under car Home Healthcare Supervisic April 2016 47		No Interes RUC recommended to survey but	r CMS_Other - Utilization over 2 April 2016	VVV	1.73 0.67	1.14	0.12	FALSE	FALSE			TRUE	Remove from Screen
99375 99378	Supervision of a patient under car nome healthcare Supervisit April 2016 47  Supervision of a hospice patient (r Home Healthcare Supervisit April 2016 47		No Interes RUC recommended to survey but	·	XXX XXX	1.73 0.67	1.1 <del>4</del> 1.14	0.12	FALSE	FALSE				Remove from Screen
99415	Prolonged clinical staff service (the Prolonged Services - Clinical April 2021 15		AAHPM, A New PE Inputs	CMS Request - Final Rule for 2020	ZZZ	0 NA	0.29	0.01	4525 FALSE	TRUE	In October February 208	complete		PE Only
99416	Prolonged clinical staff service (the Prolonged Services - Clinical April 2021 15		AAHPM, A New PE Inputs	CMS Request - Final Rule for 2020	ZZZ	0 NA	0.17	0.00	2214 FALSE	TRUE	In October February 208	complete		PE Only
99417	Prolonged outpatient evaluation a Prolonged Services - on the January 2022 15		AAFP, AAF 0.61	CMS Request - Final Rule for 2 November 2021	XXX	0.61 0.24	0.27	0.05	FALSE	FALSE	February 211	complete	TRUE	Maintain
99418	Prolonged inpatient or observatio Prolonged Services - on the January 2022 15		AAHPM, A 0.81	CMS Request - Final Rule for 2 February 2021					FALSE	FALSE	February 211	complete	TRUE	Increase
99457	Remote physiologic monitoring tre RAW September 2022 13	April 2024 RAW	AAFP, ACC Review action plan.	Different Performing Specialty April 2022	XXX	0.61 0.25	0.80	0.04	367198 FALSE	FALSE			FALSE	
99492	Initial psychiatric collaborative car Psychiatric Collaborative Ca January 2020 37	April 2023 RAW	AACAP, AACAPS investigate and review for Ne	•	XXX	1.88 0.73	2.45	0.11	6958 FALSE	FALSE			FALSE	
99493 99494	Subsequent psychiatric collaborati Psychiatric Collaborative Ca January 2020 37 Initial or subsequent psychiatric cc Psychiatric Collaborative Ca January 2020 37	April 2023 RAW April 2023 RAW	AACAP, A/ CMS investigate and review for Ne AACAP, A/ CMS investigate and review for Ne	•	XXX ZZZ	2.05 0.82 0.82 0.35	2.13 0.97	0.12 0.05	23187 FALSE 13820 FALSE	FALSE FALSE			FALSE FALSE	
99495	Transitional care management ser Transitional Care Managem September 2022 09	April 2023 NAW	AGS, ANA Withdrawn	Codes Increased by CMS Inde October 2021	XXX	2.78 1.21	3.07	0.03	592370 FALSE	FALSE				Increase
99496	Transitional care management ser Transitional Care Managem September 2022 09		AGS, ANA Withdrawn	Codes Increased by CMS Inde October 2021	XXX	3.79 1.63	4.11	0.24	593324 FALSE	FALSE				Increase
99497	Advance care planning including t Advance Care Planning April 2022 10		AAHPM, C 1.50	CPT Assistant Analysis January 2014	XXX	1.5 0.65	0.87	0.10	1918106 TRUE Dec 2014 Yes	FALSE			TRUE	Maintain
99498	Advance care planning including t Advance Care Planning April 2022 10		AAHPM, C 1.40	CPT Assistant Analysis January 2014	ZZZ	1.4 0.63	0.65	0.09	56902 TRUE Dec 2014 Yes	FALSE			TRUE	Maintain
0042T	Cerebral perfusion analysis using (RAW September 2022 13	Septembe RUC	ACR, ASNF Refer to CPT	High Volume Category III Code April 2022	XXX	0 0	0	0	24944 FALSE	TRUE	In April 20 May 2023		FALSE	
0054T	Computer-assisted musculoskelet; RAW September 2022 13	April 2024 RAW	AAOS, NAS Review action plan	High Volume Category III Code April 2022	XXX	0 0	0	0	1253 FALSE	FALSE			FALSE	
0055T 0191T	Computer-assisted musculoskelet; RAW September 2022 13 Insertion of anterior segment aqu Cataract Removal with Drair January 2021 16	April 2024 RAW	AAOS, NAS Review action plan  AAO Deleted from CPT	High Volume Category III Code April 2022 High Volume Category III Code October 2019	XXX	0 0	U	U	2530 FALSE 46739 FALSE	FALSE FALSE	At the Apr October 2(37	complete	FALSE	Deleted from CPT
01311 0232T	Injection(s), platelet rich plasma, a RAW September 2022 13	April 2024 RAW	AAOS, AAF Review action plan	High Volume Category III Code April 2022	XXX	0 0	0	0	1678 FALSE	FALSE	At the Apr October 2037	complete	FALSE	Deleted Holli CF I
0275T	Percutaneous laminotomy/laminectomy (interlaminar approac January 2020 37	7 10 11 11 11 11 11 11 11 11 11 11 11 11	Maintain	High Volume Category III Code October 2019	YYY	0 0.00	0.00	0.00	3903 FALSE	FALSE				Maintain
0376T	Insertion of anterior segment aqu Cataract Removal with Drair January 2021 16		AAO Deleted from CPT	High Volume Category III Code October 2019	XXX				6252 FALSE	TRUE	At the Apr October 2(37	complete	TRUE	Deleted from CPT
0379T	Visual field assessment, with concurrent real time data analysi: January 2020 37	Septembe RAW	Review in 3 years (Sept 2023)	High Volume Category III Code October 2019	XXX	0 0.00	0.00	0.00	47885 FALSE	FALSE			FALSE	
0394T	High dose rate electronic brachytherapy, skin surface applicati January 2020 37	Septembe RAW	Review in 3 years (Sept 2023)	High Volume Category III Code October 2019	XXX	0 0.00	0.00	0.00	29474 FALSE	FALSE			FALSE	
0446T 0447T	Creation of subcutaneous pocket \Insertion/ Removal of Impla January 2020 33  Removal of implantable interstitia Insertion/ Removal of Impla January 2020 33		AACE, ES Contractor Price  AACE, ES Contractor Price	CMS Request - Final Rule for 2 November 2019	000	1.14 0.49 1.34 0.55	53.00 1.57	0.08	17 FALSE 10 FALSE		In the CY 2 February 246	Renewed !		Contractor Price
0447T 0448T	Removal of implantable interstitia Insertion/ Removal of Impla January 2020 33  Removal of implantable interstitia Insertion/ Removal of Impla January 2020 33		AACE, ES Contractor Price	CMS Request - Final Rule for 2 November 2019 CMS Request - Final Rule for 2 November 2019	000	1.91 0.78	49.22	0.09 0.11	20 FALSE	TRUE TRUE	In the CY 2 February 246 In the CY 2 February 246	Renewed ! Renewed !		Contractor Price Contractor Price
0449T	Insertion of aqueous drainage device, without extraocular rest January 2020 37		Maintain	High Volume Category III Code October 2019	YYY	0 0.00	0.00	0.00	3674 FALSE	FALSE	in the Cr 21 ebruary 2 40	nenewed:		Maintain
0474T	Insertion of anterior segment aqueous drainage device, with c January 2020 37		Maintain	High Volume Category III Code October 2019	XXX	0 0.00	0.00	0.00	FALSE	FALSE				Maintain
0507T	Near infrared dual imaging (ie, sin RAW September 2022 13	April 2025 RAW	AAO, AOA Review action plan	High Volume Category III Code April 2022	XXX	0 0	0	0	3059 FALSE	FALSE			FALSE	
0509T	Electroretinography (erg) with int Electroretinography January 2021 29	January 20 RAW	Review action plan	Work Neutrality 2019 October 2020	XXX	0.4 NA	1.78	0.02	22480 FALSE	FALSE				Remove from Screen
0671T	Insertion of anterior segment aqu Cataract Removal with Drair January 2021 16		AAO Contractor Price	High Volume Category III Code January 2021	YYY	0 0.00	0.00	0.00	FALSE	FALSE	October 2(37	complete		Contractor Price
64XX2	Spinal Neurostimulator September 2022 04 Spinal Neurostimulator September 2022 04	April 2028 RAW	•	i Contractor Price-Survey below September 2022					FALSE	FALSE				Contractor Price
64XX3 64XX4	Spinal Neurostimulator September 2022 04 Spinal Neurostimulator September 2022 04	April 2028 RAW April 2028 RAW		i Contractor Price-Survey below September 2022 i Contractor Price-Survey below September 2022					FALSE FALSE	FALSE FALSE				Contractor Price Contractor Price
7X000	Intraoperative Ultrasound S September 2022 05	April 2020 NAW	AATS, ACC 0.60	CMS-Other - Utilization over 2 May 2022					FALSE	FALSE				Decrease
7X001	Intraoperative Ultrasound S September 2022 05		AATS, ACC 1.90	CMS-Other - Utilization over 2 May 2022					FALSE	FALSE				Decrease
7X002	Intraoperative Ultrasound S September 2022 05		AATS, ACC 1.20	CMS-Other - Utilization over 2 May 2022					FALSE	FALSE			TRUE	Decrease
7X003	Intraoperative Ultrasound S September 2022 05		AATS, ACC 1.55	CMS-Other - Utilization over 2 May 2022					FALSE	FALSE				Decrease
9X036	Female Pelvic Exam April 2022 16	January 20 RUC	ACOG Refer to CPT	Gender Equity Payment April 2022					FALSE	TRUE	In respons Septembe 10	complete	FALSE	
G0008	Administration of influenza virus v Immunization Administratic April 2021 19		AAFP, AAP 0.17 AAFP, AAP 0.17	CMS Request Final Rule for 2C July 2020	XXX	0 0.00	0.00	0.00	FALSE	FALSE FALSE				Maintain Maintain
G0009 G0010	Administration of pneumococcal v Immunization Administratic April 2021 19  Administration of hepatitis b vacci Immunization Administratic April 2021 19		AAFP, AAF 0.17 AAFP, AAF 0.17	CMS Request-Final Rule for 2C July 2020 CMS Request-Final Rule for 2C July 2020	XXX	0 0.00 0 0.00	0.00	0.00 0.00	FALSE FALSE	FALSE				Maintain
G0101	Cervical or vaginal cancer screening; pelvic and clinical breast (October 2016 35		ACOG Remove from screen	Low Value-High Volume / CM! October 2010	XXX	0.45 0.29	0.63	0.08	728456 FALSE	FALSE				Remove from Screen
G0102	Prostate cancer screening; digital RAW January 2017 30		Remove from screen	High Volume Growth4 October 2016	XXX	0.18 0.07	0.49	0.01	29742 FALSE	FALSE				Remove from Screen
G0104	Colorectal cancer screening; flexib Flexible Sigmoidoscopy January 2014 09		AGA, ASGI 0.84	MPC List January 2014	000	0.84 0.69	4.72	0.11	2061 FALSE	FALSE	October 2(16	Complete	TRUE	Decrease
G0105	Colorectal cancer screening; colon Colonoscopy September 2022 13		AGA, ASGE 3.36	MPC List / CMS-Other Utilizati September 2011	000	3.26 1.74	6.66	0.40	202130 FALSE	FALSE				Decrease
G0108	Diabetes outpatient self-manager Diabetes Management Trair April 2017 41iv		AND 0.90	CMS-Other - Utilization over 1 April 2016	XXX	0.9 NA	0.67	0.05	140681 FALSE	FALSE				Maintain
G0109	Diabetes outpatient self-manager Diabetes Management Trair April 2017 41iv		AND 0.25	CMS-Other - Utilization over 1 April 2016	XXX	0.25 NA	0.20	0.01	39815 FALSE	FALSE				Maintain
G0121 G0124	Colorectal cancer screening; colon Colonoscopy September 2022 13 Screening cytopathology, cervical Cytopathology Cervical/Vag April 2018 26		AGA, ASGE 3.36 CAP 0.42	MPC List /CMS-Other Utilizatic September 2011 CMS-Other - Utilization over 3 October 2017	000 XXX	3.26 1.74 0.26 0.38	6.66 0.38	0.41 0.01	136530 FALSE 39175 FALSE	FALSE FALSE				Decrease Maintain
G0127	Trimming of dystrophic nails, any number September 2011 51		APMA Remove from screen	CMS-Other - Utilization over 5 April 2011	000	0.17 0.04	0.51	0.01	913572 FALSE	FALSE				Remove from Screen
G0141	Screening cytopathology smears, c Cytopathology Cervical/Vag April 2018 26		CAP 0.42	CMS-Other - Utilization over 3 October 2017	XXX	0.26 0.38	0.38	0.01	2589 FALSE	FALSE				Maintain
G0166	External counterpulsation, per tre External Counterpulsation October 2019 14		ACC 0.00 (PE Only)	CMS-Other - Utilization over 1 April 2016	XXX	0 NA	3.17	0.04	57008 FALSE	FALSE			TRUE	PE Only
G0168	Wound closure utilizing tissue adh Wound Closure by Adhesive April 2017 34		ACEP, AAF 0.45	CMS 000-Day Global Typically July 2016	000	0.31 0.07	3.39	0.07	35030 FALSE	FALSE				Maintain
G0179	Physician re-certification for medi Physician Recertification April 2016 47		•	r CMS Fastest Growing / CMS-C October 2008	XXX	0.45 NA	0.71	0.04	770216 FALSE	FALSE				Remove from Screen
G0180	Physician certification for medicar Physician Recertification April 2016 47 Physician supervision of a patient Home Healthcare Supervisic April 2016 47		•	r CMS Fastest Growing / CMS-C October 2008 v CMS Fastest Growing / CMS-C October 2008	XXX	0.67 NA 1.73 NA	0.83	0.05	1101665 FALSE 388445 FALSE	FALSE FALSE				Remove from Screen Remove from Screen
G0181 G0182	Physician supervision of a patient. Home Healthcare Supervisic April 2016 47  Physician supervision of a patient. Home Healthcare Supervisic April 2016 47		No Interes Recommend deletion after review		XXX	1.73 NA 1.73 NA	1.22 1.26	0.11 0.11	30278 FALSE	FALSE				Remove from Screen
G0202	Screening mammography, bilatera Mammography January 2016 20		ACR Assume CMS will delete	CMS Fastest Growing / CMS-C February 2008	7000	1.75 147	1.20	0.11	FALSE	TRUE	In the NPR October 2(38	Complete		Deleted from CPT
G0204	Diagnostic mammography, includi Mammography January 2016 20		ACR Assume CMS will delete	CMS Fastest Growing / CMS-C February 2008					FALSE	TRUE	In the NPR October 2(38	Complete		Deleted from CPT
G0206	Diagnostic mammography, includi Mammography January 2016 20		ACR Assume CMS will delete	CMS Fastest Growing / CMS-C February 2008					FALSE	TRUE	In the NPR October 2(38	Complete	TRUE	Deleted from CPT
G0237	Therapeutic procedures to increas Respiratory Therapy February 2009 38		ACCP/ATS Remove from screen - RUC articular	,	XXX	0 NA	0.29	0.01	12117 FALSE	FALSE				Remove from Screen
G0238	Therapeutic procedures to improv Respiratory Therapy February 2009 38  Demonstration, prior to initiation Home INR Monitoring January 2017 19		ACCP/ATS Remove from screen - RUC articular ACC Created Category I code, recomme	,	XXX	0 NA 0 NA	0.29 1.87	0.01 0.04	18715 FALSE 34614 FALSE	FALSE TRUE	In October Sentember 09	VOS		Remove from Screen Deleted from CPT
G0248 G0249	Provision of test materials and eq. Home INR Monitoring January 2017 19		, , , , , , , , , , , , , , , , , , , ,	€ CMS Fastest Growing / High V February 2008	XXX	0 NA	1.39	0.04	1234315 FALSE		In October Septembe 08 In October Septembe 08	yes yes		Deleted from CPT
G0250	Physician review, interpretation, a Home INR Monitoring January 2017 19		<b>0</b> ,	€ CMS Fastest Growing / High V February 2008	XXX	0.18 NA	0.05	0.01	167183 FALSE		In October September 08	yes		Deleted from CPT
G0268	Removal of impacted cerumen (or Removal of Impacted Cerun April 2017 35		AAO-HNS 0.61	CMS Fastest Growing / CMS 0 October 2008	000	0.61 0.28	0.84	0.09	130857 FALSE	FALSE	•	•		Maintain
G0270	Medical nutrition therapy; reasses Medical Nutrition Therapy January 2019 37		ADA Maintain/Remove from screen	CMS Fastest Growing February 2008	XXX	0.45 0.34	0.47	0.02	79202 FALSE	FALSE				Maintain
G0277	Hyperbaric oxygen under pressure RAW September 2022 13	January 20 RUC	AAFP Review PE at January 2023 meetin		XXX	0 NA	5.20	0.02	122860 FALSE	FALSE			FALSE	Domesia franco
G0279 G0283	Diagnostic digital breast tomosynt RAW January 2018 31 Electrical stimulation (unattended Physical Medicine and Reha January 2017 29		Recommend CMS delete APTA 0.18	CMS-Other - Utilization over 3 October 2017 Low Value-High Volume / CMS October 2010	ZZZ XXX	0.6 NA 0.18 NA	0.92 0.17	0.04 0.01	790648 FALSE 5317417 FALSE	FALSE FALSE				Remove from Screen Maintain
G0283 G0296	Counseling visit to discuss need fo Counseling Visit for Lung Ca January 2022 20		Maintain	CMS-Other - Utilization over 2 January 2019	XXX	0.52 0.20	0.17	0.01	43859 FALSE	FALSE				Maintain
G0290 G0297	Low dose ct scan (ldct) for lung cal Screening CT of Thorax October 2019 07			d CMS-Other - Utilization over 3 October 2018	,,,,,	0.02 0.20	5.20	J.J-	255085 FALSE	TRUE	In October May 2019 12	Complete		Deleted from CPT
G0364	Bone marrow aspiration performe RAW January 2018 31		Deleted from CPT	CMS-Other - Utilization over 3 October 2017					FALSE	FALSE	•	·	TRUE	Deleted from CPT
G0365	Vessel mapping of vessels for hem Duplex Scan Arterial Inflow-January 2019 17		ACR, SIR, S Deleted from CPT	CMS-Other - Utilization over 3 October 2017					FALSE	TRUE	In October Septembe 36	complete	TRUE	Deleted from CPT
G0389	Ultrasound b-scan and/or real tim Abdominal Aorta Ultrasoun October 2015 12		ACC, ACP, CPT Assistant article published	Final Rule for 2015 / High Volu July 2014					TRUE Jan 2017 yes		When Met May 2015 23	Complete		Deleted from CPT
G0396	Alcohol and/or substance (other than tobacco) abuse structure January 2018 31		AAFP, ASA Refer to CPT	CMS-Other - Utilization over 3 October 2017	XXX	0.65 0.25	0.34	0.05	50764 FALSE	TRUE	In October Time Uncertain		FALSE	Doloted from CDT
G0399 G0402	Home sleep test (hst) with type iii RAW September 2022 13 Initial preventive physical examina Initial Preventive Exam October 2016 35		AASM, AT' Requested CMS delete  No Special RUC recommended to survey but	High Volume Growth5 / Contr October 2018	XXX	0 NA	0.00 2.13	0.00	106622 FALSE 484018 FALSE	FALSE FALSE				Deleted from CPT Maintain
G0402 G0403	Initial preventive physical examina Initial Preventive Exam October 2016 35  Electrocardiogram, routine ecg wi EKG for Initial Preventive Ex October 2016 35		No Special RUC recommended to survey but	·	XXX	2.6 1.13 0.17 NA	0.23	0.17 0.02	111091 FALSE	FALSE				Maintain
G0407	Follow-up inpatient consultation, intermediate, physicians typi April 2021 24	April 2023 RAW	AAN, ANA, Review action plan	CMS-Other - Utilization over 2 October 2020	XXX	1.39 0.57	NA	0.10	58714 FALSE	FALSE			FALSE	
G0408	Follow-up inpatient consultation, complex, physicians typically April 2021 24	April 2023 RAW	AAN, ANA, Review action plan	CMS-Other - Utilization over 2 October 2020	XXX	2 0.82	NA	0.14	40924 FALSE	FALSE			FALSE	
G0416	Surgical pathology, gross and micr Prostate Biopsy - Pathology October 2015 16	RUC	ASC, CAP 4.00	Final Rule for 2015 July 2014	XXX	3.6 NA	6.65	0.11	115458 FALSE	FALSE				Increase
G0422	Intensive cardiac rehabilitation; with or without continuous ec January 2021 29		Maintain	CMS-Other - Utilization over 2 October 2020	XXX	1.71 1.51	1.51	0.21	23004 FALSE	FALSE				Remove from Screen
G0423	Intensive cardiac rehabilitation; with or without continuous ec January 2021 29  Telehealth consultation, emergen RAW September 2022 13	January 20 BLIC	Maintain AAN, ANA Survey	CMS-Other - Utilization over 2 October 2020 CMS-Other - Utilization over 2 April 2022	XXX	1.71 1.51 1.92 0.78	1.51 NA	0.21 0.21	33897 FALSE 29891 FALSE	FALSE FALSE			TRUE FALSE	Remove from Screen
G0425 G0426	Telehealth consultation, emergen RAW September 2022 13 Telehealth consultation, emergen RAW September 2022 13	January 20 RUC January 20 RUC	AAN, ANA Survey AAN, ANA Survey	CMS-Other - Utilization over 2 April 2022 CMS-Other - Utilization over 2 September 2022		1.92 0.78 2.61 1.08	NA NA	0.21	29891 FALSE 25273 FALSE	FALSE			FALSE	
G0420 G0427	Telehealth consultation, emergen RAW September 2022 13  Telehealth consultation, emergen RAW September 2022 13	January 20 RUC	AAN, ANA Survey	CMS-Other - Utilization over 2 September 2022		3.86 1.58	NA	0.22	18743 FALSE	FALSE			FALSE	
G0436	Smoking and tobacco cessation co RAW October 2016 35	RUC	Deleted from CPT	CMS-Other - Utilization over 1 April 2016				-	FALSE	FALSE				Deleted from CPT
G0438	Annual wellness visit; includes a p RAW April 2016 47		No Interes RUC recommended to survey but	·	XXX	2.6 NA	2.13	0.17	838315 FALSE	FALSE				Remove from Screen
G0439	Annual wellness visit, includes a p RAW April 2016 47		No Interes RUC recommended to survey but	·	XXX	1.92 NA	1.80	0.11	8154820 FALSE	FALSE				Remove from Screen
G0442	Annual alcohol misuse screening, Annual Alcohol Screening September 2022 13	April 2023 RUC	No Special Survey April 2023.	CMS-Other - Utilization over 1 April 2016	XXX	0.18 0.08	0.36	0.01	759928 FALSE	FALSE				Maintain
G0444 G0446	Annual depression screening, 15 r Annual Depression Screenir September 2022 13  Annual face-to-face intensive hel Intensive Rehavioral Therar September 2022 13	April 2023 RUC April 2023 RUC	No Special Survey April 2023.	CMS-Other - Utilization over 1 April 2016	XXX	0.18 0.08	0.35 0.28	0.01	1939323 FALSE	FALSE FALSE				Maintain Maintain
G0446 G0447	Annual, face-to-face intensive beh Intensive Behavioral Therap September 2022 13  Face-to-face behavioral counseling Behavioral Counseling for O October 2016 35	API II ZUZ3 KUC	No Special Survey April 2023.  No Special RUC recommended to survey but	CMS-Other - Utilization over 3 October 2017 r CMS-Other - Utilization over 1 April 2016	XXX	0.45 0.20 0.45 0.19	0.28 0.28	0.04	261551 FALSE 280549 FALSE	FALSE				Maintain Maintain
55177	33		12 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	2 2 2 3 tel 1/1pm 2010		55 0.15	5.20	J.J.		. , , , , ,				

G0452	Molecular pathology procedure; p Molecular Pathology Interp	October 2019	13		0.93	CMS-Other - Utilization over 3 October 2018	XXX	0.93 NA	0.44	0.05	137304	FALSE	FALSE	TRUE Increase
G0453	Continuous intraoperative neurop RAW	October 2016	35		Remove from screen	CMS-Other - Utilization over 1 April 2016	XXX	0.6 0.30	NA	0.05	396662	FALSE	FALSE	TRUE Remove from Screen
G0456	Negative pressure wound therapy Negative Pressure Wound T.	lanuary 2014	17		RUC recommended to survey but r	CMS Request - Final Rule for 2 November 2012						FALSE	TRUE In January May 2013 28 Complete	TRUE Deleted from CPT
G0457	Negative pressure wound therapy Negative Pressure Wound T.	lanuary 2014	17		RUC recommended to survey but r	CMS Request - Final Rule for 2 November 2012						FALSE	TRUE In January May 2013 28 complete	TRUE Deleted from CPT
G0500	Moderate sedation services provided by the same physician or	lanuary 2021	29		Maintain	CMS-Other - Utilization over 2 October 2020	XXX	0.1 0.04	1.55	0.02	319191	FALSE	FALSE	TRUE Remove from Screen
G0506	Comprehensive assessment of and care planning for patients r	October 2021	20		Request CMS Delete	CMS-Other - Utilization over 2 October 2020	ZZZ	0.87 0.37	0.87	0.07	113010	FALSE	FALSE	TRUE Request CMS Delete
G2010	Remote evaluation of recorded vic RAW	September 2022	13	April 2023 RUC	AADA, AAI Refer to CPT to review by the CPT/	CMS-Other - Utilization over 2 April 2022	XXX	0.18 0.08	0.16	0.01	23831	FALSE	TRUE In April 20 February 2023	FALSE
G2012	Brief communication technology-l RAW	September 2022	13	April 2023 RUC	AAFP, ACP Refer to CPT to review by the CPT/	CMS-Other - Utilization over 2 April 2022	XXX	0.25 0.10	0.15	0.02	816036	FALSE	TRUE In April 20 February 2023	FALSE
G2066	Interrogation device evaluation(s) Remote Interrogation Device	September 2022	13	January 20 RUC	ACC, HRS RUC review	Contractor Priced High Volum April 2022	XXX	0 0	0	0	938880	FALSE	FALSE	FALSE
G6001	Ultrasonic guidance for placement of radiation therapy fields	April 2022	16	April 2024 RAW	AADA, AST Review in 2 years	CMS-Other - Utilization over 2 October 2020	XXX	0.58 NA	4.69	0.03	125385	FALSE	FALSE The RUC identified G6001 via the CMS/Oth	FALSE
G6002	Stereoscopic x-ray guidance for localization of target volume for	lanuary 2018	31		Remove from screen	CMS-Other - Utilization over 3 October 2017	XXX	0.39 NA	1.76	0.02	1083968	FALSE	FALSE	TRUE Remove from Screen
G6012	Radiation treatment delivery,3 or more separate treatment and	lanuary 2021	29	Septembe RAW	Review action plan	CMS-Other - Utilization over 2 October 2020	XXX	0 NA	7.10	0.02	309318	FALSE	FALSE	FALSE
G6013	Radiation treatment delivery,3 or more separate treatment and	lanuary 2021	29	Septembe RAW	Review action plan	CMS-Other - Utilization over 2 October 2020	XXX	0 NA	7.12	0.02	184134	FALSE	FALSE	FALSE
G6014	Radiation treatment delivery,3 or RAW	October 2019	17		Remove from screen	CMS-Other - Utilization over 2 January 2019	XXX	0 NA	7.08	0.02	16498	FALSE	FALSE	TRUE Remove from screen
G6015	Intensity modulated treatment delivery, single or multiple field	lanuary 2021	29	Septembe RAW	Review action plan	CMS-Other - Utilization over 2 October 2020	XXX	0 NA	10.79	0.05	1167880	FALSE	FALSE	FALSE
G6017	Intra-fraction localization and trac RAW	September 2022	13		ASTRO Removed from screen	Contractor Priced High Volum April 2022	YYY	0 0.00	0.00	0.00	81098	FALSE	FALSE	TRUE Remove from screen
GPCX1	Visit complexity inherent to evalua Visit Complexity E/M Add-O	lanuary 2020	34		No recommendation on physician	CMS Request - Final Rule for 2 November 2019						FALSE	FALSE	TRUE N/A
P3001	Screening papanicolaou smear, ce Cytopathology Cervical/Vag	April 2018	26		CAP 0.42	CMS-Other - Utilization over 3 October 2017	XXX	0.26 0.38	0.38	0.01	1296	FALSE	FALSE	TRUE Maintain
Q0091	Screening papanicolaou smear; ot RAW	lanuary 2019	37		No Special RUC recommended to survey but r	CMS-Other - Utilization over 3 October 2018	XXX	0.37 0.14	0.86	0.04	410577	FALSE	FALSE	TRUE Maintain

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

<u>Screen</u>

High Volume Category III Codes 2022

RUC Meeting
September 2022

Specialty Society: ACR, ASNR CPT Meeting May 2023

Background:

In April 2022, the Relativity Assessment Workgroup identified this Category III code with 2020 Medicare utilization over 1,000. The Workgroup requested an action plan for September 2022. In September 2022, the specialty societies indicated and the RUC supports a submission of a coding application for CPT May 2023.

25447 Arthroplasty, interposition, intercarpal or carpometacarpal joints

<u>Screen</u>
Codes Reported Together 75% or More-Part5 RUC Meeting
September 2022

Specialty Society: AAOS. ASSH CPT Meeting May 2023

Background:

In April 2022, the Workgroup identified services performed by the same physician on the same date of service 75% of the time or more. Only groups that totaled allowed charges of \$5 million or more were included. As with previous iterations, any code pairs in which one of the codes was either below 1,000 in 2020 Medicare claims data and/or contained at least one ZZZ global service were removed. The Workgroup requested action plans for September 2022 to determine if specific codes bundling solutions should occur for the following 26480 and 25447. In September 2022, the RUC referred codes 25480 and 25447 to the CPT Editorial Panel for a code bundling solution in CPT 2025.

26480 Transfer or transplant of tendon, carpometacarpal area or dorsum of hand; without free graft, each tendon

<u>Screen</u>
CMS Fastest Growing / Codes Reported

RUC Meeting
September 2022

**Specialty Society:** 

**CPT Meeting** 

Together 75% or More-Part5

ber 2022 AAOS, ASSH

May 2023

Background:

In April 2022, the Workgroup identified services performed by the same physician on the same date of service 75% of the time or more. Only groups that totaled allowed charges of \$5 million or more were included. As with previous iterations, any code pairs in which one of the codes was either below 1,000 in 2020 Medicare claims data and/or contained at least one ZZZ global service were removed. The Workgroup requested action plans for September 2022 to determine if specific codes bundling solutions should occur for the following 26480 and 25447. In September 2022, the RUC referred codes 25480 and 25447 to the CPT Editorial Panel for a code bundling solution in CPT 2025.

37220 Revascularization, endovascular, open or percutaneous, iliac artery, unilateral, initial vessel; with transluminal angioplasty

High Volume Growth1

RUC Meeting
April 2022

SVS. ACS. SIR. ACR. ACC

CPT Meeting

February 2023

Background:

In October 2018, 37225, 37227 and 37229 services were identified by the PE High Cost Supplies screen for services with non-facility Medicare utilization over 10,000, not reviewed in the last five years and include a supply item greater than \$500. The RUC requested an action plan for the January 2019 on how to address these services. The Workgroup reviewed the action plan for these services, noting that CMS repriced these supply items for 2019. The specialty societies indicated that they agreed these supply items were essential to perform CPT codes 37225, 37227 and 37229 and that the current repricing was appropriate. The Workgroup noted that CPT code 37229 was identified on the High Volume Growth screen at this meeting and the Workgroup agreed with the specialty societies to refer this entire family of services to CPT for revision to accommodate new technologies. The specialty societies worked with the CPT Editorial Panel and have submitted multiple coding change proposals. In September 2021, CPT Editorial Panel did not approve of the proposed coding changes suggested unbundling previous bundling efforts. Since this issue were not be addressed via edits at CPT, it was placed back on the Relativity Assessment Workgroup agenda to review. In April 2022, the Relativity Assessment Workgroup discussed the complexity of this issue and determined that coding clarification is still necessary. The Workgroup recommended that a joint CPT/RUC Workgroup be created to develop coding solutions for the endovascular revascularization (37220-37235) code family.

Page 1 of 11

37221 Revascularization, endovascular, open or percutaneous, iliac artery, unilateral, initial vessel; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed

<u>Screen</u>

High Volume Growth1

RUC Meeting
April 2022

Sys, Acs, Sir, Acr, Acc

**CPT Meeting** 

February 2023

#### Background:

In October 2018, 37225, 37227 and 37229 services were identified by the PE High Cost Supplies screen for services with non-facility Medicare utilization over 10,000, not reviewed in the last five years and include a supply item greater than \$500. The RUC requested an action plan for the January 2019 on how to address these services. The Workgroup reviewed the action plan for these services, noting that CMS repriced these supply items for 2019. The specialty societies indicated that they agreed these supply items were essential to perform CPT codes 37225, 37227 and 37229 and that the current repricing was appropriate. The Workgroup noted that CPT code 37229 was identified on the High Volume Growth screen at this meeting and the Workgroup agreed with the specialty societies to refer this entire family of services to CPT for revision to accommodate new technologies. The specialty societies worked with the CPT Editorial Panel and have submitted multiple coding change proposals. In September 2021, CPT Editorial Panel did not approve of the proposed coding changes suggested unbundling previous bundling efforts. Since this issue were not be addressed via edits at CPT, it was placed back on the Relativity Assessment Workgroup agenda to review. In April 2022, the Relativity Assessment Workgroup discussed the complexity of this issue and determined that coding clarification is still necessary. The Workgroup recommended that a joint CPT/RUC Workgroup be created to develop coding solutions for the endovascular revascularization (37220-37235) code family.

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)

Screen

High Volume Growth1

**RUC Meeting** 

April 2022

**Specialty Society:** 

**CPT Meeting** 

SVS, ACS, SIR, ACR, ACC February 2023

#### Background:

In October 2018, 37225, 37227 and 37229 services were identified by the PE High Cost Supplies screen for services with non-facility Medicare utilization over 10,000, not reviewed in the last five years and include a supply item greater than \$500. The RUC requested an action plan for the January 2019 on how to address these services. The Workgroup reviewed the action plan for these services, noting that CMS repriced these supply items for 2019. The specialty societies indicated that they agreed these supply items were essential to perform CPT codes 37225, 37227 and 37229 and that the current repricing was appropriate. The Workgroup noted that CPT code 37229 was identified on the High Volume Growth screen at this meeting and the Workgroup agreed with the specialty societies to refer this entire family of services to CPT for revision to accommodate new technologies. The specialty societies worked with the CPT Editorial Panel and have submitted multiple coding change proposals. In September 2021, CPT Editorial Panel did not approve of the proposed coding changes suggested unbundling previous bundling efforts. Since this issue were not be addressed via edits at CPT, it was placed back on the Relativity Assessment Workgroup agenda to review. In April 2022, the Relativity Assessment Workgroup discussed the complexity of this issue and determined that coding clarification is still necessary. The Workgroup recommended that a joint CPT/RUC Workgroup be created to develop coding solutions for the endovascular revascularization (37220-37235) code family.

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)

Screen

High Volume Growth1

RUC Meeting
April 2022

**Specialty Society:** 

CPT Meeting

SVS, ACS, SIR, ACR, ACC February 2023

#### Background:

37224 Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with transluminal angioplasty

Screen
High Volume Growth1

RUC Meeting
April 2022

Sys, Acs, Sir, Acr, Acc

CPT Meeting
February 2023

#### Background:

In October 2018, 37225, 37227 and 37229 services were identified by the PE High Cost Supplies screen for services with non-facility Medicare utilization over 10,000, not reviewed in the last five years and include a supply item greater than \$500. The RUC requested an action plan for the January 2019 on how to address these services. The Workgroup reviewed the action plan for these services, noting that CMS repriced these supply items for 2019. The specialty societies indicated that they agreed these supply items were essential to perform CPT codes 37225, 37227 and 37229 and that the current repricing was appropriate. The Workgroup noted that CPT code 37229 was identified on the High Volume Growth screen at this meeting and the Workgroup agreed with the specialty societies to refer this entire family of services to CPT for revision to accommodate new technologies. The specialty societies worked with the CPT Editorial Panel and have submitted multiple coding change proposals. In September 2021, CPT Editorial Panel did not approve of the proposed coding changes suggested unbundling previous bundling efforts. Since this issue were not be addressed via edits at CPT, it was placed back on the Relativity Assessment Workgroup agenda to review. In April 2022, the Relativity Assessment Workgroup discussed the complexity of this issue and determined that coding clarification is still necessary. The Workgroup recommended that a joint CPT/RUC Workgroup be created to develop coding solutions for the endovascular revascularization (37220-37235) code family.

37225 Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with atherectomy, includes angioplasty within the same vessel, when performed

<u>Screen</u>

High Volume Growth1 / PE Screen - High Cost Supplies

RUC Meeting
April 2022

SVS. ACS. SIR. ACR. ACC

**Specialty Society:** 

CPT Meeting

February 2023

#### Background:

In October 2018, 37225, 37227 and 37229 services were identified by the PE High Cost Supplies screen for services with non-facility Medicare utilization over 10,000, not reviewed in the last five years and include a supply item greater than \$500. The RUC requested an action plan for the January 2019 on how to address these services. The Workgroup reviewed the action plan for these services, noting that CMS repriced these supply items for 2019. The specialty societies indicated that they agreed these supply items were essential to perform CPT codes 37225, 37227 and 37229 and that the current repricing was appropriate. The Workgroup noted that CPT code 37229 was identified on the High Volume Growth screen at this meeting and the Workgroup agreed with the specialty societies to refer this entire family of services to CPT for revision to accommodate new technologies. The specialty societies worked with the CPT Editorial Panel and have submitted multiple coding change proposals. In September 2021, CPT Editorial Panel did not approve of the proposed coding changes suggested unbundling previous bundling efforts. Since this issue were not be addressed via edits at CPT, it was placed back on the Relativity Assessment Workgroup agenda to review. In April 2022, the Relativity Assessment Workgroup discussed the complexity of this issue and determined that coding clarification is still necessary. The Workgroup recommended that a joint CPT/RUC Workgroup be created to develop coding solutions for the endovascular revascularization (37220-37235) code family.

37226 Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed

<u>Screen</u>

High Volume Growth1

RUC Meeting
April 2022

Sys, Acs, Sir, Acr, Acc

CPT Meeting
February 2023

Background:

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

Screen

High Volume Growth1 / PE Screen - High Cost Supplies

RUC Meeting
April 2022

Specialty Society: SVS, ACS, SIR, ACR, ACC CPT Meeting
February 2023

#### Background:

In October 2018, 37225, 37227 and 37229 services were identified by the PE High Cost Supplies screen for services with non-facility Medicare utilization over 10,000, not reviewed in the last five years and include a supply item greater than \$500. The RUC requested an action plan for the January 2019 on how to address these services. The Workgroup reviewed the action plan for these services, noting that CMS repriced these supply items for 2019. The specialty societies indicated that they agreed these supply items were essential to perform CPT codes 37225, 37227 and 37229 and that the current repricing was appropriate. The Workgroup noted that CPT code 37229 was identified on the High Volume Growth screen at this meeting and the Workgroup agreed with the specialty societies to refer this entire family of services to CPT for revision to accommodate new technologies. The specialty societies worked with the CPT Editorial Panel and have submitted multiple coding change proposals. In September 2021, CPT Editorial Panel did not approve of the proposed coding changes suggested unbundling previous bundling efforts. Since this issue were not be addressed via edits at CPT, it was placed back on the Relativity Assessment Workgroup agenda to review. In April 2022, the Relativity Assessment Workgroup discussed the complexity of this issue and determined that coding clarification is still necessary. The Workgroup recommended that a joint CPT/RUC Workgroup be created to develop coding solutions for the endovascular revascularization (37220-37235) code family.

37228 Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with transluminal angioplasty

<u>Screen</u>

High Volume Growth1

**RUC Meeting** 

April 2022

Specialty Society:

**CPT Meeting** 

SVS, ACS, SIR, ACR, ACC February 2023

#### Background:

In October 2018, 37225, 37227 and 37229 services were identified by the PE High Cost Supplies screen for services with non-facility Medicare utilization over 10,000, not reviewed in the last five years and include a supply item greater than \$500. The RUC requested an action plan for the January 2019 on how to address these services. The Workgroup reviewed the action plan for these services, noting that CMS repriced these supply items for 2019. The specialty societies indicated that they agreed these supply items were essential to perform CPT codes 37225, 37227 and 37229 and that the current repricing was appropriate. The Workgroup noted that CPT code 37229 was identified on the High Volume Growth screen at this meeting and the Workgroup agreed with the specialty societies to refer this entire family of services to CPT for revision to accommodate new technologies. The specialty societies worked with the CPT Editorial Panel and have submitted multiple coding change proposals. In September 2021, CPT Editorial Panel did not approve of the proposed coding changes suggested unbundling previous bundling efforts. Since this issue were not be addressed via edits at CPT, it was placed back on the Relativity Assessment Workgroup agenda to review. In April 2022, the Relativity Assessment Workgroup discussed the complexity of this issue and determined that coding clarification is still necessary. The Workgroup recommended that a joint CPT/RUC Workgroup be created to develop coding solutions for the endovascular revascularization (37220-37235) code family.

37229 Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with atherectomy, includes angioplasty within the same vessel, when performed

Screen

High Volume Growth1 / PE Screen - High Cost Supplies / High Volume Growth5

**RUC Meeting** 

April 2022

Specialty Society: SVS, ACS, SIR, ACR, ACC CPT Meeting
February 2023

#### Background:

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

Screen
High Volume Growth1

RUC Meeting
April 2022

Sys, Acs, Sir, Acr, Acc

CPT Meeting
February 2023

#### Background:

In October 2018, 37225, 37227 and 37229 services were identified by the PE High Cost Supplies screen for services with non-facility Medicare utilization over 10,000, not reviewed in the last five years and include a supply item greater than \$500. The RUC requested an action plan for the January 2019 on how to address these services. The Workgroup reviewed the action plan for these services, noting that CMS repriced these supply items for 2019. The specialty societies indicated that they agreed these supply items were essential to perform CPT codes 37225, 37227 and 37229 and that the current repricing was appropriate. The Workgroup noted that CPT code 37229 was identified on the High Volume Growth screen at this meeting and the Workgroup agreed with the specialty societies to refer this entire family of services to CPT for revision to accommodate new technologies. The specialty societies worked with the CPT Editorial Panel and have submitted multiple coding change proposals. In September 2021, CPT Editorial Panel did not approve of the proposed coding changes suggested unbundling previous bundling efforts. Since this issue were not be addressed via edits at CPT, it was placed back on the Relativity Assessment Workgroup agenda to review. In April 2022, the Relativity Assessment Workgroup discussed the complexity of this issue and determined that coding clarification is still necessary. The Workgroup recommended that a joint CPT/RUC Workgroup be created to develop coding solutions for the endovascular revascularization (37220-37235) code family.

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

Screen

High Volume Growth1

**RUC Meeting** 

April 2022

**Specialty Society:** 

**CPT Meeting** 

SVS, ACS, SIR, ACR, ACC February 2023

#### Background:

In October 2018, 37225, 37227 and 37229 services were identified by the PE High Cost Supplies screen for services with non-facility Medicare utilization over 10,000, not reviewed in the last five years and include a supply item greater than \$500. The RUC requested an action plan for the January 2019 on how to address these services. The Workgroup reviewed the action plan for these services, noting that CMS repriced these supply items for 2019. The specialty societies indicated that they agreed these supply items were essential to perform CPT codes 37225, 37227 and 37229 and that the current repricing was appropriate. The Workgroup noted that CPT code 37229 was identified on the High Volume Growth screen at this meeting and the Workgroup agreed with the specialty societies to refer this entire family of services to CPT for revision to accommodate new technologies. The specialty societies worked with the CPT Editorial Panel and have submitted multiple coding change proposals. In September 2021, CPT Editorial Panel did not approve of the proposed coding changes suggested unbundling previous bundling efforts. Since this issue were not be addressed via edits at CPT, it was placed back on the Relativity Assessment Workgroup agenda to review. In April 2022, the Relativity Assessment Workgroup discussed the complexity of this issue and determined that coding clarification is still necessary. The Workgroup recommended that a joint CPT/RUC Workgroup be created to develop coding solutions for the endovascular revascularization (37220-37235) code family.

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)

<u>Screen</u>

High Volume Growth1

RUC Meeting
April 2022

**Specialty Society:** 

CPT Meeting

SVS, ACS, SIR, ACR, ACC February 2023

#### Background:

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)

<u>Screen</u>

High Volume Growth1

RUC Meeting
April 2022

Specialty Society:

CPT Meeting
February 2023

SVS, ACS, SIR, ACR, ACC Febr

#### Background:

In October 2018, 37225, 37227 and 37229 services were identified by the PE High Cost Supplies screen for services with non-facility Medicare utilization over 10,000, not reviewed in the last five years and include a supply item greater than \$500. The RUC requested an action plan for the January 2019 on how to address these services. The Workgroup reviewed the action plan for these services, noting that CMS repriced these supply items for 2019. The specialty societies indicated that they agreed these supply items were essential to perform CPT codes 37225, 37227 and 37229 and that the current repricing was appropriate. The Workgroup noted that CPT code 37229 was identified on the High Volume Growth screen at this meeting and the Workgroup agreed with the specialty societies to refer this entire family of services to CPT for revision to accommodate new technologies. The specialty societies worked with the CPT Editorial Panel and have submitted multiple coding change proposals. In September 2021, CPT Editorial Panel did not approve of the proposed coding changes suggested unbundling previous bundling efforts. Since this issue were not be addressed via edits at CPT, it was placed back on the Relativity Assessment Workgroup agenda to review. In April 2022, the Relativity Assessment Workgroup discussed the complexity of this issue and determined that coding clarification is still necessary. The Workgroup recommended that a joint CPT/RUC Workgroup be created to develop coding solutions for the endovascular revascularization (37220-37235) code family.

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)

Screen

High Volume Growth1

RUC Meeting
April 2022

**Specialty Society:** 

**CPT Meeting** 

SVS, ACS, SIR, ACR, ACC February 2023

#### Background:

In October 2018, 37225, 37227 and 37229 services were identified by the PE High Cost Supplies screen for services with non-facility Medicare utilization over 10,000, not reviewed in the last five years and include a supply item greater than \$500. The RUC requested an action plan for the January 2019 on how to address these services. The Workgroup reviewed the action plan for these services, noting that CMS repriced these supply items for 2019. The specialty societies indicated that they agreed these supply items were essential to perform CPT codes 37225, 37227 and 37229 and that the current repricing was appropriate. The Workgroup noted that CPT code 37229 was identified on the High Volume Growth screen at this meeting and the Workgroup agreed with the specialty societies to refer this entire family of services to CPT for revision to accommodate new technologies. The specialty societies worked with the CPT Editorial Panel and have submitted multiple coding change proposals. In September 2021, CPT Editorial Panel did not approve of the proposed coding changes suggested unbundling previous bundling efforts. Since this issue were not be addressed via edits at CPT, it was placed back on the Relativity Assessment Workgroup agenda to review. In April 2022, the Relativity Assessment Workgroup discussed the complexity of this issue and determined that coding clarification is still necessary. The Workgroup recommended that a joint CPT/RUC Workgroup be created to develop coding solutions for the endovascular revascularization (37220-37235) code family.

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)

Screen

High Volume Growth1

RUC Meeting
April 2022

Specialty Society:

**CPT Meeting** 

SVS, ACS, SIR, ACR, ACC February 2023

#### Background:

557()() Biopsy, prostate; needle or punch, single or multiple, any approach

Screen

**RUC Meeting** September 2022 **Specialty Society:** ACR, AUA

**CPT Meeting** May 2023

CMS High Expenditure Procedural Codes2 / Codes Reported Together 75% or More-

Background:

In April 2022, the Workgroup identified services performed by the same physician on the same date of service 75% of the time or more. Only groups that totaled allowed charges of \$5 million or more were included. As with previous iterations, any code pairs in which one of the codes was either below 1,000 in 2020 Medicare claims data and/or contained at least one ZZZ global service were removed. The Workgroup requested action plans for September 2022 to determine if specific codes bundling solutions should occur for 55700 and 76872. In September 2022, the Workgroup referred this issue to CPT for revision of code descriptors and/or introductory language to clarify when to and when not to report CPT code 76872 (ultrasound, transrectal) as a diagnostic procedure when performed at the same time as CPT code 55700 (prostate biopsy).

61624 Transcatheter permanent occlusion or embolization (eg, for tumor destruction, to achieve hemostasis, to occlude a vascular malformation), percutaneous, any method; central nervous system (intracranial, spinal cord)

Codes Reported Together 75% or More-

**RUC Meeting** September 2022 **Specialty Society:** AANS, ACR, CNS

**CPT Meeting** May 2023

Part5

Background:

In April 2022, the Workgroup identified services performed by the same physician on the same date of service 75% of the time or more. Only groups that totaled allowed charges of \$5 million or more were included. As with previous iterations, any code pairs in which one of the codes was either below 1,000 in 2020 Medicare claims data and/or contained at least one ZZZ global service were removed. The Workgroup requested action plans for September 2022 to determine if specific codes bundling solutions should occur for 61624/75894 snd 61624/75898. In September 2022, the Workgroup referred this issue to CPT for a code bundling solution in CPT 2025.

70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing

Screen

High Volume Growth1 / CMS Fastest Growing / High Volume Growth2 / High Volume Growth5 / Codes Reported Together 75% or More-Part5

**RUC Meeting** September 2022 **Specialty Society:** 

**CPT Meeting** May 2023

ACR, ASNR

Background:

In April 2022, the Workgroup identified services performed by the same physician on the same date of service 75% of the time or more. Only groups that totaled allowed charges of \$5 million or more were included. As with previous iterations, any code pairs in which one of the codes was either below 1,000 in 2020 Medicare claims data and/or contained at least one ZZZ global service were removed. The Workgroup requested action plans for September 2022 to determine if specific codes bundling solutions should occur for 70496 and 70498. In September 2022, the Workgroup recommended to refer this 70496 and 70498 to the CPT Editorial Panel to create a code bundling solution for CPT 2025.

70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing

Screen

High Volume Growth1 / CMS Fastest Growing / High Volume Growth5 / Codes Reported Together 75% or More-Part5

**RUC Meeting** September 2022 **Specialty Society:** ACR. ASNR

**CPT Meeting** May 2023

Background:

In April 2022, the Workgroup identified services performed by the same physician on the same date of service 75% of the time or more. Only groups that totaled allowed charges of \$5 million or more were included. As with previous iterations, any code pairs in which one of the codes was either below 1,000 in 2020 Medicare claims data and/or contained at least one ZZZ global service were removed. The Workgroup requested action plans for September 2022 to determine if specific codes bundling solutions should occur for 70496 and 70498. In September 2022, the Workgroup recommended to refer this 70496 and 70498 to the CPT Editorial Panel to create a code bundling solution for CPT 2025.

Page 7 of 11 Tuesday, October 4, 2022

75894 Transcatheter therapy, embolization, any method, radiological supervision and interpretation

Screen Codes Reported Together 75% or More-Part1

**RUC Meeting** September 2022 **Specialty Society:** AANS, ACR, CNS

**CPT Meeting** May 2023

Background:

In April 2022, the Workgroup identified services performed by the same physician on the same date of service 75% of the time or more. Only groups that totaled allowed charges of \$5 million or more were included. As with previous iterations, any code pairs in which one of the codes was either below 1,000 in 2020 Medicare claims data and/or contained at least one ZZZ global service were removed. The Workgroup requested action plans for September 2022 to determine if specific codes bundling solutions should occur for 61624/75894 snd 61624/75898. In September 2022, the Workgroup referred this issue to CPT for a code bundling solution in CPT 2025.

Angiography through existing catheter for follow-up study for transcatheter therapy, embolization or infusion, other than for thrombolysis

Codes Reported Together 75% or More-Part1 / CPT Assistant Analysis / Code Reported Together 75% or More-Part5

**RUC Meeting** September 2022 **Specialty Society:** AANS, ACR, CNS

May 2023 February 2014 February 2015

**CPT Meeting** 

Background:

In April 2022, the Workgroup identified codes 61624 and 75898 as performed by the same physician on the same date of service 75% of the time or more. Only groups that totaled allowed charges of \$5 million or more were included. As with previous iterations, any code pairs in which one of the codes was either below 1,000 in 2020 Medicare claims data and/or contained at least one ZZZ global service were removed. The specialties recommended and the RUC agreed that a code bundling solution be created for CPT 2025. The RUC noted that CPT code 75898 has been bundled previously with other services but has not ever been surveyed itself.

76872 Ultrasound, transrectal;

Screen CMS High Expenditure Procedural Codes1 / Codes Reported Together 75% or More-Part5

**RUC Meeting Specialty Society:** September 2022

ACOG, ACR, AUA

**CPT Meeting** May 2023

Background:

In April 2022, the Workgroup identified services performed by the same physician on the same date of service 75% of the time or more. Only groups that totaled allowed charges of \$5 million or more were included. As with previous iterations, any code pairs in which one of the codes was either below 1,000 in 2020 Medicare claims data and/or contained at least one ZZZ global service were removed. The Workgroup requested action plans for September 2022 to determine if specific codes bundling solutions should occur for 55700 and 76872. In September 2022, the Workgroup referred this issue to CPT for revision of code descriptors and/or introductory language to clarify when to and when not to report CPT code 76872 (ultrasound, transrectal) as a diagnostic procedure when performed at the same time as CPT code 55700 (prostate biopsy).

93886 Transcranial doppler study of the intracranial arteries; complete study

Screen Codes Reported Together 75% or More-Part1 / CMS Request - Final Rule for 2014 / Codes Reported Together 75% or More-

Part5

**RUC Meeting** September 2022 **Specialty Society:** AAN, ACC, ACR, SVS

**CPT Meeting** May 2023

Background:

In April 2022, the Workgroup identified services performed by the same physician on the same date of service 75% of the time or more. Only groups that totaled allowed charges of \$5 million or more were included. As with previous iterations, any code pairs in which one of the codes was either below 1,000 in 2020 Medicare claims data and/or contained at least one ZZZ global service were removed. The Workgroup requested action plans for September 2022 to determine if specific codes bundling solutions should occur for 93890/93886, 93890/93892, 93892/93886, and 93892/93890. In September 2022, the Workgroup referred this issue to the CPT Editorial Panel to create a code bundling solution for CPT 2025.

High Volume Growth6 / Codes Reported

Together 75% or More-Part5

93890 Transcranial doppler study of the intracranial arteries; vasoreactivity study

<u>Screen</u>

RUC Meeting
September 2022

Specialty Society: AAN, ACR, ASNR CPT Meeting May 2023

Background:

In April 2022, the Workgroup identified services performed by the same physician on the same date of service 75% of the time or more. Only groups that totaled allowed charges of \$5 million or more were included. As with previous iterations, any code pairs in which one of the codes was either below 1,000 in 2020 Medicare claims data and/or contained at least one ZZZ global service were removed. The Workgroup requested action plans for September 2022 to determine if specific codes bundling solutions should occur for 93890/93886, 93890/93892, 93892/93886, and 93892/93890. In September 2022, the Workgroup referred this issue to the CPT Editorial Panel to create a code bundling solution for CPT 2025.

93892 Transcranial doppler study of the intracranial arteries; emboli detection without intravenous microbubble injection

High Volume Growth6 / Codes Reported Together 75% or More-Part5

RUC Meeting
September 2022

Specialty Society: AAN, ACR, ASNR CPT Meeting May 2023

Background:

In April 2022, the Workgroup identified services performed by the same physician on the same date of service 75% of the time or more. Only groups that totaled allowed charges of \$5 million or more were included. As with previous iterations, any code pairs in which one of the codes was either below 1,000 in 2020 Medicare claims data and/or contained at least one ZZZ global service were removed. The Workgroup requested action plans for September 2022 to determine if specific codes bundling solutions should occur for 93890/93886, 93890/93892, 93892/93890. In September 2022, the Workgroup referred this issue to the CPT Editorial Panel to create a code bundling solution for CPT 2025.

96920 Laser treatment for inflammatory skin disease (psoriasis); total area less than 250 sq cm

<u>Screen</u>
CMS Fastest Growing / CPT Assistant

RUC Meeting
April 2022

**Specialty Society:** 

**AADA** 

CPT Meeting February 2023

Analysis / High Volume Growth3

Background:

In October 2015, CPT codes 96920, 96921 and 96922 were identified via the high-volume growth screen with Medicare utilization of 10,000 or more that increased by at least 100% from 2008 through 2013. At that time, the RUC recommended that the specialty societies develop a CPT Assistant article to ensure the codes were being used correctly. The Relativity Assessment Workgroup reviews all issues referred to CPT Assistant to determine if the article addressed the RUC's concerns. In January 2022, the Workgroup reviewed these services, noting that their utilization continues to steadily increase, specifically CPT code 96920. The specialty societies indicated that they believed the growth is appropriate due to changes in treatment and medication for psoriasis. However, due to the continued growth, the Workgroup recommended, and the RUC agreed, that CPT codes 96920, 96921 and 96922 be surveyed for work and practice expense at the April 2022 RUC meeting.

In April 2022, the specialty societies indicated, and the RUC agreed, that CPT codes 96920-96922 be referred to the CPT Editorial Panel for revision. Since their definition was established by CPT in 2002, the approved indications and uses for this treatment modality have expanded beyond what is currently noted in the code descriptors. Indications for this treatment have expanded substantially beyond psoriasis to include laser treatment for other inflammatory skin disorders such as vitiligo, atopic dermatitis, alopecia areata, etc. Based on the expanded indications, the current code descriptors do not capture current practice. These procedures are performed based on the amount of active inflammation and thickness of some of the lesions themselves. Different inflammatory conditions have different clinical appearances and different depths of inflammation associated with them. Therefore, the work is different, based on the types of conditions. The RUC recommends that CPT codes 96920-96922 be referred to the CPT Editorial Panel for review at the September 2022 CPT meeting.

96921 Laser treatment for inflammatory skin disease (psoriasis); 250 sq cm to 500 sq cm

Screen
High Volume Growth1 / CMS Fastest
Growing / CPT Assistant Analysis / High
Volume Growth3

RUC Meeting Specialty Society:
April 2022 AADA

CPT Meeting February 2023

Background:

In October 2015, CPT codes 96920, 96921 and 96922 were identified via the high-volume growth screen with Medicare utilization of 10,000 or more that increased by at least 100% from 2008 through 2013. At that time, the RUC recommended that the specialty societies develop a CPT Assistant article to ensure the codes were being used correctly. The Relativity Assessment Workgroup reviews all issues referred to CPT Assistant to determine if the article addressed the RUC's concerns. In January 2022, the Workgroup reviewed these services, noting that their utilization continues to steadily increase, specifically CPT code 96920. The specialty societies indicated that they believed the growth is appropriate due to changes in treatment and medication for psoriasis. However, due to the continued growth, the Workgroup recommended, and the RUC agreed, that CPT codes 96920, 96921 and 96922 be surveyed for work and practice expense at the April 2022 RUC meeting.

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96922 Laser treatment for inflammatory skin disease (psoriasis); over 500 sq cm

Screen
High Volume Growth1 / CMS Fastest
Growing / CPT Assistant Analysis

RUC Meeting Specialty Society:
April 2022 AADA

CPT Meeting

AADA February 2023

Background:

In October 2015, CPT codes 96920, 96921 and 96922 were identified via the high-volume growth screen with Medicare utilization of 10,000 or more that increased by at least 100% from 2008 through 2013. At that time, the RUC recommended that the specialty societies develop a CPT Assistant article to ensure the codes were being used correctly. The Relativity Assessment Workgroup reviews all issues referred to CPT Assistant to determine if the article addressed the RUC's concerns. In January 2022, the Workgroup reviewed these services, noting that their utilization continues to steadily increase, specifically CPT code 96920. The specialty societies indicated that they believed the growth is appropriate due to changes in treatment and medication for psoriasis. However, due to the continued growth, the Workgroup recommended, and the RUC agreed, that CPT codes 96920, 96921 and 96922 be surveyed for work and practice expense at the April 2022 RUC meeting.

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G0396 Alcohol and/or substance (other than tobacco) abuse structured assessment (e.g., audit, dast), and brief intervention 15 to 30 minutes

CMS-Other - Utilization over 30.000

RUC Meeting
January 2018

Specialty Society: AAFP, ASA, ASAM CPT Meeting
Time Uncertain

Background:

In October 2017, the RAW requested that AMA staff compile a list of CMS/Other codes with Medicare utilization of 30,000 or more. This list resulted in 34 services and the RAW requested action plans to be reviewed at the January 2018 meeting. In January 2018, the RUC recommended to maintain the physician work and refer to CPT to editorially remove "screening" from 99408 and 99409 to "assessment" to mirror G0396. At the February 2018 CPT meeting, the Panel postponed until time uncertain this request to revise codes 99408-99409 to identify assessment of alcohol and/or substance abuse. As a rationale for postponement, the Panel said that the service described in this application did not meet the General Criteria for Category I because the proposed service is not unique or well defined, and does not describe a service that is clearly identified and distinguished from existing services already described in CPT by other codes. The Panel's additional rationale for postponement of this item was to allow the relevant specialty societies an opportunity to submit a new code change application to address the differences between assessment and screening services.

G2010 Remote evaluation of recorded video and/or images submitted by an established patient (e.g., store and forward), including interpretation with follow-up with the patient within 24 business hours, not originating from a related e/m service provided within the previous 7 days nor leading to an e/m service or procedure within the next 24 hours or soonest available appointment

Screen

CMS-Other - Utilization over 20,000-Part3

RUC Meeting
September 2022

Specialty Society: AADA, AAFP, ACP CPT Meeting
February 2023

A, AAFP, ACP Februar

#### Background:

In April 2022, the Relativity Assessment Workgroup identified this CMS/Other source service with 2020 Medicare utilization data over 20,000. The Workgroup requested that action plans be reviewed for these services at the September 2022 meeting to determine if current CPT codes exist to report these services, new CPT codes should be created, or the G code should be surveyed. In September 2022, the RUC referred this issue to CPT to review by the CPT/RUC Telemedicine Office Visits Workgroup.

G2012 Brief communication technology-based service, e.g. virtual check-in, by a physician or other qualified health care professional who can report evaluation and management services, provided to an established patient, not originating from a related e/m service provided within the previous 7 days nor leading to an e/m service or procedure within the next 24 hours or soonest available appointment; 5-10 minutes of medical discussion

#### Screen

CMS-Other - Utilization over 20,000-Part3

**RUC Meeting** 

September 2022 AAFP, ACP, ANA

**Specialty Society:** 

CPT Meeting February 2023

Background:

In April 2022, the Relativity Assessment Workgroup identified this CMS/Other source service with 2020 Medicare utilization data over 20,000. The Workgroup requested that action plans be reviewed for these services at the September 2022 meeting to determine if current CPT codes exist to report these services, new CPT codes should be created, or the G code should be surveyed. In September 2022, the RUC referred this issue to CPT to review by the CPT/RUC Telemedicine Office Visits Workgroup.

15769 Grafting of autologous soft tissue, other, harvested by direct excision (eg. fat. dermis. fascia)

Screen:

RUC Meeting: September 2022 RUC Rec: Refer to CPT Assistant, 6.68. Specialty Society:
AAOHNS, ASPS

**CPT Asst Status:** 

Background:

CPT code 20926 was identified in 2017 as a site of service anomaly, in which the Medicare data from 2013-2016e indicated that it was performed less than 50% of the time in the inpatient setting yet included inpatient hospital Evaluation and Management services within the global period. In May 2018, the CPT Editorial Panel deleted 20926 and created five codes in the Integumentary section to better describe tissue grafting procedures. In October 2018, the RUC flagged CPT code 15769 to be reviewed the after the first year of utilization data is available by the Relativity Assessment Workgroup to evaluate whether the new code is being coded with other codes (ie, closure of donor site) and whether it is being used in non-facility settings. The 2020 Medicare utilization data showed that CPT code 15769 is performed in the inpatient hospital setting 39% of the time, yet includes one hospital discharge visit 99238. The Workgroup noted hat that 20% of these services are being reporting in the office setting by only four individuals. The RUC recommended that a CPT Assistant article be created to clarify that CPT code 15769 should be reported in the facility setting.

22554 Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); cervical below c2

Screen:
Codes Reported Together 95% or More / Codes Reported
Together 75% or More-Part5

Site of Service Anomaly - 2017

RUC Meeting: RUC Rec:
September 2022 Refer to CF

Refer to CPT Assistant. 17.69 Specialty Society: CPT Asst Status:

AANS, AAOS, CNS, ISASS, NASS

Background:

In February 2008, this issue was referred to the CPT Editorial Panel for development of coding change proposals to condense pairs into a single code and create new coding structures as part of the codes reported together 95% or more. In Oct 2009, CPT added two codes to report arthrodesis including disk space preparation, discectomy, osteophytectomy and decompression of spinal cord below C2 and each additional interspace. In April 2022, the Workgroup identified code pairs for services performed by the same physician on the same date of service 75% of the time or more. Only groups that totaled allowed charges of \$5 million or more were included. As with previous iterations, any code pairs in which one of the codes was either below 1,000 in 2020 Medicare claims data and/or contained at least one ZZZ global service were removed. The Workgroup requested action plans for September 2022 to determine if specific codes bundling solutions should occur for codes 22554 and 63081. In September 2022, the RUC recommends that this issue be referred to CPT Assistant to educate correct coding for 22554 with 63081 versus bundled codes 22551 and 22552.

51728 Complex cystometrogram (ie, calibrated electronic equipment); with voiding pressure studies (ie, bladder voiding pressure), any technique

Screen:
Codes Reported Together 95% or More / Codes Reported
Together 75% or More-Part5

RUC Meeting: September 2022 Ruc Rec: Refer to CPT Assistant. 2.11 **Specialty Society:** CPT Asst Status:

AUA, ACOG

Background:

Deleted 51772, and 51795 and added three new codes to combine the services. Revised at the February 2009 CPT Meeting. In April 2022, the Workgroup identified services performed by the same physician on the same date of service 75% of the time or more. Only groups that totaled allowed charges of \$5 million or more were included. As with previous iterations, any code pairs in which one of the codes was either below 1,000 in 2020 Medicare claims data and/or contained at least one ZZZ global service were removed. The Workgroup requested action plans for September 2022 to determine if specific codes bundling solutions should occur for 51728/51741 and 51728/51784. In September 2022, the Workgroup recommended that this issue be referred to CPT Assistant to educate providers about the coding and use of complex uroflowmetry. Some providers may believe that 51741 is part of the "pressure-flow" study of 51728 or 51729, but it is not. CPT code 51741 should only be reported if done separately from urodynamic studies, on a separate machine and only when medically necessary/indicated. Additionally, to refer to CPT Assistant (51728/51784) to educate how EMG studies should only be used selectively and when medically necessary.

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

Screen:

Codes Reported Together 95% or More / Codes Reported Together 75% or More-Part5

RUC Meeting: September 2022 RUC Rec: Refer to CPT Assistant, 2.51 Specialty Society:
AUA, ACOG

CPT Asst Status:

Background:

This service was identified via the codes reported together 95% or more. In February 2009, the CPT Editorial Panel deleted 51772 and 51795, and added three new codes to combine the services. In April 2022, the Workgroup identified services performed by the same physician on the same date of service 75% of the time or more. Only groups that totaled allowed charges of \$5 million or more were included. As with previous iterations, any code pairs in which one of the codes was either below 1,000 in 2020 Medicare claims data and/or contained at least one ZZZ global service were removed. The Workgroup requested action plans for September 2022 to determine if specific codes bundling solutions should occur for 51729/51741 and 51729/51784. In September 2022, the Workgroup referred this issue to CPT Assistant to educate how EMG studies should only be used selectively and when medically necessary.

51741 Complex uroflowmetry (eg, calibrated electronic equipment)

Screen: Harvard Valued - Utilization over 100,000 / Codes Reported Together 75% or More-Part5 **RUC Meeting:** 

September 2022 Refer to CPT Assistant, 0.17

**RUC Rec:** 

Specialty Society: CPT Asst Status:

AUA

**Background:** 

April 2010, the RUC recommended that the PE Subcommittee reivew the direct practice expense inputs for these service at the October 2010 meeting as the technology has changed. Oct 2010 reviewed PE. In April 2022, the Workgroup identified services performed by the same physician on the same date of service 75% of the time or more. Only groups that totaled allowed charges of \$5 million or more were included. As with previous iterations, any code pairs in which one of the codes was either below 1,000 in 2020 Medicare claims data and/or contained at least one ZZZ global service were removed. The Workgroup requested action plans for September 2022 to determine if specific codes bundling solutions should occur for 51728/51741. In September 2022, the Workgroup recommended that this issue be referred to CPT Assistant to educate providers about the coding and use of complex uroflowmetry. Some providers may believe that 51741 is part of the "pressure-flow" study of 51728 or 51729, but it is not. CPT code 51741 should only be reported if done separately from urodynamic studies, on a separate machine and only when medically necessary/indicated.

Page 2 of 4

51784 Electromyography studies (emg) of anal or urethral sphincter, other than needle, any technique

Screen:

Codes Reported Together 75% or More-Part2 / CMS High **Expenditure Procedural** Codes2 / CPT Assistant Analysis 2018 / Codes Reported Together 75% or More-Part5

**RUC Meeting:** September 2022 **RUC Rec:** Refer to CPT Assistant, 0.75. Specialty Society:

AUA

**CPT Asst Status:** Feb 2014

**CPT Asst Status:** 

Background:

In October 2018, the RUC referred to CPT Editorial Panel to add parenthetical and develop CPT assistant article indicating that 51792 and 51784 should not be reported together. In Feb 2014, the CPT Editorial Panel revised the parenthetical notes that follow CPT codes 51784 and 51792 to clarify that these services may not be reported together (editorial only). In the NPRM for 2016 CMS re-ran the high expenditure services across specialties with Medicare allowed charges of \$10 million or more. CMS identified the top 20 codes by specialty in terms of allowed charges, excluding 010 and 090-day global services, anesthesia and Evaluation and Management services and services reviewed since CY 2010. In October 2018, the Workgroup reviewed a list of RUC referrals for CPT Assistant articles from 2013-2016, Seventeen (17) codes were identified. The Workgroup requested action plans for January 2019. The Workgroup specifically requests that the specialty societies address the following in their action plans: 1.Explain the issue and background of the code and why a CPT Assistant article was create. 2.What was the expected result 3.Did the article address the issues identified with this service4.Is a re-review in a couple years or further action necessary? In January 2019, the RUC recommended to remove this issue from the CPT Assistant analysis as the article address the issues identified. In April 2022, the Workgroup identified services performed by the same physician on the same date of service 75% of the time or more. Only groups that totaled allowed charges of \$5 million or more were included. As with previous iterations, any code pairs in which one of the codes was either below 1,000 in 2020 Medicare claims data and/or contained at least one ZZZ global service were removed. The Workgroup requested action plans for September 2022 to determine if specific codes bundling solutions should occur for 51728/51784 and 51729/51784. In September 2022, the Workgroup referred this issue to CPT Assistant to educate how EMG studies should only be used selectively and when medically necessary.

63081 Vertebral corpectomy (vertebral body resection), partial or complete, anterior approach with decompression of spinal cord and/or nerve root(s); cervical, single segment

Codes Reported Together 75% or More-Part5

**RUC Meeting:** 

September 2022

**RUC Rec:** 

**Specialty Society:** Refer to CPT Assistant

AANS, AAOS, CNS, ISASS, NASS

Background:

In April 2022, the Workgroup identified code pairs for services performed by the same physician on the same date of service 75% of the time or more. Only groups that totaled allowed charges of \$5 million or more were included. As with previous iterations, any code pairs in which one of the codes was either below 1,000 in 2020 Medicare claims data and/or contained at least one ZZZ global service were removed. The Workgroup requested action plans for September 2022 to determine if specific codes bundling solutions should occur for codes 22554 and 63081. In September 2022, the RUC recommends that this issue be referred to CPT Assistant to educate correct coding for 22554 with 63081 versus bundled codes 22551 and 22552.

Page 3 of 4

64590 Insertion or replacement of peripheral or gastric neurostimulator pulse generator or receiver, direct or inductive coupling

Screen: RUC recommendation process, not part of RAW screens

**RUC Meeting:** April 2022

**RUC Rec: CPT Assistant Article** 

ACOG, AUA

Specialty Society: CPT Asst Status:

**Background:** 

In February 2022, the CPT Editorial Panel created several new integrated neurostimulator Category I and Category III codes, the descriptors, guidelines and parentheticals for codes 64590 and 64595 were concurrently revised to clarify that 64590 and 64595 are only to be used for neurostimulator pulse generators or receivers that require pocket creation and include a detachable connection to a separate electrode array (non-integrated systems). In April 2022, the PE Subcommittee discussion culminated in a request for a CPT Assistant article to clarify several issues involving the use of the EQ209 programmer, neurostimulator (w-printer) and to provide clear and consistent instruction to all users of the programming and insertion codes. The stimulator is used to check the impedance of the device once placed for the initial code 64590 and is present for the entire procedure. To the extent there is additional stimulation and programming, then an additional code would be reported. An article is needed to ensure that individuals are appropriately reporting the stimulation and programming with code 95972 and not just merely checking the impedance. The RUC recommends that a CPT Assistant article be developed to clarify the appropriate use of CPT codes 64590 and 64595 as reported with other codes.

64595 Revision or removal of peripheral or gastric neurostimulator pulse generator or receiver

RUC Meeting:

**RUC Rec:** 

Specialty Society: CPT Asst Status:

RUC recommendation process. not part of RAW screens

**April 2022** 

**CPT Assistant Article** 

ACOG. AUA

Background:

In February 2022, the CPT Editorial Panel created several new integrated neurostimulator Category I and Category III codes, the descriptors, guidelines and parentheticals for codes 64590 and 64595 were concurrently revised to clarify that 64590 and 64595 are only to be used for neurostimulator pulse generators or receivers that require pocket creation and include a detachable connection to a separate electrode array (non-integrated systems). In April 2022, the PE Subcommittee discussion culminated in a request for a CPT Assistant article to clarify several issues involving the use of the EQ209 programmer, neurostimulator (w-printer) and to provide clear and consistent instruction to all users of the programming and insertion codes. The stimulator is used to check the impedance of the device once placed for the initial code 64590 and is present for the entire procedure. To the extent there is additional stimulation and programming, then an additional code would be reported. An article is needed to ensure that individuals are appropriately reporting the stimulation and programming with code 95972 and not just merely checking the impedance. The RUC recommends that a CPT Assistant article be developed to clarify the appropriate use of CPT codes 64590 and 64595 as reported with other codes.

# Physician Time from RUC Meeting: September 2022 (CPT 2024)

CPT Code	Pre-Service Evaluation	Pre-Service	Pre-Service Scrub Dress & Wait	Hintra-Carvica	Immediate Post Service	99211	99212	99213	99214	99215	99231	99232	99233	99238	99239	99291	99292	Total Time
63685	33	12	13	50	20			1						0.5				128
63688	33	10	12	45	20			1						0.5				120
76937				10														10
76998	5			12	5													22
99484				21														21
76984	5			10	3													18
76987	10			20	10													40
76988	10			20	5													35
76989	5			20	10													35
97550	5			30	5	_					_					_		40
97551				17														17
97552	3			9	2													14

### **Detailed Description of Pre-Service Time Packages (Minutes)**

		FAC	NON-FAC			
	1	2	3	4	5**	6
Total Pre-Service Time	20	25	51	63	8	23

### **CATEGORY SUBTOTALS**

	Α	Pre-Service Evaluation (IWPUT =0.0224)	13	18	33	40	7	17
	В	Pre-Service Positioning (IWPUT = 0.0224)	1	1	3	3	0	1
I	С	Pre-Service Scrub, Dress and Wait (IWPUT =0.0081)	6	6	15	20	1	5

#### **DETAILS**

Α	History and Exam (Performance and review of appropriate Pre-Tests)	5	10	10	15	4	9
Α	Prepare for Procedure (Check labs, plan, assess risks, review procedure)	2	2	2	4	1	1
Α	Communicate with patient and/or family (Discuss procedure/ obtain consent)	3	3	5	5	2	3
Α	Communicate with other professionals	0	0	5	5	0	2
Α	Check/set-up room, supplies and equipment	1	1	5	5	0	1
Α	Check/ prepare patient readiness (Gown, drape, prep, mark)	1	1	5	5	0	1
Α	Prepare/ review/ confirm procedure	1	1	1	1	0	0
В	Perform/ supervise patient positioning	1	1	3	3	0	1
С	Administer local/topical anesthesia	1	1	0	0	1	5
С	Observe (wait anesthesia care)	0	0	10	15	0	0
С	Dress and scrub for procedure	5	5	5	5	0	0

<sup>\*\*</sup>If the procedure does not require local anesthesia, 1 minute should be removed from pre-service time

- 1 Straightforward Patient/Straightforward Procedure (No anesthesia care)
- 2 Difficult Patient/Straightforward Procedure (No anesthesia care)
- Straightforward Patient/Difficult Procedure
- 4 Difficult Patient/Difficult Procedure
- 5 Procedure with minimal anesthesia care (If no anesthesia care deduct 1 minute)
- 6 Procedure with local/topical anesthesia care requiring wait time for anesthesia to take effect

### **Additional Positioning Times for Spinal Surgical Procedures**

Additi	onal Positioning Times for Spinal Surgical Procedure	es	Additional Positioning Times for Spinal Injection Procedu						
SS1	Anterior Neck Surgery (Supine) (eg ACDF)	15 Minutes	SI1	Anterior Neck Injection (Supine) (eg discogram)	7 Minut				
SS2	Posterior Neck Surgery (Prone) (eg laminectomy)	25 Minutes	SI2	Posterior Neck Injection (Prone) (eg facet)	5 Minut				
SS3	Posterior Thoracic/Lumbar (Prone) (eg laminectomy)	15 Minutes	SI3	Posterior Thoracic/Lumbar (Prone) (eg epidural)	5 Minut				
SS4	Lateral Thoracic/Lumbar (Lateral) (eg corpectomy)	25 Minutes	SI4	Lateral Thoracic/Lumbar (Lateral) (eg discogram)	7 Minut				
SS5	Anterior Lumbar (Supine) (eg ALIF)	15 Minutes							

7 Minutes 5 Minutes

5 Minutes

7 Minutes

### **Additional Positioning Times for Urological Procedures**

**U1** Dorsal Lithotomy 5 Minutes

### Notes:

- Roll-over cells for additional detail where available
- Straightforward procedure: Integumentary, Nonincisional endoscopy, natural orifice

Detailed Description of Facility Based Post-Service Time Packages (Minutes)												
	7A Local Anesthesia/ Straightforward Procedure	7B Local Anesthesia/ Complex Procedure	8A IV Sedation/ Straightforward Procedure	8B IV Sedation/ Complex Procedure	9A General Anesthesia or Complex Regional Block/ Straightforward Procedure	9B General Anesthesia or Complex Regional Block/Complex Procedure						
Total Post-Service Time	18	21	25	28	30	33						
Details:												
Application of Dressing <sup>1</sup>	2	2	2	2	2	2						
Transfer of supine patient off table	1	1	1	1	1	1						
Operative Note	5	5	5	5	5	5						
Monitor patient recovery/stabilization	1	1	5	5	10	10						
Communication with patient and/or family	5	5	5	5	5	5						
Written post-operative note	2	5	2	5	2	5						
Post-Operative Orders and Order Entry	2	2	5	5	5	5						

Advisors may request additional time for circumstances that require additional work beyond the type of work described

<sup>1</sup> This represents a simple dressing

СРТ	RUC Recommended PLI Crosswalk
63685	63685
63688	63688
76937	76937
76998	76998
99484	99484
76984	76998
76987	76998
76988	76998
76989	76998
97550	97535
97551	97535
97552	97535

	RBCS_ID (exluding 6th						
CPT Code	digit major/minor	RBCS_Cat	RBCS_Cat_Desc	RBCS_Cat_Subcat	RBCS_SubCat_Desc	RBCS_FamNumb	RBCS_Family_Desc
	procedure indicator)						
63685	PM011	Р	Procedure	PM	Musculoskeletal	11	Neurostimulator - Back
63688	PM011	Р	Procedure	PM	Musculoskeletal	11	Neurostimulator - Back
76937	IU000	I	Imaging	IU	Ultrasound	0	No RBCS Family
76998	IU000	I	Imaging	IU	Ultrasound	0	No RBCS Family
99484	EM000	E	E & M	EM	Care management/coordination	0	No RBCS Family
64596	PM011	Р	Procedure	PM	Musculoskeletal	11	Neurostimulator - Back
64597	PM011	Р	Procedure	PM	Musculoskeletal	11	Neurostimulator - Back
64598	PM011	Р	Procedure	PM	Musculoskeletal	11	Neurostimulator - Back
76984	IU000	I	Imaging	IU	Ultrasound	0	No RBCS Family
76987	IU000	1	Imaging	IU	Ultrasound	0	No RBCS Family
76988	IU000	1	Imaging	IU	Ultrasound	0	No RBCS Family
76989	IU000	I	Imaging	IU	Ultrasound	0	No RBCS Family
97550	RT021	R	Treatment	RT	Physical, occupational, and speech therapy	0	No RBCS Family
97551	RT021	R	Treatment	RT	Physical, occupational, and speech therapy	0	No RBCS Family
97552	RT021	R	Treatment	RT	Physical, occupational, and speech therapy	0	No RBCS Family

CPT Source	Deleted	Utilization	New/ Revised Code	2020)	Percent	Source RVU	RUC Rec RVU	RUC Tab	New/ Revised Total RVUs	Total Source RVUs
63685		24,783		14,870	0.600	5.19	5.19	04 Spinal Neurostimulator Services	77,174	77,174
63688		6,983	63688	4,190	0.600	5.30	4.35	04 Spinal Neurostimulator Services	18,226	22,206
64590		11,819	64596	1,848	0.156	5.10	0.00	04 Spinal Neurostimulator Services	0	9,423
Bundled into 64590		11,819	64597	831	0.070	0.00	0.00	04 Spinal Neurostimulator Services	0	0
64595		2,671	64598	417	0.156	4.10	0.00	04 Spinal Neurostimulator Services	0	1,708
64590		11,819	64590	9,971	0.844	5.10	5.10	04 Spinal Neurostimulator Services	50,854	50,854
64555		5,358	64555	2,679	0.500	5.76	5.76	04 Spinal Neurostimulator Services	15,431	15,431
64555		5,358	Savings (bundled into 64596)	2,679	0.500	5.76	0.00	04 Spinal Neurostimulator Services	0	15,431
64595		2,671	64595	2,254	0.844	4.00	4.00	04 Spinal Neurostimulator Services	9,017	9,017
63685		24,783	0784T	9,913	0.400	5.19	0.00	04 Spinal Neurostimulator Services	0	51,450
63650		76,274	Savings (bundled into 0784T)	9,913	0.130	7.50	0.00	04 Spinal Neurostimulator Services	0	74,349
63688		6,983	0785T	2,793	0.400	5.30	0.00	04 Spinal Neurostimulator Services	0	14,804
76998		26,174	76984	6,465	0.247	1.20	0.60	05 Intraoperative Ultrasound Services	3,879	7,758
76998		26,174	76987	68	0.003	1.20	1.90	05 Intraoperative Ultrasound Services	129	82
76998		26,174	76988	136	0.005	1.20	1.20	05 Intraoperative Ultrasound Services	163	163
76998		26,174	76989	136	0.005	1.20	1.55	05 Intraoperative Ultrasound Services	211	163
76998		26,174	76998	19,369	0.740	1.20	1.20	05 Intraoperative Ultrasound Services	23,243	23,243
76937		638,180	76937	638,180	1.000	0.30	0.30	07 Ultrasound Guidance for Vascular Access	191,454	191,454
99484		128,255	99484	128,255	1.000	0.61	0.85	08 General Behavioral Health Integration Care Mg	109,017	78,236
No existing code		0	97550	50,000	1.000	0.00	1.00	14 Caregiver Training Servces	50,000	0
No existing code		0	97551	20,000	1.000	0.00	0.54	14 Caregiver Training Servces	10,800	0
No existing code		0	97552	20,000	1.000	0.00	0.23	14 Caregiver Training Servces	4,600	0
		!				į.		•	393,496	301,098

 Total Source RVUs
 301,098

 Total New/Revised RVUs
 393,496

 RVU Difference
 (92,397)

 CF
 34.6062

 CF Redistribution
 (3,197,526)

# New Technology/New Services List

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re- Review	RUC Rec	Complete
0001A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (sars-cov-2) (coronavirus disease [covid-19]) vaccine, mrna-lnp, spike protein, preservative free, 30 mcg/0.3 ml dosage, diluent reconstituted; first dose	Dec 2020	Pfizer-SARS-CoV-2-IA		CPT 2020	April 2025		
0002A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (sars-cov-2) (coronavirus disease [covid-19]) vaccine, mrna-lnp, spike protein, preservative free, 30 mcg/0.3 ml dosage, diluent reconstituted; second dose	Dec 2020	Pfizer-SARS-CoV-2-IA		CPT 2020	April 2025		
0003A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (sars-cov-2) (coronavirus disease [covid-19]) vaccine, mrna-lnp, spike protein, preservative free, 30 mcg/0.3 ml dosage, diluent reconstituted; third dose	Aug 2021	Pfizer-SARS-CoV-2-IA		CPT 2021	April 2025		
0004A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (sars-cov-2) (coronavirus disease [covid-19]) vaccine, mrna-lnp, spike protein, preservative free, 30 mcg/0.3 ml dosage, diluent reconstituted; booster dose	Oct 2021	Pfizer-SARS-CoV-2-IA	24	CPT 2021	April 2025		
0011A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (sars-cov-2) (coronavirus disease [covid-19]) vaccine, mrna-lnp, spike protein, preservative free, 100 mcg/0.5 ml dosage; first dose	Dec 2020	Moderna-SARS-CoV-2-IA		CPT 2020	April 2025		

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CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re- Review	RUC Rec	Complete
0012A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (sars-cov-2) (coronavirus disease [covid-19]) vaccine, mrna-lnp, spike protein, preservative free, 100 mcg/0.5 ml dosage; second dose	Dec 2020	Moderna-SARS-CoV-2-IA		CPT 2020	April 2025		
0013A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (sars-cov-2) (coronavirus disease [covid-19]) vaccine, mrna-lnp, spike protein, preservative free, 100 mcg/0.5 ml dosage; third dose	Aug 2021	Moderna-SARS-CoV-2-IA		CPT 2021	April 2025		
0021A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (sars-cov-2) (coronavirus disease [covid-19]) vaccine, dna, spike protein, chimpanzee adenovirus oxford 1 (chadox1) vector, preservative free, 5x1010 viral particles/0.5 ml dosage; first dose	Jan 2021	AstraZeneca-SARS-CoV-2-IA	- 34	CPT 2021	April 2025		
0022A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (sars-cov-2) (coronavirus disease [covid-19]) vaccine, dna, spike protein, chimpanzee adenovirus oxford 1 (chadox1) vector, preservative free, 5x1010 viral particles/0.5 ml dosage; second dose	Jan 2021	AstraZeneca-SARS-CoV-2-IA	- 34	CPT 2021	April 2025		
0031A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (sars-cov-2) (coronavirus disease [covid-19]) vaccine, dna, spike protein, adenovirus type 26 (ad26) vector, preservative free, 5x1010 viral particles/0.5 ml dosage; single dose	Jan 2021	Janssen-SARS-CoV-2-IA	34	CPT 2021	April 2025		
0041A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (sars-cov-2) (coronavirus disease [covid-19]) vaccine, recombinant spike protein nanoparticle, saponin-based adjuvant, preservative free, 5 mcg/0.5 ml dosage; first dose	Apr 2021	Novavax-SARS-CoV-2-IA	27	CPT 2021	April 2025		

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CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re- Review	RUC Rec	Complete
0042A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (sars-cov-2) (coronavirus disease [covid-19]) vaccine, recombinant spike protein nanoparticle, saponin-based adjuvant, preservative free, 5 mcg/0.5 ml dosage; second dose	Apr 2021	Novavax-SARS-CoV-2-IA	27	CPT 2021	April 2025		
0051A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (sars-cov-2) (coronavirus disease [covid-19]) vaccine, mrna-lnp, spike protein, preservative free, 30 mcg/0.3 ml dosage, trissucrose formulation; first dose	Oct 2021	Pfizer Tris-Sucrose-SARS-CoV-2-IA	24	CPT 2021	April 2025		
0052A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (sars-cov-2) (coronavirus disease [covid-19]) vaccine, mrna-lnp, spike protein, preservative free, 30 mcg/0.3 ml dosage, trissucrose formulation; second dose	Oct 2021	Pfizer Tris-Sucrose-SARS-CoV-2-IA	24	CPT 2021	April 2025		
0053A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (sars-cov-2) (coronavirus disease [covid-19]) vaccine, mrna-lnp, spike protein, preservative free, 30 mcg/0.3 ml dosage, trissucrose formulation; third dose	Oct 2021	Pfizer Tris-Sucrose-SARS-CoV-2-IA	24	CPT 2021	April 2025		
0054A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (sars-cov-2) (coronavirus disease [covid-19]) vaccine, mrna-lnp, spike protein, preservative free, 30 mcg/0.3 ml dosage, trissucrose formulation; booster dose	Oct 2021	Pfizer Tris-Sucrose-SARS-CoV-2-IA	24	CPT 2021	April 2025		
0064A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (sars-cov-2) (coronavirus disease [covid-19]) vaccine, mrna-lnp, spike protein, preservative free, 50 mcg/0.25 ml dosage, booster dose	Oct 2021	Moderna Booster-SARS- CoV-2-IA	24	CPT 2021	April 2025		

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CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re- Review	RUC Rec	Complete
0071A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (sars-cov-2) (coronavirus disease [covid-19]) vaccine, mrna-lnp, spike protein, preservative free, 10 mcg/0.2 ml dosage, diluent reconstituted, tris-sucrose formulation; first dose	Oct 2021	Pfizer Tris-Sucrose-Age5- 11-SARS-CoV-2-IA	24	CPT 2021	April 2025		
0072A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (sars-cov-2) (coronavirus disease [covid-19]) vaccine, mrna-lnp, spike protein, preservative free, 10 mcg/0.2 ml dosage, diluent reconstituted, tris-sucrose formulation; second dose	Oct 2021	Pfizer Tris-Sucrose-Age5- 11-SARS-CoV-2-IA	24	CPT 2021	April 2025		
0073A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (sars-cov-2) (coronavirus disease [covid-19]) vaccine, mrna-lnp, spike protein, preservative free, 10 mcg/0.2 ml dosage, diluent reconstituted, tris-sucrose formulation; third dose	Feb 2022	Pfizer (5-11) and (6 mos-5 yrs) COVID IA		CPT 2022	April 2025		
0074A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (sars-cov-2) (coronavirus disease [covid-19]) vaccine, mrna-lnp, spike protein, preservative free, 10 mcg/0.2 ml dosage, diluent reconstituted, tris-sucrose formulation; booster dose	Jun 2022	Pfizer-BioNTech Tris- Sucrose Age 5-11, Booster		CPT 2022	April 2025		
0081A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (sars-cov-2) (coronavirus disease [covid-19]) vaccine, mrna-lnp, spike protein, preservative free, 3 mcg/0.2 ml dosage, diluent reconstituted, tris-sucrose formulation; first dose	Feb 2022	Pfizer (5-11) and (6 mos-5 yrs) COVID IA		CPT 2022	April 2025		

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CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re- Review	RUC Rec	Complete
0082A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (sars-cov-2) (coronavirus disease [covid-19]) vaccine, mrna-lnp, spike protein, preservative free, 3 mcg/0.2 ml dosage, diluent reconstituted, tris-sucrose formulation; second dose	Feb 2022	Pfizer (5-11) and (6 mos-5 yrs) COVID IA		CPT 2022	April 2025		
0083A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (sars-cov-2) (coronavirus disease [covid-19]) vaccine, mrna-lnp, spike protein, preservative free, 3 mcg/0.2 ml dosage, diluent reconstituted, tris-sucrose formulation; third dose	July 2022	Pfizer and Moderna Pediatric COVID IA		CPT 2022	April 2025		
0091A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 50 mcg/0.5 mL dosage; first dose, when administered to individuals 6 through 11 years	July 2022	Pfizer and Moderna Pediatric COVID IA		CPT 2022	April 2025		
0092A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 50 mcg/0.5 mL dosage; second dose, when administered to individuals 6 through 11 years	July 2022	Pfizer and Moderna Pediatric COVID IA		CPT 2022	April 2025		
0093A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 50 mcg/0.5 mL dosage; third dose, when administered to individuals 6 through 11 years	July 2022	Pfizer and Moderna Pediatric COVID IA		CPT 2022	April 2025		

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CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re- Review	RUC Rec	Complete
0094A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (sars-cov-2) (coronavirus disease [covid-19]) vaccine, mrna-lnp, spike protein, preservative free, 50 mcg/0.5 ml dosage, booster dose	Mar 2022	Moderna Booster-SARS- CoV-2-IA- Full Dose		CPT 2022	April 2025		
0104A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (sars-cov-2) (coronavirus disease [covid-19]) vaccine, monovalent, preservative free, 5 mcg/0.5 ml dosage, adjuvant as03 emulsion, booster dose	Jun 2022	Sanofi-GSK, Booster		CPT 2022	April 2025		
0111A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (sars-cov-2) (coronavirus disease [covid-19]) vaccine, mrna-lnp, spike protein, preservative free, 25 mcg/0.25 ml dosage; first dose	Jun 2022	Moderna Age 6 months-5 years		CPT 2022	April 2025		
0112A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (sars-cov-2) (coronavirus disease [covid-19]) vaccine, mrna-lnp, spike protein, preservative free, 25 mcg/0.25 ml dosage; second dose	Jun 2022	Moderna Age 6 months-5 years		CPT 2022	April 2025		
0113A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 25 mcg/0.25 mL dosage; third dose	July 2022	Pfizer and Moderna Pediatric COVID IA		CPT 2022	April 2025		
0124A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, bivalent spike protein, preservative free, 30 mcg/0.3 mL dosage, tris-sucrose formulation, booster dose	Sep 2022	Pfizer and Moderna Bivalent Boosters		CPT 2022	April 2025		

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CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re- Review	RUC Rec	Complete
0134A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, bivalent, preservative free, 50 mcg/0.5 mL dosage, booster dose	Sep 2022	Pfizer and Moderna Bivalent Boosters		CPT 2022	April 2025		
0144A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRN-LNP, spike protein, bivalent, preservative free, 25 mcg/0.25 mL dosage, booster dose	Sep 2022	Pfizer and Moderna Bivalent Boosters		CPT 2022	April 2025		
0154A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, bivalent spike protein, preservative free, 10 mcg/0.2 mL dosage, diluent reconstituted, tris-sucrose formulation, booster dose	Sep 2022	Pfizer and Moderna Bivalent Boosters		CPT 2022	April 2025		
10011	Fine needle aspiration biopsy, including mr guidance; first lesion	Jan 2018	Fine Needle Aspiration	04	CPT 2019	April 2023		
10012	Fine needle aspiration biopsy, including mr guidance; each additional lesion (list separately in addition to code for primary procedure)	Jan 2018	Fine Needle Aspiration	04	CPT 2019	April 2023		
14302	Adjacent tissue transfer or rearrangement, any area; each additional 30.0 sq cm, or part thereof (list separately in addition to code for primary procedure)	Apr 2009	Adjacent Tissue Transfer	4	CPT 2010	October 2015	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	<b>✓</b>
15271	Application of skin substitute graft to trunk, arms, legs, total wound surface area up to 100 sq cm; first 25 sq cm or less wound surface area	Apr 2011	Chronic Wound Dermal Substitute	4	CPT 2012	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	V

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CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re- Review	RUC Rec	Complete
15272	Application of skin substitute graft to trunk, arms, legs, total wound surface area up to 100 sq cm; each additional 25 sq cm wound surface area, or part thereof (list separately in addition to code for primary procedure)	Apr 2011	Chronic Wound Dermal Substitute	4	CPT 2012	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	✓
15273	Application of skin substitute graft to trunk, arms, legs, total wound surface area greater than or equal to 100 sq cm; first 100 sq cm wound surface area, or 1% of body area of infants and children	Apr 2011	Chronic Wound Dermal Substitute	4	CPT 2012	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	<b>✓</b>
15274	Application of skin substitute graft to trunk, arms, legs, total wound surface area greater than or equal to 100 sq cm; each additional 100 sq cm wound surface area, or part thereof, or each additional 1% of body area of infants and children, or part thereof (list separately in addition to code for primary procedure)	Apr 2011	Chronic Wound Dermal Substitute	4	CPT 2012	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	V
15275	Application of skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area up to 100 sq cm; first 25 sq cm or less wound surface area	Apr 2011	Chronic Wound Dermal Substitute	4	CPT 2012	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	<b>✓</b>
15276	Application of skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area up to 100 sq cm; each additional 25 sq cm wound surface area, or part thereof (list separately in addition to code for primary procedure)	Apr 2011	Chronic Wound Dermal Substitute	4	CPT 2012	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	<b>V</b>
15277	Application of skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area greater than or equal to 100 sq cm; first 100 sq cm wound surface area, or 1% of body area of infants and children	Apr 2011	Chronic Wound Dermal Substitute	4	CPT 2012	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	V

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CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re- Review	RUC Rec	Complete
15278	Application of skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area greater than or equal to 100 sq cm; each additional 100 sq cm wound surface area, or part thereof, or each additional 1% of body area of infants and children, or part thereof (list separately in addition to code for primary procedure)	Apr 2011	Chronic Wound Dermal Substitute	4	CPT 2012	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	V
15769	Grafting of autologous soft tissue, other, harvested by direct excision (eg, fat, dermis, fascia)	Oct 2018	Tissue Grafting Procedures	04	CPT 2020	April 2024		
15771	Grafting of autologous fat harvested by liposuction technique to trunk, breasts, scalp, arms, and/or legs; 50 cc or less injectate	Oct 2018	Tissue Grafting Procedures	04	CPT 2020	April 2024		
15772	Grafting of autologous fat harvested by liposuction technique to trunk, breasts, scalp, arms, and/or legs; each additional 50 cc injectate, or part thereof (list separately in addition to code for primary procedure)	Oct 2018	Tissue Grafting Procedures	04	CPT 2020	April 2024		
15773	Grafting of autologous fat harvested by liposuction technique to face, eyelids, mouth, neck, ears, orbits, genitalia, hands, and/or feet; 25 cc or less injectate	Oct 2018	Tissue Grafting Procedures	04	CPT 2020	April 2024		
15774	Grafting of autologous fat harvested by liposuction technique to face, eyelids, mouth, neck, ears, orbits, genitalia, hands, and/or feet; each additional 25 cc injectate, or part thereof (list separately in addition to code for primary procedure)	Oct 2018	Tissue Grafting Procedures	04	CPT 2020	April 2024		
15777	Implantation of biologic implant (eg, acellular dermal matrix) for soft tissue reinforcement (ie, breast, trunk) (list separately in addition to code for primary procedure)	Apr 2011	Chronic Wound Dermal Substitute	4	CPT 2012	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	V

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CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re- Review	RUC Rec	Complete
17106	Destruction of cutaneous vascular proliferative lesions (eg, laser technique); less than 10 sq cm	Oct 2008	Destruction of Skin Lesions	11	CPT 2009	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	<b>&gt;</b>
17107	Destruction of cutaneous vascular proliferative lesions (eg, laser technique); 10.0 to 50.0 sq cm	Oct 2008	Destruction of Skin Lesions	11	CPT 2009	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	<b>✓</b>
17108	Destruction of cutaneous vascular proliferative lesions (eg, laser technique); over 50.0 sq cm	Oct 2008	Destruction of Skin Lesions	11	CPT 2009	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	<b>✓</b>
19105	Ablation, cryosurgical, of fibroadenoma, including ultrasound guidance, each fibroadenoma	Apr 2006	Fibroadenoma Cryoablation	11	CPT 2007	September 2011	Remove, code does not need to be re- evaluated	<b>✓</b>
19294	Preparation of tumor cavity, with placement of a radiation therapy applicator for intraoperative radiation therapy (iort) concurrent with partial mastectomy (list separately in addition to code for primary procedure)	Oct 2016	Intraoperative Radiation Therapy Applicator Procedures	07	CPT 2018	April 2022	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	<b>✓</b>
20560	Needle insertion(s) without injection(s); 1 or 2 muscle(s)	Jan 2019	Trigger Point Dry Needling	41	CPT 2020	April 2024		
20561	Needle insertion(s) without injection(s); 3 or more muscles	Jan 2019	Trigger Point Dry Needling	41	CPT 2020	April 2024		
20696	Application of multiplane (pins or wires in more than 1 plane), unilateral, external fixation with stereotactic computer-assisted adjustment (eg, spatial frame), including imaging; initial and subsequent alignment(s), assessment(s), and computation(s) of adjustment schedule(s)	Apr 2008	Computer Dependent External Fixation	6	CPT 2009	September 2012	Remove, code does not need to be re- evaluated	V

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CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re- Review	RUC Rec	Complete
20697	Application of multiplane (pins or wires in more than 1 plane), unilateral, external fixation with stereotactic computer-assisted adjustment (eg, spatial frame), including imaging; exchange (ie, removal and replacement) of strut, each	Apr 2008	Computer Dependent External Fixation	6	CPT 2009	September 2012	Remove, code does not need to be re- evaluated	✓
20700	Manual preparation and insertion of drug-delivery device(s), deep (eg, subfascial) (list separately in addition to code for primary procedure)	Oct 2018	Drug Delivery Implant Procedures	05	CPT 2020	April 2024		
20701	Removal of drug-delivery device(s), deep (eg, subfascial) (list separately in addition to code for primary procedure)	Oct 2018	Drug Delivery Implant Procedures	05	CPT 2020	April 2024		
20702	Manual preparation and insertion of drug-delivery device(s), intramedullary (list separately in addition to code for primary procedure)	Oct 2018	Drug Delivery Implant Procedures	05	CPT 2020	April 2024		
20703	Removal of drug-delivery device(s), intramedullary (list separately in addition to code for primary procedure)	Oct 2018	Drug Delivery Implant Procedures	05	CPT 2020	April 2024		
20704	Manual preparation and insertion of drug-delivery device(s), intra-articular (list separately in addition to code for primary procedure)	Oct 2018	Drug Delivery Implant Procedures	05	CPT 2020	April 2024		
20705	Removal of drug-delivery device(s), intra-articular (list separately in addition to code for primary procedure)	Oct 2018	Drug Delivery Implant Procedures	05	CPT 2020	April 2024		
20983	Ablation therapy for reduction or eradication of 1 or more bone tumors (eg, metastasis) including adjacent soft tissue when involved by tumor extension, percutaneous, including imaging guidance when performed; cryoablation	Apr 2014	Cryoablation Treatment of the Bone Tumors	04	CPT 2015	October 2018	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	✓
20985	Computer-assisted surgical navigational procedure for musculoskeletal procedures, imageless (list separately in addition to code for primary procedure)	Apr 2007	Computer Navigation	7	CPT 2008	September 2011	Resurvey for January 2012	<b>✓</b>
20986	Code Deleted CPT 2009	Apr 2007	Computer Navigation	7	CPT 2008	September 2011	Code Deleted CPT 2009	<b>✓</b>

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CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re- Review	RUC Rec	Complete
20987	Code Deleted CPT 2009	Apr 2007	Computer Navigation	7	CPT 2008	September 2011	Code Deleted CPT 2009	<b>✓</b>
21011	Excision, tumor, soft tissue of face or scalp, subcutaneous; less than 2 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	<b>✓</b>
21012	Excision, tumor, soft tissue of face or scalp, subcutaneous; 2 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	<b>✓</b>
21013	Excision, tumor, soft tissue of face and scalp, subfascial (eg, subgaleal, intramuscular); less than 2 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	✓

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CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re- Review	RUC Rec	Complete
21014	Excision, tumor, soft tissue of face and scalp, subfascial (eg, subgaleal, intramuscular); 2 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	✓
21015	Radical resection of tumor (eg, sarcoma), soft tissue of face or scalp; less than 2 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	<b>✓</b>
21016	Radical resection of tumor (eg, sarcoma), soft tissue of face or scalp; 2 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	<b>V</b>

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CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re- Review	RUC Rec	Complete
21552	Excision, tumor, soft tissue of neck or anterior thorax, subcutaneous; 3 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors	l	CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	<b>✓</b>
21554	Excision, tumor, soft tissue of neck or anterior thorax, subfascial (eg, intramuscular); 5 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors	I	CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	V
21555	Excision, tumor, soft tissue of neck or anterior thorax, subcutaneous; less than 3 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors	I	CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	V

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CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re- Review	RUC Rec	Complete
21556	Excision, tumor, soft tissue of neck or anterior thorax, subfascial (eg, intramuscular); less than 5 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	<b>✓</b>
21557	Radical resection of tumor (eg, sarcoma), soft tissue of neck or anterior thorax; less than 5 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	<b>✓</b>
21558	Radical resection of tumor (eg, sarcoma), soft tissue of neck or anterior thorax; 5 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	<b>✓</b>

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CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re- Review	RUC Rec	Complete
21811	Open treatment of rib fracture(s) with internal fixation, includes thoracoscopic visualization when performed, unilateral; 1-3 ribs	Apr 2014	Internal Fixation of Rib Fracture	05	CPT 2015	October 2018	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	V
21812	Open treatment of rib fracture(s) with internal fixation, includes thoracoscopic visualization when performed, unilateral; 4-6 ribs	Apr 2014	Internal Fixation of Rib Fracture	05	CPT 2015	October 2018	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	V
21813	Open treatment of rib fracture(s) with internal fixation, includes thoracoscopic visualization when performed, unilateral; 7 or more ribs	Apr 2014	Internal Fixation of Rib Fracture	05	CPT 2015	October 2018	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	✓
21930	Excision, tumor, soft tissue of back or flank, subcutaneous; less than 3 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	<b>✓</b>

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CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re- Review	RUC Rec	Complete
21931	Excision, tumor, soft tissue of back or flank, subcutaneous; 3 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	✓
21932	Excision, tumor, soft tissue of back or flank, subfascial (eg, intramuscular); less than 5 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	<b>✓</b>
21933	Excision, tumor, soft tissue of back or flank, subfascial (eg, intramuscular); 5 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	✓

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CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re- Review	RUC Rec	Complete
21935	Radical resection of tumor (eg, sarcoma), soft tissue of back or flank; less than 5 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	V
21936	Radical resection of tumor (eg, sarcoma), soft tissue of back or flank; 5 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	<b>✓</b>
22526	Percutaneous intradiscal electrothermal annuloplasty, unilateral or bilateral including fluoroscopic guidance; single level	Apr 2006	Percutaneous Intradiscal Annuloplast	13	CPT 2007	September 2010	Remove, code does not need to be re- evaluated	<b>✓</b>
22527	Percutaneous intradiscal electrothermal annuloplasty, unilateral or bilateral including fluoroscopic guidance; 1 or more additional levels (list separately in addition to code for primary procedure)	Apr 2006	Percutaneous Intradiscal Annuloplast	13	CPT 2007	September 2010	Remove, code does not need to be re- evaluated	✓
22856	Total disc arthroplasty (artificial disc), anterior approach, including discectomy with end plate preparation (includes osteophytectomy for nerve root or spinal cord decompression and microdissection); single interspace, cervical	Apr 2008	Cervical Arthroplasty	7	CPT 2009	September 2012	Remove, code does not need to be re- evaluated	✓

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CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re- Review	RUC Rec	Complete
22857	Total disc arthroplasty (artificial disc), anterior approach, including discectomy to prepare interspace (other than for decompression); single interspace, lumbar	Feb 2006	Lumbar Arthroplasty	8	CPT 2007	September 2010	Remove, code does not need to be re- evaluated	V
22858	Total disc arthroplasty (artificial disc), anterior approach, including discectomy with end plate preparation (includes osteophytectomy for nerve root or spinal cord decompression and microdissection); second level, cervical (list separately in addition to code for primary procedure)	Apr 2014	Total Disc Arthroplasty Additional Cervical Level Add-On Code	07	CPT 2015	October 2018	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	V
22861	Revision including replacement of total disc arthroplasty (artificial disc), anterior approach, single interspace; cervical	Apr 2008	Cervical Arthroplasty	7	CPT 2009	September 2012	Remove, code does not need to be re- evaluated	<b>✓</b>
22862	Revision including replacement of total disc arthroplasty (artificial disc), anterior approach, single interspace; lumbar	Feb 2006	Lumbar Arthroplasty	8	CPT 2007	September 2010	Remove, code does not need to be re- evaluated	<b>✓</b>
22864	Removal of total disc arthroplasty (artificial disc), anterior approach, single interspace; cervical	Apr 2008	Cervical Arthroplasty	7	CPT 2009	September 2012	Remove, code does not need to be re- evaluated	<b>✓</b>
22865	Removal of total disc arthroplasty (artificial disc), anterior approach, single interspace; lumbar	Feb 2006	Lumbar Arthroplasty	8	CPT 2007	September 2010	Remove, code does not need to be re- evaluated	✓
22867	Insertion of interlaminar/interspinous process stabilization/distraction device, without fusion, including image guidance when performed, with open decompression, lumbar; single level	Jan 2016	Insertion of Spinal Stability Distractive Device	05	CPT 2017	October 2020	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	<b>&gt;</b>
22868	Insertion of interlaminar/interspinous process stabilization/distraction device, without fusion, including image guidance when performed, with open decompression, lumbar; second level (list separately in addition to code for primary procedure)	Jan 2016	Insertion of Spinal Stability Distractive Device	05	CPT 2017	October 2020	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	<b>✓</b>

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CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re- Review	RUC Rec	Complete
22869	Insertion of interlaminar/interspinous process stabilization/distraction device, without open decompression or fusion, including image guidance when performed, lumbar; single level	Jan 2016	Insertion of Spinal Stability Distractive Device	05	CPT 2017		Survey April 2021. Maintained.	<b>✓</b>
22870	Insertion of interlaminar/interspinous process stabilization/distraction device, without open decompression or fusion, including image guidance when performed, lumbar; second level (list separately in addition to code for primary procedure)	Jan 2016	Insertion of Spinal Stability Distractive Device	05	CPT 2017		Survey April 2021. Maintained.	<b>✓</b>
228XX		Apr 2022	Total Disc Arthroplasty	04	CPT 2024	April 2028		
22900	Excision, tumor, soft tissue of abdominal wall, subfascial (eg, intramuscular); less than 5 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	<b>✓</b>
22901	Excision, tumor, soft tissue of abdominal wall, subfascial (eg, intramuscular); 5 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	V

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CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re- Review	RUC Rec	Complete
22902	Excision, tumor, soft tissue of abdominal wall, subcutaneous; less than 3 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	✓
22903	Excision, tumor, soft tissue of abdominal wall, subcutaneous; 3 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	<b>V</b>
22904	Radical resection of tumor (eg, sarcoma), soft tissue of abdominal wall; less than 5 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	✓

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CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re- Review	RUC Rec	Complete
22905	Radical resection of tumor (eg, sarcoma), soft tissue of abdominal wall; 5 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors	l	CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	
23071	Excision, tumor, soft tissue of shoulder area, subcutaneous; 3 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors	I	CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	
23073	Excision, tumor, soft tissue of shoulder area, subfascial (eg, intramuscular); 5 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors	I	CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	

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CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re- Review	RUC Rec	Complete
23075	Excision, tumor, soft tissue of shoulder area, subcutaneous; less than 3 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	
23076	Excision, tumor, soft tissue of shoulder area, subfascial (eg, intramuscular); less than 5 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	
23077	Radical resection of tumor (eg, sarcoma), soft tissue of shoulder area; less than 5 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	

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CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re- Review	RUC Rec	Complete
23078	Radical resection of tumor (eg, sarcoma), soft tissue of shoulder area; 5 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	V
23200	Radical resection of tumor; clavicle	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	<b>✓</b>
23210	Radical resection of tumor; scapula	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	<b>V</b>
23220	Radical resection of tumor, proximal humerus	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	<b>✓</b>

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CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re- Review	RUC Rec	Complete
24073	Excision, tumor, soft tissue of upper arm or elbow area, subfascial (eg, intramuscular); 5 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	V
24075	Excision, tumor, soft tissue of upper arm or elbow area, subcutaneous; less than 3 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	<b>✓</b>
24076	Excision, tumor, soft tissue of upper arm or elbow area, subfascial (eg, intramuscular); less than 5 cm		Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	V

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CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re- Review	RUC Rec	Complete
24077	Radical resection of tumor (eg, sarcoma), soft tissue of upper arm or elbow area; less than 5 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	<b>✓</b>
24079	Radical resection of tumor (eg, sarcoma), soft tissue of upper arm or elbow area; 5 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	<b>✓</b>
24150	Radical resection of tumor, shaft or distal humerus	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	<b>V</b>
24152	Radical resection of tumor, radial head or neck	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	V

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CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re- Review	RUC Rec	Complete
25071	Excision, tumor, soft tissue of forearm and/or wrist area, subcutaneous; 3 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	V
25073	Excision, tumor, soft tissue of forearm and/or wrist area, subfascial (eg, intramuscular); 3 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	
25075	Excision, tumor, soft tissue of forearm and/or wrist area, subcutaneous; less than 3 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	V

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CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re- Review	RUC Rec	Complete
25076	Excision, tumor, soft tissue of forearm and/or wrist area, subfascial (eg, intramuscular); less than 3 cm		Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	<b>✓</b>
25077	Radical resection of tumor (eg, sarcoma), soft tissue of forearm and/or wrist area; less than 3 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	<b>✓</b>
25078	Radical resection of tumor (eg, sarcoma), soft tissue of forearm and/or wrist area; 3 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	<b>✓</b>

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CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re- Review	RUC Rec	Complete
25170	Radical resection of tumor, radius or ulna	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	V
26111	Excision, tumor or vascular malformation, soft tissue of hand or finger, subcutaneous; 1.5 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	<b>✓</b>
26113	Excision, tumor, soft tissue, or vascular malformation, of hand or finger, subfascial (eg, intramuscular); 1.5 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	<b>✓</b>

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CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re- Review	RUC Rec	Complete
26115	Excision, tumor or vascular malformation, soft tissue of hand or finger, subcutaneous; less than 1.5 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	
26116	Excision, tumor, soft tissue, or vascular malformation, of hand or finger, subfascial (eg, intramuscular); less than 1.5 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	
26117	Radical resection of tumor (eg, sarcoma), soft tissue of hand or finger; less than 3 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	

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CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re- Review	RUC Rec	Complete
26118	Radical resection of tumor (eg, sarcoma), soft tissue of hand or finger; 3 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	V
26250	Radical resection of tumor, metacarpal	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	<b>✓</b>
26260	Radical resection of tumor, proximal or middle phalanx of finger	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	V
26262	Radical resection of tumor, distal phalanx of finger	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	V

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CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re- Review	RUC Rec	Complete
27043	Excision, tumor, soft tissue of pelvis and hip area, subcutaneous; 3 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	<b>✓</b>
27045	Excision, tumor, soft tissue of pelvis and hip area, subfascial (eg, intramuscular); 5 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	<b>✓</b>
27047	Excision, tumor, soft tissue of pelvis and hip area, subcutaneous; less than 3 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	✓

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CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re- Review	RUC Rec	Complete
27048	Excision, tumor, soft tissue of pelvis and hip area, subfascial (eg, intramuscular); less than 5 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors	l	CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	<b>▽</b>
27049	Radical resection of tumor (eg, sarcoma), soft tissue of pelvis and hip area; less than 5 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors	I	CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	<b>✓</b>
27059	Radical resection of tumor (eg, sarcoma), soft tissue of pelvis and hip area; 5 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors	I	CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	V

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CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re- Review	RUC Rec	Complete
27075	Radical resection of tumor; wing of ilium, 1 pubic or ischial ramus or symphysis pubis	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	✓
27076	Radical resection of tumor; ilium, including acetabulum, both pubic rami, or ischium and acetabulum	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	<b>~</b>
27077	Radical resection of tumor; innominate bone, total	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	<b>V</b>
27078	Radical resection of tumor; ischial tuberosity and greater trochanter of femur	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	
27279	Arthrodesis, sacroiliac joint, percutaneous or minimally invasive (indirect visualization), with image guidance, includes obtaining bone graft when performed, and placement of transfixing device	Apr 2014	Sacroiliac Joint Fusion	80	CPT 2015	October 2018	Surveyed in April 2018 for a CMS Request in the Final Rule for 2018	✓
27280	Arthrodesis, sacroiliac joint, open, includes obtaining bone graft, including instrumentation, when performed	Sep 2014	Sacroiliac Joint Fusion	06	CPT 2016	October 2019	Remove form list, was only identified with 27279 and that code has been resurveyed April 2018.	<b>✓</b>

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CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re- Review	RUC Rec	Complete
27327	Excision, tumor, soft tissue of thigh or knee area, subcutaneous; less than 3 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors	l	CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	<b>▽</b>
27328	Excision, tumor, soft tissue of thigh or knee area, subfascial (eg, intramuscular); less than 5 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors	I	CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	V
27329	Radical resection of tumor (eg, sarcoma), soft tissue of thigh or knee area; less than 5 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors	I	CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	<b>✓</b>

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CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re- Review	RUC Rec	Complete
27337	Excision, tumor, soft tissue of thigh or knee area, subcutaneous; 3 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	✓
27339	Excision, tumor, soft tissue of thigh or knee area, subfascial (eg, intramuscular); 5 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	<b>V</b>
27364	Radical resection of tumor (eg, sarcoma), soft tissue of thigh or knee area; 5 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	✓

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CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re- Review	RUC Rec	Complete
27365	Radical resection of tumor, femur or knee	Feb 2009	Excision of Soft Tissue and Bone Tumors	I	CPT 2010	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	✓
27615	Radical resection of tumor (eg, sarcoma), soft tissue of leg or ankle area; less than 5 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors	I	CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	
27616	Radical resection of tumor (eg, sarcoma), soft tissue of leg or ankle area; 5 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors	I	CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	

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CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re- Review	RUC Rec	Complete
27618	Excision, tumor, soft tissue of leg or ankle area, subcutaneous; less than 3 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	V
27619	Excision, tumor, soft tissue of leg or ankle area, subfascial (eg, intramuscular); less than 5 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	<b>✓</b>
27632	Excision, tumor, soft tissue of leg or ankle area, subcutaneous; 3 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	✓

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CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re- Review	RUC Rec	Complete
27634	Excision, tumor, soft tissue of leg or ankle area, subfascial (eg, intramuscular); 5 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	V
27645	Radical resection of tumor; tibia	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	✓
27646	Radical resection of tumor; fibula	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	✓
27647	Radical resection of tumor; talus or calcaneus	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	✓

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CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re- Review	RUC Rec	Complete
28039	Excision, tumor, soft tissue of foot or toe, subcutaneous; 1.5 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	<b>✓</b>
28041	Excision, tumor, soft tissue of foot or toe, subfascial (eg, intramuscular); 1.5 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	
28043	Excision, tumor, soft tissue of foot or toe, subcutaneous; less than 1.5 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	<b>✓</b>

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CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re- Review	RUC Rec	Complete
28045	Excision, tumor, soft tissue of foot or toe, subfascial (eg, intramuscular); less than 1.5 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	V
28046	Radical resection of tumor (eg, sarcoma), soft tissue of foot or toe; less than 3 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	<b>✓</b>
28047	Radical resection of tumor (eg, sarcoma), soft tissue of foot or toe; 3 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	<b>✓</b>

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CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re- Review	RUC Rec	Complete
28171	Radical resection of tumor; tarsal (except talus or calcaneus)	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	V
28173	Radical resection of tumor; metatarsal	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	<b>✓</b>
28175	Radical resection of tumor; phalanx of toe	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	<b>✓</b>
29582	Code Deleted CPT 2018	Oct 2010	Multi-Layer Compression System-HCPAC	74	CPT 2012	October 2018	Specialty societies develop a CPT Assistant article to specify which bandage application should be reported based on what is being treated and review in 3 years (2018). Code Deleted for CPT 2018.	V
29583	Code Deleted CPT 2018	Oct 2010	Multi-Layer Compression System-HCPAC	74	CPT 2012	October 2018	Specialty societies develop a CPT Assistant article to specify which bandage application should be reported based on what is being treated and review in 3 years (2018). Code Deleted for CPT 2018.	V

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CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re- Review	RUC Rec	Complete
29584	Application of multi-layer compression system; upper arm, forearm, hand, and fingers	Oct 2010	Multi-Layer Compression System-HCPAC	74	CPT 2012	January 2022	Specialty societies develop a CPT Assistant article to specify which bandage application should be reported based on what is being treated and review in 3 years (2018). In October 2018, RUC recommended to review again after 3 more years of data (2022). In January 2022, the Workgroup reviewed CPT code 29584 and agreed with the specialty society that the volume of this service is low and continues to decrease. The Workgroup recommends that CPT code 29584 be maintained and removed from the CPT Assistant Analysis screen and New Technology list.	
29828	Arthroscopy, shoulder, surgical; biceps tenodesis	Apr 2007	Arthroscopic Biceps Tenodesis	17	CPT 2008	September 2011	Resurvey for January 2012	<b>~</b>
29914	Arthroscopy, hip, surgical; with femoroplasty (ie, treatment of cam lesion)	Apr 2010	Hip Arthroscopy	5	CPT 2011	September 2014	Remove from list, no demonstrated technology diffusions that impacts work or practice expense.	✓

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CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re- Review	RUC Rec	Complete
29915	Arthroscopy, hip, surgical; with acetabuloplasty (ie, treatment of pincer lesion)	Apr 2010	Hip Arthroscopy	5	CPT 2011	September 2014	Remove from list, no demonstrated technology diffusions that impacts work or practice expense.	V
29916	Arthroscopy, hip, surgical; with labral repair	Apr 2010	Hip Arthroscopy	5	CPT 2011	September 2014	Remove from list, no demonstrated technology diffusions that impacts work or practice expense.	<b>✓</b>
31295	Nasal/sinus endoscopy, surgical, with dilation (eg, balloon dilation); maxillary sinus ostium, transnasal or via canine fossa	Feb 2010	Nasal Sinus Endoscopy with Ballooon Dilation	6	CPT 2011	October 2016	Surveying for January 2017 as part of bundling	<b>~</b>
31296	Nasal/sinus endoscopy, surgical, with dilation (eg, balloon dilation); frontal sinus ostium	Feb 2010	Nasal Sinus Endoscopy with Ballooon Dilation	6	CPT 2011	October 2016	Surveying for January 2017 as part of bundling	<b>✓</b>
31297	Nasal/sinus endoscopy, surgical, with dilation (eg, balloon dilation); sphenoid sinus ostium	Feb 2010	Nasal Sinus Endoscopy with Ballooon Dilation	6	CPT 2011	October 2016	Surveying for January 2017 as part of bundling	<b>V</b>
31626	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with placement of fiducial markers, single or multiple	Apr 2009	Fiducial Marker Placement	6	CPT 2010	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	✓
31627	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with computer-assisted, image-guided navigation (list separately in addition to code for primary procedure[s])	Feb 2009	Navigational Bronchoscopy	9	CPT 2010	October 2016	Review practice expense January 2014. Review data again in 3 years (Sept 2016).	<b>&gt;</b>
31634	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with balloon occlusion, with assessment of air leak, with administration of occlusive substance (eg, fibrin glue), if performed	Feb 2010	Bronchoscopy with Balloon Occlusion	7	CPT 2011	September 2014	Remove from list, no demonstrated technology diffusions that impacts work or practice expense.	<b>✓</b>

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CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re- Review	RUC Rec	Complete
31647	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with balloon occlusion, when performed, assessment of air leak, airway sizing, and insertion of bronchial valve(s), initial lobe	Apr 2012	Bronchial Valve Procedure	s 09	CPT 2013	October 2016	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	<b>V</b>
31648	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with removal of bronchial valve(s), initial lobe	Apr 2012	Bronchial Valve Procedure	s 09	CPT 2013	October 2016	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	✓
31649	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with removal of bronchial valve(s), each additional lobe (list separately in addition to code for primary procedure)	Apr 2012	Bronchial Valve Procedure	s 09	CPT 2013	October 2016	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	<b>V</b>
31651	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with balloon occlusion, when performed, assessment of air leak, airway sizing, and insertion of bronchial valve(s), each additional lobe (list separately in addition to code for primary procedure[s])	Apr 2012	Bronchial Valve Procedure	s 09	CPT 2013	October 2016	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	<b>V</b>
31652	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with endobronchial ultrasound (ebus) guided transtracheal and/or transbronchial sampling (eg, aspiration[s]/biopsy[ies]), one or two mediastinal and/or hilar lymph node stations or structures	Jan 2015	Endobronchial Ultrasound (EBUS)	05	CPT 2016	October 2019	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	V
31653	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with endobronchial ultrasound (ebus) guided transtracheal and/or transbronchial sampling (eg, aspiration[s]/biopsy[ies]), 3 or more mediastinal and/or hilar lymph node stations or structures	Jan 2015	Endobronchial Ultrasound (EBUS)	05	CPT 2016	October 2019	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	V

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CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re- Review	RUC Rec	Complete
31654	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with transendoscopic endobronchial ultrasound (ebus) during bronchoscopic diagnostic or therapeutic intervention(s) for peripheral lesion(s) (list separately in addition to code for primary procedure[s])	Jan 2015	Endobronchial Ultrasound (EBUS)	05	CPT 2016	October 2019	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	V
32553	Placement of interstitial device(s) for radiation therapy guidance (eg, fiducial markers, dosimeter), percutaneous, intra-thoracic, single or multiple	Apr 2009	Fiducial Marker Placement	6	CPT 2010	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	✓
32701	Thoracic target(s) delineation for stereotactic body radiation therapy (srs/sbrt), (photon or particle beam), entire course of treatment	Jan 2012	Stereotactic Body Radiation	n 07	CPT 2013	October 2016	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	<b>✓</b>
32994	Ablation therapy for reduction or eradication of 1 or more pulmonary tumor(s) including pleura or chest wall when involved by tumor extension, percutaneous, including imaging guidance when performed, unilateral; cryoablation	Jan 2017	Cryoablation of Pulmonary Tumors	08	CPT 2018	April 2022	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	<b>✓</b>
32998	Ablation therapy for reduction or eradication of 1 or more pulmonary tumor(s) including pleura or chest wall when involved by tumor extension, percutaneous, including imaging guidance when performed, unilateral; radiofrequency	Apr 2006	Percutaneous RF Pulmonary Tumor Ablation	15	CPT 2007	September 2010	Remove, code does not need to be re- evaluated	<b>&gt;</b>
33254	Operative tissue ablation and reconstruction of atria, limited (eg, modified maze procedure)	Apr 2006	Atrial Tissue Ablation and Reconstruction	17	CPT 2007	September 2011	Remove, code does not need to be re- evaluated	<b>✓</b>
33255	Operative tissue ablation and reconstruction of atria, extensive (eg, maze procedure); without cardiopulmonary bypass	Apr 2006	Atrial Tissue Ablation and Reconstruction	17	CPT 2007	September 2011	Remove, code does not need to be re- evaluated	V

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CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re- Review	RUC Rec	Complete
33256	Operative tissue ablation and reconstruction of atria, extensive (eg, maze procedure); with cardiopulmonary bypass	Apr 2006	Atrial Tissue Ablation and Reconstruction	17	CPT 2007	September 2011	Remove, code does not need to be re- evaluated	<b>✓</b>
33257	Operative tissue ablation and reconstruction of atria, performed at the time of other cardiac procedure(s), limited (eg, modified maze procedure) (list separately in addition to code for primary procedure)	Apr 2007	Add-on Maze Procedures	23	CPT 2008	September 2011	Remove, code does not need to be re- evaluated	<b>✓</b>
33258	Operative tissue ablation and reconstruction of atria, performed at the time of other cardiac procedure(s), extensive (eg, maze procedure), without cardiopulmonary bypass (list separately in addition to code for primary procedure)	Apr 2007	Add-on Maze Procedures	23	CPT 2008	September 2011	Remove, code does not need to be re- evaluated	<b>✓</b>
33259	Operative tissue ablation and reconstruction of atria, performed at the time of other cardiac procedure(s), extensive (eg, maze procedure), with cardiopulmonary bypass (list separately in addition to code for primary procedure)	Apr 2007	Add-on Maze Procedures	23	CPT 2008	September 2011	Remove, code does not need to be re- evaluated	✓
33265	Endoscopy, surgical; operative tissue ablation and reconstruction of atria, limited (eg, modified maze procedure), without cardiopulmonary bypass	Apr 2006	Atrial Tissue Ablation and Reconstruction	17	CPT 2007	September 2011	Remove, code does not need to be re- evaluated	<b>✓</b>
33266	Endoscopy, surgical; operative tissue ablation and reconstruction of atria, extensive (eg, maze procedure), without cardiopulmonary bypass	Apr 2006	Atrial Tissue Ablation and Reconstruction	17	CPT 2007	September 2011	Remove, code does not need to be re- evaluated	$\checkmark$
33267	Exclusion of left atrial appendage, open, any method (eg, excision, isolation via stapling, oversewing, ligation, plication, clip)	Oct 2020	Exclusion of Left Atrial Appendage	05	CPT 2022	April 2026		
33268	Exclusion of left atrial appendage, open, performed at the time of other sternotomy or thoracotomy procedure(s), any method (eg, excision, isolation via stapling, oversewing, ligation, plication, clip) (list separately in addition to code for primary procedure)	Oct 2020	Exclusion of Left Atrial Appendage	05	CPT 2022	April 2026		

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CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re- Review	RUC Rec	Complete
33269	Exclusion of left atrial appendage, thoracoscopic, any method (eg, excision, isolation via stapling, oversewing, ligation, plication, clip)	Oct 2020	Exclusion of Left Atrial Appendage	05	CPT 2022	April 2026		
33270	Insertion or replacement of permanent subcutaneous implantable defibrillator system, with subcutaneous electrode, including defibrillation threshold evaluation, induction of arrhythmia, evaluation of sensing for arrhythmia termination, and programming or reprogramming of sensing or therapeutic parameters, when performed	Apr 2014	Subcutaneous Implantable Defibrillator Procedures	09	CPT 2015	April 2022	In October 2018, RUC recommended to review again after 3 more years of data (2022). Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	<b>✓</b>
33271	Insertion of subcutaneous implantable defibrillator electrode	Apr 2014	Subcutaneous Implantable Defibrillator Procedures	09	CPT 2015	April 2022	In October 2018, RUC recommended to review again after 3 more years of data (2022). Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	<b>✓</b>
33272	Removal of subcutaneous implantable defibrillator electrode	Apr 2014	Subcutaneous Implantable Defibrillator Procedures	09	CPT 2015	April 2022	In October 2018, RUC recommended to review again after 3 more years of data (2022). Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	V

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CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re- Review	RUC Rec	Complete
33273	Repositioning of previously implanted subcutaneous implantable defibrillator electrode	Apr 2014	Subcutaneous Implantable Defibrillator Procedures	09	CPT 2015	April 2022	In October 2018, RUC recommended to review again after 3 more years of data (2022). Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	V
33274	Transcatheter insertion or replacement of permanent leadless pacemaker, right ventricular, including imaging guidance (eg, fluoroscopy, venous ultrasound, ventriculography, femoral venography) and device evaluation (eg, interrogation or programming), when performed	Jan 2018	Leadless Pacemaker Procedures	07	CPT 2019	April 2023		
33275	Transcatheter removal of permanent leadless pacemaker, right ventricular, including imaging guidance (eg, fluoroscopy, venous ultrasound, ventriculography, femoral venography), when performed	Jan 2018	Leadless Pacemaker Procedures	07	CPT 2019	April 2023		
33285	Insertion, subcutaneous cardiac rhythm monitor, including programming	Apr 2017	Cardiac Event Recorder Procedures	07	CPT 2019	April 2023		
33286	Removal, subcutaneous cardiac rhythm monitor	Apr 2017	Cardiac Event Recorder Procedures	07	CPT 2019	April 2023		
33289	Transcatheter implantation of wireless pulmonary artery pressure sensor for long-term hemodynamic monitoring, including deployment and calibration of the sensor, right heart catheterization, selective pulmonary catheterization, radiological supervision and interpretation, and pulmonary artery angiography, when performed	Jan 2018	Pulmonary Wireless Pressure Sensor Services	08	CPT 2019	April 2023		

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CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re- Review	RUC Rec	Complete
33340	Percutaneous transcatheter closure of the left atrial appendage with endocardial implant, including fluoroscopy, transseptal puncture, catheter placement(s), left atrial angiography, left atrial appendage angiography, when performed, and radiological supervision and interpretation	Jan 2016	Closure Left Atrial Appendage with Endocardial Implant	10	CPT 2017	April 2023	Review in two years (April 2023); new FDA indication recently released, suggesting this service is still changing.	
33361	Transcatheter aortic valve replacement (tavr/tavi) with prosthetic valve; percutaneous femoral artery approach	Apr 2012	Transcatheter Aortic Valve Replacement	12	CPT 2013	April 2024	Surveyed again in April 2018 and the RUC indicated that CPT codes 33361, 33362, 33363, 33364, 33365 and 33366 will remain on the New Technology list and be re-reviewed by the RUC in three years to ensure correct valuation and utilization assumptions.	
33362	Transcatheter aortic valve replacement (tavr/tavi) with prosthetic valve; open femoral artery approach		Transcatheter Aortic Valve Replacement	12	CPT 2013	April 2024	Surveyed again in April 2018 and the RUC indicated that CPT codes 33361, 33362, 33363, 33364, 33365 and 33366 will remain on the New Technology list and be re-reviewed by the RUC in three years to ensure correct valuation and utilization assumptions.	

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CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re- Review	RUC Rec	Complete
33363	Transcatheter aortic valve replacement (tavr/tavi) with prosthetic valve; open axillary artery approach		Transcatheter Aortic Valve Replacement	12	CPT 2013	April 2024	Surveyed again in April 2018 and the RUC indicated that CPT codes 33361, 33362, 33363, 33364, 33365 and 33366 will remain on the New Technology list and be re-reviewed by the RUC in three years to ensure correct valuation and utilization assumptions.	
33364	Transcatheter aortic valve replacement (tavr/tavi) with prosthetic valve; open iliac artery approach	Apr 2012	Transcatheter Aortic Valve Replacement	12	CPT 2013	April 2024	Surveyed again in April 2018 and the RUC indicated that CPT codes 33361, 33362, 33363, 33364, 33365 and 33366 will remain on the New Technology list and be re-reviewed by the RUC in three years to ensure correct valuation and utilization assumptions.	
33365	Transcatheter aortic valve replacement (tavr/tavi) with prosthetic valve; transaortic approach (eg, median sternotomy, mediastinotomy)	Apr 2012	Transcatheter Aortic Valve Replacement	12	CPT 2013	April 2024	Surveyed again in April 2018 and the RUC indicated that CPT codes 33361, 33362, 33363, 33364, 33365 and 33366 will remain on the New Technology list and be re-reviewed by the RUC in three years to ensure correct valuation and utilization assumptions.	

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CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re- Review	RUC Rec	Complete
33366	Transcatheter aortic valve replacement (tavr/tavi) with prosthetic valve; transapical exposure (eg, left thoracotomy)		Transcatheter Aortic Valve Replacement	12	CPT 2013	April 2024	Surveyed again in April 2018 and the RUC indicated that CPT codes 33361, 33362, 33363, 33364, 33365 and 33366 will remain on the New Technology list and be re-reviewed by the RUC in three years to ensure correct valuation and utilization assumptions.	
33367	Transcatheter aortic valve replacement (tavr/tavi) with prosthetic valve; cardiopulmonary bypass support with percutaneous peripheral arterial and venous cannulation (eg, femoral vessels) (list separately in addition to code for primary procedure)	Apr 2012	Transcatheter Aortic Valve Replacement	12	CPT 2013	October 2016	The Workgroup did not believe there would be a change in physician work or practice expense for the add-on services and recommends that 33367, 33368 and 33369 be removed from the new technology list as there is no demonstrated diffusion.	V
33368	Transcatheter aortic valve replacement (tavr/tavi) with prosthetic valve; cardiopulmonary bypass support with open peripheral arterial and venous cannulation (eg, femoral, iliac, axillary vessels) (list separately in addition to code for primary procedure)	Apr 2012	Transcatheter Aortic Valve Replacement	12	CPT 2013	October 2016	The Workgroup did not believe there would be a change in physician work or practice expense for the add-on services and recommends that 33367, 33369 and 33369 be removed from the new technology list as there is no demonstrated diffusion.	<b>✓</b>

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CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re- Review	RUC Rec	Complete
33369	Transcatheter aortic valve replacement (tavr/tavi) with prosthetic valve; cardiopulmonary bypass support with central arterial and venous cannulation (eg, aorta, right atrium, pulmonary artery) (list separately in addition to code for primary procedure)	Apr 2012	Transcatheter Aortic Valve Replacement	12	CPT 2013	October 2016	The Workgroup did not believe there would be a change in physician work or practice expense for the add-on services and recommends that 33367, 33368 and 33369 be removed from the new technology list as there is no demonstrated diffusion.	V
33370	Transcatheter placement and subsequent removal of cerebral embolic protection device(s), including arterial access, catheterization, imaging, and radiological supervision and interpretation, percutaneous (list separately in addition to code for primary procedure)	Jan 2021	Percutaneous Cerebral Embolic Protection	07	CPT 2022	April 2026		
33412	Replacement, aortic valve; with transventricular aortic annulus enlargement (konno procedure)	Jan 2018	Aortoventriculoplasty with Pulmonary Autograft	05	CPT 2019	April 2023	In the NPRM for 2019 CMS requested that codes 33412 and 33413 should be reviewed when the new code is reviewed for new technology.	
33413	Replacement, aortic valve; by translocation of autologous pulmonary valve with allograft replacement of pulmonary valve (ross procedure)	Jan 2018	Aortoventriculoplasty with Pulmonary Autograft	05	CPT 2019	April 2023	In the NPRM for 2019 CMS requested that codes 33412 and 33413 should be reviewed when the new code is reviewed for new technology.	

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CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re- Review	RUC Rec	Complete
33418	Transcatheter mitral valve repair, percutaneous approach, including transseptal puncture when performed; initial prosthesis	Apr 2014	Transcatheter Mitral Valve Repair	10	CPT 2015	April 2025	In October 2018, RUC recommended to review again after 3 more years of data (2022). In April 2022, the Workgroup noted that these services are still evolving and should be reviewed in 3 years (April 2025).	
33419	Transcatheter mitral valve repair, percutaneous approach, including transseptal puncture when performed; additional prosthesis(es) during same session (list separately in addition to code for primary procedure)	Apr 2014	Transcatheter Mitral Valve Repair	10	CPT 2015	April 2025	In October 2018, RUC recommended to review again after 3 more years of data (2022). In April 2022, the Workgroup noted that these services are still evolving and should be reviewed in 3 years (April 2025).	
33440	Replacement, aortic valve; by translocation of autologous pulmonary valve and transventricular aortic annulus enlargement of the left ventricular outflow tract with valved conduit replacement of pulmonary valve (ross-konno procedure)	Jan 2018	Aortoventriculoplasty with Pulmonary Autograft	05	CPT 2019	April 2023		
33477	Transcatheter pulmonary valve implantation, percutaneous approach, including pre-stenting of the valve delivery site, when performed	Jan 2015	Transcatheter Pulmonary Valve Implantation	06	CPT 2016	April 2023	Review in 3 years (January 2023); pediatric procedure with some CMS utilization.	<b>✓</b>
33509	Harvest of upper extremity artery, 1 segment, for coronary artery bypass procedure, endoscopic	Jan 2021	Harvest of Upper Extremity Artery, Endoscopic and Open	09	CPT 2022	April 2026		

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CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re- Review	RUC Rec	Complete
33620	Application of right and left pulmonary artery bands (eg, hybrid approach stage 1)	Feb 2010	Cardiac Hybrid Procedures	8	CPT 2011	September 2014	Develop CPT Assitant article to clarify who should report these services. The STS noted and the RUC agreed that only pediatric cardiac surgeons perform 33620 and 33622.	V
33621	Transthoracic insertion of catheter for stent placement with catheter removal and closure (eg, hybrid approach stage 1)	Feb 2010	Cardiac Hybrid Procedures	8	CPT 2011	September 2014	Develop CPT Assitant article to clarify who should report these services. The STS noted and the RUC agreed that only pediatric cardiac surgeons perform 33620 and 33622.	V
33622	Reconstruction of complex cardiac anomaly (eg, single ventricle or hypoplastic left heart) with palliation of single ventricle with aortic outflow obstruction and aortic arch hypoplasia, creation of cavopulmonary anastomosis, and removal of right and left pulmonary bands (eg, hybrid approach stage 2, norwood, bidirectional glenn, pulmonary artery debanding)	Feb 2010	Cardiac Hybrid Procedures	8	CPT 2011	September 2014	Develop CPT Assitant article to clarify who should report these services. The STS noted and the RUC agreed that only pediatric cardiac surgeons perform 33620 and 33622.	V
33864	Ascending aorta graft, with cardiopulmonary bypass with valve suspension, with coronary reconstruction and valve-sparing aortic root remodeling (eg, david procedure, yacoub procedure)	Apr 2007	Valve Sparing Aortic Annulus Reconstruction	24	CPT 2008	September 2011	Remove, code does not need to be re- evaluated	<b>✓</b>
33866	Aortic hemiarch graft including isolation and control of the arch vessels, beveled open distal aortic anastomosis extending under one or more of the arch vessels, and total circulatory arrest or isolated cerebral perfusion (list separately in addition to code for primary procedure)	Oct 2018	Aortic Graft Procedures	06	CPT 2020	April 2024		

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CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re- Review	RUC Rec	Complete
33900	Percutaneous pulmonary artery revascularization by stent placement, initial; normal native connections, unilateral	Oct 2021	Endovascular Pulmonary Arterial Revascularization	04	CPT 2023	April 2027		
33901	Percutaneous pulmonary artery revascularization by stent placement, initial; normal native connections, bilateral	Oct 2021	Endovascular Pulmonary Arterial Revascularization	04	CPT 2023	April 2027		
33902	Percutaneous pulmonary artery revascularization by stent placement, initial; abnormal connections, unilateral	Oct 2021	Endovascular Pulmonary Arterial Revascularization	04	CPT 2023	April 2027		
33903	Percutaneous pulmonary artery revascularization by stent placement, initial; abnormal connections, bilateral	Oct 2021	Endovascular Pulmonary Arterial Revascularization	04	CPT 2023	April 2027		
33904	Percutaneous pulmonary artery revascularization by stent placement, each additional vessel or separate lesion, normal or abnormal connections (list separately in addition to code for primary procedure)	Oct 2021	Endovascular Pulmonary Arterial Revascularization	04	CPT 2023	April 2027		
33927	Implantation of a total replacement heart system (artificial heart) with recipient cardiectomy	Jan 2017	Artifical Heart System Procedure	09	CPT 2018	April 2022	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	<b>✓</b>
33928	Removal and replacement of total replacement heart system (artificial heart)	Jan 2017	Artifical Heart System Procedure	09	CPT 2018	April 2022	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	<b>✓</b>
33929	Removal of a total replacement heart system (artificial heart) for heart transplantation (list separately in addition to code for primary procedure)	Jan 2017	Artifical Heart System Procedure	09	CPT 2018	April 2022	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	<b>V</b>

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CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re- Review	RUC Rec	Complete
33946	Extracorporeal membrane oxygenation (ecmo)/extracorporeal life support (ecls) provided by physician; initiation, veno-venous	Apr 2014	ECMO-ECLS	11	CPT 2015	October 2018	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	<b>✓</b>
33947	Extracorporeal membrane oxygenation (ecmo)/extracorporeal life support (ecls) provided by physician; initiation, veno-arterial	Apr 2014	ECMO-ECLS	11	CPT 2015	October 2018	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	<b>&gt;</b>
33948	Extracorporeal membrane oxygenation (ecmo)/extracorporeal life support (ecls) provided by physician; daily management, each day, venovenous	Apr 2014	ECMO-ECLS	11	CPT 2015	October 2018	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	<b>&gt;</b>
33949	Extracorporeal membrane oxygenation (ecmo)/extracorporeal life support (ecls) provided by physician; daily management, each day, veno-arterial	Apr 2014	ECMO-ECLS	11	CPT 2015	October 2018	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	<b>✓</b>
33951	Extracorporeal membrane oxygenation (ecmo)/extracorporeal life support (ecls) provided by physician; insertion of peripheral (arterial and/or venous) cannula(e), percutaneous, birth through 5 years of age (includes fluoroscopic guidance, when performed)	Apr 2014	ECMO-ECLS	11	CPT 2015	October 2018	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	<b>V</b>
33952	Extracorporeal membrane oxygenation (ecmo)/extracorporeal life support (ecls) provided by physician; insertion of peripheral (arterial and/or venous) cannula(e), percutaneous, 6 years and older (includes fluoroscopic guidance, when performed)	Apr 2014	ECMO-ECLS	11	CPT 2015	October 2018	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	V

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CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re- Review	RUC Rec	Complete
33953	Extracorporeal membrane oxygenation (ecmo)/extracorporeal life support (ecls) provided by physician; insertion of peripheral (arterial and/or venous) cannula(e), open, birth through 5 years of age	Apr 2014	ECMO-ECLS	11	CPT 2015	October 2018	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	<b>V</b>
33954	Extracorporeal membrane oxygenation (ecmo)/extracorporeal life support (ecls) provided by physician; insertion of peripheral (arterial and/or venous) cannula(e), open, 6 years and older	Apr 2014	ECMO-ECLS	11	CPT 2015	October 2018	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	<b>V</b>
33955	Extracorporeal membrane oxygenation (ecmo)/extracorporeal life support (ecls) provided by physician; insertion of central cannula(e) by sternotomy or thoracotomy, birth through 5 years of age	Apr 2014	ECMO-ECLS	11	CPT 2015	October 2018	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	<b>V</b>
33956	Extracorporeal membrane oxygenation (ecmo)/extracorporeal life support (ecls) provided by physician; insertion of central cannula(e) by sternotomy or thoracotomy, 6 years and older	Apr 2014	ECMO-ECLS	11	CPT 2015	October 2018	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	<b>~</b>
33957	Extracorporeal membrane oxygenation (ecmo)/extracorporeal life support (ecls) provided by physician; reposition peripheral (arterial and/or venous) cannula(e), percutaneous, birth through 5 years of age (includes fluoroscopic guidance, when performed)	Apr 2014	ECMO-ECLS	11	CPT 2015	October 2018	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	<b>V</b>
33958	Extracorporeal membrane oxygenation (ecmo)/extracorporeal life support (ecls) provided by physician; reposition peripheral (arterial and/or venous) cannula(e), percutaneous, 6 years and older (includes fluoroscopic guidance, when performed)	Apr 2014	ECMO-ECLS	11	CPT 2015	October 2018	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	<b>V</b>

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CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re- Review	RUC Rec	Complete
33959	Extracorporeal membrane oxygenation (ecmo)/extracorporeal life support (ecls) provided by physician; reposition peripheral (arterial and/or venous) cannula(e), open, birth through 5 years of age (includes fluoroscopic guidance, when performed)	Apr 2014	ECMO-ECLS	11	CPT 2015	October 2018	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	✓
33962	Extracorporeal membrane oxygenation (ecmo)/extracorporeal life support (ecls) provided by physician; reposition peripheral (arterial and/or venous) cannula(e), open, 6 years and older (includes fluoroscopic guidance, when performed)	Apr 2014	ECMO-ECLS	11	CPT 2015	October 2018	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	✓
33963	Extracorporeal membrane oxygenation (ecmo)/extracorporeal life support (ecls) provided by physician; reposition of central cannula(e) by sternotomy or thoracotomy, birth through 5 years of age (includes fluoroscopic guidance, when performed)	Apr 2014	ECMO-ECLS	11	CPT 2015	October 2018	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	✓
33964	Extracorporeal membrane oxygenation (ecmo)/extracorporeal life support (ecls) provided by physician; reposition central cannula(e) by sternotomy or thoracotomy, 6 years and older (includes fluoroscopic guidance, when performed)	Apr 2014	ECMO-ECLS	11	CPT 2015	October 2018	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	<b>✓</b>
33965	Extracorporeal membrane oxygenation (ecmo)/extracorporeal life support (ecls) provided by physician; removal of peripheral (arterial and/or venous) cannula(e), percutaneous, birth through 5 years of age	Apr 2014	ECMO-ECLS	11	CPT 2015	October 2018	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	<b>✓</b>
33966	Extracorporeal membrane oxygenation (ecmo)/extracorporeal life support (ecls) provided by physician; removal of peripheral (arterial and/or venous) cannula(e), percutaneous, 6 years and older	Apr 2014	ECMO-ECLS	11	CPT 2015	October 2018	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	V

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CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re- Review	RUC Rec	Complete
33969	Extracorporeal membrane oxygenation (ecmo)/extracorporeal life support (ecls) provided by physician; removal of peripheral (arterial and/or venous) cannula(e), open, birth through 5 years of age	Apr 2014	ECMO-ECLS	11	CPT 2015	October 2018	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	V
33984	Extracorporeal membrane oxygenation (ecmo)/extracorporeal life support (ecls) provided by physician; removal of peripheral (arterial and/or venous) cannula(e), open, 6 years and older	Apr 2014	ECMO-ECLS	11	CPT 2015	October 2018	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	✓
33985	Extracorporeal membrane oxygenation (ecmo)/extracorporeal life support (ecls) provided by physician; removal of central cannula(e) by sternotomy or thoracotomy, birth through 5 years of age	Apr 2014	ECMO-ECLS	11	CPT 2015	October 2018	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	✓
33986	Extracorporeal membrane oxygenation (ecmo)/extracorporeal life support (ecls) provided by physician; removal of central cannula(e) by sternotomy or thoracotomy, 6 years and older	Apr 2014	ECMO-ECLS	11	CPT 2015	October 2018	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	<b>V</b>
33987	Arterial exposure with creation of graft conduit (eg, chimney graft) to facilitate arterial perfusion for ecmo/ecls (list separately in addition to code for primary procedure)	Apr 2014	ECMO-ECLS	11	CPT 2015	October 2018	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	✓
33988	Insertion of left heart vent by thoracic incision (eg, sternotomy, thoracotomy) for ecmo/ecls	Apr 2014	ECMO-ECLS	11	CPT 2015	October 2018	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	✓
33989	Removal of left heart vent by thoracic incision (eg, sternotomy, thoracotomy) for ecmo/ecls	Apr 2014	ECMO-ECLS	11	CPT 2015	October 2018	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	✓

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CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re- Review	RUC Rec	Complete
33995	Insertion of ventricular assist device, percutaneous, including radiological supervision and interpretation; right heart, venous access only	Oct 2019	Percutaneous Ventricular Assist Device Insertion	05	CPT 2021	April 2025		
33997	Removal of percutaneous right heart ventricular assist device, venous cannula, at separate and distinct session from insertion	Oct 2019	Percutaneous Ventricular Assist Device Insertion	05	CPT 2021	April 2025		
34806	Code Deleted CPT 2008	Apr 2007	Wireless Pressure Sensor Implantation	25	CPT 2008	September 2011	Remove, code does not need to be re- evaluated	<b>✓</b>
36465	Injection of non-compounded foam sclerosant with ultrasound compression maneuvers to guide dispersion of the injectate, inclusive of all imaging guidance and monitoring; single incompetent extremity truncal vein (eg, great saphenous vein, accessory saphenous vein)	Jan 2017	Treatment of Incompetent Veins	11	CPT 2018	April 2025	In April 2022, recommended to review in 3 years (April 2025); still fluctuation in utilization.	
36466	Injection of non-compounded foam sclerosant with ultrasound compression maneuvers to guide dispersion of the injectate, inclusive of all imaging guidance and monitoring; multiple incompetent truncal veins (eg, great saphenous vein, accessory saphenous vein), same leg		Treatment of Incompetent Veins	11	CPT 2018	April 2025	In April 2022, recommended to review in 3 years (April 2025); still fluctuation in utilization.	
36473	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, mechanochemical; first vein treated	Jan 2016	Mechanochemical (MOCA) Vein Ablation	13	CPT 2017	April 2025	Review in January 2022 with the other codes in this family identified via the 2022 new technology/new services screen (36475-36479). In April 2022, recommended to review in 3 years (April 2025); still fluctuation in utilization.	

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CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re- Review	RUC Rec	Complete
36474	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, mechanochemical; subsequent vein(s) treated in a single extremity, each through separate access sites (list separately in addition to code for primary procedure)	Jan 2016	Mechanochemical (MOCA) Vein Ablation	13	CPT 2017	April 2025	Review in January 2022 with the other codes in this family identified via the 2022 new technology/new services screen (36475-36479). In April 2022, recommended to review in 3 years (April 2025); still fluctuation in utilization.	
36475	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; first vein treated	Apr 2014	Endovenous Ablation	38	CPT 2015	April 2025	In October 2018, RUC recommended to review again after 3 more years of data (2022). In April 2022, recommended to review in 3 years (April 2025); still fluctuation in utilization.	
36476	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; subsequent vein(s) treated in a single extremity, each through separate access sites (list separately in addition to code for primary procedure)	Apr 2014	Endovenous Ablation	38	CPT 2015	April 2025	In October 2018, RUC recommended to review again after 3 more years of data (2022). In April 2022, recommended to review in 3 years (April 2025); still fluctuation in utilization.	
36478	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, laser; first vein treated	Apr 2014	Endovenous Ablation	38	CPT 2015	April 2025	In October 2018, RUC recommended to review again after 3 more years of data (2022). In April 2022, recommended to review in 3 years (April 2025); still fluctuation in utilization.	

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CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re- Review	RUC Rec	Complete
36479	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, laser; subsequent vein(s) treated in a single extremity, each through separate access sites (list separately in addition to code for primary procedure)	Apr 2014	Endovenous Ablation	38	CPT 2015	April 2025	In October 2018, RUC recommended to review again after 3 more years of data (2022). In April 2022, recommended to review in 3 years (April 2025); still fluctuation in utilization.	
36482	Endovenous ablation therapy of incompetent vein, extremity, by transcatheter delivery of a chemical adhesive (eg, cyanoacrylate) remote from the access site, inclusive of all imaging guidance and monitoring, percutaneous; first vein treated	Jan 2017	Treatment of Incompetent Veins	11	CPT 2018	April 2025	In April 2022, recommended to review in 3 years (April 2025); still fluctuation in utilization.	
36483	Endovenous ablation therapy of incompetent vein, extremity, by transcatheter delivery of a chemical adhesive (eg. cyanoacrylate) remote from the access site, inclusive of all imaging guidance and monitoring, percutaneous; subsequent vein(s) treated in a single extremity, each through separate access sites (list separately in addition to code for primary procedure)	Jan 2017	Treatment of Incompetent Veins	11	CPT 2018	April 2025	In April 2022, recommended to review in 3 years (April 2025); still fluctuation in utilization.	
36836	Percutaneous arteriovenous fistula creation, upper extremity, single access of both the peripheral artery and peripheral vein, including fistula maturation procedures (eg, transluminal balloon angioplasty, coil embolization) when performed, including all vascular access, imaging guidance and radiologic supervision and interpretation	Jan 2022	Percutaneous Arteriovenous Fistula Creation	06	CPT 2023	April 2027		
36837	Percutaneous arteriovenous fistula creation, upper extremity, separate access sites of the peripheral artery and peripheral vein, including fistula maturation procedures (eg, transluminal balloon angioplasty, coil embolization) when performed, including all vascular access, imaging guidance and radiologic supervision and interpretation	Jan 2022	Percutaneous Arteriovenous Fistula Creation	06	CPT 2023	April 2027		

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CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re- Review	RUC Rec	Complete
37192	Repositioning of intravascular vena cava filter, endovascular approach including vascular access, vessel selection, and radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance (ultrasound and fluoroscopy), when performed	Apr 2011	IVC Transcatheter Procedure	12	CPT 2012	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	✓
37193	Retrieval (removal) of intravascular vena cava filter, endovascular approach including vascular access, vessel selection, and radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance (ultrasound and fluoroscopy), when performed	Apr 2011	IVC Transcatheter Procedure	12	CPT 2012	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	<b>✓</b>
37218	Transcatheter placement of intravascular stent(s), intrathoracic common carotid artery or innominate artery, open or percutaneous antegrade approach, including angioplasty, when performed, and radiological supervision and interpretation	•	Transcatheter Placement o Carotid Stents	f 12	CPT 2015	October 2018	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	✓
38220	Diagnostic bone marrow; aspiration(s)	Apr 2016	Diagnostic Bone Marrow Aspiration and Bone Biopsy		CPT 2018	April 2022	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	✓
38221	Diagnostic bone marrow; biopsy(ies)	Apr 2016	Diagnostic Bone Marrow Aspiration and Bone Biopsy		CPT 2018	April 2022	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	<b>✓</b>
38222	Diagnostic bone marrow; biopsy(ies) and aspiration(s)	Apr 2016	Diagnostic Bone Marrow Aspiration and Bone Biopsy	06	CPT 2018	April 2022	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	•

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CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re- Review	RUC Rec	Complete
38900	Intraoperative identification (eg, mapping) of sentinel lymph node(s) includes injection of non-radioactive dye, when performed (list separately in addition to code for primary procedure)	Apr 2010	Sentinel Lymph Node Mapping	8	CPT 2011	September 2014	Remove from list, no demonstrated technology diffusions that impacts work or practice expense.	<b>✓</b>
43180	Esophagoscopy, rigid, transoral with diverticulectomy of hypopharynx or cervical esophagus (eg, zenker's diverticulum), with cricopharyngeal myotomy, includes use of telescope or operating microscope and repair, when performed	Jan 2014	Endoscopic Hypopharyngeal Diverticulotomy	7	CPT 2015	October 2018	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	<b>✓</b>
43210	Esophagogastroduodenoscopy, flexible, transoral; with esophagogastric fundoplasty, partial or complete, includes duodenoscopy when performed	·	Esophagogatric Fundoplasty Trans-Oral Approach	05	CPT 2016	October 2019	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	✓
43273	Endoscopic cannulation of papilla with direct visualization of pancreatic/common bile duct(s) (list separately in addition to code(s) for primary procedure)	Apr 2008	Cholangioscopy- Pancreatoscopy	13	CPT 2009	September 2012	Specialty to survey Feb 2013 with family of services	✓
43279	Laparoscopy, surgical, esophagomyotomy (heller type), with fundoplasty, when performed	Apr 2008	Laparoscopic Heller Myotomy	12	CPT 2009	September 2012	Remove, code does not need to be re- evaluated	<b>✓</b>
43281	Laparoscopy, surgical, repair of paraesophageal hernia, includes fundoplasty, when performed; without implantation of mesh	Apr 2009	Laparoscopic Paraesophageal Hernia Repair	12	CPT 2010	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	<b>~</b>
43282	Laparoscopy, surgical, repair of paraesophageal hernia, includes fundoplasty, when performed; with implantation of mesh	Apr 2009	Laparoscopic Paraesophageal Hernia Repair	12	CPT 2010	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	<b>✓</b>

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CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re- Review	RUC Rec	Complete
43284	Laparoscopy, surgical, esophageal sphincter augmentation procedure, placement of sphincter augmentation device (ie, magnetic band), including cruroplasty when performed	Jan 2016	Esophageal Sphincter Augmentation	17	CPT 2017	April 2024	Review in 3 years (April 2024). The initial RUC survey was insufficient in number of respondents and RUC recommended resurveying when volume is sufficient. Even though the typical patient is below Medicare age, society believes volumes remain low. Utilization of the removal code 43285 is higher than expected suggesting the services may be reported inappropriately.	
43285	Removal of esophageal sphincter augmentation device	Jan 2016	Esophageal Sphincter Augmentation	17	CPT 2017	April 2024	Review in 3 years (April 2024). The initial RUC survey was insufficient in number of respondents and RUC recommended resurveying when volume is sufficient. Even though the typical patient is below Medicare age, society believes volumes remain low. Utilization of the removal code 43285 is higher than expected suggesting the services may be reported inappropriately.	
43290	Esophagogastroduodenoscopy, flexible, transoral; with deployment of intragastric bariatric balloon	Apr 2021	Endoscopic Bariatric Device Procedures	08	CPT 2023	April 2027		

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CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re- Review	RUC Rec	Complete
43291	Esophagogastroduodenoscopy, flexible, transoral; with removal of intragastric bariatric balloon(s)	Apr 2021	Endoscopic Bariatric Device Procedures	80	CPT 2023	April 2027		
43497	Lower esophageal myotomy, transoral (ie, peroral endoscopic myotomy [poem])	Oct 2020	Per-Oral Endoscopic Myotomy (POEM)	07	CPT 2022	April 2026		
43647	Laparoscopy, surgical; implantation or replacement of gastric neurostimulator electrodes, antrum	Apr 2006	Gastric Antrum Neurostimulation	26	CPT 2007	September 2010	Remove, code does not need to be re- evaluated	<b>✓</b>
43648	Laparoscopy, surgical; revision or removal of gastric neurostimulator electrodes, antrum	Apr 2006	Gastric Antrum Neurostimulation	26	CPT 2007	September 2010	Remove, code does not need to be re- evaluated	<b>✓</b>
43775	Laparoscopy, surgical, gastric restrictive procedure; longitudinal gastrectomy (ie, sleeve gastrectomy)	Apr 2009	Laparoscopic Longitudinal Gastrectomy	14	CPT 2010	September 2013	Remove from list, carrier priced.	<b>✓</b>
43881	Implantation or replacement of gastric neurostimulator electrodes, antrum, open	Apr 2006	Gastric Antrum Neurostimulation	26	CPT 2007	September 2010	Remove, code does not need to be re- evaluated	<b>✓</b>
43882	Revision or removal of gastric neurostimulator electrodes, antrum, open	Apr 2006	Gastric Antrum Neurostimulation	26	CPT 2007	September 2010	Remove, code does not need to be re- evaluated	✓

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CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re- Review	RUC Rec	Complete
44705	Preparation of fecal microbiota for instillation, including assessment of donor specimen	Apr 2012	Fecal Bacteriotherapy	18	CPT 2013	October 2018	The specialty societies indicated that they tried to develop a category I code to replace 44705 which is not currently covered by Medicare, but the CPT Editorial Panel did not accept the coding change proposal due to a lack in literature provided. The Workgroup recommended that these services be reviewed in 2 year after additional utilization data is available (October 2018). In Octobre 2018, the RUC recommended to remove from list, no demonstrated technology diffusion that impacts work or practice expense.	
46601	Anoscopy; diagnostic, with high-resolution magnification (hra) (eg, colposcope, operating microscope) and chemical agent enhancement, including collection of specimen(s) by brushing or washing, when performed	Apr 2014	High Resolution Anoscopy	14	CPT 2015	April 2022	In October 2018, RUC recommended to review again after 3 more years of data and to determine what specialties are performing this service (2022). In April 2022, recommended to remove from list, no demonstrated technology diffusion that impacts work or practice expense.	<b>✓</b>

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CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re- Review	RUC Rec	Complete
46607	Anoscopy; with high-resolution magnification (hra) (eg, colposcope, operating microscope) and chemical agent enhancement, with biopsy, single or multiple	Apr 2014	High Resolution Anoscopy	14	CPT 2015	April 2022	In October 2018, RUC recommended to review again after 3 more years of data and to determine what specialties are performing this service (2022). In April 2022, recommended to remove from list, no demonstrated technology diffusion that impacts work or practice expense.	<b>✓</b>
46707	Repair of anorectal fistula with plug (eg, porcine small intestine submucosa [sis])	Apr 2009	Fistula Plug	15	CPT 2010	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	<b>✓</b>
46948	Hemorrhoidectomy, internal, by transanal hemorrhoidal dearterialization, 2 or more hemorrhoid columns/groups, including ultrasound guidance, with mucopexy, when performed	Oct 2018	Transanal Hemorrhoidal Dearterialization	07	CPT 2020	April 2024		
47383	Ablation, 1 or more liver tumor(s), percutaneous, cryoablation	Apr 2014	Cryoablation of Liver Tumor	r 15	CPT 2015	October 2018	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	<b>✓</b>
49327	Laparoscopy, surgical; with placement of interstitial device(s) for radiation therapy guidance (eg, fiducial markers, dosimeter), intra-abdominal, intrapelvic, and/or retroperitoneum, including imaging guidance, if performed, single or multiple (list separately in addition to code for primary procedure)	Apr 2010	Fiducial Marker Placement	10	CPT 2011	September 2014	Remove from list, no demonstrated technology diffusions that impacts work or practice expense.	V

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CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re- Review	RUC Rec	Complete
49411	Placement of interstitial device(s) for radiation therapy guidance (eg, fiducial markers, dosimeter), percutaneous, intra-abdominal, intra-pelvic (except prostate), and/or retroperitoneum, single or multiple		Fiducial Marker Placement	6	CPT 2010	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	✓
49412	Placement of interstitial device(s) for radiation therapy guidance (eg, fiducial markers, dosimeter), open, intra-abdominal, intrapelvic, and/or retroperitoneum, including image guidance, if performed, single or multiple (list separately in addition to code for primary procedure)	Apr 2010	Fiducial Marker Placement	10	CPT 2011	September 2014	Remove from list, no demonstrated technology diffusions that impacts work or practice expense.	✓
49652	Laparoscopy, surgical, repair, ventral, umbilical, spigelian or epigastric hernia (includes mesh insertion, when performed); reducible	Feb 2011	Laparoscopic Hernia Repai	r 30	CPT 2009	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	✓
49653	Laparoscopy, surgical, repair, ventral, umbilical, spigelian or epigastric hernia (includes mesh insertion, when performed); incarcerated or strangulated	Feb 2011	Laparoscopic Hernia Repai	r 30	CPT 2009	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	✓
49654	Laparoscopy, surgical, repair, incisional hernia (includes mesh insertion, when performed); reducible	Feb 2011	Laparoscopic Hernia Repai	r 30	CPT 2009	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	<b>V</b>
49655	Laparoscopy, surgical, repair, incisional hernia (includes mesh insertion, when performed); incarcerated or strangulated	Feb 2011	Laparoscopic Hernia Repai	r 30	CPT 2012	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	✓

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CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re- Review	RUC Rec	Complete
50430	Injection procedure for antegrade nephrostogram and/or ureterogram, complete diagnostic procedure including imaging guidance (eg, ultrasound and fluoroscopy) and all associated radiological supervision and interpretation; new access	Apr 2015	Genitourinary Catheter Procedures	08	CPT 2016	October 2019	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	✓
50431	Injection procedure for antegrade nephrostogram and/or ureterogram, complete diagnostic procedure including imaging guidance (eg, ultrasound and fluoroscopy) and all associated radiological supervision and interpretation; existing access	Apr 2015	Genitourinary Catheter Procedures	08	CPT 2016	October 2019	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	✓
50432	Placement of nephrostomy catheter, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation	Apr 2015	Genitourinary Catheter Procedures	08	CPT 2016	October 2019	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	✓
50433	Placement of nephroureteral catheter, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation, new access	Apr 2015	Genitourinary Catheter Procedures	08	CPT 2016	October 2019	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	✓
50434	Convert nephrostomy catheter to nephroureteral catheter, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg. ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation, via pre-existing nephrostomy tract	Apr 2015	Genitourinary Catheter Procedures	08	CPT 2016	October 2019	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	<b>V</b>
50435	Exchange nephrostomy catheter, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation	Apr 2015	Genitourinary Catheter Procedures	08	CPT 2016	October 2019	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	<b>~</b>

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CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re- Review	RUC Rec	Complete
50593	Ablation, renal tumor(s), unilateral, percutaneous, cryotherapy	Apr 2007	Percutaneous Renal Tumor Cryotherapy	· A	CPT 2008	September 2011	Remove, code does not need to be re- evaluated	<b>✓</b>
50606	Endoluminal biopsy of ureter and/or renal pelvis, non-endoscopic, including imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation (list separately in addition to code for primary procedure)	Apr 2015	Genitourinary Catheter Procedures	08	CPT 2016	October 2019	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	V
50693	Placement of ureteral stent, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy), and all associated radiological supervision and interpretation; pre-existing nephrostomy tract	Apr 2015	Genitourinary Catheter Procedures	08	CPT 2016	October 2019	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	V
50694	Placement of ureteral stent, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy), and all associated radiological supervision and interpretation; new access, without separate nephrostomy catheter	Apr 2015	Genitourinary Catheter Procedures	08	CPT 2016	October 2019	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	✓
50695	Placement of ureteral stent, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy), and all associated radiological supervision and interpretation; new access, with separate nephrostomy catheter	Apr 2015	Genitourinary Catheter Procedures	08	CPT 2016	October 2019	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	V
50705	Ureteral embolization or occlusion, including imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation (list separately in addition to code for primary procedure)	Apr 2015	Genitourinary Catheter Procedures	08	CPT 2016	October 2019	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	✓

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CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re- Review	RUC Rec	Complete
50706	Balloon dilation, ureteral stricture, including imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation (list separately in addition to code for primary procedure)	Apr 2015	Genitourinary Catheter Procedures	08	CPT 2016	October 2019	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	✓
52441	Cystourethroscopy, with insertion of permanent adjustable transprostatic implant; single implant	Apr 2014	Cystourethroscopy Insertion Transprostatic Implant	16	CPT 2015	October 2018	Survey for January 2019	<b>✓</b>
52442	Cystourethroscopy, with insertion of permanent adjustable transprostatic implant; each additional permanent adjustable transprostatic implant (list separately in addition to code for primary procedure)	Apr 2014	Cystourethroscopy Insertion Transprostatic Implant	16	CPT 2015	October 2018	Survey for January 2019	<b>✓</b>
53854	Transurethral destruction of prostate tissue; by radiofrequency generated water vapor thermotherapy	Jan 2018	Transurethral Destruction of Prostate Tissue	13	CPT 2019	April 2023		
53855	Insertion of a temporary prostatic urethral stent, including urethral measurement	Feb 2009	Temporary Prostatic Urethral Stent Insertion	12	CPT 2010	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	✓
53860	Transurethral radiofrequency micro-remodeling of the female bladder neck and proximal urethra for stress urinary incontinence	Apr 2010	Transurethral Radiofrequency Bladder Neck and Urethra	12	CPT 2011	September 2014	Remove from list, no demonstrated technology diffusions that impacts work or practice expense.	<b>✓</b>
55706	Biopsies, prostate, needle, transperineal, stereotactic template guided saturation sampling, including imaging guidance	Apr 2008	Saturation Biopsies	15	CPT 2009	September 2014	Remove from list, no demonstrated technology diffusions that impacts work or practice expense.	✓

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CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re- Review	RUC Rec	Complete
55866	Laparoscopy, surgical prostatectomy, retropubic radical, including nerve sparing, includes robotic assistance, when performed	Oct 2009	Laparoscopic Radical Prostatectomy	14	CPT 2011	September 2014	Survey for April 2015. Specialty society should consider surveying 55845 and 55866 at the same time	<b>✓</b>
55874	Transperineal placement of biodegradable material, peri-prostatic, single or multiple injection(s), including image guidance, when performed	Jan 2017	Peri-Prostatic Implantation of Biodegradable Material	13	CPT 2018	April 2022	In April 2022, recommended to remove from list, no demonstrated technology diffusion that impacts work or practice expense.	V
55880	Ablation of malignant prostate tissue, transrectal, with high intensity-focused ultrasound (hifu), including ultrasound guidance	Oct 2019	Transrectal High Intesity Focused US Prostate Ablation	06	CPT 2021	April 2025		
57423	Paravaginal defect repair (including repair of cystocele, if performed), laparoscopic approach	Apr 2007	Laparoscopic Paravaginal Defect Repair	С	CPT 2008	September 2011	Remove, code does not need to be re- evaluated	<b>✓</b>
57425	Laparoscopy, surgical, colpopexy (suspension of vaginal apex)	Oct 2008	Laparoscopic Revision of Prosthetic Vaginal Graft	7	CPT 2010	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	V
57426	Revision (including removal) of prosthetic vaginal graft, laparoscopic approach	Oct 2008	Laparoscopic Revision of Prosthetic Vaginal Graft	7	CPT 2010	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	V
57465	Computer-aided mapping of cervix uteri during colposcopy, including optical dynamic spectral imaging and algorithmic quantification of the acetowhitening effect (list separately in addition to code for primary procedure)	Jan 2020	Computer-Aided Mapping of Cervix Uteri	14	CPT 2021	April 2025		
58541	Laparoscopy, surgical, supracervical hysterectomy, for uterus 250 g or less;	Feb 2006	Laparoscopic Supracervica Hysterectomy	l 13	CPT 2007	September 2013	Survey April 2014	✓

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CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re- Review	RUC Rec	Complete
58542	Laparoscopy, surgical, supracervical hysterectomy, for uterus 250 g or less; with removal of tube(s) and/or ovary(s)	Feb 2006	Laparoscopic Supracervical Hysterectomy	l 13	CPT 2007	September 2013	Survey April 2014	<b>✓</b>
58543	Laparoscopy, surgical, supracervical hysterectomy, for uterus greater than 250 g;	Feb 2006	Laparoscopic Supracervical Hysterectomy	l 13	CPT 2007	September 2013	Survey April 2014	$\checkmark$
58544	Laparoscopy, surgical, supracervical hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s)	Feb 2006	Laparoscopic Supracervical Hysterectomy	I 13	CPT 2007	September 2013	Survey April 2014	<b>✓</b>
58570	Laparoscopy, surgical, with total hysterectomy, for uterus 250 g or less;	Apr 2007	Laparoscopic Total Hysterectomy	D	CPT 2008	September 2013	Survey April 2014	$\checkmark$
58571	Laparoscopy, surgical, with total hysterectomy, for uterus 250 g or less; with removal of tube(s) and/or ovary(s)	Apr 2007	Laparoscopic Total Hysterectomy	D	CPT 2008	September 2013	Survey April 2014	<b>✓</b>
58572	Laparoscopy, surgical, with total hysterectomy, for uterus greater than 250 g;	Apr 2007	Laparoscopic Total Hysterectomy	D	CPT 2008	September 2013	Survey April 2014	<b>✓</b>
58573	Laparoscopy, surgical, with total hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s)	Apr 2007	Laparoscopic Total Hysterectomy	D	CPT 2008	September 2013	Survey April 2014	<b>✓</b>
58674	Laparoscopy, surgical, ablation of uterine fibroid(s) including intraoperative ultrasound guidance and monitoring, radiofrequency	Jan 2016	Laparoscopic Radiofrequency Ablation of Uterine Fibroids	18	CPT 2017	October 2020	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	<b>&gt;</b>
61645	Percutaneous arterial transluminal mechanical thrombectomy and/or infusion for thrombolysis, intracranial, any method, including diagnostic angiography, fluoroscopic guidance, catheter placement, and intraprocedural pharmacological thrombolytic injection(s)	Apr 2015	Intracranial Endovascular Intervention	09	CPT 2016	October 2019	Remove from list. Although the RUC discussed that the subsequent hostial visit occurs, CMS has already issued their statement on 23-hr hospital stay services.	<b>✓</b>

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CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re- Review	RUC Rec	Complete
61650	Endovascular intracranial prolonged administration of pharmacologic agent(s) other than for thrombolysis, arterial, including catheter placement, diagnostic angiography, and imaging guidance; initial vascular territory	Apr 2015	Intracranial Endovascular Intervention	09	CPT 2016	October 2019	Remove from list. Although the RUC discussed that the subsequent hostial visit occurs, CMS has already issued their statement on 23-hr hospital stay services.	V
61651	Endovascular intracranial prolonged administration of pharmacologic agent(s) other than for thrombolysis, arterial, including catheter placement, diagnostic angiography, and imaging guidance; each additional vascular territory (list separately in addition to code for primary procedure)	Apr 2015	Intracranial Endovascular Intervention	09	CPT 2016	October 2019	Remove from list. Although the RUC discussed that the subsequent hostial visit occurs, CMS has already issued their statement on 23-hr hospital stay services.	✓
61736	Laser interstitial thermal therapy (litt) of lesion, intracranial, including burr hole(s), with magnetic resonance imaging guidance, when performed; single trajectory for 1 simple lesion	Jan 2021	Intracranial Laser Interstitia Thermal Therapy (LITT)	l 12	CPT 2022	April 2026		
61737	Laser interstitial thermal therapy (litt) of lesion, intracranial, including burr hole(s), with magnetic resonance imaging guidance, when performed; multiple trajectories for multiple or complex lesion(s)	Jan 2021	Intracranial Laser Interstitia Thermal Therapy (LITT)	l 12	CPT 2022	April 2026		

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CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re- Review	RUC Rec	Complete
619X1		Apr 2022	Skull Mounted Cranial Neurostimulator	05	CPT 2024	April 2028	When review in 2028, ensure correct valuation, patient population and utilization assumptions. At the April 2022 RUC meeting, the RUC recommendation for CPT code 619X1 was based on the understanding that the current typical patient does not have a surgically naïve scalp and has previously undergone multiple intracranial procedures prior to the insertion of the skull-mounted neurostimulator.	
619X2		Apr 2022	Skull Mounted Cranial Neurostimulator	05	CPT 2024	April 2028	When review in 2028, ensure correct valuation, patient population and utilization assumptions. At the April 2022 RUC meeting, the RUC recommendation for CPT code 619X1 was based on the understanding that the current typical patient does not have a surgically naïve scalp and has previously undergone multiple intracranial procedures prior to the insertion of the skull-mounted neurostimulator.	

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CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re- Review	RUC Rec	Complete
619X3		Apr 2022	Skull Mounted Cranial Neurostimulator	05	CPT 2024	April 2028	When review in 2028, ensure correct valuation, patient population and utilization assumptions. At the April 2022 RUC meeting, the RUC recommendation for CPT code 619X1 was based on the understanding that the current typical patient does not have a surgically naïve scalp and has previously undergone multiple intracranial procedures prior to the insertion of the skull-mounted neurostimulator.	
62328	Spinal puncture, lumbar, diagnostic; with fluoroscopic or ct guidance	Jan 2019	Lumbar Puncture	09	CPT 2020	April 2024		
62329	Spinal puncture, therapeutic, for drainage of cerebrospinal fluid (by needle or catheter); with fluoroscopic or ct guidance	Jan 2019	Lumbar Puncture	09	CPT 2020	April 2024		
62380	Endoscopic decompression of spinal cord, nerve root(s), including laminotomy, partial facetectomy, foraminotomy, discectomy and/or excision of herniated intervertebral disc, 1 interspace, lumbar	Jan 2016	Endoscopic Decompression of Spinal Cord Nerve	19	CPT 2017	October 2020	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	✓
63620	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); 1 spinal lesion	Apr 2008	Stereotactic Radiosurgery	16	CPT 2009	September 2012	Remove, code does not need to be re- evaluated	<b>✓</b>
63621	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); each additional spinal lesion (list separately in addition to code for primary procedure)	Apr 2008	Stereotactic Radiosurgery	16	CPT 2009	September 2012	Remove, code does not need to be re- evaluated	✓

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CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re- Review	RUC Rec	Complete
64450	Injection(s), anesthetic agent(s) and/or steroid; other peripheral nerve or branch	Jan 2019	Genicular Injection and RFA	A 10	CPT 2020	April 2024		
64451	Injection(s), anesthetic agent(s) and/or steroid; nerves innervating the sacroiliac joint, with image guidance (ie, fluoroscopy or computed tomography)	Jan 2019	Radiofrequency Neurotomy Sacroiliac Joint	08	CPT 2020	April 2024		
64454	Injection(s), anesthetic agent(s) and/or steroid; genicular nerve branches, including imaging guidance, when performed	Jan 2019	Genicular Injection and RFA	A 10	CPT 2020	April 2024		
64566	Posterior tibial neurostimulation, percutaneous needle electrode, single treatment, includes programming	Apr 2010	Posterior Tibial Nerve Stimulation	13	CPT 2011	October 2019	Surveyed for April 2015, RUC recommended to review utilization again in 2 years (Oct 2019). In Oct 2019, recommended to remove from list, no demonstrated technology diffusion that impacts work or practice expense.	<b>✓</b>
64569	Revision or replacement of cranial nerve (eg, vagus nerve) neurostimulator electrode array, including connection to existing pulse generator	Feb 2010	Vagus Nerve Stimulator	14	CPT 2011	September 2014	Remove from list, no demonstrated technology diffusions that impacts work or practice expense.	<b>✓</b>
64570	Removal of cranial nerve (eg, vagus nerve) neurostimulator electrode array and pulse generator	Feb 2010	Vagus Nerve Stimulator	14	CPT 2011	September 2014	Remove from list, no demonstrated technology diffusions that impacts work or practice expense.	<b>✓</b>
64624	Destruction by neurolytic agent, genicular nerve branches including imaging guidance, when performed	Jan 2019	Genicular Injection and RFA	A 10	CPT 2020	April 2024		

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CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re- Review	RUC Rec	Complete
64625	Radiofrequency ablation, nerves innervating the sacroiliac joint, with image guidance (ie, fluoroscopy or computed tomography)	Jan 2019	Radiofrequency Neurotomy Sacroiliac Joint	08	CPT 2020	April 2024		
64628	Thermal destruction of intraosseous basivertebral nerve, including all imaging guidance; first 2 vertebral bodies, lumbar or sacral	Jan 2021	Destruction of Intraosseous Basivertebral Nerve	14	CPT 2022	April 2026		
64629	Thermal destruction of intraosseous basivertebral nerve, including all imaging guidance; each additional vertebral body, lumbar or sacral (list separately in addition to code for primary procedure)	Jan 2021	Destruction of Intraosseous Basivertebral Nerve	14	CPT 2022	April 2026		
64640	Destruction by neurolytic agent; other peripheral nerve or branch	Jan 2019	Genicular Injection and RFA	A 10	CPT 2020	April 2024		
64XX2		Sep 2022	Spinal Neurostimulator	04	CPT 2024	April 2028	Also to be reviewed because it was contractor priced and the response rate was below 30.	
64XX3		Sep 2022	Spinal Neurostimulator	04	CPT 2024	April 2028	Also to be reviewed because it was contractor priced and the response rate was below 30.	
64XX4		Sep 2022	Spinal Neurostimulator	04	CPT 2024	April 2028	Also to be reviewed because it was contractor priced and the response rate was below 30.	

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CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re- Review	RUC Rec	Complete
65756	Keratoplasty (corneal transplant); endothelial	Apr 2008	Endothelial Keratoplasty	20	CPT 2009	September 2012	Remove, code does not need to be re-evaluated. Though volume grew faster than expected, there was a decrease in other services of similar magnitude, that were previously reported and had similar work RVUs. All remained work neutral.	<b>✓</b>
65757	Backbench preparation of corneal endothelial allograft prior to transplantation (list separately in addition to code for primary procedure)	Apr 2008	Endothelial Keratoplasty	20	CPT 2009	September 2012	Remove, code does not need to be re-evaluated.	<b>✓</b>
65778	Placement of amniotic membrane on the ocular surface; without sutures	Feb 2010	Amniotic Membrane Placement	15	CPT 2011	September 2014	Survey for April 2015.	<b>✓</b>
65779	Placement of amniotic membrane on the ocular surface; single layer, sutured	Feb 2010	Amniotic Membrane Placement	15	CPT 2011	September 2014	Survey for April 2015.	<b>✓</b>
65780	Ocular surface reconstruction; amniotic membrane transplantation, multiple layers	Oct 2011	Relativity Assessment Workgroup	51	CPT 2011	September 2014	Survey for April 2015.	<b>✓</b>
65785	Implantation of intrastromal corneal ring segments	Jan 2015	Intrastomal Corneal Ring Implantation	11	CPT 2016	October 2019	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	<b>✓</b>
66174	Transluminal dilation of aqueous outflow canal (eg, canaloplasty); without retention of device or stent	Apr 2010	Open Angle Glaucoma Procedures	15	CPT 2011	October 2019	Jan 2020 - Referred to CPT	V
66175	Transluminal dilation of aqueous outflow canal (eg, canaloplasty); with retention of device or stent	Apr 2010	Open Angle Glaucoma Procedures	15	CPT 2011	October 2019	Jan 2020 - Referred to CPT	$\checkmark$

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CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re- Review	RUC Rec	Complete
66183	Insertion of anterior segment aqueous drainage device, without extraocular reservoir, external approach	Apr 2013	Insertion of Anterior Segment	14	CPT 2014	October 2017	Remove from list, no demonstrated techology diffusion that impacts work or practice expense.	✓
66982	Extracapsular cataract removal with insertion of intraocular lens prosthesis (1-stage procedure), manual or mechanical technique (eg, irrigation and aspiration or phacoemulsification), complex, requiring devices or techniques not generally used in routine cataract surgery (eg, iris expansion device, suture support for intraocular lens, or primary posterior capsulorrhexis) or performed on patients in the amblyogenic developmental stage; without endoscopic cyclophotocoagulation	Jan 2021	Cataract Removal with Drainage Device Insertion	16	CPT 2022	April 2025		
66984	Extracapsular cataract removal with insertion of intraocular lens prosthesis (1 stage procedure), manual or mechanical technique (eg, irrigation and aspiration or phacoemulsification); without endoscopic cyclophotocoagulation	Jan 2021	Cataract Removal with Drainage Device Insertion	16	CPT 2022	April 2025		
66987	Extracapsular cataract removal with insertion of intraocular lens prosthesis (1-stage procedure), manual or mechanical technique (eg, irrigation and aspiration or phacoemulsification), complex, requiring devices or techniques not generally used in routine cataract surgery (eg, iris expansion device, suture support for intraocular lens, or primary posterior capsulorrhexis) or performed on patients in the amblyogenic developmental stage; with endoscopic cyclophotocoagulation	Jan 2021	Cataract Removal with Drainage Device Insertion	16	CPT 2022	April 2025		
66988	Extracapsular cataract removal with insertion of intraocular lens prosthesis (1 stage procedure), manual or mechanical technique (eg, irrigation and aspiration or phacoemulsification); with endoscopic cyclophotocoagulation	Jan 2021	Cataract Removal with Drainage Device Insertion	16	CPT 2022	April 2025		

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CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re- Review	RUC Rec	Complete
66989	Extracapsular cataract removal with insertion of intraocular lens prosthesis (1-stage procedure), manual or mechanical technique (eg, irrigation and aspiration or phacoemulsification), complex, requiring devices or techniques not generally used in routine cataract surgery (eg, iris expansion device, suture support for intraocular lens, or primary posterior capsulorrhexis) or performed on patients in the amblyogenic developmental stage; with insertion of intraocular (eg, trabecular meshwork, supraciliary, suprachoroidal) anterior segment aqueous drainage device, without extraocular reservoir, internal approach, one or more	Jan 2021	Cataract Removal with Drainage Device Insertion	16	CPT 2022	April 2025		
66991	Extracapsular cataract removal with insertion of intraocular lens prosthesis (1 stage procedure), manual or mechanical technique (eg, irrigation and aspiration or phacoemulsification); with insertion of intraocular (eg, trabecular meshwork, supraciliary, suprachoroidal) anterior segment aqueous drainage device, without extraocular reservoir, internal approach, one or more	Jan 2021	Cataract Removal with Drainage Device Insertion	16	CPT 2022	April 2025		
68816	Probing of nasolacrimal duct, with or without irrigation; with transluminal balloon catheter dilation	Apr 2007	Nasolacrimal Duct Balloon Catheter Dilation	E	CPT 2008	September 2011	Remove, code does not need to be re- evaluated	<b>✓</b>
68841	Insertion of drug-eluting implant, including punctal dilation when performed, into lacrimal canaliculus, each	Jan 2021	Lacrimal Canaliculus Drug Eluting Implant Insertion	17	CPT 2022	April 2026		
69705	Nasopharyngoscopy, surgical, with dilation of eustachian tube (ie, balloon dilation); unilateral	Jan 2020	Dilation of Eustachian Tube	15	CPT 2021	April 2025		
69706	Nasopharyngoscopy, surgical, with dilation of eustachian tube (ie, balloon dilation); bilateral	Jan 2020	Dilation of Eustachian Tube	15	CPT 2021	April 2025		
70554	Magnetic resonance imaging, brain, functional mri; including test selection and administration of repetitive body part movement and/or visual stimulation, not requiring physician or psychologist administration	Feb 2006	Functional MRI	15	CPT 2007	September 2010	Remove, code does not need to be re- evaluated	<b>V</b>

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CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re- Review	RUC Rec	Complete
70555	Magnetic resonance imaging, brain, functional mri; requiring physician or psychologist administration of entire neurofunctional testing	Feb 2006	Functional MRI	15	CPT 2007	September 2010	Remove, code does not need to be re- evaluated	✓
71271	Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)	Oct 2019	Screening CT of Thorax	07	CPT 2021	April 2025		
74261	Computed tomographic (ct) colonography, diagnostic, including image postprocessing; without contrast material	Apr 2009	CT Colonography	19	CPT 2010	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	✓
74262	Computed tomographic (ct) colonography, diagnostic, including image postprocessing; with contrast material(s) including non-contrast images, if performed	Apr 2009	CT Colonography	19	CPT 2010	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	<b>✓</b>
74263	Computed tomographic (ct) colonography, screening, including image postprocessing	Apr 2009	CT Colonography	19	CPT 2010	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	✓
75557	Cardiac magnetic resonance imaging for morphology and function without contrast material;	Apr 2007	Cardiac MRI	F	CPT 2008	September 2011	Remove, as utilization is appropriate due to shift of utilization for deleted code which included "with flow/velocity quantification", code 75558.	✓
75558	Code Deleted CPT 2010	Apr 2007	Cardiac MRI	F	CPT 2008	September 2011	Code Deleted CPT 2010	$\checkmark$
75559	Cardiac magnetic resonance imaging for morphology and function without contrast material; with stress imaging	Apr 2007	Cardiac MRI	F	CPT 2008	September 2011	Remove, code does not need to be re- evaluated	<b>✓</b>

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CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re- Review	RUC Rec	Complete
75560	Code Deleted CPT 2010	Apr 2007	Cardiac MRI	F	CPT 2008	September 2011	Code Deleted CPT 2010	✓
75561	Cardiac magnetic resonance imaging for morphology and function without contrast material(s), followed by contrast material(s) and further sequences;	Apr 2007	Cardiac MRI	F	CPT 2008	September 2011	Remove, as utilization is appropriate due to shift of utilization for deleted code which included "with flow/velocity quantification", code 75560.	<b>✓</b>
75562	Code Deleted CPT 2010	Apr 2007	Cardiac MRI	F	CPT 2008	September 2011	Code Deleted CPT 2010	<b>✓</b>
75563	Cardiac magnetic resonance imaging for morphology and function without contrast material(s), followed by contrast material(s) and further sequences; with stress imaging	Apr 2007	Cardiac MRI	F	CPT 2008	September 2011	Remove, code does not need to be re- evaluated	<b>✓</b>
75564	Code Deleted CPT 2010	Apr 2007	Cardiac MRI	F	CPT 2008	September 2011	Code Deleted CPT 2010	<b>✓</b>
75571	Computed tomography, heart, without contrast material, with quantitative evaluation of coronary calcium	Feb 2009	Coronary Computed Tomographic Angiography	15	CPT 2010	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	✓
75572	Computed tomography, heart, with contrast material, for evaluation of cardiac structure and morphology (including 3d image postprocessing, assessment of cardiac function, and evaluation of venous structures, if performed)	Feb 2009	Coronary Computed Tomographic Angiography	15	CPT 2010	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	✓
75573	Computed tomography, heart, with contrast material, for evaluation of cardiac structure and morphology in the setting of congenital heart disease (including 3d image postprocessing, assessment of left ventricular [Iv] cardiac function, right ventricular [rv] structure and function and evaluation of vascular structures, if performed)	Feb 2009	Coronary Computed Tomographic Angiography	15	CPT 2010	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	✓

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CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re- Review	RUC Rec	Complete
75574	Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3d image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)	Feb 2009	Coronary Computed Tomographic Angiography	15	CPT 2010	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	✓
76391	Magnetic resonance (eg, vibration) elastography	Jan 2018	Magnetic Resonance Elastography	16	CPT 2019	April 2023		

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CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re- Review	RUC Rec	Complete
76881	Ultrasound, complete joint (ie, joint space and articular soft-tissue structures), real-time with image documentation	d peri- Apr 2010	Ultrasound of Extremity	17	CPT 2011	January 2022	The specialty society noted and the Workgroup agreed that the dominant specialties providing the complete versus the limited ultrasound of extremity services are different. Thus, causing variation in what the typical practice expense inputs. The Workgroup recommends to 1) Refer CPT codes 76881 and 76882 to the Practice Expense Subcommittee for review of the direct practice expense inputs; 2) Refer to the CPT Editorial Panel to clarify the introductory language regarding the reference to one joint in the complete ultrasound; and 3) Review again in 3 years (October 2019). In Oct 2019, the RAW recommended to review in 2 years after additional utilization data is available. These services were revised at the October 2021 CPT meeting and will be surveyed.	

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CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re- Review	RUC Rec	Complete
76882	Ultrasound, limited, joint or focal evaluation of other nonvascular extremity structure(s) (eg, joint space, peri-articular tendon[s], muscle[s], nerve[s], other soft-tissue structure[s], or soft-tissue mass[es]), real-time with image documentation	Apr 2010	Ultrasound of Extremity	17	CPT 2011	January 2022	The specialty society noted and the Workgroup agreed that the dominant specialties providing the complete versus the limited ultrasound of extremity services are different. Thus, causing variation in what the typical practice expense inputs. The Workgroup recommends to 1) Refer CPT codes 76881 and 76882 to the Practice Expense Subcommittee for review of the direct practice expense inputs; 2) Refer to the CPT Editorial Panel to clarify the introductory language regarding the reference to one joint in the complete ultrasound; and 3) Review again in 3 years (October 2019). In Oct 2019, the RAW recommended to review in 2 years after additional utilization data is available. These services were revised at the October 2021 CPT meeting and will be surveyed.	

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CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re- Review	RUC Rec	Complete
76883	Ultrasound, nerve(s) and accompanying structures throughout their entire anatomic course in one extremity, comprehensive, including real-time cine imaging with image documentation, per extremity	Jan 2022	Neuromuscular Ultrasound	11	CPT 2023	April 2027		
76978	Ultrasound, targeted dynamic microbubble sonographic contrast characterization (noncardiac); initial lesion	Jan 2018	Contrast-Enhanced Ultrasound	15	CPT 2019	April 2023		
76979	Ultrasound, targeted dynamic microbubble sonographic contrast characterization (noncardiac); each additional lesion with separate injection (list separately in addition to code for primary procedure)	Jan 2018	Contrast-Enhanced Ultrasound	15	CPT 2019	April 2023		
76981	Ultrasound, elastography; parenchyma (eg, organ)	Jan 2018	Ultrasound Elastography	14	CPT 2019	April 2023		
76982	Ultrasound, elastography; first target lesion	Jan 2018	Ultrasound Elastography	14	CPT 2019	April 2023		
76983	Ultrasound, elastography; each additional target lesion (list separately in addition to code for primary procedure)	Jan 2018	Ultrasound Elastography	14	CPT 2019	April 2023		
77021	Magnetic resonance imaging guidance for needle placement (eg, for biopsy, needle aspiration, injection, or placement of localization device) radiological supervision and interpretation	Jan 2018	Fine Needle Aspiration	04	CPT 2019	April 2023		
77046	Magnetic resonance imaging, breast, without contrast material; unilateral	Oct 2017	Breast MRI with Computer- Aided Detection	06	CPT 2019	April 2023		
77047	Magnetic resonance imaging, breast, without contrast material; bilateral	Oct 2017	Breast MRI with Computer- Aided Detection	06	CPT 2019	April 2023		
77048	Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (cad real-time lesion detection, characterization and pharmacokinetic analysis), when performed; unilateral	Oct 2017	Breast MRI with Computer- Aided Detection	06	CPT 2019	April 2023		

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CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re- Review	RUC Rec	Complete
77049	Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (cad real-time lesion detection, characterization and pharmacokinetic analysis), when performed; bilateral	Oct 2017	Breast MRI with Computer- Aided Detection	06	CPT 2019	April 2023		
77061	Diagnostic digital breast tomosynthesis; unilateral	Apr 2014	Breast Tomosynthesis	19	CPT 2015	April 2025	In October 2018, the RUC recommended that CMS delete G0279 amd ise codes 77061, 77062 and 77063 as created by CPT and valued by the RUC. Review again in 3 years (2022). In April 2022, recommended to request again that CMS delete G0279 since it may be reported with 77061 or 77062 and RAW review again after 3 years of claims data (April 2025).	

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CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re- Review	RUC Rec	Complete
77062	Diagnostic digital breast tomosynthesis; bilateral	Apr 2014	Breast Tomosynthesis	19	CPT 2015	April 2025	In October 2018, the RUC recommended that CMS delete G0279 amd ise codes 77061, 77062 and 77063 as created by CPT and valued by the RUC. Review again in 3 years (2022). In April 2022, recommended to request again that CMS delete G0279 since it may be reported with 77061 or 77062 and RAW review again after 3 years of claims data (April 2025).	
77063	Screening digital breast tomosynthesis, bilateral (list separately in addition to code for primary procedure)	Apr 2014	Breast Tomosynthesis	19	CPT 2015	April 2025	In October 2018, the RUC recommended that CMS delete G0279 amd ise codes 77061, 77062 and 77063 as created by CPT and valued by the RUC. Review again in 3 years (2022). In April 2022, recommended to request again that CMS delete G0279 since it may be reported with 77061 or 77062 and RAW review again after 3 years of claims data (April 2025).	

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CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re- Review	RUC Rec	Complete
77089	Trabecular bone score (tbs), structural condition of the bone microarchitecture; using dual x-ray absorptiometry (dxa) or other imaging data on gray-scale variogram, calculation, with interpretation and report on fracture-risk	Jan 2021	Trabecular Bone Score (TBS)	19	CPT 2022	April 2026		
77090	Trabecular bone score (tbs), structural condition of the bone microarchitecture; technical preparation and transmission of data for analysis to be performed elsewhere	Jan 2021	Trabecular Bone Score (TBS)	19	CPT 2022	April 2026		
77091	Trabecular bone score (tbs), structural condition of the bone microarchitecture; technical calculation only	Jan 2021	Trabecular Bone Score (TBS)	19	CPT 2022	April 2026		
77092	Trabecular bone score (tbs), structural condition of the bone microarchitecture; interpretation and report on fracture-risk only by other qualified health care professional	Jan 2021	Trabecular Bone Score (TBS)	19	CPT 2022	April 2026		
77293	Respiratory motion management simulation (list separately in addition to code for primary procedure)	Jan 2013	Respiratory Motion Management Simulation	14	CPT 2014	October 2020	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	<b>✓</b>
77371	Radiation treatment delivery, stereotactic radiosurgery (srs), complete course of treatment of cranial lesion(s) consisting of 1 session; multisource cobalt 60 based	Sep 2005	Stereotactic Radiation Tx Delivery	7	CPT 2007	September 2010	Remove, code does not need to be re- evaluated	<b>V</b>
77372	Radiation treatment delivery, stereotactic radiosurgery (srs), complete course of treatment of cranial lesion(s) consisting of 1 session; linear accelerator based	Sep 2005	Stereotactic Radiation Tx Delivery	7	CPT 2007	September 2010	Remove, code does not need to be re- evaluated	✓
77373	Stereotactic body radiation therapy, treatment delivery, per fraction to 1 or more lesions, including image guidance, entire course not to exceed 5 fractions	Apr 2006	Stereotactic Body Radiation Therapy	В	CPT 2007	September 2010	Practice expense review (Feb 2011).	✓

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CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re- Review	RUC Rec	Complete
77435	Stereotactic body radiation therapy, treatment management, per treatment course, to 1 or more lesions, including image guidance, entire course not to exceed 5 fractions	Apr 2006	Stereotactic Body Radiation Therapy	В	CPT 2007	September 2010	Survey (work) and PE review (Feb 2011).	<b>✓</b>
77435	Stereotactic body radiation therapy, treatment management, per treatment course, to 1 or more lesions, including image guidance, entire course not to exceed 5 fractions	Feb 2011	Stereotactic Body Radiation Delivery	32	CPT 2012	October 2015	Practice expense review (Feb 2011).	<b>V</b>
77520	Proton treatment delivery; simple, without compensation	Apr 2019	Proton Beam Treatment Delivery (PE Only)	19	CPT 2021	April 2025		
77522	Proton treatment delivery; simple, with compensation	Apr 2019	Proton Beam Treatment Delivery (PE Only)	19	CPT 2021	April 2025		
77523	Proton treatment delivery; intermediate	Apr 2019	Proton Beam Treatment Delivery (PE Only)	19	CPT 2021	April 2025		
77525	Proton treatment delivery; complex	Apr 2019	Proton Beam Treatment Delivery (PE Only)	19	CPT 2021	April 2025		

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CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re- Review	RUC Rec	Complete
78071	Parathyroid planar imaging (including subtraction, when performed); with tomographic (spect)	Apr 2012	Parathyroid Imaging	23	CPT 2013	October 2018	In April 2011, CPT Code 78007, Thyroid imaging, with uptake; multiple determinations was identified in the Harvard Valued- Utilization over 30,000 screen. As part of the review of the entire endocrine family, the specialty societies determined that revisions to the parathyroid imaging procedures were necessary to reflect current bundling policies, guideline changes and new technology. AMA Staff reviewed the work neutrality impacts for codes reviewed in the CPT 2013 cycle. It appeared that was only one issue where there was a large growth in utilization in the first year. For CPT 2013 the Parathyroid Imaging codes were not work neutral, and it was initially estimated as a savings overall. It appears that there was 40% increase from what was projected. The specialty societies submitted an action plan indicating that literature supporting parathyroid scintigraphy as an	

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effective diagnostic study for parathyroid disease has recently emerged and supports the clinical utility thus increasing utilization. Secondly, the availability of SPECT/CT cameras has increased and is greater than initially predicted, allowing for a higher utilization. The Workgroup agreed and also noted that these services are conducted on patients who are referred to the radiologists or nuclear medicine physicians. The physicians providing these services do not control the number of patients referred to them who receive these services. The Workgroup recommends that the specialty societies develop a CPT Assistant article to address potential current use of 78803 rather than the new codes 78071 and 78072. The Workgroup noted that these services are on the new technology list for review later this year and should be postponed and reviewed in 2 years

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after the CPT Assistant article is published. In October 2018, the RUC recommended to remove from list, no demonstrated technology diffusion that impacts work or practice expense.

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CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re- Review	RUC Rec	Complete
78072	Parathyroid planar imaging (including subtraction, when performed); with tomographic (spect), and concurrently acquired computed tomography (ct) for anatomical localization	Apr 2012	Parathyroid Imaging	23	CPT 2013	October 2018	In April 2011, CPT Code 78007, Thyroid imaging, with uptake; multiple determinations was identified in the Harvard Valued- Utilization over 30,000 screen. As part of the review of the entire endocrine family, the specialty societies determined that revisions to the parathyroid imaging procedures were necessary to reflect current bundling policies, guideline changes and new technology. AMA Staff reviewed the work neutrality impacts for codes reviewed in the CPT 2013 cycle. It appeared that was only one issue where there was a large growth in utilization in the first year. For CPT 2013 the Parathyroid Imaging codes were not work neutral, and it was initially estimated as a savings overall. It appears that there was 40% increase from what was projected. The specialty societies submitted an action plan indicating that literature supporting parathyroid scintigraphy as an	

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CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re- Review	RUC Rec	Complete
							after the CPT Assistant article is published. In October 2018, the RUC recommended to remove from list, no demonstrated technology diffusion that impacts work or practice expense.	
78265	Gastric emptying imaging study (eg, solid, liquid, or both); with small bowel transit	Apr 2015	Colon Transit Imaging	18	CPT 2016	October 2019	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	✓
78266	Gastric emptying imaging study (eg, solid, liquid, or both); with small bowel and colon transit, multiple days	Apr 2015	Colon Transit Imaging	18	CPT 2016	October 2019	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	✓
78429	Myocardial imaging, positron emission tomography (pet), metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), single study; with concurrently acquired computed tomography transmission scan	/ Jan 2019	Myocardial PET	13	CPT 2020	April 2024		
78430	Myocardial imaging, positron emission tomography (pet), perfusion study (including ventricular wall motion[s] and/or ejection fraction[s], when performed); single study, at rest or stress (exercise or pharmacologic), with concurrently acquired computed tomography transmission scan		Myocardial PET	13	CPT 2020	April 2024		
78431	Myocardial imaging, positron emission tomography (pet), perfusion study (including ventricular wall motion[s] and/or ejection fraction[s], when performed); multiple studies at rest and stress (exercise or pharmacologic), with concurrently acquired computed tomography transmission scan		Myocardial PET	13	CPT 2020	April 2024		

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CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re- Review	RUC Rec	Complete
78432	Myocardial imaging, positron emission tomography (pet), combined perfusion with metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), dual radiotracer (eg, myocardial viability);	Jan 2019	Myocardial PET	13	CPT 2020	April 2024		
78433	Myocardial imaging, positron emission tomography (pet), combined perfusion with metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), dual radiotracer (eg, myocardial viability); with concurrently acquired computed tomography transmission scan	Jan 2019	Myocardial PET	13	CPT 2020	April 2024		
78434	Absolute quantitation of myocardial blood flow (aqmbf), positron emission tomography (pet), rest and pharmacologic stress (list separately in addition to code for primary procedure)	Jan 2019	Myocardial PET	13	CPT 2020	April 2024		
78459	Myocardial imaging, positron emission tomography (pet), metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), single study;	Jan 2019	Myocardial PET	13	CPT 2020	April 2024		
78491	Myocardial imaging, positron emission tomography (pet), perfusion study (including ventricular wall motion[s] and/or ejection fraction[s], when performed); single study, at rest or stress (exercise or pharmacologic)	Jan 2019	Myocardial PET	13	CPT 2020	April 2024		
78492	Myocardial imaging, positron emission tomography (pet), perfusion study (including ventricular wall motion[s] and/or ejection fraction[s], when performed); multiple studies at rest and stress (exercise or pharmacologic)	Jan 2019	Myocardial PET	13	CPT 2020	April 2024		
78811	Positron emission tomography (pet) imaging; limited area (eg, chest, head/neck)	Apr 2007	PET Imaging	G	CPT 2008	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	V

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CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re- Review	RUC Rec	Complete
78812	Positron emission tomography (pet) imaging; skull base to mid-thigh	Apr 2007	PET Imaging	G	CPT 2008	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	<b>✓</b>
78813	Positron emission tomography (pet) imaging; whole body	Apr 2007	PET Imaging	G	CPT 2008	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	<b>✓</b>
78814	Positron emission tomography (pet) with concurrently acquired computed tomography (ct) for attenuation correction and anatomical localization imaging; limited area (eg, chest, head/neck)	Apr 2007	PET Imaging	G	CPT 2008	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	<b>✓</b>
78815	Positron emission tomography (pet) with concurrently acquired computed tomography (ct) for attenuation correction and anatomical localization imaging; skull base to mid-thigh	Apr 2007	PET Imaging	G	CPT 2008	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	<b>✓</b>
78816	Positron emission tomography (pet) with concurrently acquired computed tomography (ct) for attenuation correction and anatomical localization imaging; whole body	Apr 2007	PET Imaging	G	CPT 2008	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	<b>✓</b>
78830	Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed); tomographic (spect) with concurrently acquired computed tomography (ct) transmission scan for anatomical review, localization and determination/detection of pathology, single area (eg, head, neck, chest, pelvis) or acquisition, single day imaging	Jan 2019	SPECT-CT Procedures	14	CPT 2020	April 2024		

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CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re- Review	RUC Rec	Complete
78831	Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed); tomographic (spect), minimum 2 areas (eg, pelvis and knees, chest and abdomen) or separate acquisitions (eg, lung ventilation and perfusion), single day imaging, or single area or acquisition over 2 or more days	Jan 2019	SPECT-CT Procedures	14	CPT 2020	April 2024		
78832	Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed); tomographic (spect) with concurrently acquired computed tomography (ct) transmission scan for anatomical review, localization and determination/detection of pathology, minimum 2 areas (eg, pelvis and knees, chest and abdomen) or separate acquisitions (eg, lung ventilation and perfusion), single day imaging, or single area or acquisition over 2 or more days	Jan 2019	SPECT-CT Procedures	14	CPT 2020	April 2024		
78835	Radiopharmaceutical quantification measurement(s) single area (list separately in addition to code for primary procedure)	Jan 2019	SPECT-CT Procedures	14	CPT 2020	April 2024		
7X000		Sep 2022	Intraoperative Ultrasound	05	CPT 2024	April 2028		
7X001		Sep 2022	Intraoperative Ultrasound	05	CPT 2024	April 2028		
7X002		Sep 2022	Intraoperative Ultrasound	05	CPT 2024	April 2028		
7X003		Sep 2022	Intraoperative Ultrasound	05	CPT 2024	April 2028		
81161	Dmd (dystrophin) (eg, duchenne/becker muscular dystrophy) deletion analysis, and duplication analysis, if performed	Oct 2012	Molecular Pathology -Tier 1	11	CPT 2014	October 2017	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	✓

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CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re- Review	RUC Rec	Complete
81201	Apc (adenomatous polyposis coli) (eg, familial adenomatosis polyposis [fap], attenuated fap) gene analysis; full gene sequence	Apr 2012	Molecular Pathology- Adenomatous Polyposis Coli	24	CPT 2013	October 2016	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	V
81202	Apc (adenomatous polyposis coli) (eg, familial adenomatosis polyposis [fap], attenuated fap) gene analysis; known familial variants	Apr 2012	Molecular Pathology- Adenomatous Polyposis Coli	24	CPT 2013	October 2016	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	V
81203	Apc (adenomatous polyposis coli) (eg, familial adenomatosis polyposis [fap], attenuated fap) gene analysis; duplication/deletion variants	Apr 2012	Molecular Pathology- Adenomatous Polyposis Coli	24	CPT 2013	October 2016	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	<b>V</b>
81206	Bcr/abl1 (t(9;22)) (eg, chronic myelogenous leukemia) translocation analysis; major breakpoint, qualitative or quantitative	Apr 2011	Molecular Pathology - Tier	1 15	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	<b>V</b>
81207	Bcr/abl1 (t(9;22)) (eg, chronic myelogenous leukemia) translocation analysis; minor breakpoint, qualitative or quantitative	Apr 2011	Molecular Pathology - Tier	1 15	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	<b>V</b>
81208	Bcr/abl1 (t(9;22)) (eg, chronic myelogenous leukemia) translocation analysis; other breakpoint, qualitative or quantitative	Apr 2011	Molecular Pathology - Tier	1 15	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	V
81210	Braf (b-raf proto-oncogene, serine/threonine kinase) (eg, colon cancer, melanoma), gene analysis, v600 variant(s)	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	V

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CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re- Review	RUC Rec	Complete
81216	Brca2 (brca2, dna repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis	Apr 2011	Molecular Pathology - Tier	1 15	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	V
81217	Brca2 (brca2, dna repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; known familial variant	Apr 2011	Molecular Pathology - Tier	1 15	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	V
81220	Cftr (cystic fibrosis transmembrane conductance regulator) (eg, cystic fibrosis) gene analysis; common variants (eg, acmg/acog guidelines)	Apr 2011	Molecular Pathology - Tier	1 15	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	<b>✓</b>
81221	Cftr (cystic fibrosis transmembrane conductance regulator) (eg, cystic fibrosis) gene analysis; known familial variants	Apr 2011	Molecular Pathology - Tier	1 15	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	<b>✓</b>
81222	Cftr (cystic fibrosis transmembrane conductance regulator) (eg, cystic fibrosis) gene analysis; duplication/deletion variants	Apr 2011	Molecular Pathology - Tier	1 15	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	V
81223	Cftr (cystic fibrosis transmembrane conductance regulator) (eg, cystic fibrosis) gene analysis; full gene sequence	Apr 2011	Molecular Pathology - Tier	1 15	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	V
81224	Cftr (cystic fibrosis transmembrane conductance regulator) (eg, cystic fibrosis) gene analysis; intron 8 poly-t analysis (eg, male infertility)	Apr 2011	Molecular Pathology - Tier	1 15	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	V

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CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re- Review	RUC Rec	Complete
81225	Cyp2c19 (cytochrome p450, family 2, subfamily c, polypeptide 19) (eg, drug metabolism), gene analysis, common variants (eg, *2, *3, *4, *8, *17)	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012	October 2015	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	V
81227	Cyp2c9 (cytochrome p450, family 2, subfamily c, polypeptide 9) (eg, drug metabolism), gene analysis, common variants (eg, *2, *3, *5, *6)	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012	October 2015	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	V
81235	Egfr (epidermal growth factor receptor) (eg, non-small cell lung cancer) gene analysis, common variants (eg, exon 19 lrea deletion, l858r, t790m, g719a, g719s, l861q)	Sep 2011	Molecular Pathology Test - Tier 1	09	CPT 2013	October 2016	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	<b>V</b>
81240	F2 (prothrombin, coagulation factor ii) (eg, hereditary hypercoagulability) gene analysis, 20210g>a variant	Apr 2011	Molecular Pathology Test - Tier 1	15	CPT 2012	October 2015	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	<b>✓</b>
81241	F5 (coagulation factor v) (eg, hereditary hypercoagulability) gene analysis, leiden variant	Apr 2011	Molecular Pathology Test - Tier 1	15	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	<b>V</b>
81243	Fmr1 (fragile x mental retardation 1) (eg, fragile x mental retardation) gene analysis; evaluation to detect abnormal (eg, expanded) alleles	Apr 2011	Molecular Pathology - Tier	1 15	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	V
81244	Fmr1 (fragile x mental retardation 1) (eg, fragile x mental retardation) gene analysis; characterization of alleles (eg, expanded size and promoter methylation status)		Molecular Pathology - Tier	1 15	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	V

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CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re- Review	RUC Rec	Complete
81245	Flt3 (fms-related tyrosine kinase 3) (eg, acute myeloid leukemia), gene analysis; internal tandem duplication (itd) variants (ie, exons 14, 15)	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	✓
81252	Gjb2 (gap junction protein, beta 2, 26kda, connexin 26) (eg, nonsyndromic hearing loss) gene analysis; full gene sequence	Sep 2011	Molecular Pathology Test - Tier 1	09	CPT 2013	October 2016	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	✓
81253	Gjb2 (gap junction protein, beta 2, 26kda, connexin 26) (eg, nonsyndromic hearing loss) gene analysis; known familial variants	Sep 2011	Molecular Pathology Test - Tier 1	09	CPT 2013	October 2016	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	✓
81254	Gjb6 (gap junction protein, beta 6, 30kda, connexin 30) (eg, nonsyndromic hearing loss) gene analysis, common variants (eg, 309kb [del(gjb6-d13s1830)] and 232kb [del(gjb6-d13s1854)])	Sep 2011	Molecular Pathology Test - Tier 1	09	CPT 2013	October 2016	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	✓
81256	Hfe (hemochromatosis) (eg, hereditary hemochromatosis) gene analysis, common variants (eg, c282y, h63d)	Apr 2011	Molecular Pathology - Tier	1 15	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	✓
81257	Hba1/hba2 (alpha globin 1 and alpha globin 2) (eg, alpha thalassemia, hb bart hydrops fetalis syndrome, hbh disease), gene analysis; common deletions or variant (eg, southeast asian, thai, filipino, mediterranean, alpha3.7, alpha4.2, alpha20.5, constant spring)	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	✓
81261	Igh@ (immunoglobulin heavy chain locus) (eg, leukemias and lymphomas, b-cell), gene rearrangement analysis to detect abnormal clonal population(s); amplified methodology (eg, polymerase chain reaction)	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	✓

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CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re- Review	RUC Rec	Complete
81262	Igh@ (immunoglobulin heavy chain locus) (eg, leukemias and lymphomas, b-cell), gene rearrangement analysis to detect abnormal clonal population(s); direct probe methodology (eg, southern blot)	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	<b>V</b>
81263	Igh@ (immunoglobulin heavy chain locus) (eg, leukemia and lymphoma, b-cell), variable region somatic mutation analysis	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	<b>✓</b>
81264	lgk@ (immunoglobulin kappa light chain locus) (eg, leukemia and lymphoma, b-cell), gene rearrangement analysis, evaluation to detect abnormal clonal population(s)	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	✓
81265	Comparative analysis using short tandem repeat (str) markers; patient and comparative specimen (eg, pre-transplant recipient and donor germline testing, post-transplant non-hematopoietic recipient germline [eg, buccal swab or other germline tissue sample] and donor testing, twin zygosity testing, or maternal cell contamination of fetal cells)	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	V
81266	Comparative analysis using short tandem repeat (str) markers; each additional specimen (eg, additional cord blood donor, additional fetal samples from different cultures, or additional zygosity in multiple birth pregnancies) (list separately in addition to code for primary procedure)	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012	October 2015	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	V
81267	Chimerism (engraftment) analysis, post transplantation specimen (eg, hematopoietic stem cell), includes comparison to previously performed baseline analyses; without cell selection	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	<b>V</b>

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CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re- Review	RUC Rec	Complete
81268	Chimerism (engraftment) analysis, post transplantation specimen (eg, hematopoietic stem cell), includes comparison to previously performed baseline analyses; with cell selection (eg, cd3, cd33), each cell type	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	V
81270	Jak2 (janus kinase 2) (eg, myeloproliferative disorder) gene analysis, p.val617phe (v617f) variant	Apr 2011	Molecular Pathology - Tier	1 15	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	<b>✓</b>
81275	Kras (kirsten rat sarcoma viral oncogene homolog) (eg, carcinoma) gene analysis; variants in exon 2 (eg, codons 12 and 13)	Apr 2011	Molecular Pathology - Tier	1 15	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	<b>&gt;</b>
81291	Mthfr (5,10-methylenetetrahydrofolate reductase) (eg, hereditary hypercoagulability) gene analysis, common variants (eg, 677t, 1298c)	Apr 2011	Molecular Pathology - Tier	1 15	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	V
81292	Mlh1 (mutl homolog 1, colon cancer, nonpolyposis type 2) (eg, hereditary non-polyposis colorectal cancer, lynch syndrome) gene analysis; full sequence analysis	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	<b>V</b>
81293	Mlh1 (mutl homolog 1, colon cancer, nonpolyposis type 2) (eg, hereditary non-polyposis colorectal cancer, lynch syndrome) gene analysis; known familial variants	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	<b>V</b>
81294	Mlh1 (mutl homolog 1, colon cancer, nonpolyposis type 2) (eg, hereditary non-polyposis colorectal cancer, lynch syndrome) gene analysis; duplication/deletion variants	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	<b>V</b>

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CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re- Review	RUC Rec	Complete
81295	Msh2 (muts homolog 2, colon cancer, nonpolyposis type 1) (eg, hereditary non-polyposis colorectal cancer, lynch syndrome) gene analysis; full sequence analysis	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	V
81296	Msh2 (muts homolog 2, colon cancer, nonpolyposis type 1) (eg, hereditary non-polyposis colorectal cancer, lynch syndrome) gene analysis; known familial variants	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	V
81297	Msh2 (muts homolog 2, colon cancer, nonpolyposis type 1) (eg, hereditary non-polyposis colorectal cancer, lynch syndrome) gene analysis; duplication/deletion variants	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	<b>✓</b>
81298	Msh6 (muts homolog 6 [e. coli]) (eg, hereditary non-polyposis colorectal cancer, lynch syndrome) gene analysis; full sequence analysis	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	✓
81299	Msh6 (muts homolog 6 [e. coli]) (eg, hereditary non-polyposis colorectal cancer, lynch syndrome) gene analysis; known familial variants	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	<b>V</b>
81300	Msh6 (muts homolog 6 [e. coli]) (eg, hereditary non-polyposis colorectal cancer, lynch syndrome) gene analysis; duplication/deletion variants	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012	October 2015	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	<b>V</b>
81301	Microsatellite instability analysis (eg, hereditary non-polyposis colorectal cancer, lynch syndrome) of markers for mismatch repair deficiency (eg, bat25, bat26), includes comparison of neoplastic and normal tissue, if performed	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	V

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CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re- Review	RUC Rec	Complete
81302	Mecp2 (methyl cpg binding protein 2) (eg, rett syndrome) gene analysis; full sequence analysis	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	V
81303	Mecp2 (methyl cpg binding protein 2) (eg, rett syndrome) gene analysis; known familial variant	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	<b>V</b>
81304	Mecp2 (methyl cpg binding protein 2) (eg, rett syndrome) gene analysis; duplication/deletion variants	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	V
81315	Pml/raralpha, (t(15;17)), (promyelocytic leukemia/retinoic acid receptor alpha) (eg, promyelocytic leukemia) translocation analysis; common breakpoints (eg, intron 3 and intron 6), qualitative or quantitative	Apr 2011	Molecular Pathology - Tier	1 15	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	V
81316	Pml/raralpha, (t(15;17)), (promyelocytic leukemia/retinoic acid receptor alpha) (eg, promyelocytic leukemia) translocation analysis; single breakpoint (eg, intron 3, intron 6 or exon 6), qualitative or quantitative	Apr 2011	Molecular Pathology - Tier	1 15	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	<b>V</b>
81317	Pms2 (postmeiotic segregation increased 2 [s. cerevisiae]) (eg, hereditary non-polyposis colorectal cancer, lynch syndrome) gene analysis; full sequence analysis	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	<b>V</b>
81318	Pms2 (postmeiotic segregation increased 2 [s. cerevisiae]) (eg, hereditary non-polyposis colorectal cancer, lynch syndrome) gene analysis; known familial variants	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	<b>V</b>

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CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re- Review	RUC Rec	Complete
81319	Pms2 (postmeiotic segregation increased 2 [s. cerevisiae]) (eg, hereditary non-polyposis colorectal cancer, lynch syndrome) gene analysis; duplication/deletion variants	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	V
81321	Pten (phosphatase and tensin homolog) (eg, cowden syndrome, pten hamartoma tumor syndrome) gene analysis; full sequence analysis	Sep 2011	Molecular Pathology Test - Tier 1	09	CPT 2013	October 2016	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	<b>V</b>
81322	Pten (phosphatase and tensin homolog) (eg, cowden syndrome, pten hamartoma tumor syndrome) gene analysis; known familial variant	Sep 2011	Molecular Pathology Test - Tier 1	09	CPT 2013	October 2016	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	<b>~</b>
81323	Pten (phosphatase and tensin homolog) (eg, cowden syndrome, pten hamartoma tumor syndrome) gene analysis; duplication/deletion variant	Sep 2011	Molecular Pathology Test - Tier 1	09	CPT 2013	October 2016	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	<b>V</b>
81331	Snrpn/ube3a (small nuclear ribonucleoprotein polypeptide n and ubiquitin protein ligase e3a) (eg, prader-willi syndrome and/or angelman syndrome), methylation analysis	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	<b>V</b>
81332	Serpina1 (serpin peptidase inhibitor, clade a, alpha-1 antiproteinase, antitrypsin, member 1) (eg, alpha-1-antitrypsin deficiency), gene analysis, common variants (eg, *s and *z)	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	<b>V</b>
81340	Trb@ (t cell antigen receptor, beta) (eg, leukemia and lymphoma), gene rearrangement analysis to detect abnormal clonal population(s); using amplification methodology (eg, polymerase chain reaction)	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	<b>✓</b>

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CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re- Review	RUC Rec	Complete
81341	Trb@ (t cell antigen receptor, beta) (eg, leukemia and lymphoma), gene rearrangement analysis to detect abnormal clonal population(s); using direct probe methodology (eg, southern blot)	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	✓
81342	Trg@ (t cell antigen receptor, gamma) (eg, leukemia and lymphoma), gene rearrangement analysis, evaluation to detect abnormal clonal population(s)	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	✓
81350	Ugt1a1 (udp glucuronosyltransferase 1 family, polypeptide a1) (eg, drug metabolism, hereditary unconjugated hyperbilirubinemia [gilbert syndrome]) gene analysis, common variants (eg, *28, *36, *37)	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	✓
81355	Vkorc1 (vitamin k epoxide reductase complex, subunit 1) (eg, warfarin metabolism), gene analysis, common variant(s) (eg, -1639g>a, c.173+1000c>t)	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	✓
81370	Hla class i and ii typing, low resolution (eg, antigen equivalents); hla-a, -b, -c, -drb1/3/4/5, and -dqb1	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	✓
81371	Hla class i and ii typing, low resolution (eg, antigen equivalents); hla-a, -b, and -drb1 (eg, verification typing)	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	✓
81372	Hla class i typing, low resolution (eg, antigen equivalents); complete (ie, hla-a, -b, and -c)	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	✓

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CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re- Review	RUC Rec	Complete
81373	Hla class i typing, low resolution (eg, antigen equivalents); one locus (eg, hla-a, -b, or -c), each	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	V
81374	Hla class i typing, low resolution (eg, antigen equivalents); one antigen equivalent (eg, b*27), each	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	<b>V</b>
81375	Hla class ii typing, low resolution (eg, antigen equivalents); hla-drb1/3/4/5 and -dqb1	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	<b>V</b>
81376	Hla class ii typing, low resolution (eg, antigen equivalents); one locus (eg, hla-drb1, -drb3/4/5, -dqb1, -dqa1, -dpb1, or -dpa1), each	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	V
81377	Hla class ii typing, low resolution (eg, antigen equivalents); one antigen equivalent, each	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	V
81378	Hla class i and ii typing, high resolution (ie, alleles or allele groups), hla-a, -b, -c, and -drb1	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	V
81379	Hla class i typing, high resolution (ie, alleles or allele groups); complete (ie, hla-a, -b, and -c)	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012	October 2015	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	<b>✓</b>

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CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re- Review	RUC Rec	Complete
81380	Hla class i typing, high resolution (ie, alleles or allele groups); one locus (eg, hla-a, -b, or -c), each	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012	October 2015	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	V
81381	Hla class i typing, high resolution (ie, alleles or allele groups); one allele or allele group (eg, b*57:01p), each	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012	October 2015	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	<b>V</b>
81382	Hla class ii typing, high resolution (ie, alleles or allele groups); one locus (eg, hla-drb1, -drb3/4/5, -dqb1, -dqa1, -dpb1, or -dpa1), each	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012	October 2015	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	<b>V</b>
81383	Hla class ii typing, high resolution (ie, alleles or allele groups); one allele or allele group (eg, hla-dqb1*06:02p), each	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012	October 2015	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	<b>~</b>

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CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re- Review	RUC Rec	Complete
81400	Molecular pathology procedure, level 1 (eg, identification of single germline variant [eg, snp] by techniques such as restriction enzyme digestion or melt curve analysis) acadm (acyl-coa dehydrogenase, c-4 to c-12 straight chain, mcad) (eg, medium chain acyl dehydrogenase deficiency), k304e variant ace (angiotensin converting enzyme) (eg, hereditary blood pressure regulation), insertion/deletion variant agtr1 (angiotensin ii receptor, type 1) (eg, essential hypertension), 1166a>c variant bckdha (branched chain keto acid dehydrogenase e1, alpha polypeptide) (eg, maple syrup urine disease, type 1a), y438n variant ccr5 (chemokine c-c motif receptor 5) (eg, hiv resistance), 32-bp deletion mutation/794 825del32 deletion clrn1 (clarin 1) (eg, usher syndrome, type 3), n48k variant f2 (coagulation factor 2) (eg, hereditary hypercoagulability), 1199g>a variant f5 (coagulation factor v) (eg, hereditary hypercoagulability), hr2 variant f7 (coagulation factor vii [serum prothrombin conversion accelerator]) (eg, hereditary hypercoagulability), r353q variant f13b (coagulation factor xiii, b polypeptide) (eg, hereditary hypercoagulability), v34l variant fgb (fibrinogen beta chain) (eg, hereditary ischemic heart disease), -455g>a variant fgfr1 (fibroblast growth factor receptor 1) (eg, pfeiffer syndrome type 1, craniosynostosis), p252r variant fgfr3 (fibroblast growth factor receptor 1) (eg, pfeiffer syndrome type 1, craniosynostosis), p252r variant fgfr3 (fibroblast growth factor receptor 3) (eg, muenke syndrome), p250r variant fktn (fukutin) (eg, fukuyama congenital muscular dystrophy), retrotransposon insertion variant gne (glucosamine [udp-n-acetyl]-2-epimerase/n-acetylmannosamine kinase) (eg, inclusion body myopathy 2 [ibm2], nonaka myopathy), m712t variant ivd (isovaleryl-coa dehydrogenase) (eg, isovaleric acidemia), a282v variant lct (lactase-phlorizin hydrolase) (eg, lactose intolerance), 13910 c>t variant neb (nebulin) (eg, nemaline myopathy 2), exon 55 deletion variant pcdh15 (protocadherin-related 15) (eg, usher syn	Apr 2011	Molecular Pathology - Tier	2 16	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	

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inhibitor clade e, member 1, plasminogen activator inhibitor -1, pai-1) (eg, thrombophilia), 4g variant shoc2 (soc-2 suppressor of clear homolog) (eg, noonan-like syndrome with loose anagen hair), s2g variant sry (sex determining region y) (eg, 46,xx testicular disorder of sex development, gonadal dysgenesis), gene analysis tor1a (torsin family 1, member a [torsin a]) (eg, early-onset primary dystonia [dyt1]), 907\_909delgag (904\_906delgag) variant

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CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re- Review	RUC Rec	Complete
81401	Molecular pathology procedure, level 2 (eg, 2-10 snps, 1 methylated variant, or 1 somatic variant [typically using nonsequencing target variant analysis], or detection of a dynamic mutation disorder/triplet repeat) abcc8 (atp-binding cassette, sub-family c [cftr/mrp], member 8) (eg, familial hyperinsulinism), common variants (eg, c.3898-9g>a [c.3992-9g>a], f1388del) abl1 (abl proto-oncogene 1, non-receptor tyrosine kinase) (eg, acquired imatinib resistance), t315i variant acadm (acyl-coa dehydrogenase, c-4 to c-12 straight chain, mcad) (eg, medium chain acyl dehydrogenase deficiency), commons variants (eg, k304e, y42h) adrb2 (adrenergic beta-2 receptor surface) (eg, drug metabolism), common variants (eg, g16r, q27e) apob (apolipoprotein b) (eg, familial hypercholesterolemia type b), common variants (eg, r3500q, r3500w) apoe (apolipoprotein e) (eg, hyperlipoproteinemia type iii, cardiovascular disease, alzheimer disease), common variants (eg, *2, *3, *4) cbfb/myh11 (inv(16)) (eg, acute myeloid leukemia), qualitative, and quantitative, if performed cbs (cystathionine-beta-synthase) (eg, homocystinuria, cystathionine-beta-synthase deficiency), common variants (eg, i278t, g307s) cfh/arms2 (complement factor h/age-related maculopathy susceptibility 2) (eg, macular degeneration), common variants (eg, y402h [cfh], a69s [arms2]) dek/nup214 (t(6;9)) (eg, acute myeloid leukemia), translocation analysis, qualitative, and quantitative, if performed eml4/alk (inv(2)) (eg, non small cell lung cancer), translocation or inversion analysis etv6/runx1 (t(12;21)) (eg, acute lymphocytic leukemia), translocation analysis, qualitative, and quantitative, if performed emsr1/atf1 (t(12;22)) (eg, clear cell sarcoma), translocation analysis, qualitative, and quantitative, if performed ewsr1/erg (t(21;22)) (eg, ewing sarcoma/peripheral neuroectodermal tumor), translocation analysis, qualitative, and		Molecular Pathology - Tie	er 2 16	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	

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quantitative, if performed ewsr1/fli1 (t(11;22)) (eg, ewing sarcoma/peripheral neuroectodermal tumor), translocation analysis, qualitative, and quantitative, if performed ewsr1/wt1 (t(11,22)) (eg, desmoplastic small round cell tumor), translocation analysis, qualitative, and quantitative, if performed f11 (coagulation factor xi) (eg, coagulation disorder), common variants (eg, e117x [type ii], f283l [type iii], ivs14del14, and ivs14+1g>a [type i]) fgfr3 (fibroblast growth factor receptor 3) (eg. achondroplasia, hypochondroplasia), common variants (eg, 1138g>a, 1138g>c, 1620c>a, 1620c>g) fip1l1/pdgfra (del[4q12]) (eg, imatinibsensitive chronic eosinophilic leukemia). qualitative, and quantitative, if performed flg (filaggrin) (eg. ichthyosis vulgaris), common variants (eg, r501x, 2282del4, r2447x, s3247x, 3702delg) foxo1/pax3 (t(2:13)) (eg. alveolar rhabdomyosarcoma), translocation analysis, qualitative, and quantitative, if performed foxo1/pax7 (t(1;13)) (eg, alveolar rhabdomyosarcoma), translocation analysis. qualitative, and quantitative, if performed fus/ddit3 (t(12;16)) (eg, myxoid liposarcoma), translocation analysis, qualitative, and quantitative, if performed galc (galactosylceramidase) (eg, krabbe disease). common variants (eg, c.857g>a, 30-kb deletion) galt (galactose-1-phosphate uridylyltransferase) (eg, galactosemia), common variants (eg, q188r. s135l, k285n, t138m, l195p, y209c, ivs2-2a>g, p171s, del5kb, n314d, l218l/n314d) h19 (imprinted maternally expressed transcript [non-protein coding]) (eg, beckwith-wiedemann syndrome), methylation analysis igh@/bcl2 (t(14,18)) (eg, follicular lymphoma), translocation analysis; single breakpoint (eq. major breakpoint region [mbr] or minor cluster region [mcr]), qualitative or quantitative (when both mbr and mcr breakpoints are performed, use 81278) kcnq1ot1 (kcnq1 overlapping transcript 1 [non-protein coding]) (eg, beckwith-wiedemann syndrome), methylation analysis linc00518 (long intergenic non-protein coding rna 518) (eg, melanoma), expression

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analysis Irrk2 (leucine-rich repeat kinase 2) (eg, parkinson disease), common variants (eg, r1441g, g2019s, i2020t) med12 (mediator complex subunit 12) (eg, fg syndrome type 1, lujan syndrome), common variants (eg, r961w, n1007s) meg3/dlk1 (maternally expressed 3 [non-protein coding]/deltalike 1 homolog [drosophila]) (eg, intrauterine growth retardation), methylation analysis mll/aff1 (t(4,11)) (eq. acute lymphoblastic leukemia). translocation analysis, qualitative, and quantitative, if performed mll/mllt3 (t(9;11)) (eg, acute myeloid leukemia), translocation analysis, qualitative, and quantitative, if performed mt-atp6 (mitochondrially encoded atp synthase 6) (eq. neuropathy with ataxia and retinitis pigmentosa [narp], leigh syndrome), common variants (eq. m.8993t>g, m.8993t>c) mt-nd4, mt-nd6 (mitochondrially encoded nadh dehydrogenase 4. mitochondrially encoded nadh dehydrogenase 6) (eg, leber hereditary optic neuropathy [lhon]), common variants (eg, m.11778g>a, m.3460g>a, m.14484t>c) mt-nd5 (mitochondrially encoded trna leucine 1 [uua/g], mitochondrially encoded nadh dehydrogenase 5) (eg, mitochondrial encephalopathy with lactic acidosis and stroke-like episodes [melas]), common variants (eq. m.3243a>q, m.3271t>c, m.3252a>q, m.13513q>a) mt-rnr1 (mitochondrially encoded 12s rna) (eg. nonsyndromic hearing loss), common variants (eg, m.1555a>g, m.1494c>t) mt-tk (mitochondrially encoded trna lysine) (eg, myoclonic epilepsy with ragged-red fibers [merrf]), common variants (eg, m.8344a>g, m.8356t>c) mt-tl1 (mitochondrially encoded trna leucine 1 [uua/g]) (eg, diabetes and hearing loss), common variants (eg, m.3243a>g, m.14709 t>c) mt-tl1 mt-ts1. mt-rnr1 (mitochondrially encoded trna serine 1 [ucn], mitochondrially encoded 12s rna) (eq. nonsyndromic sensorineural deafness [including aminoglycoside-induced nonsyndromic deafness]), common variants (eg, m.7445a>g, m.1555a>g) mutyh (muty homolog [e. coli]) (eg, myhassociated polyposis), common variants (eg,

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y165c, g382d) nod2 (nucleotide-binding oligomerization domain containing 2) (eg, crohn's disease, blau syndrome), common variants (eg, snp 8, snp 12, snp 13) npm1/alk (t(2,5)) (eg, anaplastic large cell lymphoma), translocation analysis pax8/pparg (t(2;3) (q13;p25)) (eg, follicular thyroid carcinoma), translocation analysis prame (preferentially expressed antigen in melanoma) (eg, melanoma), expression analysis prss1 (protease, serine, 1 [trypsin 1]) (eq. hereditary pancreatitis), common variants (eg, n29i, a16v, r122h) pygm (phosphorylase, glycogen, muscle) (eg, glycogen storage disease type v, mcardle disease), common variants (eg, r50x, g205s) runx1/runx1t1 (t(8;21)) (eg, acute myeloid leukemia) translocation analysis, qualitative, and quantitative, if performed ss18/ssx1 (t(x,18)) (eg, synovial sarcoma), translocation analysis, qualitative, and quantitative, if performed ss18/ssx2 (t(x;18)) (eg, synovial sarcoma), translocation analysis, qualitative, and quantitative, if performed vwf (von willebrand factor) (eg, von willebrand disease type 2n), common variants (eq. t791m, r816w, r854q)

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81402	Molecular pathology procedure, level 3 (eg, >10 snps, 2-10 methylated variants, or 2-10 somatic variants [typically using non-sequencing target variant analysis], immunoglobulin and t-cell receptor gene rearrangements, duplication/deletion variants of 1 exon, loss of heterozygosity [loh], uniparental disomy [upd]) chromosome 1p-/19q- (eg, glial tumors), deletion analysis chromosome 18q- (eg, d18s55, d18s58, d18s61, d18s64, and d18s69) (eg, colon cancer), allelic imbalance assessment (ie, loss of heterozygosity) col1a1/pdgfb (t(17;22)) (eg, dermatofibrosarcoma protuberans), translocation analysis, multiple breakpoints, qualitative, and quantitative, if performed cyp21a2 (cytochrome p450, family 21, subfamily a, polypeptide 2) (eg, congenital adrenal hyperplasia, 21-hydroxylase deficiency), common variants (eg, ivs2-13g, p30I, i172n, exon 6 mutation cluster [i235n, v236e, m238k], v281I, l307ffsx6, q318x, r356w, p453s, g110vfsx21, 30-kb deletion variant) esr1/pgr (receptor 1/progesterone receptor) ratio (eg, breast cancer) mefv (mediterranean fever) (eg, familial mediterranean fever), common variants (eg, e148q, p369s, f479I, m680i, i692del, m694v, m694i, k695r, v726a, a744s, r761h) trd@ (t cell antigen receptor, delta) (eg, leukemia and lymphoma), gene rearrangement analysis, evaluation to detect abnormal clonal population uniparental disomy (upd) (eg, russell-silver syndrome, prader-willi/angelman syndrome), short tandem repeat (str) analysis	Apr 2011	Molecular Pathology - Tie	or 2 16	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	

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81403	Molecular pathology procedure, level 4 (eg, analysis of single exon by dna sequence analysis, analysis of >10 amplicons using multiplex pcr in 2 or more independent reactions, mutation scanning or duplication/deletion variants of 2-5 exons) ang (angiogenin, ribonuclease, rnase a family, 5) (eg, amyotrophic lateral sclerosis), full gene sequence arx (aristaless-related homeobox) (eg, x-linked lissencephaly with ambiguous genitalia, x-linked mental retardation), duplication/deletion analysis cel (carboxyl ester lipase [bile salt-stimulated lipase]) (eg, maturity-onset diabetes of the young [mody]), targeted sequence analysis of exon 11 (eg, c.1785delc, c.1686delt) ctnnb1 (catenin [cadherin-associated protein], beta 1, 88kda) (eg, desmoid tumors), targeted sequence analysis (eg, exon 3) daz/sry (deleted in azoospermia and sex determining region y) (eg, male infertility), common deletions (eg, azfa, azfb, azfc, azfd) dnmt3a (dna [cytosine-5-]-methyltransferase 3 alpha) (eg, acute myeloid leukemia), targeted sequence analysis (eg, exon 23) epcam (epithelial cell adhesion molecule) (eg, lynch syndrome), duplication/deletion analysis f8 (coagulation factor viii) (eg, hemophilia a), inversion analysis, intron 1 and intron 22a f12 (coagulation factor xii [hageman factor]) (eg, angioedema, hereditary, type iii; factor xii deficiency), targeted sequence analysis of exon 9 fgfr3 (fibroblast growth factor receptor 3) (eg, isolated craniosynostosis), targeted sequence analysis (eg, exon 7) (for		Molecular Pathology - Tier	2 16	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	

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group], gypa, gypb, gype [mns blood group], art4 [dombrock blood group]) (eg, sickle-cell disease, thalassemia, hemolytic transfusion reactions. hemolytic disease of the fetus or newborn), common variants hras (v-ha-ras harvey rat sarcoma viral oncogene homolog) (eg. costello syndrome), exon 2 sequence kcnc3 (potassium voltage-gated channel, shaw-related subfamily, member 3) (eg. spinocerebellar ataxia), targeted sequence analysis (eq. exon 2) kcnj2 (potassium inwardly-rectifying channel, subfamily j, member 2) (eg, andersen-tawil syndrome), full gene sequence kcnj11 (potassium inwardly-rectifying channel, subfamily i. member 11) (eg. familial hyperinsulinism), full gene sequence killer cell immunoglobulin-like receptor (kir) gene family (eg, hematopoietic stem cell transplantation), genotyping of kir family genes known familial variant not otherwise specified, for gene listed in tier 1 or tier 2, or identified during a genomic sequencing procedure, dna sequence analysis, each variant exon (for a known familial variant that is considered a common variant, use specific common variant tier 1 or tier 2 code) mc4r (melanocortin 4 receptor) (eg, obesity), full gene sequence mica (mhc class i polypeptide-related sequence a) (eg, solid organ transplantation), common variants (eg, \*001, \*002) mt-rnr1 (mitochondrially encoded 12s rna) (eg, nonsyndromic hearing loss), full gene sequence mt-ts1 (mitochondrially encoded trna serine 1) (eq. nonsyndromic hearing loss), full gene sequence ndp (norrie disease [pseudoglioma]) (eg, norrie disease), duplication/deletion analysis nhlrc1 (nhl repeat containing 1) (eg, progressive myoclonus epilepsy), full gene seguence phox2b (paired-like homeobox 2b) (eg. congenital central hypoventilation syndrome), duplication/deletion analysis pln (phospholamban) (eg, dilated cardiomyopathy, hypertrophic cardiomyopathy). full gene sequence rhd (rh blood group, d antigen) (eg, hemolytic disease of the fetus and newborn, rh maternal/fetal compatibility), deletion analysis

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(eg, exons 4, 5, and 7, pseudogene) rhd (rh blood group, d antigen) (eg, hemolytic disease of the fetus and newborn, rh maternal/fetal compatibility), deletion analysis (eg, exons 4, 5, and 7, pseudogene), performed on cell-free fetal dna in maternal blood (for human erythrocyte gene analysis of rhd, use a separate unit of 81403) sh2d1a (sh2 domain containing 1a) (eg, x-linked lymphoproliferative syndrome), duplication/deletion analysis twist1 (twist homolog 1 [drosophila]) (eg, saethre-chotzen syndrome), duplication/deletion analysis uba1 (ubiquitin-like modifier activating enzyme 1) (eg, spinal muscular atrophy, x-linked), targeted sequence analysis (eg, exon 15) vhl (von hippel-lindau tumor suppressor) (eg, von hippel-lindau familial cancer syndrome), deletion/duplication analysis vwf (von willebrand factor) (eg, von willebrand disease types 2a, 2b, 2m), targeted sequence analysis (eg, exon 28)

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CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re- Review	RUC Rec	Complete
81404	Molecular pathology procedure, level 5 (eg, analysis of 2-5 exons by dna sequence analysis, mutation scanning or duplication/deletion variants of 6-10 exons, or characterization of a dynamic mutation disorder/triplet repeat by southern blot analysis) acads (acyl-coa dehydrogenase, c-2 to c-3 short chain) (eg, short chain acyl-coa dehydrogenase deficiency), targeted sequence analysis (eg, exons 5 and 6) aqp2 (aquaporin 2 [collecting duct]) (eg, nephrogenic diabetes insipidus), full gene sequence arx (aristaless related homeobox) (eg, x-linked lissencephaly with ambiguous genitalia, x-linked mental retardation), full gene sequence avpr2 (arginine vasopressin receptor 2) (eg, nephrogenic diabetes insipidus), full gene sequence bbs10 (bardet-biedl syndrome 10) (eg, bardet-biedl syndrome), full gene sequence btd (biotinidase) (eg, biotinidase deficiency), full gene sequence c10orf2 (chromosome 10 open reading frame 2) (eg, mitochondrial dna depletion syndrome), full gene sequence cav3 (caveolin 3) (eg, cav3-related distal myopathy, limb-girdle muscular dystrophy type 1c), full gene sequence cd40lg (cd40 ligand) (eg, x-linked hyper igm syndrome), full gene sequence cdkn2a (cyclin-dependent kinase inhibitor 2a) (eg, cdkn2a-related cutaneous malignant melanoma syndrome), full gene sequence clrn1 (clarin 1) (eg, usher syndrome, type 3), full gene sequence cox6b1 (cytochrome coxidase subunit vib polypeptide 1) (eg, mitochondrial respiratory chain complex iv deficiency), full gene sequence cpt2 (carnitine palmitoyltransferase 2) (eg, carnitine palmitoyltransferase ii deficiency), full gene sequence cyp1b1 (cytochrome p450, family 1, subramily b, polypeptide 1) (eg, primary congenital glaucoma), full gene sequence egr2 (early growth response 2) (eg, charcot-marie-tooth), full gene sequence emd (emerin) (eg, emery-dreifuss	Apr 2011	Molecular Pathology - Tier	2 16	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	

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muscular dystrophy), duplication/deletion analysis epm2a (epilepsy, progressive myoclonus type 2a, lafora disease [laforin]) (eg, progressive myoclonus epilepsy), full gene sequence fgf23 (fibroblast growth factor 23) (eg, hypophosphatemic rickets), full gene sequence fgfr2 (fibroblast growth factor receptor 2) (eg, craniosynostosis, apert syndrome, crouzon syndrome), targeted sequence analysis (eg. exons 8, 10) fgfr3 (fibroblast growth factor receptor 3) (eg, achondroplasia, hypochondroplasia), targeted sequence analysis (eg, exons 8, 11, 12, 13) fhl1 (four and a half lim domains 1) (eg, emery-dreifuss muscular dystrophy), full gene sequence fkrp (fukutin related protein) (eg, congenital muscular dystrophy type 1c [mdc1c], limb-girdle muscular dystrophy [Igmd] type 2i), full gene sequence foxq1 (forkhead box q1) (eq. rett syndrome), full gene sequence fshmd1a (facioscapulohumeral muscular dystrophy 1a) (eg, facioscapulohumeral muscular dystrophy), evaluation to detect abnormal (eq. deleted) alleles fshmd1a (facioscapulohumeral muscular dystrophy 1a) (eg, facioscapulohumeral muscular dystrophy), characterization of haplotype(s) (ie, chromosome 4a and 4b haplotypes) gh1 (growth hormone 1) (eg, growth hormone deficiency), full gene sequence gp1bb (glycoprotein ib [platelet], beta polypeptide) (eg, bernard-soulier syndrome type b), full gene sequence (for common deletion variants of alpha globin 1 and alpha globin 2 genes, use 81257) hnf1b (hnf1 homeobox b) (eq. maturity-onset diabetes of the young [mody]), duplication/deletion analysis hras (v-ha-ras harvey rat sarcoma viral oncogene homolog) (eg. costello syndrome), full gene seguence hsd3b2 (hydroxydelta-5-steroid dehydrogenase, 3 beta- and steroid delta-isomerase 2) (eg. 3-beta-hydroxysteroid dehydrogenase type ii deficiency), full gene sequence hsd11b2 (hydroxysteroid [11-beta] dehydrogenase 2) (eg, mineralocorticoid excess syndrome), full gene sequence hspb1 (heat shock 27kda protein 1) (eg, charcot-marie-tooth disease),

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full gene sequence ins (insulin) (eg, diabetes mellitus), full gene sequence kcnj1 (potassium inwardly-rectifying channel, subfamily j, member 1) (eg, bartter syndrome), full gene sequence kcnj10 (potassium inwardly-rectifying channel, subfamily j. member 10) (eg, sesame syndrome, east syndrome, sensorineural hearing loss), full gene sequence litaf (lipopolysaccharide-induced tnf factor) (eg, charcot-marie-tooth), full gene sequence mefv (mediterranean fever) (eg. familial mediterranean fever), full gene sequence men1 (multiple endocrine neoplasia i) (eg, multiple endocrine neoplasia type 1, wermer syndrome), duplication/deletion analysis mmachc (methylmalonic aciduria [cobalamin deficiency] cblc type, with homocystinuria) (eg, methylmalonic acidemia and homocystinuria), full gene sequence mpv17 (mpv17 mitochondrial inner membrane protein) (eg, mitochondrial dna depletion syndrome), duplication/deletion analysis ndp (norrie disease [pseudoglioma]) (eg, norrie disease), full gene seguence ndufa1 (nadh dehydrogenase [ubiquinone] 1 alpha subcomplex, 1, 7.5kda) (eq. leigh syndrome, mitochondrial complex i deficiency), full gene sequence ndufaf2 (nadh dehydrogenase [ubiquinone] 1 alpha subcomplex, assembly factor 2) (eg, leigh syndrome, mitochondrial complex i deficiency), full gene sequence ndufs4 (nadh dehydrogenase [ubiquinone] fe-s protein 4, 18kda [nadh-coenzyme q reductase]) (eg, leigh syndrome, mitochondrial complex i deficiency), full gene sequence nipa1 (non-imprinted in prader-willi/angelman syndrome 1) (eg, spastic paraplegia), full gene sequence nlgn4x (neuroligin 4, x-linked) (eg, autism spectrum disorders), duplication/deletion analysis npc2 (niemann-pick disease, type c2 [epididymal secretory protein e1]) (eg, niemann-pick disease type c2), full gene sequence nr0b1 (nuclear receptor subfamily 0, group b, member 1) (eg. congenital adrenal hypoplasia), full gene sequence pdx1 (pancreatic and duodenal homeobox 1) (eg, maturity-onset diabetes of the

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young [mody]), full gene sequence phox2b (pairedlike homeobox 2b) (eg, congenital central hypoventilation syndrome), full gene seguence plp1 (proteolipid protein 1) (eg, pelizaeusmerzbacher disease, spastic paraplegia), duplication/deletion analysis pgbp1 (polyglutamine binding protein 1) (eg, renpenning syndrome), duplication/deletion analysis prnp (prion protein) (eg, genetic prion disease), full gene seguence prop1 (prop paired-like homeobox 1) (eq. combined pituitary hormone deficiency), full gene sequence prph2 (peripherin 2 [retinal degeneration, slow]) (eg, retinitis pigmentosa), full gene seguence prss1 (protease, serine, 1 [trypsin] 1]) (eg, hereditary pancreatitis), full gene sequence raf1 (v-raf-1 murine leukemia viral oncogene homolog 1) (eg, leopard syndrome), targeted sequence analysis (eg. exons 7, 12, 14, 17) ret (ret proto-oncogene) (eg, multiple endocrine neoplasia, type 2b and familial medullary thyroid carcinoma), common variants (eg. m918t, 2647 2648delinstt, a883f) rho (rhodopsin) (eg, retinitis pigmentosa), full gene sequence rp1 (retinitis pigmentosa 1) (eg, retinitis pigmentosa), full gene sequence scn1b (sodium channel, voltage-gated, type i, beta) (eg, brugada syndrome), full gene sequence sco2 (sco cytochrome oxidase deficient homolog 2 [sco1]) (eg, mitochondrial respiratory chain complex iv deficiency), full gene sequence sdhc (succinate dehydrogenase complex, subunit c, integral membrane protein, 15kda) (eg, hereditary paraganglioma-pheochromocytoma syndrome), duplication/deletion analysis sdhd (succinate dehydrogenase complex, subunit d, integral membrane protein) (eq. hereditary paraganglioma), full gene sequence sgcg (sarcoglycan, gamma [35kda dystrophinassociated glycoprotein]) (eg, limb-girdle muscular dystrophy), duplication/deletion analysis sh2d1a (sh2 domain containing 1a) (eg, x-linked lymphoproliferative syndrome), full gene sequence slc16a2 (solute carrier family 16, member 2

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[thyroid hormone transporter]) (eg, specific thyroid hormone cell transporter deficiency, allan-herndondudley syndrome), duplication/deletion analysis slc25a20 (solute carrier family 25 [carnitine/acylcarnitine translocase], member 20) (eg, carnitine-acylcarnitine translocase deficiency), duplication/deletion analysis slc25a4 (solute carrier family 25 [mitochondrial carrier; adenine nucleotide translocator], member 4) (eq. progressive external ophthalmoplegia), full gene sequence sod1 (superoxide dismutase 1, soluble) (eg, amyotrophic lateral sclerosis), full gene sequence spink1 (serine peptidase inhibitor, kazal type 1) (eg. hereditary pancreatitis), full gene sequence stk11 (serine/threonine kinase 11) (eg, peutz-jeghers syndrome), duplication/deletion analysis taco1 (translational activator of mitochondrial encoded cytochrome c oxidase i) (eg, mitochondrial respiratory chain complex iv deficiency), full gene sequence thap1 (thap domain containing, apoptosis associated protein 1) (eg. torsion dystonia), full gene seguence tor1a (torsin family 1, member a [torsin a]) (eg, torsion dystonia), full gene sequence ttpa (tocopherol [alpha] transfer protein) (eg, ataxia), full gene sequence ttr (transthyretin) (eq. familial transthyretin amyloidosis), full gene sequence twist1 (twist homolog 1 [drosophila]) (eg, saethrechotzen syndrome), full gene sequence tyr (tyrosinase [oculocutaneous albinism ia]) (eg, oculocutaneous albinism ia), full gene seguence ugt1a1 (udp glucuronosyltransferase 1 family, polypeptide a1) (eg, hereditary unconjugated hyperbilirubinemia [crigler-najjar syndrome]) full gene sequence ush1g (usher syndrome 1g [autosomal recessive]) (eg, usher syndrome, type 1), full gene sequence vhl (von hippel-lindau tumor suppressor) (eg. von hippel-lindau familial cancer syndrome), full gene sequence vwf (von willebrand factor) (eq. von willebrand disease type 1c). targeted sequence analysis (eg, exons 26, 27, 37) zeb2 (zinc finger e-box binding homeobox 2) (eg. mowat-wilson syndrome), duplication/deletion

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analysis znf41 (zinc finger protein 41) (eg, x-linked mental retardation 89), full gene sequence

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81405	Molecular pathology procedure, level 6 (eg, analysis of 6-10 exons by dna sequence analysis, mutation scanning or duplication/deletion variants of 11-25 exons, regionally targeted cytogenomic array analysis) abcd1 (atp-binding cassette, subfamily d [ald], member 1) (eg, adrenoleukodystrophy), full gene sequence acads (acyl-coa dehydrogenase, c-2 to c-3 short chain) (eg, short chain acyl-coa dehydrogenase deficiency), full gene sequence acta2 (actin, alpha 2, smooth muscle, aorta) (eg, thoracic aortic aneurysms and aortic dissections), full gene sequence actc1 (actin, alpha, cardiac muscle 1) (eg, familial hypertrophic cardiomyopathy), full gene sequence ankrd1 (ankyrin repeat domain 1) (eg, dilated cardiomyopathy), full gene sequence aptx (aprataxin) (eg, ataxia with oculomotor apraxia 1), full gene sequence arsa (arylsulfatase a) (eg, arylsulfatase a deficiency), full gene sequence bckdha (branched chain keto acid dehydrogenase e1, alpha polypeptide) (eg, maple syrup urine disease, type 1a), full gene sequence bcs1l (bcs1-like [s. cerevisiae]) (eg, leigh syndrome, mitochondrial complex iii deficiency, gracile syndrome), full gene sequence bmpr2 (bone morphogenetic protein receptor, type ii [serine/threonine kinase]) (eg, heritable pulmonary arterial hypertension), duplication/deletion analysis casq2 (calsequestrin 2 [cardiac muscle]) (eg, catecholaminergic polymorphic ventricular tachycardia), full gene sequence casr (calciumsensing receptor) (eg, hypocalcemia), full gene sequence cdkl5 (cyclin-dependent kinase-like 5) (eg, early infantile epileptic encephalopathy), duplication/deletion analysis chrna4 (cholinergic receptor, nicotinic, alpha 4) (eg, nocturnal frontal lobe epilepsy), full gene sequence cox10 (cox10 homolog, cytochrome c oxidase assembly protein) (eg, mitochondrial respiratory chain complex iv deficiency), full gene sequence cox15 (cox15 homolog, cytochrome c	Apr 2011	Molecular Pathology - Tier	2 16	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	

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oxidase assembly protein) (eg, mitochondrial respiratory chain complex iv deficiency), full gene sequence cpox (coproporphyrinogen oxidase) (eq. hereditary coproporphyria), full gene sequence ctrc (chymotrypsin c) (eq. hereditary pancreatitis). full gene sequence cyp11b1 (cytochrome p450, family 11, subfamily b, polypeptide 1) (eg, congenital adrenal hyperplasia), full gene sequence cyp17a1 (cytochrome p450, family 17, subfamily a, polypeptide 1) (eg, congenital adrenal hyperplasia), full gene sequence cyp21a2 (cytochrome p450, family 21, subfamily a, polypeptide2) (eg, steroid 21-hydroxylase isoform, congenital adrenal hyperplasia), full gene sequence cytogenomic constitutional targeted microarray analysis of chromosome 22q13 by interrogation of genomic regions for copy number and single nucleotide polymorphism (snp) variants for chromosomal abnormalities (when performing cytogenomic [genome-wide] analysis for constitutional chromosomal abnormalities, see 81228. 81229. 81349) (do not report analytespecific molecular pathology procedures separately when the specific analytes are included as part of the microarray analysis of chromosome 22q13) (do not report 88271 when performing cytogenomic microarray analysis) dbt (dihydrolipoamide branched chain transacylase e2) (eg, maple syrup urine disease, type 2), duplication/deletion analysis dcx (doublecortin) (eg, x-linked lissencephaly), full gene sequence des (desmin) (eg, myofibrillar myopathy), full gene sequence dfnb59 (deafness, autosomal recessive 59) (eg, autosomal recessive nonsyndromic hearing impairment), full gene sequence dguok (deoxyguanosine kinase) (eg. hepatocerebral mitochondrial dna depletion syndrome), full gene sequence dhcr7 (7-dehydrocholesterol reductase) (eg, smith-lemli-opitz syndrome), full gene sequence eif2b2 (eukaryotic translation initiation factor 2b, subunit 2 beta, 39kda) (eg, leukoencephalopathy with vanishing white matter). full gene sequence emd (emerin) (eg, emery-

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dreifuss muscular dystrophy), full gene sequence eng (endoglin) (eg, hereditary hemorrhagic telangiectasia, type 1), duplication/deletion analysis eya1 (eyes absent homolog 1 [drosophila]) (eg. branchio-oto-renal [bor] spectrum disorders), duplication/deletion analysis fgfr1 (fibroblast growth factor receptor 1) (eg, kallmann syndrome 2), full gene sequence fh (fumarate hydratase) (eg. fumarate hydratase deficiency, hereditary leiomyomatosis with renal cell cancer), full gene sequence fktn (fukutin) (eg, limb-girdle muscular dystrophy [lgmd] type 2m or 2I), full gene sequence ftsj1 (ftsj rna methyltransferase homolog 1 [e. coli]) (eg. x-linked mental retardation 9), duplication/deletion analysis gabrg2 (gamma-aminobutyric acid [gaba] a receptor, gamma 2) (eg, generalized epilepsy with febrile seizures), full gene seguence gch1 (gtp cyclohydrolase 1) (eg, autosomal dominant doparesponsive dystonia), full gene sequence gdap1 (ganglioside-induced differentiation-associated protein 1) (eg. charcot-marie-tooth disease), full gene sequence gfap (glial fibrillary acidic protein) (eg, alexander disease), full gene seguence ghr (growth hormone receptor) (eg, laron syndrome), full gene sequence ghrhr (growth hormone releasing hormone receptor) (eg, growth hormone deficiency), full gene sequence gla (galactosidase, alpha) (eg, fabry disease), full gene sequence hnf1a (hnf1 homeobox a) (eg, maturity-onset diabetes of the young [mody]), full gene sequence hnf1b (hnf1 homeobox b) (eg, maturity-onset diabetes of the young [mody]), full gene sequence htra1 (htra serine peptidase 1) (eg, macular degeneration), full gene sequence ids (iduronate 2sulfatase) (eg. mucopolysacchridosis, type ii), full gene sequence il2rg (interleukin 2 receptor, gamma) (eg. x-linked severe combined immunodeficiency), full gene sequence ispd (isoprenoid synthase domain containing) (eg. muscle-eye-brain disease, walker-warburg syndrome), full gene seguence kras (kirsten rat sarcoma viral oncogene homolog) (eg, noonan

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syndrome), full gene sequence lamp2 (lysosomalassociated membrane protein 2) (eg, danon disease), full gene sequence Idlr (low density lipoprotein receptor) (eg, familial hypercholesterolemia), duplication/deletion analysis men1 (multiple endocrine neoplasia i) (eg, multiple endocrine neoplasia type 1, wermer syndrome), full gene sequence mmaa (methylmalonic aciduria [cobalamine deficiency] type a) (eg. mmaa-related methylmalonic acidemia), full gene sequence mmab (methylmalonic aciduria [cobalamine deficiency] type b) (eg, mmaa-related methylmalonic acidemia), full gene seguence mpi (mannose phosphate isomerase) (eg, congenital disorder of glycosylation 1b), full gene sequence mpv17 (mpv17 mitochondrial inner membrane protein) (eg. mitochondrial dna depletion syndrome), full gene sequence mpz (myelin protein zero) (eg, charcot-marie-tooth), full gene sequence mtm1 (myotubularin 1) (eg, x-linked centronuclear myopathy), duplication/deletion analysis myl2 (myosin, light chain 2, regulatory, cardiac, slow) (eg, familial hypertrophic cardiomyopathy), full gene sequence myl3 (myosin, light chain 3, alkali, ventricular, skeletal, slow) (eg, familial hypertrophic cardiomyopathy), full gene sequence myot (myotilin) (eq. limb-qirdle muscular dystrophy), full gene sequence ndufs7 (nadh dehydrogenase [ubiquinone] fe-s protein 7, 20kda [nadh-coenzyme q reductase]) (eq. leigh syndrome, mitochondrial complex i deficiency), full gene sequence ndufs8 (nadh dehydrogenase [ubiquinone] fe-s protein 8, 23kda [nadh-coenzyme q reductase]) (eg, leigh syndrome, mitochondrial complex i deficiency), full gene sequence ndufv1 (nadh dehydrogenase [ubiquinone] flavoprotein 1, 51kda) (eg. leigh syndrome, mitochondrial complex i deficiency), full gene sequence nefl (neurofilament, light polypeptide) (eg, charcotmarie-tooth), full gene sequence nf2 (neurofibromin 2 [merlin]) (eg, neurofibromatosis, type 2), duplication/deletion analysis nlgn3

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(neuroligin 3) (eg, autism spectrum disorders), full gene sequence nlgn4x (neuroligin 4, x-linked) (eg, autism spectrum disorders), full gene seguence nphp1 (nephronophthisis 1 [juvenile]) (eg, joubert syndrome), deletion analysis, and duplication analysis, if performed nphs2 (nephrosis 2, idiopathic, steroid-resistant [podocin]) (eg, steroidresistant nephrotic syndrome), full gene sequence nsd1 (nuclear receptor binding set domain protein 1) (eg. sotos syndrome), duplication/deletion analysis otc (ornithine carbamoyltransferase) (eg, ornithine transcarbamylase deficiency), full gene sequence pafah1b1 (platelet-activating factor acetylhydrolase 1b. regulatory subunit 1 [45kda]) (eg, lissencephaly, miller-dieker syndrome), duplication/deletion analysis park2 (parkinson protein 2, e3 ubiquitin protein ligase [parkin]) (eg, parkinson disease), duplication/deletion analysis pcca (propionyl coa carboxylase, alpha polypeptide) (eg. propionic acidemia, type 1), duplication/deletion analysis pcdh19 (protocadherin 19) (eq. epileptic encephalopathy). full gene sequence pdha1 (pyruvate dehydrogenase [lipoamide] alpha 1) (eq. lactic acidosis), duplication/deletion analysis pdhb (pyruvate dehydrogenase [lipoamide] beta) (eg. lactic acidosis), full gene seguence pink1 (pten induced putative kinase 1) (eq. parkinson disease), full gene sequence pklr (pyruvate kinase, liver and rbc) (eg, pyruvate kinase deficiency), full gene sequence plp1 (proteolipid protein 1) (eq. pelizaeus-merzbacher disease, spastic paraplegia), full gene sequence pou1f1 (pou class 1 homeobox 1) (eg, combined pituitary hormone deficiency), full gene sequence prx (periaxin) (eg. charcot-marie-tooth disease), full gene sequence pgbp1 (polyglutamine binding protein 1) (eg, renpenning syndrome), full gene sequence psen1 (presenilin 1) (eg, alzheimer disease), full gene seguence rab7a (rab7a. member ras oncogene family) (eg, charcot-marietooth disease), full gene seguence rai1 (retinoic acid induced 1) (eg, smith-magenis syndrome), full

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gene sequence reep1 (receptor accessory protein 1) (eg, spastic paraplegia), full gene sequence ret (ret proto-oncogene) (eg, multiple endocrine neoplasia, type 2a and familial medullary thyroid carcinoma), targeted sequence analysis (eq. exons 10, 11, 13-16) rps19 (ribosomal protein s19) (eg. diamond-blackfan anemia), full gene sequence rrm2b (ribonucleotide reductase m2 b [tp53 inducible]) (eq. mitochondrial dna depletion), full gene sequence sco1 (sco cytochrome oxidase deficient homolog 1) (eg, mitochondrial respiratory chain complex iv deficiency), full gene sequence sdhb (succinate dehydrogenase complex, subunit b. iron sulfur) (eq. hereditary paraganglioma), full gene sequence sdhc (succinate dehydrogenase complex, subunit c, integral membrane protein, 15kda) (eg, hereditary paragangliomapheochromocytoma syndrome), full gene sequence sgca (sarcoglycan, alpha [50kda dystrophin-associated glycoprotein]) (eq. limbgirdle muscular dystrophy), full gene sequence sqcb (sarcoglycan, beta [43kda dystrophinassociated glycoprotein]) (eg, limb-girdle muscular dystrophy), full gene sequence sqcd (sarcoglycan, delta [35kda dystrophin-associated glycoprotein]) (eg, limb-girdle muscular dystrophy), full gene sequence sgce (sarcoglycan, epsilon) (eg, myoclonic dystonia), duplication/deletion analysis sgcg (sarcoglycan, gamma [35kda dystrophinassociated glycoprotein]) (eg, limb-girdle muscular dystrophy), full gene sequence shoc2 (soc-2 suppressor of clear homolog) (eg, noonan-like syndrome with loose anagen hair), full gene sequence shox (short stature homeobox) (eg, langer mesomelic dysplasia), full gene sequence sil1 (sil1 homolog, endoplasmic reticulum chaperone [s. cerevisiae]) (eg. ataxia), full gene sequence slc2a1 (solute carrier family 2 [facilitated glucose transporter], member 1) (eg, glucose transporter type 1 [alut 1] deficiency syndrome). full gene sequence slc16a2 (solute carrier family 16, member 2 [thyroid hormone transporter]) (eq. specific thyroid hormone cell transporter

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deficiency, allan-herndon-dudley syndrome), full gene sequence slc22a5 (solute carrier family 22 [organic cation/carnitine transporter], member 5) (eg, systemic primary carnitine deficiency), full gene sequence slc25a20 (solute carrier family 25 [carnitine/acylcarnitine translocase], member 20) (eg, carnitine-acylcarnitine translocase deficiency). full gene sequence smad4 (smad family member 4) (eg, hemorrhagic telangiectasia syndrome. juvenile polyposis), duplication/deletion analysis spast (spastin) (eg, spastic paraplegia), duplication/deletion analysis spg7 (spastic paraplegia 7 [pure and complicated autosomal recessive]) (eq. spastic paraplegia). duplication/deletion analysis spred1 (sproutyrelated, evh1 domain containing 1) (eq. legius syndrome), full gene sequence stat3 (signal transducer and activator of transcription 3 facutephase response factor]) (eg, autosomal dominant hyper-ige syndrome), targeted sequence analysis (eg, exons 12, 13, 14, 16, 17, 20, 21) stk11 (serine/threonine kinase 11) (eg. peutz-jeghers syndrome), full gene sequence surf1 (surfeit 1) (eg, mitochondrial respiratory chain complex iv deficiency), full gene sequence tardbp (tar dna binding protein) (eg. amyotrophic lateral sclerosis). full gene sequence tbx5 (t-box 5) (eg, holt-oram syndrome), full gene sequence tcf4 (transcription factor 4) (eg, pitt-hopkins syndrome), duplication/deletion analysis tgfbr1 (transforming growth factor, beta receptor 1) (eg. marfan syndrome), full gene sequence tafbr2 (transforming growth factor, beta receptor 2) (eg, marfan syndrome), full gene seguence thrb (thyroid hormone receptor, beta) (eg, thyroid hormone resistance, thyroid hormone beta receptor deficiency), full gene sequence or targeted sequence analysis of >5 exons tk2 (thymidine kinase 2, mitochondrial) (eq. mitochondrial dna depletion syndrome), full gene sequence tnnc1 (troponin c type 1 [slow]) (eg, hypertrophic cardiomyopathy or dilated cardiomyopathy), full gene sequence tnni3

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(troponin i, type 3 [cardiac]) (eg, familial hypertrophic cardiomyopathy), full gene sequence tpm1 (tropomyosin 1 [alpha]) (eg, familial hypertrophic cardiomyopathy), full gene sequence tsc1 (tuberous sclerosis 1) (eg, tuberous sclerosis), duplication/deletion analysis tymp (thymidine phosphorylase) (eg, mitochondrial dna depletion syndrome), full gene sequence vwf (von willebrand factor) (eg, von willebrand disease type 2n), targeted sequence analysis (eg, exons 18-20, 23-25) wt1 (wilms tumor 1) (eg, denys-drash syndrome, familial wilms tumor), full gene sequence zeb2 (zinc finger e-box binding homeobox 2) (eg, mowat-wilson syndrome), full gene sequence

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CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re- Review	RUC Rec	Complete
81406	Molecular pathology procedure, level 7 (eg, analysis of 11-25 exons by dna sequence analysis, mutation scanning or duplication/deletion variants of 26-50 exons) acadvl (acyl-coa dehydrogenase, very long chain) (eg, very long chain acyl-coenzyme a dehydrogenase deficiency), full gene sequence actn4 (actinin, alpha 4) (eg, focal segmental glomerulosclerosis), full gene sequence afg3l2 (afg3 atpase family gene 3-like 2 [s. cerevisiae]) (eg, spinocerebellar ataxia), full gene sequence aire (autoimmune regulator) (eg, autoimmune polyendocrinopathy syndrome type 1), full gene sequence aldh7a1 (aldehyde dehydrogenase 7 family, member a1) (eg, pyridoxine-dependent epilepsy), full gene sequence ano5 (anostamin 5) (eg, limb-girdle muscular dystrophy), full gene sequence anos1 (anosmin-1) (eg, kallmann syndrome 1), full gene sequence app (amyloid beta [a4] precursor protein) (eg, alzheimer disease), full gene sequence ass1 (argininosuccinate synthase 1) (eg, citrullinemia type i), full gene sequence atl1 (atlastin gtpase 1) (eg, spastic paraplegia), full gene sequence atp1a2 (atpase, na+/k+ transporting, alpha 2 polypeptide) (eg, familial hemiplegic migraine), full gene sequence atp7b (atpase, cu++ transporting, beta polypeptide) (eg, wilson disease), full gene sequence bbs2 (bardet-biedl syndrome), full gene sequence bbs2 (bardet-biedl syndrome), full gene sequence bbs2 (eg, bardet-biedl syndrome) (eg, bardet-biedl syndrome) (eg, bardet-biedl syndrome) (eg, beradet-biedl syndrome) (eg, beradet-biedl syndrome) (eg, beradet-biedl syndrome) (eg, beradet-biedl syndrome), full gene sequence best1 (bestrophin 1) (eg, vitelliform macular dystrophy), full gene sequence bmpr2 (bone morphogenetic protein receptor, type ii [serine/threonine kinase]) (eg, heritable pulmonary arterial hypertension), full gene sequence bscl2 (berardinelli-seip congenital lipodystrophy 2 [seipin]) (eg, berardinelli-seip congenital lipodystrophy), full		Molecular Pathology - Tie	r 2 16	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	

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gene sequence btk (bruton agammaglobulinemia tyrosine kinase) (eg, x-linked agammaglobulinemia), full gene sequence cacnb2 (calcium channel, voltage-dependent, beta 2 subunit) (eg, brugada syndrome), full gene sequence capn3 (calpain 3) (eg, limb-girdle muscular dystrophy [lgmd] type 2a, calpainopathy), full gene sequence cbs (cystathionine-beta-synthase) (eg. homocystinuria, cystathionine beta-synthase deficiency), full gene sequence cdh1 (cadherin 1, type 1, e-cadherin [epithelial]) (eg, hereditary diffuse gastric cancer), full gene sequence cdkl5 (cyclin-dependent kinaselike 5) (eq. early infantile epileptic encephalopathy), full gene sequence clcn1 (chloride channel 1, skeletal muscle) (eq. myotonia congenita), full gene sequence clcnkb (chloride channel, voltage-sensitive kb) (eg. bartter syndrome 3 and 4b), full gene sequence cntnap2 (contactin-associated protein-like 2) (eg, pitthopkins-like syndrome 1), full gene sequence col6a2 (collagen, type vi. alpha 2) (eg. collagen type vi-related disorders), duplication/deletion analysis cpt1a (carnitine palmitoyltransferase 1a [liver]) (eg, carnitine palmitoyltransferase 1a [cpt1a] deficiency), full gene sequence crb1 (crumbs homolog 1 [drosophila]) (eq. leber congenital amaurosis), full gene seguence crebbp (creb binding protein) (eg, rubinstein-taybi syndrome), duplication/deletion analysis dbt (dihydrolipoamide branched chain transacylase e2) (eq. maple syrup urine disease, type 2), full gene sequence dlat (dihydrolipoamide sacetyltransferase) (eg, pyruvate dehydrogenase e2 deficiency), full gene sequence dld (dihydrolipoamide dehydrogenase) (eg. maple syrup urine disease, type iii), full gene sequence dsc2 (desmocollin) (eg, arrhythmogenic right ventricular dysplasia/cardiomyopathy 11), full gene sequence dsg2 (desmoglein 2) (eg, arrhythmogenic right ventricular dysplasia/cardiomyopathy 10), full gene sequence dsp (desmoplakin) (eg, arrhythmogenic right

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ventricular dysplasia/cardiomyopathy 8), full gene sequence efhc1 (ef-hand domain [c-terminal] containing 1) (eg, juvenile myoclonic epilepsy), full gene sequence eif2b3 (eukaryotic translation initiation factor 2b, subunit 3 gamma, 58kda) (eg, leukoencephalopathy with vanishing white matter). full gene sequence eif2b4 (eukaryotic translation initiation factor 2b, subunit 4 delta, 67kda) (eg, leukoencephalopathy with vanishing white matter), full gene sequence eif2b5 (eukaryotic translation initiation factor 2b, subunit 5 epsilon, 82kda) (eg, childhood ataxia with central nervous system hypomyelination/vanishing white matter), full gene sequence eng (endoglin) (eg. hereditary hemorrhagic telangiectasia, type 1), full gene sequence eya1 (eyes absent homolog 1 [drosophila]) (eg, branchio-oto-renal [bor] spectrum disorders), full gene seguence f8 (coagulation factor viii) (eg, hemophilia a), duplication/deletion analysis fah (fumarylacetoacetate hydrolase [fumarylacetoacetase]) (eq. tyrosinemia, type 1). full gene sequence fastkd2 (fast kinase domains 2) (eg, mitochondrial respiratory chain complex iv deficiency), full gene sequence fig4 (fig4 homolog, sac1 lipid phosphatase domain containing [s. cerevisiae]) (eg, charcot-marie-tooth disease), full gene sequence ftsi1 (ftsi rna methyltransferase homolog 1 [e. coli]) (eg, x-linked mental retardation 9), full gene sequence fus (fused in sarcoma) (eg, amyotrophic lateral sclerosis), full gene sequence gaa (glucosidase, alpha; acid) (eg. glycogen storage disease type ii [pompe disease]), full gene sequence galc (galactosylceramidase) (eg, krabbe disease), full gene sequence galt (galactose-1phosphate uridylyltransferase) (eg. galactosemia). full gene sequence gars (glycyl-trna synthetase) (eg, charcot-marie-tooth disease), full gene sequence gcdh (glutaryl-coa dehydrogenase) (eg, alutaricacidemia type 1), full gene seguence ack (glucokinase [hexokinase 4]) (eg, maturity-onset diabetes of the young [mody]), full gene sequence glud1 (glutamate dehydrogenase 1) (eg, familial

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hyperinsulinism), full gene sequence gne (glucosamine [udp-n-acetyl]-2-epimerase/nacetylmannosamine kinase) (eg, inclusion body myopathy 2 [ibm2], nonaka myopathy), full gene sequence grn (granulin) (eg, frontotemporal dementia), full gene sequence hadha (hydroxyacylcoa dehydrogenase/3-ketoacyl-coa thiolase/enoylcoa hydratase [trifunctional protein] alpha subunit) (eg, long chain acyl-coenzyme a dehydrogenase deficiency), full gene sequence hadhb (hydroxyacyl-coa dehydrogenase/3-ketoacyl-coa thiolase/enoyl-coa hydratase [trifunctional protein], beta subunit) (eg, trifunctional protein deficiency), full gene seguence hexa (hexosaminidase a. alpha polypeptide) (eg, tay-sachs disease), full gene seguence hlcs (hlcs holocarboxylase synthetase) (eg, holocarboxylase synthetase deficiency), full gene seguence hmbs (hydroxymethylbilane synthase) (eg, acute intermittent porphyria), full gene sequence hnf4a (hepatocyte nuclear factor 4, alpha) (eg, maturityonset diabetes of the young [mody]), full gene sequence idua (iduronidase, alpha-l-) (eg, mucopolysaccharidosis type i), full gene seguence inf2 (inverted formin, fh2 and wh2 domain containing) (eg. focal segmental glomerulosclerosis), full gene sequence ivd (isovaleryl-coa dehydrogenase) (eg. isovaleric acidemia), full gene sequence jag1 (jagged 1) (eg, alagille syndrome), duplication/deletion analysis jup (junction plakoglobin) (eg, arrhythmogenic right ventricular dysplasia/cardiomyopathy 11), full gene sequence kcnh2 (potassium voltage-gated channel, subfamily h [eag-related], member 2) (eg, short qt syndrome, long qt syndrome), full gene sequence kcnq1 (potassium voltage-gated channel, kqt-like subfamily, member 1) (eg, short qt syndrome, long qt syndrome), full gene sequence kcnq2 (potassium voltage-gated channel, kgt-like subfamily, member 2) (eg. epileptic encephalopathy), full gene sequence ldb3 (lim domain binding 3) (eg, familial dilated cardiomyopathy, myofibrillar myopathy), full gene

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sequence Idlr (low density lipoprotein receptor) (eg, familial hypercholesterolemia), full gene sequence lepr (leptin receptor) (eg, obesity with hypogonadism), full gene sequence lhcgr (luteinizing hormone/choriogonadotropin receptor) (eg, precocious male puberty), full gene sequence Imna (lamin a/c) (eg, emery-dreifuss muscular dystrophy [edmd1, 2 and 3] limb-girdle muscular dystrophy [lgmd] type 1b, dilated cardiomyopathy [cmd1a], familial partial lipodystrophy [fpld2]), full gene sequence Irp5 (low density lipoprotein receptor-related protein 5) (eg, osteopetrosis), full gene sequence map2k1 (mitogen-activated protein kinase 1) (eg. cardiofaciocutaneous syndrome), full gene sequence map2k2 (mitogenactivated protein kinase 2) (eq. cardiofaciocutaneous syndrome), full gene sequence mapt (microtubule-associated protein tau) (eg, frontotemporal dementia), full gene sequence mccc1 (methylcrotonoyl-coa carboxylase 1 [alpha]) (eg, 3-methylcrotonyl-coa carboxylase deficiency), full gene seguence mccc2 (methylcrotonoyl-coa carboxylase 2 [beta]) (eg, 3methylcrotonyl carboxylase deficiency), full gene sequence mfn2 (mitofusin 2) (eg, charcot-marietooth disease), full gene sequence mtm1 (myotubularin 1) (eg. x-linked centronuclear myopathy), full gene sequence mut (methylmalonyl coa mutase) (eg, methylmalonic acidemia), full gene sequence mutyh (muty homolog [e. coli]) (eg, myh-associated polyposis), full gene sequence ndufs1 (nadh dehydrogenase [ubiquinone] fe-s protein 1, 75kda [nadh-coenzyme q reductase]) (eg, leigh syndrome, mitochondrial complex i deficiency), full gene sequence nf2 (neurofibromin 2 [merlin]) (eg, neurofibromatosis, type 2), full gene sequence notch3 (notch 3) (eg, cerebral autosomal dominant arteriopathy with subcortical infarcts and leukoencephalopathy [cadasil]), targeted sequence analysis (eg. exons 1-23) npc1 (niemann-pick disease, type c1) (eg, niemann-pick disease), full gene seguence nphp1 (nephronophthisis 1 [juvenile]) (eg, joubert

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syndrome), full gene sequence nsd1 (nuclear receptor binding set domain protein 1) (eg, sotos syndrome), full gene sequence opa1 (optic atrophy 1) (eg, optic atrophy), duplication/deletion analysis optn (optineurin) (eg, amyotrophic lateral sclerosis), full gene sequence pafah1b1 (plateletactivating factor acetylhydrolase 1b, regulatory subunit 1 [45kda]) (eg, lissencephaly, miller-dieker syndrome), full gene seguence pah (phenylalanine hydroxylase) (eg. phenylketonuria), full gene sequence park2 (parkinson protein 2, e3 ubiquitin protein ligase [parkin]) (eg, parkinson disease), full gene sequence pax2 (paired box 2) (eg, renal coloboma syndrome), full gene seguence pc (pyruvate carboxylase) (eg, pyruvate carboxylase deficiency), full gene sequence pcca (propionyl coa carboxylase, alpha polypeptide) (eg, propionic acidemia, type 1), full gene seguence pccb (propionyl coa carboxylase, beta polypeptide) (eg, propionic acidemia), full gene sequence pcdh15 (protocadherin-related 15) (eg, usher syndrome type 1f), duplication/deletion analysis pcsk9 (proprotein convertase subtilisin/kexin type 9) (eg, familial hypercholesterolemia), full gene sequence pdha1 (pyruvate dehydrogenase [lipoamide] alpha 1) (eg. lactic acidosis), full gene seguence pdhx (pyruvate dehydrogenase complex, component x) (eg, lactic acidosis), full gene seguence phex (phosphate-regulating endopeptidase homolog, xlinked) (eg, hypophosphatemic rickets), full gene sequence pkd2 (polycystic kidney disease 2 [autosomal dominant]) (eg, polycystic kidney disease), full gene sequence pkp2 (plakophilin 2) (eg, arrhythmogenic right ventricular dysplasia/cardiomyopathy 9), full gene sequence pnkd (paroxysmal nonkinesigenic dyskinesia) (eg. paroxysmal nonkinesigenic dyskinesia), full gene sequence polg (polymerase [dna directed], gamma) (eg, alpers-huttenlocher syndrome, autosomal dominant progressive external ophthalmoplegia), full gene sequence pomgnt1 (protein o-linked mannose beta1,2-n acetylglucosaminyltransferase) (eg, muscle-eye-

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brain disease, walker-warburg syndrome), full gene sequence pomt1 (protein-omannosyltransferase 1) (eg, limb-girdle muscular dystrophy [lgmd] type 2k, walker-warburg syndrome), full gene sequence pomt2 (protein-omannosyltransferase 2) (eg, limb-girdle muscular dystrophy [lgmd] type 2n, walker-warburg syndrome), full gene sequence ppox (protoporphyrinogen oxidase) (eg, variegate porphyria), full gene seguence prkag2 (protein kinase, amp-activated, gamma 2 non-catalytic subunit) (eg, familial hypertrophic cardiomyopathy with wolff-parkinson-white syndrome, lethal congenital glycogen storage disease of heart), full gene sequence prkcg (protein kinase c, gamma) (eg, spinocerebellar ataxia), full gene seguence psen2 (presenilin 2 [alzheimer disease 4]) (eg, alzheimer disease), full gene seguence ptpn11 (protein tyrosine phosphatase, non-receptor type 11) (eg, noonan syndrome, leopard syndrome), full gene sequence pygm (phosphorylase, glycogen, muscle) (eg, glycogen storage disease type v. mcardle disease), full gene sequence raf1 (v-raf-1 murine leukemia viral oncogene homolog 1) (eq. leopard syndrome), full gene sequence ret (ret proto-oncogene) (eg, hirschsprung disease), full gene sequence rpe65 (retinal pigment epitheliumspecific protein 65kda) (eg. retinitis pigmentosa, leber congenital amaurosis), full gene sequence ryr1 (ryanodine receptor 1, skeletal) (eg, malignant hyperthermia), targeted sequence analysis of exons with functionally-confirmed mutations scn4a (sodium channel, voltage-gated, type iv, alpha subunit) (eg, hyperkalemic periodic paralysis), full gene sequence scnn1a (sodium channel, nonvoltage-gated 1 alpha) (eg. pseudohypoaldosteronism), full gene sequence scnn1b (sodium channel, nonvoltage-gated 1, beta) (eg, liddle syndrome, pseudohypoaldosteronism), full gene seguence scnn1g (sodium channel, nonvoltage-gated 1, gamma) (eg, liddle syndrome, pseudohypoaldosteronism), full gene sequence

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**Complete** 

sdha (succinate dehydrogenase complex, subunit a, flavoprotein [fp]) (eg, leigh syndrome, mitochondrial complex ii deficiency), full gene sequence setx (senataxin) (eg, ataxia), full gene sequence sgce (sarcoglycan, epsilon) (eg, myoclonic dystonia), full gene sequence sh3tc2 (sh3 domain and tetratricopeptide repeats 2) (eg, charcot-marie-tooth disease), full gene sequence slc9a6 (solute carrier family 9 [sodium/hydrogen exchanger], member 6) (eg. christianson syndrome), full gene sequence slc26a4 (solute carrier family 26, member 4) (eg, pendred syndrome), full gene seguence slc37a4 (solute carrier family 37 [glucose-6-phosphate transporter], member 4) (eg, glycogen storage disease type ib), full gene seguence smad4 (smad family member 4) (eg, hemorrhagic telangiectasia syndrome, juvenile polyposis), full gene seguence sos1 (son of sevenless homolog 1) (eg, noonan syndrome, gingival fibromatosis), full gene sequence spast (spastin) (eg, spastic paraplegia), full gene seguence spg7 (spastic paraplegia 7 [pure and complicated autosomal recessive]) (eg, spastic paraplegia), full gene seguence stxbp1 (syntaxin-binding protein 1) (eg, epileptic encephalopathy), full gene sequence taz (tafazzin) (eg, methylglutaconic aciduria type 2, barth syndrome), full gene sequence tcf4 (transcription factor 4) (eg, pitt-hopkins syndrome), full gene sequence th (tyrosine hydroxylase) (eg. segawa syndrome), full gene seguence tmem43 (transmembrane protein 43) (eg, arrhythmogenic right ventricular cardiomyopathy), full gene sequence tnnt2 (troponin t, type 2 [cardiac]) (eg, familial hypertrophic cardiomyopathy), full gene sequence trpc6 (transient receptor potential cation channel, subfamily c, member 6) (eg, focal segmental glomerulosclerosis), full gene seguence tsc1 (tuberous sclerosis 1) (eg, tuberous sclerosis), full gene seguence tsc2 (tuberous sclerosis 2) (eg, tuberous sclerosis), duplication/deletion analysis ube3a (ubiquitin protein ligase e3a) (eg, angelman syndrome), full

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gene sequence umod (uromodulin) (eg, glomerulocystic kidney disease with hyperuricemia and isosthenuria), full gene sequence vwf (von willebrand factor) (von willebrand disease type 2a), extended targeted sequence analysis (eg, exons 11-16, 24-26, 51, 52) was (wiskott-aldrich syndrome [eczema-thrombocytopenia]) (eg, wiskott-aldrich syndrome), full gene sequence

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CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re- Review	RUC Rec	Complete
81407	Molecular pathology procedure, level 8 (eg, analysis of 26-50 exons by dna sequence analysis, mutation scanning or duplication/deletion variants of >50 exons, sequence analysis of multiple genes on one platform) abcc8 (atp-binding cassette, sub-family c [cftr/mrp], member 8) (eg, familial hyperinsulinism), full gene sequence agl (amylo-alpha-1, 6-glucosidase, 4-alpha-glucanotransferase) (eg, glycogen storage disease type iii), full gene sequence ahi1 (abelson helper integration site 1) (eg, joubert syndrome), full gene sequence apob (apolipoprotein b) (eg, familial hypercholesterolemia type b) full gene sequence aspm (asp [abnormal spindle] homolog, microcephaly associated [drosophila]) (eg, primary microcephaly), full gene sequence chd7 (chromodomain helicase dna binding protein 7) (eg, charge syndrome), full gene sequence col4a4 (collagen, type iv, alpha 4) (eg, alport syndrome), full gene sequence col4a5 (collagen, type iv, alpha 5) (eg, alport syndrome), duplication/deletion analysis col6a1 (collagen, type vi, alpha 1) (eg, collagen type vi-related disorders), full gene sequence col6a2 (collagen, type vi, alpha 2) (eg, collagen type vi-related disorders), full gene sequence col6a3 (collagen, type vi, alpha 3) (eg, collagen type vi-related disorders), full gene sequence crebbp (creb binding protein) (eg, rubinstein-taybi syndrome), full gene sequence f8 (coagulation factor viii) (eg, hemophilia a), full gene sequence jag1 (jagged 1) (eg, alagille syndrome), full gene sequence kdm5c (lysine [k]-specific demethylase 5c) (eg, x-linked mental retardation), full gene sequence kiaa0196 (kiaa0196) (eg, spastic paraplegia), full gene sequence lamb2 (laminin, beta 2 [laminin s]) (eg, pierson syndrome), full gene sequence mybpc3 (myosin binding protein c, cardiac) (eg, familial hypertrophic cardiomyopathy), full gene sequence mybc3 (myosin binding protein c, cardiac) (eg, familial hypertrophic cardiomyopathy), full gene sequence myb6 (myosin, heavy chain 6, cardiac muscle, alpha) (eg, familial dilated cardiomyopathy),	Apr 2011	Molecular Pathology - Tiel	r 2 16	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	

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**Complete** 

gene sequence myh7 (myosin, heavy chain 7, cardiac muscle, beta) (eg, familial hypertrophic cardiomyopathy, liang distal myopathy), full gene sequence myo7a (myosin viia) (eg, usher syndrome, type 1), full gene sequence notch1 (notch 1) (eq. aortic valve disease), full gene sequence nphs1 (nephrosis 1, congenital, finnish type [nephrin]) (eg, congenital finnish nephrosis), full gene sequence opa1 (optic atrophy 1) (eq. optic atrophy), full gene sequence pcdh15 (protocadherin-related 15) (eg, usher syndrome, type 1), full gene sequence pkd1 (polycystic kidney disease 1 [autosomal dominant]) (eg, polycystic kidney disease), full gene seguence plce1 (phospholipase c, epsilon 1) (eg, nephrotic syndrome type 3), full gene sequence scn1a (sodium channel, voltage-gated, type 1, alpha subunit) (eg. generalized epilepsy with febrile seizures), full gene sequence scn5a (sodium channel, voltage-gated, type v, alpha subunit) (eg, familial dilated cardiomyopathy), full gene sequence slc12a1 (solute carrier family 12 [sodium/potassium/chloride transporters], member 1) (eg, bartter syndrome), full gene seguence slc12a3 (solute carrier family 12 [sodium/chloride transporters], member 3) (eg, gitelman syndrome), full gene sequence spg11 (spastic paraplegia 11 [autosomal recessive]) (eg. spastic paraplegia). full gene sequence sptbn2 (spectrin, beta, nonerythrocytic 2) (eg, spinocerebellar ataxia), full gene sequence tmem67 (transmembrane protein 67) (eq. joubert syndrome), full gene sequence tsc2 (tuberous sclerosis 2) (eg, tuberous sclerosis), full gene sequence ush1c (usher syndrome 1c [autosomal recessive, severe]) (eg, usher syndrome, type 1), full gene sequence vps13b (vacuolar protein sorting 13 homolog b [yeast]) (eq. cohen syndrome), duplication/deletion analysis wdr62 (wd repeat domain 62) (eg, primary autosomal recessive microcephaly), full gene sequence

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CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re- Review	RUC Rec	Complete
81408	Molecular pathology procedure, level 9 (eg, analysis of >50 exons in a single gene by dna sequence analysis) abca4 (atp-binding cassette, sub-family a [abc1], member 4) (eg, stargardt disease, age-related macular degeneration), full gene sequence atm (ataxia telangiectasia mutated) (eg, ataxia telangiectasia), full gene sequence cdh23 (cadherin-related 23) (eg, usher syndrome, type 1), full gene sequence cep290 (centrosomal protein 290kda) (eg, joubert syndrome), full gene sequence col1a1 (collagen, type i, alpha 1) (eg, osteogenesis imperfecta, type i), full gene sequence col1a2 (collagen, type i, alpha 2) (eg, osteogenesis imperfecta, type i), full gene sequence col4a1 (collagen, type iv, alpha 1) (eg, brain small-vessel disease with hemorrhage), full gene sequence col4a3 (collagen, type iv, alpha 3 [goodpasture antigen]) (eg, alport syndrome), full gene sequence dmd (dystrophin) (eg, duchenne/becker muscular dystrophy), full gene sequence dysf (dysferlin, limb girdle muscular dystrophy 2b [autosomal recessive]) (eg, limb-girdle muscular dystrophy), full gene sequence itpr1 (inositol 1,4,5-trisphosphate receptor, type 1) (eg, marfan syndrome), full gene sequence lama2 (laminin, alpha 2) (eg, congenital muscular dystrophy), full gene sequence lama2 (laminin, alpha 2) (eg, congenital muscular dystrophy), full gene sequence lama2 (laminin, alpha 2) (eg, parkinson disease), full gene sequence myh11 (myosin, heavy chain 11, smooth muscle) (eg, thoracic aortic aneurysms and aortic dissections), full gene sequence neb (nebulin) (eg, nemaline myopathy 2), full gene sequence neb (nebulin) (eg, nemaline myopathy 2), full gene sequence neb (nebulin) (eg, nemaline myopathy 2), full gene sequence ryr1 (ryanodine receptor 1, skeletal) (eg, malignant hyperthermia), full gene sequence ryr2 (ryanodine receptor 2 [cardiac]) (eg, catecholaminergic polymorphic ventricular tachycardia,		Molecular Pathology - Tie	r 2 16	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	

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CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re- Review	RUC Rec	Complete
	arrhythmogenic right ventricular dysplasia), full gene sequence or targeted sequence analysis of > 50 exons ush2a (usher syndrome 2a [autosomal recessive, mild]) (eg, usher syndrome, type 2), full gene sequence vps13b (vacuolar protein sorting 13 homolog b [yeast]) (eg, cohen syndrome), full gene sequence vwf (von willebrand factor) (eg, von willebrand disease types 1 and 3), full gene sequence							
86152	Cell enumeration using immunologic selection and identification in fluid specimen (eg, circulating tumor cells in blood);	Apr 2012	Cell Enumeration Circulating Tumor Cells	25	CPT 2013	October 2016	Remove from list, part of CLFS.	$\checkmark$
86153	Cell enumeration using immunologic selection and identification in fluid specimen (eg, circulating tumor cells in blood); physician interpretation and report, when required	Apr 2012	Cell Enumeration Circulating Tumor Cells	25	CPT 2013	October 2016	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	✓
88363	Examination and selection of retrieved archival (ie, previously diagnosed) tissue(s) for molecular analysis (eg, kras mutational analysis)	Feb 2010	Archival Retrieval for Mutational Analysis	17	CPT 2011	September 2014	Remove from list, no demonstrated technology diffusions that impacts work or practice expense.	✓
88375	Optical endomicroscopic image(s), interpretation and report, real-time or referred, each endoscopic session	Jan 2013	Optical Endomicroscopy	15	CPT 2014	October 2017	Remove from list, no demonstrated techology diffusion that impacts work or practice expense.	✓
88380	Microdissection (ie, sample preparation of microscopically identified target); laser capture	Feb 2007	Manual Microdisection	12	CPT 2008	September 2011	Survey for January 2014 (added 88380 as part of the family).	<b>✓</b>
88381	Microdissection (ie, sample preparation of microscopically identified target); manual	Feb 2007	Manual Microdisection	12	CPT 2008	September 2013	Survey for January 2014 (added 88380 as part of the family).	<b>✓</b>
88384	Code Deleted	Apr 2005	Multiple Molecular Marker Array-Based Evaluation	30	CPT 2006	September 2010	Remove, code does not need to be re- evaluated	<b>✓</b>

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CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re- Review	RUC Rec	Complete
88385	Code Deleted	Apr 2005	Multiple Molecular Marker Array-Based Evaluation	30	CPT 2006	September 2010	Remove, code does not need to be re- evaluated	<b>✓</b>
88386	Code Deleted	Apr 2005	Multiple Molecular Marker Array-Based Evaluation	30	CPT 2006	September 2010	Remove, code does not need to be re- evaluated	<b>✓</b>
88387	Macroscopic examination, dissection, and preparation of tissue for non-microscopic analytical studies (eg, nucleic acid-based molecular studies); each tissue preparation (eg, a	Apr 2009	Tissue Examination for Molecular Studies	21	CPT 2010	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	<b>&gt;</b>
88388	Macroscopic examination, dissection, and preparation of tissue for non-microscopic analytical studies (eg, nucleic acid-based molecular studies); in conjunction with a touch imprint, intraoperative consultation, or frozen section, each tissue preparation (eg, a single lymph node) (list separately in addition to code for primary procedure)	Apr 2009	Tissue Examination for Molecular Studies	21	CPT 2010	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	V
90769	Code Deleted CPT 2009	Apr 2007	Immune Globulin Subcutaneous Infusion	Н	CPT 2008	September 2011	Code Deleted CPT 2009	✓
90770	Code Deleted CPT 2009	Apr 2007	Immune Globulin Subcutaneous Infusion	Н	CPT 2008	September 2011	Code Deleted CPT 2009	<b>✓</b>
90771	Code Deleted CPT 2009	Apr 2007	Immune Globulin Subcutaneous Infusion	Н	CPT 2008	September 2011	Code Deleted CPT 2009	<b>✓</b>

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CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re- Review	RUC Rec	Complete
90867	Therapeutic repetitive transcranial magnetic stimulation (tms) treatment; initial, including cortical mapping, motor threshold determination, delivery and management	Feb 2011	Transcranial Magnetic Stimulation	15	CPT 2012	April 2024	Remain on the screens in which they were identified (Contractor Priced High Volume and New Technology/New Services) and the Workgroup will review again in 3 years (April 2024). When these codes are moved from contractor priced to the assignment to RVUs the issues around the direct to indirect practice expense ratio specific to codes 90867-90869 should be addressed.	
90868	Therapeutic repetitive transcranial magnetic stimulation (tms) treatment; subsequent delivery and management, per session	Feb 2011	Transcranial Magnetic Stimulation	15	CPT 2012	April 2024	Remain on the screens in which they were identified (Contractor Priced High Volume and New Technology/New Services) and the Workgroup will review again in 3 years (April 2024). When these codes are moved from contractor priced to the assignment to RVUs the issues around the direct to indirect practice expense ratio specific to codes 90867-90869 should be addressed.	

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CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re- Review	RUC Rec	Complete
90869	Therapeutic repetitive transcranial magnetic stimulation (tms) treatment; subsequent motor threshold re-determination with delivery and management	Feb 2011	Transcranial Magnetic Stimulation	15	CPT 2012	April 2024	Remain on the screens in which they were identified (Contractor Priced High Volume and New Technology/New Services) and the Workgroup will review again in 3 years (April 2024). When these codes are moved from contractor priced to the assignment to RVUs the issues around the direct to indirect practice expense ratio specific to codes 90867-90869 should be addressed.	
91112	Gastrointestinal transit and pressure measurement, stomach through colon, wireless capsule, with interpretation and report	Apr 2012	Wireless Motility Capsule	27	CPT 2013	October 2016	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	✓
91113	Gastrointestinal tract imaging, intraluminal (eg, capsule endoscopy), colon, with interpretation and report	Jan 2021	Colon Capsule Endoscopy	21	CPT 2022	April 2026		
91117	Colon motility (manometric) study, minimum 6 hours continuous recording (including provocation tests, eg, meal, intracolonic balloon distension, pharmacologic agents, if performed), with interpretation and report	Apr 2010	Colon Motility	21	CPT 2011	September 2014	Remove from list, no demonstrated technology diffusions that impacts work or practice expense.	✓
91200	Liver elastography, mechanically induced shear wave (eg, vibration), without imaging, with interpretation and report	April 2015	Liver Elastography	19	CPT 2016		Surveyed for January 2020. Decreased.	<b>✓</b>
92065	Orthoptic training; performed by a physician or other qualified health care professional	Apr 2021	Orthoptic Training	10	CPT 2023	April 2027		

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CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re- Review	RUC Rec	Complete
92066	Orthoptic training; under supervision of a physician or other qualified health care professional	Apr 2021	Orthoptic Training	10	CPT 2023	April 2027		
92132	Scanning computerized ophthalmic diagnostic imaging, anterior segment, with interpretation and report, unilateral or bilateral	Apr 2010	Anterior Segment Imaging	22	CPT 2011		Survey for October 2015. The RUC noted that it is the specialty societies decision whether 92133 and 92134 need to be surveyed with this service.	V
92133	Scanning computerized ophthalmic diagnostic imaging, posterior segment, with interpretation and report, unilateral or bilateral; optic nerve	Apr 2010	Computerized Scanning Ophthalmology Diagnostic Imaging	23	CPT 2011	September 2014	Remove from list, no demonstrated technology diffusions that impacts work or practice expense.	✓
92134	Scanning computerized ophthalmic diagnostic imaging, posterior segment, with interpretation and report, unilateral or bilateral; retina	Apr 2010	Computerized Scanning Ophthalmology Diagnostic Imaging	23	CPT 2011	September 2014	Remove from list, no demonstrated technology diffusions that impacts work or practice expense.	✓
92145	Corneal hysteresis determination, by air impulse stimulation, unilateral or bilateral, with interpretation and report	Apr 2014	Corneal Hysteresis Determination	23	CPT 2015	October 2018	Survey for January 2019.	<b>✓</b>
92227	Imaging of retina for detection or monitoring of disease; with remote clinical staff review and report, unilateral or bilateral	Oct 2019	Remote Retinal Imaging	09	CPT 2021	April 2025		
92228	Imaging of retina for detection or monitoring of disease; with remote physician or other qualified health care professional interpretation and report, unilateral or bilateral	Oct 2019	Remote Retinal Imaging	09	CPT 2021	April 2025		
92228	Imaging of retina for detection or monitoring of disease; with remote physician or other qualified health care professional interpretation and report, unilateral or bilateral	Apr 2010	Diabetic Retinopathy Imaging	24	CPT 2011	September 2014	Remove from list, no demonstrated technology diffusions that impacts work or practice expense.	<b>✓</b>

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CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re- Review	RUC Rec	Complete
92229	Imaging of retina for detection or monitoring of disease; point-of-care autonomous analysis and report, unilateral or bilateral	Oct 2019	Remote Retinal Imaging	09	CPT 2021	April 2025		
92284	Diagnostic dark adaptation examination with interpretation and report	Apr 2021	Dark Adaption Eye Exam	20	CPT 2023	April 2024	The RUC will review the typical technology used to perform this service when it is next re-evaluated, acknowledging that the device included in proposed direct practice costs recently was very recently replaced with a newer technology.	
92517	Vestibular evoked myogenic potential (vemp) testing, with interpretation and report; cervical (cvemp)	Apr 2019	Vestibular Evoked Myogenic Potential (VEMP Testing	07	CPT 2021	April 2025		
92518	Vestibular evoked myogenic potential (vemp) testing, with interpretation and report; ocular (ovemp)	Apr 2019	Vestibular Evoked Myogenic Potential (VEMP Testing		CPT 2021	April 2025		
92519	Vestibular evoked myogenic potential (vemp) testing, with interpretation and report; cervical (cvemp) and ocular (ovemp)	Apr 2019	Vestibular Evoked Myogenic Potential (VEMP Testing	07	CPT 2021	April 2025		
93050	Arterial pressure waveform analysis for assessment of central arterial pressures, includes obtaining waveform(s), digitization and application of nonlinear mathematical transformations to determine central arterial pressures and augmentation index, with interpretation and report, upper extremity artery, non-invasive	Apr 2015	Arterial Pressure Waveform Analysis	n 20	CPT 2016	April 2022	Review in 2 years (2022). In April 2022, recommended to remove from list, no demonstrated technology diffusion that impacts work or practice expense.	<b>✓</b>

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CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re- Review	RUC Rec	Complete
93241	External electrocardiographic recording for more than 48 hours up to 7 days by continuous rhythm recording and storage; includes recording, scanning analysis with report, review and interpretation	Jan 2020	External Extended ECG Monitoring	18	CPT 2021	April 2025		
93242	External electrocardiographic recording for more than 48 hours up to 7 days by continuous rhythm recording and storage; recording (includes connection and initial recording)	Jan 2020	External Extended ECG Monitoring	18	CPT 2021	April 2025		
93243	External electrocardiographic recording for more than 48 hours up to 7 days by continuous rhythm recording and storage; scanning analysis with report	Jan 2020	External Extended ECG Monitoring	18	CPT 2021	April 2025		
93244	External electrocardiographic recording for more than 48 hours up to 7 days by continuous rhythm recording and storage; review and interpretation	Jan 2020	External Extended ECG Monitoring	18	CPT 2021	April 2025		
93245	External electrocardiographic recording for more than 7 days up to 15 days by continuous rhythm recording and storage; includes recording, scanning analysis with report, review and interpretation	Jan 2020	External Extended ECG Monitoring	18	CPT 2021	April 2025		
93246	External electrocardiographic recording for more than 7 days up to 15 days by continuous rhythm recording and storage; recording (includes connection and initial recording)	Jan 2020	External Extended ECG Monitoring	18	CPT 2021	April 2025		
93247	External electrocardiographic recording for more than 7 days up to 15 days by continuous rhythm recording and storage; scanning analysis with report	Jan 2020	External Extended ECG Monitoring	18	CPT 2021	April 2025		
93248	External electrocardiographic recording for more than 7 days up to 15 days by continuous rhythm recording and storage; review and interpretation	Jan 2020	External Extended ECG Monitoring	18	CPT 2021	April 2025		

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CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re- Review	RUC Rec	Complete
93260	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; implantable subcutaneous lead defibrillator system	Apr 2014	Subcutaneous Implantable Defibrillator Procedures	09	CPT 2015	April 2022	Review in 2 years (2022). In April 2022, recommended to remove from list, no demonstrated technology diffusion that impacts work or practice expense.	<b>V</b>
93261	Interrogation device evaluation (in person) with analysis, review and report by a physician or other qualified health care professional, includes connection, recording and disconnection per patient encounter; implantable subcutaneous lead defibrillator system	Apr 2014	Subcutaneous Implantable Defibrillator Procedures	09	CPT 2015	April 2022	In October 2018, RUC recommended to review again after 3 more years of data (2022). In April 2022, recommended to remove from list, no demonstrated technology diffusion that impacts work or practice expense.	V
93264	Remote monitoring of a wireless pulmonary artery pressure sensor for up to 30 days, including at least weekly downloads of pulmonary artery pressure recordings, interpretation(s), trend analysis, and report(s) by a physician or other qualified health care professional	Jan 2018	Pulmonary Wireless Pressure Sensor Services	80	CPT 2019	April 2023		
93279	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; single lead pacemaker system or leadless pacemaker system in one cardiac chamber	Apr 2008	Cardiac Device Monitoring	23	CPT 2009	September 2012	Ad Hoc Workgroup developed to determine how to address the work neutrality failure and estabhis guidelines for further RAW review of retrospective work neutralilty.	

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CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re- Review	RUC Rec	Complete
93280	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; dual lead pacemaker system	Apr 2008	Cardiac Device Monitoring	23	CPT 2009	September 2012	Ad Hoc Workgroup developed to determine how to address the work neutrality failure and estabhis guidelines for further RAW review of retrospective work neutralilty.	
93281	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; multiple lead pacemaker system	Apr 2008	Cardiac Device Monitoring	23	CPT 2009	September 2012	Ad Hoc Workgroup developed to determine how to address the work neutrality failure and estabhis guidelines for further RAW review of retrospective work neutralilty.	
93282	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; single lead transvenous implantable defibrillator system	Apr 2008	Cardiac Device Monitoring	23	CPT 2009	September 2012	Ad Hoc Workgroup developed to determine how to address the work neutrality failure and estabhis guidelines for further RAW review of retrospective work neutralilty.	
93283	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; dual lead transvenous implantable defibrillator system	Apr 2008	Cardiac Device Monitoring	23	CPT 2009	September 2012	Ad Hoc Workgroup developed to determine how to address the work neutrality failure and estabhis guidelines for further RAW review of retrospective work neutralilty.	

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CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re- Review	RUC Rec	Complete
93284	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; multiple lead transvenous implantable defibrillator system	Apr 2008	Cardiac Device Monitoring	23	CPT 2009	September 2012	Ad Hoc Workgroup developed to determine how to address the work neutrality failure and estabhis guidelines for further RAW review of retrospective work neutralilty.	
93285	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; subcutaneous cardiac rhythm monitor system	Apr 2008	Cardiac Device Monitoring	23	CPT 2009	September 2012	Ad Hoc Workgroup developed to determine how to address the work neutrality failure and estabhis guidelines for further RAW review of retrospective work neutralilty.	
93286	Peri-procedural device evaluation (in person) and programming of device system parameters before or after a surgery, procedure, or test with analysis, review and report by a physician or other qualified health care professional; single, dual, or multiple lead pacemaker system, or leadless pacemaker system	Apr 2008	Cardiac Device Monitoring	23	CPT 2009	September 2012	Ad Hoc Workgroup developed to determine how to address the work neutrality failure and estabhis guidelines for further RAW review of retrospective work neutralilty.	
93287	Peri-procedural device evaluation (in person) and programming of device system parameters before or after a surgery, procedure, or test with analysis, review and report by a physician or other qualified health care professional; single, dual, or multiple lead implantable defibrillator system	Apr 2008	Cardiac Device Monitoring	23	CPT 2009	September 2012	Ad Hoc Workgroup developed to determine how to address the work neutrality failure and estabhis guidelines for further RAW review of retrospective work neutralilty.	

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CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re- Review	RUC Rec	Complete
93288	Interrogation device evaluation (in person) with analysis, review and report by a physician or other qualified health care professional, includes connection, recording and disconnection per patient encounter; single, dual, or multiple lead pacemaker system, or leadless pacemaker system	Apr 2008	Cardiac Device Monitoring	23	CPT 2009	September 2012	Ad Hoc Workgroup developed to determine how to address the work neutrality failure and estabhis guidelines for further RAW review of retrospective work neutralilty.	
93289	Interrogation device evaluation (in person) with analysis, review and report by a physician or other qualified health care professional, includes connection, recording and disconnection per patient encounter; single, dual, or multiple lead transvenous implantable defibrillator system, including analysis of heart rhythm derived data elements	Apr 2008	Cardiac Device Monitoring	23	CPT 2009	September 2012	Ad Hoc Workgroup developed to determine how to address the work neutrality failure and estabhis guidelines for further RAW review of retrospective work neutralilty.	
93290	Interrogation device evaluation (in person) with analysis, review and report by a physician or other qualified health care professional, includes connection, recording and disconnection per patient encounter; implantable cardiovascular physiologic monitor system, including analysis of 1 or more recorded physiologic cardiovascular data elements from all internal and external sensors	Apr 2008	Cardiac Device Monitoring	23	CPT 2009	September 2012	Ad Hoc Workgroup developed to determine how to address the work neutrality failure and estabhis guidelines for further RAW review of retrospective work neutralilty.	
93291	Interrogation device evaluation (in person) with analysis, review and report by a physician or other qualified health care professional, includes connection, recording and disconnection per patient encounter; subcutaneous cardiac rhythm monitor system, including heart rhythm derived data analysis	Apr 2008	Cardiac Device Monitoring	23	CPT 2009	September 2012	Ad Hoc Workgroup developed to determine how to address the work neutrality failure and estabhis guidelines for further RAW review of retrospective work neutralilty.	

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CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re- Review	RUC Rec	Complete
93292	Interrogation device evaluation (in person) with analysis, review and report by a physician or other qualified health care professional, includes connection, recording and disconnection per patient encounter; wearable defibrillator system	Apr 2008	Cardiac Device Monitoring	23	CPT 2009	September 2012	Ad Hoc Workgroup developed to determine how to address the work neutrality failure and estabhis guidelines for further RAW review of retrospective work neutralilty.	
93293	Transtelephonic rhythm strip pacemaker evaluation(s) single, dual, or multiple lead pacemaker system, includes recording with and without magnet application with analysis, review and report(s) by a physician or other qualified health care professional, up to 90 days	Apr 2008	Cardiac Device Monitoring	23	CPT 2009	September 2012	Ad Hoc Workgroup developed to determine how to address the work neutrality failure and estabhis guidelines for further RAW review of retrospective work neutralilty.	
93294	Interrogation device evaluation(s) (remote), up to 90 days; single, dual, or multiple lead pacemaker system, or leadless pacemaker system with interim analysis, review(s) and report(s) by a physician or other qualified health care professional	Apr 2008	Cardiac Device Monitoring	23	CPT 2009	September 2012	Ad Hoc Workgroup developed to determine how to address the work neutrality failure and estabhis guidelines for further RAW review of retrospective work neutralilty.	
93295	Interrogation device evaluation(s) (remote), up to 90 days; single, dual, or multiple lead implantable defibrillator system with interim analysis, review(s) and report(s) by a physician or other qualified health care professional	Apr 2008	Cardiac Device Monitoring	23	CPT 2009	September 2012	Ad Hoc Workgroup developed to determine how to address the work neutrality failure and estabhis guidelines for further RAW review of retrospective work neutralilty.	

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CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re- Review	RUC Rec	Complete
93296	Interrogation device evaluation(s) (remote), up to 90 days; single, dual, or multiple lead pacemaker system, leadless pacemaker system, or implantable defibrillator system, remote data acquisition(s), receipt of transmissions and technician review, technical support and distribution of results	Apr 2008	Cardiac Device Monitoring	23	CPT 2009	September 2012	Ad Hoc Workgroup developed to determine how to address the work neutrality failure and estabhis guidelines for further RAW review of retrospective work neutralilty.	
93297	Interrogation device evaluation(s), (remote) up to 30 days; implantable cardiovascular physiologic monitor system, including analysis of 1 or more recorded physiologic cardiovascular data elements from all internal and external sensors, analysis, review(s) and report(s) by a physician or other qualified health care professional	Apr 2008	Cardiac Device Monitoring	23	CPT 2009	September 2012	Ad Hoc Workgroup developed to determine how to address the work neutrality failure and estabhis guidelines for further RAW review of retrospective work neutralilty.	
93298	Interrogation device evaluation(s), (remote) up to 30 days; subcutaneous cardiac rhythm monitor system, including analysis of recorded heart rhythm data, analysis, review(s) and report(s) by a physician or other qualified health care professional	Apr 2008	Cardiac Device Monitoring	23	CPT 2009	September 2012	Ad Hoc Workgroup developed to determine how to address the work neutrality failure and estabhis guidelines for further RAW review of retrospective work neutralilty.	
93299	Code Deleted CPT 2020	Apr 2008	Cardiac Device Monitoring	23	CPT 2009	September 2012	Ad Hoc Workgroup developed to determine how to address the work neutrality failure and estabhis guidelines for further RAW review of retrospective work neutralilty.	

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CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re- Review	RUC Rec	Complete
93319	3d echocardiographic imaging and postprocessing during transesophageal echocardiography, or during transthoracic echocardiography for congenital cardiac anomalies, for the assessment of cardiac structure(s) (eg, cardiac chambers and valves, left atrial appendage, interatrial septum, interventricular septum) and function, when performed (list separately in addition to code for echocardiographic imaging)	Oct 2020	3D Imaging of Cardiac Structures	09	CPT 2022	April 2026		
93462	Left heart catheterization by transseptal puncture through intact septum or by transapical puncture (list separately in addition to code for primary procedure)	Apr 2010	Diagnostic Cardiac Catheterization	26	CPT 2011	September 2014	Remove from list, no demonstrated technology diffusions that impacts work or practice expense.	✓
93463	Pharmacologic agent administration (eg, inhaled nitric oxide, intravenous infusion of nitroprusside, dobutamine, milrinone, or other agent) including assessing hemodynamic measurements before, during, after and repeat pharmacologic agent administration, when performed (list separately in addition to code for primary procedure)	Apr 2010	Diagnostic Cardiac Catheterization	26	CPT 2011	September 2014	Remove from list, no demonstrated technology diffusions that impacts work or practice expense.	✓
93464	Physiologic exercise study (eg, bicycle or arm ergometry) including assessing hemodynamic measurements before and after (list separately in addition to code for primary procedure)	Apr 2010	Diagnostic Cardiac Catheterization	26	CPT 2011	September 2014	Remove from list, no demonstrated technology diffusions that impacts work or practice expense.	✓
93569	Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for selective pulmonary arterial angiography, unilateral (list separately in addition to code for primary procedure)	Oct 2021	Pulmonary Angiography	08	CPT 2023	April 2027		
93573	Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for selective pulmonary arterial angiography, bilateral (list separately in addition to code for primary procedure)	Oct 2021	Pulmonary Angiography	08	CPT 2023	April 2027		

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CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re- Review	RUC Rec	Complete
93574	Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for selective pulmonary venous angiography of each distinct pulmonary vein during cardiac catheterization (list separately in addition to code for primary procedure)	Oct 2021	Pulmonary Angiography	08	CPT 2023	April 2027		
93575	Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for selective pulmonary angiography of major aortopulmonary collateral arteries (mapcas) arising off the aorta or its systemic branches, during cardiac catheterization for congenital heart defects, each distinct vessel (list separately in addition to code for primary procedure)	Oct 2021	Pulmonary Angiography	08	CPT 2023	April 2027		
93583	Percutaneous transcatheter septal reduction therapy (eg, alcohol septal ablation) including temporary pacemaker insertion when performed	Jan 2013	Percutaneous Alcohol Ablation of Septum	17	CPT 2014	October 2017	Remove from list, no demonstrated techology diffusion that impacts work or practice expense.	<b>~</b>
93590	Percutaneous transcatheter closure of paravalvular leak; initial occlusion device, mitral valve	Jan 2016	Closure of Paravalvular Leak	22	CPT 2017	October 2020	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	<b>✓</b>
93591	Percutaneous transcatheter closure of paravalvular leak; initial occlusion device, aortic valve	Jan 2016	Closure of Paravalvular Leak	22	CPT 2017	October 2020	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	<b>~</b>
93592	Percutaneous transcatheter closure of paravalvular leak; each additional occlusion device (list separately in addition to code for primary procedure)	Jan 2016	Closure of Paravalvular Leak	22	CPT 2017	October 2020	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	<b>✓</b>

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CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re- Review	RUC Rec	Complete
93593	Right heart catheterization for congenital heart defect(s) including imaging guidance by the proceduralist to advance the catheter to the target zone; normal native connections	Oct 2020	Cardiac Catheterization for Congenital Defects	10	CPT 2022	April 2026		
93594	Right heart catheterization for congenital heart defect(s) including imaging guidance by the proceduralist to advance the catheter to the target zone; abnormal native connections	Oct 2020	Cardiac Catheterization for Congenital Defects	10	CPT 2022	April 2026		
93595	Left heart catheterization for congenital heart defect(s) including imaging guidance by the proceduralist to advance the catheter to the target zone, normal or abnormal native connections	Oct 2020	Cardiac Catheterization for Congenital Defects	10	CPT 2022	April 2026		
93596	Right and left heart catheterization for congenital heart defect(s) including imaging guidance by the proceduralist to advance the catheter to the target zone(s); normal native connections	Oct 2020	Cardiac Catheterization for Congenital Defects	10	CPT 2022	April 2026		
93597	Right and left heart catheterization for congenital heart defect(s) including imaging guidance by the proceduralist to advance the catheter to the target zone(s); abnormal native connections	Oct 2020	Cardiac Catheterization for Congenital Defects	10	CPT 2022	April 2026		
93598	Cardiac output measurement(s), thermodilution or other indicator dilution method, performed during cardiac catheterization for the evaluation of congenital heart defects (list separately in addition to code for primary procedure)	Oct 2020	Cardiac Catheterization for Congenital Defects	10	CPT 2022	April 2026		
93644	Electrophysiologic evaluation of subcutaneous implantable defibrillator (includes defibrillation threshold evaluation, induction of arrhythmia, evaluation of sensing for arrhythmia termination, and programming or reprogramming of sensing or therapeutic parameters)	Apr 2014	Subcutaneous Implantable Defibrillator Procedures	09	CPT 2015	April 2022	In October 2018, RUC recommended to review again after 3 more years of data (2022). In April 2022, recommended to remove from list, no demonstrated technology diffusion that impacts work or practice expense.	V

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CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re- Review	RUC Rec	Complete
93982	Code Deleted	Apr 2007	Wireless Pressure Sensor Implantation	25	CPT 2008	September 2011	Remove, code does not need to be re- evaluated	<b>✓</b>
94011	Measurement of spirometric forced expiratory flows in an infant or child through 2 years of age	Apr 2009	Infant Pulmonary Function Testing	23	CPT 2010	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	✓
94012	Measurement of spirometric forced expiratory flows, before and after bronchodilator, in an infant or child through 2 years of age	Apr 2009	Infant Pulmonary Function Testing	23	CPT 2010	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	✓
94013	Measurement of lung volumes (ie, functional residual capacity [frc], forced vital capacity [fvc], and expiratory reserve volume [erv]) in an infant or child through 2 years of age	Apr 2009	Infant Pulmonary Function Testing	23	CPT 2010	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	✓
94625	Physician or other qualified health care professional services for outpatient pulmonary rehabilitation; without continuous oximetry monitoring (per session)	Jan 2021	Outpatient Pulmonary Rehabilitation Services	23	CPT 2022	April 2026		
94626	Physician or other qualified health care professional services for outpatient pulmonary rehabilitation; with continuous oximetry monitoring (per session)	Jan 2021	Outpatient Pulmonary Rehabilitation Services	23	CPT 2022	April 2026		
95700	Electroencephalogram (eeg) continuous recording, with video when performed, setup, patient education, and takedown when performed, administered in person by eeg technologist, minimum of 8 channels	Oct 2018	Long-Term EEG Monitoring	13	CPT 2020	April 2024		
95705	Electroencephalogram (eeg), without video, review of data, technical description by eeg technologist, 2-12 hours; unmonitored	Oct 2018	Long-Term EEG Monitoring	13	CPT 2020	April 2024		

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CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re- Review	RUC Rec	Complete
95706	Electroencephalogram (eeg), without video, review of data, technical description by eeg technologist, 2-12 hours; with intermittent monitoring and maintenance	Oct 2018	Long-Term EEG Monitoring	13	CPT 2020	April 2024		
95707	Electroencephalogram (eeg), without video, review of data, technical description by eeg technologist, 2-12 hours; with continuous, real-time monitoring and maintenance	Oct 2018	Long-Term EEG Monitoring	13	CPT 2020	April 2024		
95708	Electroencephalogram (eeg), without video, review of data, technical description by eeg technologist, each increment of 12-26 hours; unmonitored	Oct 2018	Long-Term EEG Monitoring	13	CPT 2020	April 2024		
95709	Electroencephalogram (eeg), without video, review of data, technical description by eeg technologist, each increment of 12-26 hours; with intermittent monitoring and maintenance	Oct 2018	Long-Term EEG Monitoring	13	CPT 2020	April 2024		
95710	Electroencephalogram (eeg), without video, review of data, technical description by eeg technologist, each increment of 12-26 hours; with continuous, real-time monitoring and maintenance	Oct 2018	Long-Term EEG Monitoring	13	CPT 2020	April 2024		
95711	Electroencephalogram with video (veeg), review of data, technical description by eeg technologist, 2-12 hours; unmonitored	Oct 2018	Long-Term EEG Monitoring	13	CPT 2020	April 2024		
95712	Electroencephalogram with video (veeg), review of data, technical description by eeg technologist, 2-12 hours; with intermittent monitoring and maintenance	Oct 2018	Long-Term EEG Monitoring	13	CPT 2020	April 2024		
95713	Electroencephalogram with video (veeg), review of data, technical description by eeg technologist, 2-12 hours; with continuous, real-time monitoring and maintenance	Oct 2018	Long-Term EEG Monitoring	13	CPT 2020	April 2024		
95714	Electroencephalogram with video (veeg), review of data, technical description by eeg technologist, each increment of 12-26 hours; unmonitored	Oct 2018	Long-Term EEG Monitoring	13	CPT 2020	April 2024		

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CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re- Review	RUC Rec	Complete
95715	Electroencephalogram with video (veeg), review of data, technical description by eeg technologist, each increment of 12-26 hours; with intermittent monitoring and maintenance	Oct 2018	Long-Term EEG Monitoring	13	CPT 2020	April 2024		
95716	Electroencephalogram with video (veeg), review of data, technical description by eeg technologist, each increment of 12-26 hours; with continuous, real-time monitoring and maintenance	Oct 2018	Long-Term EEG Monitoring	13	CPT 2020	April 2024		
95717	Electroencephalogram (eeg), continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, interpretation and report, 2-12 hours of eeg recording; without video	Oct 2018	Long-Term EEG Monitoring	13	CPT 2020	April 2024		
95718	Electroencephalogram (eeg), continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, interpretation and report, 2-12 hours of eeg recording; with video (veeg)	Oct 2018	Long-Term EEG Monitoring	13	CPT 2020	April 2024		
95719	Electroencephalogram (eeg), continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, each increment of greater than 12 hours, up to 26 hours of eeg recording, interpretation and report after each 24-hour period; without video	Oct 2018	Long-Term EEG Monitoring	13	CPT 2020	April 2024		
95720	Electroencephalogram (eeg), continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, each increment of greater than 12 hours, up to 26 hours of eeg recording, interpretation and report after each 24-hour period; with video (veeg)	Oct 2018	Long-Term EEG Monitoring	13	CPT 2020	April 2024		

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CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re- Review	RUC Rec	Complete
95721	Electroencephalogram (eeg), continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, interpretation, and summary report, complete study; greater than 36 hours, up to 60 hours of eeg recording, without video	Oct 2018	Long-Term EEG Monitoring	13	CPT 2020	April 2024		
95722	Electroencephalogram (eeg), continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, interpretation, and summary report, complete study; greater than 36 hours, up to 60 hours of eeg recording, with video (veeg)	Oct 2018	Long-Term EEG Monitoring	13	CPT 2020	April 2024		
95723	Electroencephalogram (eeg), continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, interpretation, and summary report, complete study; greater than 60 hours, up to 84 hours of eeg recording, without video	Oct 2018	Long-Term EEG Monitoring	13	CPT 2020	April 2024		
95724	Electroencephalogram (eeg), continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, interpretation, and summary report, complete study; greater than 60 hours, up to 84 hours of eeg recording, with video (veeg)	Oct 2018	Long-Term EEG Monitoring	13	CPT 2020	April 2024		
95725	Electroencephalogram (eeg), continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, interpretation, and summary report, complete study; greater than 84 hours of eeg recording, without video	Oct 2018	Long-Term EEG Monitoring	13	CPT 2020	April 2024		

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CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re- Review	RUC Rec	Complete
95726	Electroencephalogram (eeg), continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, interpretation, and summary report, complete study; greater than 84 hours of eeg recording, with video (veeg)	Oct 2018	Long-Term EEG Monitoring	13	CPT 2020	April 2024		
95800	Sleep study, unattended, simultaneous recording; heart rate, oxygen saturation, respiratory analysis (eg, by airflow or peripheral arterial tone), and sleep time	Apr 2010	Sleep Testing	28	CPT 2011	October 2016	Survey for physician work and review direct practice expense inputs for April 2017. These services have continued to grow and the inclusion of the PACS workstation equipment was questioned.	V
95801	Sleep study, unattended, simultaneous recording; minimum of heart rate, oxygen saturation, and respiratory analysis (eg, by airflow or peripheral arterial tone)	Apr 2010	Sleep Testing	28	CPT 2011	October 2016	Survey for physician work and review direct practice expense inputs for April 2017. These services have continued to grow and the inclusion of the PACS workstation equipment was questioned.	V
95803	Actigraphy testing, recording, analysis, interpretation, and report (minimum of 72 hours to 14 consecutive days of recording)	Apr 2008	Actigraphy Sleep Assessment	25	CPT 2009	September 2012	Remove, code does not need to be re- evaluated	<b>✓</b>

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CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re- Review	RUC Rec	Complete
95806	Sleep study, unattended, simultaneous recording of, heart rate, oxygen saturation, respiratory airflow, and respiratory effort (eg, thoracoabdominal movement)	Apr 2010	Sleep Testing	28	CPT 2011	October 2016	Survey for physician work and review direct practice expense inputs for April 2017. These services have continued to grow and the inclusion of the PACS workstation equipment was questioned.	<b>✓</b>
95836	Electrocorticogram from an implanted brain neurostimulator pulse generator/transmitter, including recording, with interpretation and written report, up to 30 days	Jan 2018	Electrocorticography	18	CPT 2019	April 2023		
95905	Motor and/or sensory nerve conduction, using preconfigured electrode array(s), amplitude and latency/velocity study, each limb, includes f-wave study when performed, with interpretation and report	Feb 2009	Nerve Conduction Tests	18	CPT 2010	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	<b>✓</b>
95919	Quantitative pupillometry with physician or other qualified health care professional interpretation and report, unilateral or bilateral	Oct 2021	Quantitative Pupillometry Services	09	CPT 2023	April 2027		
95940	Continuous intraoperative neurophysiology monitoring in the operating room, one on one monitoring requiring personal attendance, each 15 minutes (list separately in addition to code for primary procedure)	Jan 2012	Intraoperative Neurophysiology Monitoring		CPT 2013	October 2016	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	V
95941	Continuous intraoperative neurophysiology monitoring, from outside the operating room (remote or nearby) or for monitoring of more than one case while in the operating room, per hour (list separately in addition to code for primary procedure)	Jan 2012	Intraoperative Neurophysiology Monitoring		CPT 2013	October 2016	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	✓

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CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re- Review	RUC Rec	Complete
95980	Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude and duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient measurements) gastric neurostimulator pulse generator/transmitter; intraoperative, with programming	Apr 2007	Electronic Analysis of Implanted Neurostimulator Pulse Generator System	I	CPT 2008	September 2011	Remove, code does not need to be re- evaluated	<b>✓</b>
95981	Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude and duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient measurements) gastric neurostimulator pulse generator/transmitter; subsequent, without reprogramming	Apr 2007	Electronic Analysis of Implanted Neurostimulator Pulse Generator System	I	CPT 2008	September 2011	Remove, code does not need to be re- evaluated	V
95982	Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude and duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient measurements) gastric neurostimulator pulse generator/transmitter; subsequent, with reprogramming	Apr 2007	Electronic Analysis of Implanted Neurostimulator Pulse Generator System	I	CPT 2008	September 2011	Remove, code does not need to be re- evaluated	V
96020	Neurofunctional testing selection and administration during noninvasive imaging functional brain mapping, with test administered entirely by a physician or other qualified health care professional (ie, psychologist), with review of test results and report	Feb 2006	Functional MRI	15	CPT 2007	September 2010	Remove, code does not need to be re- evaluated	<b>✓</b>
96904	Whole body integumentary photography, for monitoring of high risk patients with dysplastic nevus syndrome or a history of dysplastic nevi, or patients with a personal or familial history of melanoma	Feb 2006	Whole Body Integumentary Photography	19	CPT 2007	September 2010	Remove, code does not need to be re- evaluated	V
96931	Reflectance confocal microscopy (rcm) for cellular and sub-cellular imaging of skin; image acquisition and interpretation and report, first lesion	Oct 2015	Reflectance Confocal Microscopy	06	CPT 2017	April 2024	Review in 3 years (April 2024).	

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CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re- Review	RUC Rec	Complete
96932	Reflectance confocal microscopy (rcm) for cellular and sub-cellular imaging of skin; image acquisition only, first lesion	Oct 2015	Reflectance Confocal Microscopy	06	CPT 2017	April 2024	Review in 3 years (April 2024).	
96933	Reflectance confocal microscopy (rcm) for cellular and sub-cellular imaging of skin; interpretation and report only, first lesion	Oct 2015	Reflectance Confocal Microscopy	06	CPT 2017	April 2024	Review in 3 years (April 2024).	
96934	Reflectance confocal microscopy (rcm) for cellular and sub-cellular imaging of skin; image acquisition and interpretation and report, each additional lesion (list separately in addition to code for primary procedure)	Oct 2015	Reflectance Confocal Microscopy	06	CPT 2017	April 2024	Review in 3 years (April 2024).	
96935	Reflectance confocal microscopy (rcm) for cellular and sub-cellular imaging of skin; image acquisition only, each additional lesion (list separately in addition to code for primary procedure)	Oct 2015	Reflectance Confocal Microscopy	06	CPT 2017	April 2024	Review in 3 years (April 2024).	
96936	Reflectance confocal microscopy (rcm) for cellular and sub-cellular imaging of skin; interpretation and report only, each additional lesion (list separately in addition to code for primary procedure)	Oct 2015	Reflectance Confocal Microscopy	06	CPT 2017	April 2024	Review in 3 years (April 2024).	
97605	Negative pressure wound therapy (eg, vacuum assisted drainage collection), utilizing durable medical equipment (dme), including topical application(s), wound assessment, and instruction(s) for ongoing care, per session; total wound(s) surface area less than or equal to 50 square centimeters	Jan 2014	Negative Wound Pressure Therapy	17	CPT 2015	April 2022	In October 2018, RUC recommended to review again after 3 more years of data (2022). In April 2022, recommended to remove from list, no demonstrated technology diffusion that impacts work or practice expense.	✓

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CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re- Review	RUC Rec	Complete
97606	Negative pressure wound therapy (eg, vacuum assisted drainage collection), utilizing durable medical equipment (dme), including topical application(s), wound assessment, and instruction(s) for ongoing care, per session; total wound(s) surface area greater than 50 square centimeters	Jan 2014	Negative Wound Pressure Therapy	17	CPT 2015	April 2022	In October 2018, RUC recommended to review again after 3 more years of data (2022). In April 2022, recommended to remove from list, no demonstrated technology diffusion that impacts work or practice expense.	V
97607	Negative pressure wound therapy, (eg, vacuum assisted drainage collection), utilizing disposable, non-durable medical equipment including provision of exudate management collection system, topical application(s), wound assessment, and instructions for ongoing care, per session; total wound(s) surface area less than or equal to 50 square centimeters	Jan 2014	Negative Wound Pressure Therapy	17	CPT 2015	April 2022	In October 2018, RUC recommended to review again after 3 more years of data (2022). In April 2022, recommended to remove from list, no demonstrated technology diffusion that impacts work or practice expense.	<b>✓</b>
97608	Negative pressure wound therapy, (eg, vacuum assisted drainage collection), utilizing disposable, non-durable medical equipment including provision of exudate management collection system, topical application(s), wound assessment, and instructions for ongoing care, per session; total wound(s) surface area greater than 50 square centimeters	Jan 2014	Negative Wound Pressure Therapy	17	CPT 2015	April 2022	In October 2018, RUC recommended to review again after 3 more years of data (2022). In April 2022, recommended to remove from list, no demonstrated technology diffusion that impacts work or practice expense.	V
97610	Low frequency, non-contact, non-thermal ultrasound, including topical application(s), when performed, wound assessment, and instruction(s) for ongoing care, per day	Oct 2013	HCPAC - Ultrasonic Wound Assessment	l 17	CPT 2015	October 2018	Survey for January 2019.	<b>&gt;</b>

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CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re- Review	RUC Rec	Complete
98966	Telephone assessment and management service provided by a qualified nonphysician health care professional to an established patient, parent, or guardian not originating from a related assessment and management service provided within the previous 7 days nor leading to an assessment and management service or procedure within the next 24 hours or soonest available appointment; 5-10 minutes of medical discussion	Apr 2007	Non Face-to-Face Qualified Healthcare Professional Services	i U	CPT 2008	September 2011	Remove, not covered by Medicare	<b>V</b>
98967	Telephone assessment and management service provided by a qualified nonphysician health care professional to an established patient, parent, or guardian not originating from a related assessment and management service provided within the previous 7 days nor leading to an assessment and management service or procedure within the next 24 hours or soonest available appointment; 11-20 minutes of medical discussion	Apr 2007	Non Face-to-Face Qualified Healthcare Professional Services	i U	CPT 2008	September 2011	Remove, not covered by Medicare	<b>✓</b>
98968	Telephone assessment and management service provided by a qualified nonphysician health care professional to an established patient, parent, or guardian not originating from a related assessment and management service provided within the previous 7 days nor leading to an assessment and management service or procedure within the next 24 hours or soonest available appointment; 21-30 minutes of medical discussion	Apr 2007	Non Face-to-Face Qualified Healthcare Professional Services	i U	CPT 2008	September 2011	Remove, not covered by Medicare	<b>✓</b>
98970	Qualified nonphysician health care professional online digital assessment and management, for an established patient, for up to 7 days, cumulative time during the 7 days; 5-10 minutes	Jan 2019	Online Digital Evaluation Service (e-Visit)	41	CPT 2020	April 2024		
98971	Qualified nonphysician health care professional online digital assessment and management, for an established patient, for up to 7 days, cumulative time during the 7 days; 11-20 minutes	Jan 2019	Online Digital Evaluation Service (e-Visit)	41	CPT 2020	April 2024		

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CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re- Review	RUC Rec	Complete
98972	Qualified nonphysician health care professional online digital assessment and management, for an established patient, for up to 7 days, cumulative time during the 7 days; 21 or more minutes	Jan 2019	Online Digital Evaluation Service (e-Visit)	41	CPT 2020	April 2024		
98975	Remote therapeutic monitoring (eg, therapy adherence, therapy response); initial set-up and patient education on use of equipment	Jan 2021	Remote Therapeutic Monitoring	24	CPT 2022	April 2027	Delayed review one year to be reviewed with 989X6 from Jan 2022 meeting, tab 12	
98976	Remote therapeutic monitoring (eg, therapy adherence, therapy response); device(s) supply with scheduled (eg, daily) recording(s) and/or programmed alert(s) transmission to monitor respiratory system, each 30 days	Jan 2021	Remote Therapeutic Monitoring	24	CPT 2022	April 2027	Delayed review one year to be reviewed with 989X6 from Jan 2022 meeting, tab 12	
98977	Remote therapeutic monitoring (eg, therapy adherence, therapy response); device(s) supply with scheduled (eg, daily) recording(s) and/or programmed alert(s) transmission to monitor musculoskeletal system, each 30 days	Jan 2021	Remote Therapeutic Monitoring	24	CPT 2022	April 2027	Delayed review one year to be reviewed with 989X6 from Jan 2022 meeting, tab 12	
98978	Remote therapeutic monitoring (eg, therapy adherence, therapy response); device(s) supply with scheduled (eg, daily) recording(s) and/or programmed alert(s) transmission to monitor cognitive behavioral therapy, each 30 days	Jan 2022	Cognitive Behavioral Therapy Monitoring	12	CPT 2023	April 2027		
98980	Remote therapeutic monitoring treatment management services, physician or other qualified health care professional time in a calendar month requiring at least one interactive communication with the patient or caregiver during the calendar month; first 20 minutes	Jan 2021	Remote Therapeutic Monitoring	24	CPT 2022	April 2027	Delayed review one year to be reviewed with 989X6 from Jan 2022 meeting, tab 12	
98981	Remote therapeutic monitoring treatment management services, physician or other qualified health care professional time in a calendar month requiring at least one interactive communication with the patient or caregiver during the calendar month; each additional 20 minutes (list separately in addition to code for primary procedure)	Jan 2021	Remote Therapeutic Monitoring	24	CPT 2022	April 2027	Delayed review one year to be reviewed with 989X6 from Jan 2022 meeting, tab 12	

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CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re- Review	RUC Rec	Complete
99202	Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and straightforward medical decision making. when using time for code selection, 15-29 minutes of total time is spent on the date of the encounter.	Apr 2019	Office Visits	09	CPT 2021	April 2025		
99203	Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and low level of medical decision making. when using time for code selection, 30-44 minutes of total time is spent on the date of the encounter.	Apr 2019	Office Visits	09	CPT 2021	April 2025		
99204	Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. when using time for code selection, 45-59 minutes of total time is spent on the date of the encounter.	Apr 2019	Office Visits	09	CPT 2021	April 2025		
99205	Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and high level of medical decision making. when using time for code selection, 60-74 minutes of total time is spent on the date of the encounter.	Apr 2019	Office Visits	09	CPT 2021	April 2025		
99211	Office or other outpatient visit for the evaluation and management of an established patient that may not require the presence of a physician or other qualified health care professional	Apr 2019	Office Visits	09	CPT 2021	April 2025		
99212	Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and straightforward medical decision making. when using time for code selection, 10-19 minutes of total time is spent on the date of the encounter.	Apr 2019	Office Visits	09	CPT 2021	April 2025		

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CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re- Review	RUC Rec	Complete
99213	Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and low level of medical decision making. when using time for code selection, 20-29 minutes of total time is spent on the date of the encounter.	Apr 2019	Office Visits	09	CPT 2021	April 2025		
99214	Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. when using time for code selection, 30-39 minutes of total time is spent on the date of the encounter.	Apr 2019	Office Visits	09	CPT 2021	April 2025		
99215	Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and high level of medical decision making. when using time for code selection, 40-54 minutes of total time is spent on the date of the encounter.	Apr 2019	Office Visits	09	CPT 2021	April 2025		
99363	Code Deleted	Apr 2006	Anticoagulant Management Services	I	CPT 2007	September 2010	Remove, code does not need to be re- evaluated	<b>✓</b>
99364	Code Deleted	Apr 2006	Anticoagulant Management Services	I	CPT 2007	September 2010	Remove, code does not need to be re- evaluated	✓
99417	Prolonged outpatient evaluation and management service(s) time with or without direct patient contact beyond the required time of the primary service when the primary service level has been selected using total time, each 15 minutes of total time (list separately in addition to the code of the outpatient evaluation and management service)	Apr 2019	Office Visits	09	CPT 2021	April 2025		
99421	Online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 5-10 minutes	Jan 2019	Online Digital Evaluation Service (e-Visit)	21	CPT 2020	April 2024		

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CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re- Review	RUC Rec	Complete
99422	Online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 11-20 minutes	Jan 2019	Online Digital Evaluation Service (e-Visit)	21	CPT 2020	April 2024		
99423	Online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 21 or more minutes	Jan 2019	Online Digital Evaluation Service (e-Visit)	21	CPT 2020	April 2024		
99424	Principal care management services, for a single high-risk disease, with the following required elements: one complex chronic condition expected to last at least 3 months, and that places the patient at significant risk of hospitalization, acute exacerbation/decompensation, functional decline, or death, the condition requires development, monitoring, or revision of disease-specific care plan, the condition requires frequent adjustments in the medication regimen and/or the management of the condition is unusually complex due to comorbidities, ongoing communication and care coordination between relevant practitioners furnishing care; first 30 minutes provided personally by a physician or other qualified health care professional, per calendar month.		Principal Care Management (PCM) & Chronic Care Management (CCM)	25	CPT 2022	April 2026		

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CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re- Review	RUC Rec	Complete
99425	Principal care management services, for a single high-risk disease, with the following required elements: one complex chronic condition expected to last at least 3 months, and that places the patient at significant risk of hospitalization, acute exacerbation/decompensation, functional decline, or death, the condition requires development, monitoring, or revision of disease-specific care plan, the condition requires frequent adjustments in the medication regimen and/or the management of the condition is unusually complex due to comorbidities, ongoing communication and care coordination between relevant practitioners furnishing care; each additional 30 minutes provided personally by a physician or other qualified health care professional, per calendar month (list separately in addition to code for primary procedure)	Jan 2021	Principal Care Management (PCM) & Chronic Care Management (CCM)	25	CPT 2022	April 2026		
99426	Principal care management services, for a single high-risk disease, with the following required elements: one complex chronic condition expected to last at least 3 months, and that places the patient at significant risk of hospitalization, acute exacerbation/decompensation, functional decline, or death, the condition requires development, monitoring, or revision of disease-specific care plan, the condition requires frequent adjustments in the medication regimen and/or the management of the condition is unusually complex due to comorbidities, ongoing communication and care coordination between relevant practitioners furnishing care; first 30 minutes of clinical staff time directed by physician or other qualified health care professional, per calendar month.	Jan 2021	Principal Care Management (PCM) & Chronic Care Management (CCM)	25	CPT 2022	April 2026		

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CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re- Review	RUC Rec	Complete
99427	Principal care management services, for a single high-risk disease, with the following required elements: one complex chronic condition expected to last at least 3 months, and that places the patient at significant risk of hospitalization, acute exacerbation/decompensation, functional decline, or death, the condition requires development, monitoring, or revision of disease-specific care plan, the condition requires frequent adjustments in the medication regimen and/or the management of the condition is unusually complex due to comorbidities, ongoing communication and care coordination between relevant practitioners furnishing care; each additional 30 minutes of clinical staff time directed by a physician or other qualified health care professional, per calendar month (list separately in addition to code for primary procedure)	Jan 2021	Principal Care Management (PCM) & Chronic Care Management (CCM)	25	CPT 2022	April 2026		
99437	Chronic care management services with the following required elements: multiple (two or more) chronic conditions expected to last at least 12 months, or until the death of the patient, chronic conditions that place the patient at significant risk of death, acute exacerbation/decompensation, or functional decline, comprehensive care plan established, implemented, revised, or monitored; each additional 30 minutes by a physician or other qualified health care professional, per calendar month (list separately in addition to code for primary procedure)	Jan 2021	Principal Care Management (PCM) & Chronic Care Management (CCM)	25	CPT 2022	April 2026		

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CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re- Review	RUC Rec	Complete
99439	Chronic care management services with the following required elements: multiple (two or more) chronic conditions expected to last at least 12 months, or until the death of the patient, chronic conditions that place the patient at significant risk of death, acute exacerbation/decompensation, or functional decline, comprehensive care plan established, implemented, revised, or monitored; each additional 20 minutes of clinical staff time directed by a physician or other qualified health care professional, per calendar month (list separately in addition to code for primary procedure)	Jan 2021	Principal Care Management (PCM) & Chronic Care Management (CCM)	25	CPT 2022	April 2026	Was surveyed for January 2021 with the principal care management codes. The RUC noted that the CCM codes should also be re-reviewed at that time, primarily because the clinical staff time survey responses were not obtained for the 2021 review.	
99441	Telephone evaluation and management service by a physician or other qualified health care professional who may report evaluation and management services provided to an established patient, parent, or guardian not originating from a related e/m service provided within the previous 7 days nor leading to an e/m service or procedure within the next 24 hours or soonest available appointment; 5-10 minutes of medical discussion	Feb 2007	Non Face-to-Face Services	16	CPT 2008	September 2011	Remove, not covered by Medicare	✓
99442	Telephone evaluation and management service by a physician or other qualified health care professional who may report evaluation and management services provided to an established patient, parent, or guardian not originating from a related e/m service provided within the previous 7 days nor leading to an e/m service or procedure within the next 24 hours or soonest available appointment; 11-20 minutes of medical discussion	Feb 2007	Non Face-to-Face Services	16	CPT 2008	September 2011	Remove, not covered by Medicare	<b>✓</b>
99443	Telephone evaluation and management service by a physician or other qualified health care professional who may report evaluation and management services provided to an established patient, parent, or guardian not originating from a related e/m service provided within the previous 7 days nor leading to an e/m service or procedure within the next 24 hours or soonest available appointment; 21-30 minutes of medical discussion	Feb 2007	Non Face-to-Face Services	16	CPT 2008	September 2011	Remove, not covered by Medicare	✓

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CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re- Review	RUC Rec	Complete
99446	Interprofessional telephone/internet/electronic health record assessment and management service provided by a consultative physician or other qualified health care professional, including a verbal and written report to the patient's treating/requesting physician or other qualified health care professional; 5-10 minutes of medical consultative discussion and review	Oct 2012	Interprofessional Telephone Consultative Services	14	CPT 2014	October 2016	Reaffirmed RUC recommendation	V
99447	Interprofessional telephone/internet/electronic health record assessment and management service provided by a consultative physician or other qualified health care professional, including a verbal and written report to the patient's treating/requesting physician or other qualified health care professional; 11-20 minutes of medical consultative discussion and review	Oct 2012	Interprofessional Telephone Consultative Services	14	CPT 2014	October 2016	Reaffirmed RUC recommendation	<b>✓</b>
99448	Interprofessional telephone/internet/electronic health record assessment and management service provided by a consultative physician or other qualified health care professional, including a verbal and written report to the patient's treating/requesting physician or other qualified health care professional; 21-30 minutes of medical consultative discussion and review	Oct 2012	Interprofessional Telephone Consultative Services	14	CPT 2014	October 2016	Reaffirmed RUC recommendation	<b>~</b>
99449	Interprofessional telephone/internet/electronic health record assessment and management service provided by a consultative physician or other qualified health care professional, including a verbal and written report to the patient's treating/requesting physician or other qualified health care professional; 31 minutes or more of medical consultative discussion and review	Oct 2012	Interprofessional Telephone Consultative Services	14	CPT 2014	October 2016	Reaffirmed RUC recommendation	<b>✓</b>

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CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re- Review	RUC Rec	Complete
99451	Interprofessional telephone/internet/electronic health record assessment and management service provided by a consultative physician or other qualified health care professional, including a written report to the patient's treating/requesting physician or other qualified health care professional, 5 minutes or more of medical consultative time	Jan 2018	Interprofessional Internet Consultation	21	CPT 2019	April 2023		
99452	Interprofessional telephone/internet/electronic health record referral service(s) provided by a treating/requesting physician or other qualified health care professional, 30 minutes	Jan 2018	Interprofessional Internet Consultation	21	CPT 2019	April 2023		
99453	Remote monitoring of physiologic parameter(s) (eg, weight, blood pressure, pulse oximetry, respiratory flow rate), initial; set-up and patient education on use of equipment	Jan 2018	Chronic Care Remote Physiologic Monitoring	20	CPT 2019	April 2024		
99454	Remote monitoring of physiologic parameter(s) (eg, weight, blood pressure, pulse oximetry, respiratory flow rate), initial; device(s) supply with daily recording(s) or programmed alert(s) transmission, each 30 days	Jan 2018	Chronic Care Remote Physiologic Monitoring	20	CPT 2019	April 2024		
99457	Remote physiologic monitoring treatment management services, clinical staff/physician/other qualified health care professional time in a calendar month requiring interactive communication with the patient/caregiver during the month; first 20 minutes	Jan 2018	Chronic Care Remote Physiologic Monitoring	20	CPT 2019	April 2024		
99458	Remote physiologic monitoring treatment management services, clinical staff/physician/other qualified health care professional time in a calendar month requiring interactive communication with the patient/caregiver during the month; each additional 20 minutes (list separately in addition to code for primary procedure)	Jan 2019	Chronic Care Remote Physiologic Monitoring	20	CPT 2020	April 2024		

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CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re- Review	RUC Rec	Complete
99474	Self-measured blood pressure using a device validated for clinical accuracy; separate self-measurements of two readings one minute apart, twice daily over a 30-day period (minimum of 12 readings), collection of data reported by the patient and/or caregiver to the physician or other qualified health care professional, with report of average systolic and diastolic pressures and subsequent communication of a treatment plan to the patient	Jan 2019	Self-Measured Blood Pressure Monitoring	19	CPT 2020	April 2024		
99484	Care management services for behavioral health conditions, at least 20 minutes of clinical staff time, directed by a physician or other qualified health care professional, per calendar month, with the following required elements: initial assessment or follow-up monitoring, including the use of applicable validated rating scales, behavioral health care planning in relation to behavioral/psychiatric health problems, including revision for patients who are not progressing or whose status changes, facilitating and coordinating treatment such as psychotherapy, pharmacotherapy, counseling and/or psychiatric consultation, and continuity of care with a designated member of the care team.	Jan 2017	Psychiatric Collaborative Care Management Service:		CPT 2018	September 2022	Surveyed for September 2022 and recommended an increase.	<b>✓</b>
99487	Complex chronic care management services with the following required elements: multiple (two or more) chronic conditions expected to last at least 12 months, or until the death of the patient, chronic conditions that place the patient at significant risk of death, acute exacerbation/decompensation, or functional decline, comprehensive care plan established, implemented, revised, or monitored, moderate or high complexity medical decision making; first 60 minutes of clinical staff time directed by a physician or other qualified health care professional, per calendar month.	Jan 2021	Principal Care Management (PCM) & Chronic Care Management (CCM)	25	CPT 2013	April 2026	Was surveyed for January 2021 with the principal care management codes. The RUC noted that the CCM codes should also be re-reviewed at that time, primarily because the clinical staff time survey responses were not obtained for the 2021 review.	
99488	Code Deleted	Oct 2012	Complex Chronic Care Coordination Services	09	CPT 2013	October 2017	Code Deleted	V

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CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re- Review	RUC Rec	Complete
99489	Complex chronic care management services with the following required elements: multiple (two or more) chronic conditions expected to last at least 12 months, or until the death of the patient, chronic conditions that place the patient at significant risk of death, acute exacerbation/decompensation, or functional decline, comprehensive care plan established, implemented, revised, or monitored, moderate or high complexity medical decision making; each additional 30 minutes of clinical staff time directed by a physician or other qualified health care professional, per calendar month (list separately in addition to code for primary procedure)		Principal Care Management (PCM) & Chronic Care Management (CCM)		CPT 2013	April 2026	Was surveyed for January 2021 with the principal care management codes. The RUC noted that the CCM codes should also be re-reviewed at that time, primarily because the clinical staff time survey responses were not obtained for the 2021 review.	
99490	Chronic care management services with the following required elements: multiple (two or more) chronic conditions expected to last at least 12 months, or until the death of the patient, chronic conditions that place the patient at significant risk of death, acute exacerbation/decompensation, or functional decline, comprehensive care plan established, implemented, revised, or monitored; first 20 minutes of clinical staff time directed by a physician or other qualified health care professional, per calendar month.	Jan 2021	Principal Care Management (PCM) & Chronic Care Management (CCM)		CPT 2015	April 2026	Was surveyed for January 2021 with the principal care management codes. The RUC noted that the CCM codes should also be re-reviewed at that time, primarily because the clinical staff time survey responses were not obtained for the 2021 review.	
99491	Chronic care management services with the following required elements: multiple (two or more) chronic conditions expected to last at least 12 months, or until the death of the patient, chronic conditions that place the patient at significant risk of death, acute exacerbation/decompensation, or functional decline, comprehensive care plan established, implemented, revised, or monitored; first 30 minutes provided personally by a physician or other qualified health care professional, per calendar month.		Principal Care Management (PCM) & Chronic Care Management (CCM)		CPT 2022	April 2026	Was surveyed for January 2021 with the principal care management codes. The RUC noted that the CCM codes should also be re-reviewed at that time, primarily because the clinical staff time survey responses were not obtained for the 2021 review.	

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CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re- Review	RUC Rec	Complete
99492	Initial psychiatric collaborative care management, first 70 minutes in the first calendar month of behavioral health care manager activities, in consultation with a psychiatric consultant, and directed by the treating physician or other qualified health care professional, with the following required elements: outreach to and engagement in treatment of a patient directed by the treating physician or other qualified health care professional, initial assessment of the patient, including administration of validated rating scales, with the development of an individualized treatment plan, review by the psychiatric consultant with modifications of the plan if recommended, entering patient in a registry and tracking patient follow-up and progress using the registry, with appropriate documentation, and participation in weekly caseload consultation with the psychiatric consultant, and provision of brief interventions using evidence-based techniques such as behavioral activation, motivational interviewing, and other focused treatment strategies.	Jan 2017	Psychiatric Collaborative Care Management Services		CPT 2018	April 2023	In January 2020, the RUC identified Psychiatric Collaborative Care Management Services via the work neutrality process. These codes show a 468% increase in work RVUs for 2018. In reviewing the utilization data for these services, it appears one independent clinic is performing most of these services in the pediatric population. The Workgroup recommended that CMS investigate the reporting of services by this specific independent clinic. The specialty society indicated, and the Workgroup agreed, that a new CPT Assistant article on the appropriate usage of these codes be developed in 2020. However, due to the incorrect reporting of these services by one specific provider, the referral for a CPT Assistant article was removed. This family is on the new technology/new services screen and is scheduled for review at the April 2023	

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CPT RUC COde Long Descriptor Meeting Issue Tab Year Review Rec Complete

Relativity Assessment Workgroup meeting.

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CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re- Review	RUC Rec	Complete
99493	Subsequent psychiatric collaborative care management, first 60 minutes in a subsequent month of behavioral health care manager activities, in consultation with a psychiatric consultant, and directed by the treating physician or other qualified health care professional, with the following required elements: tracking patient followup and progress using the registry, with appropriate documentation, participation in weekly caseload consultation with the psychiatric consultant, ongoing collaboration with and coordination of the patient's mental health care with the treating physician or other qualified health care professional and any other treating mental health providers, additional review of progress and recommendations for changes in treatment, as indicated, including medications, based on recommendations provided by the psychiatric consultant, provision of brief interventions using evidence-based techniques such as behavioral activation, motivational interviewing, and other focused treatment strategies, monitoring of patient outcomes using validated rating scales, and relapse prevention planning with patients as they achieve remission of symptoms and/or other treatment goals and are prepared for discharge from active treatment.	Jan 2017	Psychiatric Collaborative Care Management Services		CPT 2018	April 2023	In January 2020, the RUC identified Psychiatric Collaborative Care Management Services (CPT codes 99492, 99493 and 99494) via the work neutrality process. These codes show a 468% increase in work RVUs for 2018. In reviewing the utilization data for these services, it appears one independent clinic is performing most of these services in the pediatric population. The Workgroup recommends that CMS investigate the reporting of services by this specific independent clinic. The specialty society indicated, and the Workgroup agreed, that a new CPT Assistant article on the appropriate usage of these codes be developed in 2020. However, due to the incorrect reporting of these services by one specific provider, the referral for a CPT Assistant article was removed. This family is on the new technology/new services screen and is	

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<b>CPT</b>		RUC		CPT	Date to Re-	RUC	
Code	Long Descriptor	Meeting	Issue	Tab Year	Review	Rec	Complete

scheduled for review at the April 2023 Relativity Assessment Workgroup meeting.

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CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re- Review	RUC Rec	Complete
99494	Initial or subsequent psychiatric collaborative care management, each additional 30 minutes in a calendar month of behavioral health care manager activities, in consultation with a psychiatric consultant, and directed by the treating physician or other qualified health care professional (list separately in addition to code for primary procedure)	Jan 2017	Psychiatric Collaborative Care Management Services		CPT 2018	April 2023	In January 2020, the RUC identified Psychiatric Collaborative Care Management Services (CPT codes 99492, 99493 and 99494) via the work neutrality process. These codes show a 468% increase in work RVUs for 2018. In reviewing the utilization data for these services, it appears one independent clinic is performing most of these services in the pediatric population. The Workgroup recommends that CMS investigate the reporting of services by this specific independent clinic. The specialty society indicated, and the Workgroup agreed, that a new CPT Assistant article on the appropriate usage of these codes be developed in 2020. However, due to the incorrect reporting of these services by one specific provider, the referral for a CPT Assistant article was removed. This family is on the new technology/new services screen and is	

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CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re- Review	RUC Rec	Complete
							scheduled for review at the April 2023 Relativity Assessment Workgroup meeting.	
	Transitional care management services with the following required elements: communication (direct contact, telephone, electronic) with the patient and/or caregiver within 2 business days of discharge at least moderate level of medical decision making during the service period face-to-face visit, within 14 calendar days of discharge	Oct 2012	Transitional Care Management Services	08	CPT 2013	October 2017	Survey for October 2018	✓
	Transitional care management services with the following required elements: communication (direct contact, telephone, electronic) with the patient and/or caregiver within 2 business days of discharge high level of medical decision making during the service period face-to-face visit, within 7 calendar days of discharge	Oct 2012	Transitional Care Management Services	08	CPT 2013	October 2017	Survey for October 2018	<b>V</b>
	Advance care planning including the explanation and discussion of advance directives such as standard forms (with completion of such forms, when performed), by the physician or other qualified health care professional; first 30 minutes, face-to-face with the patient, family member(s), and/or surrogate	Jan 2014	Advance Care Planning	19	CPT 2015	April 2022	Review in 2 years (October 2019). In Oct 2019, indicated to review in another 2 years (January 2022).	✓
	Advance care planning including the explanation and discussion of advance directives such as standard forms (with completion of such forms, when performed), by the physician or other qualified health care professional; each additional 30 minutes (list separately in addition to code for primary procedure)	Jan 2014	Advance Care Planning	19	CPT 2015	April 2022	Review in 2 years (October 2019). In Oct 2019, indicated to review in another 2 years (January 2022).	✓
9X015		Sep 2022	Caregiver Training Services	14	CPT 2024	April 2028		
9X016		Sep 2022	Caregiver Training Services	14	CPT 2024	April 2028		
9X017		Sep 2022	Caregiver Training Services	14	CPT 2024	April 2028		

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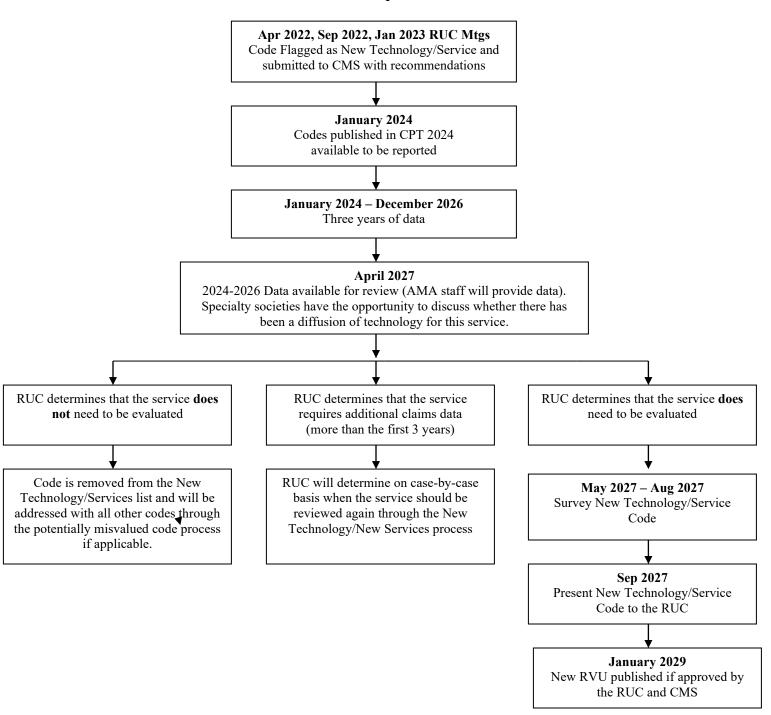
CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re- Review	RUC Rec	Complete
9X022		Sep 2022	Post Operative Low-Level Laser Therapy	06	CPT 2024	April 2028	The RUC recommends that CPT code 9X022 be placed on the New Technology list to review when utilization is available, identifying who is performing the service.	
G0445	High intensity behavioral counseling to prevent sexually transmitted infection; face-to-face, individual, includes: education, skills training and guidance on how to change sexual behavior; performed semi-annually, 30 minutes		Fecal Bacteriotherapy		CPT 2013	October 2018		<b>✓</b>

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## **New Technology/Services Timeline**

- 1. Code is identified as a new technology/service at the RUC meeting in which it is initially reviewed.
- 2. Code is flagged in the next version of the RUC database with date to be reviewed
- 3. Code will be reviewed in 5 years (depending on what meeting in the CPT/RUC cycle it is initially reviewed) after at least three years of data are available.

#### Example



Society	Acronym
Academy of Nutrition and Dietetics	ANDi
AMDA-The Society for Post-Acute and Long-Term Care Medicine	AMDA
American Academy of Allergy, Asthma & Immunology	AAAAI
American Academy of Child and Adolescent Psychiatry	AACAP
American Academy of Dermatology Association	AADA
American Academy of Family Physicians	AAFP
American Academy of Hospice and Palliative Medicine	AAHPM
American Academy of Neurology	AAN
American Academy of Ophthalmology	AAO
American Academy of Orthopaedic Surgeons	AAOS
American Academy of Otolaryngic Allergy	AAOA
American Academy of Otolaryngology - Head and Neck Surgery	AAO-HNS
American Academy of Pain Medicine	AAPM
American Academy of PAs	AAPA
American Academy of Pediatrics	AAP
American Academy of Physical Medicine & Rehabilitation	AAPMR
American Academy of Sleep Medicine	AASM
American Association for Thoracic Surgery	AATS
American Association of Clinical Urologist, Inc.	AACU
American Association of Gynecologic Laparoscopists	AAGL
American Association of Hip and Knee Surgeons	AAHKS
American Association of Neurological Surgeons	AANS
American Association of Neuromuscular & Electrodiagnostic Medicine	AANEM
American Association of Oral and Maxillofacial Surgeons	AAOMS
American Burn Association	ABA
American Chiropractic Association	ACA
American Clinical Neurophysiology Society	ACNS
American College of Allergy, Asthma & Immunology	ACAAI
American College of Cardiology	ACC
American College of Chest Physicians	CHEST
American College of Emergency Physicians	ACEP
American College of Gastroenterology	ACG
American College of Medical Genetics	ACMG
American College of Mohs Surgery	ACMS
American College of Nuclear Medicine	ACNM
American College of Obstetricians and Gynecologists	ACOG
American College of Physicians	ACP
American College of Radiation Oncology	ACRO
American College of Radiology	ACR

Society	Acronym
American College of Rheumatology	ACRh
American College of Surgeons	ACS
American Dental Association	ADA
American Gastroenterological Association	AGA
American Geriatrics Society	AGS
American Medical Association	AMA
American Medical Group Association	AMGA
American Medical Woman's Association	AMWA
American Nurses Association	ANA
American Occupational Therapy Association	АОТА
American Optometric Association	AOA(eye)
American Orthopaedic Foot and Ankle Society	AOFAS
American Osteopathic Association	AOA
American Pediatric Surgical Association	APSA
American Physical Therapy Association	АРТА
American Podiatric Medical Association	APMA
American Psychiatric Association	APA(psychiatry)
American Psychological Association	APA(psychology)
American Rhinologic Society	ARS
American Roentgen Ray Society	ARRS
American Society for Clinical Pathology	ASCP
American Society for Dermatologic Surgery	ASDS
American Society for Gastrointestinal Endoscopy	ASGE
American Society for Radiation Oncology	ASTRO
American Society for Reproductive Medicine	ASRM
American Society for Surgery of the Hand	ASSH
American Society for Transplantation and Cellular Therapy	ASTCT
American Society of Addiction Medicine	ASAM
American Society of Anesthesiologists	ASA
American Society of Breast Surgeons	ASBS
American Society of Cataract and Refractive Surgery	ASCRS(cat)
American Society of Clinical Oncology	ASCO
American Society of Colon and Rectal Surgeons	ASCRS(col)
American Society of Cytopathology	ASC
American Society of Dermatopathology	ASDP
American Society of Echocardiography	ASE
American Society of General Surgeons	ASGS
American Society of Hematology	ASH
American Society of Interventional Pain Physicians	ASIPP

Society	Acronym				
American Society of Metabolic and Bariatric Surgery	ASMBS				
American Society of Neuroimaging	ASN				
American Society of Neuroradiology	ASNR				
American Society of Plastic Surgeons	ASPS				
American Society of Regional Anesthesia and Pain Medicine	ASRA				
American Society of Retina Specialists	ASRS				
American Society of Transplant Surgeons	ASTS				
American Speech-Language-Hearing Association	ASHA				
American Thoracic Society	ATS				
American Urological Association	AUA				
American Vein and Lymphatic Society	AVLS				
Association of University Radiologists	AUR				
College of American Pathologists	CAP				
Congress of Neurological Surgeons	CNS				
Heart Rhythm Society	HRS				
Infectious Diseases Society of America	IDSA				
International Society for the Advancement of Spine Surgery	ISASS				
National Association of Medical Examiners	NAME				
National Association of Social Workers	NASW				
North American Neuromodulation Society	NANS				
North American Spine Society	NASS				
Obesity Medicine Association	OMA				
Outpatient Endovascular and Interventional Society	OEIS				
Radiological Society of North America	RSNA				
Society for Cardiovascular Computed Tomography	SCCT				
Society for Investigative Dermatology	SID				
Society for Vascular Surgery	SVS				
Society of American Gastrointestinal and Endoscopic Surgeons	SAGES				
Society of Critical Care Medicine	SCCM				
Society of Hospital Medicine	SHM				
Society of Interventional Radiology	SIR				
Society of Laparoscopic & Robotic Surgeons	SLS				
Society of Nuclear Medicine and Molecular Imaging	SNMMI				
Society of Thoracic Surgeons	STS				
The Endocrine Society	ES				
The Society for Cardiovascular Angiography and Interventions SCAI					
The Spine Intervention Society	SIS				
Underseas and Hyperbaric Medical Society	UHMS				

CPT Code	Short Descriptor	Global	before applying post-op visit	Time with ROC	Total	applying post- op visit	Surgical Global Work RVU After Incorporating RUC Recommendation for Bundled Office, Hospital and Discharge Visits	Work	Change in Clinical Staff Time	_99204	_99211	_99212	_99213	_99214	_99215	_99231	_99232	_99233	_99238	_99239	_99291	_99292
63685	Insrt/redo spine n generator	010	170	177	7	5.19	5.63	0.44	0				1						0.5			
63688	Revise/remove neuroreceiver	010	162	169	7	4.35	4.79	0.44	0				1						0.5			



October 30, 2023

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

Subject: HCPAC Review Board Recommendations

Dear Administrator Brooks-LaSure:

The RUC Health Care Professionals Advisory Committee (HCPAC) Review Board submits the enclosed recommendation to the Centers for Medicare and Medicaid Services (CMS). At the September 22, 2022 meeting, the following issue was reviewed by the HCPAC:

• Caregiver Training Services (97550, 97551, 97552)

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 2024 Medicare Physician Payment Schedule. If you have any questions regarding this submission, please contact Katlyn Palmer (ph: 312-464-5576; email: <a href="Mailto:Katlyn.Palmer@ama-assn.org">Katlyn.Palmer@ama-assn.org</a>) at the AMA for clarification regarding these recommendations.

Sincerely,

Peter Hollmann, MD *HCPAC Chair* 

Richard Rausch, DPT, MBA

hollmann no

Kichard Rousek P.T.

HCPAC Co-Chair

cc: HCPAC Participants Larry Chan

> Arkaprava Deb, MD Edith Hambrick, MD

Ryan Howe Scott Lawrence

Karen Nakano, MD

Perry Alexion, MD

Michael Soracoe

Gift Tee

## CPT 2024 HCPAC Recommendations

_	Global Period	Coding Change	CPT Date	CPT Tab	Issue	Tracking Number	RUC Date	RUC Tab	S.S.	Original Specialty Rec	HOI AO NEC	Same RVU as last year?	MFS?	Comments	New Tech/Service
92622	XXX	N	Feb 2022	22	Auditory Osseointegrated Device Services	C1	Apr 2022	15	AAA, ASHA	1.25	1.25		✓	HCPAC	
92623	ZZZ	N	Feb 2022	22	Auditory Osseointegrated Device Services	C2	Apr 2022	15	AAA, ASHA	0.33	0.33		✓	HCPAC	
97550	XXX	N	May 2022	35	Caregiver Training Services	G1	Sep 2022	14	AOTA, APTA, ASHA	, 1.00	1.00		<b>✓</b>	HCPAC	•
97551	ZZZ	N	May 2022	35	Caregiver Training Services	G2	Sep 2022	14	AOTA, APTA, ASHA	, 0.54	0.54		<b>✓</b>	HCPAC	•
97552	XXX	N	May 2022	35	Caregiver Training Services	G3	Sep 2022	14	AOTA, APTA, ASHA	0.23	0.23		<b>✓</b>	HCPAC	•

Monday, October 3, 2022

# AMA/Specialty Society RVS Update Committee Health Care Professionals Advisory Committee (HCPAC) Review Board Summary of Recommendations

September 2022

#### **Caregiver Training Services**

In May 2022, the CPT Editorial Panel created three Category I codes, 97550, 97551, and 97552 to report skilled training of caregiver strategies and techniques to facilitate functional performance and safety without the patient present, in addition to guidelines for caregiver training without the patient present. All three new codes are currently not reported by any existing CPT codes. For the September 2022 RUC HCPAC Review Board meeting, CPT codes 97550-97552 were reviewed.

The purpose of this code family is to maximize the patient's function while working toward improved clinical outcomes related to the primary diagnoses and treatment plan. These codes allow for reporting the physician/QHP work and/or time associated with the caregiver training, which is performed in tandem with the diagnostic and intervention services rendered directly to the "identified patient" that support the patient's optimal level of function. There is ample evidence supporting the efficacy and effectiveness of direct intervention with the caregiver(s) of children, adolescents, and adults to improve symptoms, functioning, adherence to treatment, and/or general welfare related to the patient's primary clinical diagnoses.

97550 Caregiver training in strategies and techniques to facilitate the patient's functional performance in the home or community (eg, activities of daily living [ADLs], instrumental ADLs [IADLs], transfers, mobility, communication, swallowing, feeding, problem solving, safety practices) (without the patient present), face-to-face; initial 30 minutes

The HCPAC reviewed the survey results from 95 occupational therapists, physical therapists, and speech language pathologists for CPT code 97550 and recommends a work RVU of 1.00, which reflects the survey median RVU and appropriately accounts for the work required to perform this service with the caregiver, without the patient present. The HCPAC recommends 5 minutes of pre-evaluation time, 30 minutes intra-service time, and 5 minutes immediate post-service time.

For this service, the qualified health care professional (QHP) provides skilled intervention as part of a therapy plan of care to introduce strategies and techniques to the caregiver to assist the patient living with functional deficits to competently guide completion of daily life activities. The completion of daily life activities may include patient safety instruction; identification and implementation of compensatory strategies for proper sequencing, following directions, and safe activity completion; graded interventions focusing on motor, process, communication, and other skills that affect functional activity performance; problem solving approaches to adapt to unusual tasks; environmental adaptation training; use of individualized visual or verbal cueing, memory devices (e.g., picture lists), sequenced directions, or other approaches to enable completion of activities; or training in the use of equipment or assistive devices for self-care/home management. Caregiver understanding and competence in implementing these skilled interventions is critical for patients with functional limitations resulting from conditions including, but not limited to, stroke, traumatic brain injury (TBI), various forms of dementia, or autism spectrum disorders.

CPT five-digit codes, two-digit modifiers, and descriptions only are copyright by the American Medical Association.

To support the recommended work RVU, the HCPAC compared the surveyed code to key reference service codes 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 (work RVU = 0.45, 15 minutes intraservice time, 21.5 minutes total time) and 96170 Health behavior intervention, family (without the patient present), face-to-face; initial 30 minutes (work RVU = 1.50, 30 minutes intra-service time, 45 minutes total time). The surveyed code falls appropriately between these key references services when compared to the work RVU, total time, and related intensity of each service. The surveyed code is appropriately valued at the survey median work RVU of 1.00 and maintains relativity within the code family and MFS. For additional support, the HCPAC referenced CPT code 92584 Electrocochleography (work RVU = 1.00, 30 minutes intra-service time, 45 minutes total time), which requires identical work and similar time. The HCPAC recommends a work RVU of 1.00 for CPT code 97550.

97551 Caregiver training in strategies and techniques to facilitate the patient's functional performance in the home or community (eg, activities of daily living [ADLs], instrumental ADLs [IADLs], transfers, mobility, communication, swallowing, feeding, problem solving, safety practices) (without the patient present), face-to-face; each additional 15 minutes (List separately in addition to code for primary service) (Use 97551 in conjunction with 97550)

The HCPAC reviewed the survey results from 87 occupational therapists, physical therapists, and speech language pathologists for CPT code 97551 and recommends a work RVU of 0.54, which reflects the survey 25<sup>th</sup> percentile RVU and appropriately accounts for the work required to perform this service with the caregiver, without the patient present. The HCPAC recommends 17 minutes intra-service time for this add-on code. The specialty societies stated, and the HCPAC agreed, that the survey median time of 17 minutes appropriately accounted for the time and work spent providing skilled interventions to caregivers. Further, 17 minutes is in the appropriate range of intra-service time required to report a 15-minute add-on code (8-22 minutes). Typically, the specialties and HCPAC agreed, that CPT code 97551 is likely to be commonly reported with the 30 minutes base code, 97550, but no more than once.

For this add-on service, the qualified health care professional (QHP) provides skilled intervention beyond the initial 30 minutes of time as part of a therapy plan of care to introduce strategies and techniques to the caregiver to assist the patient living with functional deficits to competently guide completion of daily life activities. The QHP continues to provide approaches to enable completion of activities or training in use of equipment or assistive devices for self-care/home management of the patient in accordance with the treatment plan as needed. The work required to perform this add-on service is increasingly complex as the interventions often become more difficult to demonstrate and tailor as needed for the caregiver.

To support the recommended work RVU, the HCPAC compared the surveyed code to key reference service codes 96171 *Health behavior intervention, family (without the patient present), face-to-face; each additional 15 minutes (List separately in addition to code for primary service)* (work RVU = 0.54, 15 minutes intra-service and total time) and 97130 *Therapeutic interventions that focus on cognitive function (eg, attention, memory, reasoning, executive function, problem solving, and/or pragmatic functioning) and compensatory strategies to manage the performance of an activity (eg, managing time or schedules, initiating, organizing, and sequencing tasks), direct (one-on-one) patient contact; each additional 15 minutes (List separately in addition to code for primary procedure) (work RVU = 0.48, 15 minutes intra-service and total time). The surveyed code is appropriately supported by the key reference services when compared to the similar intensity and slightly higher* 

total time of the surveyed code. The surveyed code is appropriately valued at the survey 25<sup>th</sup> percentile work RVU of 0.54 and maintains relativity within the code family and MFS. For additional support, the HCPAC referenced MPC code 96168 *Health behavior intervention*, family (with the patient present), face-to-face; each additional 15 minutes (List separately in addition to code for primary service) (work RVU = 0.55, 15 minutes intra-service and total time) which requires similar work and total time and should therefore be valued similarly. **The HCPAC recommends a work RVU of 0.54 for CPT code 97551.** 

97552 Group caregiver training in strategies and techniques to facilitate the patient's functional performance in the home or community (eg, activities of daily living [ADLs], instrumental ADLs [IADLs], transfers, mobility, communication, swallowing, feeding, problem solving, safety practices) (without the patient present), face-to-face with multiple sets of caregivers

The HCPAC reviewed the survey results from 50 occupational therapists, physical therapists, and speech language pathologists for CPT code 97552 and recommends a work RVU of 0.23, which appropriately accounts for the work required to provide the caregiver(s) representing each individual patient with skilled intervention tools (without the patient present). To determine the appropriate work RVU for this service, a custom survey question was added to assess the total time and work RVU for the group as a whole. Additionally, the survey asked respondents to indicate the average number of patients that are typically represented by caregiver(s) in a group caregiver training session. The question yielded a median response of five patients. The survey median work RVU of 1.15 and service period times were divided by the typical number of patients represented by their caregiver(s) per session (i.e., five patients) which reflects the per patient work RVU and service period times expressed in whole numbers. The HCPAC recommends 3 minutes of pre-evaluation time, 9 minutes intra-service time and 2 minutes immediate post-service time.

For this service, the qualified health care professional (QHP) provides group-based skilled intervention as part of a therapy plan of care to introduce strategies and techniques to a group of caregivers to assist the given patient living with functional deficits to competently guide completion of daily life activities. The typical caregiver(s) receiving these skilled interventions are for patients with functional limitations resulting from conditions including, but not limited to, stroke, traumatic brain injury (TBI), various forms of dementia, or autism spectrum disorders. The number of skilled interventions that could be provided is expansive and depends on the needs of each patient to enable completion of daily life activities and/or training for the use of equipment or assistive devices for self-care/home management.

To support the recommended work RVU, the HCPAC compared the surveyed code to key reference service MPC codes 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 (work RVU = 0.45, 15 minutes intraservice time, 21.5 minutes total time) and 97150 Therapeutic procedure(s), group (2 or more individuals) (work RVU = 0.29, 10 minutes intra-service and total time). The surveyed code is valued slightly below the key reference services which is appropriate given the total time and lower intensity when compared to the key reference services. The surveyed code is appropriately valued at the recommended work RVU of 0.23 which reflects the training work provided to the caregiver(s) of each patient represented. The typical number of patients represented by caregiver(s) in group-based training is five. The work RVU maintains relativity within the code family and other similar therapeutic group codes. The HCPAC recommends a work RVU of 0.23 for CPT code 97552.

#### **Practice Expense**

The Practice Expense (PE) Subcommittee had a robust discussion on the direct practice expense inputs and made no modifications. The PE Subcommittee and specialty societies agreed that expanded detail was needed on the clinical staff and equipment times. This expanded detail is available in the attached PE SOR. The HCPAC recommends the direct practice expense inputs as submitted by the specialty societies.

#### **New Technology**

CPT codes 97550, 97551, and 97552 will be placed on the New Technology list and be re-reviewed by the HCPAC in three years to ensure correct valuation, patient population, and utilization assumptions.

CPT	Tracking		Global	Work RVU
Code	Number	CPT Descriptor	Period	Recommendation

#### Medicine

**Physical Medicine and Rehabilitation** 

**Therapeutic Procedures** 

#### **Caregiver Training Without the Patient Present**

Caregiver training is direct, skilled intervention for the caregiver(s) to provide strategies and techniques to equip caregiver(s) with the knowledge and skills to assist patients living with functional deficits. Codes 97550, 97551 are used to report the total duration of face-to-face time spent by the qualified health care professional providing training to the caregiver(s) of an individual patient, without the patient present. Code 97552 is used to report group caregiver training to multiple sets of caregivers for multiple patients with similar conditions or therapeutic needs, without the patient present.

During skilled intervention, the caregiver(s) are trained using verbal instruction, video and live demonstrations, and feedback from the qualified health care professional to use strategies and techniques to facilitate functional performance and safety in the home or community, without the patient present. Skilled training supports caregiver understanding of the treatment plan, their ability to engage in activities with the patient in between treatment sessions, and their knowledge of outside resources to assist in areas such as activities of daily living, transfers, mobility, safety practices, problem solving, and communication.

These services do not represent therapeutic interventions requiring direct one-to-one patient contact.

●97550	G1	Caregiver training in strategies and techniques to facilitate the patient's functional performance in the home or community (eg, activities of daily living [ADLs], instrumental ADLs [IADLs], transfers, mobility, communication, swallowing, feeding, problem solving, safety practices) (without the patient present), face-to-face; initial 30 minutes	XXX	1.00
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+●97551	G2	each additional 15 minutes (List separately in addition to code for primary service)  (Use 97551 in conjunction with 97550)	ZZZ	0.54
●97552	G3	Group caregiver training in strategies and techniques to facilitate the patient's functional performance in the home or community (eg, activities of daily living [ADLs], instrumental ADLs [IADLs], transfers, mobility, communication, swallowing, feeding, problem solving, safety practices) (without the patient present), face-to-face with multiple sets of caregivers	XXX	0.23

# AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS SUMMARY OF RECOMMENDATION

CPT Code: 97551 Tracking Number G1 Original Specialty Recommended RVU: 1.00

Presented Recommended RVU: 1.00

Global Period: XXX Current Work RVU: N/A RUC Recommended RVU: 1.00

CPT Descriptor: Caregiver training in strategies and techniques to facilitate the patient's functional performance in the home or community (eg, activities of daily living [ADLs], instrumental ADLs [IADLs], transfers, mobility, communication, swallowing, feeding, problem solving, safety practices) (without the patient present), face-to-face; initial 30 minutes

#### **CLINICAL DESCRIPTION OF SERVICE:**

Vignette Used in Survey: The caregiver(s) of a 75-year-old male presenting with right hemiparesis and visual/perceptual and cognitive deficits due to stroke require caregiver training. The patient's symptoms result in communication deficits and cognitive functioning limited to following one-step directions, making functional management difficult. Direct (one-on-one) training is provided to the caregiver(s) to facilitate management of activities of daily living, transfers, mobility, communication, and problem-solving to enable the caregiver(s) to effectively facilitate a home management program.

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 0%, In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0%, Overnight stay-less than 24 hours 0%, Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Description of Pre-Service Work: The qualified health care professional (QHP) reviews the patient's medical record, including any communications from referring physician or other QHPs, and reviews results of any prior evaluation or treatment procedures. The QHP selects training materials and prepares demonstration activities.

Description of Intra-Service Work: The QHP provides skilled intervention as part of a therapy plan of care to introduce strategies and techniques to the caregiver(s) to assist the person living with functional deficits and to competently guide completion of daily life activities which may include patient safety instruction; identification and implementation of compensatory strategies for proper sequencing, following directions, and safe activity completion; graded interventions focusing on motor, process, communication, and other skills that affect functional activity performance; problem solving approaches to adapt to unusual tasks; environmental adaptation training; use of individualized visual or verbal cueing, memory devices (e.g., picture lists), sequenced directions, or other approaches to enable completion of activities; or training in use of equipment or assistive devices for self-care/home management. The QHP guides and assesses return demonstration by the caregiver of activity or task performance required to ensure safety and efficient completion. The QHP addresses questions and concerns raised by the caregiver and provides resources, as needed. The QHP documents caregiver training in the medical record.

Description of Post-Service Work: The QHP communicates with the referring physician, other health care professional(s), and the patient/caregiver, as needed.

#### **SURVEY DATA**

RUC Meeting Date (mm/yyyy)

ROC Meeting Date (mm/yyyy) 09/2022									
Presenter(s):	Katie Jordan ( CCC-SLP	OTD, OTR/L, I	FAOTA; R	andy Boldt, F	PT, MPT; De	e Adams Nik	ijeh, PhD,		
Specialty Society(ies):		American Occupational Therapy Association, American Physical Therapy Association, American Speech-Language-Hearing Association							
CPT Code:	97551	7551							
Sample Size:	9000 R	9000 <b>Resp N</b> : 95							
Description of Sample:	Random samp	Random samples of a subset of the membership of each society							
			Low	25 <sup>th</sup> pctl	Median*	75th pctl	<u>High</u>		
Service Perform	ance Rate		0.00	0.00	10.00	68.00	4000.00		
Survey RVW:	Survey RVW:				1.00	1.50	60.00		
Pre-Service Evalu	ation Time:				15.00				
Pre-Service Posit	ioning Time:				0.00				
Pre-Service Scrub	o, Dress, Wait Tii	ne:			0.00				
Intra-Service Tir	ne:		0.00	20.00	30.00	49.00	240.00		
Immediate Post	Service-Time:	12.00							
Post Operative	<u>Visits</u>	Total Min**	CPT Cod	e and Num	ber of Visit	<u>s</u>			
Critical Care tim	ne/visit(s):	0.00	99291x <b>0</b>	. <b>00</b> 99292	2x <b>0.00</b>				
Other Hospital t	ime/visit(s):	0.00	99231x <b>0.00</b> 99232x <b>0.00</b> 99233x <b>0.00</b>						
Discharge Day I	Vigmt:	0.00	99238x <b>0.00</b> 99239x <b>0.00</b> 99217x <b>0.00</b>						
Office time/visit	(s):	0.00	99211x <b>0</b>	.00 12x 0.0	<b>0</b> 13x <b>0.00</b> 1	4x <b>0.00</b> 15x	0.00		
Prolonged Servi	ices:	0.00	99354x <b>0</b>	0. <b>00</b> 55x <b>0</b>	0.00 56x 0	. <b>00</b> 57x <b>0</b> .	00		
Sub Obs Care:		0.00	99224x <b>0</b>	<b>.00</b> 99225	5x <b>0.00</b> 9	9226x <b>0.00</b>			
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09/2022

#### **Specialty Society Recommended Data**

Please, pick the <u>pre</u>-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

CPT Code:	97551	Recommended Phys	Recommended Physician Work RVU: 1.00					
		Specialty Recommended Pre- Service Time	Specialty Recommended Pre Time Package	Adjustments/Recommended Pre-Service Time				
Pre-Service Evaluati	on Time:	5.00	0.00	5.00				
Pre-Service Position	ning Time:	0.00	0.00	0.00				
Pre-Service Scrub, [	Dress, Wait Time:	0.00	0.00	0.00				
Intra-Service Time	:	30.00						

Please, pick the <u>post</u>-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

XXX Global Code

	Specialty Recommended Post-Service Time	Recommended	Adjustments/Recommended Post-Service Time
Immediate Post Service-Time:	5.00	0.00	5.00

<sup>\*\*</sup>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)

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	0.00	99291x <b>0.00</b> 99292x <b>0.00</b>
Other Hospital time/visit(s):	0.00	99231x <b>0.00</b> 99232x <b>0.00</b> 99233x <b>0.00</b>
Discharge Day Mgmt:	0.00	99238x <b>0.0</b> 99239x <b>0.0</b> 99217x <b>0.00</b>
Office time/visit(s):	<u>0.00</u>	99211x <b>0.00</b> 12x <b>0.00</b> 13x <b>0.00</b> 14x <b>0.00</b> 15x <b>0.00</b>
Prolonged Services:	0.00	99354x <b>0.00</b> 55x <b>0.00</b> 56x <b>0.00</b> 57x <b>0.00</b>
Sub Obs Care:	0.00	99224x <b>0.00</b> 99225x <b>0.00</b> 99226x <b>0.00</b>

#### **Modifier -51 Exempt Status**

Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

#### **New Technology/Service:**

Is this new/revised procedure considered to be a new technology or service? Yes

#### TOP KEY REFERENCE SERVICE:

Key CPT Code 97535

Global XXX Work RVU 0.45

Time Source **RUC Time** 

CPT Descriptor 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-onone contact, each 15 minutes

#### SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code 96170

Global XXX Work RVU 1.50

Time Source **RUC Time** 

CPT Descriptor Health behavior intervention, family (without the patient present), face-to-face; initial 30 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.

Most Recent

MPC CPT Code 1

Global Work RVU

Time Source

Medicare Utilization

99202

92604

92584

XXX

0.93

**RUC Time** 

2,193,780

CPT Descriptor 1 Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and straightforward medical decision making. When using time for code selection, 15-29 minutes of total time is spent on the date of the encounter.

Most Recent

MPC CPT Code 2

Global XXX

Work RVU Time Source

1.25

**RUC Time** 

Medicare Utilization 21,994

<u>CPT Descriptor 2</u> Diagnostic analysis of cochlear implant, age 7 years or older; subsequent reprogramming

Other Reference CPT Code

Global XXX

Work RVU 1.00

Time Source RUC Time

CPT Descriptor Electrocochleography

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.

Number of respondents who choose Top Key Reference Code: 45 % of respondents: 47.3 %

Number of respondents who choose 2<sup>nd</sup> Key Reference Code: 18 % of respondents: 18.9 %

TIME ESTIMATES (Median)		Top Key Reference	2nd Key Reference
	<b>CPT Code:</b> 97551	CPT Code: 97535	CPT Code: <u>96170</u>
Median Pre-Service Time	5.00	2.50	5.00
Median Intra-Service Time	30.00	15.00	30.00
Median Immediate Post-service Time	5.00	4.00	10.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	40.00	21.50	45.00
Other time if appropriate			

#### INTENSITY/COMPLEXITY MEASURES

(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Survey Code Compared to	Much	Somewhat	<u>Identical</u>	Somewhat	Much
Top Key Reference Code	Less	Less		More	More
Overall intensity/complexity	0%	11%	31%	33%	24%

Mental Effort and Judgment	<u>Less</u>	<u>Identical</u>	More
<ul> <li>The number of possible diagnosis and/or the number of management options that must be considered</li> <li>The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed</li> <li>Urgency of medical decision making</li> </ul>	7%	31%	66%
Technical Skill/Physical Effort	Less	<u>Identical</u>	More
Technical skill required	4%	44%	51%
Physical effort required	22%	42%	36%

sychological Stress		<u>Less</u>	<u>Identical</u>	<u>More</u>
•	The risk of significant complications, morbidity and/or mortality	13%	36%	51%
•	Outcome depends on the skill and judgment of physician			
•	Estimated risk of malpractice suit with poor outcome			

Survey Code Compared to	Much	Somewhat	<u>Identical</u>	Somewhat	Much
2nd Key Reference Code	Less	Less		More	More
Overall intensity/complexity	0%	0%	17%	61%	22%

enta	d Effort and Judgment	<u>Less</u>	<u>Identical</u>	<u>More</u>
•	The number of possible diagnosis and/or the number of management options that must be considered The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed Urgency of medical decision making	0%	56%	44%
chn	ical Skill/Physical Effort	Less	<u>Identical</u>	More
hnia	al abill magninad	00/	220/	(70/

Technical Skill/Physical Effort	<u>Less</u>	<b>Identical</b>	<b>More</b>
Technical skill required	0%	33%	67%
Physical effort required	28%	39%	33%

<b>Psy</b>	<u>chological Stress</u>	<u>Less</u>	<u>Identical</u>	<u>More</u>
	The risk of significant complications, morbidity and/or mortality	0%	22%	78%
	morbidity and/or morfality			

- Outcome depends on the skill and judgment of physician
- Estimated risk of malpractice suit with poor outcome

### **Additional Rationale and Comments**

Describe the process by which your specialty society reached your final recommendation. If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

#### **Background**

At its May 2022 meeting, the CPT Editorial Panel approved new CPT code 97550 to describe the initial 30 minutes of work related to caregiver training in strategies and techniques to facilitate the patient's functional performance in the home or community, without the patient present.

#### **Survey Sample**

The survey data and recommendations are based upon a random sample of a subset of AOTA, APTA, and ASHA memberships. The total sample size was 9000 (3000 from each specialty), with 95 completed responses.

#### **Expert Panel Recommendations**

An expert panel of OTs, PTs, and SLPs was convened to consider the survey data and provide recommendations regarding appropriate times and professional work values, as outlined below.

The expert panel originally recommended the median work RVU of 1.00 and 5 minutes (pre), 30 minutes (intra), and 8 minutes (post) for a total time of 43 minutes. However, the specialty societies made an adjustment to the post-service time and now recommend the **median work RVU of 1.00 and 5 minutes (pre), 30 minutes (intra), and 5 minutes (post).** Please see the time discussion below for additional rationale regarding the updated post-service time.

#### Time

The expert panel reviewed the median survey times of 15 minutes (pre), 30 minutes (intra), and 12 minutes (post). The panel recommended decreasing the pre-service time to 5 minutes. We believe the 5 minutes of pre-service time are appropriate for the time spent preparing for the service including reviewing patient history and caregiver information, selecting materials and equipment, and preparing demonstration activities. The panel also recommended decreasing the post-service time to 8 minutes because it is likely that survey respondents accounted for documentation time in the post-service time rather than the intra-service time, where documentation is captured for this service. However, the specialty societies recommended further decreasing the QHP's post-service time from 8 minutes to 5 minutes to account for the 3 minutes of time that clinical staff spend on activities in the post-service of the service period, such as disinfecting equipment and putting materials away. Therefore, the specialty societies recommend 5 minutes (pre), 30 minutes (intra), and 5 minutes (post). These times are appropriate and reflect the complexity of working with the caregiver(s) of the typical patient.

#### Work RVU

The expert panel reviewed the median work RVU of 1.00 and agreed that it is an appropriate value and supports rank order with other services, including the key reference service codes, MPC codes, and additional comparison codes. The expert panel also reviewed the 25<sup>th</sup> percentile work RVU of 0.51 and believes that this undervalues a procedure with 30 minutes of intra-service work and would create a rank order anomaly, not only within the physical medicine and rehabilitation family of codes, but also within the entire CPT code set. In addition, the work RVU for the first key reference service (KRS) code for 15 minutes of intra-service work is 0.45, which is comparable to a work RVU of 1.00 for 30 minutes of intra-service work. **Therefore, the expert panel recommends the median survey work RVU of 1.00.** 

#### **Comparisons to Other Codes**

The following table outlines the expert panel recommendations for the family of caregiver training services without the patient present.

CPT Code	Descriptor	RVW Rec	IWPUT	WPUT	Total Time	PRE	INTRA	POST	Note
97550	Caregiver training in strategies and techniques to facilitate the patient's functional performance in the home or community (eg, activities of daily living [ADLs], instrumental ADLs [IADLs], transfers, mobility, communication, swallowing, feeding, problem solving, safety practices) (without the patient present), face-to-face; initial 30 minutes		0.026	0.025	40	5	30	5	Survey
97551	each additional 15 minutes		0.032	0.032	17	0	17	0	
97552	Group caregiver training in strategies and techniques to facilitate the patient's functional performance in the home or community (eg, activities of daily living [ADLs], instrumental		0.014	0.017	14	3	9	2	

The following table outlines the key reference service, MPC, and other comparison codes to illustrate relativity and support the requested values for time and professional work for 97550.

CPT Code	Descriptor	RVW	IWPUT	WPUT	Total Time	PRE	INTRA	POST	Note
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		0.020	0.021	21.5	2.5	15	4	1 <sup>st</sup> KRS
99202	Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and straightforward medical decision making. When using time for code selection, 15-29 minutes of total time is spent on the date of the encounter.		0.046	0.046	20	2	15	3	HCPAC MPC
92651	Auditory evoked potentials; for hearing status determination, broadband stimuli, with interpretation and report		0.018	0.020	50	10	30	10	Additional comparison code
97550	Caregiver training in strategies and techniques to facilitate the patient's		0.026	0.025	40	5	30	5	Survey code
92584			0.022	0.022	45	10	30	5	Additional comparison code
92604	Diagnostic analysis of cochlear implant, age 7 years or older; subsequent reprogramming		0.018	0.019	65	5	50	10	HCPAC MPC
96179	Health behavior intervention, family (without the patient present), face-to-face; initial 30 minutes	1.50	0.039	0.033	45	5	30	10	2 <sup>nd</sup> KRS

#### SERVICES REPORTED WITH MULTIPLE CPT CODES

1.		Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: Yes						
	Why	is the procedure reported using multiple codes instead of just one code? (Check all that apply.)						
	$\boxtimes$	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. We don't anticipate 97550 (base code) or 97551 (add-on) to be billed with other patient procedures on the same date of service because this service is provided to caregivers without the patient present.

#### FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) N/A. This is a new code that was not previously reported under any other code.

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 Occupational Therapy How often? Rarely

Specialty Physical Therapy How often? Rarely

Specialty Speech-Language Pathology How often? Rarely

Estimate the number of times this service might be provided nationally in a one-year period? 200000 If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. Of the population of patients receiving occupational therapy, physical therapy, or speech-language pathology services (ie, therapy), the typical patient requiring caregiver training presents post-stroke. Therefore, based on CDC data for the total number of people who have a stroke in the US annually (795,000), we estimate approximately 25% (or 200,000) may include caregiver training without the individual patient present as part of the therapy plan of care. Because this is a new code with no utilization data, we based estimated frequency for each specialty on the percentage of the total responses to the survey from each specialty.

Specialty Occupational Therapy Frequency 130000 Percentage 65.00 %

Specialty Physical Therapy Frequency 20000 Percentage 10.00 %

Specialty Speech-Language Pathology Frequency 50000 Percentage 25.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 50,000 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Of the population of patients receiving occupational therapy, physical therapy, or speech-language pathology services (ie, therapy), the typical patient requiring caregiver training presents post-stroke. Therefore, based on 2019 CMS Part B data for total number of therapy episodes of care (5.1 million) and additional CMS Part B data regarding patients with chronic conditions (ie, stroke), we estimate roughly 200,000 Medicare beneficiaries receive therapy services post-stroke. Of those individuals, we estimate approximately 25% (or 50,000) may include caregiver training without the individual patient present as part of the therapy plan of care. Because this is a new code with no utilization data, we based estimated frequency for each specialty on the percentage of the total responses to the survey from each specialty.

Specialty Occupational Therapy Frequency 32500 Percentage 65.00 %

Specialty Physical Therapy Frequency 5000 Percentage 10.00 %

Specialty Speech-Language Pathology Frequency 12500 Percentage 25.00 %

Do many physicians perform this service across the United States? Yes

#### Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:

Other

CPT Code: 97551 BETOS Sub-classification:

BETOS Sub-classification Level II: Other

## **Professional Liability Insurance Information (PLI)**

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix <u>will</u> change, please select another crosswalk based on a similar specialty mix. 97535

# AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS SUMMARY OF RECOMMENDATION

CPT Code: 97551 Tracking Number G2 Original Specialty Recommended RVU: **0.54** 

Presented Recommended RVU: 0.54

Global Period: ZZZ Current Work RVU: N/A RUC Recommended RVU: 0.54

CPT Descriptor: Caregiver training in strategies and techniques to facilitate the patient's functional performance in the home or community (eg, activities of daily living [ADLs], instrumental ADLs [IADLs], transfers, mobility, communication, swallowing, feeding, problem solving, safety practices) (without the patient present), face-to-face; each additional 15 minutes (list separately in addition to code for primary service)

(use 97551 in conjunction with 97550)

#### **CLINICAL DESCRIPTION OF SERVICE:**

Vignette Used in Survey: The caregiver(s) of a 75-year-old male presenting with right hemiparesis and visual/perceptual and cognitive deficits due to stroke require additional caregiver training. The patient's symptoms result in communication deficits and cognitive functioning limited to following one-step directions, making functional management difficult. Direct (one-on-one) training is provided to the caregiver(s) to facilitate management of activities of daily living, transfers, mobility, communication, and problem-solving to enable the caregiver to effectively facilitate a home management program. The caregiver(s) require an additional 15 minutes of training beyond the initial 30 minutes. [Note: This is an add-on service. Only consider the additional work related to 97551 Caregiver training in strategies and techniques to facilitate the patient's functional performance]

Percentage of Survey Respondents who found Vignette to be Typical: 85%

#### Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0%, In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0%, Overnight stay-less than 24 hours 0%, Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Description of Pre-Service Work: N/A

Description of Intra-Service Work: The QHP continues to provide skilled intervention as part of the therapy plan of care to introduce strategies and techniques to the caregiver to assist the person living with functional deficits and to competently guide completion of daily life activities which may include patient safety instruction; identification and implementation of compensatory strategies for proper sequencing, following directions, and safe activity completion; graded interventions focusing on motor, process, communication, and other skills that affect functional activity performance; problem solving approaches to adapt to unusual tasks; environmental adaptation training; use of individualized visual or verbal cueing, memory devices (e.g., picture lists), sequenced directions, or other approaches to enable completion of activities; or training in use of equipment or assistive devices for self-care/home management. The QHP guides and assesses return demonstration by the caregiver of activity or task performance required to ensure safety and efficient completion. The QHP addresses questions and concerns raised by the caregiver and provides resources, as needed.

(Note: This is an add-on service. Only consider the additional work spent by the qualified health care professional performing caregiver functional skills training, beyond the initial 30 minutes reported with 97550.)

Description of Post-Service Work: N/A

#### **SURVEY DATA**

RUC Meeting Date (mm/yyyy) 09/2022								
Presenter(s):	Katie Jordan (	Katie Jordan OTD, OTR/L, FAOTA; Randy Boldt, PT, MPT; Dee Adams Nikjeh, PhD, CCC-SLP						
Specialty Society(ies):	American Occ American Spe				rican Physic	al Therapy A	ssociation,	
CPT Code:	97551							
Sample Size:	9000 R	esp N: 87	7					
Description of Sample:	Random samp	Random samples of a subset of the membership of each society						
			Low	25 <sup>th</sup> pctl	Median*	75th pctl	<u>High</u>	
Service Perform	ance Rate		0.00	0.00	5.00	36.00	4000.00	
Survey RVW:			0.01	0.54	1.00	1.50	30.00	
Pre-Service Evalu	ation Time:				0.00			
Pre-Service Posit	ioning Time:				0.00			
Pre-Service Scruk	o, Dress, Wait Tir	ne:			0.00			
Intra-Service Tir	ne:		0.00	15.00	17.00	28.00	240.00	
Immediate Post	Service-Time:	0.00						
Post Operative	Visits	Total Min**	CPT Cod	e and Num	ber of Visit	s		
Critical Care tim	ne/visit(s):	0.00	99291x <b>(</b>	<b>).00</b> 99292	2x <b>0.00</b>			
Other Hospital t	ime/visit(s):	0.00	99231x <b>(</b>	<b>).00</b> 99232	2x <b>0.00</b> 99	9233x <b>0.00</b>		
Discharge Day I	Mgmt:	0.00	99238x <b>(</b>	<b>).00</b> 99239x	0.00	99217x <b>0.00</b>		
Office time/visit	(s):	0.00	99211x <b>(</b>	0.00 12x 0.0	0 13x 0.00 1	4x <b>0.00</b> 15x	0.00	
Prolonged Servi	ices:	0.00	99354x <b>(</b>	). <b>00</b> 55x <b>0</b>	). <b>00</b> 56x <b>0</b>	. <b>00</b> 57x <b>0</b> .	00	
Sub Obs Care:		0.00	99224x <b>(</b>	<b>).00</b> 99225	5x <b>0.00</b> 9	9226x <b>0.00</b>		
data i i				2004 (70) 0	0000 (00)	00004 (00)		

<sup>\*\*</sup>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 <u>pre</u>-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

ZZZ Global Code

CPT Code:	97551	Recommended Phys	Recommended Physician Work RVU: 0.54		
		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	<b>)</b> :	17.00			

Please, pick the <u>post</u>-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

ZZZ Global Code

	Specialty Recommended Post-Service Time	Specialty Recommended Post Time Package	Adjustments/Recommended Post-Service Time
Immediate Post Service-Time:	0.00	0.00	0.00

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	0.00	99291x <b>0.00</b> 99292x <b>0.00</b>
Other Hospital time/visit(s):	0.00	99231x <b>0.00</b> 99232x <b>0.00</b> 99233x <b>0.00</b>
Discharge Day Mgmt:	0.00	99238x <b>0.0</b> 99239x <b>0.0</b> 99217x <b>0.00</b>
Office time/visit(s):	<u>0.00</u>	99211x <b>0.00</b> 12x <b>0.00</b> 13x <b>0.00</b> 14x <b>0.00</b> 15x <b>0.00</b>
Prolonged Services:	0.00	99354x <b>0.00</b> 55x <b>0.00</b> 56x <b>0.00</b> 57x <b>0.00</b>
Sub Obs Care:	0.00	99224x <b>0.00</b> 99225x <b>0.00</b> 99226x <b>0.00</b>

## **Modifier -51 Exempt Status**

Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

## **New Technology/Service:**

Is this new/revised procedure considered to be a new technology or service? Yes

## TOP KEY REFERENCE SERVICE:

Key CPT Code 96171

Global ZZZ Work RVU 0.54

Time Source **RUC Time** 

CPT Descriptor Health behavior intervention, family (without the patient present), face-to-face; each additional 15 minutes (List separately in addition to code for primary service)

### SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code 97130

Global 7.7.7 Work RVU 0.48

Time Source RUC Time

CPT Descriptor Therapeutic interventions that focus on cognitive function (eg, attention, memory, reasoning, executive function, problem solving, and/or pragmatic functioning) and compensatory strategies to manage the performance of an activity (eg, managing time or schedules, initiating, organizing, and sequencing tasks), direct (one-on-one) patient contact; each additional 15 minutes (List separately in addition to code for primary procedure)

## **KEY MPC COMPARISON CODES:**

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1 11045

ZZZ

Global Work RVU 0.50 Time Source **RUC Time** 

Most Recent Medicare Utilization

562,568

CPT Descriptor 1 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)

Most Recent

MPC CPT Code 2 96168

Global 7.7.7.

Work RVU Time Source 0.55 **RUC Time** 

Medicare Utilization 1.433

CPT Descriptor 2 Health behavior intervention, family (with the patient present), face-to-face; each additional 15 minutes (List separately in addition to code for primary service)

Other Reference CPT Code

Global

Work RVU

Time Source

**CPT** Descriptor

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.

Number of respondents who choose Top Key Reference Code: 40 % of respondents: 45.9 %

Number of respondents who choose 2<sup>nd</sup> Key Reference Code: 31 % of respondents: 35.6 %

TIME ESTIMATES (Median)	<b>CPT Code:</b> 97551	Top Key Reference CPT Code: 96171	2nd Key Reference CPT Code: <u>97130</u>
Median Pre-Service Time	0.00	0.00	0.00
Median Intra-Service Time	17.00	15.00	15.00
Median Immediate Post-service Time	0.00	0.00	0.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	17.00	15.00	15.00
Other time if appropriate			

# INTENSITY/COMPLEXITY MEASURES

(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Survey Code Compared to	Much	Somewhat	<u>Identical</u>	Somewhat	Much
Top Key Reference Code	Less	Less		More	More
Overall intensity/complexity	3%	8%	35%	35%	20%

Mental Effort and Judgment	<u>Less</u>	<u>Identical</u>	More
The number of possible diagnosis and/or the number of management options that must be considered  The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed  Urgency of medical decision making	5%	48%	48%
Technical Skill/Physical Effort	<u>Less</u>	<u>Identical</u>	More
Technical skill required	5%	45%	50%
Physical effort required	25%	48%	28%

<b>Psychological</b>	Stress	<u>Less</u>	<b>Identical</b>	<b>More</b>
<ul><li>morbid</li><li>Outcom</li><li>judgme</li></ul>	k of significant complications, ity and/or mortality ne depends on the skill and ent of physician ted risk of malpractice suit with atcome	8%	35%	58%

Survey Code Compared to 2nd Key Reference Code	MuchSomewhatLessLess		<u>Identical</u>	Somewhat More	Much More
Overall intensity/complexity	0%	16%	39%	32%	13%

<u>enta</u>	l Effort and Judgment	<u>Less</u>	<u>Identical</u>	<u>More</u>
•	The number of possible diagnosis and/or the number of management options that must be considered The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed Urgency of medical decision making	13%	48%	39%
<u>chn</u>	ical Skill/Physical Effort	<u>Less</u>	<u>Identical</u>	More
hnia	al abill required	20/	£00/	200/

<b>Technical Skill/Physical Effort</b>	<u>Less</u>	<b>Identical</b>	<b>More</b>
Technical skill required	3%	58%	39%
Physical effort required	23%	71%	6%

<u>Psychological Stress</u>	<u>Less</u>	<u>Identical</u>	<u>More</u>
The risk of significant complications, morbidity and/or mortality	19%	35%	45%

- Outcome depends on the skill and judgment of physician
- Estimated risk of malpractice suit with poor outcome

### **Additional Rationale and Comments**

Describe the process by which your specialty society reached your final recommendation. If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

### **Background**

At its May 2022 meeting, the CPT Editorial Panel approved new CPT code 97551 to describe the additional 15 minutes of work related to caregiver training in strategies and techniques to facilitate the patient's functional performance in the home or community, without the patient present.

## **Survey Sample**

The survey data and recommendations are based upon a random sample of a subset of AOTA, APTA, and ASHA memberships. The total sample size was 9000 (3000 from each specialty), with 87 completed responses.

## **Expert Panel Recommendations**

An expert panel of OTs, PTs, and SLPs was convened to consider the survey data and provide recommendations regarding appropriate times and professional work values, as outlined below.

We recommend a work RVU of 0.54 and 0 minutes (pre), 17 minutes (intra), and 0 minutes (post) for a total time of 17 minutes.

#### Time

The expert panel reviewed the median survey times of 0 minutes (pre), 17 minutes (intra), and 0 minutes (post). Although the 17 minutes of intra-service time does not exactly match the code descriptor for each additional 15 minutes of caregiver training, the panel agrees this time is appropriate because it falls within the range of intra-service time required to bill a 15-minute unit (8-22 minutes). **Therefore, the panel recommends 0 minutes (pre), 17 minutes (intra), and 0 minutes (post).** 

#### Work RVU

The expert panel reviewed the median work RVU of 1.00 and agreed that it is not an appropriate value and would create a rank order anomaly within the family of caregiver training services. Instead, we recommend the survey 25<sup>th</sup> percentile of 0.54, which places 97551 in appropriate rank order.

# Typical Number of Units Reported

The survey tool included a question regarding the number of units a clinician might expect to report for a typical caregiver training session. The expert panel disagrees with the survey median of 3 units because we believe survey respondents thought of the time for the whole session and did not account for the 30 minutes already captured under the base code. The expert panel agrees that 1 unit of 97551 is likely to be reported for the typical caregiver training session in addition to the base code of 30 minutes.

### **Comparisons to Other Codes**

The following table outlines the expert panel recommendations for the family of caregiver training services without the patient present.

CPT Code	Descriptor	RVW Rec	IWPUT	WPUT	Total Time	PRE	INTRA	POST	Note
97550	Caregiver training in strategies and techniques to facilitate the patient's functional performance in the home or community (eg, activities of daily living [ADLs], instrumental ADLs [IADLs], transfers, mobility, communication, swallowing, feeding, problem solving, safety practices) (without the patient present), face-to-face; initial 30 minutes	1.00	0.026	0.025	40	5	30	5	
97551	each additional 15 minutes	0.54	0.032	0.032	17	0	17	0	Survey code
97552	Group caregiver training in strategies and techniques to facilitate the patient's functional performance in the home or community (eg, activities of daily living [ADLs], instrumental ADLs [IADLs], transfers, mobility, communication, swallowing, feeding, problem solving, safety practices) (without the patient present), face-to-face with multiple sets of caregivers	0.23	0.014	0.017	14	3	9	2	

The following table outlines the key reference service, MPC, and other comparison codes to illustrate relativity and support the requested values for time and professional work for 97551

			ı				CPT Co	ue: 9/55	1
CPT Code	Descriptor	RVW	IWPUT	WPUT	Total Time	PRE	INTRA	POST	Note
97130	Therapeutic interventions that focus on cognitive function (eg, attention, memory, reasoning, executive function, problem solving, and/or pragmatic functioning) and compensatory strategies to manage the performance of an activity (eg, managing time or schedules, initiating, organizing, and sequencing tasks), direct (one-on-one) patient contact; each additional 15 minutes (List separately in addition to code for primary procedure)	0.48	0.032	0.032	15	0	15	0	2 <sup>nd</sup> KRS
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)	0.50	0.033	0.033	15	0	15	0	HCPAC MPC
96159	Health behavior intervention, individual, face-to-face; each additional 15 minutes (List separately in addition to code for primary service)	0.50	0.033	0.033	15	0	15	0	Additional comparison code
97551	Caregiver training in strategies and techniques to facilitate the patient's functional performance in the home or community (eg, activities of daily living [ADLs], instrumental ADLs [IADLs], transfers, mobility, communication, swallowing, feeding, problem solving, safety practices) (without the patient present), face-to-face; each additional 15 minutes (list separately in addition to code for primary service) (use 97551 in conjunction with 97550)	0.54	0.032	0.032	17	0	17	0	Survey
96171	Health behavior intervention, family (without the patient present), face-to-face; each additional 15 minutes (List separately in addition to code for primary service)	0.54	0.036	0.036	15	0	15	0	1st KRS
96168	Health behavior intervention, family (with the patient present), face-to-face; each additional 15 minutes (List separately in addition to code for primary service)	0.55	0.037	0.037	15	0	15	0	HCPAC MPC
97814	Acupuncture, 1 or more needles; with electrical stimulation, each additional 15 minutes of personal one-on-one contact with the patient, with re-insertion of needle(s) (List separately in addition to code for primary procedure)	0.55	0.037	0.037	15	0	15	0	Additional comparison code

# SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: Yes

Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

$\boxtimes$	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. We don't anticipate 97550 (base code) or 97551 (add-on) to be billed with other patient procedures on the same date of service because this service is provided to caregivers without the patient present.

## FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) N/A. This is a new code that was not previously reported under any other code.

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 Occupational Therapy How often? Rarely

Specialty Physical Therapy How often? Rarely

Specialty Speech Therapy How often? Rarely

Estimate the number of times this service might be provided nationally in a one-year period? 80000 If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. Of the population of patients receiving occupational therapy, physical therapy, or speech-language pathology services (ie, therapy), the typical patient requiring caregiver training presents post-stroke. Therefore, based on CDC data for the total number of people who have a stroke in the US annually (795,000), we estimate approximately 25% (or 200,000) may include caregiver training without the individual patient present as part of the therapy plan of care. Of those individuals, we estimate about 40% (or 80,000) will require an additional unit of caregiver training beyond the first 30 minutes, and the expert panel believes that 1 unit of 97551 will be typically reported when additional time beyond the first 30 minutes is required. Therefore, we estimate 97551 will be reported 80,000 times annually. Because this is a new code with no utilization data, we based estimated frequency for each specialty on the percentage of the total responses to the survey from each specialty.

Specialty Occupational Therapy Frequency 51200 Percentage 64.00 %

Specialty Physical Therapy Frequency 8000 Percentage 10.00 %

Specialty Speech-Language Pathology Frequency 20800 Percentage 26.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 20,000 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Of the population of patients receiving occupational therapy, physical therapy, or speech-language pathology services (ie, therapy), the typical patient requiring caregiver training presents post-stroke. Therefore, based on 2019 CMS Part B data for total number of therapy episodes of care (5.1 million) and additional CMS Part B data regarding patients with chronic conditions (ie, stroke), we estimate roughly 200,000 Medicare beneficiaries receive therapy services post-stroke. Of those individuals, we estimate approximately 25% (or 50,000) may include caregiver training without the individual patient present as part of the therapy plan of care. Of that 50,000 we estimate about 40% (or 20,000) will require at least an additional unit of caregiver training beyond the first 30 minutes, and the expert panel believes that 1 unit of 97551 will be typically reported when additional time beyond the first 30 minutes is required. Therefore, we estimate 97551 will be reported 20,000 times annually. Because this is a new code with no utilization data, we based estimated frequency for each specialty on the percentage of the total responses to the survey from each specialty.

Specialty Occupational Therapy

Frequency 12800

Percentage 64.00 %

Specialty Physical Therapy

Frequency 2000

Percentage 10.00 %

Specialty Speech-Language Pathology

Frequency 5200

Percentage 26.00 %

Do many physicians perform this service across the United States? Yes

# Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:

**Procedures** 

BETOS Sub-classification:

Minor procedure

BETOS Sub-classification Level II:

Other

# **Professional Liability Insurance Information (PLI)**

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix <u>will</u> change, please select another crosswalk based on a similar specialty mix. 97535

# AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS SUMMARY OF RECOMMENDATION

CPT Code: 97552 Tracking Number G3 Original Specialty Recommended RVU: **0.23** 

Presented Recommended RVU: 0.23

Global Period: XXX Current Work RVU: N/A RUC Recommended RVU: 0.23

CPT Descriptor: Group caregiver training in strategies and techniques to facilitate the patient's functional performance in the home or community (eg, activities of daily living [ADLs], instrumental ADLs [IADLs], transfers, mobility, communication, swallowing, feeding, problem solving, safety practices) (without the patient present), face-to-face with multiple sets of caregivers

## **CLINICAL DESCRIPTION OF SERVICE:**

Vignette Used in Survey: The caregiver(s) of a 75-year-old male with right hemiparesis and visual/perceptual, communication, and cognitive deficits due to stroke participate in group-based training to facilitate and support the patient's functional performance in management of activities of daily living, transfers, mobility, communication, and problem-solving in the home or community. The training provides the caregivers the opportunity to ask questions and engage in group problem-solving around caregiver challenges.

Percentage of Survey Respondents who found Vignette to be Typical: 72%

## Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0%, In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0%, Overnight stay-less than 24 hours 0%, Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Description of Pre-Service Work: The qualified health care professional (QHP) reviews the patient's medical records, including any communications from the referring physician or other QHP(s), and reviews results of any prior evaluation or treatment procedures. The QHP selects training materials and prepares demonstration activities.

Description of Intra-Service Work: The QHP initiates group-based skilled intervention as part of a therapy plan of care to introduce strategies and techniques to the caregivers to assist the person living with functional deficits and to competently guide completion of daily life activities which may include patient safety instruction; identification and implementation of compensatory strategies for proper sequencing, following directions, and safe activity completion; graded interventions focusing on motor, process, communication, and other skills that affect functional activity performance; problem solving approaches to adapt to unusual tasks; environmental adaptation training; use of individualized visual or verbal cueing, memory devices (e.g., picture lists), sequenced directions, or other approaches to enable completion of activities; or training in use of equipment or assistive devices for self-care/home management.

As appropriate, the QHP facilitates group problem solving to enhance generalizability of concepts across participants. The QHP guides and assesses return demonstration by the caregiver of activity or task performance required to ensure safety and efficient completion. The QHP addresses questions and concerns raised by caregivers and provides resources, as needed. The QHP documents caregiver training in the medical record.

Description of Post-Service Work: The QHP communicates with the referring physician, other health care professional(s), and the patient/caregiver(s), as needed.

#### **SURVEY DATA**

,5 ,							
RUC Meeting Da	ite (mm/yyyy)	09/2022					
Presenter(s):	Katie Jordan (	OTD, OTR/L, I	FAOTA; R	andy Boldt, F	PT, MPT; De	e Adams Nik	jeh, PhD,
Specialty	American Occ				rican Physic	al Therapy A	ssociation,
Society(ies):	American Spe	ech-Languag	e-Hearing	Association			
CPT Code:	97552						
Sample Size:	9000 Re	esp N: 50	)				
Description of Sample:	Random samp	oles of a subs	et of the m	embership o	f each socie	ty	
	Low 25 <sup>th</sup> pctl Median* 75th pctl High					<u>High</u>	
Service Perform	ance Rate		0.00	0.00	0.00	6.00	1200.00
Survey RVW:			0.01	0.45	1.15	1.75	39.00
Pre-Service Evalu	ation Time:				19.00		
Pre-Service Posit	ioning Time:				0.00		
Pre-Service Scrub	o, Dress, Wait Tir	ne:			0.00		
Intra-Service Tir	ne:		1.00	26.00	43.00	60.00	150.00
Immediate Post	Service-Time:	<u>15.00</u>					
Post Operative	<u>Visits</u>	Total Min**	CPT Cod	e and Num	ber of Visit	<u>s</u>	
Critical Care tim	ie/visit(s):	<u>0.00</u>	99291x <b>(</b>	). <b>00</b> 99292	2x <b>0.00</b>		
Other Hospital t	ime/visit(s):	<u>0.00</u>	99231x <b>0.00</b> 99232x <b>0.00</b> 99233x <b>0.00</b>				
Discharge Day I	Mgmt:	0.00	99238x <b>0.00</b> 99239x <b>0.00</b> 99217x <b>0.00</b>				
Office time/visit	(s):	0.00	99211x <b>0.00</b> 12x <b>0.00</b> 13x <b>0.00</b> 14x <b>0.00</b> 15x <b>0.00</b>				
Prolonged Serv	ices:	<u>0.00</u>	99354x <b>0.00</b> 55x <b>0.00</b> 56x <b>0.00</b> 57x <b>0.00</b>				
Sub Obs Care:		<u>0.00</u>	99224x <b>(</b>	<b>).00</b> 99225	5x <b>0.00</b> 9	9226x <b>0.00</b>	

<sup>\*\*</sup>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 <u>pre</u>-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

CPT Code:	97552	Recommended Physician Work RVU: 0.23					
		Specialty Recommended Pre- Service Time	Specialty Recommended Pre Time Package	Adjustments/Recommended Pre-Service Time			
Pre-Service Evalu	ation Time:	3.00	0.00	3.00			
Pre-Service Positi	oning Time:	0.00	0.00	0.00			
Pre-Service Scrub	o, Dress, Wait Time:	0.00	0.00	0.00			
Intra-Service Tin	ne:	9.00					

Please, pick the <u>post</u>-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

XXX Global Code

	Specialty Recommended Post-Service Time	Recommended	Adjustments/Recommended Post-Service Time
Immediate Post Service-Time:	2.00	0.00	2.00

Post-Operative Visits	Total Min**	CPT Code and Number of Visits				
Critical Care time/visit(s):	0.00	99291x <b>0.00</b> 99292x <b>0.00</b>				
Other Hospital time/visit(s):	<u>0.00</u>	99231x <b>0.00</b> 99232x <b>0.00</b> 99233x <b>0.00</b>				
Discharge Day Mgmt:	0.00	99238x <b>0.0</b> 99239x <b>0.0</b> 99217x <b>0.00</b>				
Office time/visit(s):	<u>0.00</u>	99211x <b>0.00</b> 12x <b>0.00</b> 13x <b>0.00</b> 14x <b>0.00</b> 15x <b>0.00</b>				
Prolonged Services:	0.00	99354x <b>0.00</b> 55x <b>0.00</b> 56x <b>0.00</b> 57x <b>0.00</b>				
Sub Obs Care:	0.00	99224x <b>0.00</b> 99225x <b>0.00</b> 99226x <b>0.00</b>				

### **Modifier -51 Exempt Status**

Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

## **New Technology/Service:**

Is this new/revised procedure considered to be a new technology or service? Yes

#### TOP KEY REFERENCE SERVICE:

Key CPT Code 97535

Global XXX Work RVU 0.45

Time Source **RUC Time** 

CPT Descriptor 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-onone contact, each 15 minutes

## SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code 97150

Global XXX Work RVU

Time Source **RUC Time** 

CPT Descriptor Therapeutic procedure(s), group (2 or more individuals)

## **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

Medicare Utilization

99211 3.292.315 XXX 0.18 **RUC Time** 

CPT Descriptor 1 Office or other outpatient visit for the evaluation and management of an established patient that may not require the presence of a physician or other qualified health care professional

Most Recent

Most Recent

MPC CPT Code 2

97032

Global XXX

Work RVU Time Source 0.25

**RUC Time** 

Medicare Utilization 687,061

CPT Descriptor 2 Application of a modality to 1 or more areas; electrical stimulation (manual), each 15 minutes

Other Reference CPT Code

Global

Work RVU

Time Source

# **CPT** Descriptor

# RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.

Number of respondents who choose Top Key Reference Code: 15 % of respondents: 30.0 %

Number of respondents who choose 2<sup>nd</sup> Key Reference Code: 9 % of respondents: 18.0 %

TIME ESTIMATES (Median)		Top Key Reference	2nd Key Reference
	<b>CPT Code:</b> 97552	CPT Code: 97535	CPT Code: 97150
Median Pre-Service Time	3.00	2.50	0.00
Median Intra-Service Time	9.00	15.00	10.00
Median Immediate Post-service Time	2.00	4.00	0.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	14.00	21.50	10.00
Other time if appropriate			

# **INTENSITY/COMPLEXITY MEASURES**

(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Survey Code Compared to	Much	Somewhat	<u>Identical</u>	Somewhat	Much
Top Key Reference Code	Less	Less		More	More
Overall intensity/complexity	7%	20%	33%	40%	0%

Mental Effort and Judgment	Less	<u>Identical</u>	<b>More</b>
<ul> <li>The number of possible diagnosis and/or the number of management options that must be considered</li> <li>The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed</li> <li>Urgency of medical decision making</li> </ul>	7%	27%	67%
Technical Skill/Physical Effort	<u>Less</u>	<u>Identical</u>	More
Technical skill required	13%	33%	54%
Physical effort required	33%	33%	33%

<u>Psychological Stress</u>	<u>Less</u>	<b>Identical</b>	<b>More</b>		
<ul> <li>The risk of significant complications, morbidity and/or mortality</li> <li>Outcome depends on the skill and judgment of physician</li> <li>Estimated risk of malpractice suit with poor outcome</li> </ul>	13%	33%	53%		
Survey Code Compared to 2nd Key Reference Code	Much Less	Somewhat Less	<u>Identical</u>	Somewhat More	Much More
Overall intensity/complexity	0%	0%	22%	44%	33%

Mental Effort and Judgment	<u>Less</u>	<u>Identical</u>	<u>More</u>
<ul> <li>The number of possible diagnosis and/or the number of management options that must be considered</li> <li>The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed</li> <li>Urgency of medical decision making</li> </ul>	11%	22%	67%

Technical Skill/Physical Effort	<u>Less</u>	<b>Identical</b>	More
Technical skill required	0%	33%	67%
Physical effort required	25%	50%	25%

<u>Psychological Stress</u>		<u>Less</u>	<u>Identical</u>	<u>More</u>
	The risk of significant complications,	11%	22%	67%
	morbidity and/or mortality			

- Outcome depends on the skill and judgment of physician
- Estimated risk of malpractice suit with poor outcome

### **Additional Rationale and Comments**

Describe the process by which your specialty society reached your final recommendation. If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

# **Background**

At its May 2022 meeting, the CPT Editorial Panel approved new CPT code 97552 to describe work related to group caregiver training in strategies and techniques to facilitate the patient's functional performance in the home or community, without the patient present. This code is used to report group caregiver training to multiple sets of caregivers for multiple patients with similar conditions or therapeutic needs, without the patient present.

# **Survey Sample**

The survey data and recommendations are based upon a random sample of a subset of AOTA, APTA, and ASHA memberships. The total sample size was 9000 (3000 from each specialty), with 50 completed responses.

## **Expert Panel Recommendations**

An expert panel of OTs, PTs, and SLPs was convened to consider the survey data and provide recommendations regarding appropriate times and professional work values, as outlined below.

We recommend a work RVU of 0.23 and 3 minutes (pre), 9 minutes (intra), and 2 minutes (post) for a total time of 14 minutes.

## Survey Data

97552 describes group caregiver training and is meant to capture the time and work provided to the caregiver(s) representing each individual patient. To avoid confusion, the Research Subcommittee determined that the survey instrument should ask respondents to assess the *total time and work RVU for the group as a whole*. The survey also asked respondents to indicate how many individual patients are typically represented in a group caregiver training session. According to the survey, the median number of patients represented in a group caregiver training session is 5. Therefore, the following recommendations for 97552 use the median survey results divided by 5 (the number of patients represented), rounded to the nearest whole number, to reflect the time and work for the caregiver(s) of a single patient in a group-based session.

## Survey Experience

The median survey annual experience for this code is 0, therefore, the expert panel separately reviewed the median survey experience for a) 29 respondents who indicated experience within the last 5 years and b) 21 respondents with no experience within 5 years. The expert panel determined that the final recommendations based on the aggregate data from all 50 respondents are reasonable when compared to the data from the 29 respondents with experience within the last 5 years. As a result, the expert panel recommendations are based on the aggregate survey data from all 50 respondents.

### Time

The expert panel reviewed the median survey times of 19 minutes (pre), 43 minutes (intra), and 15 minutes (post), which reflect respondents' assessment of the time needed for the group as a whole. The panel divided the survey median times by 5 to arrive at 4 minutes (rounded from 3.8) (pre), 9 minutes (rounded from 8.6) (intra), and 3 minutes (post). However, the expert panel recommended decreasing the pre-service time to 3 minutes believing that 3 minutes per caregiver(s) representing each patient is adequate for preparing for the service, including reviewing records, selecting materials, and preparing demonstration activities. The panel also recommended decreasing the post-service time to 2 minutes since documentation is captured in the intra-service time. **Therefore, the expert panel recommends 3 minutes** (pre), 9 minutes (intra), and 2 minutes (post). These times support the survey results and accurately reflect division of time in a typical group caregiver training session based on the median number of 5 patients represented.

## Work RVU

The expert panel reviewed the median survey work RVU of 1.15 and again divided it by 5 to arrive at a 0.23 work RVU for training of the caregiver(s) of an individual patient in a group-based session. The expert panel also reviewed the 25<sup>th</sup> percentile work RVU of 0.45 which yields an RVU of 0.09, when divided by 5 to arrive at the value for the caregiver(s) of a single patient. The panel believes the 25<sup>th</sup> percentile greatly undervalues this service and would create a rank order anomaly, not only within the physical medicine and rehabilitation family of codes, but also within the entire CPT code set. Although the work RVU for the first key reference service (KRS) code is also 0.45, the expert panel noted that this value reflects the work for a single patient and is not a group-based code. The 2<sup>nd</sup> KRS is a group-based code with a value of 0.29 for 10 minutes of intra-service time, which is comparable to the survey code recommended work RVU of 0.23 for 9 minutes of intra-service work. Therefore, the expert panel recommends a work RVU of 0.23. The panel agreed that this value is a representative value and supports rank order with other services, including the key reference service codes, MPC codes, and additional comparison codes for group-based therapy.

# **Comparisons to Other Codes**

The following table outlines the expert panel recommendations for the family of caregiver training services without the patient present.

CPT Code	Descriptor	RVW Rec	IWPUT	WPUT	Total Time	PRE	INTRA	POST	Note
97550	Caregiver training in strategies and techniques to facilitate the patient's functional performance in the home or community (eg, activities of daily living [ADLs], instrumental ADLs [IADLs], transfers, mobility, communication, swallowing, feeding, problem solving, safety practices) (without the patient present), face-to-face; initial 30 minutes	1.00	0.026	0.025	40	5	30	5	
97551	each additional 15 minutes	0.54	0.032	0.032	17	0	17	0	
97552	Group caregiver training in strategies and techniques to facilitate the patient's functional performance in the home or community (eg, activities of daily living [ADLs], instrumental ADLs [IADLs], transfers, mobility, communication, swallowing, feeding, problem solving, safety practices) (without the patient present), face-to-face with multiple sets of caregivers	0.23	0.014	0.017	14	3	9	2	Survey

The following table outlines the key reference service, MPC, and other comparison codes to illustrate relativity and support the requested values for time and professional work for 97552.

CPT Code	Descriptor	RVW	IWPUT	WPUT	Total Time	PRE	INTRA	POST	Note
99211	Office or other outpatient visit for the evaluation and management of an established patient that may not require the presence of a physician or other qualified health care professional	0.18	0.0257	0.0257	7	0	5	2	HCPAC MPC
97552	Group caregiver training in strategies and techniques to facilitate the patient's functional performance in the home or community (eg, activities of daily living [ADLs], instrumental ADLs [IADLs], transfers, mobility, communication, swallowing, feeding, problem solving, safety practices) (without the patient present), face-to-face with multiple sets of caregivers	0.23	0.014	0.017	14	3	9	2	Survey
97032	Application of a modality to 1 or more areas; electrical stimulation (manual), each 15 minutes		0.0128	0.0139	18	1	15	2	HCPAC MPC
97033	Application of a modality to 1 or more areas; iontophoresis, each 15 minutes	0.26	0.0161	0.017	15	1	12	2	Additional comparison code
97150	Therapeutic procedure(s), group (2 or more individuals)	0.29	0.029	0.029	10	0	10	0	2 <sup>nd</sup> KRS
92508	Treatment of speech, language, voice, communication, and/or auditory processing disorder; group, 2 or more individuals	0.33	0.0128	0.015	22	2	17	3	Additional comparison code

CPT Code	Descriptor	RVW	IWPUT	WPUT	Total Time	PRE	INTRA	POST	Note
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	0.45	0.020	0.021	21.5	2.5	15	4	1 <sup>st</sup> KRS

#### SERVICES REPORTED WITH MULTIPLE CPT CODES

1.	Is this code typi questions: No	ally reported on the same date with other CPT codes? If yes, please respond to the following
	Why is the proc	dure reported using multiple codes instead of just one code? (Check all that apply.)
	Differer physicia Multiple Multiple Historic	eyed code is an add-on code or a base code expected to be reported with an add-on code. It specialties work together to accomplish the procedure; each specialty codes its part of the new work using different codes. It is codes allow flexibility to describe exactly what components the procedure included. Codes are used to maintain consistency with similar codes. It precedents.  It is not procedure included. It is not proced
2.	CPT codes, globaccounting for r	table listing the typical scenario where this code is reported with multiple codes. Include the al period, work RVUs, pre, intra, and post-time for each, summing all of these data and elevant multiple procedure reduction policies. If more than one physician is involved in the total service, please indicate which physician is performing and reporting each CPT code in your

### FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) N/A. This is a new code that was not previously reported under any other code.

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 Occupational Therapy How often? Rarely

Specialty Physical Therapy How often? Rarely

Specialty Speech-Language Pathology How often? Rarely

Estimate the number of times this service might be provided nationally in a one-year period? 79500

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. Of the population of patients receiving occupational therapy, physical therapy, or speech-language pathology services (ie, therapy), the typical patient requiring caregiver training presents post-stroke. Therefore, based on CDC data for the total number of people who have a stroke in the US annually (795,000), we estimate approximately 10% (or 79,500) may include group caregiver training without the individual patient present as part of the therapy plan of care. Because this is a new code with no utilization data, we based estimated frequency for each specialty on the percentage of the total responses to the survey from each specialty.

Specialty Physical Therapy

Frequency 4770

Percentage 6.00 %

Specialty Speech-Language Pathology

Frequency 19080

Percentage 24.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 20,000 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. Of the population of patients receiving occupational therapy, physical therapy, or speech-language pathology services (ie, therapy), the typical patient requiring caregiver training presents post-stroke. Therefore, based on 2019 CMS Part B data for total number of therapy episodes of care (5.1 million) and additional CMS Part B data regarding patients with chronic conditions (ie, stroke), we estimate roughly 200,000 Medicare beneficiaries receive therapy services post-stroke. Of those individuals, we estimate approximately 10% (or 20,000) may include group caregiver training without the patient present as part of the therapy plan of care. Because this is a new code with no utilization data, we based estimated frequency for each specialty on the percentage of the total responses to the survey from each specialty.

Specialty Occupational Therapy

Frequency 14000

Percentage 70.00 %

Specialty Physical Therapy

Frequency 1200

Percentage 6.00 %

Specialty Speech-Language Pathology

Frequency 4800

Percentage 24.00 %

Do many physicians perform this service across the United States? Yes

# Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:

Other

**BETOS Sub-classification:** 

BETOS Sub-classification Level II:

Other

# **Professional Liability Insurance Information (PLI)**

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix <u>will</u> change, please select another crosswalk based on a similar specialty mix. 97535

	Δ	В	С	D	ΙE	F	G	Н	ı	l .i	K	ı	М	N	0	P Q	R	S	т	U	v T	W	AR AS	ТАТ	AU AV	ΙΔΙΛ/Ι ΔΧ	ΔΥ	Δ7 RΔ
	ISSUE:			ning Services		' '		111	'	J 3	IX		IVI	IN		1   Q	1	<u> </u>	'		V	VV	AIX   AC	7   71	TAOT AV		Ι Λ Ι	AZ   DA
3		_	Ci iiai	illing oct vices																								
4	TAB:	14																										
5	97550																											
6					RUC Review			Work Per			RVW			Total	PR	E-TIME		INTI	RA-T	IME		IMMD	NUME	SER O	F UNITS	SURVE	/ EXP	ERIENCE
7	Source	CPT	Global	DESC	Year	Resp	IWPUT	Unit Time	MIN	25th	MED	75th	MAX	Time		POSIT SDW	MIN			75th N	ИΑХ	POST			75th MAX			75th MAX
	1st REF	97535	XXX	Self-care/home management	2019	45	0.020	0.021			0.45			21.5	2.5				15			4						
8	ISCINE	37333	XXX	training (eg, activities of daily	2013	_~~	0.020	0.021			0.40			21.5	2.0						4	_						
9	2nd REF	96170	XXX	Health behavior intervention, family (without the patient	2019	18	0.039	0.033			1.50			45	5				30			10						
10	CURRENT			( and a company ( and a compan			N/A	N/A						0														
	SVY	97550	XXX	Caregiver training in strategies		95	0.013	0.018	0.01	0.51	1.00	1 50	60.00	57	15		0	20	30	49 2	240	12				0 0	10	68 4000
11			^^^	and techniques to facilitate the																								
12 13	OT PT	97550 97550				62 9	0.013 0.004	0.018 0.012	0.01	0.50 0.55	1.00 0.66		45.00 45.00		15 12		0 19		30 30		75 60	12 12				0 0	9	45 4000 15 1200
14	SLP	97550				24	0.004	0.012	0.33	1.00			60.00		16		0		33		_	14				0 9		105 720
	REC	97550	XXX	caregiver training in strategies and techniques to facilitate the			0.026	0.025	2.00		1.00		23.30	40	5				30			5						
15	REC	97550	^^^	and techniques to facilitate the			0.026	0.025			1.00			40	3				30			3						
16																												
17	97551																											
18					RUC Review			Work Per			RVW			Total	PR	E-TIME		INT	RA-T	IME		IMMD	NUME	ER C	F UNITS	SURVE	/ EXP	ERIENCE
19	Source	CPT	Global	DESC	Year	Resp	IWPUT	Unit Time	MIN	25th	MED	75th	MAX	Time	EVAL	POSIT SDW	MIN	25th	MED	75th N	ИАХ	POST	MIN 25t	h MED	75th MAX	MIN 25th	MED	75th MAX
20	1st REF	96171	ZZZ	Health behavior intervention,	2019	40	0.036	0.036			0.54			15	0				15			0						
20				Therapeutic interventions that													$\vdash$	-			$\dashv$							
21	2nd REF	97130	ZZZ	focus on cognitive function (eg,	2019	31	0.032	0.032			0.48			15	0				15			0						
22	CURRENT						N/A	N/A						0														
23	SVY	97551	777	and techniques to facilitate the patient's functional		87	0.059	0.059	0.01	0.54	1.00	1.50	30.00	17	0		0	15	17	28 2	240	0	1 2	3	3 11	0 0	5	36 4000
24	ОТ	97551		panent e ranenena.		56	0.054	0.054	0.01	0.54	0.91	1.50	15.00	17	0		0	15	17	26	60	0	1 2	2	3 11	0 0	1	25 4000
25	PT	97551				9	0.050						20.00		0		3		15		90	0	2 2		3.5 7	0 0	4	7 1200
26	SLP	97551				22	0.040	0.040	0.33	0.75	1.00	1.17	30.00	25	0		2	15	25	30 2	240	0	1 2	3	3 11	0 6	16	90 380
0.7	REC	97551	ZZZ	and techniques to facilitate the			0.032	0.032			0.54			17	0				17			0						
27 28				noticute functional																								
	97552																											
30	<del></del>				nuc a	Π		Work Per			RVW			Total	PR	E-TIME		INT	RA-T	IME	Т	IMMD	NUMBE	R OF	PATIENTS	SURVE	/ EXP	ERIENCE
31	Source	СРТ	Global	DESC	RUC Review Year	Resp	IWPUT	Unit Time	MIN	25th	MED	75th	MAX	Time		POSIT SDW	MIN											
	1st REF	97535	YYY	Self-care/home management	2019	15	0.020	0.021			0.45			21.5					15			1			51			
32	TOUNEP	31333	^^^	training (eg, activities of daily	2019	13	0.020	0.021			0.40			21.3	2.0				13			-						
33	2nd REF	97150	XXX	Therapeutic procedure(s), group (2 or more individuals)	2012	9	0.029	0.029			0.29			10	0				10			0						
34	CURRENT			group (2 or more marviada)			-	-						0														
	SVY	97552	***	Group caregiver training in		50	0.009	0.015	0.01	0.45	1.15	1.75	39.00	77	19		1	26	43	60 1	50	15	4 4	5	6 12	0 0	0	6 1200
35 36	ОТ	3.302		strategies and techniques to													1		40		90		4 4	5				
37	PT					35 3	0.000		0.01		3.00		39.00				19		25		60	15 8	4 4	5	6 12 5 5	0 0	0	3 100 600 1200
38	SLP					12	0.008		0.50				8.00	94			_		45		50	19	4 4	4	6 11	0 0	5	11 440
	REC	97552	XXX	Strategies and techniques to			0.014	0.017			0.23			14	3				9			2		5				
39	NLO			facilitate the method to formational		24			0.04	0.45		1.00	20.00		Ů		_	10	Ť	60 1	00		1 1		F 40	0 0		0 0
40				erience within 5 years nce within 5 years		21 29	-0.011 -0.014		0.01 0.29				20.00 39.00				1	_			80 150	10 20	4 4 4 4	5 5		0 0	<i>0</i>	0 0 230 700
_ · · · ]		J. 302				<u> </u>	0.014	0.000	J.23	0.00	,. τυ	2.00	55.00	UI	<u> </u>		1 '	-0	10	50 I	<i></i>	_0	, 7	1 0	<u> </u>	_ ~	1 0	_00 700

# AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC) PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

**Meeting Date: September 2022** 

Note: 9-19-22 Revisions made to one supply item and to remove use of fractions for clinical staff and equipment time. Please see detailed tables at the end of the SOR.

CPT		Global
Code	Long Descriptor	Period
97550	Caregiver training in strategies and techniques to facilitate the patient's functional performance in the home or community (eg, activities of daily living [ADLs], instrumental ADLs [IADLs], transfers, mobility, communication, swallowing, feeding, problem solving, safety practices) (without the patient present), face-to-face; initial 30 minutes	XXX
97551	each additional 15 minutes (List separately in addition to code for primary service) (Use 97551 in conjunction with 97550)	ZZZ
97552	Group caregiver training in strategies and techniques to facilitate the patient's functional performance in the home or community (eg, activities of daily living [ADLs], instrumental ADLs [IADLs], transfers, mobility, communication, swallowing, feeding, problem solving, safety practices) (without the patient present), face-to-face with multiple sets of caregivers	XXX

**Vignette(s)** (*vignette required even if PE only code(s)*):

CPT	
Code	Vignette
97550	The caregiver(s) of a 75-year-old male presenting with right hemiparesis and visual/perceptual and cognitive deficits due to stroke require caregiver training. The patient's symptoms result in communication deficits and cognitive functioning limited to following one-step directions, making functional management difficult. Direct (one-on-one) training is provided to the caregiver(s) to facilitate management of activities of daily living, transfers, mobility, communication, and problem-solving to enable the caregiver(s) to effectively facilitate a home management program.
97551	The caregiver(s) of a 75-year-old male presenting with right hemiparesis and visual/perceptual and cognitive deficits due to stroke require additional caregiver training. The patient's symptoms result in communication deficits and cognitive functioning limited to following one-step directions, making functional management difficult. Direct (one-on-one) training is provided to the caregiver(s) to facilitate management of activities of daily living, transfers, mobility, communication, and problem-solving to enable the caregiver to effectively facilitate a home management program. The caregiver(s) require an additional 15 minutes of training beyond the initial 30 minutes. [Note: This is an add-on service. Only consider the additional work related to 97551 Caregiver training in strategies and techniques to facilitate the patient's functional performance]
97552	The caregiver(s) of a 75-year-old male with right hemiparesis and visual/perceptual, communication, and cognitive deficits due to stroke participate in group-based training to facilitate and support the patient's functional performance in management of activities of daily living, transfers, mobility, communication, and problem-solving in the home or community. The training provides the caregivers the opportunity to ask questions and engage in group problem-solving around caregiver challenges.

SPECIALTY SOCIETY(IES): <u>AOTA, APTA, ASHA</u> PRESENTER(S): <u>Katie Jordan OTD, OTR/L, FAOTA;</u> Randy Boldt, PT, MPT; <u>Dee Adams Nikjeh, PhD, CCC-SLP</u>

# AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC) PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society RVS Committee Expert Panel:

The practice expense elements were determined by a consensus panel of occupational therapists, physical therapists, and speech-language pathologists from different practice settings (eg, private practice, clinic, hospital-based) and geographic regions of the country.

The consensus panel also considered the modified survey for 97552. 97552 is an untimed code and is meant to capture the time and work provided to the caregiver(s) representing each *individual* patient. However, to avoid confusion, the Research Subcommittee determined that the survey instrument should ask respondents to assess the *total time and work RVU for the group as a whole*. The survey also asked respondents to indicate how many individual patients are typically represented in a group caregiver training session. According to the survey, the median number of patients represented in a group caregiver training session is 5. Therefore, the practice expense inputs for 97552 are based on inputs for the group as a whole (43 minutes) divided by 5 (the number of patients represented) to reflect the inputs for the caregiver(s) of a single patient in a group-based session.

2. Please provide reference code(s) for comparison on your spreadsheet. If you are making recommendations on an existing code, you are required to use the current direct PE inputs as your reference code but may provide an additional reference code for support. Provide an explanation for the selection of reference code(s) here (NOTE: For services reviewed prior to the implementation of clinical activity codes, detail is not provided in the RUC database, please contact Rebecca Gierhahn at rebecca gierhahn@ama-assn.org for PE spreadsheets for your reference codes):

97550, 97551, and 97552 are new codes describing caregiver training services without the patient present. The panel drew upon the current practice expense inputs for 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), as a comparison for 97550 and 97552 because 97535 is the survey key reference service for each of these codes and is within the physical medicine & rehabilitation family of codes.

For 97551, the panel drew upon the current practice expense inputs for 97130, *Therapeutic interventions that focus on cognitive function (eg, attention, memory, reasoning, executive function, problem solving, and/or pragmatic functioning) and compensatory strategies to manage the performance of an activity (eg, managing time or schedules, initiating, organizing, and sequencing tasks), direct (one-on-one) patient contact; each additional 15 minutes (List separately in addition to code for primary procedure), as a comparison because 97130 is the survey second key reference service and is within the physical medicine & rehabilitation family of codes.* 

3. Is this code(s) typically reported with an E/M service?
Is this code(s) typically reported with the E/M service in the nonfacility?
(Please see the *Billed Together* tab in the RUC Database)

N/A

4. What specialty is the dominant provider in the nonfacility? What percent of the time does the dominant provider provide the service(s) in the nonfacility? Is the dominant provider in the nonfacility different than for the global? (Please see the *Billed Together* tab in the RUC Database)

# AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC) PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

There is currently no provider data, but we assume the dominant provider will be Occupational Therapist 65% of the time for 97550, 64% of the time for 97551, and 70% of the time for 97552 in the nonfacility setting. We don't expect the dominant provider in the nonfacility to be different for the global.

5. If you are requesting an increase over the aggregate current cost for clinical activities, supplies and equipment, please provide compelling evidence. (Please see *PE compelling evidence guidelines* on Collaboration). Please explain if the increase can be entirely accounted for because of an increase in physician time:

N/A

# **CLINICAL STAFF ACTIVITIES**

The RUC has agreed that there is a presumption of zero pre-service clinical staff time unless the specialty can provide evidence to the PE Subcommittee that any pre-service time is appropriate. The RUC agreed that with evidence some subset of codes may require minimal or extensive use of clinical staff and has allocated time when appropriate (for example when a service describes a major surgical procedure). If the package times are not applicable, alternate times may be presented and should be justified for consideration by the Subcommittee.

6. Are the global periods of the codes transitioning? Information about the amount of pre-service clinical staff time and a rationale for the change from a 090-day global to a 000 or 010 day global should be described below.

N/A

7. If you are recommending more minutes than the PE Subcommittee standards for clinical activities, you must provide rationale to justify the time:

N/A

8. If a clinical activity in your reference code(s) is being rolled into a similar clinical activity approved by the PE Subcommittee and assigned a clinical activity code (*please see second worksheet in PE spreadsheet workbook*), please explain the difference here:

N/A

9. How much time was allocated to clinical activity, *obtain vital signs* (CA010) prior to CMS increasing the clinical activity to 5 minutes for calendar year 2018? The standard for clinical activity, obtains vital signs remains 0, 3 and 5 based on the number of vital signs taken. Please provide a rationale for the clinical staff time that you are requesting for obtain vital signs here:

N/A

- 10. Please provide a brief description of the clinical staff work for the following:
  - a. Pre-Service period:

N/A

b. Service period (includes pre, intra and post):

Note: For practice expense purposes, Physical Therapy Aide (L023A) and Physical Therapy Assistant (L039B) also reflect clinical staff time and costs for Occupational Therapy Aides and Assistants.

# AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC) PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

For CPT codes 97550, 97551, and 97552, the PT/OT Aide (L023A) will prepare the room, equipment, supplies; greet caregivers; ensure appropriate medical records are available; and clean room/equipment by clinical staff.

For CPT code 97552, the PT/OT Assistant (L039B) will provide the qualified healthcare professional with assistance and support for the procedure. The intra-service of the service period time for the PT/OT Assistant was calculated using the QHP intra-service time of 9 minutes. The 9 minutes of QHP time was derived by using the median survey intra-service time for the group as a whole (43 minutes) divided by 5 (the number of patients represented) to reflect the time and work for the caregiver(s) of a single patient in a group-based session. Please see the table at the end of the SOR for additional details on each activity.

c. Post-service period:

N/A

11. Please provide granular detail regarding what the clinical staff is doing during the intra-service (of service period) clinical activity, assist physician or other qualified healthcare professional---directly related to physician work time or Perform procedure/service---NOT directly related to physician work time:

Clinical staff activities during the intra-service of the service period may include PT/OT Assistant recording performance data, physical facilitation with the caregiver(s), and other clinical assistance throughout the session. An assistant provides clinical expertise consistent with training to grade tasks and the environment for the caregiver(s) and provides the clinically appropriate assistance for the caregiver as the therapist facilitates the performance in training activities.

12. If you have used a percentage of the physician intra-service work time other than 100 or 67 percent for the intra-service (of service period) clinical activity, please indicate the percentage and explain why the alternate percentage is needed and how it was derived.

N/A

13. If you are recommending a new clinical activity, please provide a detailed explanation of why the new clinical activity is needed and cannot conform to any of the existing clinical activities (*please see second worksheet in PE spreadsheet*):

N/A

14. If you wish to identify a new staff type, please include a very specific staff description, salary estimate and its source. Staff types or an identified and appropriate proxy must be listed by the Bureau of Labor Statistics (BLS). You can find the BLS database at <a href="http://www.bls.gov">http://www.bls.gov</a>.

N/A

# MEDICAL SUPPLIES & EQUIPMENT/INVOICES

- 15. ⊠ Please check the box to confirm that you have provided invoices for all new supplies and/or equipment? N/A we are not submitting new supplies or equipment
- 16. ⊠ Please check the box to confirm that you have provided an estimate price on the PE spreadsheet for all new supplies and/or equipment? N/A we are not submitting new supplies or equipment.

### NONFACILITY DIRECT PE INPUTS

S CPT CODE(S): 97550, 97551, 97552 SPECIALTY SOCIETY(IES): AOTA, APTA, ASHA PRESENTER(S): Katie Jordan OTD, OTR/L, FAOTA; Randy Boldt, PT, MPT; Dee Adams Nikjeh, PhD, CCC-SLP

# AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC) PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

17. If you wish to include a supply that is not on the list (*please see fourth worksheet in PE spreadsheet*) please provide a paid invoice. Identify and explain the supply input and invoice here:

N/A

18. Are you recommending a PE supply pack for this recommendation? Yes or No.

If Yes, please indicate if the pack is an established package of supplies as defined by CMS (eg, SA047 pack, E/M visit) or a pack that is commercially available?

No.

19. Please provide an itemized list of the contents for all supply kits, packs and trays included in your recommendation. Please include the description, CMS supply code, unit, item quantity and unit price (if available). See documents two and three under PE reference materials on the <a href="RUC Collaboration">RUC Collaboration</a> Website for information on the contents of kits, packs and trays.

N/A

- 20. If you wish to include an equipment item that is not on the list (*please see fifth worksheet in PE spreadsheet*) please provide a paid invoice. Identify and explain the equipment input and invoice here:

  N/A
- 21. Please provide an estimate of the useful life of the new equipment item as required to calculate the equipment cost per minute (*please see fifth worksheet in PE spreadsheet*):

N/A

- 22. Have you recommended equipment minutes for a computer or equivalent laptop/integrated computer, equipment item computer, desktop, w-monitor, ED021 or notebook (Dell Latitute D600), ED038?
  - a. If yes, please explain how the computer is used for this service(s).
  - b. Is the computer used exclusively as an integral component of the service or is it also used for other purposes not specific to the code?
  - c. Does the computer include code specific software that is typically used to provide the service(s)?

N/A

23. List all the equipment included in your recommendation and the equipment formula chosen (please see document titled *Calculating equipment time*). If you have selected "other formula" for any of the equipment please explain here:

EF027 table, instrument, mobile

EF028 table, mat, hi-lo, 6x8 platform

ES057 environmental module – bathroom

The equipment formula selected for the instrument table (EF027), the hi-lo table (EF028), and the bathroom environmental module (ES057) is the "other formula" based on median intra-service time. For each survey code, we assigned the survey median intra-service time for each piece of equipment because they will be in use or unavailable for use by other clinicians during that time.

## NONFACILITY DIRECT PE INPUTS

S CPT CODE(S): 97550, 97551, 97552 SPECIALTY SOCIETY(IES): AOTA, APTA, ASHA PRESENTER(S): Katie Jordan OTD, OTR/L, FAOTA; Randy Boldt, PT, MPT; Dee Adams Nikjeh, PhD, CCC-SLP

# AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC) PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

# PROFESSIONAL LIABILITY INSURANCE (PLI) INFORMATION

24. If this is a PE only code please select a crosswalk based on a similar specialty mix:

N/A

## ADDITIONAL INFORMATION

25. If there is any other item(s) on your spreadsheet not covered in the categories above that requires greater detail/explanation, please include here:

The following tables provide rationale for each clinical activity, supply, and piece of equipment requested for 97550, 97551, and 97552.

## 97550

ROW	CODE	97550	REC	Rationale
CLINICA	L STAFF T	TME		
Pre-Service	ce of the Serv	ice Period		
34	CA009 Physical Therapy Aide (L023A)		3.0	The PT/OT Aide will greet the caregiver(s) and collect items from the caregiver(s), such as questionnaires, or gather items needed for the session. The Aide may also need to assist the caregiver(s) with preparing materials, initiating or completing paperwork, and locating the area where the session will start. The Aide will ensure that all records are available for this visit. Standard 3 minutes is recommended.
36	36 CA013 Physical Therapy Aide (L023A)			Based on instructions from the clinician, the Aide will ensure necessary supplies and equipment are available/set up. Standard 2 minutes is recommended.
Intra-Serv	rice of the Ser	vice Period (none requested)		
Post-Servi	ice of the Ser	vice Period		
53	CA024	Physical Therapy Aide (L023A)	3.0	The Aide will clean and disinfect all equipment surfaces and tools in between caregivers and after the session. Standard 3 minutes is recommended.
MEDICA	L SUPPLIE	S		
83	SB022	Gloves, non-sterile	2	Required for hands-on interaction and demonstrations with caregivers. 1 pair for QHP and 1 pair for caregiver.
84	SJ061	Tongue depressor	2	Used for QHP demonstration and caregiver return demonstration related to activities of daily living, including feeding.
85	SK018	Cup, drinking	2	Used for QHP demonstration and caregiver return demonstration related to activities of daily living, including feeding.
86	SK020	Drinking straw	2	Used for QHP demonstration and caregiver return demonstration related to activities of daily living, including feeding.
87	SK057	Paper, laser printing (each sheet)	3	Used to provide caregivers with instructional materials and a home-based plan of care, such as safety instructions or exercises for the patient.
88	SK077	Spoon, plastic	2	Used for QHP demonstration and caregiver return demonstration related to activities of daily living, including feeding.

# AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC) PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

ROW	CODE	97550	REC	Rationale
91	SM022	Sanitizing cloth-wipe (surface, instruments, equipment)	5	Required for disinfecting equipment after use. Changed from original recommendation of 4 paper towels and 5 ml of disinfectant spray, based on reviewer feedback.
92	SM024	Soap, liquid, antibacterial	1	Required for QHP and caregiver(s) when moving between stations and activities.
<b>EQUIPM</b>	ENT			
99	EF027	Table, instrument, mobile	30	Used for supplies needed during demonstration and training related to activities of daily living. Needed for total QHP intraservice time as equipment is either in use or unable to be used by others prior to disinfection at the end of the service.
100	EF028	Table, mat, hi-lo, 6 x 8 platform	30	Used for demonstration and training related to mobility and toileting at bed level. Hi-lo is necessary in order to accurately simulate surface heights in the home environment. Needed for total QHP intra-service time as equipment is either in use or unable to be used by others prior to disinfection at the end of the service.
103	ES057	Environmental module-bathroom	30	Used for demonstration and training related to activities of daily living including patient safety and environmental modifications. Needed for total QHP intra-service time as equipment is either in use or unable to be used by others prior to disinfection at the end of the service.

# 97551

ROW	CODE	97551	REC	Rationale								
CLINICA	L STAFF T	IME										
None requ	ested for 975	551. Clinical staff time included in the	base code, 97	7550.								
MEDICA	MEDICAL SUPPLIES											
None requ	None requested for 97551. Supplies included in the base code, 97550.											
<b>EQUIPM</b>	ENT											
99	EF027	Table, instrument, mobile	17	Used for supplies needed during demonstration and training related to activities of daily living. Needed for total QHP intraservice time as equipment is either in use or unable to be used by others prior to disinfection at the end of the service.								
100	EF028	Table, mat, hi-lo, 6 x 8 platform	17	Used for demonstration and training related to mobility and toileting at bed level. Hi-lo is necessary in order to accurately simulate surface heights in the home environment. Needed for total QHP intra-service time as equipment is either in use or unable to be used by others prior to disinfection at the end of the service.								
103	ES057	Environmental module-bathroom	17	Used for demonstration and training related to activities of daily living including patient safety and environmental modifications. Needed for total QHP intra-service time as equipment is either in use or unable to be used by others prior to disinfection at the end of the service.								

# AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC) PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

# 97552

ROW	CODE	97552	REC	Rationale
CLINICA	AL STAFF T	ГІМЕ		
Pre-Servi	ice of the Serv	vice Period		
34	CA009	Physical Therapy Aide (L023A)	3.0	The PT/OT Aide will greet the caregiver(s) and collect items provided from the caregiver(s), such as questionnaires, or gather items needed for the session. The Aide may also need to assist the caregiver(s) with preparing materials, initiating or completing paperwork, and locating the area where the session will start. The Aide will ensure that all records are available for this visit. Standard 3 minutes is recommended.
36	CA013	Physical Therapy Aide (L023A)	2.0	Based on instructions from the clinician, the Aide will ensure necessary supplies and equipment are available/set up. Standard 2 minutes is recommended.
Intra-Ser	vice of the Se	rvice Period	•	
45	CA021	Physical Therapy Assistant (L039B)	9	The PTA/OTA will provide assistance and support for the procedure. This may include recording performance data, physical facilitation with the caregiver(s), and other clinical assistance throughout the session. An assistant provides clinical expertise consistent with training to grade tasks and the environment for the caregiver(s) and provides the clinically appropriate assistance for the caregiver as the therapist facilitates the performance in training activities. Given the nature of the assistant role in this group caregiver training task, the total intra-service time of 9 minutes is recommended. We have updated this SOR and the PE spreadsheet to reflect 9 minutes of intra-service time, rounded up from 8.6, to avoid use of fractions, based on AMA staff feedback.
Post-Serv	rice of the Ser	vice Period		
53	CA024	Physical Therapy Aide (L023A)	3.0	The Aide will clean and disinfect all equipment surfaces and tools in between caregivers and after the session. Standard 3 minutes is recommended.
MEDICA	AL SUPPLIE	ES		
83	SB022	Gloves, non-sterile	2	Required for hands-on interaction and demonstrations with caregivers. 1 pair for QHP and 1 pair for caregiver.
84	SJ061	Tongue depressor	2	Used for QHP demonstration and caregiver return demonstration related to activities of daily living, including feeding.
85	SK018	Cup, drinking	2	Used for QHP demonstration and caregiver return demonstration related to activities of daily living, including feeding.
86	SK020	Drinking straw	2	Used for QHP demonstration and caregiver return demonstration related to activities of daily living, including feeding.
87	SK057	Paper, laser printing (each sheet)	3	Used to provide caregivers with instructional materials and a home-based plan of care, such as safety instructions or exercises for the patient.
88	SK077	Spoon, plastic	2	Used for QHP demonstration and caregiver return demonstration related to activities of daily living, including feeding.

# AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC) PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

ROW	CODE	97552	REC	Rationale
91	SM022	Sanitizing cloth-wipe (surface, instruments, equipment)	5	Required for disinfecting equipment after use. Changed from original recommendation of 4 paper towels and 5 ml of disinfectant spray, based on reviewer feedback.
92	SM024	Soap, liquid, antibacterial	1	Required for QHP and caregiver(s) when moving between stations and activities.
EQUIPM	IENT			
99	EF027	Table, instrument, mobile	9	Used for supplies needed during demonstration and training related to activities of daily living. Needed for total QHP intraservice time as equipment is either in use or unable to be used by others prior to disinfection at the end of the service. Note: We have updated this SOR and the PE spreadsheet to reflect 9 minutes of intra-service time, rounded up from 8.6, to avoid use of fractions, based on AMA staff feedback.  This instrument table may be used at a separate training station during the group session.
100	EF028	Table, mat, hi-lo, 6 x 8 platform	9	Used for demonstration and training related to mobility and toileting at bed level. Hi-lo is necessary in order to accurately simulate surface heights in the home environment. Needed for total QHP intra-service time as equipment is either in use or unable to be used by others prior to disinfection at the end of the service. We have updated this SOR and the PE spreadsheet to reflect 9 minutes of intra-service time, rounded up from 8.6, to avoid use of fractions, based on AMA staff feedback.  This hi-lo table may be used at a separate training station during the group session.
103	ES057	Environmental module-bathroom	9	Used for demonstration and training related to activities of daily living including patient safety and environmental modifications. Needed for total QHP intra-service time as equipment is either in use or unable to be used by others prior to disinfection at the end of the service. We have updated this SOR and the PE spreadsheet to reflect 9 minutes of intra-service time, rounded up from 8.6, to avoid use of fractions, based on AMA staff feedback.  This environmental module may be used at a separate training station during the group session.

## ITEMIZED LIST OF CHANGES (FOLLOWING THE PE SUBCOMMITTEE MEETING)

NOTE: The virtual meetings have provided for real-time updates to the PE spreadsheets. PE SORs must still be updated after the meeting and resubmitted asap.

During and immediately following the review of this tab at the PE Subcommittee meeting, please revise the summary of recommendation (PE SOR) based on modifications made during the meeting. Please submit the revised form electronically to Rebecca Gierhahn at <a href="rebecca.gierhahn@ama-assn.org">rebecca.gierhahn@ama-assn.org</a> immediately following the close of business. In addition, please also provide an itemized list of the modifications made to the PE spreadsheet during the PE Subcommittee meeting in the space below (e.g. clinical activity CA010 obtain vital signs was reduced from 5 minutes to 3 minutes).

## NONFACILITY DIRECT PE INPUTS

S CPT CODE(S): 97550, 97551, 97552 SPECIALTY SOCIETY(IES): AOTA, APTA, ASHA PRESENTER(S): Katie Jordan OTD, OTR/L, FAOTA; Randy Boldt, PT, MPT; Dee Adams Nikjeh, PhD, CCC-SLP

# AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC) PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

Question #1: Included additional detail about 97552 and how many patients are represented in a typical group caregiver training session.

Question #10: Included additional information describing how the 9 minutes of PT/OT Assistant intraservice of the service period time was calculated based on QHP time.

Question #25: Included clarifying language to indicate that each piece of equipment for 97552 may be used at a separate training station during a group session.

	Α	В	D	F	F	G	K	М	0	0	S
1	RUC Practice	Expense Spreadsheet	_	_		REFERENCE CODE	RECOMMENDED			`	RECOMMENDED
2		p p				97535	97550	97130	97551	97535	97552
3		RUC Collaboration Website									
	Clinical	Meeting Date: September 2022 Revision Date (if applicable): N/A	Clinical	Clinical	Clinical Staff	Self-care/home management training	Caregiver training in	Therapeutic interventions that	Caregiver training in	Self-care/home management	Group caregiver training in
		Tab: 14	Staff Type	Staff Type	Type Rate	(eg, activities of daily	strategies and	focus on cognitive	strategies and	training (eg,	strategies and
	Activity Code	Specialty: Occupational Therapy, Physical Therapy, Speech-	Code	Stail Type	Per Minute	living (ADL) and	techniques to	function (eg,	techniques to	activities of daily	techniques to
4		Language Fathology				compensatory	facilitate the	attention, memory,	facilitate the	living (ADL) and	facilitate the
5		LOCATION				Non Fac	Non Fac	Non Fac	Non Fac	Non Fac	Non Fac
6		GLOBAL PERIOD				XXX	XXX	ZZZ	ZZZ	XXX	XXX
7		TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME				\$ 9.65	\$ 6.17	\$ 0.21	\$ 1.60	\$ 9.65	\$ 8.20
8		TOTAL CLINICAL STAFF TIME	L039B	Physical Therapy Assistant	0.445	10.0	0.0	0.0	0.0	10.0	9.0
9		TOTAL CLINICAL STAFF TIME	L023A	Physical Therapy Aide	0.243	4.5	8.0	0.0	0.0	4.5	8.0
11		TOTAL PRE-SERVICE CLINICAL STAFF TIME	L023A	Physical Therapy Aide	0.243	0.0	0.0	0.0	0.0	0.0	0.0
12		TOTAL SERVICE PERIOD CLINICAL STAFF TIME	L039B	Physical Therapy Assistant	0.445	10.0	0.0	0.0	0.0	10.0	9.0
13		TOTAL SERVICE PERIOD CLINICAL STAFF TIME	L023A	Physical Therapy Aide	0.243	4.5	8.0	0.0	0.0	4.5	8.0
15		TOTAL POST-SERVICE CLINICAL STAFF TIME	L023A	Physical Therapy Aide	0.243	0.0	0.0	0.0	0.0	0.0	0.0
16		TOTAL COST OF CLINICAL STAFF TIME x RATE PER MINUTE				\$ 5.54	\$ 1.94	\$ -	\$ -	\$ 5.54	\$ 5.95
17		PRE-SERVICE PERIOD	1								
18 30		Start: Following visit when decision for surgery/procedure made									
31		End: When patient enters office/facility for surgery/procedure SERVICE PERIOD	L								
32		Start: When patient enters office/facility for surgery/procedure:	1								
33		Pre-Service (of service period)									
34	CA009	Greet patient, provide gowning, ensure appropriate medical records are available	L023A	Physical Therapy Aide	0.243	1.5	3	0	0	1.5	3
35	CA010	Obtain vital signs	L039B	Physical Therapy Assistant	0.445	1	0	0	0	1	0
36	CA013	Prepare room, equipment and supplies	L023A	Physical Therapy Aide	0.243	1	2	0	0	1	2
37	CA016	Prepare, set-up and start IV, initial positioning and monitoring of patient	L023A	Physical Therapy Aide	0.243	1	0	0	0	1	0
44		Intra-service (of service period)									
45	CA021	Perform procedure/serviceNOT directly related to physician work time	L039B	Physical Therapy Assistant	0.445	7.5	0	0	0	7.5	9
52		Post-Service (of service period)		, , , , , , , , , , , , , , , , , , , ,					_		
53	CA024	Clean room/equipment by clinical staff	L023A	Physical Therapy Aide	0.243	1	3	0	0	1	3
54	CA029	Check dressings, catheters, wounds	L039B	Physical Therapy Assistant	0.445	1.5	0	0	0	1.5	0
61		End: Patient leaves office/facility	20005	, s.ca. merapy / toolstant	0.110	1.0	Ŭ		Ŭ		
62		POST-SERVICE PERIOD									
63		Start: Patient leaves office/facility									
79		End: with last office visit before end of global period									

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	Α	В	D	E	F	G CODE			K	M		0	Q	S		
1	RUC Practice	Expense Spreadsheet									FERENCE CODE RECOMMENDED					
2							97535		97550	97130		97551	97535	97552		
3	Clinical	RUC Collaboration Website  Meeting Date: September 2022  Revision Date (if applicable): N/A  Tab: 14  Specialty: Occupational Therapy, Physical Therapy, Speech- Language Pathology	Clinical Staff Type Code	Clinical Staff Type	Clinical Staff Type Rate Per Minute			management training (eg, activities of daily living (ADL) and		nanagement training eg, activities of daily living (ADL) and		Therap intervention focus on of function attention,	ons that cognitive n (eg,	Caregiver training in strategies and techniques to facilitate the	Self-care/home management training (eg, activities of daily living (ADL) and	Group caregiver training in strategies and techniques to facilitate the
5		LOCATION				Non Fac		facilitate the  Non Fac	Non		Non Fac	Non Fac	Non Fac			
6		GLOBAL PERIOD					XXX		XXX	ZZ		ZZZ	XXX	XXX		
<del>                                      </del>		TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND						^^^			_		AAA	XXX		
7		EQUIPMENT TIME				\$	9.	.65	\$ 6.17	\$	0.21	\$ 1.60	\$ 9.65	\$ 8.20		
8		TOTAL CLINICAL STAFF TIME	L039B	Physical Therapy Assistant	0.445		10.0		0.0	0.0	0	0.0	10.0	9.0		
9		TOTAL CLINICAL STAFF TIME	L023A	Physical Therapy Aide	0.243		4.5		8.0	0.0		0.0	4.5	8.0		
11		TOTAL PRE-SERVICE CLINICAL STAFF TIME	L023A	Physical Therapy Aide	0.243		0.0		0.0	0.0	0	0.0	0.0	0.0		
12		TOTAL SERVICE PERIOD CLINICAL STAFF TIME	L039B	Physical Therapy Assistant	0.445		10.0		0.0	0.0	0	0.0	10.0	9.0		
13		TOTAL SERVICE PERIOD CLINICAL STAFF TIME	L023A	Physical Therapy Aide	0.243		4.5 8.0		8.0			0.0	4.5	8.0		
15		TOTAL POST-SERVICE CLINICAL STAFF TIME	L023A	Physical Therapy Aide	0.243		0.0		0.0	0.0	0	0.0	0.0	0.0		
80	Supply Code	MEDICAL SUPPLIES	PRICE	UNIT												
81		TOTAL COST OF SUPPLY QUANTITY x PRICE				\$	1.	.55	\$ 1.41	\$	0.06	\$ -	\$ 1.55	\$ 1.41		
82	SA007	kit, cooking activity ingredients (mac-cheese)	0.97	kit			1						1			
83		gloves, non-sterile	0.3	pair			1		2				1	2		
84	SJ061	tongue depressor	0.03	item					2					2		
85		cup, drinking	0.025	item					2					2		
86		drinking straw	0.02	item					2					2		
87		paper, laser printing (each sheet)	0.02	item					3	3				3		
88		spoon, plastic	0.04	item					2					2		
89		towel, paper (Bounty) (per sheet)	0.007	item			4		0				4	0		
90		disinfectant spray (Transeptic)	0.05	ml			5		0				5	0		
91		sanitizing cloth-wipe (surface, instruments, equipment)	0.07	item					5					5		
92		soap, liquid, antibacterial	0.17	OZ					1					1		
93																
94		Other supply item: to add a new supply item please include the name of the item consistent with the paid invoice here, type NEW in column A and enter the type of unit in column E (oz, ml, unit). Please note that you must include a price estimate consistent with the paid invoice in column D.														
	Equipment	EQUIPMENT	Purchase	Equipment	Cost Per											
96	Code		Price	Formula	Minute											
97		TOTAL COST OF EQUIPMENT TIME x COST PER MINUTE				\$	2.	.56	\$ 2.82		0.15	\$ 1.60	\$ 2.56	\$ 0.84		
98		notebook (Dell Latitute D600)	1506		0.008725516					15						
99		table, instrument, mobile		Other Formula	0.001183213				30	15	)	17		9		
100		table, mat, hi-lo, 6 x 8 platform		Other Formula	0.026359847				30			17	22	9		
101		environmental module - kitchen	56250		0.114722073		22						22			
102		kit, ADL	586.5	011 5	0.001556411		22						22			
103	ES057	environmental module - bathroom	25000	Other Formula	0.066343163				30			17		9		
104		Other equipment item: to add a new equipment item please include the name of the item consistent with the paid invoice here, type NEW in column A and please note that you must include a purchase price estimate consistent with the paid invoice in column D.														

# AMA/Specialty Society RVS Update Committee Summary of Recommendations \*Screen: High Volume Growth\*

September 2022

## Spinal Neurostimulator – Tab 4

In October 2020, the RUC identified CPT code 63685 via the high-volume growth screen with Medicare utilization of 10,000 or more that increased by at least 100% from 2014 through 2019. The Relativity Assessment Workgroup (RAW) requested that the specialty societies submit an action plan for each code identified for January 2021. In January 2021, the RUC recommended referring code 63685 to CPT Assistant.

In February 2022, the CPT Editorial Panel revised four Category I codes and created three new Category I codes; the Panel also created six new Category III codes and revised four Category III codes. The revision of the four existing Category I codes included updates to the introductory guidelines, descriptors, and parentheticals for implantation, revision, and removal of spinal (63685 and 63688) and peripheral nerve (64590 and 64595) neurostimulator pulse generator or receiver devices. The three new Category I codes 64596, 64597 and 64598 are specifically for an integrated neurostimulator for the peripheral nerve (except for sacral, as integrated neurostimulators for the sacral nerve are instead described by new category III codes 0786T and 0787T). CPT codes 64596, 64597 and 64598 include a parenthetical referring integrated neurostimulator services for bladder dysfunction procedures to instead use a Category III code, as well, and therefore, would not be relevant to patients with bladder dysfunction. Instead, CPT Category III codes 0587T and 0588T were created for the percutaneous implantation, revision, replacement, and removal of an integrated single device neurostimulation system for bladder dysfunction. The dominant specialty societies performing the spinal neurostimulator services appealed CPT codes 63685, 63688, 64596, 64597, and 64598 at the May 2022 CPT Editorial Panel meeting. The appeal was rejected and CPT codes 63685, 63688, 64596, 64597, and 64598 were surveyed for the September 2022 RUC meeting.

# 63685 Insertion or replacement of spinal neurostimulator pulse generator or receiver requiring pocket creation and connection between electrode array and pulse generator or receiver

The RUC reviewed the survey results from 102 physicians including spine surgeons and determined that the current work RVU of 5.19, which is below the survey 25<sup>th</sup> work RVU, appropriately accounts for the work required to perform this service. The RUC recommends 33 minutes preservice evaluation, 12 minutes positioning, 13 minutes scrub/dress/wait time, 50 minutes intra-service time, 20 minutes immediate post-service time, 0.5-99238 discharge visit, 1-99213 post-operative office visit, equaling 170 minutes total time.

The specialty societies recommended, and the RUC agreed, that pre-service time package 3-FAC straightforward patient/difficult procedure was appropriate with times as follows:

Evaluation time – Standard package time of 33 minutes is recommended which is significantly less than the survey median of 45 minutes. Positioning time – The survey median time of 12 minutes is recommended. The additional 9 minutes above the time package accounts for supine positioning for anesthesia line placement followed by prone positioning with padding to protect neurovascular structures. This additional time is analogous to the standard additional positioning times included for posterior spinal procedures and injections. Scrub/dress/wait time – The median time of 13 minutes is recommended which reduces the package by 2 minutes to match the survey time.

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Moreover, the RUC noted that this survey replicated the findings of the previous survey for CPT code 63685. The survey times from 2008 were 45/15/11 minutes (evaluation/positioning/scrub/dress/wait) pre-service time which closely aligns with the 2022 survey pre-times of 45/12/13.

The RUC discussed both the increase in pre-service time and the decrease in intra-service time. While the intra-service time from the current survey is 10 minutes less than the prior survey intra-time, the survey pre-service time is 10 minutes greater than the current listed time. The 2008 RUC recommended pre-service times were not in fact derived from the 2008 survey itself and were instead reduced later by the RUC, likely inspired by RUC's pre-service time packages which were only starting to be implemented at that same 2008 RUC meeting. The total time has not changed from the prior survey (i.e., work per unit time (WPUT) has not changed). In addition, the intensity has increased due to the evolution of the technology. Since an increased number of devices and multiple manufacturers are now present compared to 2010, compatibility of equipment must be confirmed. The current standard of practice is to test each of the previously placed leads separately for impedances to verify secure connection and proper function. This adds complexity to the procedure which is accounted for by a slightly higher intensity. Moreover, the patient often has had multiple surgeries and failed other treatments, therefore, the work involved is more intense and complex. The RUC also commented on the initial insertion versus replacement and noted that there would be scarring, and other complexities involved with the replacement, including ensuring that the electrodes are compatible with the battery as well as ensuring the electrodes are not damaged, which modify the intensity of the surveyed code.

The RUC compared CPT code 63685 to the top key reference service MPC code 62362 *Implantation or replacement of device for intrathecal or epidural drug infusion; programmable pump, including preparation of pump, with or without programming* (work RVU = 5.60, 60 minutes intraservice time and 170 minutes total time) and noted that both codes describe implantation of a device and have the same total time; however, the MPC code requires more intra-service time related to the placement of a subcutaneous pump in the abdomen for drug infusion and therefore is appropriately valued higher. The RUC also compared the surveyed code to the second highest key reference service code 62360 *Implantation or replacement of device for intrathecal or epidural drug infusion; subcutaneous reservoir* (work RVU = 4.33, 60 minutes intra-service time and 170 minutes total time) and noted that, although the total time is the same, the surveyed code describes placement of a neurostimulator generator in the lower back area above the iliac crest and below the 12<sup>th</sup> rib using fluoroscopy, which adds to the complexity of code 63685 which is twice as intense as the reference code and therefore is appropriately valued higher. The current work RVU maintains appropriate rank order with the key reference codes.

For additional support, the RUC compared CPT code 63685 to MPC code 64561 *Percutaneous implantation of neurostimulator electrode array;* sacral nerve (transforaminal placement) including image guidance, if performed (work RVU = 5.44, 45 minutes intra-service time and 131 minutes total time) and noted that the comparator code has less intra-service and total time compared to the surveyed code but is more intense. To bracket the code, the RUC also compared CPT code 63685 to MPC code 13121 *Repair, complex, scalp, arms, and/or legs; 2.6 cm to 7.5 cm* (work RVU = 4.00, 45 minutes intra-service time and 85 minutes total time) and noted that the comparator code describes complex closure requiring more than layered closure, while code 63685 includes both exposure/creation of a pocket for the generator and layered closure over the device with care taken in placing the generator above the iliac crest and below the 12<sup>th</sup> rib to avoid irritation of the generator against either of these structures.

The RUC concluded that the value of CPT code 63685 should be maintained at 5.19, below the survey 25<sup>th</sup> percentile. **The RUC recommends a work RVU of 5.19 for CPT code 63685.** 

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63688 Revision or removal of implanted spinal neurostimulator pulse generator or receiver, with detachable connection to electrode array
The RUC reviewed the survey results from 99 physicians including spine surgeons and determined that the survey 25<sup>th</sup> percentile work RVU of
4.35 appropriately accounts for the work involved in this service. The RUC recommends 33 minutes pre-service evaluation, 10 minutes
positioning, 12 minutes scrub/dress/wait time, 45 minutes intra-service time, 20 minutes immediate post-service time, 0.5-99238 discharge visit, 199213 post-operative office visit, equaling 162 minutes.

The RUC agreed with the specialty societies' recommendation for pre-service time package 3-FAC straightforward patient/difficult procedure with adjusted pre-service positioning and pre-service scrub, dress, and wait times to match the survey median times of 10 minutes and 12 minutes, respectively. The additional 7 minutes above the time package for positioning time accounts for supine positioning for anesthesia line placement followed by prone positioning with padding to protect neurovascular structures. The RUC noted that this survey replicated the findings of the previous survey for CPT code 63688. The survey times from 2008 were 40/15/10 minutes (evaluation/ positioning/ scrub/dress/wait) pre-service time which closely aligns with the 2022 survey pre-times of 45/10/12.

The RUC compared CPT code 63688 to the top key reference service code 62365 Removal of subcutaneous reservoir or pump, previously implanted for intrathecal or epidural infusion (work RVU = 3.93, 45 minutes intra-service time and 155 minutes total time) and noted that both codes describe removal of a device and have the same intra-service time; however, the surveyed code requires more total time and is more intense and therefore is appropriately valued higher. The RUC also compared the surveyed code to the second highest key reference service MPC code 62362 Implantation or replacement of device for intrathecal or epidural drug infusion; programmable pump, including preparation of pump, with or without programming (work RVU = 5.60, 60 minutes intra-service time and 170 minutes total time) and noted that the MPC code has more intra-service and total time and is more intense as it involves the placement of a subcutaneous pump in the abdomen for drug infusion and therefore is appropriately valued higher than the surveyed code. The RUC noted that the two key reference services appropriately bracket the surveyed code.

For additional support, the RUC compared CPT code 63688 to MPC code 13121 *Repair, complex, scalp, arms, and/or legs; 2.6 cm to 7.5 cm* (work RVU = 4.00, 45 minutes intra-service time and 85 minutes total time) and noted that the comparator code describes complex closure requiring more than layered closure, while code 63688 involves removal of the generator above the iliac crest and below the 12<sup>th</sup> rib which involves a similar amount of physician work. The RUC concluded that CPT code 63688 should be valued at the 25<sup>th</sup> percentile work RVU as supported by the survey. **The RUC recommends a work RVU of 4.35 for CPT code 63688.** 

64596 Insertion or replacement of percutaneous electrode array, peripheral nerve, with integrated neurostimulator including imaging guidance, when performed; initial electrode array

64597 Insertion or replacement of percutaneous electrode array, peripheral nerve, with integrated neurostimulator including imaging guidance, when performed; each additional electrode array (List separately in addition to primary procedure) 64598 Revision or removal of neurostimulator electrode array, peripheral nerve, with integrated neurostimulator

The specialty societies submitted a letter to request that CPT codes 64596, 64597, and 64598 be contractor priced. Despite their best efforts – survey requests were sent to a random sample of 7,165 members then an additional random sample of 1,200 – the societies were unable to meet the survey minimum threshold of 30 responses. Amongst the limited number of responses received, 30-50 percent did not have experience with the

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service. In instances of low survey responses, the RUC has determined that it should not automatically recommend contractor pricing but continue its current process and review each unique code set individually. Based on discussion of the survey results, the RUC concurred that another survey attempt would not garner a sufficient number of experienced responses. The RUC recommends that CPT codes 64596, 64597, and 64598 be contractor-priced until such time that utilization has increased and more experience with these services is acquired.

### Relativity Assessment Workgroup (RAW) Review

When Category I services have survey responses below 30, the RUC procedure is to flag these services to be reviewed in three years by the Relativity Assessment Workgroup. Specialty societies will submit an action plan indicating whether these services should be resurveyed or referred to the CPT Editorial Panel for deletion or revision to a Category III code. The RUC recommends that CPT codes 64596, 64597, and 64598 be re-reviewed in three years by the Relativity Assessment Workgroup to determine whether these services should be resurveyed or referred to the CPT Editorial Panel for deletion or revision to a Category III code.

## **New Technology/New Service**

The RUC recommends that CPT codes 64596, 64597, and 64598 be placed on the New Technology list to be re-reviewed by the RUC in three years to ensure correct valuation and utilization assumptions.

## **Practice Expense**

The Practice Expense Subcommittee reviewed the direct practice expense inputs and made one modification to switch the pack from SA054 pack, post-op incision care (staple) which reflects typical practice of using staples to close the incision. The RUC recommends the direct practice expense inputs as modified by the Practice Expense Subcommittee.

# **Work Neutrality**

The RUC's recommendation for this family of codes will result in an overall work savings that should be redistributed back to the Medicare conversion factor.

CPT Code	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation						
Digestive Sys Stomach Laparoscopy										
43647	Laparoscopy, surgical; implantation or replacement of gastric neurostimulator electrodes, antrum									
43648	re	vision or removal of gastric neurostimulator electrodes, antrum								
	(For open approach, see 43881, 43882)									
	(For insertion of gastric neurostimulator pulse generator, use 64590)									
	(For revision or removal of gastric neurostimulator pulse generator, use 64595)									
	(For electronic analysis and programming of gastric neurostimulator pulse generator, see 95980, 95981, 95982)									
	(For laparoscopic implantation, revision, or removal of gastric neurostimulator electrodes, lesser curvature [morbid obesity use 43659)									
	,	paroscopic implantation, revision, replacement, or removal of vagus nerve blocking neurostimulator electrode array pulse generator at the esophagogastric junction, see 0312T-0317T)								
Other Procee	dures									
43882	Revision or removal of gastric neurostimulator electrodes, antrum, open									
	(For lapar	oscopic approach, see 43647, 43648)								
	(For insert	tion of gastric neurostimulator pulse generator, use 64590)								
	(For revisi	ion or removal of gastric neurostimulator pulse generator, use 64595)								
	(For electr	onic analysis and programming of gastric neurostimulator pulse generator	, see 95980	<u>, 95981, </u> 95982)						
	(For open 43999)	implantation, revision, or removal of gastric neurostimulator electrodes,	lesser curva	ture [morbid obesity], use						
		oscopic implantation, revision, replacement, removal or reprogramming carray and/or pulse generator at the esophagogastric junction, see 0312T (		ve blocking neurostimulator						

(For open implantation, revision, or removal of gastric lesser curvature or vagal trunk (EGJ) neurostimulator electrodes, [morbid obesity], use 43999)

Nervous System Spine and Spinal Cord Neurostimulators (Spinal)

For electronic analysis with programming, when performed, of spinal cord neurostimulator pulse generator or /transmitters, see codes 95970, 95971, 95972. Test stimulation to confirm correct target site placement of the electrode array(s) and/or to confirm the functional status of the system is inherent to placement, and is not separately reported as electronic analysis or programming of the neurostimulator <u>pulse generator or receiver</u> system. Electronic analysis (95970) at the time of implantation is not separately reported.

Codes 63650, 63655, and 63661-63664 describe the operative placement, revision, replacement, or removal of the spinal neurostimulator system components to provide spinal electrical stimulation. A neurostimulator system includes an implanted neurostimulator, external eontroller, extension, and collection of contacts. A neurostimulator system includes an implanted pulse generator or implanted receiver with an external transmitter, a collection of contacts/electrodes (electrode array), an extension if applicable, an external controller, and an external charger if applicable. The neurostimulator may be integrated with the electrode array (single component implant,— see 0784T, 0785T) or have a detachable connection to the electrode array (two or more component implant). Multiple contacts or electrodes (4 or more) provide the actual electrical stimulation in the epidural space.

For percutaneously placed neurostimulator systems (63650, 63661, 63663), the contacts are on a catheter like lead. An array defines the collection of contacts that are on one catheter.

For systems placed via an open surgical exposure (63655, 63662, 63664), the contacts are on a plate or paddle shaped surface.

Do not report 63661 or 63663 when removing or replacing a temporary percutaneously placed array for an external generator.

Codes 63650, 63661, 63663, 63685, 63688 describe insertion, replacement, revision, or removal of a percutaneous electrode array and neurostimulator requiring pocket creation and connection between electrode array and pulse generator or receiver. For insertion, replacement, revision, or removal of a percutaneous spinal cord or sacral electrode array and integrated neurostimulator, use 0784T, 0785T, 0786T, 0787T.

▲63685	B1	Insertion or replacement of spinal neurostimulator pulse generator or receiver, direct or inductive coupling, requiring pocket creation and connection between electrode array and pulse generator or receiver	010	5.19 (No Change)
		(Do not report 63685 in conjunction with 63688 for the same neurostimulator pulse generator or receiver)		(2022  Work RVU = 5.19)
		(For insertion or replacement of spinal percutaneous electrode array, with integrated neurostimulator, use 0784T)		

▲63688	B2	Revision or removal of implanted spinal neurostimulator pulse generator or receiver, with detachable connection to electrode array	010	4.35
		(For electronic analysis with programming, when performed, of implanted spinal cord neurostimulator pulse generator/transmitter, see 95970, 95971, 95972)		
		(For revision or removal of spinal percutaneous electrode array and integrated neurostimulator, use 0785T)		
		(For revision or removal of sacral percutaneous electrode array and integrated neurostimulator, use 0787T)		

# Extracranial Nerves, Peripheral Nerves, and Autonomic Nervous System Neurostimulators (Peripheral Nerve)

For electronic analysis with programming, when performed, of peripheral nerve neurostimulator pulse generator of Atransmitters, see codes 95970, 95971, 95972. An electrode array is a catheter or other device with more than one contact. The function of each contact may be capable of being adjusted during programming services. Test stimulation to confirm correct target site placement of the electrode array(s) and/or to confirm the functional status of the system is inherent to placement, and is not separately reported as electronic analysis or programming of the neurostimulator <u>pulse generator or receiver</u> system. Electronic analysis (95970) at the time of implantation is not separately reported.

A neurostimulator system includes an implanted pulse generator or implanted receiver with an external transmitter, a collection of contacts/electrodes (electrode array), an extension if applicable, and an external controller. The electrode array provides the actual electrical stimulation. The pulse generator or receiver may be integrated with the electrode array (single component implant) or have a detachable connection to the electrode array (two or more component implant).

Codes 64553, 64555, and 64561 may be used to report both temporary and permanent placement of percutaneous electrode arrays.

Codes 64590, 64596 describe two different approaches to placing a neurostimulator pulse generator or receiver. Code 64590 is used in conjunction with 64555, 64561 for permanent placement. Codes 64555, 64561 are used to report electrode array placement for a trial and for the permanent placement of the electrode array. Code 64590 is used to report the insertion of a neurostimulator pulse generator or receiver that requires, creation of a pocket and connection between the electrode array and the neurostimulator pulse generator or receiver. Code 64596 is used to report the permanent placement of an integrated system, including the electrode array and receiver.

(For transcutaneous nerve stimulation (TENS), use 97014 for electrical stimulation requiring supervision only or use 97032 for electrical stimulation requiring constant attendance)

(For percutaneous implantation or replacement of integrated neurostimulation system, posterior tibial nerve, use 0587T)

●64596	В3	Insertion or replacement of percutaneous electrode array, peripheral nerve, with integrated neurostimulator including imaging guidance,	010	Contractor Priced
		when performed; initial electrode array		

<b>+</b> ●64597	В4	each additional electrode array (List separately in addition to primary procedure)	ZZZ	Contractor Priced	
		(Use 64597 in conjunction with 64596)			
		(Do not report 64596 in conjunction with 64590, 64595, 64555, 64561)			
		(For percutaneous implantation of electrode array only, peripheral nerve, use 64555)			
		(For implantation of trial or permanent electrode arrays or pulse generators for peripheral subcutaneous field stimulation, use 64999)			
		(For percutaneous implantation or replacement of integrated neurostimulation system for bladder dysfunction, posterior tibial nerve, use 0587T)			
●64598	В5	Revision or removal of neurostimulator electrode array, peripheral nerve, with integrated neurostimulator	010	Contractor Priced	
		(For revision or removal of electrode array only, use 64585)			
Category III	Codes				
●0784T	Insertion when per	or replacement of percutaneous electrode array, spinal, with integrated neu- formed	ırostimulato	r, including imaging guidance,	
●0785T	Revision	or removal of neurostimulator electrode array, spinal, with integrated neur	ostimulator		
●0788T	receiver) selectable	ic analysis with simple programming of implanted integrated neurostimulat, including contact group(s), amplitude, pulse width, frequency (Hz), on/of e parameters, responsive neurostimulation, detection algorithms, closed-location of the physician or other qualified health care professional, spinal core	f cycling, but p parameter	rrst, dose lockout, patient- rs, and passive parameters,	
	63664, 63	report 0788T in conjunction with 43647, 43648, 43881, 43882, 61850-6188 3685, 63688, 64553-64595, 64596, 64598, 95970, 95971, 95972, 95976, 95786T, 0784T, 0785T, 0787T, 0789T)			
●0789T	Electronic analysis with complex programming of implanted integrated neurostimulation system (eg, electrode array and receiver), including contact group(s), amplitude, pulse width, frequency (Hz), on/off cycling, burst, dose lockout, patient-selectable parameters, responsive neurostimulation, detection algorithms, closed-loop parameters, and passive parameters, when performed by physician or other qualified health care professional, spinal cord or sacral nerve), 4 or more parameters				

(Do not report 0789T in conjunction with 43647, 43648, 43881, 43882, 61850-61888, 63650, 63655, 63661, 63662, 63663, 63664, 63685, 63688, 64553-64595, 64596, 64598, 95970, 95971, 95972, 95976, 95977, 95983, 95984, 0587T, 0588T, 0590T, 0786T, 0788T, 0784T, 0785T, 0787T)

August 22, 2022

Ezequiel Silva III, MD Chair, AMA/Specialty Society RVS Update Committee American Medical Association 330 N. Wabash Avenue, Suite 39300 Chicago, IL 60611

**RE:** September 2022 RUC Survey of CPT codes 64596-64598

Dear Dr. Silva,

The American Association of Pain Medicine (AAPM), American Society of Anesthesiologists (ASA), American Society of Interventional Pain Physicians (ASIPP) and the North American Neuromodulation Society (NANS) conducted a robust survey of CPT codes 64596 (Insertion or replacement of percutaneous electrode array, peripheral nerve, with integrated neurostimulator including imaging guidance, when performed; initial electrode array), 64597 (Insertion or replacement of percutaneous electrode array, peripheral nerve, with integrated neurostimulator including imaging guidance, when performed; each additional electrode array (List separately in addition to primary procedure)) and 64598 (Revision or removal of neurostimulator electrode array, peripheral nerve, with integrated neurostimulator) for the September 2022 RUC meeting. Survey requests were circulated to a random sample of 8,365 members from the abovementioned specialty societies (7,165 for the first sample and an additional 1,200 for the second sample). Despite our best efforts we were not able to meet the survey minimum of 30 responses. Even amongst the limited number responses we did receive, 30 – 50 percent did not have experience with these services. The societies recommend that these codes are contractor-priced until more experience with these services is gained.

#### Overview of the Survey Process

Codes 64596-64598 are part of Tab 4. Tab 4 also includes codes 63685 and 63688. In addition to the societies listed above, the American Academy of Physical Medicine and Rehabilitation (AAPM&R), the American Association of Neurological Surgeons (AANS), Congress of Neurological Surgeons (CNS), North American Spine Society (NASS), Spine Intervention Society (SIS) surveyed 63685 and 63688. The specialties were able to collect more than the minimum required number of responses and recommendations have been submitted for both codes.

### 64596-64598 Survey Timeline

- Survey requests were sent out to a random sample of 7,165 members from AAPM, ASA, ASIPP and NANS on or around June 23; a reminder email was sent to the same survey sample.
- On July 7, the surveying societies informed RUC staff that they were not able to meet the survey minimum of 30; the RUC staff suggested sending the survey out to an additional random sample.

- On or around July 12, the ASA sent out the survey to an additional random sample of 1,200; the other societies were not able to generate an additional sample.
- While a few more surveys were obtained with this additional sample, the survey minimum of 30 was not met for any of the three codes.
- Results from the limited survey response for 64596-64598 are included the Tab 4 Work Summary Spreadsheet.

### Lack of Experience

In addition to the low survey response rate, 30 to 50 percent the respondents for 64596-64598 reported very little experience with the codes indicating that they had not utilized them in the past 12 months. This fact further limits the value of the data received.

Table 1: 64596-64598 Experience of survey respondents

CPT Code	Total Responses	Responses with Experience	Responses w/out Experience
64596	23	15	8
64597	19	9	10
64598	20	13	7

#### Recommendation

Based on these results, we believe that another survey attempt would not garner a sufficient number of experienced responses. We recommend that these services be contractor-priced until such time that utilization has increased. Another RUC survey could be conducted at that time.

Thank you for your consideration of this recommendation. We look forward to discussing this further at the October 2022 RUC meeting.

Sincerely,

American Association of Pain Medicine (AAPM)

American Society of Anesthesiologists (ASA)

American Society of Interventional Pain Physicians (ASIPP)

North American Neuromodulation Society (NANS)

## AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS SUMMARY OF RECOMMENDATION

CPT Code:63685 Tracking Number B1 Original Specialty Recommended RVU: **5.19** 

Presented Recommended RVU: 5.19

Global Period: 010 Current Work RVU: **5.19** RUC Recommended RVU: **5.19** 

CPT Descriptor: Insertion or replacement of spinal neurostimulator pulse generator or receiver, requiring pocket creation and connection between electrode array and pulse generator or receiver

(Do not report 63685 in conjunction with 63688 for the same neurostimulator pulse generator or receiver)

(For insertion or replacement of spinal percutaneous electrode array, with integrated neurostimulator, use 0784T)

#### **CLINICAL DESCRIPTION OF SERVICE:**

Vignette Used in Survey: A 49-year-old male patient with intractable back and leg pain who has failed conservative treatment has undergone a successful trial of a spinal neurostimulator electrode array. He is now referred for placement of a spinal neurostimulator pulse generator and connection to the already placed electrode array.

Percentage of Survey Respondents who found Vignette to be Typical: 75%

### Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 65%, In the ASC 35%, 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 83%, Overnight stay-less than 24 hours 17%, 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 82%

Description of Pre-Service Work: On the morning of surgery, meet with the patient and family in the preoperative holding area. Update patient's H&P. Counsel the patient and his family about the process of the surgery as well as the risks, benefits, complications, and alternatives to surgery. Answer their questions and obtain informed consent. Mark the site of surgery. Confirm that patient's preoperative laboratory studies are in order and that he received perioperative antibiotics. Confirm that the correct generator and any required adapters are present. In addition, confirm the availability of additional electrode leads in the event that damage occurs during replacement. Monitor/assist with patient prone positioning, including padding of bony prominences, and application of thermal regulation drapes. Assess position of the extremities and head and adjust as needed. Mark the skin incision using fluoroscopy to optimally place the generator above the iliac crest and below the 12th rib to avoid irritation of the generator against either of these structures. After prep and drape and induction of anesthesia if utilized, a time out is performed. Local anesthetic is injected at the planned incision site.

Description of Intra-Service Work: After induction of anesthesia, the skin is incised and hemostasis obtained. Dissection is carried out and a subcutaneous pocket developed for placement of the stimulator generator, or if the procedure is for replacement of a generator, dissect the old generator out of the pocket taking care to avoid injury to the electrode arrays. Tunnel the electrode arrays to the pocket and out onto the skin or disconnect from the pulse generator in the case of replacement. Unpack the sterile neurostimulator pulse generator, soak the generator in antibiotic solution, and then attach the generator to the lead terminals in standard fashion. The generator in then placed into the fashioned subcutaneous pocket. Each of the leads is tested separately for impedances to verify secure connection and proper function. Track the connection, and program the device to begin stimulation. Obtain hemostasis and then irrigate the pocket copiously with antibiotic solution prior to layered closure.

Description of Post-Service Work: Apply a sterile dressing. Monitor patient during reversal of anesthesia. Discuss postoperative recovery care with anesthesia and nursing staff. Discuss procedure and outcome with family in waiting area. Write brief operative note or complete final operative note and place in chart. Dictate operative report. Visit patient in recovery and answer questions. Discuss home restrictions (eg, activity, bathing) with patient and/or family members. Write

prescriptions for medications needed after discharge. Complete all appropriate medical records, including day of discharge progress notes, discharge summary, discharge instructions, and insurance forms. At scheduled office visit within the tenday global period, examine and talk with patient, answer patient/family questions, remove dressings, assess wound, and remove sutures/staples, when appropriate. Monitor for surgical complications, assessment of pain and pain relief. Discuss progress with PCP (verbal and written) and dictate progress notes for medical record.

#### **SURVEY DATA**

<b>RUC Meeting Dat</b>	RUC Meeting Date (mm/yyyy) 09/2022							
Presenter(s):		John Ratliff, MD; Clemens Schirmer, MD; Richard Rosenquist, MD; Damean Freas, MD; David Reece, MD; Graham Wagner, MD; Kano Meyer, MD; Gregory Polston, MD						
Specialty Society(ies):	AANS,AAPM,	AANS,AAPM,AAPM&R,ASA,ASIPP,CNS,NANS, NASS, SIS						
CPT Code:	63685							
Sample Size:	10096 R	<b>esp N:</b> 10	02					
Description of Sample:	Random							
	Low 25 <sup>th</sup> pctl Median* 75th pctl High						<u>High</u>	
Service Performa	ance Rate		0.00	2.00	8.00	20.00	125.00	
Survey RVW:			3.63	5.26	5.78	7.08	21.00	
Pre-Service Evalua	ation Time:				45.00			
Pre-Service Position	oning Time:				12.00			
Pre-Service Scrub,	, Dress, Wait Ti	me:			13.00			
Intra-Service Tim	ie:		16.00	31.00	50.00	60.00	180.00	
Immediate Post \$	Service-Time:	20.00						
Post Operative V	<u>'isits</u>	Total Min**	CPT Cod	e and Num	ber of Visit	<u>s</u>		
Critical Care time	e/visit(s):	0.00	99291x <b>0</b>	). <b>00</b> 99292	2x <b>0.00</b>			
Other Hospital time/visit(s): 0.00			99231x <b>0</b>	. <b>00</b> 99232	2x <b>0.00</b> 99	9233x <b>0.00</b>		
Discharge Day Mgmt: 38.00			99238x <b>1</b>	. <b>00</b> 99239x	0.00	99217x <b>0.00</b>		
Office time/visit(	visit(s): 99211x 0.00 12x 0.00 13x 1.00 14x 0.00 15x 0.00					0.00		
Prolonged Service	rices: 0.00 99354x 0.00 55x 0.00 56x 0.00 57x 0.00					00		
Sub Obs Care:		0.00	99224x <b>0</b>	). <b>00</b> 99225	5x <b>0.00</b> 9	9226x <b>0.00</b>		

<sup>\*\*</sup>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 <u>pre</u>-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

3-FAC Straightforward Patient/Difficult Procedure

CPT Code:	63685	Recommended Phys	19	
		Specialty Recommended Pre- Service Time	Specialty Recommended Pre Time Package	Adjustments/Recommended Pre-Service Time
Pre-Service Evaluation Time:		33.00	33.00	0.00
Pre-Service Positi	oning Time:	12.00	3.00	9.00
Pre-Service Scrub	o, Dress, Wait Time:	13.00	15.00	-2.00
Intra-Service Tin	ne:	50.00		1

Please, pick the <u>post</u>-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

9A General Anes or Complex Reg Blk/Strghtforw Proc

	Specialty Recommended Post-Service Time		Adjustments/Recommended Post-Service Time	
Immediate Post Service-Time:	20.00	30.00	-10.00	

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	0.00	99291x <b>0.00</b> 99292x <b>0.00</b>
Other Hospital time/visit(s):	<u>0.00</u>	99231x <b>0.00</b> 99232x <b>0.00</b> 99233x <b>0.00</b>
Discharge Day Mgmt:	<u>19.00</u>	99238x <b>0.5</b> 99239x <b>0.0</b> 99217x <b>0.00</b>
Office time/visit(s):	23.00	99211x <b>0.00</b> 12x <b>0.00</b> 13x <b>1.00</b> 14x <b>0.00</b> 15x <b>0.00</b>
Prolonged Services:	0.00	99354x <b>0.00</b> 55x <b>0.00</b> 56x <b>0.00</b> 57x <b>0.00</b>
Sub Obs Care:	0.00	99224x <b>0.00</b> 99225x <b>0.00</b> 99226x <b>0.00</b>

#### **Modifier -51 Exempt Status**

Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

#### **New Technology/Service:**

Is this new/revised procedure considered to be a new technology or service? No

#### TOP KEY REFERENCE SERVICE:

Key CPT Code 62362

Global 010 Work RVU 5.60

Time Source **RUC Time** 

#### **CPT Descriptor**

Implantation or replacement of device for intrathecal or epidural drug infusion; programmable pump, including preparation of pump, with or without programming

#### SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code 62360

Global 010 Work RVU 4.33

Time Source **RUC Time** 

#### **CPT** Descriptor

Implantation or replacement of device for intrathecal or epidural drug infusion; subcutaneous reservoir

#### **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.

Most Recent

MPC CPT Code 1

Global Work RVU 010

Time Source

Medicare Utilization

13121

4.00

**RUC Time** 

175,826

CPT Descriptor 1 Repair, complex, scalp, arms, and/or legs; 2.6 cm to 7.5 cm

Most Recent

MPC CPT Code 2

64561

Global 010

Work RVU Time Source 5.44 **RUC Time**  Medicare Utilization 14,187

CPT Descriptor 2 Percutaneous implantation of neurostimulator electrode array; sacral nerve (transforaminal placement) including image guidance, if performed

Other Reference CPT Code 49320

Global 010

Work RVU 5.14

Time Source **RUC** Time

<u>CPT Descriptor</u> Laparoscopy, abdomen, peritoneum, and omentum, diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure)

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.

Number of respondents who choose Top Key Reference Code: 46 % of respondents: 45.0 %

Number of respondents who choose 2<sup>nd</sup> Key Reference Code: 21 % of respondents: 20.5 %

TIME ESTIMATES (Median)		Top Key Reference	2nd Key Reference
	<b>CPT Code:</b> 63685	CPT Code: 62362	CPT Code: 62360
Median Pre-Service Time	58.00	48.00	48.00
Median Intra-Service Time	50.00	60.00	60.00
Median Immediate Post-service Time	20.00	20.00	20.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	19.0	19.00	19.00
Median Office Visit Time	23.0	23.00	23.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	170.00	170.00	170.00
Other time if appropriate			

#### INTENSITY/COMPLEXITY MEASURES

(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Survey Code Compared to	Much	Somewhat	<u>Identical</u>	Somewhat	Much
Top Key Reference Code	Less	Less		More	More
Overall intensity/complexity	2%	9%	67%	17%	4%

Mental Effort and Judgment	<u>Less</u>	<u>Identical</u>	<u>More</u>
<ul> <li>The number of possible diagnosis and/or the number of management options that must be considered</li> <li>The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed</li> <li>Urgency of medical decision making</li> </ul>	13%	65%	22%
Technical Skill/Physical Effort	Less	<u>Identical</u>	More
Technical skill required	9%	76%	16%
Physical effort required	15%	74%	11%

<u>Less</u>	<u>Identical</u>	<u>More</u>		
11%	76%	13%		
Much Less	Somewhat Less	<u>Identical</u>	Somewhat More	Much More
0%	19%	71%	10%	0%
	Much Less	Much Somewhat Less Less	Much Somewhat Identical Less Less	Much Somewhat Identical Somewhat Less Less More

<b><u><b>Iental Effort and Judgment</b></u></b>	<u>Less</u>	<b>Identical</b>	<b>More</b>
<ul> <li>The number of possible diagnosis and/or the number of management options that must be considered</li> <li>The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed</li> <li>Urgency of medical decision making</li> </ul>	10%	81%	10%

Technical Skill/Physical Effort	<u>Less</u>	<u>Identical</u>	<b>More</b>
Technical skill required	19%	81%	0%
Physical effort required	19%	81%	0%

Psychological Stress	<u>Less</u>	<u>Identical</u>	<u>More</u>
The risk of significant complications, morbidity and/or mortality	24%	67%	10%

- Outcome depends on the skill and
- judgment of physician
- Estimated risk of malpractice suit with poor outcome

#### **Additional Rationale and Comments**

Describe the process by which your specialty society reached your final recommendation. If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

#### **Background**

CPT codes 63685 and 63688 were revised by the CPT Editorial Panel at the February 2022 CPT Editorial Panel meeting as part of a large set of new and revised neurostimulator service codes that included revisions to CPT codes 64590 and 64595 and creation of new CPT codes to better define differences between integrated neurostimulator systems and separate or

non-integrated systems. The category I codes that came out of the February 2022 meeting were the revisions to existing codes 63685 and 63688, 64590 and 64595, along with three new CPT category I codes, 64596, 64597, and 64598. All seven codes were placed on the LOI for the April 2022 RUC meeting. However, 63685, 63688, 64596, 64597, and 64598 were postponed at the request of reviewing societies who had filed an appeal to the CPT Editorial Panel to reconsider their recommendations from the February 2022 Panel meeting. The panel reviewed this appeal at the May 2022 CPT Editorial Panel and voted to reaffirm their February 2022 approved changes. Subsequent to the May 2022 CPT Editorial Panel meeting, 63685/63688, 64596, 64597, and 64598 were placed on the agenda to survey for the September 2022 RUC meeting.

### **Survey Process**

The AANS, CNS, ASA, AAPM&R, NANS, SIS, NASS, AAPM, and ASIPP indicated interest in surveying codes 63685 and 63688. New c odes 64596, 64597, and 64598 were only surveyed by ASA, NANS, AAPM, and ASIPP.

A single survey instrument was sent to all survey participants. Based on the society sending the email, the survey participants either completed a survey of only 63685 and 63688 – or completed the survey for all five codes. A single 10-day global reference service list was used for codes 63685, 63688, 64596 and 64598.

### **Society Recommendation - 63685**

The societies recommend maintaining the current work RVU of 5.19.

Pre-time Package 3 - straightforward patient/difficult procedure

Evaluation time: Standard package time of 33 minutes which is significantly less than the survey median.

<u>Positioning time</u>: The survey median time of 12 minutes is recommended. The additional time accounts for supine positioning for anesthesia line placement followed by prone positioning with padding to protect neurovascular structures.

Scrub, dress, wait time: The survey median time of 13 minutes is recommended which is less than package 3 time.

### Post-time Package 9A

The survey median time of 20 minutes is recommended.

#### **Postop Visits**

The patient will typically be discharged the same day as the procedure and therefore discharge management code 99238 has been reduced to "0.5" to account for possible overlap of immediate postoperative work that begins with application of dressings and monitoring during reversal from anesthesia.

At a level 3 office visit (99213, low level of medical decision making) during the 10 day global period, the surgeon will examine the patient, answer patient/family questions, remove dressings, assess the wound, and remove sutures/staples. The surgeon will also monitor for surgical complications, assessment of pain and pain relief, discuss progress with the PCP and any consulting physicians (verbal and written), and dictate progress notes for the medical record.

#### **MPC Codes**

There are very few MPC 010 global codes. Codes 13121 and 62362 bracket the recommendation of 5.19 for 63685.Code 13121 describes complex closure requiring more than layered closure, while code 63685 includes both exposure / creation of a pocket for the generator and layered closure over the device with care taken in placing the generator above the iliac crest and below the 12th rib to avoid irritation of the generator against either of these structures. Code 62362 and 63685 both describe implantation of a device. Code 62362 requires slightly more intra-service time related to the pump and therefore should be valued slightly more.

RUC	CPT			Work	Total	Intra	
Survey	Code	Descriptor	Global	RVU	Time	Time	IWPUT
2012	13121	Repair, complex, scalp, arms, and/or legs; 2.6 cm	010	4.00	85	60	0.068
		to 7.5 cm					
2022	63685	Insertion or replacement of spinal neurostimulator	010	5.19	170	50	0.034
		pulse generator or receiver, requiring pocket					
		creation and connection between electrode array					
		and pulse generator or receiver					
2010	62362	Implantation or replacement of device for	010	5.60	170	60	0.042
		intrathecal or epidural drug infusion;					
		programmable pump, including preparation of					

		CPT (	Code: 63	3685
pump, with or without programming				

#### **Key Reference Codes**

KRS code 62360 describes placement of a subcutaneous reservoir in the abdomen for drug infusion while 63685 describes placement of a neurostimulator generator in the lower back area above the iliac crest and below the 12<sup>th</sup> rib using fluoroscopy which adds to the complexity of 63685. KRS code 62362 describes placement a subcutaneous pump in the abdomen for drug infusion while 63685 describes placement of a neurostimulator generator in the lower back area above the iliac crest and below the 12<sup>th</sup> rib using fluoroscopy which adds to the complexity of 63685.

RUC											Post
Survey	CPT			Work	Total	Pre-	Pre-	Pre-	Intra	Immed	Office
	Code	Global	IWPUT	RVU	Time	Eval	Pos	SDW	Time	Post	Visit
2010	62360	010	0.021	4.33	170	33	10	5	60	20	1-213
2022	63685	010	0.040	5.19	170	33	12	13	50	20	1-213
2010	62362	010	0.042	5.60	170	33	10	5	60	20	1-213

### **Other Comparison Code**

Code 49320, Laparoscopy, abdomen, peritoneum, and omentum, diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure), represents a good 10-day global comparator code with similar intra and total time. Code 64561, Percutaneous implantation of neurostimulator electrode array; sacral nerve (transforaminal placement) including image guidance, if performed, which can be performed in the office setting under local anesthesia also supports the work RVU recommendation of 5.19 for 63685.

										Post
CPT			Work	Total	Pre-	Pre-	Pre-	Intra	Immed	Office
Code	Global	IWPUT	RVU	Time	Eval	Pos	SDW	Time	Post	Visit
49320	010	0.044	5.14	157	40			45	30	1-213
63685	010	0.040	5.19	170	33	12	13	50	20	1-213
64561	010	0.065	5.44	131	22	5		45	19	1-214

#### **Additional Important Notes**

Although the survey median and 25<sup>th</sup> percentile work RVUs support an increase in relative valuation for code 63685, the societies do not have compelling evidence to support an increase. The current work RVU maintains appropriate rank order with the key reference codes. Although we noted that work has not *significantly* changed since last surveyed in 2008 and reviewed in 2010, the current standard of practice is to test each of the previously placed leads separately for impedances to verify secure connection and proper function. This adds complexity to the procedure which is accounted for by a slightly higher IWPUT.

In addition, while the intra-service time from the current survey is 10 minutes less than the prior survey intra-time, the survey pre-service time is 10 minutes greater. We believe this is due to the fact that pre-time packages were not in place in 2008 and a clear definition of work to include in the pre-time versus the intra-time was not available. For example, this can easily result in pre-time activities such as local anesthetic injection being included in the intra-time. Most importantly, the **total time** has not changed from the prior survey – ie, work per unit time (WPUT) has not changed.

#### SERVICES REPORTED WITH MULTIPLE CPT CODES

physician work using different codes.

1.	Is this code typically reported on the same date with other CPT codes? If yes, please respond to the questions: Yes	Collowing
	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 of Different specialties work together to accomplish the procedure; each specialty codes its part	

		flexibility to describe exed to maintain consister explain)		ponents the pro-	PT Code: 63685 cedure included.
CP' acc pro sce	ase provide a table listing to T codes, global period, wo ounting for relevant multipusion of the total service, nario. 63650 Percutaneous U/48 minutes pre-service/6	k RVUs, pre, intra, and le procedure reduction please indicate which p implantation of neuros	I post-time for e policies. If mon hysician is perfo timulator electro	ach, summing all re than one physiorming and report ode array, epidur	Il of these data and ician is involved in the ting each CPT code in your ral (010 global/7.15 work
FREQUEN	ICY INFORMATION				
	nis service previously repo ewed) 63685	rted? (if unlisted code,	please ensure tl	nat the Medicare	frequency for this unlisted
	do physicians <u>in your specia</u> nmendation is from multiple				
Specialty N	eurosurgery	How often? Commo	nly		
Specialty In	terventional Pain Managen	nent	How often?	Commonly	
Specialty Pa	ain Management	How often?	Commonly		
If the recom	e number of times this servi nmendation is from multiple rationale for this estimate.	specialties, please prov	ide the frequenc		e for each specialty. Please
Specialty	Frequency 0	Percentage	%		
Specialty	Frequency 0	Percentage	%		
Specialty	Frequency 0	Percentage	%		
24,783 If the Please explain	e number of times this servinis is a recommendation from the rationale for this estimate to include information for	m multiple specialties p mate. RUC database Mo	lease estimate fr edicare utiluzation	equency and per on for 2020 - not	centage for each specialty. e that there are not enough
Specialty N	eurosurgery Frequ	ency 7211	Percentage	29.09 %	
Specialty In	terventional Pain Managen	nent Freq	uency 3593	Percentage	14.49 %

### Berenson-Eggers Type of Service (BETOS) Assignment

Do many physicians perform this service across the United States? Yes

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Percentage 18.29 %

Frequency 4535

Main BETOS Classification:

Specialty Pain Management

Procedures

BETOS Sub-classification: Minor procedure

BETOS Sub-classification Level II: Other

### **Professional Liability Insurance Information (PLI)**

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 63685

If this code is a new/revised code or an existing code in which the specialty utilization mix <u>will</u> change, please select another crosswalk based on a similar specialty mix.

## AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS SUMMARY OF RECOMMENDATION

CPT Code:63688 Tracking Number B2 Original Specialty Recommended RVU: 5.14

Presented Recommended RVU: 4.80

Global Period: 010 Current Work RVU: 5.30 RUC Recommended RVU: 4.35

CPT Descriptor: Revision or removal of implanted spinal neurostimulator pulse generator or receiver, with detachable connection to electrode array.

(For electronic analysis with programming, when performed, of implanted spinal cord neurostimulator, see 95970, 95971, 95972)

(For revision or removal of spinal percutaneous electrode array and integrated neurostimulator, use 0785T) (For revision or removal of sacral percutaneous electrode array and integrated neurostimulator, use 0787T)

#### **CLINICAL DESCRIPTION OF SERVICE:**

Vignette Used in Survey: A 50-year-old male with an implanted spinal cord stimulator desires removal of the neurostimulator pulse generator due to waning of benefit. The subcutaneous neurostimulator pulse generator is disconnected and removed from the electrode array.

Percentage of Survey Respondents who found Vignette to be Typical: 86%

#### Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 63%, In the ASC 37%, 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 92%, Overnight stay-less than 24 hours 8%, 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 100%

Description of Pre-Service Work: On the morning of surgery, meet the patient and his family in the preoperative holding area. Review and update patient's H&P. Counsel patient and his family about risks, benefits, complications, and alternatives to surgery. Answer their questions and obtain informed consent. Mark the site of surgery. Confirm that patient's preoperative laboratory studies are in order and that he received perioperative antibiotics. Bring the patient into the OR and position properly. Perform a time out.

Description of Intra-Service Work: The old skin incision is re-opened and the wound checked for hemostasis. The old generator is dissected out of its subcutaneous pocket and delivered onto a sterile towel. The lead terminals are carefully disconnected from the expired generator. The subcutaneous pocket is then irrigated with antibiotic solution and checked for hemostasis. Following this, the wound is irrigated a final time and closed in three layers. Sterile dressing are applied.

Description of Post-Service Work: Post-operative orders are written. The operative report is dictated. The patient's family is counseled as to the surgery. The patient is visited in the recovery room. A letter is dictated to his referring physician. Schedule an office visit within the ten-day global period to monitor for complications, assessment of pain and pain relief, and documentation of functional outcome are included in the medical chart

#### SURVEY DATA

<b>RUC Meeting Dat</b>							
Presenter(s):		John Ratliff, MD; Clemens Schirmer, MD; Richard Rosenquist, MD; Damean Freas, MD; David Reece, MD; Graham Wagner, MD; Kano Meyer, MD; Gregory Polston, MD					
Specialty Society(ies):	AANS,AAPM,	AAPM&R,ASA	A,ASIPP,C	NS,NANS, N	IASS, SIS		
CPT Code:	63688						
Sample Size:	10096 R	esp N: 99	9				
Description of Sample:	Random						
			Low	25 <sup>th</sup> pctl	Median*	75th pctl	<u>High</u>
Service Performa	ance Rate		0.00	2.00	5.00	8.00	75.00
Survey RVW:			3.25	4.35	5.50	6.69	25.00
Pre-Service Evalua	ntion Time:				45.00		
Pre-Service Position	oning Time:				10.00		
Pre-Service Scrub,	Dress, Wait Tir	ne:			12.00		
Intra-Service Tim	ie:		16.00	30.00	45.00	60.00	180.00
Immediate Post S	Service-Time:	20.00					
Post Operative V	<u>isits</u>	Total Min**	CPT Cod	e and Num	ber of Visit	<u>s</u>	
Critical Care time	e/visit(s):	0.00	99291x <b>0</b>	. <b>00</b> 99292	2x <b>0.00</b>		
Other Hospital til	99231x <b>0</b>	. <b>00</b> 99232	2x <b>0.00</b> 99	9233x <b>0.00</b>			
Discharge Day M	rge Day Mgmt: 38.00 99238x 1.00 99239x 0.00 99217x 0.00						
Office time/visit(s	s):	23.00	99211x <b>0</b>	.00 12x 0.0	<b>0</b> 13x <b>1.00</b> 1	4x <b>0.00</b> 15x	0.00
Prolonged Service	ces:	0.00	99354x <b>0</b>	0. <b>00</b> 55x <b>0</b>	0.00 56x 0	.00 57x 0.0	00
Sub Obs Care:		0.00	99224x <b>0</b>	). <b>00</b> 99225	5x <b>0.00</b> 9	9226x <b>0.00</b>	

<sup>\*\*</sup>Physician standard total <u>minutes per E/M visit</u>: 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 <u>pre</u>-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

3-FAC Straightforward Patient/Difficult Procedure

CPT Code:	63688	Recommended Physician Work RVU: 4.35					
	,	Specialty Recommended Pre- Service Time	Specialty Recommended Pre Time Package	Adjustments/Recommended Pre-Service Time			
Pre-Service Evalua	ation Time:	33.00	33.00	0.00			
Pre-Service Position	oning Time:	10.00	3.00	7.00			
Pre-Service Scrub	, Dress, Wait Time:	12.00	15.00	-3.00			
Intra-Service Tim	ne:	45.00		,			

Please, pick the <u>post</u>-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

9A General Anes or Complex Reg Blk/Strghtforw Proc

	Specialty Recommended Post-Service Time	Recommended	Adjustments/Recommended Post-Service Time
Immediate Post Service-Time:	20.00	30.00	-10.00

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	0.00	99291x <b>0.00</b> 99292x <b>0.00</b>
Other Hospital time/visit(s):	<u>0.00</u>	99231x <b>0.00</b> 99232x <b>0.00</b> 99233x <b>0.00</b>
Discharge Day Mgmt:	<u>19.00</u>	99238x <b>0.5</b> 99239x <b>0.0</b> 99217x <b>0.00</b>
Office time/visit(s):	23.00	99211x <b>0.00</b> 12x <b>0.00</b> 13x <b>1.00</b> 14x <b>0.00</b> 15x <b>0.00</b>
Prolonged Services:	0.00	99354x <b>0.00</b> 55x <b>0.00</b> 56x <b>0.00</b> 57x <b>0.00</b>
Sub Obs Care:	0.00	99224x <b>0.00</b> 99225x <b>0.00</b> 99226x <b>0.00</b>

#### **Modifier -51 Exempt Status**

Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

#### **New Technology/Service:**

Is this new/revised procedure considered to be a new technology or service? No

#### **TOP KEY REFERENCE SERVICE:**

Key CPT Code 62365

Global 010 Work RVU 3.93 Time Source
RUC Time

#### **CPT Descriptor**

Removal of subcutaneous reservoir or pump, previously implanted for intrathecal or epidural infusion

#### SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code 62362

Global 010 Work RVU 5.60

Time Source
RUC Time

#### **CPT** Descriptor

Implantation or replacement of device for intrathecal or epidural drug infusion; programmable pump, including preparation of pump, with or without programming.

#### **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.

Most Recent

MPC CPT Code 1 13121 Global Work RVU 010 4.00 Time Source RUC Time Medicare Utilization 175,826

CPT Descriptor 1 Repair, complex, scalp, arms, and/or legs; 2.6 cm to 7.5 cm

Most Recent

MPC CPT Code 2

64561

Global

010

Work RVU Time Source
5.44 RUC Time

Medicare Utilization 14.187

<u>CPT Descriptor 2</u> Percutaneous implantation of neurostimulator electrode array; sacral nerve (transforaminal placement) including image guidance, if performed

Other Reference CPT Code	Global	Work RVU	Time Source
49320	010	5.14	RUC Time

<u>CPT Descriptor</u> Laparoscopy, abdomen, peritoneum, and omentum, diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure)

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.

Number of respondents who choose Top Key Reference Code: 39 % of respondents: 39.3 %

Number of respondents who choose 2<sup>nd</sup> Key Reference Code: 17 % of respondents: 17.1 %

TIME ESTIMATES (Median)		Top Key Reference	2nd Key Reference
	<b>CPT Code:</b> 63688	<b>CPT Code:</b> 62365	CPT Code: <u>62362</u>
Median Pre-Service Time	55.00	48.00	48.00
Median Intra-Service Time	45.00	45.00	60.00
Median Immediate Post-service Time	20.00	20.00	20.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	19.0	19.00	19.00
Median Office Visit Time	23.0	23.00	23.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	162.00	155.00	170.00
Other time if appropriate			

#### INTENSITY/COMPLEXITY MEASURES

(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Survey Code Compared to	Much	Somewhat	<u>Identical</u>	Somewhat	<u>Much</u>
Top Key Reference Code	Less	Less		More	<u>More</u>
Overall intensity/complexity	3%	15%	74%	8%	0%

Mental Effort and Judgment	<u>Less</u>	<u>Identical</u>	More
<ul> <li>The number of possible diagnosis and/or the number of management options that must be considered</li> <li>The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed</li> <li>Urgency of medical decision making</li> </ul>	16%	72%	13%
Technical Skill/Physical Effort	Less	<u>Identical</u>	More
Technical skill required	15%	76%	8%
Physical effort required	21%	76%	3%

<u>Psychological Stress</u>	<u>Less</u>	<b>Identical</b>	<b>More</b>		
<ul> <li>The risk of significant complications, morbidity and/or mortality</li> <li>Outcome depends on the skill and judgment of physician</li> <li>Estimated risk of malpractice suit with poor outcome</li> </ul>	18%	79%	3%		
Survey Code Compared to 2nd Key Reference Code	Much Less	Somewhat Less	<u>Identical</u>	Somewhat More	Much More
Overall intensity/complexity	0%	6%	76%	6%	12%

ental Effort and Judgment	<u>Less</u>	<u>Identical</u>	<u>More</u>
The number of possible diagnosis and/or the number of management options that must be considered  The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed  Urgency of medical decision making	6%	71%	23%

Technical Skill/Physical Effort	<u>Less</u>	<u>Identical</u>	<b>More</b>
Technical skill required	6%	76%	18%
Physical effort required	0%	82%	18%

<u>Psychological Stress</u>	<u>Less</u>	<u>Identical</u>	<u>More</u>
• The risk of significant complications,	12%	65%	24%

- morbidity and/or mortality
- Outcome depends on the skill and judgment of physician
- Estimated risk of malpractice suit with poor outcome

#### **Additional Rationale and Comments**

Describe the process by which your specialty society reached your final recommendation. If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

#### **Background**

CPT codes 63688, Revision or removal of implanted spinal neurostimulator pulse generator or receiver, with detachable connection to electrode array and 63685, Insertion or replacement of spinal neurostimulator pulse generator or receiver, requiring pocket creation and connection between electrode array and pulse generator or receiver were revised by the CPT Editorial Panel at the February 2022 CPT Editorial Panel meeting as part of a large set of new and revised Neurostimulator

service codes that included revisions to CPT codes 64590 and 64595 and creation of new CPT codes to better define differences between integrated neurostimulator system and separate or non-integrated systems. The category I codes that came out of the February 2022 meeting were the revisions to existing codes 63685 and 63688, 64590 and 64595, along with three new CPT category I codes, 64596, 64597, and 64598. All seven codes were placed on the LOI for the April 2022 RUC meeting. However, 63685, 63688, 64596, 64597, and 64598 were postponed at the request of reviewing societies who had filed a separate request to the CPT Editorial Panel to reconsider their recommendations from the February 2022 Panel meeting. The panel reviewed the request at the May 2022 CPT Editorial Panel and voted to reaffirm their February 2022 approved changes. Subsequent to the May 2022 CPT Editorial Panel meeting, 63685/63688, 64596, 64597, and 64598 were placed on the agenda for the September 2022 RUC meeting.

Several societies indicated an interest in surveying 63685 and 63688. Specifically, the AANS, CNS, ASA, AAPM&R, NANS, SIS, NASS, AAPM, and ASIPP all indicated interest in surveying these two codes. The new codes-64596, 64597, and 64598, because they deal with systems placed in the peripheral nerves, whereas 63685 and 63688 are specific to spine, were surveyed by a subset of these groups-ASA, NANS, AAPM, and ASIPP.

#### Survey

A single survey instrument was sent to all survey participants, and participants were able to choose to respond to only the 63685 and 63688 codes, or only the 64596-64598 codes, or all three depending on the society they were with. A single reference service list for the 63685, 63688, 64596 and 64598 010 global codes was used.

For 63688, the total sample size from all societies was 10,196 with 99 useable, non-conflicted responses received. 87% of respondents found the typical patient vignette to be typical. The most commonly chosen reference code was 62365, Removal of subcutaneous reservoir or pump, previously implanted for intrathecal or epidural infusion chosen by 39 respondents (39%) with the second most common reference service code chosen being 62362, Implantation or replacement of device for intrathecal or epidural drug infusion; programmable pump, including preparation of pump, with or without programming chosen by 17 respondents (17%)

The survey respondents indicated the following median times:

Pre-service Evaluation: 45 minutes Pre-service Positioning: 10 minutes Pre-service SDW: 12 minutes Intra-service: 45 minutes

Immediate Post-Service: 20 minutes

The survey respondents indicated the typical site-of-service as hospital with same-day discharge. The survey respondents indicated a median of 1 visit in the 010 post-service global period with the median response being a 99213.

The survey median work RVU was 5.50.

#### **MPC Codes**

There is a dearth of MPC 010 global codes. The two best are CPT codes 13121 and 64561. The table below shows the two codes and the survey code.

CPT Code	RUC	Global	Work RVU	Intra Time	Total Time	IWPUT
	Survey					
13121	2010	010	4.00	60	85	0.068
<mark>63688</mark>	2022	010	<b>5.14</b>	<mark>45</mark>	162	0.032
62362	2010	010	5.60	60	170	0.042

#### **Key Reference Codes**

CPT	Global	Work	Pre-	Pre-	Pre-	Intra	Immed	Post	Total	IWPUT
Code		RVU	Eval	Pos	SDW	Time	Post	Office	Time	
								Visit		

62365	010	3.93	33	10	5	45	20	1-213	155	0.019
<mark>63688</mark>	010	<b>5.14</b>	<mark>33</mark>	10	<mark>12</mark>	<mark>45</mark>	<mark>20</mark>	1-213	<mark>162</mark>	0.045
62362	010	5.60	33	10	5	60	20	1-213	170	0.042

#### **Other Comparison Code**

In addition to the MPC and Key Reference Codes, CPT code 49320, Laparoscopy, abdomen, peritoneum, and omentum, diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure) represents a good comparator.

CPT	Global	Work	Pre-	Pre-	Pre-	Intra	Immed	Post	Total	IWPUT
Code		RVU	Eval	Pos	SDW	Time	Post	Office	Time	
								Visit		
49320	010	5.14	40			45	30	1-213	157	0.044
<mark>63688</mark>	010	5.14	<mark>33</mark>	10	<mark>12</mark>	<mark>45</mark>	<mark>20</mark>	1-213	<del>162</del>	0.045
64561	010	5.44	22	5		45	19	1-214	131	0.065

#### **Society Recommendations**

The surveying societies convened an expert panel of RUC advisors to review the survey data. The group reviewed the survey data for both 63685 and the existing RVUs and inputs and previous RUC survey data to inform their discussion and recommendations.

The societies recommend pre-service package 3, straightforward patient/difficult procedure with adjusted pre-service positioning and pre-service scrub, dress, and wait times to match the survey median times of 12 minutes and 13 minutes respectively.

Pre-Service Package 3

Pre-Service Evaluation time=33 minutes (survey median)

Pre-Service Positioning time=10 minutes (survey median)

Pre-Service SDW time=12 minutes (survey median)

The societies recommend an intra-service time of 45 minutes.

The societies recommend immediate post-service package 9a, general anesthesia/straightforward patient but adjusted to 20 minutes to match survey median time

The societies recommend a 0.5-99238 for discharge work from a hospital site-of-service with an overnight stay and no same-day E/M visit.

The societies recommend one 99213 for the one visit in the post-operative 010 global period as indicated as typical in the survey.

Based on the relationship between 63688 and the two key reference codes, the societies recommend a work RVU of 5.14 with a crosswalk to CPT code 49320. 49320 was RUC surveyed and valued in 1995, which is typically older than the RUC uses for crosswalks. However, the advisors found a significant dearth of options for crosswalk codes for this 10-day global code with the survey intra-service and total times. There are no 10-day global crosswalk codes with 45 minutes intraservice time and total time between 145 minutes and 175 minutes with a work RVU less than 5.50 (current work RVU for 63688) that have been RUC reviewed since 2011. The societies did not feel comfortable with a crosswalk code above current value because we do not feel compelling evidence supports an increased work RVU recommendation.

There are a handful of more recently RUC surveyed and approved crosswalk codes with 45 minutes intra-service time such as CPT code 37765 at 4.80 work RVU. However, the codes that are less than the current work RVU for 63688 of 5.50 like 37765 that have 45 minute intra-service time have much lower total time because they are typically performed in an office and thus do not include discharge time as 63688 does and also have different pre and post-service package times because of their typical site-of-service. For example CPT code 37765 has only 117 minutes total time. Thus, this crosswalk is also problematic for 63688 which is never performed in an office setting.

In addition, the current procedure has been affected by increasing technological complexity of stimulator systems. There are often multiple arrays, not a single array as were used when the code was last surveyed. There are now typically multiple arrays with the requirement of individual connection and verification of each array for the system. This greatly increases the complexity of the device connection step and the overall procedure itself.

5.14 work RVU best captures the current work involved in 63688 and the relationship with 63685 based on the survey results, with 63685 being valued higher than 63688 and reflecting the -5 minutes survey intra-service time difference. It also reflects a work RVU reduction from the current work RVU despite only a very small change in total time. It also sits below the median survey work RVU and is bracketed by the 25th% survey work RVU. The 25th% work RVU value would result in an anomalously low work RVU and IWPUT for 63688 as discussed above.

Specialty

Specialty

Frequency

Frequency

SERVI	CES RI	EPORTED WITH M	ULTIPLE CP	T CODES		
1.	Is this questio		on the same d	late with other CF	РТ со	rodes? If yes, please respond to the following
	Why is	the procedure reporte	d using multip	le codes instead o	of just	st one code? (Check all that apply.)
		Different specialties physician work using	work together to g different code f flexibility to d sed to maintain s.	to accomplish the es. lescribe exactly w	proc	ected to be reported with an add-on code. ocedure; each specialty codes its part of the components the procedure included. nilar codes.
2.	CPT co	odes, global period, wo ting for relevant multi on of the total service.	ork RVUs, pre, ple procedure 1	intra, and post-ting reduction policies	me fo	e is reported with multiple codes. Include the for each, summing all of these data and more than one physician is involved in the performing and reporting each CPT code in your
		INFORMATION	- 4- 49 (if			one dest des Madianes formans es for deis surlicted
		ed) 63688	ortea? (11 uniis	ted code, please e	ensur	are that the Medicare frequency for this unlisted
						nonly, sometimes, rarely) ation for each specialty.
Special	ty Neuro	osurgery	How often?	Sometimes 2		
Special	ty Interv	ventional Pain Manage	ment	Hov	v ofte	iten? Sometimes
Special	ty Pain I	Management	Но	w often? Sometin	mes	
If the re	ecomme	mber of times this serve indation is from multiple conale for this estimate.	le specialties, p	lease provide the		a one-year period? n/a uency and percentage for each specialty. Please
Special	ty	Frequency		Percentage		%

Percentage

Percentage

%

%

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 6,983 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. RUC database 2020 Medicare utilization

Specialty Neurosurgery

Frequency 2772

Percentage 39.69 %

Specialty Interventional Pain Management

Frequency 712

Percentage 10.19 %

Specialty Pain Management

Frequency 921

Percentage 13.18 %

Do many physicians perform this service across the United States? Yes

#### Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:

**Procedures** 

BETOS Sub-classification:

Minor procedure

BETOS Sub-classification Level II:

Other

### **Professional Liability Insurance Information (PLI)**

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 63688

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:** Spinal Neurostimulator Services

TAB: 4

				RUC					RVV	v	Total	PF	RE-TI	ME		INT	RA-T	IME		IMMD	FAC		Off	ice		S	URVE	/ EXP	ERIENO	CE
Source	СРТ	Global	DESC	Review Year	Pasn	IW/DI IT	WPUT	MIN 25t	h MED	75th MAX	Time	EVAL	POSIT	enw.	MIN	25th	MED	75th	MAX	POST	38 39	15	14 1	2 12	11	MIN	25th	MED	75th	MAX
1st REF	62362		Implantation or replacement	Feb-08	46	0.042	0.033	WIIN 250	5.60	75tii WAX	170	33	10		IVIIIV	23111	60	7501	IVIAA		0.5	13	14 1	3 12	11	0	0	2	5	150
2nd REF	62360		Implantation or replacement	Feb-08	21	0.021	0.025		4.33		170	33	10				60				0.5					0	0	2	5	150
SVY Data Feb 2008	63685		Insertion or replacement of	1 00 00	36	0.031	0.028		6.00		212	45	15				60			20	1.0			· 		Ť				
CURRENT	63685		Insertion or replacement of	Feb 2008	-	0.035			5.19		170	33	10	5			60				0.5		1							
SVY	63685		Insertion or replacement of		102	0.034		3.63 5.2	_	7.08 21.00		45	12	13	16	31	50	60	180	20	1.0		-			0	2	8	20	125
REC	63685		Maintain current value			0.040			5.19		170	33					50				0.5		1				_			
																											ı			
1st REF	62365	010	Removal of subcutaneous	Feb-08	39	0.019	0.025		3.93		155	33	10	5			45			20	0.5		1			0	0	2	3	10
2nd REF	62362	010	Implantation or replacement	Feb-08	17	0.042	0.033		5.60		170	33	10	5			60			20	0.5		1			0	0	2	3	10
SVY Data Feb 2008	63688	010	Revision or removal of		<b>35</b>	0.023	0.026		5.25		201	40	15	10			<b>55</b>			20	1.0		1							
CURRENT	63688	010	Revision or removal of	Feb 2008		0.041	0.032		5.30		165	33	10	5			55			20	0.5		1							
SVY	63688	010	Revision or removal of		99	0.033	0.028	3.25 4.3	5 5.50	6.69 25.00	193	45	10	12	16	30	45	60	180	20	1.0		1			0	2	5	8	75
REC	63688		Revision or removal of			0.027	0.027		4.35		162	33	10	12			45			20	0.5		1							
1st REF	63650	010	Percutaneous implantation of		12	0.068	0.042		7.15		170	33	10	5			60			20	0.5		1			0	<b>25</b>	48	91	200
2nd REF	64555	010	Percutaneous implantation of		7	0.055	0.040		5.76		145	18	1	6			60			18	0.5		1			0	<b>25</b>	48	91	200
CURRENT	64596	010		N/A							0																			
combined	64596	010	Insertion or replacement of		23	0.073	0.043	5.00 6.0	0 7.00	8.00 12.15	162	43	10	10	31	45	60	90	180	16			1			0	0	3	10	25
w-exp	64596		Insertion or replacement of		15	0.073	0.044	5.00 6.0	5 7.25	8.11 11.40	166	41	10	12	31	58	64	88	180	16			1			1	4	6	10	25
w/o-exp	64596	010	Insertion or replacement of		8	0.071	0.041	5.76 5.9	5 6.40	7.00 12.15	158	45	10	10	35	45	53	98	150	18			1			0	0	0	0	0
REC	64596		CONTRACTOR PRICING						СР		0																			
1st REF	63661	010	Removal of spinal		6	0.037	0.031		5.08		165	33	10	5			55			20	0.5		1			0	0	5	40	200
2nd REF	63650	010	Percutaneous implantation of		6	0.068	0.042		7.15		170	33	10	5			60			20	0.5		1			0	0	5	40	200
CURRENT	64598	010		N/A							0																			
			Revision or removal of							7.05 11.90		37	10	10	20	44	58	86	180	15			1			0	0	1	10	130
•			Revision or removal of		13	0.065	0.041	5.08 5.8	0 6.25	7.50 11.90	152	34	10	12	24	40	60	85	180	13			1			1	1	7	10	130
w/o-exp	64598	010	Revision or removal of		7	0.089	0.045	5.76 5.9	0 6.50	6.50 7.00	143	40	10	10	20	45	45	75	120	15			1			0	0	0	0	0
REC	64598		CONTRACTOR PRICING						СР		0																			
			Percutaneous vertebral		12	0.132	0.125		4.00		32		1				30			1						0	0	5	40	200
2nd REF	34820	ZZZ	Open iliac artery exposure for		3	0.117	0.117		7.00		60						60									0	0	5	40	200
CURRENT	64597			N/A							0																			
combined	64597		Insertion or replacement of		19					7.65 9.00					10	30	44	•	180							0	0	0	6	25
w-exp	64597		Insertion or replacement of		9				_	6.81 9.00					23	30	42		136							1	4	6	10	25
w/o-exp	64597	ZZZ	Insertion or replacement of		10	0.140	0.140	3.50 5.1		7.73 9.00	45				10	30	45	67	180							0	0	0	0	0
REC	64597		CONTRACTOR PRICING						СР		0																		<u> </u>	

CPT CODE(S): 63685, 63688

SPECIALTY SOCIETY(IES): AAPM, AAPMR, AANS, ASA, ASIPP, CNS, NANS, NASS, SIS

PRESENTER(S):

# AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC) PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

Meeting Date: 09/2022

CPT Code	Long Descriptor	Global Period
▲63685	Insertion or replacement of spinal neurostimulator pulse generator or receiver, requiring pocket creation and connection between electrode array and pulse generator or receiver	010
▲63688	Revision or removal of implanted spinal neurostimulator pulse generator or receiver, with detachable connection to electrode array	010

**Vignette(s)** (vignette required even if PE only code(s)):

CPT	
Code	Vignette
63685	A 49-year-old male patient with intractable back and leg pain who has failed conservative treatment has undergone a successful trial of a spinal neurostimulator electrode array. He is now referred for placement of a spinal neurostimulator pulse generator and connection to the already placed electrode array.
63688	A 50-year-old male with an implanted spinal cord stimulator desires removal of the neurostimulator pulse generator due to waning of benefit. The subcutaneous neurostimulator pulse generator is disconnected and removed from the electrode array.

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society RVS Committee Expert Panel:

Advisors from the surveying societies discussed the current PE inputs to develop recommendation.

2. Please provide reference code(s) for comparison on your spreadsheet. If you are making recommendations on an existing code, you are required to use the current direct PE inputs as your reference code, but may provide an additional reference code for support. Provide an explanation for the selection of reference code(s) here (NOTE: For services reviewed prior to the implementation of clinical activity codes, detail is not provided in the RUC database, please contact Rebecca Gierhahn at rebecca.gierhahn@ama-assn.org for PE spreadsheets for your reference codes):

The current code PE details are shown as references, however, we note that the current inputs for these codes are based on PEAC review in 2003 when the codes still had a 90-day global period.

When the codes were identified for review in 2008, the recommendation was made that the codes should have a 10-day global assignment. The 2008 SoR rationales stated:

This code was originally brought forth to the 3rd Five-year review because of potential misevaluation, but was withdrawn because of inadequate survey response numbers. Subsequently, the RUC's Five Year Review Identification Workgroup flagged this code as having a site of service anomaly. When originally proposed and valued, the service was provided predominately in an inpatient setting but recent Medicare claims data show it to be moving to an outpatient setting. As an interim measure, the RUC recommended removing the hospital visits, reducing the discharge day from 1.0 to .05 and having the code surveyed with a 10 day global period instead of its current 90 day period.

The 10-day global was accepted by the RUC and CMS and the surveys were conducted as 10-day global codes. Practice expense was not reviewed and the PEAC recommendations based on a 90-day global were maintained.

To assist with PE review for codes 63685 and 63688, we have included additional reference codes 64590

CPT CODE(S): 63685, 63688

SPECIALTY SOCIETY(IES): AAPM, AAPMR, AANS, ASA, ASIPP, CNS, NANS, NASS, SIS

PRESENTER(S):

# AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC) PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

and 64595. These two codes were reviewed by the PE SC at the April 2022 meeting and the PE details were accepted by the RUC. Although CMS has not published a determination for 64590 and 64595, these codes require similar practice expense inputs as 63685 and 63688 and therefore are good references.

3. Is this code(s) typically reported with an E/M service?

No

4. If you are requesting an increase over the aggregate current cost for clinical activities, supplies and equipment, please provide compelling evidence. (Please see *PE compelling evidence guidelines* on Collaboration). Please explain if the increase can be entirely accounted for because of an increase in physician time:

N/A

#### **CLINICAL STAFF ACTIVITIES**

The RUC has agreed that there is a presumption of zero pre-service clinical staff time unless the specialty can provide evidence to the PE Subcommittee that any pre-service time is appropriate. The RUC agreed that with evidence some subset of codes may require either minimal or extensive use of clinical staff and has allocated time when appropriate (for example when a service describes a major surgical procedure). If the package times are not applicable, alternate times may be presented and should be justified for consideration by the Subcommittee.

5. Are the global periods of the codes transitioning? Information about the amount of pre-service clinical staff time and a rationale for the change from a 090-day global to a 000 or 010 day global should be described below.

As stated above, the PE details are based on the PEAC 2003 review of these codes when they had a 90-day global assignment. However, the global period was changed to 10-days for CY 2009. The codes are not transitioning during this review—they had a 10-day global since 2009.

6. If you are recommending more minutes than the PE Subcommittee standards for clinical activities, you must provide rationale to justify the time:

N/A

7. If a clinical activity in your reference code(s) is being rolled into a similar clinical activity approved by the PE Subcommittee and assigned a clinical activity code (*please see second worksheet in PE spreadsheet workbook*), please explain the difference here:

N/A

- 8. Please provide a brief description of the clinical staff work for the following:
  - a. Pre-Service period:

Confirm appropriate lab, and cardiac studies are available if indicated. Coordinate pre-surgery services (including test results). Schedule space/procedure in the facility setting. Provide pre-service education/obtain consent. Call patient and confirm medication adherence and ensure discontinuance of any medications with anticoagulative properties. Perform electronic prescription submission. (Extensive Use of Clinical Time)

b. Service period (includes pre, intra and post):

Discharge day management (0.5 – same day discharge).

CPT CODE(S): 63685, 63688

SPECIALTY SOCIETY(IES): AAPM, AAPMR, AANS, ASA, ASIPP, CNS, NANS, NASS, SIS

PRESENTER(S):

# AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC) PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

c. Post-service period:

	F
Post-operative visit (1	).

9. If you are recommending a new clinical activity, please provide a detailed explanation of why the new clinical activity is needed and cannot conform to any of the existing clinical activities (*please see second worksheet in PE spreadsheet*):

N/A

10. If you wish to identify a new staff type, please include a very specific staff description, salary estimate and its source. Staff types or an identified and appropriate proxy must be listed by the Bureau of Labor Statistics (BLS). You can find the BLS database at <a href="http://www.bls.gov">http://www.bls.gov</a>.

N/A

#### MEDICAL SUPPLIES & EQUIPMENT/INVOICES

- 11. ☐ Please check the box to confirm that you have provided invoices for all new supplies and/or equipment?
- 12. 

  Please check the box to confirm that you have provided an estimate price on the PE spreadsheet for all new supplies and/or equipment?
- 13. If you wish to include a supply that is not on the list (*please see fourth worksheet in PE spreadsheet*) please provide a paid invoice. Identify and explain the supply input and invoice here:

N/A

14. Are you recommending a PE supply pack for this recommendation? Yes or No. If Yes, please indicate if the pack is an established package of supplies as defined by CMS (eg, SA047 *pack*, *E/M visit*) or a pack that is commercially available?

Ves

Both SA048 and SA054 are established supply packs.

15. Please provide an itemized list of the contents for all supply kits, packs and trays included in your recommendation. Please include the description, CMS supply code, unit, item quantity and unit price (if available). See documents two and three under PE reference materials on the <a href="RUC Collaboration">RUC Collaboration</a> Website for information on the contents of kits, packs and trays.

DESCRIPTION	Code	Unit	Item Qty	
pack, minimum multi-specialty visit	SA048	pack		
paper, exam table		foot	7	
gloves, non-sterile		pair	2	
gown, patient		item	1	
pillow case		item	1	
_cover, thermometer probe		item	1	
pack, post-op incision care (staple)	SA052	pack		
kit, staple removal		kit	1	
povidone soln (Betadine)		ml	10	

CPT CODE(S): 63685, 63688

SPECIALTY SOCIETY(IES): AAPM, AAPMR, AANS, ASA, ASIPP, CNS, NANS, NASS, SIS

PRESENTER(S):

# AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC) PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

gauze, sterile 4in x 4in	item	2
gloves, sterile	pair	1
steri-strip (6 strip uou)	item	2
swab-pad, alcohol	item	2
tape, surgical paper 1in (Micropore)	inch	12
tincture of benzoin, swab	item	1

- 16. If you wish to include an equipment item that is not on the list (*please see fifth worksheet in PE spreadsheet*) please provide a paid invoice. Identify and explain the equipment input and invoice here:

  N/A
- 17. Please provide an estimate of the useful life of the new equipment item as required to calculate the equipment cost per minute (*please see fifth worksheet in PE spreadsheet*):

N/A

- 18. Have you recommended equipment minutes for a computer or equivalent laptop/integrated computer, equipment item computer, desktop, w-monitor, ED021 or notebook (Dell Latitute D600), ED038?
  - a. If yes, please explain how the computer is used for this service(s).
  - b. Is the computer used exclusively as an integral component of the service or is it also used for other purposes not specific to the code?
  - c. Does the computer include code specific software that is typically used to provide the service(s)?

N/A

19. List all the equipment included in your recommendation and the equipment formula chosen (please see document titled *Calculating equipment time*). If you have selected "other formula" for any of the equipment please explain here:

EF031 table, power Office Visits

#### PROFESSIONAL LIABILITY INSURANCE (PLI) INFORMATION

20. If this is a PE only code please select a crosswalk based on a similar specialty mix:

N/A

#### ADDITIONAL INFORMATION

21. If there is any other item(s) on your spreadsheet not covered in the categories above that requires greater detail/explanation, please include here:

The equipment change from exam table to power table is typical for physicians who provide postoperative office care for patients with back pain. In addition, the wound that is created is typically in the upper buttock requiring the patient to be prone for postop wound assessment and suture removal.

#### ITEMIZED LIST OF CHANGES (FOLLOWING THE PE SUBCOMMITTEE MEETING)

**CPT CODE(S): 63685, 63688** 

SPECIALTY SOCIETY(IES): AAPM, AAPMR, AANS, ASA, ASIPP, CNS, NANS, NASS, SIS

PRESENTER(S):

# AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC) PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

NOTE: The virtual meetings have provided for real-time updates to the PE spreadsheets. PE SORs must still be updated after the meeting and resubmitted asap.

During and immediately following the review of this tab at the PE Subcommittee meeting, please revise the summary of recommendation (PE SOR) based on modifications made during the meeting. Please submit the revised form electronically to Rebecca Gierhahn at <a href="rebecca.gierhahn@ama-assn.org">rebecca.gierhahn@ama-assn.org</a> immediately following the close of business. In addition to those revisions, please also provide an itemized list of the modifications made to the PE spreadsheet during the PE Subcommittee meeting in the space below (e.g. clinical activity CA010 obtain vital signs was reduced from 5 minutes to 3 minutes).

Supply item SA054, pack, post-op incision care (suture) was revised to SA052, pack, post-op incision care (staple).

CPT CODE(S): 63685, 63688

SPECIALTY SOCIETY(IES): AAPM, AAPMR, AANS, ASA, ASIPP, CNS, NANS, NASS, SIS

PRESENTER(S):

# AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC) PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

Meeting Date: 09/2022

CPT Code	Long Descriptor	Global Period
	Insertion or replacement of spinal neurostimulator pulse generator or receiver, requiring pocket creation and connection between electrode array and pulse generator or receiver	010
▲63688	Revision or removal of implanted spinal neurostimulator pulse generator or receiver, with detachable connection to electrode array	010

**Vignette(s)** (*vignette required even if PE only code(s)*):

CPT	
Code	Vignette
63685	A 49-year-old male patient with intractable back and leg pain who has failed conservative treatment has undergone a successful trial of a spinal neurostimulator electrode array. He is now referred for placement of a spinal neurostimulator pulse generator and connection to the already placed electrode array.
63688	A 50-year-old male with an implanted spinal cord stimulator desires removal of the neurostimulator pulse generator due to waning of benefit. The subcutaneous neurostimulator pulse generator is disconnected and removed from the electrode array.

### \*\*\* These are Facility-Only Codes – No Nonfacility PE Inputs\*\*\*

- 1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society RVS Committee Expert Panel:
- 2. Please provide reference code(s) for comparison on your spreadsheet. If you are making recommendations on an existing code, you are required to use the current direct PE inputs as your reference code but may provide an additional reference code for support. Provide an explanation for the selection of reference code(s) here (NOTE: For services reviewed prior to the implementation of clinical activity codes, detail is not provided in the RUC database, please contact Rebecca Gierhahn at rebecca.gierhahn@ama-assn.org for PE spreadsheets for your reference codes):
- 3. Is this code(s) typically reported with an E/M service? Is this code(s) typically reported with the E/M service in the nonfacility? (Please see the *Billed Together* tab in the RUC Database)
- 4. What specialty is the dominant provider in the nonfacility? What percent of the time does the dominant provider provide the service(s) in the nonfacility? Is the dominant provider in the nonfacility different than for the global? (Please see the *Billed Together* tab in the RUC Database)

CPT CODE(S): 63685, 63688

SPECIALTY SOCIETY(IES): AAPM, AAPMR, AANS, ASA, ASIPP, CNS, NANS, NASS, SIS

PRESENTER(S):

# AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC) PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

5. If you are requesting an increase over the aggregate current cost for clinical activities, supplies and equipment, please provide compelling evidence. (Please see *PE compelling evidence guidelines* on Collaboration). Please explain if the increase can be entirely accounted for because of an increase in physician time:

#### **CLINICAL STAFF ACTIVITIES**

The RUC has agreed that there is a presumption of zero pre-service clinical staff time unless the specialty can provide evidence to the PE Subcommittee that any pre-service time is appropriate. The RUC agreed that with evidence some subset of codes may require minimal or extensive use of clinical staff and has allocated time when appropriate (for example when a service describes a major surgical procedure). If the package times are not applicable, alternate times may be presented and should be justified for consideration by the Subcommittee.

- 6. Are the global periods of the codes transitioning? Information about the amount of pre-service clinical staff time and a rationale for the change from a 090-day global to a 000 or 010 day global should be described below.
- 7. If you are recommending more minutes than the PE Subcommittee standards for clinical activities, you must provide rationale to justify the time:
- 8. If a clinical activity in your reference code(s) is being rolled into a similar clinical activity approved by the PE Subcommittee and assigned a clinical activity code (*please see second worksheet in PE spreadsheet workbook*), please explain the difference here:
- 9. How much time was allocated to clinical activity, *obtain vital signs* (CA010) prior to CMS increasing the clinical activity to 5 minutes for calendar year 2018? The standard for clinical activity, obtains vital signs remains 0, 3 and 5 based on the number of vital signs taken. Please provide a rationale for the clinical staff time that you are requesting for obtain vital signs here:
- 10. Please provide a brief description of the clinical staff work for the following:
  - a. Pre-Service period:
  - b. Service period (includes pre, intra and post):
  - c. Post-service period:
- 11. Please provide granular detail regarding what the clinical staff is doing during the intra-service (of service period) clinical activity, assist physician or other qualified healthcare professional---directly related to physician work time or Perform procedure/service---NOT directly related to physician work time:

**CPT CODE(S): 63685, 63688** 

SPECIALTY SOCIETY(IES): AAPM, AAPMR, AANS, ASA, ASIPP, CNS, NANS, NASS, SIS

**PRESENTER(S):** 

# AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC) PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

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ا 12.	If you have used a percentage of the physician intra-service work time other then 100 or 67 percent for the intra-service (of service period) clinical activity, please indicate the percentage and explain why the alternate percentage is needed and how it was derived.
13.	If you are recommending a new clinical activity, please provide a detailed explanation of why the new clinical activity is needed and cannot conform to any of the existing clinical activities ( <i>please see second worksheet in PE spreadsheet</i> ):
14.	If you wish to identify a new staff type, please include a very specific staff description, salary estimate and its source. Staff types or an identified and appropriate proxy must be listed by the Bureau of Labor Statistics (BLS). You can find the BLS database at <a href="http://www.bls.gov">http://www.bls.gov</a> .
Μŀ	EDICAL SUPPLIES & EQUIPMENT/INVOICES
15.	☐ Please check the box to confirm that you have provided invoices for all new supplies and/or equipment?
16.	$\Box$ Please check the box to confirm that you have provided an estimate price on the PE spreadsheet for all new supplies and/or equipment?
17.	If you wish to include a supply that is not on the list ( <i>please see fourth worksheet in PE spreadsheet</i> ) please provide a paid invoice. Identify and explain the supply input and invoice here:
18.	Are you recommending a PE supply pack for this recommendation? Yes or No. If Yes, please indicate if the pack is an established package of supplies as defined by CMS (eg, SA047 <i>pack, E/M visit</i> ) or a pack that is commercially available?
19.	Please provide an itemized list of the contents for all supply kits, packs and trays included in your recommendation. Please include the description, CMS supply code, unit, item quantity and unit price (if available). See documents two and three under PE reference materials on the <a href="RUC Collaboration">RUC Collaboration</a> Website for information on the contents of kits, packs and trays.
20. [	If you wish to include an equipment item that is not on the list ( <i>please see fifth worksheet in PE spreadsheet</i> ) please provide a paid invoice. Identify and explain the equipment input and invoice here:

21. Please provide an estimate of the useful life of the new equipment item as required to calculate the equipment cost per minute (*please see fifth worksheet in PE spreadsheet*):

CPT CODE(S): 63685, 63688

SPECIALTY SOCIETY(IES): AAPM, AAPMR, AANS, ASA, ASIPP, CNS, NANS, NASS, SIS

PRESENTER(S):

# AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC) PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

- 22. Have you recommended equipment minutes for a computer or equivalent laptop/integrated computer, equipment item computer, desktop, w-monitor, ED021 or notebook (Dell Latitute D600), ED038?
  - a. If yes, please explain how the computer is used for this service(s).
  - b. Is the computer used exclusively as an integral component of the service or is it also used for other purposes not specific to the code?
  - c. Does the computer include code specific software that is typically used to provide the service(s)?
- 23. List all the equipment included in your recommendation and the equipment formula chosen (please see document titled *Calculating equipment time*). If you have selected "other formula" for any of the equipment please explain here:

**CPT CODE(S): 63685, 63688** 

SPECIALTY SOCIETY(IES): AAPM, AAPMR, AANS, ASA, ASIPP, CNS, NANS, NASS, SIS

PRESENTER(S):

# AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC) PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

PROFESSIONAL LIABILITY INSURANCE (PLI) INFORMATION
24. If this is a PE only code please select a crosswalk based on a similar specialty mix:
ADDITIONAL INFORMATION
25. If there is any other item(s) on your spreadsheet not covered in the categories above that requires greater detail/explanation, please include here:
<b>ITEMIZED LIST OF CHANGES (FOLLOWING THE PE SUBCOMMITTEE MEETING)</b> NOTE: The virtual meetings have provided for real-time updates to the PE spreadsheets. PE SORs must still be updated after the meeting and resubmitted asap.
During and immediately following the review of this tab at the PE Subcommittee meeting, please revise the summary of recommendation (PE SOR) based on modifications made during the meeting. Please submit the revised form electronically to Rebecca Gierhahn at <a href="rebecca.gierhahn@ama-assn.org">rebecca.gierhahn@ama-assn.org</a> immediately following the close of business. In addition, please also provide an itemized list of the modifications made to the PE spreadsheet during the PE Subcommittee meeting in the space below (e.g. clinical activity CA010 <i>obtain vital signs</i> was reduced from 5 minutes to 3 minutes).

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1 A	D	U	<u> </u>	Г	G	П	<u> </u>	Societies:	│ <u> </u>	MR AANS	ASA ASIP	P CNS NA	NS NASS	SIS	Q	K	3	Only	/ U V AAPM, AS	A ASIPP N		
2 RUC Practice	Expense Spreadsheet				RUC Rec	04/2022	CURI		RECOM	-		c 04/2022		RENT	RECOMI	MENDED	RECOM	MENDED	RECOMI	· ·	RECOM	MENDED
3			oran constant constan	www.	<b>▲</b> 64			685		3685		4595		688		3688		1596		597		598
4	Martin y Data, 00/0000			or consistence	Inserti		Insert			tion or	Revision		Revision			or removal		RACTOR		RACTOR	CONTR	
Clinical	Meeting Date: 09/2022 Revision Date (if applicable):	Clinical		Clinical Staff	replace	ment of	replaceme	nt of spinal	replaceme	ent of spinal			of implan	nted spinal		nted spinal		ICED		CED	PRI	CED
Activity	Tab: 4 Spinal Neurostimulator Services	Staff Type	Clinical	Type Rate	peripheral,	-			neurostimu	•		astric		ulator pulse		ulator pulse	1	rtion or	each ac		Revision of	
Code	Specialty: AAPM, AAPMR, AANS, ASA, ASIPP, CNS, NANS, NASS, SIS	Code	Staff Type	Per Minute	gas		generator of	-	generator o		neurostimu	•	generator	or receiver		or receiver,		ement of		array (List	of neuros	
5		0000		1 01 1111111111	neurostimu		direct or			g pocket	ŭ	or receiver,		T =		tachable	<del></del>	taneous	, ,	in addition	electrod	
6	LOCATION				Non Fac	Facility	Non Fac		Non Fac		Non Fac		Non Fac		Non Fac	Facility	Non Fac		Non Fac		Non Fac	
7	GLOBAL PERIOD				010	010	010	010	010	010	010	010	010	010	010	010	010	010	ZZZ	ZZZ	010	010
Q	TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME				\$ 193.38	\$ 35.32	N/A	\$ 55.63	N/A	\$ 40.12	\$ 177.35	\$ 35.32	N/A	\$ 55.63	N/A	\$ 40.12	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
9	TOTAL CLINICAL STAFF TIME	L037D	RN/LPN/MTA	0.413	102.0	72.0	0.0	102.0	0.0	72.0	100.0	72.0	0.0	102.0	0.0	72.0	0.0	0.0	0.0	0.0	0.0	0.0
10	TOTAL PRE-SERVICE CLINICAL STAFF TIME	L037D	RN/LPN/MTA	0.413	18.0	30.0	0.0	60.0	0.0	30.0	18.0	30.0	0.0	60.0	0.0	30.0	0.0	0.0	0.0	0.0	0.0	0.0
11	TOTAL SERVICE PERIOD CLINICAL STAFF TIME	L037D	RN/LPN/MTA	0.413	48.0	6.0	0.0	6.0	0.0	6.0	46.0	6.0	0.0	6.0	0.0	6.0	0.0	0.0	0.0	0.0	0.0	0.0
12	TOTAL POST-SERVICE CLINICAL STAFF TIME	L037D	RN/LPN/MTA	0.413	36.0	36.0	0.0	36.0	0.0	36.0	36.0	36.0	0.0	36.0	0.0	36.0	0.0	0.0	0.0	0.0	0.0	0.0
13	TOTAL COST OF CLINICAL STAFF TIME x RATE PER MINUTE				\$ 42.13	\$ 29.74	\$ -	\$ 42.13	\$ -	\$ 29.74	\$ 41.30	\$ 29.74	\$ -	\$ 42.13	\$ -	\$ 29.74	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
14	PRE-SERVICE PERIOD																					
15	Start: Following visit when decision for surgery/procedure made		514 51 ···			_		_		_	_	_		_		_						
16 CA001	Complete pre-service diagnostic and referral forms	L037D	RN/LPN/MTA	0.413	5	5		5	-	5	5	5		5	-	5	1	1			<u> </u>	1
17 CA002 18 CA003	Coordinate pre-surgery services (including test results)  Schedule space and equipment in facility	L037D L037D	RN/LPN/MTA RN/LPN/MTA	0.413 0.413	0	10 5		20	-	10	3	10		20		10 5	1	+			· '	
19 CA004	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA	0.413	7	7		20		7	7	7		20		7						
20 CA005	Complete pre-procedure phone calls and prescription	L037D	RN/LPN/MTA	0.413	3	3		7		3	3	3		7		3						
21 CA006	Confirm availability of prior images/studies	L037D	RN/LPN/MTA	0.413																		
22 CA007	Review patient clinical extant information and questionnaire	L037D	RN/LPN/MTA	0.413																		
23 CA008	Perform regulatory mandated quality assurance activity (pre-service)	L037D	RN/LPN/MTA	0.413																	'	
30	End: When patient enters office/facility for surgery/procedure																					
32	SERVICE PERIOD Start: When patient enters office/facility for surgery/procedure:		I																			
33	Pre-Service (of service period)																					
34 CA009	Greet patient, provide gowning, ensure appropriate medical records are	L037D	RN/LPN/MTA	0.413							3											
35 CA010	Obtain vital signs	L037D	RN/LPN/MTA	0.413							5											
36 CA011	Provide education/obtain consent	L037D	RN/LPN/MTA	0.413																	'	
37 CA012	Review requisition, assess for special needs		RN/LPN/MTA	0.413																	<b></b> '	
38 CA013 39 CA014	Prepare room, equipment and supplies  Confirm order, protocol exam		RN/LPN/MTA RN/LPN/MTA	0.413 0.413	2						2										<b></b> '	
40 CA015	Setup scope (nonfacility setting only)		RN/LPN/MTA	0.413																		
41 CA016	Prepare, set-up and start IV, initial positioning and monitoring of patient	L037D	RN/LPN/MTA	0.413	2						2											
42 CA017	Sedate/apply anesthesia		RN/LPN/MTA	0.413	_																	
49	Intra-service (of service period)															•						
50 CA018	Assist physician or other qualified healthcare professionaldirectly	L037D	RN/LPN/MTA	0.413	40						30										<b></b> '	
53 CA021	Perform procedure/serviceNOT directly related to physician work time	L037D	RN/LPN/MTA	0.413				6						6							'	
60 CA022	Post-Service (of service period)  Monitor patient following procedure/service, multitasking 1:4	L037D	RN/LPN/MTA	0.413						Ι		Ι		T		Τ		Τ		I		
62 CA023	Monitor patient following procedure/service, multitasking 1:4  Monitor patient following procedure/service, no multitasking	L037D	RN/LPN/MTA	0.413														+				
63 CA024	Clean room/equipment by clinical staff	L037D	RN/LPN/MTA	0.413	3						3							1			[	
64 CA025	Clean scope	L037D	RN/LPN/MTA	0.413																		
65 CA026	Clean surgical instrument package	L037D	RN/LPN/MTA	0.413																		
66 CA027	Complete post-procedure diagnostic forms, lab and x-ray requisitions	L037D	RN/LPN/MTA	0.413																	<b></b> '	
67 CA028	Review/read post-procedure x-ray, lab and pathology reports	L037D	RN/LPN/MTA	0.413	4						4										<b></b> '	
68 CA029 74 CA035	Check dressings, catheters, wounds  Review home care instructions, coordinate visits/prescriptions	L037D L037D	RN/LPN/MTA RN/LPN/MTA	0.413 0.413	1						-											
75 CA036	Discharge day management		RN/LPN/MTA	0.413	n/a	6	n/a		n/a	6	n/a	6	n/a		n/a	6	n/a	+	n/a		n/a	
82	End: Patient leaves office/facility				, -,																	
83	POST-SERVICE PERIOD																					
84	Start: Patient leaves office/facility												,,									
87	Office visits: List Number and Level of Office Visits	MINUTES			# visits	# visits	# visits	# visits	# visits	# visits	# visits	# visits	# visits	# visits	# visits	# visits	# visits	# visits	# visits	# visits	# visits	# visits
88	99211 16 minutes 99212 27 minutes	16 27																1			<b></b> '	+
90	99212 27 minutes 99213 36 minutes	36			1	1		1		1	1	1		1		1		+				
91	99214 53 minutes	53				-				<del>'</del>						<u>'</u>		1				
92	99215 63 minutes	63																				
93 CA039	Post-operative visits (total time)	L037D	RN/LPN/MTA	0.413	36.0	36.0	0.0	36.0	0.0	36.0	36.0	36.0	0.0	36.0	0.0	36.0	0.0	0.0	0.0	0.0	0.0	0.0
100	End: with last office visit before end of global period																					

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2 PHC Practice	□ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □	U U	E	Г	RUC Rec		CLIB	RENT	RECOM	MENDED		c 04/2022		RENT		MENDED	RECOM	MENDED		IMENDED	RECOM	MENDED
2 10011401100	c Expense opicausneet					1590		685		3685		4595		688		3688		596	4	4597	<u> </u>	598
J .					Insert			tion or		tion or	Revision of			or removal	Revision			RACTOR		RACTOR		RACTOR
Clinical	Meeting Date: 09/2022				replace						of peripher			nted spinal	of implar			CED		RACTOR		ICED
Activity	Revision Date (if applicable):	Clinical	Clinical	Clinical Staff	peripheral,			ulator pulse		•		astric		ulator pulse				tion or		additional	Revision	
Code	Tab: 4 Spinal Neurostimulator Services	Staff Type		Type Rate	gas			•		•	_			or receiver		•		ement of		e array (List		
Code	Specialty: AAPM, AAPMR, AANS, ASA, ASIPP, CNS, NANS, NASS, SIS	Code	Staff Type	Per Minute	neurostimu			inductive	_	g pocket	generator of		generator	OI TECEIVEI	_	tachable		aneous		y in addition	electrod	
5	LOCATION		+								_		Non Foo	Facility						<del>`</del>		<del></del>
6	LOCATION		+		Non Fac	,	Non Fac	Facility	Non Fac		Non Fac		Non Fac		Non Fac		Non Fac		Non Fac		Non Fac	
1	GLOBAL PERIOD				010	010	010	010	010	010	010	010	010	010	010	010	010	010	ZZZ	ZZZ	010	010
	TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND				\$ 193.38	\$ 35.32	N/A	\$ 55.63	N/A	\$ 40.12	\$ 177.35	\$ 35.32	N/A	\$ 55.63	N/A	\$ 40.12	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
8	EQUIPMENT TIME			2.112				100.0						1000						1		
9	TOTAL CLINICAL STAFF TIME	L037D	RN/LPN/MTA	0.413	102.0	72.0	0.0	102.0	0.0	72.0	100.0	72.0	0.0	102.0	0.0	72.0	0.0	0.0	0.0	0.0	0.0	0.0
10	TOTAL PRE-SERVICE CLINICAL STAFF TIME	L037D	RN/LPN/MTA	0.413	18.0	30.0	0.0	60.0	0.0	30.0	18.0	30.0	0.0	60.0	0.0	30.0	0.0	0.0	0.0	0.0	0.0	0.0
11	TOTAL SERVICE PERIOD CLINICAL STAFF TIME	L037D	RN/LPN/MTA	0.413	48.0	6.0	0.0	6.0	0.0	6.0	46.0	6.0	0.0	6.0	0.0	6.0	0.0	0.0	0.0	0.0	0.0	0.0
12	TOTAL POST-SERVICE CLINICAL STAFF TIME	L037D	RN/LPN/MTA	0.413	36.0	36.0	0.0	36.0	0.0	36.0	36.0	36.0	0.0	36.0	0.0	36.0	0.0	0.0	0.0	0.0	0.0	0.0
101 Supply Code	MEDICAL SUPPLIES	PRICE	UNIT											Τ.								
102	TOTAL COST OF SUPPLY QUANTITY x PRICE				\$ 147.68	\$ 5.02	\$ -	\$ 13.12	\$ -	\$ 9.82	\$ 133.08	\$ 5.02	\$ -	\$ 13.12	\$ -	\$ 9.82	\$ -	\$ -	\$ -	\$ -	\$ -	\$
103 SA048	pack, minimum multi-specialty visit	5.02	pack		2	1		1		1	2	1		1		1				1		
104 <b>SA052</b>	pack, post-op incision care (staple)	4.8	pack					1		1				1		1			1	1		
105 SG017	bandage, Kling, non-sterile 2in	1.65	item					2						2					1	1		
106 SB001	cap, surgical	1.14	item		2		ļ				2										<b> </b>	
107 SB009	drape, sterile, femoral	9.15	item		1						1											
108 SB012	drape, sterile, for Mayo stand	1.07	item		1						1										ļ	
109 SB024	gloves, sterile	0.91	pair		3						3											
110 SB028	gown, surgical, sterile	5.13	item		2						2								<u> </u>		ļ	
111 SB033	mask, surgical	0.43	item		2						2								<u> </u>		1	
112 SC029	needle, 18-27g	0.04	item		1		<u> </u>				1										1	
113 SC051	syringe 10-12ml	0.21	item		1						1								<u> </u>		1	
114 SD009	canister, suction	4.31	item		1						1								<u> </u>		1	
115 SD134	tubing, suction, non-latex (6ft) with Yankauer tip (1)	2.67	item		1						1								<u> </u>		1	
116 SF020	cautery, monopolar, pencil-handpiece	5.67	item		1						1										1	
117 SF021	cautery, patient ground pad w-cord	7.02	item		1		1				1										1	
118 SF033	scalpel with blade, surgical (#10-20)	1.04 3.21	item		1						1				-				<u> </u>		<u> </u>	
119 SF036 120 SF040	suture, nylon, 3-0 to 6-0, c suture, vicryl, 3-0 to 6-0, p, ps	8.52	item		1		1				'								<u> </u>	+	1	
121 SG056	gauze, sterile 4in x 4in (10 pack uou)	1.2	item		1		1				1								<u> </u>	+	1	
122 SH074	water, sterile for irrigation (250-1000ml uou)	2.85	item		1						1										1	
123 SJ011	bulb syringe (Asepto)	1.84	item		1						1								1	+		
124 SJ017	DuraPrep surgical soln (26ml uou)	7.96	item		1						1								1	+		
125 SK075	skin marking pen, sterile (Skin Skribe)	1.62	item		1						'								<del> </del>	+		
126 SG007	adhesive, skin (Dermabond)	57.67	item		1						1								1	+		
127 SH046	lidocaine 1% w-epi inj (Xylocaine w-epi)	0.08	ml		20						20									1		
128 SB005	cover-condom, transducer or ultrasound probe	4.46	item		1														1	1		
Equipment		Purchase	Equipment	Cost Per																		
132 Code	EQUIPMENT	Price	Formula	Minute																		
133	TOTAL COST OF EQUIPMENT TIME x COST PER MINUTE	,50			\$ 3.58	\$ 0.56	\$ -	\$ 0.38	\$ -	\$ 0.56	\$ 2.97	\$ 0.56	\$ -	\$ 0.38	\$ -	\$ 0.56	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
134 EF023	table, exam	4737.727	Office Visits	0.010538571	,	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		36		, 5.00	,	, 5.00		36								
135 EF031	table, power	5906.76	Office Visits	0.015674926	84	36				36	82	36				36						
136 EQ235	suction machine (Gomco)	3195.85	Default	0.008480912	48						46											
137 EQ168	light, exam		Default	0.003271745	48						46											
138 EQ138	instrument pack, medium (\$1500 and up)	1500	Default	0.00697135	48						46											
139 EQ114		5557		0.017935951	56						46					1		1			1	1
Latit	order groung gerror ator, ap to 120 matte	0001	Doladit	0.011000001							40											

# AMA/Specialty Society RVS Update Committee Summary of Recommendations \*CMS-Other – Utilization Over 20,000\*

September 2022

#### **Intraoperative Ultrasound – Tab 5**

In October 2018, the Relativity Assessment Workgroup (RAW) created a screen for CMS/Other codes with Medicare utilization of 20,000 or more, and CPT code 76998 was subsequently identified as part of that screen. CPT code 76998 was not surveyed during the Harvard study and has never been reviewed by the RUC or by CMS. When CPT code 76998 was identified in the CMS/Other screen, it was noted that many specialties were represented in the Medicare claims data, and hence, specialties representing cardiothoracic surgery, general surgery, breast surgery, urology, interventional cardiology, interventional radiology and vascular surgery jointly submitted an action plan that the RAW reviewed in October 2019. The action plan submitted to the RAW noted that the use of code 76998 by general surgeons likely represented reporting by several subspecialists (eg, breast, vascular, oncology). Based on the variability of intraoperative ultrasound for each specialty with differences in the typical patient and physician work, it was decided that each society would submit applications for new code(s) as needed to carve out the work currently reported with 76998 until the code was no longer needed or until it was clear what the final dominant use of 76998 was so that a survey could be conducted.

In October 2019, the RUC referred this issue to the CPT Editorial Panel to clarify correct coding and accurately differentiate physician work as multiple specialties currently report CPT code 76998. Several areas of reporting code 76998 were addressed by the Panel in 2020 and 2021, including: addition of instructional parentheticals that restrict the use of imaging guidance with vein ablation procedures, addition of new codes that bundled imaging guidance for urological procedures; and a Panel determination about correct coding for intraoperative intra-abdominal diagnostic ultrasound. In May 2022, the CPT Editorial Panel created four new codes to report intraoperative cardiac ultrasound services. This action carved out most of the prior reporting of code 76998 by cardiothoracic surgeons and cardiologists.

After utilization was removed from code 76998 for vein ablation procedures, most urological procedures, cardiac procedures and intra-abdominal procedures through instructions and/or new or revised codes, it was determined that the dominant use of the code would be related to breast surgery, allowing for code 76998 to be surveyed. CPT codes 76984, 76987, 76988, 76989, and 76998 were surveyed by the specialties for the September 2022 RUC meeting.

# 76984 Ultrasound, intraoperative thoracic aorta (eg, epiaortic), diagnostic

The RUC reviewed the survey results from 44 cardiothoracic surgeons and cardiologists and determined that the survey 25<sup>th</sup> percentile work RVU of 0.60, appropriately accounts for the typical physician work required to perform this service. The RUC recommends 5 minutes pre-service time, 10 minutes intra-service time and 3 minutes post-service time as supported by the survey. The specialties noted that CPT code 76984 describes ultrasound performed in the operating room through an open chest where the ultrasound probe is placed directly on the thoracic aorta. The specialties noted that this intraoperative ultrasound service is performed because a transesophageal echocardiogram (TEE) could not fully visualize the thoracic aorta due to air in the trachea or there are contra-indications to TEE during surgery such as previous esophagectomy, achalasia or

stenosis. This service examines the desired cannulation or grafting sites to determine if plaque or calcium is present. The pre-service time accounts for the cardiothoracic surgeon securing the ultrasound equipment, supplies and determining the settings. The intraoperative time incudes the cardiothoracic surgeon placing the ultrasound probe directly on the thoracic aorta obtaining targeted images of the aorta to determine if plaque and/or calcium is present and if so, decide on alternative cannulation strategies and/or grafting sites. The immediate post time includes storing the final images as appropriate and generating a separate report of the findings within the operative note.

To justify the 25<sup>th</sup> percentile work value of 0.60, the RUC compared the surveyed code to MPC code 74220 *Radiologic examination, esophagus, including scout chest radiograph(s) and delayed image(s), when performed; single-contrast (eg, barium) study* (work RVU= 0.60, intra-service time of 10 minutes, total time of 16 minutes) and noted that both services typically involve an identical amount of intra-service times and an analogous amount of physician work. The RUC also compared the surveyed code to 2<sup>nd</sup> key reference code 93307 *Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography* (work RVUs= 0.92, intra-service time of 15 minutes, total time of 25 minutes) and noted that the reference code involves 5 more minutes of intra-service time and 7 more minutes of total time, justifying a somewhat lower value for the reference code. The RUC concluded that CPT code 76984 should be valued at the 25<sup>th</sup> percentile work RVU as supported by the survey and comparison to other similar services. **The RUC recommends a work RVU of 0.60 for CPT code 76984.** 

# 76987 Intraoperative epicardial cardiac (eg, echocardiography) ultrasound for congenital heart disease, diagnostic; including placement and manipulation of transducer, image acquisition, interpretation and report

The RUC reviewed the survey results from 31 cardiothoracic surgeons and determined that the survey 25<sup>th</sup> percentile work RVU of 1.90, appropriately accounts for the typical physician work required to perform this service. The RUC recommends 10 minutes pre-service time, 20 minutes intra-service time and 10 minutes post-service time as supported by the survey. The specialties noted that CPT code 76987 is rarely used and describes ultrasound image acquisition performed in the operating room through an open chest where the ultrasound probe is placed directly on the patient's beating heart, and hencedue to the low volume and the cardiothoracic surgeon's infrequent performance of the procedure, a very intense and complex service to perform. This service would typically be performed on infants and is only for patients with congenital defects and where transesophageal echocardiogram (TEE) is contraindicated. However, the patient could have still received a transthoracic echocardiogram (TTE) and other imaging before receiving this service. It was noted that intraoperative epicardial cardiac ultrasound services are expected to be very rare, as intra-operative TEE is considered the gold standard and can be performed for most patients instead. The specialties noted that the pre-time includes intraoperative review of previous imaging immediately prior to the ultrasound and it also includes intra-operative pre-service work such as positioning of the heart, removal of packing and infusion of fluids prior to performing the ultrasound. It was also noted that the intraoperative ultrasound image acquisition would typically be performed at two different points of the skin-to-skin time (prior to and after the cardiac repair is completed) of the major surgical procedure. The immediate post-service time includes the cardiothoracic surgeon storing the final images as appropriate and generating a separate report on image acquisition, the findings and intraoperative decisions made from interpretation of multiple images of different str

For the congenital cardiac epicardial echocardiography codes (76987, 76988, 76989), it is common for a cardiologist to provide a portion of the procedure. For this reason, the congenital cardiac codes were developed to allow for one provider (typically the cardiothoracic surgeon) to perform

all aspects of the intraoperative ultrasound (image acquisition and interpretation/report -76987) and two codes (76988 and 76989) when the work is split out between two providers including a cardiothoracic surgeon and a cardiologist.

To justify the 25<sup>th</sup> percentile work value of 1.90, the RUC compared the surveyed code to MPC code 74176 *Computed tomography, abdomen and pelvis; without contrast material* (work RVU= 1.74, intra-service time of 22 minutes, total time of 32 minutes) and noted that although the surveyed code involves 2 minutes less of intra-service time, it involves 8 more minutes of total time and involves a similar intensity of physician work. Therefore, the work value of 1.90 for the surveyed code has appropriate relativity with this reference code. The RUC also compared the surveyed code to CPT code 78431 *Myocardial imaging, positron emission tomography (PET), perfusion study (including ventricular wall motion[s] and/or ejection fraction[s], when performed); multiple studies at rest and stress (exercise or pharmacologic), with concurrently acquired computed tomography transmission scan* (work RVU= 1.90, intra-service time of 21 minutes, total time of 39 minutes) and noted that the reference code has one more minute of intra-service time, whereas the surveyed code involves one more minute of total time. Both services involve an analogous amount of physician work. The RUC concluded that CPT code 76987 should be valued at the 25<sup>th</sup> percentile work RVU as supported by the survey. The RUC recommends a work RVU of 1.90 for CPT code 76987.

# 76988 Intraoperative epicardial cardiac (eg, echocardiography) ultrasound for congenital heart disease, diagnostic; placement, manipulation of transducer, and image acquisition only

The RUC reviewed the survey results from 33 cardiothoracic surgeons and cardiologists and determined that the survey 25th percentile work RVU of 1.20, appropriately accounts for the typical physician work required to perform this service. The RUC recommends 10 minutes pre-service time, 20 minutes intra-service time and 5 minutes post-service time as supported by the survey. The specialties noted that CPT code 76988 describes ultrasound image acquisition performed in the operating room through an open chest where the ultrasound probe is placed directly on the patient's beating heart, and due to the low volume and the cardiothoracic surgeon's unfamiliarity utilizing the ultrasound and being directed on transducer probe placement and manipulation by the cardiologist, a very intense and complex service to perform. This service would typically be performed on infants and is only for patients with congenital defects and where transesophageal echocardiogram (TEE) is contraindicated. However, the patient could have still received a transthoracic echocardiogram (TTE) before receiving this service. The specialties noted that the pre-time includes intraoperative review of previous imaging immediately prior to both ultrasounds and it also includes intra-operative pre-service work such as positioning of the heart, removal of packing and infusion of fluids prior to performing the ultrasound. CPT code 76988 includes the work of manipulating the transducer probe on the beating heart and image acquisition at the direction of the cardiologist only, and the work of interpretation and report would be performed by a separate physician (typically a cardiologist) that would be reporting 76989. It was also noted that the intraoperative ultrasound image acquisition would typically be performed at two different points of the skin-to-skin time (prior and after the cardiac repair is completed) of the concurrent major surgical procedure, such as before the surgery for planning purposes and after the surgery to assess outcomes and the need for further intervention. The work included in the immediate post-service time accounts for the cardiothoracic surgeon generating a separate report on the intraoperative discussion of the findings with the cardiologist from multiple images from different structures of the heart from both pre- and post-surgical images and if any alterations were made to the surgical plan or any additional repairs were required based on the intraoperative findings.

For the congenital cardiac epicardial echocardiography codes (76987, 76988, 76989), it is not uncommon for a cardiologist to provide a portion of the procedure. For this reason, the congenital cardiac codes were developed to allow for one provider (typically the cardiothoracic surgeon) to perform all aspects of the intraoperative ultrasound (76987) and two codes (76988 and 76989) when the work is split out between two providers

including a cardiothoracic surgeon and a cardiologist. It was noted that the typical physician work in aggregate for 76988 and 76989 is greater than 76987 alone, as when 76988 and 76989 are reported, it would be two separate physicians performing the cumulative work with both physicians in the operating room performing different aspects of the work prior to the cardiac repair and again after the cardiac repair has been completed. During the intraoperative image acquisition portion before and after the cardiac repair, the cardiologist is in the OR with the cardiothoracic surgeon directing the surgeon on manipulating the probe to capture images of multiple structures of the heart. Additionally, the cardiothoracic surgeon is discussing the findings real-time in the OR during the operation with the cardiologist making decisions on if the surgical plan needs to be altered or additional repairs are required based on the findings.

To justify the 25<sup>th</sup> percentile work value of 1.20, the RUC compared the surveyed code to MPC code 70490 *Computed tomography, soft tissue neck; without contrast material* (work RVU= 1.28, intra-service time of 15 minutes, total time of 25 minutes) and noted that the surveyed code involves 5 more minutes of intra-service time of 10 more minutes of total time. The RUC also compared the surveyed code to MPC code 99213 *Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and low level of medical decision making. When using time for code selection, 20-29 minutes of total time is spent on the date of the encounter.* (work RVU= 1.30, total time of 30 minutes) and noted that the surveyed code typically involves 5 more minutes of total time. The RUC concluded that CPT code 76988 should be valued at the 25<sup>th</sup> percentile work RVU as supported by the survey and comparison to other similar services. The RUC recommends a work RVU of 1.20 for CPT code 76988.

# 76989 Intraoperative epicardial cardiac (eg, echocardiography) ultrasound for congenital heart disease, diagnostic; interpretation and report only

The RUC reviewed the survey results from 31 cardiothoracic surgeons and cardiologists and determined that the survey 25th percentile work RVU of 1.55, appropriately accounts for the typical physician work required to perform this service. The RUC recommends 5 minutes pre-service time, 20 minutes intra-service time and 10 minutes post-service time as supported by the survey. This service is for the work of the cardiologist's interpretation and report only. However, the specialties noted that the cardiologist is typically in the operating room intraoperatively, prior to and after the cardiac repair with the cardiothoracic surgeon directing the surgeon on manipulating the probe to capture multiple images of different structures of the heart, interpreting the images in real-time in the operating room, and discussing the findings with the cardiothoracic surgeon to decide if the surgical plan needs to be altered or if additional procedures or repairs are necessary and then archives the images and generates the final report which would be reported with code 76989. The specialty societies noted that some of the survey respondents may have overlooked this typical work that is not separately reported. The RUC recognized this may have been the case since the cardiologist is in the OR prior to the cardiac repair and then comes back again after the cardiac repair is completed and both sets of images including multiple images of different structures of the heart are interpreted and discussed real-time in the OR with the cardiothoracic surgeon and as such, the RUC is recommending, and the specialty societies agree, that the 75<sup>th</sup> percentile of intraservice time instead of the median intraservice time be used for this code. The pretime includes the cardiologist reviewing the procedure and reviewing prior imaging. The immediate post-service work includes the cardiologist storing the final images as appropriate and generating a separate report on the intraoperative interpretation of multiple images of different structures of the heart before and after the cardiac repair, their discussion of the findings with the cardiothoracic surgeon and any intraoperative decisions made to alter the surgical plan or if additional repairs were required based on the findings.

For the congenital cardiac epicardial echocardiography codes (76987, 76988, 76989), it is not uncommon for a cardiologist to provide a portion of the procedure. For this reason, the congenital cardiac codes were developed to allow for one provider (typically the cardiothoracic surgeon) to

perform all aspects of the intraoperative ultrasound (76987) and two codes (76988 and 76989) when the work is split out between two providers including a cardiothoracic surgeon and a cardiologist. It was noted that the typical physician work in aggregate for 76988 and 76989 is greater than 76987 alone, as when 76988 and 76989 are reported, it would be two separate physicians performing the work and the cardiologist and cardiothoracic surgeon would be working together with both physicians in the operating room performing different aspects of the work prior to the cardiac repair and again after the cardiac repair has been completed. During the intraoperative image acquisition portion before and after the cardiac repair, as stated above, the cardiologist is in the OR helping to direct the cardiothoracic surgeon on image acquisition, interpreting the images real-time and discussing the findings with the cardiothoracic surgeon for images acquired before and after the cardiac repair.

To justify the 25<sup>th</sup> percentile RVU of 1.55, the RUC compared the surveyed code to CPT code 78491 *Myocardial imaging, positron emission tomography (PET), perfusion study (including ventricular wall motion[s] and/or ejection fraction[s], when performed); single study, at rest or stress (exercise or pharmacologic)* (work RVU= 1.56, intra-service of 15 minutes, total 30 minutes) and noted that the surveyed code involves 5 more minutes of intra-service and total time. The RUC also compared the surveyed code to CPT code 78492 *Myocardial imaging, positron emission tomography (PET), perfusion study (including ventricular wall motion[s] and/or ejection fraction[s], when performed); multiple studies at rest and stress (exercise or pharmacologic)* (work RVU= 1.80, intra-service time of 20 minutes, total time of 38 minutes) and noted that both services involve an identical amount of intra-service time and similar total times. The RUC concluded that CPT code 76989 should be valued at the 25<sup>th</sup> percentile work RVU as supported by the survey and comparison to other similar services. **The RUC recommends a work RVU of 1.55 for CPT code 76989.** 

#### 76998 Ultrasonic guidance, intraoperative

The RUC reviewed the survey results from 115 breast surgeons, general surgeons and surgical oncologists and determined that the survey median and current work RVU of 1.20 appropriately accounts for the typical physician work required to perform this service. The RUC recommends 5 minutes pre-service time, 12 minutes intra-service time and 5 minutes post-service time as supported by the survey. The specialties noted that additional preservice work and time is required that is independent of the operative procedure. Specifically, prior to sterile draping of the patient (included in the work of the operative procedure), the surgeon will perform a test ultrasound of the patient's breast to adjust the gain, depth of penetration, and intensity settings of the ultrasound unit that will be used for intraoperative ultrasound guidance. This preoperative ultrasound testing is performed to ensure that the ultrasound can detect and localize the abnormal breast lesion(s). The RUC agreed that 5 minutes of pre-time was justified for this work that is not separately reportable and not included in the primary procedures. Intraoperatively, ultrasound is used first to outline the margins of the mass. Then, periodically, the surgeon uses ultrasound to: (1) identify the mass and the margins as well as the surrounding normal tissue; and (2) guide additional incisions, dissection and excisions until clear margins are obtained. Intraoperative permanent images are interpreted and captured throughout the procedure This is a dynamic procedure because the surgical field and lesion of interest is changing between images. The specialty societies and RUC discussed the median intraoperative time of 12 minutes from the survey and observed that the survey respondents may have underestimated their typical time to perform the ultrasound service. Postoperatively, the surgeon will review and sign the intraoperative guidance report and additionally discuss intraoperative ultrasound findings and review the images with the patient, specifically with respect to the interpretation of clean margins. The RUC agreed that 5 minutes of post-time was justified for this work that is not separately reportable and not included in the operative procedure.

Although the CPT code 76998 long descriptor was not revised by the CPT Editorial Panel for CPT 2024, with the creation of 76984-76987 as well as other prior new/revised CPT coding, guidelines and/or parenthetical changes over the past few years, relatively few specialties are anticipated to

continue to report CPT code 76998 going forward. The specialties noted to the RUC that CPT coding changes have either already removed or anticipated to remove utilization for cardiac procedures, vein ablation procedures, most urological procedures and intraabdominal procedures. Therefore, the specialties noted that 76998 is anticipated to have general surgeons and surgical oncologists as the dominant specialties going forward and the updated typical patient for 76998 now describes a patient undergoing a partial mastectomy (ie, lumpectomy) for malignant neoplasm of the breast. The survey for CPT code 76998 was only completed by breast surgeons and general surgeons whom self-identify as surgical oncologists. The RUC noted that CPT code 76998 was reported with partial mastectomy CPT code 19301 14% of the time for Medicare patients in 2020. However, only 7% of claims for code 19301 additional reported intraoperative ultrasound in 2020.

The RUC observed that the proposed survey times represent a decrease from the CMS/Other times included in the RUC database and the current CMS time file. The RUC noted that CPT/HCPCS codes with a *CMS/Other* data source, means that this service was not surveyed in the Harvard Study and has never been reviewed by the RUC or CMS. Instead, the assigned times were input by CMS 30 years ago at the inception of the RBRVS using an unknown methodology and therefore are not valid for relative comparison to the current survey or to other codes.

To justify a work RVU of 1.20, the RUC compared the surveyed code to the key reference code 76641 *Ultrasound, breast, unilateral, real time with image documentation, including axilla when performed; complete* (work RVU= 0.73, intra-service time of 12 minutes, total time of 22 minutes). The RUC noted that code 76641 describes a diagnostic ultrasound study that is typically performed by a technician, where the saved images are then reviewed and an interpretation report is generated by a radiologist at a later time. In comparison, for surveyed code 76998, a surgeon uses an ultrasound probe periodically during the operation and interprets the images in real time to help direct the limits of surgical excision of a mass. Images are saved and a report is generated by the surgeon. The specialties noted, and the RUC agreed that the intensity and complexity of code 76998 (dynamic real-time ultrasound at operation) is significantly greater than code 76641. In addition, the RUC noted that code 76641 represents a single US session typically performed by a technician, whereas code 76998 includes multiple separate US maneuvers throughout an operative procedure by the surgeon, which require a more intense immediate interpretation in order to direct resection of the breast tissue to ensure a thorough and complete surgical excision of the abnormal breast tissue. The RUC agreed that this service does not make the operation easier, but instead helps to prevent repeat operations.

As additional support, the RUC compared the surveyed code to MPC code 70490 Computed tomography, soft tissue neck; without contrast material (work RVU= 1.28, intra-service time of 15 minutes, total time of 25 minutes) and noted that although the reference code has slightly more intra-service and total time, the surveyed code is a dynamic service that is more intense as it is performed intraoperatively during a major surgical procedure. The RUC also compared the surveyed code to CPT code 70544 Magnetic resonance angiography, head; without contrast material(s) (work RVU= 1.20, intra-service time of 12 minutes, total time of 22 minutes) and noted that both services involve identical times and an analogous amount of physician work. The RUC concluded that CPT code 76998 should be valued at the median work RVU as supported by the survey and comparison to other similar services. The RUC recommends a work RVU of 1.20 for CPT code 76998.

# **Practice Expense**

The RUC recommends no direct practice expense inputs for CPT codes 76984-76989 and 76998 as they are facility-only services.

# **New Technology/New Services**

CPT codes 76984-76989 will be placed on the New Technology list and be re-reviewed by the RUC in three years to ensure correct valuation, patient population and utilization assumptions.

# **Work Neutrality**

The RUC's recommendation for this family of codes will result in overall work savings that should be redistributed back to the Medicare conversion factor.

CPT Code	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation			
_	Diagnostic Ultrasound Other Procedures						
76981	Ultrasoun	d, elastography; parenchyma (eg, organ)					
76982	fin	rst target lesion					
<b>+</b> 76983	ea	ch additional target lesion (List separately in addition to code for primary	, procedure	)			
	(Use 76983 in conjunction with 76982)						
	(Report 70	5981 only once per session for evaluation of the same parenchymal organ)					
	(To report	shear wave liver elastography without imaging, use 91200)					
	(For evalu	nation of a parenchymal organ and lesion[s] in the same parenchymal orgo	an at the sa	me session, report only 76981)			
	(Do not re	port 76981, 76982, 76983 in conjunction with 0689T)					
	(Do not re	port 76983 more than two times per organ)	T				
●76984	F1	Ultrasound, intraoperative thoracic aorta (eg, epiaortic), diagnostic	XXX	0.60			
		(For diagnostic intraoperative epicardial cardiac [eg, echocardiography] ultrasound, see 76987, 76988, 76989)					
●76987	F2	Intraoperative epicardial cardiac (eg, echocardiography) ultrasound for congenital heart disease, diagnostic; including placement and manipulation of transducer, image acquisition, interpretation and report	XXX	1.90			

●76988	F3	placement, manipulation of transducer, and image acquisition only	XXX	1.20
●76989	F4	interpretation and report only (For diagnostic intraoperative thoracic aorta (eg, epiaortic) ultrasound, use 76984)		1.55
<b>(f)</b> 76998	F5	Ultrasonic guidance, intraoperative  (Do not report 76998 in conjunction with 36475, 36479, 37760, 37761, 46948, 47370, 47371, 47380, 47381, 47382, 76984, 76987, 76988, 76989, 0515T, 0516T, 0517T, 0518T, 0519T, 0520T)  (For ultrasound guidance for open and laparoscopic radiofrequency tissue ablation, use 76940)	XXX	1.20 (No Change) (2022 Work RVU = 1.20)

# AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS SUMMARY OF RECOMMENDATION

CPT Code: 76984 Tracking Number F1 Original Specialty Recommended RVU: **0.60** 

Presented Recommended RVU: 0.60

Global Period: XXX Current Work RVU: 1.20 RUC Recommended RVU: 0.60

CPT Descriptor: Ultrasound, intraoperative thoracic aorta (eg, epiaortic), diagnostic

#### **CLINICAL DESCRIPTION OF SERVICE:**

Vignette Used in Survey: A 76-year-old male with prior lower extremity bypass on the left and remote stroke presents with complex coronary disease and mildly reduced left ventricular function. His preoperative -ray demonstrates calcification of the aortic knob. He is now undergoing coronary artery bypass grafting, and grade III atheroma is noted in the descending aorta by perioperative transesophageal echocardiogram (TEE). An intraoperative epiaortic ultrasound is performed and interpreted by the cardiothoracic surgeon.

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%

Description of Pre-Service Work: In addition to the preoperative evaluation performed for the cardiac procedure(s) to be performed (reported separately); if it is anticipated that epiaortic ultrasound will be required for a patient, additional intraoperative review of prior imaging which may include CT scans, TEE and/or TTE studies specific to the epiaortic ultrasound is required. The cardiac surgeon identifies the ultrasound equipment required, including appropriate transducers and probe covers, as well as determing the proper settings for the ultrasound equipment.

Description of Intra-Service Work: The cardiothoracic surgeon holds the sterile probe drape and the anesthesiologist or tech drops the probe into the sterile drape and the surgeon secures the probe drape then places the epiaortic ultrasound probe on the thoracic aorta (which transesophageal echocardiogram [TEE] cannot fully visualize during the surgery due to air in the trachea or there are contra-indications to TEE such as previous esophagectomy, achalasia or stenosis) and examines the desired cannulation or grafting sites to determine if plaque or calcium is present. If plaque or calcium are found, alternative targets are examined to identify a site without plaque or calcium for aortic cannulation or proximal graft placement. If the site is not suitable, alternative cannulation or grafting strategies are necessary (ie: peripheral or off-pump cardiopulmonary cannulations, elimination of aortic cross-clamp, identification of different anastomotic sites for proximal grafts), to avoid aortic dissection or cerebral/systemic embolic events. The images are obtained and interpreted real-time during the procedure. The cardiothoracic surgeon acquires the final digital images for subsequent transfer to archival storage. The cardiac procedures (eg, coronary artery bypass graft [CABG], aortic dissection repair, valve repair/replacement) are reported separately.

Description of Post-Service Work: The cardiothoracic surgeon stores the final images as appropriate. A separate report is generated, typically within the op note, documenting the placement and manipulation on the transducer probe on the thoracic aorta, the images obtained, the intraoperative interpretation of the images and findings, decisions made on grafting sites and if any changes are made to the surgical plan based on the findings.

#### **SURVEY DATA**

RUC Meeting Da	ate (mm/yyyy)	09/2022					
Presenter(s):	Wright, MD;	Joesph Turek, MD; James M. Levett, MD; Prashanath Vallabhjosyula, MD; Richard Wright, MD; Ed Tuohy, MD; Thad Waites, MD					
Specialty Society(ies):	Society of TI	Society of Thoracic Surgeons; American Assosiation for Thoracic Surgery; Amercian College of Cardiology					Amercian
CPT Code:	76984	76984					
Sample Size:	2029	Resp N: 4	4				
Description of Sample:	surgeons; A who indicate 222 member	STS/AATS - 1307 subspecialty members that identify as cardaic or congenital cardiac surgeons; ACC - 722 cardiologists which included a random sample of 500 members who indicate echocardiography in their membership interests and a random sample of 222 members who indicate echocardiography plus either pediatric cardiology or congenital cardiology.					
			Low	25 <sup>th</sup> pctl	Median*	75th pctl	<u>High</u>
Service Performance Rate		0.00	3.00	10.00	50.00	500.00	
Survey RVW:			0.40	0.60	1.00	1.65	4.00
Pre-Service Evalu	ation Time:				5.00		
Pre-Service Posit	ioning Time:				0.00		
Pre-Service Scrub	o, Dress, Wait	ime:			0.00		
Intra-Service Tir	me:		2.00	5.00	10.00	14.25	180.00
Immediate Post	Service-Time	: <u>3.00</u>					
Post Operative	<u>Visits</u>	Total Min**	CPT Cod	e and Num	ber of Visit	<u>s</u>	
Critical Care tim	ne/visit(s):	0.00	99291x <b>0</b>	). <b>00</b> 99292	2x <b>0.00</b>		
Other Hospital time/visit(s): 0.00			99231x <b>(</b>	). <b>00</b> 99232	2x <b>0.00</b> 99	9233x <b>0.00</b>	
Discharge Day Mgmt: 0.00			99238x <b>(</b>	<b>0.00</b> 99239x	0.00	99217x <b>0.00</b>	
Office time/visit	(s):	0.00	99211x <b>(</b>	0.00 12x 0.0	<b>0</b> 13x <b>0.00</b> 1	4x <b>0.00</b> 15x	0.00
Prolonged Serv	ices:	0.00	99354x <b>(</b>	). <b>00</b> 55x <b>0</b>	). <b>00</b> 56x <b>0</b>	. <b>00</b> 57x <b>0</b> .0	00
Sub Obs Care:		0.00	99224x <b>(</b>	99225	5x <b>0.00</b> 9	9226x <b>0.00</b>	
**Physician stan	dard total mi	nutes ner F/M	visit· QC	291 (7N)· 9	9292 (30).	99231 (20)	99232 (40)

<sup>\*\*</sup>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 <u>pre</u>-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

CPT Code:	76984	Recommended Phys	Recommended Physician Work RVU: 0.60				
		Specialty Recommended Pre- Service Time	Specialty Recommended Pre Time Package	Adjustments/Recommended Pre-Service Time			
Pre-Service Evalu	ation Time:	5.00	0.00	5.00			
Pre-Service Positi	oning Time:	0.00	0.00	0.00			
Pre-Service Scrub	, Dress, Wait Time:	0.00	0.00	0.00			
Intra-Service Tin	ne:	10.00					

Please, pick the <u>post</u>-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

XXX Global Code

Specialty	Specialty	Adjustments/Recommended
Recommended	Recommended	Post-Service Time
Post-Service Time	Post Time Package	Post-Service Tille

Immediate Post Service-Time:	3.00	0.00	3.00
	0.00	0.00	0.00

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	0.00	99291x <b>0.00</b> 99292x <b>0.00</b>
Other Hospital time/visit(s):	0.00	99231x <b>0.00</b> 99232x <b>0.00</b> 99233x <b>0.00</b>
Discharge Day Mgmt:	0.00	99238x <b>0.0</b> 99239x <b>0.0</b> 99217x <b>0.00</b>
Office time/visit(s):	0.00	99211x <b>0.00</b> 12x <b>0.00</b> 13x <b>0.00</b> 14x <b>0.00</b> 15x <b>0.00</b>
Prolonged Services:	0.00	99354x <b>0.00</b> 55x <b>0.00</b> 56x <b>0.00</b> 57x <b>0.00</b>
Sub Obs Care:	0.00	99224x <b>0.00</b> 99225x <b>0.00</b> 99226x <b>0.00</b>

### **Modifier -51 Exempt Status**

Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

### **New Technology/Service:**

Is this new/revised procedure considered to be a new technology or service? Yes

#### **TOP KEY REFERENCE SERVICE:**

Key CPT Code Global Work RVU Time Source 93308 XXX 0.53 **RUC Time** 

<u>CPT Descriptor</u> Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, follow-up or limited study

#### SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code Global Work RVU Time Source 93307 XXX 0.92 **RUC Time** 

CPT Descriptor Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography

#### **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.

Most Recent MPC CPT Code 1 Global Work RVU Time Source Medicare Utilization 74220 XXX 0.60 **RUC Time** 2,294

CPT Descriptor 1 Radiologic examination, esophagus, including scout chest radiograph(s) and delayed image(s), when

performed; single-contrast (eg, barium) study Most Recent

MPC CPT Code 2 Work RVU Time Source Medicare Utilization <u>Global</u> 76830 XXX 0.69 155,313 **RUC Time** 

CPT Descriptor 2 Ultrasound, transvaginal

Other Reference CPT Code Work RVU Time Source Global 0.00

**CPT** Descriptor

#### RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.

Number of respondents who choose	Top Key Reference Code:	14 % 0	of respondents: 34.1 %

Number of respondents who choose 2<sup>nd</sup> Key Reference Code: 8 % of respondents: 18.1 %

TIME ESTIMATES (Median)	<b>CPT Code:</b> <u>76984</u>	Top Key Reference CPT Code: 93308	2nd Key Reference CPT Code: 93307
Median Pre-Service Time	5.00	5.00	5.00
Median Intra-Service Time	10.00	10.00	15.00
Median Immediate Post-service Time	3.00	5.00	5.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	18.00	20.00	25.00
Other time if appropriate			

# INTENSITY/COMPLEXITY MEASURES

(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Survey Code Compared to	Much	Somewhat	<u>Identical</u>	Somewhat	Much
Top Key Reference Code	Less	Less		More	More
Overall intensity/complexity	0%	14%	50%	7%	29%

The number of possible diagnosis and/or the number of management options that must be considered     The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed     Urgency of medical decision making	<u>Less</u> 36%	Identical 36%	<u>More</u> 29%
Technical Skill/Physical Effort  Technical skill required	<u>Less</u>	Identical 43%	<u>More</u>

Physical effort required 21% 43% 36%

### **Psychological Stress**

**Identical** Less More The risk of significant complications, 7% 43% 50%

- morbidity and/or mortality Outcome depends on the skill and judgment of physician
- Estimated risk of malpractice suit with poor outcome

# **Survey Code Compared to** 2nd Kev Reference Code

Zna ikcy ikcierence Coac	
Overall intensity/complexity	

# Much **Less**

Somewha
Less

25%	

**Identical** 

More

Somewhat

Much More

13% 13% 38%

13%

## **Mental Effort and Judgment**

- The number of possible diagnosis and/or the number of management options that must be considered
- The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed
- Urgency of medical decision making

# Less

13%

**Less** 

0%

# **Identical** 63%

# 25%

<u>More</u>

13%

<u>More</u>

<b>Technical</b>	Skill/Ph	ysical	<b>Effort</b>

Technical skill required	38%	50%	

Physical effort required 25% 63% 13%

#### **Psychological Stress**

•	The risk of significant complications,
	morbidity and/or mortality

- Outcome depends on the skill and judgment of physician
- Estimated risk of malpractice suit with poor outcome

#### <u>Less</u> **Identical** <u>More</u>

**Identical** 

38% 63%

#### **Additional Rationale and Comments**

Describe the process by which your specialty society reached your final recommendation. If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

#### **Overall Comments: (all codes)**

Tab 5 includes 4 new codes that represent intraoperative diagnostic cardiac ultrasound procedures.

All four procedures are performed in the operating room through an open chest with the ultrasound probe placed directly on the thoracic aorta (76984) or the beating heart (76987, 76988, 76989). The structure of the codes is different because the cardiothoracic surgeon almost always performs the entire procedure for the epiaortic ultrasound (76984) which

includes placing the ultrasound probe directly on the thoracic aorta through the open pericardium, collecting and interpreting the images and generating the final report.

For the congenital cardiac epicardial echocardiography codes (76987, 76988, 76989), it is not uncommon for a cardiologist to provide a portion of the procedure. For this reason, the congenital cardiac codes were developed to allow for one provider (typically the cardiothoracic surgeon) to perform all aspects of the intraoperative ultrasound (76987) and two codes (76988 and 76989) when the work is split out between two providers including a cardiothoracic surgeon and a cardiologist. When the work is split between two providers, the cardiothoracic surgeon would report code 76988 for placement of the transducer probe on the beating heart and manipulating it at the direction of the cardiologist to obtain the images of multiple structures of the heart discussing the results intraoperatively with the cardiologist to decide if the surgical plan needs to be altered or if additional procedures or repairs are necessary. The cardiologist is in the OR with the cardiothoracic surgeon directing them on manipulating the probe to capture images of multiple structures of the heart, interpreting the images real-time in the OR, and discussing the findings with the cardiothoracic surgeon to decide if the surgical plan needs to be altered or if additional procedures or repairs are necessary and then archives the images and generates the final report which would be reported with code 76989.

Comparison and summary of work involved for each procedure

	Comparison and summary of work involved for each procedure								
Code	Specialty providing service	Pre- time	Pre-Service activities	Intra - time	Intra-service Activities	Immed Post time	Immed Post Activities		
76984	Cardiac surgeon	5 mins	Performed by the cardiothoracic surgeon. Mainly involves securing the ultrasound equipment, supplies and settings.	10 mins	Performed by the cardiothoracic surgeon. Placement and manipulation of the transducer probe on targeted areas of the thoracic aorta, obtain and interpret images intraoperatively. Acquire images for final archival storage.	3 mins	Performed by the cardiothoracic surgeon. Store final images as appropriate and generate report of findings from targeted thoracic aortic structures.		
76987	Cardiac surgeon	10 mins	Performed by the cardiothoracic surgeon. Includes work included in 76984 and the intraoperative pre-service work of preparing the heart for the ultrasound by removing packing, positioning the heart and infusing fluid if necessary. This is all done twice – once intraoperatively before cardiac repair and once intraoperatively at the end of cardiac repair.	20 mins	Performed by the cardiothoracic surgeon. Performed twice per operation. Pre- and post-procedural placement and manipulation of the transducer probe on beating heart. Obtain multiple images of different structures of the heart and interpret intraoperatively. Acquire images for final archival storage.	10 mins	Performed by the cardiothoracic surgeon. Store final images as appropriate and generate report on findings from multiple images from different structures of the heart from both pre- and post-surgical images. The main difference from 76984 is the number of images obtained from multiple structures for the pre- and post-surgical findings increasing storage and documentation time.		
76988	Cardiac surgeon	10 mins	The same as the pre-service work performed by the cardiothoracic surgeon in 76987.	20 mins	Performed by the cardiothoracic surgeon. Performed twice per operation. Pre- and post-procedural placement and manipulation of the transducer probe on beating heart. Obtain multiple images of different structures of the heart at the direction of the cardiologist. Discuss the cardiologist's findings intraoperatively.	5 mins	Performed by the cardiothoracic surgeon. Generate report on findings from multiple images from different structures of the heart from both preand post-surgical images.  Similar to post work of 76984. The main difference is increased number of images obtained.  Difference in work from 76987 is the cardiothoracic surgeon does not store the final images.		
76989	Cardiologist	5 mins	Performed by the cardiologist. Reviews the procedure with the cardiac surgeon and reviews previous imaging for the patient	15 mins	Performed by the cardiologist. In the OR at the same time as the cardiothoracic surgeon at the beginning and again at the end of the procedure, actively directing them on probe manipulation and the images that need to be obtained ensuring adequate images are captured.  Applying color doppler to assess valves and any stenoses. Interpret the pre- and post-procedural images in the OR during the procedure and discuss the findings with the cardiothoracic surgeon. Acquire images for final archival storage.	10 mins	Performed by the cardiologist. Store final images as appropriate and generate report on findings from intraoperative interpretation and discussion of multiple images from different structures of the heart from both pre- and post-surgical images. Similar to work done in 76987 by cardiothoracic surgeon.		

#### Rationale 76984 - Ultrasound, intraoperative thoracic aorta (eg, epiaortic), diagnostic

Code 76984 is an XXX global procedure that represents an intraoperative epiaortic ultrasound imaging procedure that is typically performed by adult cardiothoracic surgeons when there are concerns for aortic calcification in patients undergoing cardiac procedures involving aortic cannulation for cardiopulmonary bypass (e.g. CABG, valve, ascending aorta graft repair or aortic arch graft repair), graft procedures involving the thoracic aorta or bypass grafts coming off the aorta during coronary artery bypass grafting. The epiaortic ultrasound may be performed prior to or during the cardiac procedure to determine a site without plaque or calcium for aortic cannulation and proximal graft placement. Intraoperative epiaortic ultrasound is used instead of transesophageal echocardiogram (TEE) in this case because the thoracic aorta and coronary vessels cannot be fully visualized by TEE due to air in the trachea during the procedure. If a suitable cannulation or grafting site cannot be identified, the cardiac surgeon must determine if alternative strategies (ie: off-pump technique, elimination of aortic cross-clamp, different anastomotic sites for proximal grafts) will be necessary to avoid aortic dissection or cerebral/systemic embolic events.

The 5 minutes of pre-service time for the epiaortic ultrasound includes additional intraoperative review of the patient's previous imaging which may include CT scans, TEE or TTE studies specific to the epiaortic ultrasound and identification of ultrasound equipment required for the procedure, including appropriate transducers and probe coverings as well as determining the proper settings for the ultrasound equipment.

The median intra-service time of 10 minutes includes performing the ultrasound and obtaining the images of the thoracic aorta and interpreting the images in real-time during the procedure. The 3 minutes of post-operative time includes documenting the work performed and the findings of the epiaortic ultrasound. This includes storing the final images and documenting a separate report within the op note describing the surgical decisions made based on the intra-operative findings of the ultrasound.

**Intensity and complexity of the procedure:** 44 surveys were completed by a random sample of 1307 U.S. selfidentified adult and congenital cardiac surgeons and cardiologists. 14 respondents selected code 93308, Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, follow-up or limited study as a reference code making it the 1st key reference service (KRS). That code has a slightly lower value than the 25<sup>th</sup> percentile RVW of the survey code (0.53 and 0.60 respectively, with the same intraservice time (10 minutes) and 2 minutes more of total time then the survey code (20 minutes vs 18 minutes, respectively). The 2- minute difference in total time is due to the 2-minute difference in immediate post service time (5 minutes vs 3 minutes). For the overall intensity/complexity, the survey respondents indicated that the survey code was identical or much more complex than the reference code. The mental effort/ judgement for the survey code was identical or less complex than the reference code. The survey respondents indicated that the physical effort required for the survey code was identical or more complex than the reference code. The psychological stress for the survey code was more complex or identical to the reference code. For the technical skill required most of the survey respondents indicated that the survey code was identical to the reference code, and the rest were equally split between the survey code being less or more complex than the reference code. 8 respondents selected code 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography as a reference code making it the 2<sup>nd</sup> KRS. This code has a higher value than the 25<sup>th</sup> percentile of the survey code (0.92 vs 0.60 respectively and a lower value than the median RVW of the survey code (0.92 vs 1.00 respectively) with a longer intraservice time (15 mins vs 10 mins respectively) and total service time (25 mins vs 18 mins respectively). In their overall intensity/complexity comparison the survey respondents indicated that the survey code was identical or somewhat more complex than the reference code. For the psychological stress, the survey respondents indicated that the reference code was more complex or identical to the survey code. For the mental effort/judgement, the survey respondents indicated that the reference code was identical or more complex than the survey code. For the technical skill and physical effort required, the survey respondents indicated that the reference code was identical or less complex than the survey code.

**Recommended RVW:** The survey data for code 76984 (ultrasound, intraoperative thoracic aorta (eg, epiaortic), diagnostic) has pre-service time of 5 minutes, a median intra-operative time of 10 minutes and a post time of 3 minutes for a total of 18 minutes.

The Expert Panel felt that the 25<sup>th</sup> percentile RVW of 0.60 with 10 minutes of intra-time, 18 minutes of total time, an IWPUT of 0.042 and a work per unit time (WPUT) of 0.033 was reasonable for the procedure compared to the reference service codes. The 25<sup>th</sup> percentile of the survey code falls between the RVW of the two reference codes and the intraservice time is the same for the 1<sup>st</sup> KRS and 5 minutes less than the intra-service time of the 2<sup>nd</sup> KRS. The IWPUT and the WPUT of the survey code also falls between the two KRS codes. While the total time of the 1<sup>st</sup> KRS is 2 minutes longer than the survey code, this is due solely to the difference in the immediate post service time. The Expert Panel believes that the key difference in the nature of the procedures is that the survey code is performed during an open

operation and the findings are interpreted in real-time in order to determine if intra-operative changes are required to accomplish the procedure. In addition, the intensity/complexity measures support the slightly higher wRVU for the survey code than the 1st KRS code.

For code 76984, the Expert Panel is recommending a the 25<sup>th</sup> percentile work RVW of 0.60 with a median intra-service time of 10 minutes, a total time of 18 minutes, IWPUT of 0.042 and a WPUT of 0.033.

The recommended value of 0.60 is supported by the MPC code 74220, which also has an RVW of 0.60, an intra time of 10 minutes and a total time of 16 minutes. The table below shows that the recommended RVW of 0.60 for survey code 76984 falls within the range of several reference codes that have intra-service times between 7 and 11 minutes and total times between 13 and 23 minutes and have been reviewed by the RUC within the past 13 years.

Reference codes with intra times between 7 and 11 minutes and total times between 13 and 23 minutes

							o				-		
Source	СРТ	Glob	IWPUT	WPUT	RVW	Tot Time	EVAL	Posit	SDW	INTRA- TIME	IMMD Post	Time Source	Recent Review
MPC	76857	XXX	0.039	0.029	0.50	17	5			7	5	RUC	2013-10
MPC	92083	XXX	0.043	0.038	0.50	13	3			10		RUC	2012-04
MPC – REF code	74220	XXX	0.047	0.038	0.60	16	3			10	3	RUC	2019-01
	93971	XXX	0.027	0.025	0.45	18	3			10	5	RUC	2011-04
	76536	XXX	0.038	0.031	0.56	18	4			10	4	RUC	2009-04
SVY - REC	76984	XXX	0.042	0.033	0.60	18	5			10	3		
	77076	XXX	0.052	0.039	0.70	18	3			10	5	RUC	2018-04
	70450	XXX	0.067	0.047	0.85	18	4			10	4	RUC	2019-04
KRS	93308	XXX	0.031	0.027	0.53	20	5			10	5	RUC	2016-04
MPC	78306	XXX	0.064	0.043	0.86	20	5			10	5	RUC	2016-04
MPC	76519	XXX	0.027	0.025	0.54	22	2			10	10	RUC	2016-04
MPC - REF	76830	XXX	0.040	0.030	0.69	23	5			10	8	RUC- CMS Rev	2012-04
MPC	99212	XXX	0.053	0.044	0.70	16	2			11	3	RUC- CMS Rev	2019-04
MPC	76700	XXX	0.053	0.039	0.81	21	5			11	5	RUC	2013-10
KRS	93307	XXX	0.046	0.037	0.92	25	5			15	5	RUC	2016-04

#### SERVICES REPORTED WITH MULTIPLE CPT CODES

1.		Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: Yes						
	Why	is the procedure reported using multiple codes instead of just one code? (Check all that apply.)						
		The surveyed code is an add-on code or a base code expected to be reported with an add-on code. Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.						
		Multiple codes allow flexibility to describe exactly what components the procedure included.  Multiple codes are used to maintain consistency with similar codes.  Historical precedents.  Other reason (please explain)						

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

#### FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 76998

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 cardiothoracic surgery How often? Sometimes

Specialty cardiology How often? Rarely

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 10878 If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. It is estimated that cardiothoracic surgery and cardiology account for approximately 26% (6433) of the 2020 volume of code 76998-26 and that Medicare accounts for approximately 22% of the total utilization for 76998-26. The rest of the volume comes from the congenital and non-Medicare populations for a total of 11451 procedures performed nationally per year. It is estimated that 95% (10,878) of cardiothoracic surgery and cardiology procedures that are currently performed with code 76998-26 are epiaortic ultrasound procedures (76984) and the remaining 5% (573)of those procedures are for intraoperative epicardial cardiac ultrasound for congenital cardiac surgery procedures. Of the congenital cardiac intraoperative epicardial cardiac ultrasound procedures it is estimated that 1% (115) of will be reported with 76987, 2% (229) with 76988 and 2% (229) with 76989.

Specialty cardiothoracic surgery Frequency 10770 Percentage 99.00 %

Specialty cardiologoy Frequency 109 Percentage 1.00 %

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? 6,121 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Cardiothoracic surgery and cardiology account for approximately 26% of the 2020 volume of code 76998-26, which is 6,433 procedures. It is estimated that 95% (6121) of cardiothoracic surgery and cardiology procedures that are currently performed with code 76998-26 are epiaortic ultrasound procedures (76984) and the remaining 5% (322) of those procedures are for intraoperative epicardial cardiac ultrasound procedures it is estimated that 1% (64) of will be reported with 76987, 2% (129) with 76988 and 2% (129) with 76989.

Specialty cardiac surgery Frequency 6060 Percentage 99.00 %

Specialty cardiology Frequency 61 Percentage 0.99 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

### Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification: Imaging

BETOS Sub-classification: Echography/ultrasonography BETOS Sub-classification Level II: Heart

# **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 76998

If this code is a new/revised code or an existing code in which the specialty utilization mix <u>will</u> change, please select another crosswalk based on a similar specialty mix.

# AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS SUMMARY OF RECOMMENDATION

CPT Code: 76987 Tracking Number F2 Original Specialty Recommended RVU: **1.90** 

Presented Recommended RVU: 1.90
Current Work RVU: 1.20
RUC Recommended RVU: 1.90

CPT Descriptor: Intraoperative epicardial cardiac (eg, echocardiography) ultrasound for congenital heart disease, diagnostic; including placement and manipulation of transducer, image acquisition, interpretation and report

#### CLINICAL DESCRIPTION OF SERVICE:

Global Period: XXX

Vignette Used in Survey: A 5-month-old male with prior repair of tracheoesophageal fistula with subsequent esophageal stricture has a complete atrioventricular septal (atrioventricular [AV] canal) defect. He is now undergoing repair of the complete atrioventricular septal defect. Transesophageal echocardiogram (TEE) is contraindicated. An intraoperative epicardial ultrasound is performed, the images are interpreted, and a report generated.

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%

Description of Pre-Service Work: In addition to the preoperative evaluation performed for the cardiac procedure(s) to be performed (reported separately); if it is anticipated that epicardial ultrasound will be required for a patient additional intraoperative review of prior imaging which may include CT scans and/or TTE studies specific to the epicardial echocardiography is required. The cardiac surgeon identifes the ultrasound equipment required, including appropriate transducers and probe covers, as well as determining the proper settings for the ultrasound equipment. The pre-service work performed intraoperatively to prepare the heart for the epicardial echocardiography includes removal of packing from the chest, repositioning of heart and infusion of fluid into the chest if necessary.

Description of Intra-Service Work: Prior to and at the completion of an atrioventricular septal defect repair (complete atrioventricular [AV] canal) or other cardiac procedure(s) (reported separately) and weaning the patient from cardiopulmonary bypass, a sterile epicardial echocardiography probe is passed off the operative field by the cardiothoracic surgeon and connected to the echocardiography machine. The cardiothoracic surgeon performs epicardial echocardiography by carefully placing the probe directly over the epicardium on the beating heart. The cardiac surgeon manipulates the probe and the heart in order to obtain multiple images of different cardiac structures which might include: 1) epicardial aortic valve short-axis view, 2) epicardial aortic valve long-axis view, 3) epicardial left ventricle basal short-axis view, 4) epicardial left ventricle mid-short-axis view, 5) epicardial left ventricle long-axis view, 6) epicardial 2-chamber view, and 7) epicardial right ventricular outflow tract view. The cardiothoracic surgeon reviews and interprets the images real-time in the OR to determine If surgical plan alterations are needed or if additional repairs (e.g., a sizable residual ventricular septal defect (VSD) is identified along with residual regurgitation of the left atrioventricular valve) need to be made to the heart. If necessary, the surgical plan is altered or if additional repairs are required, cardiopulmonary bypass is re-established and the repairs (e.g., residual VSD and left AV valve cleft) are re-repaired (the cardiac procedures are reported separately). The cardiothoracic surgeon acquires the final digital images for subsequent transfer to archival storage.

Description of Post-Service Work: The cardiothoracic surgeon stores the final images as appropriate. A separate report is generated, typically within the operative report, documenting the placement and manipulation of the transducer probe on

the beating heart, the images obtained, the intraoperative interpretation of the images and if any alterations were made to the surgical plan or if any repairs or procedures are performed based on the findings.

#### **SURVEY DATA**

RUC Meeting Da	ate (mm/yyyy)	09/2022					
Presenter(s):	Wright, MD; I	k, MD; James N Ed Tuohy, MD;	Thad Wai	tes, MD			
Specialty Society(ies):	Society of Th College of Ca	oracic Surgeor ardiology	ns; Americ	an Assosiati	on for Thora	cic Surgery; <i>i</i>	Amercian
CPT Code:	76987						
Sample Size:	2029 <b>F</b>	2029 <b>Resp N</b> : 31					
STS/AATS - 1307 subspecialty members that identify as cardaic or congenital cardiac surgeons; ACC - 722 cardiologists which included a random sample of 500 members who indicate echocardiography in their membership interests and a random sample of 222 members who indicate echocardiography plus either pediatric cardiology or congenital cardiology							
			<u>Low</u>	25 <sup>th</sup> pctl	<u>Median*</u>	75th pctl	<u>High</u>
Service Perform	nance Rate		0.00	0.00	1.00	5.00	100.00
Survey RVW:			0.50	1.90	2.69	2.80	15.00
Pre-Service Evalu	uation Time:				10.00		
Pre-Service Posit	ioning Time:				0.00		
Pre-Service Scrul	b, Dress, Wait T	ime:			0.00		
Intra-Service Ti	me:		8.00	15.00	20.00	30.00	180.00
Immediate Post	Service-Time:	10.00					
Post Operative	<u>Visits</u>	Total Min**	CPT Cod	e and Num	nber of Visit	t <u>s</u>	
Critical Care tim	ne/visit(s):	<u>0.00</u>	99291x <b>0</b>	<b>).00</b> 99292	2x <b>0.00</b>		
Other Hospital t	time/visit(s):	0.00	99231x <b>0</b>	<b>).00</b> 99232	2x <b>0.00</b> 9	9233x <b>0.00</b>	
Discharge Day I	Mgmt:	0.00	99238x <b>0</b>	<b>).00</b> 99239x	0.00	99217x <b>0.00</b>	
Office time/visit	(s):	0.00	99211x <b>(</b>	0.00 12x 0.0	<b>0</b> 13x <b>0.00</b> 1	4x <b>0.00</b> 15x	0.00
Prolonged Serv	ices:	0.00	99354x <b>(</b>	<b>).00</b> 55x <b>(</b>	<b>0.00</b> 56x <b>0</b>	). <b>00</b> 57x <b>0</b> .	00
Sub Obs Care:		0.00	99224x <b>0</b>	<b>).00</b> 99225	5x <b>0.00</b> 9	99226x <b>0.00</b>	
**Physician stan	dard total min	utes per E/M	visit: 99	9291 (70): 9	9292 (30):	99231 (20):	99232 (40

<sup>\*\*</sup>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 <u>pre</u>-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

CPT Code:	90			
	-	Specialty Recommended Pre- Service Time	Specialty Recommended Pre Time Package	Adjustments/Recommended Pre-Service Time
Pre-Service Evalu	ation Time:	10.00	0.00	10.00
Pre-Service Positi	oning Time:	0.00	0.00	0.00
Pre-Service Scrub	o, Dress, Wait Time:	0.00	0.00	0.00
Intra-Service Tin	ne:	20.00		1

Please, pick the <u>post</u>-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

XXX Global Code

Specialty	Specialty	Adjustments/Recommended
Recommended	Recommended	Post-Service Time
Post-Sarvice Time	Post Time Package	Post-Service Tillle

Immediate Post Service-Time:	10.00	0.00	10.00
	10.00	0.00	

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	0.00	99291x <b>0.00</b> 99292x <b>0.00</b>
Other Hospital time/visit(s):	0.00	99231x <b>0.00</b> 99232x <b>0.00</b> 99233x <b>0.00</b>
Discharge Day Mgmt:	0.00	99238x <b>0.0</b> 99239x <b>0.0</b> 99217x <b>0.00</b>
Office time/visit(s):	0.00	99211x <b>0.00</b> 12x <b>0.00</b> 13x <b>0.00</b> 14x <b>0.00</b> 15x <b>0.00</b>
Prolonged Services:	0.00	99354x <b>0.00</b> 55x <b>0.00</b> 56x <b>0.00</b> 57x <b>0.00</b>
Sub Obs Care:	0.00	99224x <b>0.00</b> 99225x <b>0.00</b> 99226x <b>0.00</b>

### **Modifier -51 Exempt Status**

Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

### **New Technology/Service:**

Is this new/revised procedure considered to be a new technology or service? Yes

#### TOP KEY REFERENCE SERVICE:

 Key CPT Code
 Global
 Work RVU
 Time Source

 93315
 XXX
 2.69
 RUC Time

<u>CPT Descriptor</u> Transesophageal echocardiography for congenital cardiac anomalies; including probe placement, image acquisition, interpretation and report

#### SECOND HIGHEST KEY REFERENCE SERVICE:

 Key CPT Code
 Global
 Work RVU
 Time Source

 93312
 XXX
 2.30
 RUC Time

<u>CPT Descriptor</u> Echocardiography, transesophageal, real-time with image documentation (2D) (with or without M-mode recording); including probe placement, image acquisition, 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 XXX
 Work RVU 1.74
 Time Source Ruc Time
 Medicare Utilization Medicare Utilization 1,784,210

<u>CPT Descriptor 1</u> Computed tomography, abdomen and pelvis; without contrast material

MPC CPT Code 2<br/>36456Global<br/>XXXWork RVU<br/>2.00Time Source<br/>RUC TimeMedicare Utilization

<u>CPT Descriptor 2</u> Partial exchange transfusion, blood, plasma or crystalloid necessitating the skill of a physician or other qualified health care professional, newborn

Other Reference CPT Code Global Work RVU Time Source
0.00

**CPT Descriptor** 

### RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.

Number of respondents who choose Top Key Reference Code: 15 % of respondents: 48.3 % Number of respondents who choose 2<sup>nd</sup> Key Reference Code: % of respondents: 16.1 % **TIME ESTIMATES (Median)** Top Key 2nd Key Reference Reference **CPT Code: CPT Code: CPT Code:** 76987 93315 93312 Median Pre-Service Time 10.00 10.00 10.00 40.00 Median Intra-Service Time 20.00 30.00 Median Immediate Post-service Time 10.00 15.00 15.00 Median Critical Care Time 0.0 0.00 0.00 Median Other Hospital Visit Time 0.0 0.00 0.00 0.0 0.00 0.00 Median Discharge Day Management Time

0.0

0.0

0.0

40.00

0.00

0.00

0.00

65.00

0.00

0.00

0.00

55.00

#### INTENSITY/COMPLEXITY MEASURES

(of those that selected Key Reference codes)

Median Subsequent Observation Care Time

Median Office Visit Time

Prolonged Services Time

Median Total Time
Other time if appropriate

Survey respondents are rating the survey code relative to the key reference code.

Survey Code Compared to	Much	Somewhat	<u>Identical</u>	Somewhat	Much
Top Key Reference Code	Less	Less		More	More
Overall intensity/complexity	0%	0%	27%	40%	33%

Mental Effort and Judgment	Less	<u>Identical</u>	More
<ul> <li>The number of possible diagnosis and/or the number of management options that must be considered</li> <li>The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed</li> <li>Urgency of medical decision making</li> </ul>	0%	53%	47%
Technical Skill/Physical Effort  Technical skill required	<u>Less</u>	Identical 40%	<u>More</u> 60%

**Psychological Stress Identical Less** More The risk of significant complications, 0% 33% 67%

0%

morbidity and/or mortality Outcome depends on the skill and

- judgment of physician
- Estimated risk of malpractice suit with poor outcome

60%

**Survey Code Compared to 2nd Key Reference Code** 

Much Less	<u>Somewhat</u> <u>Less</u>	<u>Identical</u>	<u> 50</u>
0%	0%	80%	

omewhat Much More More

Overall intensity/complexity

Physical effort required

0%	Ī

80%

40%

20%

0%

**Mental Effort and Judgment** 

The number of possible diagnosis and/or the number of management options that must be considered

- The amount and/or complexity of and analyzed
- Urgency of medical decision making

<u>Less</u>	<u>Identical</u>	<u>More</u>
0%	80%	20%

medical records, diagnostic tests, and/or other information that must be reviewed

<b>Technical Skill/Physical Effort</b>	<u>Less</u>	<u>Identical</u>	More

Technical skill required 40% 40% 20%

Physical effort required 40% 40% 20%

**Psychological Stress** 

**Less Identical** <u>More</u> 20% 40% 40%

- The risk of significant complications, morbidity and/or mortality
- Outcome depends on the skill and judgment of physician
- Estimated risk of malpractice suit with

poor outcome

#### **Additional Rationale and Comments**

Describe the process by which your specialty society reached your final recommendation. If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

#### **Overall Comments: (all codes)**

Tab 5 includes 4 new codes that represent intraoperative diagnostic cardiac ultrasound procedures.

All four procedures are performed in the operating room through an open chest with the ultrasound probe placed directly on the thoracic aorta (76984) or the beating heart (76987, 76988, 76989). The structure of the codes is different because the cardiothoracic surgeon almost always performs the entire procedure for the epiaortic ultrasound (76984) which includes placing

the ultrasound probe directly on the thoracic aorta through the open pericardium, collecting and interpreting the images and generating the final report.

For the congenital cardiac epicardial echocardiography codes (76987, 76988, 76989), it is not uncommon for a cardiologist to provide a portion of the procedure. For this reason, the congenital cardiac codes were developed to allow for one provider (typically the cardiothoracic surgeon) to perform all aspects of the intraoperative ultrasound (76987) and two codes (76988 and 76989) when the work is split out between two providers including a cardiothoracic surgeon and a cardiologist. When the work is split between two providers, the cardiothoracic surgeon would report code 76988 for placement of the transducer probe on the beating heart and manipulating it at the direction of the cardiologist to obtain the images of multiple structures of the heart discussing the results intraoperatively with the cardiologist to decide if the surgical plan needs to be altered or if additional procedures or repairs are necessary. The cardiologist is in the OR with the cardiothoracic surgeon directing them on manipulating the probe to capture images of multiple structures of the heart, interpreting the images real-time in the OR, and discussing the findings with the cardiothoracic surgeon to decide if the surgical plan needs to be altered or if additional procedures or repairs are necessary and then archives the images and generates the final report which would be reported with code 76989.

Comparison and summary of work involved for each procedure

Code	Comparison and summary of work involved for each procedure  Code   Specialty   Pre-   Pre-Service activities   Intra   Intra-service Activities   Immed   Immed Post Activities									
Code	providing service	time	Pre-Service activities	- time	intra-service Activities	Post time	Immed Post Activities			
76984	Cardiac surgeon	5 mins	Performed by the cardiothoracic surgeon. Mainly involves securing the ultrasound equipment, supplies and settings.	10 mins	Performed by the cardiothoracic surgeon. Placement and manipulation of the transducer probe on targeted areas of the thoracic aorta, obtain and interpret images intraoperatively. Acquire images for final archival storage.	3 mins	Performed by the cardiothoracic surgeon. Store final images as appropriate and generate report of findings from targeted thoracic aortic structures.			
76987	Cardiac surgeon		Performed by the cardiothoracic surgeon. Includes work included in 76984 and the intraoperative pre-service work of preparing the heart for the ultrasound by removing packing, positioning the heart and infusing fluid if necessary. This is all done twice – once intraoperatively before cardiac repair and once intraoperatively at the end of cardiac repair.	mins	Performed by the cardiothoracic surgeon. Performed twice per operation. Pre- and post-procedural placement and manipulation of the transducer probe on beating heart. Obtain multiple images of different structures of the heart and interpret intraoperatively. Acquire images for final archival storage.		Performed by the cardiothoracic surgeon. Store final images as appropriate and generate report on findings from multiple images from different structures of the heart from both pre- and post-surgical images. The main difference from 76984 is the number of images obtained from multiple structures for the pre- and post-surgical findings increasing storage and documentation time.			
76988	Cardiac surgeon	10 mins	The same as the pre-service work performed by the cardiothoracic surgeon in 76987.	20 mins	Performed by the cardiothoracic surgeon. Performed twice per operation. Pre- and post-procedural placement and manipulation of the transducer probe on beating heart. Obtain multiple images of different structures of the heart at the direction of the cardiologist. Discuss the cardiologist's findings intraoperatively.	5 mins	Performed by the cardiothoracic surgeon. Generate report on findings from multiple images from different structures of the heart from both preand post-surgical images.  Similar to post work of 76984. The main difference is increased number of images obtained.  Difference in work from 76987 is the cardiothoracic surgeon does not store the final images.			
76989	Cardiologist	5 mins	Performed by the cardiologist. Reviews the procedure with the cardiac surgeon and reviews previous imaging for the patient	15 mins	Performed by the cardiologist. In the OR at the same time as the cardiothoracic surgeon at the beginning and again at the end of the procedure, actively directing them on probe manipulation and the images that need to be obtained ensuring adequate images are captured. Applying color doppler to assess valves and any stenoses. Interpret the pre- and post-procedural images in the OR during the procedure and discuss the findings with the cardiothoracic surgeon. Acquire images for final archival storage.	10 mins	Performed by the cardiologist. Store final images as appropriate and generate report on findings from intraoperative interpretation and discussion of multiple images from different structures of the heart from both pre- and post-surgical images. Similar to work done in 76987 by cardiothoracic surgeon.			

#### Rationale 76987, 76988 and 76989

Codes 76987, 76988 and 76989 are all XXX global procedures that represent an intraoperative epicardial echocardiography imaging procedure that is typically used for congenital cardiac procedures. The epicardial echocardiography is used only when

intraoperative TEE is contraindicated during the procedure (e.g., transesophageal fistula or small trachea). The epicardial echocardiography is used intraoperatively before the cardiac procedure begins to determine what procedures are required at the outset of the operation and after the cardiac repair is completed to identify if additional procedures are required to address any residual defects after the initial repair has been completed. Multiple images of different cardiac structures and the corrected congenital defect are obtained and reviewed in real-time intraoperatively to determine course of the initial operation and if the patient needs to be placed back on cardiopulmonary bypass to perform additional procedures to complete the repair of the congenital defect. The utilization of these procedures is anticipated to be low (approximately 573 for all three per year) since TEE is the preferred imaging method when feasible.

Code 76987 is used when the cardiothoracic surgeon performs the entire epicardial echocardiography. Code 76988 and 76989 are used when the cardiac surgeon and the cardiologist work together to perform the epicardial echocardiography. The cardiothoracic surgeon will report code 76988 for placing the transducer probe on the beating heart, manipulating the probe to acquire the images at the direction of the cardiologist and discussing the findings with the cardiologist to make real-time decisions in the OR based on the findings. The cardiologist will report code 76989 for the time they spend in the operating room with the cardiothoracic surgeon for the initial epicardial echocardiography and the end of the procedure after the congenital repair has been completed to direct the surgeon on placement and manipulation of the probe to obtain multiple images of multiple structures of the heart, interpreting and discussing the findings real-time in the OR with the surgeon and then finalizing and storing the images and documenting the interpretations and decisions made intraoperatively.

The Expert Panel discussed the differences in the time, work RVUs and intensity of the epiaortic ultrasound code (76984) and the congenital epicardial echocardiography codes (76987-76989). The Expert Panel felt that the difference in the RVWs, time and intensity for the epiaortic code and the epicardial echocardiography codes was due to the fact that the epiaortic code is performed primarily in adults with normal cardiac anatomy and only involves targeted images of the thoracic aorta while epicardial echocardiography codes are performed infrequently in congenital patients on the beating heart and involves capturing multiple images different cardiac structures. The Expert Panel attributed the differences in the time, wRVUs and intensity of the three congenital epicardial echocardiography codes to several factors. The higher intensity associated with 76987 is due to the rarity of the procedure and the cardiothoracic surgeon's limited experience in performing this type of procedure by themselves. The intensity associated with 76989 may also be attributed to the increased time and intensity for the cardiologist to provide intraoperative guidance to the surgeon in obtaining the images and providing real-time interpretation of the images in the OR to determine the nature of the repairs and if additional procedures need to be performed to complete the correction of the congenital defect(s). The intra-service time for 76989 is 5 minutes less than 76987 and 76988 because although the cardiologist is still in the OR directing the surgeon on obtaining the images and providing real-time interpretation, they do not have the added time or complexity of operating the transducer. There is also an increase in the post service time for 76987 and 76989 over 76988 because both of those procedures require additional documentation with the final interpretation and findings as well as storage of the final images.

# Code 76987 - Intraoperative epicardial cardiac (eg, echocardiography) ultrasound for congenital heart disease, diagnostic; including placement and manipulation of transducer, image acquisition, interpretation and report

For code 76987 the 10 minutes of pre-service time for the epicardial echocardiography includes additional intraoperative review of the patient's previous imaging which may include CT scans, TTE or other studies specific to the epicardial echocardiography and identification of ultrasound equipment required for the procedure including appropriate transducers and probe coverings as well as determining the proper settings for the ultrasound equipment.

The median intra-service time of 20 minutes includes placing the transducer probe through the open chest on the beating heart, manipulating the probe to obtain the images and then interpreting the images real-time making surgical decisions based on the findings during the procedure. The 10 minutes of post-operative time includes documenting the work performed and the interpretation, findings and the surgical decisions made intraoperatively based on the findings of the epicardial echocardiography in the op note or a separate report. The cardiothoracic surgeon will also obtain the final echocardiography images and store them in an appropriate fashion.

**Intensity and complexity of the procedure:** 31 surveys were completed by a random sample of 1307 U.S. self-identified adult and congenital cardiac surgeons and cardiologists. 15 respondents selected code 93315, *Transesophageal echocardiography for congenital cardiac anomalies; including probe placement, image acquisition, interpretation and report* as a reference code making it the 1<sup>st</sup> KRS.

4 respondents selected code 93312 *Echocardiography, transthoracic, real-time with image documentation (2D), (with or without M-mode recording); including probe placement, image acquisition, interpretation and report as a reference code making it the 2<sup>nd</sup> KRS. Both of the KRS codes have higher values than the 25<sup>th</sup> percentile RVW from the survey code (2.69, 2.30 and 1.90 respectively), higher intraservice times (40 mins, 30 mins and 20 mins), immediate post-service times (15 mins, 15 mins and 10 mins) and total times (65 mins, 55 mins and 40 mins).* 

For the 1<sup>st</sup> KRS code, the survey respondents indicated the overall intensity/complexity of the survey code was somewhat or much more complex than the reference code. The survey respondents indicated that the mental effort/judgement and the physical effort required for the survey code was identical or more complex than the reference code. For the technical skill and psychological stress,

the survey respondents indicated that the survey code was more complex or identical to the reference code. In their overall intensity/complexity comparison for the 2<sup>nd</sup> KRS code, the survey respondents indicated that the survey code was identical or somewhat more complex than reference code. For the mental effort/judgement, the survey respondents indicated that the reference code was identical or more complex than the survey code. For the psychological stress, the survey respondents indicated that the reference code was more complex or identical to the survey code. For the technical skill and physical effort, most of the survey respondents indicated that the survey code was identical to or less complex than the reference code.

**Recommended RVW:** The survey data for code 76987 (Intraoperative epicardial cardiac (eg, echocardiography) ultrasound for congenital heart disease, diagnostic; including placement and manipulation of transducer, image acquisition, interpretation and report) has pre-service time of 10 minutes, a median intra-operative time of 20 minutes and an immediate post service time of 10 minutes for a total time of 40 minutes.

The Expert Panel felt that the 25<sup>th</sup> percentile RVW of 1.90 with 20 minutes of intra-time, 40 minutes of total time, an IWPUT of 0.073 and a work per unit time (WPUT) of 0.048 was reasonable for the procedure compared to the reference service codes. The 25<sup>th</sup> percentile is lower than the RVW of the two reference codes and the intra-service time of the survey code (20 mins) is 20 mins less than 1<sup>st</sup> KRS code (40 mins) and 10 mins less the 2<sup>nd</sup> KRS (30 mins). The IWPUT and the WPUT of the survey code are higher than both KRS codes. The Expert Panel believes that the core difference in the nature of the procedures with the survey code being performed through an open chest on the beating heart supports the increased IWPUT and WPUT of the survey code compared to the KRS codes.

For code 76987, the Expert Panel is recommending a the 25<sup>th</sup> percentile work RVW of 1.90 with a median intra-service time of 20 minutes, a total time of 40 minutes, IWPUT of 0.073 and a WPUT of 0.048.

The recommended value of 1.90 is supported by code 78431, which also has an RVW of 1.90 with an intra time of 21 minutes and a total time of 39 minutes. The table below shows that the recommended RVW of 1.90 for survey code 76987 falls within the range of several reference codes that have intra-service times between 15 and 28 minutes and total times between 30 and 46 minutes and have been reviewed by the RUC within the past 12 years.

Reference Codes with intra-times between 15 and 28 minutes and total times between 30 and 46 minutes

Source	СРТ	Glob	IWPUT	WPUT	RVW	Tot Time	EVAL	Posit	SDW	INTRA- TIME	IMMD Post	Time Source	Recent Review
	99155	XXX	0.082	0.042	1.90	45	15			15	15	RUC	2015-10
	94660	XXX	0.016	0.019	0.76	40	10			20	10	RUC	2020-10
	95938	XXX	0.021	0.022	0.86	40	10			20	10	RUC	2011-04
	95860	XXX	0.026	0.024	0.96	40	10			20	10	RUC	2012-04
	95922	XXX	0.026	0.024	0.96	40	10			20	10	RUC	2012-04
	95868	XXX	0.037	0.030	1.18	40	10			20	10	RUC	2012-04
	99315	XXX	0.042	0.032	1.28	40	10			20	10	RUC	2010-10
	73719	XXX	0.070	0.054	1.62	30	5			20	5	RUC	2016-10
	78452	XXX	0.059	0.041	1.62	40	10			20	10	RUC	2009-02
MPC	93351	XXX	0.065	0.044	1.75	40	10			20	10	RUC	2016-10
	78492	XXX	0.070	0.047	1.80	38	8			20	10	RUC	2019-01
	93317	XXX	0.070	0.046	1.84	40	5			20	15	RUC- CMS Rev	2014-04
SVY - REC	76987	XXX	0.073	0.048	1.90	40	10			20	10		2014-04
Ref code	78431	XXX	0.071	0.049	1.90	39	8			21	10	RUC	2019-01
MPC - REF	74176	XXX	0.069	0.054	1.74	32	5			22	5	RUC	2014-04
	95717	XXX	0.057	0.043	2.00	46	8			28	10	RUC	2018-10
MPC - REF	36456	XXX	0.044	0.033	2.00	60	15			30	15	RUC	2016-01
KRS	93312	XXX	0.058	0.042	2.30	55	10			30	15	RUC	2014-04
KRS	93315	XXX	0.053	0.041	2.69	65	10			40	15	RUC	2014-04

#### SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: Yes

Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

CPT Code: 76987

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.

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) 76998

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 cardiothoracic surgery How often? Sometimes

Specialty cardiology How often? Sometimes

Other reason (please explain)

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 115 If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. It is estimated that cardiothoracic surgery and cardiology account for approximately 26% (6433) of the 2020 volume of code 76998-26 and that Medicare accounts for approximately 22% of the total utilization for 76998-26. The rest of the volume comes from the congenital and non-Medicare populations for a total of 11451 procedures performed nationally per year. It is estimated that 95% (10,878) of cardiothoracic surgery and cardiology procedures that are currently performed with code 76998-26 are epiaortic ultrasound procedures (76984) and the remaining 5% (573) of those procedures are for intraoperative epicardial cardiac ultrasound for congenital cardiac surgery procedures. Of the congenital cardiac intraoperative epicardial cardiac ultrasound procedures it is estimated that 1% (115) of will be reported with 76987, 2% (229) with 76988 and 2% (229) with 76989.

Specialty cardiothoracic surgery Frequency 57 Percentage 49.56 %

Specialty cardiology Frequency 58 Percentage 50.43 %

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? 64 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Cardiothoracic surgery and cardiology account for approximately 26% of the 2020 volume of code 76998-26, which is 6,433 procedures. It is estimated that 95% (6121) of cardiothoracic surgery and cardiology procedures that are currently performed with code 76998-26 are epiaortic ultrasound procedures (76984) and the remaining 5% (322) of those procedures are for intraoperative epicardial cardiac ultrasound for congenital cardiac surgery procedures. Of the congenital cardiac intraoperative epicardial cardiac ultrasound procedures it is estimated that 1% (64) of will be reported with 76987, 2% (129) with 76988 and 2% (129) with 76989.

Specialty cardiothoracic surgery Frequency 32 Percentage 50.00 %

Specialty cardiology Frequency 32 Percentage 50.00 %

Specialty

Frequency 0

Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

# Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification: Imaging

BETOS Sub-classification: Echography/ultrasonography

BETOS Sub-classification Level II: Heart

# **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 76998

If this code is a new/revised code or an existing code in which the specialty utilization mix <u>will</u> change, please select another crosswalk based on a similar specialty mix.

# AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS SUMMARY OF RECOMMENDATION

CPT Code: 76988 Tracking Number F3 Original Specialty Recommended RVU: **1.20** 

Presented Recommended RVU: 1.20
RUC Recommended RVU: 1.20

Global Period: XXX Current Work RVU: **1.20** RUC Recommended RVU: **1.20** 

CPT Descriptor: Intraoperative epicardial cardiac (eg, echocardiography) ultrasound for congenital heart disease, diagnostic; placement, manipulation of transducer, and image acquisition only

#### CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 5-month-old male with prior repair of tracheoesophageal fistula with subsequent esophageal stricture has a complete atrioventricular septal (atrioventricular [AV] canal) defect. He is now undergoing repair of the complete atrioventricular septal defect. Transesophageal echocardiogram (TEE) is contraindicated. An intraoperative epicardial ultrasound is performed.

Percentage of Survey Respondents who found Vignette to be Typical: 80%

## Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0%, In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0%, Overnight stay-less than 24 hours 0%, Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Description of Pre-Service Work: In addition to the preoperative evaluation performed for the cardiac procedure(s) to be performed (reported separately); if it is anticipated that epicardial ultrasound will be required for a patient, additional intraoperative review of prior imaging which may include CT scans, and/or TTE studies specific to the epicardial echocardiography is required. The cardiac surgeon identifies the ultrasound equipment required, including appropriate transducers and probe covers, as well as determining the proper settings for the ultrasound equipment. The pre-service work performed intraoperatively to prepare the heart for the epicardial echocardiography includes removal of packing from the chest, repositioning the heart and infusion of fluid into the chest if necessary.

Description of Intra-Service Work: Prior to and at the completion of an atrioventricular septal defect repair (complete atrioventricular [AV] canal) or other cardiac procedure(s) (reported separately) and weaning the patient from cardiopulmonary bypass, a sterile epicardial echocardiography transducer is passed off the operative field by the cardiothoracic surgeon and connected to the echocardiography machine. The cardiothoracic surgeon performs epicardial echocardiography by carefully placing the probe directly over the epicardium on the beating heart. The cardiac surgeon manipulates the probe and the heart as directed by the cardiologist in order to obtain multiple images of different cardiac structures which might include: 1) epicardial aortic valve short-axis view, 2) epicardial aortic valve long-axis view, 3) epicardial left ventricle basal short-axis view, 4) epicardial left ventricle mid-short-axis view, 5) epicardial left ventricle long-axis view, 6) epicardial 2-chamber view, and 7) epicardial right ventricular outflow tract view. Upon completion of image acquisition and the cardiologist's real-time interpretation of the findings, the cardiothoracic surgeon discusses the images with the cardiologist real-time in the OR to determine if surgical plan alterations are needed or if additional procedures or repairs (e.g., A sizable residual ventricular septal defect (VSD) is identified along with residual regurgitation of the left atrioventricular valve) need to be made to the heart. If necessary, the surgical plan is altered or if additional repairs are required, cardiopulmonary bypass is re-established and the repairs (e.g., residual VSD and left AV valve cleft) are re-repaired (the cardiac procedures are reported separately).

Description of Post-Service Work: The cardiothoracic surgeon generates a separate report, typically within the operative report, documenting the placement and manipulation of transducer probe, the images acquired, a summary of the

intraoperative discussion of the findings with the cardiologist and if any alterations were made to the surgical plan or if any repairs or procedures are performed based on the findings.

#### SURVEY DATA

RUC Meeting Da	ate (mm/yyyy)	09/2022								
Presenter(s):	Joesph Turek, MD; James M. Levett, MD; Prashanath Vallabhjosyula, MD; Richard Wright, MD; Ed Tuohy, MD; Thad Waites, MD									
Specialty Society(ies):		Society of Thoracic Surgeons; American Assosiation for Thoracic Surgery; Amercian College of Cardiology								
CPT Code:	76988									
Sample Size:	2029	Resp N: 33	3							
Description of Sample:	surgeons; A who indicate 222 member	STS/AATS - 1307 subspecialty members that identify as cardaic or congenital cardiac surgeons; ACC - 722 cardiologists which included a random sample of 500 members who indicate echocardiography in their membership interests and a random sample of 222 members who indicate echocardiography plus either pediatric cardiology or congenital cardiology								
			Low	25 <sup>th</sup> pctl	Median*	75th pctl	<u>High</u>			
Service Perform	nance Rate		0.00	0.00	2.00	6.00	100.00			
Survey RVW:			0.50	1.20	2.05	2.53	5.00			
Pre-Service Evalu	ation Time:				10.00					
Pre-Service Posit	ioning Time:				0.00					
Pre-Service Scrub	o, Dress, Wait	Γime:			0.00					
Intra-Service Tir	me:		0.00	12.00	20.00	25.00	180.00			
Immediate Post	Service-Time	e: <u>5.00</u>								
Post Operative	<u>Visits</u>	Total Min**	CPT Cod	e and Num	ber of Visit	<u>s</u>				
Critical Care tim	ne/visit(s):	0.00	99291x <b>(</b>	<b>).00</b> 99292	2x <b>0.00</b>					
Other Hospital t	ime/visit(s):	0.00	99231x <b>(</b>	<b>).00</b> 99232	2x <b>0.00</b> 9	9233x <b>0.00</b>				
Discharge Day I	Mgmt:	0.00	99238x <b>0.00</b> 99239x <b>0.00</b> 99217x <b>0.00</b>							
Office time/visit	(s):	0.00	99211x <b>(</b>	0.00 12x 0.0	<b>0</b> 13x <b>0.00</b> 1	4x <b>0.00</b> 15x	0.00			
Prolonged Servi	ices:	0.00	99354x <b>(</b>	). <b>00</b> 55x <b>0</b>	). <b>00</b> 56x <b>0</b>	. <b>00</b> 57x <b>0.0</b>	00			
Sub Obs Care:		0.00	99224x <b>(</b>	0.00 99225	5x <b>0.00</b> 9	9226x <b>0.00</b>				
**Physician stan	dard total mi	nutes ner F/M	vicit: QC	201 (70)· 0	9292 (30).	99231 (20)	99232 (40)			

<sup>\*\*</sup>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 <u>pre</u>-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

CPT Code:	76988	Recommended Phys	Recommended Physician Work RVU: 1.20							
		Specialty Recommended Pre- Service Time	Specialty Recommended Pre Time Package	Adjustments/Recommended Pre-Service Time						
Pre-Service Evalua	ation Time:	10.00	0.00	10.00						
Pre-Service Positi	oning Time:	0.00	0.00	0.00						
Pre-Service Scrub	, Dress, Wait Time:	0.00	0.00	0.00						
Intra-Service Tin	ne:	20.00								

Please, pick the <u>post</u>-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

XXX	Globa	I Code

Specialty Recommended	Recommenaea	Adjustments/Recommended Post-Service Time
Post-Service Time	Post Time Package	1 OST GETVICE THIS

Immediate Post Service-Time:	5.00	0.00	5.00
miniounate i cot coi vico i inici	0.00	0.00	0.00

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	0.00	99291x <b>0.00</b> 99292x <b>0.00</b>
Other Hospital time/visit(s):	<u>0.00</u>	99231x <b>0.00</b> 99232x <b>0.00</b> 99233x <b>0.00</b>
Discharge Day Mgmt:	0.00	99238x <b>0.0</b> 99239x <b>0.0</b> 99217x <b>0.00</b>
Office time/visit(s):	0.00	99211x <b>0.00</b> 12x <b>0.00</b> 13x <b>0.00</b> 14x <b>0.00</b> 15x <b>0.00</b>
Prolonged Services:	0.00	99354x <b>0.00</b> 55x <b>0.00</b> 56x <b>0.00</b> 57x <b>0.00</b>
Sub Obs Care:	0.00	99224x <b>0.00</b> 99225x <b>0.00</b> 99226x <b>0.00</b>

#### **Modifier -51 Exempt Status**

Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

### **New Technology/Service:**

Is this new/revised procedure considered to be a new technology or service? Yes

#### TOP KEY REFERENCE SERVICE:

 Key CPT Code
 Global
 Work RVU
 Time Source

 93315
 XXX
 2.69
 RUC Time

<u>CPT Descriptor</u> Transesophageal echocardiography for congenital cardiac anomalies; including probe placement, image acquisition, interpretation and report

#### SECOND HIGHEST KEY REFERENCE SERVICE:

 Key CPT Code
 Global
 Work RVU
 Time Source

 93307
 XXX
 0.92
 RUC Time

<u>CPT Descriptor</u> Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography

#### **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 Vork RVU (State 1)
 Time Source (Medicare Utilization)
 Medicare Utilization (Medicare Utilization)

 95819
 XXX
 1.08
 RUC Time
 103,940

<u>CPT Descriptor 1</u> Electroencephalogram (EEG); including recording awake and asleep

 MPC CPT Code 2
 Global 70490
 Work RVU XXX
 Time Source 1.28
 Medicare Utilization Medicare Utilization 46,728

CPT Descriptor 2 Computed tomography, soft tissue neck; without contrast material

Other Reference CPT Code Global Work RVU Time Source 0.00

CPT Descriptor

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.

Number of respondents who choose Top Key Reference Code: 10 % of respondents: 30.3 % Number of respondents who choose 2<sup>nd</sup> Key Reference Code: % of respondents: 15.1 % Top Key 2nd Key TIME ESTIMATES (Median) Reference Reference **CPT Code: CPT Code: CPT Code:** 76988 93315 <u>93307</u> Median Pre-Service Time 10.00 10.00 5.00 Median Intra-Service Time 20.00 40.00 15.00 Median Immediate Post-service Time 5.00 15.00 5.00 0.00 Median Critical Care Time 0.0 0.00 Median Other Hospital Visit Time 0.0 0.000.00Median Discharge Day Management Time 0.0 0.00 0.00 0.00 0.00 Median Office Visit Time 0.0 Prolonged Services Time 0.0 0.00 0.00 0.0 0.000.00Median Subsequent Observation Care Time **Median Total Time** 35.00 65.00 25.00

#### INTENSITY/COMPLEXITY MEASURES

(of those that selected Key Reference codes)

Other time if appropriate

Survey respondents are rating the survey code relative to the key reference code.

Survey Code Compared to Top Key Reference Code	Much Less	Somewhat Less	<u>Identical</u>	Somewhat More	Much More	
Overall intensity/complexity	0%	20%	10%	40%	30%	

Mental Effort and Judgment	<u>Less</u>	<u>Identical</u>	<u>More</u>
<ul> <li>The number of possible diagnosis and/or the number of management options that must be considered</li> <li>The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed</li> <li>Urgency of medical decision making</li> </ul>		40%	40%
Technical Skill/Physical Effort	Less	<b>Identical</b>	More
Technical skill required	0%	50%	50%
Physical effort required	0%	50%	50%

ychological Stress	Less	<u>Identical</u>	<b>More</b>
<ul> <li>The risk of significant complimation morbidity and/or mortality</li> <li>Outcome depends on the skill judgment of physician</li> <li>Estimated risk of malpractice poor outcome</li> </ul>	and	30%	60%
-	suit with		

Survey Code Compared to 2nd Key Reference Code	Much Less	Somewhat Less	<u>Identical</u>	Somewhat More	Much More	
Overall intensity/complexity	0%	0%	20%	60%	20%	1

Less

**Identical** 

More

•	The number of possible diagnosis and/or the number of management options that must be considered The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed Urgency of medical decision making	0%	60%	40%
<u> [echn</u>	ical Skill/Physical Effort	Less	<u>Identical</u>	More
	ral skill/Physical Effort	<u>Less</u>	Identical 20%	<u>More</u>

<u>Psychological Stress</u>	<u>Less</u>	<u>Identical</u>	<u>More</u>
The risk of significant complications, morbidity and/or mortality	0%	20%	80%
Outcome depends on the skill and judgment of physician			

#### **Additional Rationale and Comments**

poor outcome

Estimated risk of malpractice suit with

**Mental Effort and Judgment** 

Describe the process by which your specialty society reached your final recommendation. If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

#### Overall Comments: (all codes)

Tab 5 includes 4 new codes that represent intraoperative diagnostic cardiac ultrasound procedures.

All four procedures are performed in the operating room through an open chest with the ultrasound probe placed directly on the thoracic aorta (76984) or the beating heart (76987, 76988, 76989). The structure of the codes is different because the cardiothoracic surgeon almost always performs the entire procedure for the epiaortic ultrasound (76984) which includes placing

the ultrasound probe directly on the thoracic aorta through the open pericardium, collecting and interpreting the images and generating the final report.

For the congenital cardiac epicardial echocardiography codes (76987, 76988, 76989), it is not uncommon for a cardiologist to provide a portion of the procedure. For this reason, the congenital cardiac codes were developed to allow for one provider (typically the cardiothoracic surgeon) to perform all aspects of the intraoperative ultrasound (76987) and two codes (76988 and 76989) when the work is split out between two providers including a cardiothoracic surgeon and a cardiologist. When the work is split between two providers, the cardiothoracic surgeon would report code 76988 for placement of the transducer probe on the beating heart and manipulating it at the direction of the cardiologist to obtain the images of multiple structures of the heart discussing the results intraoperatively with the cardiologist to decide if the surgical plan needs to be altered or if additional procedures or repairs are necessary. The cardiologist is in the OR with the cardiothoracic surgeon directing them on manipulating the probe to capture images of multiple structures of the heart, interpreting the images real-time in the OR, and discussing the findings with the cardiothoracic surgeon to decide if the surgical plan needs to be altered or if additional procedures or repairs are necessary and then archives the images and generates the final report which would be reported with code76989.

Comparison and summary of work involved for each procedure

Code	Specialty		Pre-Service activities	Intra	Intra-service Activities	Immed	Immed Post Activities
Couc	providing service	time	Tre-service activities	- time	That a-service Activities	Post time	Immed I ost Activities
76984	Cardiac surgeon	5 mins	Performed by the cardiothoracic surgeon. Mainly involves securing the ultrasound equipment, supplies and settings.	10 mins	Performed by the cardiothoracic surgeon. Placement and manipulation of the transducer probe on targeted areas of the thoracic aorta, obtain and interpret images intraoperatively. Acquire images for final archival storage.	3 mins	Performed by the cardiothoracic surgeon. Store final images as appropriate and generate report of findings from targeted thoracic aortic structures.
76987	Cardiac surgeon	10 mins	Performed by the cardiothoracic surgeon. Includes work included in 76984 and the intraoperative pre-service work of preparing the heart for the ultrasound by removing packing, positioning the heart and infusing fluid if necessary. This is all done twice – once intraoperatively before cardiac repair and once intraoperatively at the end of cardiac repair.	20 mins	Performed by the cardiothoracic surgeon. Performed twice per operation. Pre- and post-procedural placement and manipulation of the transducer probe on beating heart. Obtain multiple images of different structures of the heart and interpret intraoperatively. Acquire images for final archival storage.		Performed by the cardiothoracic surgeon. Store final images as appropriate and generate report on findings from multiple images from different structures of the heart from both pre- and post-surgical images. The main difference from 76984 is the number of images obtained from multiple structures for the pre- and post-surgical findings increasing storage and documentation time.
76988	Cardiac surgeon	10 mins	The same as the pre-service work performed by the cardiothoracic surgeon in 76987.	20 mins	Performed by the cardiothoracic surgeon. Performed twice per operation. Pre- and post-procedural placement and manipulation of the transducer probe on beating heart. Obtain multiple images of different structures of the heart at the direction of the cardiologist. Discuss the cardiologist's findings intraoperatively.	5 mins	Performed by the cardiothoracic surgeon. Generate report on findings from multiple images from different structures of the heart from both preand post-surgical images.  Similar to post work of 76984. The main difference is increased number of images obtained.  Difference in work from 76987 is the cardiothoracic surgeon does not store the final images.
76989	Cardiologist	5 mins	Performed by the cardiologist. Reviews the procedure with the cardiac surgeon and reviews previous imaging for the patient	15 mins	Performed by the cardiologist. In the OR at the same time as the cardiothoracic surgeon at the beginning and again at the end of the procedure, actively directing them on probe manipulation and the images that need to be obtained ensuring adequate images are captured. Applying color doppler to assess valves and any stenoses. Interpret the pre- and post-procedural images in the OR during the procedure and discuss the findings with the cardiothoracic surgeon. Acquire images for final archival storage.	10 mins	Performed by the cardiologist. Store final images as appropriate and generate report on findings from intraoperative interpretation and discussion of multiple images from different structures of the heart from both pre- and post-surgical images. Similar to work done in 76987 by cardiothoracic surgeon.

#### Rationale 76987, 76988 and 76989

Codes 76987, 76988 and 76989 are all XXX global procedures that represent an intraoperative epicardial echocardiography imaging procedure that is typically used for congenital cardiac procedures. The epicardial echocardiography is used only when

intraoperative TEE is contraindicated during the procedure (e.g., transesophageal fistula or small trachea). The epicardial echocardiography is used intraoperatively before the cardiac procedure begins to determine what procedures are required at the outset of the operation and after the cardiac repair is completed to identify if additional procedures are required to address any residual defects after the initial repair has been completed. Multiple images of different cardiac structures and the corrected congenital defect are obtained and reviewed in real-time intraoperatively to determine course of the initial operation and if the patient needs to be placed back on cardiopulmonary bypass to perform additional procedures to complete the repair of the congenital defect. The utilization of these procedures is anticipated to be low (approximately 573 for all three per year) since TEE is the preferred imaging method when feasible.

Code 76987 is used when the cardiothoracic surgeon performs the entire epicardial echocardiography. Code 76988 and 76989 are used when the cardiac surgeon and the cardiologist work together to perform the epicardial echocardiography. The cardiothoracic surgeon will report code 76988 for placing the transducer probe on the beating heart, manipulating the probe to acquire the images at the direction of the cardiologist and discussing the findings with the cardiologist to make real-time decisions in the OR based on the findings. The cardiologist will report code 76989 for the time they spend in the operating room with the cardiothoracic surgeon for the initial epicardial echocardiography and the end of the procedure after the congenital repair has been completed to direct the surgeon on placement and manipulation of the probe to obtain multiple images of multiple structures of the heart, interpreting and discussing the findings real-time in the OR with the surgeon and then finalizing and storing the images and documenting the interpretations and decisions made intraoperatively.

The Expert Panel discussed the differences in the time, work RVUs and intensity of the epiaortic ultrasound code (76984) and the congenital epicardial echocardiography codes (76987-76989). The Expert Panel felt that the difference in the RVWs, time and intensity for the epiaortic code and the epicardial echocardiography codes was due to the fact that the epiaortic code is performed primarily in adults with normal cardiac anatomy and only involves targeted images of the thoracic aorta while epicardial echocardiography codes are performed infrequently in congenital patients on the beating heart and involves capturing multiple images different cardiac structures. The Expert Panel attributed the differences in the time, wRVUs and intensity of the three congenital epicardial echocardiography codes to several factors. The higher intensity associated with 76987 is due to the rarity of the procedure and the cardiothoracic surgeon's limited experience in performing this type of procedure by themselves. The intensity associated with 76989 may also be attributed to the increased time and intensity for the cardiologist to provide intraoperative guidance to the surgeon in obtaining the images and providing real-time interpretation of the images in the OR to determine the nature of the repairs and if additional procedures need to be performed to complete the correction of the congenital defect(s). The intra-service time for 76989 is 5 minutes less than 76987 and 76988 because although the cardiologist is still in the OR directing the surgeon on obtaining the images and providing real-time interpretation, they do not have the added time or complexity of operating the transducer. There is also an increase in the post service time for 76987 and 76989 over 76988 because both of those procedures require additional documentation with the final interpretation and findings as well as storage of the final images.

## Code 76988 - Intraoperative epicardial cardiac (eg, echocardiography) ultrasound for congenital heart disease, diagnostic; placement, manipulation of transducer, and image acquisition only

For code 76988 the 10 minutes of pre-service time for the epicardial echocardiography includes additional intraoperative review of the patient's previous imaging which may include CT scans, TTE or other studies specific to the epicardial echocardiography and identification of ultrasound equipment required for the procedure including appropriate transducers and probe coverings as well as determining the proper settings for the ultrasound equipment. The median intra-service time of 20 minutes includes the cardiac surgeon placing the transducer probe through the open chest on the beating heart and manipulating the probe at the direction of the cardiologist to obtain multiple images of different structures of the heart before and after the cardiac repair and discussing the cardiologist's interpretation and findings real-time during the procedure to determine if changes or additional repairs are needed. The 5 minutes of post-operative time includes the cardiothoracic surgeon documenting the work performed and the intraoperative discussion and findings in a separate report within the op note.

**Intensity and complexity of the procedure:** 33 surveys were completed by a random sample of 1307 U.S. self-identified adult and congenital cardiac surgeons and cardiologists. 10 respondents selected code 93315, *Transesophageal echocardiography for congenital cardiac anomalies; including probe placement, image acquisition, interpretation and report* as a reference code making it the 1<sup>st</sup> KRS. 5 respondents selected code 93307 *Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography as a reference code making it the 2<sup>nd</sup> KRS. The 25<sup>th</sup> percentile (1.20) and median (2.05) values of the survey code falls between the values of the KRS codes (2.69, 0.92) and the total time of the survey code (35 mins) falls between the KRS codes (65 mins, 25 mins).* 

For the 1st KRS code, the survey respondents indicated the overall intensity/complexity of the survey code was somewhat or much more complex than the reference code. For the mental effort/ judgement, technical skill and the physical effort required for the survey code was split evenly between the survey code being identical or more complex than the reference code. For the psychological stress, the survey respondents indicated that the reference code was more complex or identical to the survey code. In their overall intensity/complexity comparison for the 2nd KRS code, the survey respondents indicated that survey code was somewhat more complex than reference code. For the mental effort/judgement and the physical effort required, the survey respondents indicated

that the survey code was identical or more complex than the reference code. For the technical skill and psychological stress, the survey respondents indicated that the survey code was more complex or identical to the reference code.

**Recommended RVW:** The survey data for code 76988 (Intraoperative epicardial cardiac (eg, echocardiography) ultrasound for congenital heart disease, diagnostic; placement, manipulation of transducer, and image acquisition only) has pre-service time of 10 minutes, a median intra-operative time of 20 minutes and an immediate post service time of 5 minutes for a total time of 35 minutes.

The Expert Panel felt that the 25<sup>th</sup> percentile RVW of 1.20 with 20 minutes of intra-time, 35 minutes of total time, an IWPUT of 0.043 and a work per unit time (WPUT) of 0.034 was reasonable for the procedure compared to the reference service codes. The 25<sup>th</sup> percentile RVW is between the RVWs of the KRS codes and the intra-service time of the survey code (20 mins) is 20 mins less than 1<sup>st</sup> KRS code (40 mins) and 5 mins greater the 2<sup>nd</sup> KRS (15 mins). Although the survey code IWPUT (0.043) and the WPUT (0.034) are less than the reference code values of IWPUT (0.053 and 0.046) and WPUT (0.041 and 0.037), the differences are not great and the survey code intra and total times are well positioned between the times of the reference codes.

For code 76988, the Expert Panel is recommending a the 25<sup>th</sup> percentile work RVW of 1.20 with a median intra-service time of 20 minutes, a total time of 35 minutes, IWPUT of 0.043 and a WPUT of 0.034.

The recommended value of 1.20 is supported by MPC code 99213 which has an RVW of 1.30 with an intra time of 20 minutes and a total time of 30 minutes (5 minutes lower than the survey code) and code 74280 with an RVW of 1.26, an intra time of 20 minutes and a total time of 29 minutes (1 minute less than the survey code). Code 93975 brackets the code with an RVW of 1.16 an intra time of 20 minutes and a total time of 30 minutes (5 minutes less than the survey code). The table below shows that the recommended RVW of 1.20 for survey code 76988 falls within the range of several reference codes that have intra-service times between 15 and 20 minutes and total times between 25 and 42 minutes and have been reviewed by the RUC within the past 10 years.

Reference codes with intra-times between 15 and 20 minutes and total times between 25 and 42 minutes.

Source	СРТ	Glob	IWPUT	WPUT	RVW	Tot Time	EVAL	Posit	SDW	INTRA- TIME	IMMD Post	Time Source	Recent Review
KRS	93307	XXX	0.046	0.037	0.92	25	5			15	5	RUC	2016-04
MPC - REF	95819	XXX	0.056	0.042	1.08	26	5			15	6	RUC	2012-1
MPC - REF	70490	XXX	0.070	0.051	1.28	25	5			15	5	RUC	2017-01
	72127	XXX	0.062	0.047	1.27	27	5			17	5	RUC	2018-04
MPC	70491	XXX	0.068	0.051	1.38	27	5			17	5	RUC	2017-01
	95822	XXX	0.041	0.033	1.08	33	5			18	10	RUC	2012-10
	71270	XXX	0.058	0.046	1.25	27	5			18	4	RUC	2019-10
	93284	XXX	0.046	0.034	1.25	37	9			18	10	RUC	2016-10
	72130	XXX	0.058	0.045	1.27	28	5			18	5	RUC	2018-04
	72133	XXX	0.058	0.045	1.27	28	5			18	5	RUC	2018-04
MPC	74170	XXX	0.065	0.050	1.40	28	5			18	5	RUC	2014-04
	70540	XXX	0.059	0.047	1.35	29	5			19	5	RUC	2016-01
	93316	XXX	0.013	0.017	0.60	35	10			20	5	RUC	2014-04
	92548	XXX	0.017	0.019	0.67	35	5			20	10	RUC	2019-01
	97164	XXX	0.031	0.027	0.96	35	5			20	10	RUC	2015-10
	78266	XXX	0.036	0.030	1.08	36	6			20	10	RUC	2015-04
	93975	XXX	0.047	0.039	1.16	30	5			20	5	RUC	2014-04
	95868	XXX	0.037	0.030	1.18	40	10			20	10	RUC	2012-04
SVY - REC	76988	XXX	0.043	0.034	1.20	35	10			20	5		
	74280	XXX	0.053	0.043	1.26	29	4			20	5	RUC	2018-10
MPC – Ref code	99213	XXX	0.054	0.043	1.30	30	5			20	5	RUC	2019-04
	72270	XXX	0.055	0.044	1.33	30	5			20	5	RUC	2014-04
	73221	XXX	0.056	0.045	1.35	30	5			20	5	RUC	2012-01
MPC	73721	XXX	0.056	0.045	1.35	30	5			20	5	RUC	2012-01
MPC	94003	XXX	0.046	0.034	1.37	40	10			20	10	RUC	2006-04
	78803	XXX	0.029	0.026	1.09	42	10			22	10	RUC	2019-01
	74251	XXX	0.043	0.037	1.17	32	5			22	5	RUC	2018-10
	95908	XXX	0.036	0.030	1.25	42	10			22	10	RUC- CMS Rev	2012-04
KRS	93315	XXX	0.053	0.041	2.69	65	10			40	15	RUC	2014-04

#### SERVICES REPORTED WITH MULTIPLE CPT CODES

Specialty cardiology

Specialty

1.	Is this code typically requestions: Yes	ported on the same date with or	other CPT codes? If yes, please respond to the following
	Why is the procedure re	eported using multiple codes in	nstead of just one code? (Check all that apply.)
	<ul><li>✓ Different species physician work</li><li>✓ Multiple codes</li></ul>	alties work together to accomplant using different codes. allow flexibility to describe exare used to maintain consistencedents.	e code expected to be reported with an add-on code. blish the procedure; each specialty codes its part of the exactly what components the procedure included. Increase with similar codes.
2.	CPT codes, global period accounting for relevant	od, work RVUs, pre, intra, and multiple procedure reduction p	re this code is reported with multiple codes. Include the l post-time for each, summing all of these data and policies. If more than one physician is involved in the hysician is performing and reporting each CPT code in your
FREQ	UENCY INFORMATION	ON	
	vas this service previousl reviewed) 76998	y reported? (if unlisted code, p	please ensure that the Medicare frequency for this unlisted
			? (ie. commonly, sometimes, rarely) ide information for each specialty.
Specia	lty cardiothoracic surgery	How often? S	Sometimes
Specia	lty cardiology	How often? Sometim	nes
Specia	lty	How often?	
If the rexplair 26% (6 utilizat 11451 proced 5% (57 Of the	the rationale for this estimated for the rationale for this estimated for the estimated for the residual for 76998-26. The residual for 76998-26 in the residual for residual for the residual for this estimated for the residual for this estimated for the residual for the r	multiple specialties, please provi- mate. It is estimated that cardio of code 76998-26 and that Med at of the volume comes from the tionally per year. It is estimated formed with code 76998-26 are the for intraoperative epicardial ca	ide the frequency and percentage for each specialty. Please othoracic surgery and cardiology account for approximately dicare accounts for approximately 22% of the total e congenital and non-Medicare populations for a total of that 95% (10,878) of cardiothoracic surgery and cardiology e epiaortic ultrasound procedures (76984) and the remaining ardiac ultrasound for congenital cardiac surgery procedures. sound procedures it is estimated that 1% (115) of will be
гороги	d with 76987, 2% (229) v	with 76988 and 2% (229) with 7	

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 129 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. Cardiothoracic surgery and cardiology account for approximately 26% of the 2020 volume of code 76998-26, which is 6,433 procedures. It is estimated that 95% (6121) of cardiothoracic surgery and cardiology procedures that are currently performed with code 76998-26 are epiaortic ultrasound procedures (76984) and

Percentage 0.00 %

Percentage 0.87 %

Frequency 2

Frequency 0

the remaining 5% (322) of those procedures are for intraoperative epicardial cardiac ultrasound for congenital cardiac surgery procedures. Of the congenital cardiac intraoperative epicardial cardiac ultrasound procedures it is estimated that 1% (64) of will be reported with 76987, 2% (129) with 76988 and 2% (129) with 7698.

Specialty cardiothoracic surgery Frequency 128 Percentage 99.22 %

Specialty cardiology Frequency 1 Percentage 0.77 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

#### Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:

**Imaging** 

BETOS Sub-classification:

Echography/ultrasonography

BETOS Sub-classification Level II:

Heart

#### **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 76998

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: 76989 Tracking Number F4 Original Specialty Recommended RVU: **1.55** 

Presented Recommended RVU: 1.55
RUC Recommended RVU: 1.55

CPT Descriptor: Intraoperative epicardial cardiac (eg, echocardiography) ultrasound for congenital heart disease,

diagnostic; interpretation and report only

Global Period: XXX

#### CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 5-month-old male with prior repair of tracheoesophageal fistula with subsequent esophageal stricture has a complete atrioventricular septal (atrioventricular [AV] canal) defect. He is now undergoing repair of the complete atrioventricular septal defect. Transesophageal echocardiogram (TEE) is contraindicated. The images from an intraoperative epicardial ultrasound are interpreted and a report generated.

Percentage of Survey Respondents who found Vignette to be Typical: 81%

Current Work RVU: 1.20

#### Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0%, In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0%, Overnight stay-less than 24 hours 0%, Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Description of Pre-Service Work: The cardiologist will discuss the cardiac procedure(s) to be performed with the surgeon and review prior images and/or TTE studies.

Description of Intra-Service Work: In the OR, the cardiologist directs the cardiothoracic surgeon on probe manipulation in order to obtain multiple images of different cardiac structures relevant to the pediatric and/or congenital cardiac repair. These views might include: 1) epicardial aortic valve short-axis view, 2) epicardial aortic valve long-axis view, 3) epicardial left ventricle basal short-axis view, 4) epicardial left ventricle mid-short-axis view, 5) epicardial left ventricle long-axis view, 6) epicardial 2-chamber view, and 7) epicardial right ventricular outflow tract view. Upon completion of image acquisition, the cardiologist interprets the images and discusses their findings with the cardiothoracic surgeon real-time in the OR to determine if surgical plan alterations are needed or if any additional procedures or repairs (e.g., A sizable residual ventricular septal defect (VSD) is identified along with residual regurgitation of the left atrioventricular valve) need to be made to the heart based on their findings. The cardiologist acquires the digital images for subsequent transfer and archival storage.

Description of Post-Service Work: The cardiologist stores the final images as appropriate. A separate report of the images obtained, the interoperative interpretation of the images, a summary of the intraoperative discussion and findings with the cardiothoracic surgeon and the final decisions made based on the findings is generated.

#### **SURVEY DATA**

RUC Meeting Da	nte (mm/yyyy)	09/2022						
Presenter(s):	Wright, MD; I	Joesph Turek, MD; James M. Levett, MD; Prashanath Vallabhjosyula, MD; Richard Wright, MD; Ed Tuohy, MD; Thad Waites, MD						
Specialty Society(ies):	Society of The College of Ca	oracic Surgeor ardiology	ns; Americ	an Assosiatio	on for Thora	cic Surgery; A	Amercian	
CPT Code:	76989							
Sample Size:	2029 <b>F</b>	Resp N: 3	1					
Description of Sample:	surgeons; A0 who indicate 222 members	STS/AATS - 1307 subspecialty members that identify as cardaic or congenital cardiac surgeons; ACC - 722 cardiologists which included a random sample of 500 members who indicate echocardiography in their membership interests and a random sample of 222 members who indicate echocardiography plus either pediatric cardiology or congenital cardiology						
			Low	25 <sup>th</sup> pctl	Median*	75th pctl	<u>High</u>	
Service Perform	nance Rate		0.00	0.00	2.00	3.00	100.00	
Survey RVW:			0.50	1.55	2.00	2.45	10.00	
Pre-Service Evaluation Time:					5.00			
Pre-Service Posit	ioning Time:				0.00			
Pre-Service Scrub	o, Dress, Wait T	ime:			0.00			
Intra-Service Tir	me:		0.00	10.00	15.00	20.00	180.00	
Immediate Post	Service-Time	10.00						
Post Operative	<u>Visits</u>	Total Min**	CPT Cod	e and Num	ber of Visit	<u>s</u>		
Critical Care tim	ne/visit(s):	<u>0.00</u>	99291x <b>0</b>	). <b>00</b> 99292	2x <b>0.00</b>			
Other Hospital t	ime/visit(s):	0.00	99231x <b>0</b>	). <b>00</b> 99232	2x <b>0.00</b> 99	9233x <b>0.00</b>		
Discharge Day I	Vigmt:	0.00	99238x <b>0</b>	<b>0.00</b> 99239x	0.00	99217x <b>0.00</b>		
Office time/visit	(s):	0.00	99211x <b>0</b>	0.00 12x 0.0	0 13x 0.00 1	4x <b>0.00</b> 15x	0.00	
Prolonged Serv	ices:	0.00	99354x <b>0</b>	). <b>00</b> 55x <b>0</b>	). <b>00</b> 56x <b>0</b>	. <b>00</b> 57x <b>0</b> .0	00	
Sub Obs Care:		0.00	99224x <b>0</b>	). <b>00</b> 99225	5x <b>0.00</b> 9	9226x <b>0.00</b>		
**Dhysician stan	dard total min	utos por E/M	vioit: 00	201 (70): 0	0202 (20).	00224 (20)	00222 (40)	

<sup>\*\*</sup>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 <u>pre</u>-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

CPT Code:	76989	Recommended Phys	Recommended Physician Work RVU: 1.55							
		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 Position	ning Time:	0.00	0.00	0.00						
Pre-Service Scrub, D	Dress, Wait Time:	0.00	0.00	0.00						
Intra-Service Time	:	20.00								

Please, pick the <u>post</u>-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

XXX	Globa	al Code

Specialty Recommended Post-Service Time	Specialty Recommended Post Time Package	Adjustments/Recommended Post-Service Time
---	---	--

Immediate Post Service-Time:	10.00	0.00	10.00
miniounate i cot coi vico i inici	. 0.00	0.00	

Post-Operative Visits	Total Min**	CPT Code and Number of Visits				
Critical Care time/visit(s):	0.00	99291x <b>0.00</b> 99292x <b>0.00</b>				
Other Hospital time/visit(s):	<u>0.00</u>	99231x <b>0.00</b> 99232x <b>0.00</b> 99233x <b>0.00</b>				
Discharge Day Mgmt:	<u>0.00</u>	99238x <b>0.0</b> 99239x <b>0.0</b> 99217x <b>0.00</b>				
Office time/visit(s):	<u>0.00</u>	99211x <b>0.00</b> 12x <b>0.00</b> 13x <b>0.00</b> 14x <b>0.00</b> 15x <b>0.00</b>				
Prolonged Services:	<u>0.00</u>	99354x <b>0.00</b> 55x <b>0.00</b> 56x <b>0.00</b> 57x <b>0.00</b>				
Sub Obs Care:	<u>0.00</u>	99224x <b>0.00</b> 99225x <b>0.00</b> 99226x <b>0.00</b>				

#### **Modifier -51 Exempt Status**

Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

#### **New Technology/Service:**

Is this new/revised procedure considered to be a new technology or service? Yes

#### TOP KEY REFERENCE SERVICE:

<u>CPT Descriptor</u> Echocardiography, transesophageal, real-time with image documentation (2D) (with or without M-mode recording); including probe placement, image acquisition, interpretation and report

#### SECOND HIGHEST KEY REFERENCE SERVICE:

 Key CPT Code
 Global
 Work RVU
 Time Source

 93315
 XXX
 2.69
 RUC Time

<u>CPT Descriptor</u> Transesophageal echocardiography for congenital cardiac anomalies; including probe placement, image acquisition, 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 XXX
 Work RVU 1.40
 Time Source Time Source Medicare Utilization RUC Time
 Medicare Utilization 68.353

<u>CPT Descriptor 1</u> Computed tomography, abdomen; without contrast material, followed by contrast material(s) and further sections

 MPC CPT Code 2
 Global 99203
 Work RVU XXX
 Time Source 1.60
 Medicare Utilization Publication Publ

<u>CPT Descriptor 2</u> Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and low level of medical decision making. When using time for code selection, 30-44 minutes of total time is spent on the date of the encounter.

Other Reference CPT Code Global Work RVU Time Source 0.00

#### RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.

Number of respondents who choose Top Key Reference Code: 9 % of respondents: 29.0 %

Number of respondents who choose 2<sup>nd</sup> Key Reference Code: 6 % of respondents: 19.3 %

TIME ESTIMATES (Median)	<b>CPT Code:</b> <u>76989</u>	Top Key Reference CPT Code: 93312	2nd Key Reference CPT Code: 93315
Median Pre-Service Time	5.00	10.00	10.00
Median Intra-Service Time	20.00	30.00	40.00
Median Immediate Post-service Time	10.00	15.00	15.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	35.00	55.00	65.00
Other time if appropriate			

#### INTENSITY/COMPLEXITY MEASURES

(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Survey Code Compared to	Much	Somewhat	<u>Identical</u>	Somewhat	Much
Top Key Reference Code	Less	Less		More	More
Overall intensity/complexity	0%	0%	33%	56%	14%

## Mental Effort and JudgmentLessIdenticalMore• The number of possible diagnosis0%56%44%

options that must be considered
 The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed

and/or the number of management

and analyzedUrgency of medical decision making

Technical Skill/Physical Effort	<u>Less</u>	<b>Identical</b>	<b>More</b>
Technical skill required	11%	44%	44%
Physical effort required	11%	67%	22%
I hysicar errort required	1170	0770	2270

#### **Psychological Stress**

- The risk of significant complications, morbidity and/or mortality
- Outcome depends on the skill and judgment of physician
- Estimated risk of malpractice suit with poor outcome

<b>Survey Code Compared</b>	to
2nd Key Reference Cod	e

-
0 77.4 . 4. / 7. 4.
Overall intensity/complexity
Overall intensity/complexity

**Mental Effort and Judgment** 

Much	
Less	

0%

Less

33%

33%

17%

Less

0%

Somewhat Less

**Identical** 

33%

**Identical** 

17%

More

33%

33%

50%

More

67%

More 0%

Somewhat

More 50%

Much

33%

#### The number of possible diagnosis and/or the number of management options that must be considered

- The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed
- Urgency of medical decision making

#### **Technical Skill/Physical Effort**

Technical skill required	•

Physical effort required
--------------------------

<b>Psychological</b>	Stress

- The risk of significant complications, morbidity and/or mortality
- Outcome depends on the skill and judgment of physician
- poor outcome

Less	Identical	More

17%	50%	33%

Less	<u>Identical</u>	More

33%

**Identical** 

33%

33%

### Estimated risk of malpractice suit with

#### Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

#### **Overall Comments: (all codes)**

Tab 5 includes 4 new codes that represent intraoperative diagnostic cardiac ultrasound procedures.

All four procedures are performed in the operating room through an open chest with the ultrasound probe placed directly on the thoracic aorta (76984) or the beating heart (76987, 76988, 76989). The structure of the codes is different because the cardiothoracic surgeon almost always performs the entire procedure for the epiaortic ultrasound (76984) which includes placing the ultrasound probe directly on the thoracic aorta through the open pericardium, collecting and interpreting the images and generating the final report.

For the congenital cardiac epicardial echocardiography codes (76987, 76988, 76989), it is not uncommon for a cardiologist to provide a portion of the procedure. For this reason, the congenital cardiac codes were developed to allow for one provider (typically the cardiothoracic surgeon) to perform all aspects of the intraoperative ultrasound (76987) and two codes (76988 and 76989) when the work is split out between two providers including a cardiothoracic surgeon and a cardiologist. When the work is split between two providers, the cardiothoracic surgeon would report code 76988 for placement of the transducer probe on the beating heart and manipulating it at the direction of the cardiologist to obtain the images of multiple structures of the heart discussing the results intraoperatively with the cardiologist to decide if the surgical plan needs to be altered or if additional procedures or repairs are necessary. The cardiologist is in the OR with the cardiothoracic surgeon directing them on manipulating the probe to capture images of multiple structures of the heart, interpreting the images real-time in the OR, and discussing the findings with the cardiothoracic surgeon to decide if the surgical plan needs to be altered or if additional procedures or repairs are necessary and then archives the images and generates the final report which would be reported with code 76989.

Comparison and summary of work involved for each procedure

Code	•		Pre-Service activities	Intra-	Intra-service Activities	Immed	Immed Post Activities
Coue	providing service	time	Fre-Service activities	time	mu a-service Activities	Post time	Infined Fost Activities
76984	Cardiac surgeon	5 mins	Performed by the cardiothoracic surgeon. Mainly involves securing the ultrasound equipment, supplies and settings.	10 mins	Performed by the cardiothoracic surgeon. Placement and manipulation of the transducer probe on targeted areas of the thoracic aorta, obtain and interpret images intraoperatively. Acquire images for final archival storage.	3 mins	Performed by the cardiothoracic surgeon. Store final images as appropriate and generate report of findings from targeted thoracic aortic structures.
76987	Cardiac surgeon	10 mins	Performed by the cardiothoracic surgeon. Includes work included in 76984 and the intraoperative pre-service work of preparing the heart for the ultrasound by removing packing, positioning the heart and infusing fluid if necessary. This is all done twice – once intraoperatively before cardiac repair and once intraoperatively at the end of cardiac repair.	20 mins	Performed by the cardiothoracic surgeon. Performed twice per operation. Pre- and post-procedural placement and manipulation of the transducer probe on beating heart. Obtain multiple images of different structures of the heart and interpret intraoperatively. Acquire images for final archival storage.	10 mins	Performed by the cardiothoracic surgeon. Store final images as appropriate and generate report on findings from multiple images from different structures of the heart from both pre- and post-surgical images. The main difference from 76984 is the number of images obtained from multiple structures for the pre- and post-surgical findings increasing storage and documentation time.
76988	Cardiac surgeon	10 mins	The same as the pre-service work performed by the cardiothoracic surgeon in 76987.	mins	Performed by the cardiothoracic surgeon. Performed twice per operation. Pre- and post-procedural placement and manipulation of the transducer probe on beating heart. Obtain multiple images of different structures of the heart at the direction of the cardiologist. Discuss the cardiologist's findings intraoperatively.	5 mins	Performed by the cardiothoracic surgeon. Generate report on findings from multiple images from different structures of the heart from both preand post-surgical images.  Similar to post work of 76984. The main difference is increased number of images obtained.  Difference in work from 76987 is the cardiothoracic surgeon does not store the final images.
76989	Cardiologist	5 mins	Performed by the cardiologist. Reviews the procedure with the cardiac surgeon and reviews previous imaging for the patient	15 mins	Performed by the cardiologist. In the OR at the same time as the cardiothoracic surgeon at the beginning and again at the end of the procedure, actively directing them on probe manipulation and the images that need to be obtained ensuring adequate images are captured. Applying color doppler to assess valves and any stenoses. Interpret the pre- and post-procedural images in the OR during the procedure and discuss the findings with the cardiothoracic	10 mins	Performed by the cardiologist. Store final images as appropriate and generate report on findings from intraoperative interpretation and discussion of multiple images from different structures of the heart from both pre- and post-surgical images. Similar to work done in 76987 by cardiothoracic surgeon.

							. 0040 0000
Code	Specialty providing service	Pre- time	Pre-Service activities	Intra- time	Intra-service Activities	Immed Post time	Immed Post Activities
					surgeon. Acquire images for final archival storage.		

#### Rationale 76987, 76988 and 76989

Codes 76987, 76988 and 76989 are all XXX global procedures that represent an intraoperative epicardial echocardiography imaging procedure that is typically used for congenital cardiac procedures. The epicardial echocardiography is used only when intraoperative TEE is contraindicated during the procedure (e.g., transesophageal fistula or small trachea). The epicardial echocardiography is used intraoperatively before the cardiac procedure begins to determine what procedures are required at the outset of the operation and after the cardiac repair is completed to identify if additional procedures are required to address any residual defects after the initial repair has been completed. Multiple images of different cardiac structures and the corrected congenital defect are obtained and reviewed in real-time intraoperatively to determine course of the initial operation and if the patient needs to be placed back on cardiopulmonary bypass to perform additional procedures to complete the repair of the congenital defect. The utilization of these procedures is anticipated to be low (approximately 573 for all three per year) since TEE is the preferred imaging method when feasible.

Code 76987 is used when the cardiothoracic surgeon performs the entire epicardial echocardiography. Code 76988 and 76989 are used when the cardiac surgeon and the cardiologist work together to perform the epicardial echocardiography. The cardiothoracic surgeon will report code 76988 for placing the transducer probe on the beating heart, manipulating the probe to acquire the images at the direction of the cardiologist and discussing the findings with the cardiologist to make real-time decisions in the OR based on the findings. The cardiologist will report code 76989 for the time they spend in the operating room with the cardiothoracic surgeon for the initial epicardial echocardiography and the end of the procedure after the congenital repair has been completed to direct the surgeon on placement and manipulation of the probe to obtain multiple images of multiple structures of the heart, interpreting and discussing the findings real-time in the OR with the surgeon and then finalizing and storing the images and documenting the interpretations and decisions made intraoperatively.

The Expert Panel discussed the differences in the time, work RVUs and intensity of the epiaortic ultrasound code (76984) and the congenital epicardial echocardiography codes (76987-76989). The Expert Panel felt that the difference in the RVWs, time and intensity for the epiaortic code and the epicardial echocardiography codes was due to the fact that the epiaortic code is performed primarily in adults with normal cardiac anatomy and only involves targeted images of the thoracic aorta while epicardial echocardiography codes are performed infrequently in congenital patients on the beating heart and involves capturing multiple images different cardiac structures. The Expert Panel attributed the differences in the time, wRVUs and intensity of the three congenital epicardial echocardiography codes to several factors. The higher intensity associated with 76987 is due to the rarity of the procedure and the cardiothoracic surgeon's limited experience in performing this type of procedure by themselves. The intensity associated with 76989 may also be attributed to the increased time and intensity for the cardiologist to provide intraoperative guidance to the surgeon in obtaining the images and providing real-time interpretation of the images in the OR to determine the nature of the repairs and if additional procedures need to be performed to complete the correction of the congenital defect(s). The intra-service time for 76989 is 5 minutes less than 76987 and 76988 because although the cardiologist is still in the OR directing the surgeon on obtaining the images and providing real-time interpretation, they do not have the added time or complexity of operating the transducer. There is also an increase in the post service time for 76987 and 76989 over 76988 because both of those procedures require additional documentation with the final interpretation and findings as well as storage of the final images.

## Code 76989 - Intraoperative epicardial cardiac (eg, echocardiography) ultrasound for congenital heart disease, diagnostic; interpretation and report only

For code 76989 the 5 minutes of pre-service time for the epicardial echocardiography includes the cardiologist's discussion of the case with the surgeon and review of the patient's previous CT scans, TTE or other studies. The median intra-service time of 15 minutes includes the time spent by the cardiologist intraoperatively before and after the cardiac repair, directing the cardiac surgeon on probe placement and manipulation to obtain multiple images of different structures of the heart, the cardiologist's real-time interpretation of the images and the discussion of their findings in the OR with the cardiac surgeon to determine if surgical alterations or additional repairs are necessary. The 10 minutes of post-operative time includes the cardiologist documenting their intraoperative interpretations of the images, discussions and finding with the surgeon and obtaining and storing the final images as appropriate.

**Intensity and complexity of the procedure:** 31 surveys were completed by a random sample of 1307 U.S. self-identified adult and congenital cardiac surgeons and cardiologists. 9 respondents selected code 93312, *Echocardiography, transesophageal, real-time with image documentation (2D) (with or without M-mode recording); including probe placement, image acquisition, interpretation and report as a reference code making it the 1<sup>st</sup> KRS. 6 respondents selected code 93315, <i>Transesophageal echocardiography for* 

congenital cardiac anomalies; including probe placement, image acquisition, interpretation and report as a reference code making it the 2<sup>nd</sup> KRS. The 25<sup>th</sup> percentile (1.55) and median (2.00) values of the survey code is lower than the values of the KRS codes (2.30, 2.69) and the total time of the survey code (35 mins) is less than that of the KRS codes (55 mins, 65 mins).

For the 1<sup>st</sup> KRS code, the survey respondents indicated that the overall intensity/complexity of the survey code was somewhat more complex than the reference code. The survey respondents indicated that the mental/effort and judgement and the physical effort required for the survey code was identical or more complex than the reference code. For the technical skill required, the survey respondents were equally split between the survey code being identical or more complex than the reference code. For the psychological stress, the survey respondents indicated that the survey code was more complex or identical to the reference code. In their overall intensity/complexity comparison for the 2<sup>nd</sup> KRS code, the survey respondents indicated that the survey code was much more complex than the reference code. For the mental effort/ judgement, the survey respondents indicated that the survey code was identical or more complex than the reference code. For the psychological stress, the survey respondents indicated that the survey code was more complex or identical to the reference code. For the technical skill and physical effort required, the survey respondents were equally split between the survey code being less complex, identical or more complex than the reference code.

**Recommended RVW:** The survey data for code 76989 (Intraoperative epicardial cardiac (eg, echocardiography) ultrasound for congenital heart disease, diagnostic; interpretation and report only) has pre-service time of 5 minutes, a median intra-operative time of 15 minutes and an immediate post service time of 10 minutes for a total time of 30 minutes.

The Expert Panel felt that the 25<sup>th</sup> percentile RVW of 1.55 with 15 minutes of intra-time, 30 minutes of total time, an IWPUT of 0.081 and a work per unit time (WPUT) of 0.052 was reasonable for the procedure compared to the reference service codes and the other epicardial echocardiography codes. The 25<sup>th</sup> percentile (1.55) and median (2.00) RVWs of the survey code is less than both of the KRS codes (2.30, 2.69) and the intra-service time of the survey code (15 mins) is 15 mins less than 1<sup>st</sup> KRS code (30 mins) and 25 minutes less the 2<sup>nd</sup> KRS (40 mins). The IWPUT (0.081) and the WPUT (0.052) of the survey code is higher than those of the reference codes IWPUT (0.058 and 0.053) and WPUT (0.042 and 0.041). The Expert Panel believes that since the cardiologist is directing the cardiothoracic surgeon on probe placement and manipulation, interpreting the images and discussing the findings with the cardiothoracic surgeon for multiple images taken of different cardiac structures before and after the procedure intraoperatively, this supports the increased IWPUT and WPUT of the survey code compared to the KRS codes.

For code 76989, the Expert Panel is recommending a the 25<sup>th</sup> percentile work RVW of 1.55 with a median intra-service time of 15 minutes, a total time of 30 minutes, IWPUT of 0.081 and a WPUT of 0.052.

The recommended value of 1.55 is supported by code 78491, which has an RVW of 1.56, an intra time of 15 minutes and a total time of 30 minutes. The table below shows that the recommended RVW of 1.55 for survey code 76989 falls within the range of several reference codes that have intra-service times between 15 and 25 minutes and total times between 25 and 35 minutes and have been reviewed by the RUC within the past 11 years.

Reference Codes with intra times between 15 and 25 minutes and total times between 25 and 35 minutes

Source	CPT	Glob	IWPUT	WPUT	RVW	Tot Time	EVAL	Posit	SDW	INTRA -TIME	IMMD Post	Time Source	Recent Review
	99151	XXX	0.011	0.017	0.50	30				15	15	RUC	2015-10
	93268	XXX	0.012	0.017	0.52	30	5			15	10	RUC	2010-04
	95923	XXX	0.038	0.030	0.90	30	5			15	10	RUC	2012-04
	78278	XXX	0.044	0.033	0.99	30	5			15	10	RUC	2011-09
MPC	36440	XXX	0.039	0.029	1.03	35	10			15	10	RUC	2016-01
MPC	95819	XXX	0.056	0.042	1.08	26	5			15	6	RUC	2012-01
MPC	70490	XXX	0.070	0.051	1.28	25	5			15	5	RUC	2017-01
	73718	XXX	0.075	0.054	1.35	25	5			15	5	RUC	2016-10
	93350	XXX	0.075	0.049	1.46	30	5			15	10	RUC	2016-10
	70546	XXX	0.084	0.059	1.48	25	5			15	5	RUC	2016-10
	70548	XXX	0.085	0.060	1.50	25	5			15	5	RUC	2016-10
SVY - REC	76989	XXX	0.081	0.052	1.55	30	5			15	10		
Ref code	78491	XXX	0.082	0.052	1.56	30	8			15	7	RUC	2019-01
	95865	XXX	0.080	0.050	1.57	31.5	10			15	6.5	RUC	2012-04
	99283	XXX	0.084	0.053	1.60	30	5			15	10	RUC	2018-04
	78459	XXX	0.080	0.049	1.61	33	10			15	8	RUC	2019-01
	99156	XXX	0.082	0.049	1.65	34	10			15	9	RUC	2015-10
MPC	70491	XXX	0.068	0.051	1.38	27	5			17	5	RUC	2017-01
	78430	XXX	0.078	0.052	1.67	32	8			17	7	RUC	2019-01
MPC - REF	74170	XXX	0.065	0.050	1.40	28	5			18	5	RUC	2014-04
	70551	XXX	0.070	0.053	1.48	28	5			18	5	RUC	2013-01
MPC - REF	99203	XXX	0.055	0.046	1.60	35	5			25	5	RUC- CMS Rev	2019-04
KRS	93312	XXX	0.058	0.042	2.30	55	10			30	15	RUC	2014-04
KRS	93315	XXX	0.053	0.041	2.69	65	10			40	15	RUC	2014-04

#### SERVICES REPORTED WITH MULTIPLE CPT CODES

1.	Is this code typica questions: Yes	lly reported on the	same date with	h other CPT codes? If yes, please respond to the	following
	Why is the proceed	ure reported using 1	nultiple codes	s instead of just one code? (Check all that apply.)	
	<ul><li>□ Different physician</li><li>□ Multiple of Historical</li></ul>	specialties work tog work using differer codes allow flexibili	gether to according to codes.  ty to describe a consistent ain consistent con	pase code expected to be reported with an add-on emplish the procedure; each specialty codes its part exactly what components the procedure included tency with similar codes.	t of the
2.	CPT codes, global accounting for rel	period, work RVU evant multiple proce	s, pre, intra, a edure reduction	here this code is reported with multiple codes. In and post-time for each, summing all of these data as on policies. If more than one physician is involved physician is performing and reporting each CPT of	and d in the
FREQU	JENCY INFORM	ATION			
	as this service pre- reviewed) 76998	viously reported? (in	unlisted code	e, please ensure that the Medicare frequency for	this unlisted
				ce? (ie. commonly, sometimes, rarely) ovide information for each specialty.	
Specialt	y cardiothoracic su	rgery	How often	? Sometimes	
Specialt	y cardiology	How	often? Rarely	ý	
Specialt	ту	How often?			
If the re explain 26% (64 utilization 11451 procedur 5% (573 Of the co	commendation is f the rationale for th 433) of the 2020 vo on for 76998-26. To procedures perform ares that are current 3) of those procedure congenital cardiac is	rom multiple special is estimate. It is estimate is estimate. It is estimate is estimate of code 76998 he rest of the volumed nationally per yearly performed with column are for intraoperate.	ties, please pr mated that car -26 and that Ne e comes from ar. It is estimated ode 76998-26 tive epicardial dial cardiac ul	nationally in a one-year period? 229 ovide the frequency and percentage for each special rediothoracic surgery and cardiology account for apply and the congenital and non-Medicare populations for atted that 95% (10,878) of cardiothoracic surgery and are epiaortic ultrasound procedures (76984) and the cardiac ultrasound for congenital cardiac surgery trasound procedures it is estimated that 1% (115) of the 76989.	proximately tal a total of d cardiology he remaining procedures.
Specialt	y cardiothoracic su	rgery Frequ	uency 2	Percentage 0.87 %	
Specialt	y cardiology	Frequency 22	.7 Pe	ercentage 99.12 %	
Specialt	y F:	requency 0	Percentage	2 0.00 %	

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 129 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. Cardiothoracic surgery and cardiology account for approximately 26% of the 2020 volume of code 76998-26, which is 6,433 procedures. It is estimated that 95% (6121) of cardiothoracic surgery and

cardiology procedures that are currently performed with code 76998-26 are epiaortic ultrasound procedures (76984) and the remaining 5% (322) of those procedures are for intraoperative epicardial cardiac ultrasound for congenital cardiac surgery procedures. Of the congenital cardiac intraoperative epicardial cardiac ultrasound procedures it is estimated that 1% (64) of will be reported with 76987, 2% (129) with 76988 and 2% (129) with 76989.

Specialty cardiothoracic surgery Frequency 1 Percentage 0.77 %

Specialty cardiology Frequency 128 Percentage 99.22 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

#### Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:

**Imaging** 

BETOS Sub-classification:

Echography/ultrasonography

BETOS Sub-classification Level II:

Heart

#### **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 76998

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: 76998 Tracking Number F5 Original Specialty Recommended RVU: **1.20** 

Presented Recommended RVU: 1.20
RUC Recommended RVU: 1.20

Global Period: XXX Current Work RVU: **1.20** 

CPT Descriptor: Ultrasonic guidance, intraoperative

#### **CLINICAL DESCRIPTION OF SERVICE:**

Vignette Used in Survey: A 66-year-old female has confirmed invasive ductal carcinoma that is confined to a single quadrant of the breast. She is now undergoing wide local excision. An intraoperative ultrasound to guide the excision and ensure clean margins is performed and interpreted by the operating surgeon.

Percentage of Survey Respondents who found Vignette to be Typical: 97%

#### Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0%, In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0%, Overnight stay-less than 24 hours 0%, Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Description of Pre-Service Work: The surgeon confirms the ultrasound machine and probes are available, functioning, calibrated, and appropriately positioned relative to anesthesia lines and operative field The surgeon also confirms the correct patient information has been entered into the ultrasound machine. Prior to draping the patient (included in the index procedure), the surgeon performs a preliminary ultrasound to identify and mark the mass and adjust the gain and depth to optimize imaging guidance for the procedure. After the patient is prepped and draped (included in the primary procedure), the surgeon also ensures that the ultrasound is appropriately draped with sterile probe and cord covers and positioned on the surgical field.

Description of Intra-Service Work: Intraoperatively, ultrasound is used first to outline the margins of the mass. Then, after incision and while excising the mass, the surgeon periodically uses the ultrasound to identify the mass and the margins as well as the surrounding normal tissue and guide additional incisions, dissection and excisions until clear margins are obtained. Intraoperative permanent images are interpreted and captured throughout the procedure. This is a dynamic procedure because the area is changing between images. The surgeon dictates a report

Description of Post-Service Work: Review and sign ultrasound guidance report. Postoperative communication with patient will included additional discussion of IOUS findings during surgery

#### **SURVEY DATA**

SCICI DI DIII							
RUC Meeting Da	ite (mm/yyyy)	09/2022					
Presenter(s):	Charles Mabr Taylor, MD, F	y, MD, FACS; ACS	Don Selze	er, MD, FAC	S; Richard F	ine, MD, FAC	S; Walton
Specialty Society(ies):	ACS, ASBrS						
CPT Code:	76998						
Sample Size:	4445 <b>Resp N</b> : 115						
Description of Sample:	ASBrS: Active US members (a significant percentage of ASBrS members are also members of ACS)  ACS: random selection of general surgeons who self-identify as surgical oncologists						
			<u>Low</u>	25th pctl	Median*	75th pctl	<u>High</u>
Service Perform	ance Rate		0.00	20.00	50.00	100.00	450.00
Survey RVW:			0.10	0.75	1.20	1.70	5.12
Pre-Service Evaluation Time:					5.00		
Pre-Service Posit	ioning Time:				0.00		
Pre-Service Scrub	o, Dress, Wait Ti	me:			0.00		
Intra-Service Tir	ne:		5.00	10.00	12.00	15.00	30.00
Immediate Post	Service-Time:	5.00					
Post Operative	<u>Visits</u>	Total Min**	CPT Cod	e and Num	ber of Visit	<u>s</u>	
Critical Care tim	ie/visit(s):	0.00	99291x <b>(</b>	). <b>00</b> 99292	2x <b>0.00</b>		
Other Hospital time/visit(s): 0.00				). <b>00</b> 99232	2x <b>0.00</b> 9	9233x <b>0.00</b>	
Discharge Day I	99238x <b>(</b>	<b>).00</b> 99239x	0.00	99217x <b>0.00</b>			
Office time/visit	(s):	0.00	99211x <b>(</b>	0.00 12x 0.0	0 13x <b>0.00</b> 1	4x <b>0.00</b> 15x	0.00
Prolonged Serv	ices:	0.00	99354x <b>(</b>	). <b>00</b> 55x <b>0</b>	). <b>00</b> 56x <b>0</b>	. <b>00</b> 57x <b>0.</b> 0	00
Sub Obs Care:		0.00	99224x <b>(</b>	). <b>00</b> 99225	5x <b>0.00</b> 9	9226x <b>0.00</b>	
**DI		-1		0004 (70) 0	()	()	(40)

#### **Specialty Society Recommended Data**

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category) XXX Global Code

CPT Code:	76998	Recommended Phys	Recommended Physician Work RVU: 1.20				
	,	Specialty Recommended Pre- Service Time	Specialty Recommended Pre Time Package	Adjustments/Recommended Pre-Service Time			
Pre-Service Evalua	ation Time:	5.00	0.00	5.00			
Pre-Service Position	oning Time:	0.00	0.00	0.00			
Pre-Service Scrub	, Dress, Wait Time:	0.00	0.00	0.00			
Intra-Service Tim	ne:	12.00		,			

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time) XXX Global Code

	Specialty Recommended Post-Service Time	Recommenaea	Adjustments/Recommended Post-Service Time
Immediate Post Service-Time:	5.00	0.00	5.00

<sup>\*\*</sup>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)

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	<u>0.00</u>	99291x <b>0.00</b> 99292x <b>0.00</b>
Other Hospital time/visit(s):	<u>0.00</u>	99231x <b>0.00</b> 99232x <b>0.00</b> 99233x <b>0.00</b>
Discharge Day Mgmt:	0.00	99238x <b>0.0</b> 99239x <b>0.0</b> 99217x <b>0.00</b>
Office time/visit(s):	0.00	99211x <b>0.00</b> 12x <b>0.00</b> 13x <b>0.00</b> 14x <b>0.00</b> 15x <b>0.00</b>
Prolonged Services:	0.00	99354x <b>0.00</b> 55x <b>0.00</b> 56x <b>0.00</b> 57x <b>0.00</b>
Sub Obs Care:	0.00	99224x <b>0.00</b> 99225x <b>0.00</b> 99226x <b>0.00</b>

#### **Modifier -51 Exempt Status**

Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

#### **New Technology/Service:**

Is this new/revised procedure considered to be a new technology or service? No

#### TOP KEY REFERENCE SERVICE:

Key CPT Code 76641

Global XXX Work RVU 0.73

Time Source **RUC Time** 

CPT Descriptor Ultrasound, breast, unilateral, real time with image documentation, including axilla when performed; complete

#### SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code 10005

Global XXX Work RVU 1.46

Time Source **RUC Time** 

CPT Descriptor Fine needle aspiration biopsy, including ultrasound guidance; first lesion

#### **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

99212

Global Work RVU XXX

0.70

Time Source **RUC Time**  Medicare Utilization 8,809,573

CPT Descriptor 1 Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and straightforward medical decision making. When using time for code selection, 10-19 minutes of total time is spent on the date of the encounter.

Most Recent

Most Recent

MPC CPT Code 2 70490

<u>Glob</u>al

Work RVU Time Source

**RUC Time** 

Medicare Utilization 46,728

CPT Descriptor 2 Computed tomography, soft tissue neck; without contrast material

Other Reference CPT Code 37253

Global ZZZ

Work RVU 1.40

Time Source **RUC Time** 

<u>CPT Descriptor</u> Intravascular ultrasound (noncoronary vessel) during diagnostic evaluation and/or therapeutic intervention, including radiological supervision and interpretation; each additional noncoronary vessel (List separately in addition to code for primary procedure)

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.

Number of respondents who choose Top Key Reference Code: 59 % of respondents: 51.3 %

Number of respondents who choose 2<sup>nd</sup> Key Reference Code: 34 % of respondents: 29.5 %

TIME ESTIMATES (Median)		Top Key Reference	2nd Key Reference
	<b>CPT Code:</b> <u>76998</u>	CPT Code: 76641	CPT Code: 10005
Median Pre-Service Time	5.00	5.00	10.00
Median Intra-Service Time	12.00	12.00	20.00
Median Immediate Post-service Time	5.00	5.00	9.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	22.00	22.00	39.00
Other time if appropriate			

#### INTENSITY/COMPLEXITY MEASURES

(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Survey Code Compared to	Much	Somewhat	<u>Identical</u>	Somewhat	Much
Top Key Reference Code	Less	Less		More	More
Overall intensity/complexity	2%	8%	29%	41%	20%

Mental Effort and Judgment	<u>Less</u>	<u>Identical</u>	<u>More</u>
<ul> <li>The number of possible diagnosis and/or the number of management options that must be considered</li> <li>The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed</li> <li>Urgency of medical decision making</li> </ul>	27%	29%	44%
Technical Skill/Physical Effort	Less	<u>Identical</u>	More
Technical skill required	12%	53%	36%
Physical effort required	10%	71%	19%

sychological Stress	<u>Less</u>	<u>Identical</u>	<u>More</u>
<ul> <li>The risk of significant complications, morbidity and/or mortality</li> <li>Outcome depends on the skill and judgment of physician</li> <li>Estimated risk of malpractice suit with poor outcome</li> </ul>	5%	14%	81%

Survey Code Compared to	Much	Somewhat	<u>Identical</u>	Somewhat	Much
2nd Key Reference Code	Less	Less		More	More
Overall intensity/complexity	0%	0%	15%	56%	29%

Less

**Identical** 

More

<ul> <li>The number of possible diagnosis and/or the number of management options that must be considered</li> <li>The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed</li> <li>Urgency of medical decision making</li> </ul>	3%	15%	82%
Technical Skill/Physical Effort	<u>Less</u>	<u>Identical</u>	More
Technical Skill/Physical Effort  Technical skill required	<u>Less</u>	Identical 47%	<u>More</u> 53%

9%	91%
_	9%

#### **Additional Rationale and Comments**

judgment of physician

poor outcome

Estimated risk of malpractice suit with

**Mental Effort and Judgment** 

Describe the process by which your specialty society reached your final recommendation. If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

#### **Background**

In January 2019, the RAW identified code 76998 through a screen of codes with CMS/other time and utilization over 20,000. The 2018 Medicare utilization for cardiothoracic surgery was the highest at 29% followed closely by general surgery at 28% and urology as third at 10%. The 2017 top Medicare diagnosis codes were I25, chronic ischemic heart disease (20%), C50, malignant neoplasm of the breast (14%) and N18, C64 and N28 which are all related to the kidney (14%).

There was no truly dominant specialty for the code. In an Action Plan presented to the RAW, several specialty societies including STS, AATS, ACS, ASBrS (breast surgeons), AUA, AVLS, SCAI, SIR and SVS discussed the need for a code(s) to report diagnostic intraoperative ultrasound (IOUS) and IOUS guidance. Based on the variability of IOUS for each specialty with differences in the typical patient and work, it was decided that each society would submit applications for new code(s) as needed to carve out the work currently reported with 76988 until the code was not longer needed or until it was clear what the final dominant use of the code was so that a survey could be conducted.

#### In recent years:

- Instructional parentheticals have been created to restrict use of imaging guidance with vein ablation procedures (ie, carved out prior reporting by vascular surgeons and vein specialists);
- Codes have been added or revised to include imaging guidance for urological procedures (ie, carved out prior reporting by urological surgeons);
- A code change application was submitted for the September 2021 CPT meeting for intraoperative intraabdominal diagnostic US, but subsequently withdrawn based on comments by the Panel and Advisors that the described work could be reported with current CPT codes (ie, carved out some prior reporting by general surgeons; and
- New codes were approved at the May 2022 CPT meeting for cardiac diagnostic IOUS codes(ie, carved out prior reporting by cardiac surgeons)

After removal of utilization for vein ablation procedures, most urological procedures, cardiac procedures and intraabdominal procedures through instructions and/or new or revised codes, it appeared that the dominant use of 76998 would be related to breast surgery. Therefore, the ASBrS and ACS agreed to survey code 76998 with a vignette for a patient undergoing a partial mastectomy (ie, lumpectomy) for malignant neoplasm of the breast.

It is important to note that before this time, CPT 76998 was not reviewed during the Harvard study and had never been surveyed or reviewed by the RUC. The RUC database shows that the assigned value of this code in 1992 was 1.27, then reduced to 1.23 in 1993, then down to 1.21 in 1994, with a final value of 1.20 being assigned in 1995 which it has kept until present. The survey conducted for this presentation was robust with good experience by the survey respondents. Thus, the time shown in our survey results represents the first real survey of physician work for this code.

#### **Survey Process**

The ASBrS and ACS conducted a standard RUC imaging services survey and received 115 responses.

#### Recommendation

A work RVU of 1.20 which is the survey median is recommended.

#### **Pre-service Work and Time**

Prior to sterile draping of the patient (included in the work of the operative procedure), the surgeon will perform a test ultrasound of the patient's breast in order to adjust the gain, depth of penetration, and intensity setting of the US unit that will be used for IOUS guidance. This preoperative US testing is performed to ensure that US can detect and localize the abnormal breast lesion(s), The expert panel of surgeons reviewing the survey data agreed that 5 minutes of pre-time was justified for this work that is not separately reportable and not included in the primary procedures.

#### **Intra-service Work and Time**

Intraoperatively, ultrasound is used first to outline the margins of the mass. Then periodically, the surgeon uses the ultrasound to identify the mass and the margins as well as the surrounding normal tissue and guide additional incisions, dissection and excisions until clear margins are obtained. Intraoperative permanent images are interpreted and captured throughout the procedure. This is a dynamic procedure because the area is changing between images. The expert panel of surgeons reviewing the survey data believe that 12 minutes may be low for this work, but recommend the survey median time.

#### Post-service Work and Time

The surgeon will review and sign the IOUS guidance operative report. Postoperative communication with the patient will include additional discussion of IOUS findings and a review of the images, specifically with respect to the interpretation of clean margins. The expert panel of surgeons reviewing the survey data agreed that 5 minutes of post-time was justified for this work that is not separately reportable and not included in the primary procedures.

#### **Comparison of codes with similar times**

Codes 70544 and 70547 are typically requested for a patient with a suspected cerebral infarct or transient cerebral ischemic attack. Code 72125 is typically requested for complaints of pain (eg, cervicalgia). When the RUC reviewed these codes, the intensity and complexity of the MRA head and neck were correctly determined to be greater than the CT of the cervical spine. IOUS is being performed during surgery to ensure clean margins through repeated excisions with the goal of decreasing the need for a second surgery. We believe that the intensity and complexity of real time IOUS during surgery is more similar to the depth and breadth of the interpretation of the head and neck MRA.

KRS CPT	DESCRIPTOR	RVW	WPUT	TOTAL TIME	PRE	INTRA	POST
76998	Ultrasonic guidance, intraoperative	1.20	0.055	22	5	12	5
70544	Magnetic resonance angiography, head; without contrast material(s)	1.20	0.055	22	5	12	5
70547	Magnetic resonance angiography, neck; without contrast material(s)	1.20	0.055	22	5	12	5
72125	Computed tomography, cervical spine; without contrast material	1.00	0.045	22	5	12	5

#### **Key Reference Codes**

- Key reference code 76641 describes a diagnostic ultrasound study that is typically performed by a technician, where the saved images are then reviewed and an interpretation report is generated by a radiologist. In comparison, for survey code 76998, a surgeon uses an ultrasound probe intraoperatively periodically and interprets the images in real time to help direct the limits of surgical excision of the mass. Images are saved and a report is generated by the surgeon. The intensity and complexity of 76998 (real-time at operation) is greater than 76641—this was recognized by the survey's overall intensity/complexity data that indicate 61% somewhat or much more intense/complex. In addition, code 76641 represents a single US session typically performed by a technician, whereas code 76998 includes multiple separate US maneuvers throughout an operative procedure by the surgeon, that require a more intense immediate interpretation to in order to direct resection of the breast tissue to ensure a thorough and complete surgical excision of the abnormal breast tissue.. Therefore, although the two codes have similar time, the work for IOUS guidance is significantly more intense and on par with 70544 and 70547 as discussed above.
- Key reference code 10005 is a bundled procedure that includes both a biopsy procedure and US guidance. The higher work RVU for 10005 is correctly greater than the recommendation for 76998, reflective of the greater total time, and the lower intensity is reflective of the higher, but less intense preop and postop time and work. The increased intensity of 76998 versus 10005 is supported by the survey intensity/complexity statistics (85% more/ much more overall; 82% more mental effort and judgment; and 91% more psychological stress). We believe these intensity/complexity comparisons are valid because general surgeons are familiar with both 76998 and 10005.

KRS CPT	DESCRIPTOR	RVW	WPUT	TOTAL TIME	PRE	INTRA	POST
76641	Ultrasound, breast, unilateral, real time with image documentation, including axilla when performed; complete	0.73	0.033	22	5	12	5
76998	Ultrasonic guidance, intraoperative	1.20	0.055	22	5	12	5
10005	Fine needle aspiration biopsy, including ultrasound guidance; first lesion	1.46	0.037	39	10	20	9

#### **MPC Codes**

- Code 99212 requires less time and straightforward MDM. The MDM for 76998 would be much higher as real-time surgical excision is dependent on the IOUS guidance.
- Code 70490 requires review and report of multiple images, similar to 76998. The total times and work RVUs are similar.
- These codes bracket and support the recommendation for a work RVU of 1.20.

MPC CPT	DESCRIPTOR	RVW	WPUT	TOTAL TIME	PRE	INTRA	POST
99212	Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and <b>straightforward</b> medical decision making. When using time for code selection, <b>10-19 minutes</b> of total time is spent on the date of the encounter.	0.70	0.044	16	2	11	3
76998	Ultrasonic guidance, intraoperative	1.20	0.055	22	5	12	5
70490	Computed tomography, soft tissue neck; without contrast material	1.28	0.051	25	5	15	5

#### **Other Codes**

- Code 99213 requires slightly more total time and low MDM which is consistent with the minimal MDM of 76998.
- Code 37253 is a ZZZ add-on code because it will always be performed and reported with another code by the same provider as the index procedure. However, depending on the index procedure, code 76998 may be performed and reported by the same physician performing the index procedure or a different provider, and therefore is suited to have an XXX global.
- However, the work involved in 37253 is very similar to 76998. It includes intraoperative imaging to direct a procedure and generation of a report.
- Code 37253 is clinically similar code that supports the recommended work RVU of 1.20 for 76998.

CPT 76998	DESCRIPTOR  Ultrasonic guidance, intraoperative	RVW 1.20	WPUT 0.055	TOTAL TIME 22	PRE 5	INTRA 12	POST 5
99213	Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and <b>low</b> level of medical decision making. When using time for code selection, <b>20-29 minutes of total time</b> is spent on the date of the encounter.	1.30	0.043	30	5	20	5
37253	Intravascular ultrasound (noncoronary vessel) during diagnostic evaluation and/or therapeutic intervention, including radiological supervision and interpretation; each additional noncoronary vessel (List separately in addition to code for primary procedure)	1.44	0.069	21	0	20	1

#### SERVICES REPORTED WITH MULTIPLE CPT CODES

1.		s code typically reported on the same date with other CPT codes? If yes, please respond to the following ions: Yes
	Why	is the procedure reported using multiple codes instead of just one code? (Check all that apply.)
		The surveyed code is an add-on code or a base code expected to be reported with an add-on code. Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
		Multiple codes allow flexibility to describe exactly what components the procedure included.  Multiple codes are used to maintain consistency with similar codes.  Historical precedents.  Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

#### FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 76998-26

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 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. national frequency is not available

Specialty Frequency Percentage %
Specialty Frequency Percentage %
Specialty Frequency Percentage %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 24,744 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. RUC database 2020 Medicare utilization.

Specialty general surgery Frequency 7720 Percentage 31.19 %

Specialty Frequency Percentage %

Specialty Frequency 0 Percentage %

Do many physicians perform this service across the United States? Yes

#### Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:

**Imaging** 

BETOS Sub-classification:

Echography/ultrasonography

BETOS Sub-classification Level II:

Other

#### **Professional Liability Insurance Information (PLI)**

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 76998

If this code is a new/revised code or an existing code in which the specialty utilization mix <u>will</u> change, please select another crosswalk based on a similar specialty mix.

## SS Rec Summary

13	A ISSUE:	B Intraope	C rative U	D Iltrasound Services	E	F	G	Н	l J	K	L	М	N	0 P Q	R	S	Т	U	V	W	AR AS	AT	AU AV
14 15	TAB:	5																					
16					RUC Review		IWPUT	Work Per		RVW	1		Total	PRE-TIME		INT	RA-T	IME		IMMD	SURVE	Y EXP	ERIENCE
17	Source	СРТ	Global	DESC Echocardiography, transthoracic,	Year	Resp		Unit Time	MIN 25	h MED	75th	MAX	Time	EVAL POSIT SDW	MIN	25th	MED	75th	MAX	POST	MIN 25tl	1 MED	75th MAX
18	1st REF	93308		real-time with image Echocardiography, transthoracic,	2016	14	0.031	0.027		0.53			20	5			10			5			
19	2nd REF	93307	XXX	real-time with image	2016	8	0.046	0.037		0.92			25	5			15			5			
20	CURRENT	76998		Ultrasonic guidance, intraoperative	CMS/other		N/A	0.041		1.20			29										
21	SVY	76984	XXX	Ultrasound, intraoperative thoracic aorta (eg, epiaortic), diagnostic		44	0.082	0.056	0.40 0.6	1.00	1.65	4.00	18	5	2	5	10	14.25	180	3	0 3	10	50 500
22	REC	76984		Ultrasound, intraoperative thoracic aorta (eg, epiaortic), diagnostic			0.042	0.033		0.60			18	5			10			3			
23 24																							
25				DESC	RUC Review		IWPUT	Work Per Unit Time		RVW			Total	PRE-TIME			RA-T						ERIENCE
26	Source	СРТ	Global	Transesophageal	Year	Resp			MIN 25			MAX	Time		MIN	25th	MED	75th	MAX		MIN 25th	ı MED	75th MAX
27	1st REF	93315	XXX	echocardiography for congenital Echocardiography,	2014	15	0.053	0.041		2.69			65	10			40			15			
28	2nd REF	93312	XXX	transesophageal, real-time with	2014	5	0.058	0.042		2.30			55	10			30			15			
29	CURRENT	76998	XXX	Ultrasonic guidance, intraoperative Intraoperative epicardial cardiac	CMS/other		N/A	0.041		1.20			29										
30	SVY	76987		(eg, echocardiography) ultrasound		31	0.112	0.067	0.50 1.9	2.69	2.80	15.00	40	10	8	15.0	20	30	180	10	0 0	1	5 100
31	REC	76987	xxx	Intraoperative epicardial cardiac (eg, echocardiography) ultrasound for congenital heart disease, diagnostic; including placement and manipulation of transducer, image acquisition, interpretation and report			0.059	0.041		1.62			40	10			20			10			
32					-									-	-								
33 34					RUC					RVW	<u> </u>		Total	PRE-TIME	1	INT	RA-T	IMF	—	IMMD	SURVE	Y EXP	ERIENCE
35	Source	СРТ	Global	DESC	Review Year	Resp	IWPUT	Work Per Unit Time	MIN 25			MAX	Time		MIN	25th	MED	75th		ľ			75th MAX
36	1st REF	93315	XXX	Transesophageal echocardiography for congenital	2014	10	0.053	0.041		2.69			65	10			40			15			
37	2nd REF	93307	VVV	Echocardiography, transthoracic, real-time with image	2016	5	0.046	0.037		0.92			25	5			15			5			
	CURRENT	76998		Ultrasonic guidance, intraoperative	CMS/other		N/A			1.20			29										
39	SVY	76988	~ ~ ~	placement, manipulation of transducer, and image acquisition		33	0.086	0.059	0.50 1.2	20 2.05	2.53	5.00	35	10	0	12	20	25	180	5	0 0	2	6 100
40	REC	76988	xxx	Intraoperative epicardial cardiac (eg, echocardiography) ultrasound for congenital heart disease, diagnostic; placement, manipulation of transducer, and image acquisition only			0.043	0.034		1.20			35	10			20			5			
41 42																							
43					RUC Review		IWPUT	Work Per		RVW	1		Total	PRE-TIME		INT	RA-T	IME		IMMD	SURVE	Y EXP	ERIENCE
44	Source	СРТ	Global	DESC	Year	Resp		Unit Time	MIN 25	h MED	75th	MAX	Time	EVAL POSIT SDW	MIN	25th	MED	75th	MAX	POST	MIN 25ti	1 MED	75th MAX
45	1st REF	93312		Echocardiography, transesophageal, real-time with	2014	9	0.058	0.042		2.30			55	10			30			15			
46	2nd REF	93315	XXX	Transesophageal echocardiography for congenital	2014	6	0.053	0.041		2.69			65	10			40			15			
47	CURRENT	76998	XXX	Ultrasonic guidance, intraoperative	CMS/other		N/A	0.041		1.20			29										
48	SVY	76989	XXX	interpretation and report only		31	0.111	0.067	0.50 1.5	2.00	2.45	10.00	30	5	0	10	15	20	180	10	0 0	2	3 100
49	REC	76989	xxx	Intraoperative epicardial cardiac (eg, echocardiography) ultrasound for congenital heart disease, diagnostic; interpretation and report only			0.061	0.044		1.55			35	5			20			10			
50 51																							
52 53	1				RUC			Mari B		RVW	<u> </u>		Total	PRE-TIME		INT	RA-T	IMF	<del></del>	IMMD	SURVF	Y EXP	ERIENCE
53	Source	СРТ	Global	DESC	Review Year	Resp	IWPUT	Work Per Unit Time	MIN 25			MAX	Time		MIN	25th	MED	75th					75th MAX
55	REF1	XXX		Ultrasound, breast, unilateral, real time with image documentation,	2014	59	0.042	0.033		0.73			22	5			12			5			
56	REF2	XXX	10005	Fine needle aspiration biopsy, including ultrasound guidance;	2017	34	0.052	0.037		1.46			39	10			20			9			
57	current	XXX		Ultrasonic guidance, intraoperative	CMS/other		N/A	0.041		1.20			29										
58	SVY	XXX	76998	Ultrasonic guidance, intraoperative		115	0.081	0.055	0.10 0.7	<b>75</b> 1.20	1.70	5.12	22	5	5	10	12	15	30	5	0 20	50	100 450
J0																						+	

AV			
710			
ICE MAX			
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XAN			
100			
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100			
100			
ICE MAX			
450			

Scott Manaker, MD AMA/RVS Update PE Subcommittee American Medical Association 330 N. Wabash Ave. Chicago, IL 60611

RE: Tab 5 Practice Expense

Dear Dr. Manaker:

There are four codes in Tab 5 on the September 2022 RUC agenda for diagnostic cardiac intraoperative ultrasound (76984, 76987, 76988 and 76989) codes.

These four codes are only performed in an intraoperative setting with an open chest aortic and/or cardiac procedure and are provided exclusively in the facility setting. As such, the specialty societies recommend no direct practice expense inputs for code 76984, 76987, 76988 and 76989 in Tab 5.

Thank you for your consideration of this information as you prepare for the meeting.

Please contact Julie Painter at jpainter@physiciancoding.com or Matthew Minnella at <a href="mminnella@acc.org">mminnella@acc.org</a> if you have any questions.

Sincerely, Joseph Turek, MD STS RUC Advisor

Stephen Lahey, MD AATS RUC Advisor

Richard Wright, MD ACC RUC Advisor

Date: August 22, 2022

To: Scott Manaker, MD

Chair, AMA/RUC PE Subcommittee

From: Charles Mabry, MD, FACS; ACS RUC Advisor

Walton Taylor, MD, FACS; ASBrS RUC Advisor

Subject: Tab 5, CPT Code 76998, Ultrasonic guidance, intraoperative

Tab 5 of the RUC agenda includes four new codes proposed by STS and AATS and approved by the CPT Editorial Panel. Code 76998, *Ultrasonic guidance, intraoperative*, was added as a family code to be reviewed as a CMS/Other code from a prior RAW screen.

The ACS and ASBrS surveyed code 76998 for physician work. However, since code 76998 is for intraoperative imaging guidance related only to facility procedures, we recommend no direct practice expense inputs.

Thank you for your consideration of this information.

#### AMA/Specialty Society RVS Update Committee Summary of Recommendations

#### September 2022

#### Post Operative Low-Level Laser Therapy – Tab 6

In May 2022, the CPT Editorial Panel created CPT code 97037 to describe the application of low-level laser therapy for post operative pain reduction. The RUC will not offer a recommendation on CPT code 97037 as no specialty society expressed an interest in surveying and/or developing a recommendation to the RUC.

#### New Technology/New Service

The RUC recommends that CPT code 97037 be placed on the New Technology list to review when utilization is available, identifying who is performing the service.

CPT Code	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation				
Medicine Physical Med Modalities Supervised Constant At		ehabilitation						
<b>#</b> ●97037	H1	No RUC Recommendation						
Category III	Codes							
0552T		l laser therapy, dynamic photonic and dynamic thermokinetic energies, pr e professional	ovided by a	physician or other qualified				
	(Do not re	eport 0552T in conjunction with 97037)						
	(For low-level laser therapy [ie, non-thermal and non-ablative] for post operative pain, use 97037)							

CPT five-digit codes, two-digit modifiers, and descriptions only are copyright by the American Medical Association.

#### AMA/Specialty Society RVS Update Committee Summary of Recommendations

September 2022

#### Ultrasound Guidance for Vascular Access – Tab 7

In September 2017, the CPT Editorial Panel revised CPT codes 36568, 36569 and 36584 and created two new codes 36572 and 36573 to specify the insertion of a peripherally inserted central venous catheter (PICC), without a subcutaneous port or pump, including all imaging guidance, image documentation, and all associated radiological supervision and interpretation required to perform the insertion. This coding revision created a new bundled code and incorporated a bimodal clinical scenario, wherein a clinical staff member performs the procedure without imaging, or a radiologist performs the procedure with imaging guidance. In January 2018 when this code family was surveyed, CPT code 76937 was identified as part of this family of services. CPT code 76937 is used by a variety of specialties for a variety of similar endovascular procedures, and the utilization was expected to decrease once the PICC procedures were bundled with the imaging modalities. At the January 2018 RUC meeting, the specialty societies that perform this service proposed to review CPT code 76937 when two years of Medicare data (post-PICC bundling) became available. This would allow the specialty societies to develop a typical vignette and determine which specialties would need to be involved in the survey and valuation process. CPT code 76937 was surveyed for the September 2022 RUC meeting.

#### **Compelling Evidence**

The RUC disagreed with the specialty societies that there is compelling evidence to support a change in physician work for CPT code 76937 based on a change in patient population due to the bundling of PICC line procedures (CPT codes 36568, 36569, 36572, 36573 and 36584). In their summary of recommendation, the specialty societies noted that bundling the other codes in this family leaves the use of this code, 76937, for more complex patients requiring central venous access in addition to the increased intensity of arterial access, including radial artery access and pedal artery access. The specialty societies believed that the removal of a large volume code family, which represented the least intense ultrasound guided vascular access procedures, creates a change in the patient population shifted towards more intense and complicated procedure types. The RUC disagreed with this assertion and cited that the removal of the PICC family of codes did not constitute a significant enough change in the patient population for 76937. The RUC disagrees with the compelling evidence presented that the physician work for this service has changed due to a change in the patient population.

76937 Ultrasound guidance for vascular access requiring ultrasound evaluation of potential access sites, documentation of selected vessel patency, concurrent realtime ultrasound visualization of vascular needle entry, with permanent recording and reporting (List separately in addition to code for primary procedure)

The RUC reviewed the survey results from 389 vascular surgeons, diagnostic radiologists, and interventional radiologists and recommends maintaining the current work RVU of 0.30 for CPT code 76937, which is below the survey 25<sup>th</sup> percentile of 0.50 work RVUs. The RUC recommends the survey median 10 minutes of intra-service and total time for this service.

CPT five-digit codes, two-digit modifiers, and descriptions only are copyright by the American Medical Association.

The RUC recommends zero minutes for pre- and post-service time, as this is the standard approach for codes with a ZZZ global period. The current RUC data for 76937 includes 4 minutes of post-service time, however the societies' request to the Research Subcommittee to allow post service time on the survey was denied. The specialty societies explained that CPT code 76937 currently includes 4 minutes of post-service time for the physician to "Review and sign guidance report. Communicate results to referring physician as appropriate." The RUC determined that the work associated with documenting the imaging in the report is part of the documentation of the procedure and the 4 minute decrease in total time was an artifact of using a disparate ZZZ RUC survey instrument when this survey was performed 20 years ago. The RUC concluded the current work RVU valuation of 0.30 should be maintained based on the breadth and intensity of physician work involved with this service when compared against other similar codes in the MFS. The survey for 76937 performed in 2003 also only included 19 survey respondents, which does not meet modern RUC and CMS standards. Unlike the latest RUC survey, the previous ZZZ survey template used included pre-service and post-service time fields. The current standards assume the minutes spent related to reviewing the images were included in the procedure report. The RUC agrees with the specialty societies that the overall actual time for this service has NOT changed. The work relative value for this service should remain the same at 0.30.

To justify a value of 0.30, the RUC compared the surveyed code to the first key reference code 10006 Fine needle aspiration biopsy, including ultrasound guidance; each additional lesion (List separately in addition to code for primary procedure) (work RVU=1.00, intra-service time and total time of 15 minutes) and noted that the surveyed code involves much less physician work and less physician time to perform. The RUC also compared the surveyed code to the second key reference MPC code 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) (work RVU=0.38, intra-service time of 15 minutes and total time of 17 minutes) and noted that the surveyed code involves less time and slightly less physician work to perform. For additional support, the RUC also compared the surveyed code to MPC code 95885 Needle electromyography, each extremity, with related paraspinal areas, when performed, done with nerve conduction, amplitude and latency/velocity study; limited (List separately in addition to code for primary procedure) (work RVU=0.35, intra-service time and total time of 15 minutes) and noted that the surveyed code involves less physician work and less physician time to perform than MPC code 95885 but is still an appropriate comparison in terms of physician work and intensity. The work RVU recommendation assigns this service a physician work intensity that is below both key reference services and the MPC code comparison but is appropriately valued based on magnitude estimation. The RUC recommends a work RVU of 0.30 for CPT code 76937.

#### **Practice Expense**

The Practice Expense Subcommittee reviewed the direct practice expense inputs and made no modifications. The Subcommittee agreed with the specialty societies' recommendation to change the clinical labor type from L041B *Radiologic Technologist* to L041A *Angio Technician* as the angio technician typically performs the various clinical activities related to the ultrasound for vascular access and is involved in the primary procedure. The RUC recommends the direct practice expense inputs as submitted by the specialty societies.

CPT Code	CPT Descriptor	Global Period	Work RVU Recommendation
<b>+</b> 76937	Ultrasound guidance for vascular access requiring ultrasound evaluation of potential access sites, documentation of selected vessel patency, concurrent realtime ultrasound visualization of vascular needle entry, with permanent recording and reporting (List separately in addition to code for primary procedure)	ZZZ	0.30 (No Change)
	(Do not report 76937 in conjunction with 33274, 33275, 36568, 36569, 36572, 36573, 36584, 37191, 37192, 37193, 37760, 37761, 76942)		
	(Do not report 76937 in conjunction with 0505T, 0620T for ultrasound guidance for vascular access)		
	(If extremity venous non-invasive vascular diagnostic study is performed separate from venous access guidance, see 93970, 93971)		

## AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS SUMMARY OF RECOMMENDATION

CPT Code: 76937 Tracking Number Original Specialty Recommended RVU: **0.50** 

Presented Recommended RVU: 0.30

Global Period: ZZZ Current Work RVU: **0.30** RUC Recommended RVU: **0.30** 

CPT Descriptor: Ultrasound guidance for vascular access requiring ultrasound evaluation of potential access sites, documentation of selected vessel patency, concurrent realtime ultrasound visualization of vascular needle entry, with permanent recording and reporting (List separately in addition to code for primary procedure)

#### **CLINICAL DESCRIPTION OF SERVICE:**

Vignette Used in Survey: A patient requires internal jugular (IJ) central venous catheter placement. The physician decides ultrasound guidance is necessary for safe IJ venous access.

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%

#### Description of Pre-Service Work:

Description of Intra-Service Work: Examine potential access sites with ultrasound and select an acceptable patent access site. Record permanent documentation of examined sites. After sterile field has been established, cover the ultrasound probe with sterile a sleeve. Apply aquasonic gel and perform a real-time ultrasound, monitoring the advancement of the access needle into the lumen of the selected vessel. Record this position. Include a description of the guidance process in the final procedure report. Review ultrasound images captured during the advancement of vascular access archived in PACS.

Description of Post-Service Work:

#### **SURVEY DATA**

SURVET DAT	А									
RUC Meeting Da	ite (mm/yyyy)	09/2022								
Presenter(s):		on, MD, Minha a, MD, and And			Sideman, M	ID, Wayne Ca	ausey, MD,			
Specialty Society(ies):	SIR, SVS, AC	R								
CPT Code:	76937									
Sample Size:	5998 <b>F</b>	esp N: 38	89							
Description of Sample:	• • • • • • • • • • • • • • • • • • • •									
			Low	25th pctl	Median*	75th pctl	<u>High</u>			
Service Perform	ance Rate		0.00	100.00	200.00	360.00	2500.00			
Survey RVW:			0.21	0.50	0.65	1.00	6.00			
Pre-Service Evalu	ation Time:				0.00					
Pre-Service Positi	ioning Time:				0.00					
Pre-Service Scrub	o, Dress, Wait Ti	me:			0.00					
Intra-Service Tir	ne:		1.00	6.00	10.00	13.00	60.00			
Immediate Post	Service-Time:	0.00								
Post Operative \	<u>Visits</u>	Total Min**	CPT Cod	e and Num	ber of Visit	: <u>s</u>				
Critical Care tim	ne/visit(s):	0.00	99291x <b>0</b>	). <b>00</b> 99292	2x <b>0.00</b>					
Other Hospital t	ime/visit(s):	<u>0.00</u>	99231x <b>0</b>	). <b>00</b> 99232	2x <b>0.00</b> 9	9233x <b>0.00</b>				
Discharge Day I	Mgmt:	0.00	99238x <b>0</b>	<b>).00</b> 99239x	0.00	99217x <b>0.00</b>				
Office time/visit	(s):	0.00	99211x <b>0</b>	0.00 12x 0.0	<b>0</b> 13x <b>0.00</b> 1	4x <b>0.00</b> 15x	0.00			
Prolonged Servi	ices:	0.00	99354x <b>0</b>	). <b>00</b> 55x 0	. <b>00</b> 56x <b>0</b>	.00 57x <b>0</b> .	00			
Sub Obs Care:		0.00	99224x <b>0</b>	). <b>00</b> 99225	5x <b>0.00</b> 9	99226x <b>0.00</b>				

<sup>\*\*</sup>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 <u>pre</u>-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

ZZZ Global Code

CPT Code:	76937	Recommended Phys	Recommended Physician Work RVU: 0.30							
		Specialty Recommended Pre- Service Time	Specialty Recommended Pre Time Package	Adjustments/Recommended Pre-Service Time						
Pre-Service Evalua	ation Time:	0.00	0.00	0.00						
Pre-Service Position	oning Time:	0.00	0.00	0.00						
Pre-Service Scrub	, Dress, Wait Time:	0.00	0.00	0.00						
Intra-Service Tim	ne:	10.00		1						

Please, pick the <u>post</u>-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

ZZZ Global Code

	Specialty Recommended Post-Service Time	Recommended	Adjustments/Recommended Post-Service Time
Immediate Post Service-Time:	0.00	0.00	0.00

Post-Operative Visits	Total Min**	CPT Code	and Number	of Visits			
Critical Care time/visit(s):		99291x	99292x				
Other Hospital time/visit(s):		99231x	99232x	99	)233x		
Discharge Day Mgmt:		99238x	99239x		99217	<	
Office time/visit(s):		99211x	12x	13x	14x	15x	
Prolonged Services:		99354x	55x	56x		57x	
Sub Obs Care:		99224x	99225x	99	226x		

#### **Modifier -51 Exempt Status**

Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

#### **New Technology/Service:**

Is this new/revised procedure considered to be a new technology or service? No

#### TOP KEY REFERENCE SERVICE:

Key CPT Code 10006 Global ZZZ Work RVU

Time Source

1.00 RUC Time

<u>CPT Descriptor</u> Fine needle aspiration biopsy, including ultrasound guidance; each additional lesion (List separately in addition to code for primary procedure)

#### **SECOND HIGHEST KEY REFERENCE SERVICE:**

Key CPT Code 77001 Global 777 Work RVU 0.38 Time Source
RUC Time

<u>CPT Descriptor</u> 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)

#### **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

96411

Global Work RVU ZZZ 0.20 Time Source RUC Time Most Recent Medicare Utilization

149,102

<u>CPT Descriptor 1</u> FChemotherapy administration; intravenous, push technique, each additional substance/drug (List separately in addition to code for primary procedure)

Most Recent

MPC CPT Code 2 95885 <u>Global</u> 777

Work RVU Time Source

Medicare Utilization 113,196

<u>CPT Descriptor 2</u> 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)

Other Reference CPT Code

Global

Work RVU

Time Source

#### RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.

Number of respondents who choose Top Key Reference Code: 122 % of respondents: 31.3 %

Number of respondents who choose 2<sup>nd</sup> Key Reference Code: 82 % of respondents: 21.0 %

TIME ESTIMATES (Median)	<b>CPT Code:</b> 76937	Top Key Reference CPT Code: 10006	2nd Key Reference CPT Code: <u>77001</u>
Median Pre-Service Time	0.00	0.00	2.00
Median Intra-Service Time	10.00	15.00	15.00
Median Immediate Post-service Time	0.00	0.00	0.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	10.00	15.00	17.00
Other time if appropriate			

#### INTENSITY/COMPLEXITY MEASURES

(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Survey Code Compared to	Much	Somewhat	<u>Identical</u>	Somewhat	Much
Top Key Reference Code	Less	Less		More	More
Overall intensity/complexity	1%	17%	48%	27%	7%

# Mental Effort and Judgment Less Identical More • The number of possible diagnosis and/or the number of management options that must be considered 20% 53% 27% • The amount and/or complexity of

Urgency of medical decision making

and analyzed

medical records, diagnostic tests, and/or other information that must be reviewed

Technical Skill/Physical Effort	<u>Less</u>	<u>Identical</u>	<u>More</u>
Technical skill required	9%	66%	25%
Physical effort required	14%	72%	14%

#### **Psychological Stress**

- The risk of significant complications, morbidity and/or mortality
- Outcome depends on the skill and judgment of physician
- Estimated risk of malpractice suit with poor outcome

Survey	Code Co	mpared to
•		ence Code

Overall intensity/complexity

Less	<u>Identical</u>	<u>More</u>
160/	200/	160/

16% 38%

**Identical** 

56%

Much Less	Somewhat Less	<u>Identical</u>	Somewhat More	Much More
1%	11%	46%	37%	5%

More

31%

#### **Mental Effort and Judgment**

- The number of possible diagnosis and/or the number of management options that must be considered
- The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed
- Urgency of medical decision making

<b>Technical</b>	Skill/Ph	ysical	<b>Effort</b>
		-	

Technical Skill/Physical Effort	<u>Less</u>	<u>Identical</u>	<u>More</u>
Technical skill required	4%	33%	63%

Less

13%

Physical effort required 11% 56% 33%

#### **Psychological Stress**

- The risk of significant complications, morbidity and/or mortality
- Outcome depends on the skill and judgment of physician
- Estimated risk of malpractice suit with poor outcome

<u>Less</u>	<u>Identical</u>	<u>More</u>	
15%	50%	35%	

#### Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

#### **Background**

In 2017, the CPT Editorial Panel revised codes 36568, 36569 and 36584 and created two new codes related to the insertion of a peripherally inserted central venous catheter (PICC). Code 76937 was added as a family code for survey. At the January 2018 RUC meeting, the societies noted that many specialties reported 76937 for many different procedures and that the utilization and diagnoses will likely change after the new and revised PICC codes are established. The societies proposed to survey code 76937 when two years of Medicare data (post-PICC bundling) was available to allow the specialty societies to develop a typical vignette and determine the specialties that need to be involved. The RUC agreed to this request and now that two years of data are available for 76937, the RUC recommended the code be surveyed.

#### **Survey Methodology**

The societies requested use of the ZZZ global code survey instrument that included pre- and post-time, if applicable. This was in deference to the fact that the current time for 76937 includes post-service time, suggesting the ZZZ global code with pre/post time survey was previously used. This is also consistent with the fact that imaging services typically include the review and sign-off of the imaging report in the post-service time period. With respect to 76937, additional language documenting patency of the vessel interrogated, use of direct imaging guidance during access and storage in a PACS system are required for payment of this service. We note that most recently, ZZZ global add-on code 37252 (IVUS) used the ZZZ global code with pre/post time survey and used the standard imaging definition of pre-, intra-, post-service to clearly describe what work to consider for the imaging service, so that there would be no overlap with the index procedure. The Research Subcommittee rejected this request.

A survey was conducted by SIR, SVS, and ACR using the standard ZZZ global code survey (ie, no pre- or post-service time) and 389 surveys were received.

#### **Compelling Evidence**

The specialty societies are recommending an increase in work RVU over the current value. The specialty societies believe there is a change in patient population based on bundling of PICC line procedures (CPT 36568, 36569, 36572, 36573, and 36584), thereby leaving the use of this code in more complex patients requiring central venous access in addition the higher intensity arterial access, including radial artery access and pedal artery access. The removal of a large volume family of codes which represented the least intense US guided vascular access procedures creates a *de facto* change in patient population shifted towards more intense and complicated procedure type.

#### Work RVU Recommendation for 76937

We are recommending the survey 25th percentile wRVU of 0.50 for code 76937. This represents a change from our initial recommendation. During prefacilitation, some reviewers felt due to changes in total time the IWPUT increase was not justified, particularly since no compelling evidence argument was made. Those reviewers suggested crosswalks to non-invasive imaging codes which we felt were notably less intense. The specialty societies reconvened and felt that our initial recommendation of wRVU of 0.30 (which represented maintaining the current value) was too low and that adequate compelling evidence was present to request the value supported by our strong survey.

#### **Pre- and Post-Service Time**

We have indicated zero minutes for pre- and post-service time. This reflects a decrease of 4 minutes of post service time primarily due to using the standard ZZZ global code survey which does not allow for pre- and/or post-service time. Our request to allow post service time to represent the time required for documentation was denied by the Research Subcommittee.

#### **Key Reference Code Comparison**

Key reference code 10006 involves both a procedure (FNA biopsy) and ultrasound guidance. Typically, multiple ultrasound guided passes of the needle through the same lesion are performed. When compared with the survey code 76937, reference code 10006 requires more time and more intense work and therefore should be valued higher than 76937.

Key reference code 77001(fluoroscopic guidance) is clinically similar to 76937 (ultrasound guidance), but the physician work to maneuver both the US probe and needle for access requires more work and complexity by the physician. The intraservice time for 77001 is greater than 76937 but not as intense because the fluoroscopic guidance is used to manipulate the guidewire and catheter for venographic evaluation and mapping after the separately reported venous access, whereas 76937 is used to find and access an appropriate vessel.

СРТ	Descriptor	RVW	IWPUT	Total Time	PRE	INTRA	POST
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)	0.38	0.022	17	2	15	0
76937	Ultrasound guidance for vascular access requiring ultrasound evaluation of potential access sites, documentation of selected vessel patency, concurrent realtime ultrasound visualization of vascular needle entry, with permanent recording and reporting (List separately in addition to code for primary procedure)	0.50	0.050	10	0	10	0
10006	Fine needle aspiration biopsy, including ultrasound guidance; each additional lesion (List separately in addition to code for primary procedure)	1.00	0.067	15	0	15	0

### **MPC Code Comparison**

MPC codes 77001 and 15003 bracket the recommendation for survey code 76937.

MPC CPT	DESCRIPTOR	RVW	IWPUT	TOTAL TIME	PRE	INTRA	POST
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)	0.38	0.022	17	2	15	0
76937	Ultrasound guidance for vascular access requiring ultrasound evaluation of potential access sites, documentation of selected vessel patency, concurrent realtime ultrasound visualization of vascular needle entry, with permanent recording and reporting (List separately in addition to code for primary procedure)	0.50	0.050	10	0	10	0
15003	Surgical preparation or creation of recipient site by excision of open wounds, burn eschar, or scar (including subcutaneous tissues), or incisional release of scar contracture, trunk, arms, legs; each additional 100 sq cm, or part thereof, or each additional 1% of body area of infants and children (List separately in addition to code for primary procedure)	0.80	0.0518	16	0	15	1

### **Conclusion**

A multi-disciplinary survey of CPT 76937 was performed with strong survey results and concordance between specialties. When comparing the survey results to the key reference services, one of which is an MPC code, and noting recent coding changes related to CPT 76937, US for vascular access is utilized with more complex services and a shift in patient population. These increased complexities and changes counter the loss of 4 minutes of post time due to the survey instrument that was used and provide the necessary compelling

evidence to support an increase to the wRVU of 0.50, equal to the 25<sup>th</sup> percentile and appropriately ranks CPT 76937 relative to other services.

### SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: Yes

Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

	The surveyed code is an add-on code or a base code expected to be reported with an add-on code. Different specialties work together to accomplish the procedure; each specialty codes its part of the
	physician work using different codes.
	Multiple codes allow flexibility to describe exactly what components the procedure included.
$\sqcap$	Multiple codes are used to maintain consistency with similar codes.
$\Box$	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.

CPT							IM-	Post-	Total
Code	Global	RVW	Eval	Posit	SDW	Intra	post	Post	Time
36556	000	1.75	12	3	5	15	5	0	40
76937	ZZZ	0.30	0	0	0	10	4	0	14
77001	ZZZ	0.38	0	2	0	15	0	0	17
Total		2.43	12	5	5	40	9	0	71

36556 Insertion of non-tunneled centrally inserted central venous catheter; age 5 years or older

76937 Ultrasound guidance for vascular access requiring ultrasound evaluation of potential access sites, documentation of selected vessel patency, concurrent realtime ultrasound visualization of vascular needle entry, with permanent recording and reporting (List separately in addition to code for primary procedure)

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)

### FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 76937

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely) If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Interventional Radiology How often? Sometimes

Specialty Vascular Surgery How often? Sometimes

Specialty Radiology How often? Sometimes

Estimate the number of times this service might be provided nationally in a one-year period? 1276000

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. Increase over Medicare 2020 claims data by 200% with similar frequency of reporting as Medicare claims data by specialty.

Specialty Interventional Radiology

Frequency 191400

Percentage 15.00 %

Specialty Vascular Surgery

Frequency 165880

Percentage 13.00 %

Specialty Radiology

Frequency 319000

Percentage 25.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 638,180 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. Based on Medicare most recent claims data (2020) and the frequency of specialties for reporting.

Specialty Interventional Radiology

Frequency 94451

Percentage 14.80 %

Specialty Vascular Surgery

Frequency 83602

Percentage 13.10 %

Specialty Radiology

Frequency 161460

Percentage 25.30 %

Do many physicians perform this service across the United States? Yes

### Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:

**Imaging** 

BETOS Sub-classification:

Echography/ultrasonography

BETOS Sub-classification Level II:

Other

### **Professional Liability Insurance Information (PLI)**

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 76937

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

	А	В	С	D	Е	F	G	Н	I	J K		L M	N	0	Р	Q	R	S	Т	U	V	W	AR AS	AT	AU AV
1	ISSUE:	Ultrasoun	d Guidar	nce for Vascular Access																					
2	TAB:	7																							
3				T										ı			T								
4					RUC Review			Work Per		RV	W_		Total	P	RE-TIM	1E		INT	RA-T	IME		IMMD	SURVE	<u> </u>	ERIENCE
5	Source	СРТ	Global	DESC	Year	Resp	IWPUT	Unit Time	MIN 2	5th ME	D	75th MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST	MIN 25th	MED	75th MAX
6	1st REF	10006	_ ///	Fine needle aspiration biopsy, including ultrasound guidance;	2020	122	0.067	0.067		1.0	00		15						15						
7	2nd REF	77001	_ ///	Fluoroscopic guidance for central venous access device	2018	82	0.022	0.022		0.3	88		17		2				15						
8	CURRENT	76937	///	Ultrasound guidance for vascular access requiring	2018		0.021	0.021		0.3	80		14						10			4			
9	SVY - COMBINED	76937	///	Ultrasound guidance for vascular access requiring		389	0.065	0.065	0.21 0	.50 0.6	55	1.00 6.00	10				1	6	10	13	60		0 100	200	360 2500
10	REC	76937		Ultrasound guidance for vascular access requiring			0.030	0.030		0.3	80		10						10						

CPT CODE(S):76937 SPECIALTY SOCIETY(IES): SIR, ACR, SVS

PRESENTER(S): Curtis

Anderson, MD, Minhaj Khaja, MD, Matthew Sideman, MD, Wayne Causey, MD, Lauren Nicola, MD, and Andrew Moriarity, MD

# AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC) PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

Meeting Date: 9/2022

CPT Code	Long Descriptor	Global Period
76937	Ultrasound guidance for vascular access requiring ultrasound evaluation of potential access sites, documentation of selected vessel patency, concurrent realtime ultrasound visualization of vascular needle entry, with permanent recording and reporting (List separately in addition to code for primary procedure)	ZZZ

**Vignette(s)** (*vignette required even if PE only code(s)*):

8	$(\cdot \cdot \beta \cdot \cdot \cdot \cdot \cdot \cdot \cdot \cdot \gamma \cdot \cdot \cdot \cdot \cdot \gamma \cdot \cdot \cdot \cdot$
CPT	
Code	Vignette
76937	A patient requires internal jugular (IJ) central venous catheter placement. The physician decides ultrasound guidance is necessary for safe IJ venous access.

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society RVS Committee Expert Panel:

AMA requested society volunteers to survey and SIR, ACR, and SVS submitted for inclusion in the process. Each of these 3 societies includes expert clinical staff familiar with this service to evaluate the direct practice expense inputs for CPT 76937.

2. Please provide reference code(s) for comparison on your spreadsheet. If you are making recommendations on an existing code, you are required to use the current direct PE inputs as your reference code but may provide an additional reference code for support. Provide an explanation for the selection of reference code(s) here (NOTE: For services reviewed prior to the implementation of clinical activity codes, detail is not provided in the RUC database, please contact Rebecca Gierhahn at rebecca gierhahn@ama-assn.org for PE spreadsheets for your reference codes):
As a current code, the direct PE inputs for 76937 were used.

3. Is this code(s) typically reported with an E/M service? Is this code(s) typically reported with the E/M service in the nonfacility?

(Please see the *Billed Together* tab in the RUC Database)
No

4. What specialty is the dominant provider in the nonfacility?

What percent of the time does the dominant provider provide the service(s) in the nonfacility? Is the dominant provider in the nonfacility different than for the global? (Please see the *Billed Together* tab in the RUC Database)

Vascular surgery, 33.2%.

Yes, diagnostic radiology is dominant in global setting at 25.3%, interventional radiology 14.8%, and vascular surgery 13.1%

See additional notes under Question 25

5. If you are requesting an increase over the aggregate current cost for clinical activities, supplies and equipment, please provide compelling evidence. (Please see *PE compelling evidence guidelines* on Collaboration). Please explain if the increase can be entirely accounted for because of an increase in physician time:

CPT CODE(S):76937 SPECIALTY SOCIETY(IES): SIR, ACR, SVS PRESENTER(S): Curtis

Anderson, MD, Minhaj Khaja, MD, Matthew Sideman, MD, Wayne Causey, MD, Lauren Nicola, MD, and Andrew Moriarity, MD

# AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC) PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

N/A

### **CLINICAL STAFF ACTIVITIES**

The RUC has agreed that there is a presumption of zero pre-service clinical staff time unless the specialty can provide evidence to the PE Subcommittee that any pre-service time is appropriate. The RUC agreed that with evidence some subset of codes may require minimal or extensive use of clinical staff and has allocated time when appropriate (for example when a service describes a major surgical procedure). If the package times are not applicable, alternate times may be presented and should be justified for consideration by the Subcommittee.

6. Are the global periods of the codes transitioning? Information about the amount of pre-service clinical staff time and a rationale for the change from a 090-day global to a 000 or 010 day global should be described below.

N/A

7. If you are recommending more minutes than the PE Subcommittee standards for clinical activities, you must provide rationale to justify the time:

N/A

8. If a clinical activity in your reference code(s) is being rolled into a similar clinical activity approved by the PE Subcommittee and assigned a clinical activity code (*please see second worksheet in PE spreadsheet workbook*), please explain the difference here:

N/A

9. How much time was allocated to clinical activity, *obtain vital signs* (CA010) prior to CMS increasing the clinical activity to 5 minutes for calendar year 2018? The standard for clinical activity, obtains vital signs remains 0, 3 and 5 based on the number of vital signs taken. Please provide a rationale for the clinical staff time that you are requesting for obtain vital signs here:

0

- 10. Please provide a brief description of the clinical staff work for the following:
  - a. Pre-Service period:

N/A

b. Service period (includes pre, intra and post):

Angio Technician L041A time is spent preparing the US equipment and positioning and monitoring of patient for the procedure. Then capturing the images utilizing US of potential access sites for needle entry, recording the documentation of the examined sites and images in PACS, performing any necessary QC of images, prepare the US probe with sterile sleeve and apply the gel for the procedure, clean the US equipment and complete the exam and submit to work queue.

c. Post-service period:

N/A

11. Please provide granular detail regarding what the clinical staff is doing during the intra-service (of service period) clinical activity, assist physician or other qualified healthcare professional---directly

CPT CODE(S):76937 SPECIALTY SOCIETY(IES): SIR, ACR, SVS

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# AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC) PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

related to physician work time or Perform procedure/service---NOT directly related to physician work time:

### Angio Technician L041A

- Capturing images in the PACS system of the potential access sites and needle placement by US
- 12. If you have used a percentage of the physician intra-service work time other than 100 or 67 percent for the intra-service (of service period) clinical activity, please indicate the percentage and explain why the alternate percentage is needed and how it was derived.

An absolute value was used to determine the amount of time clinical staff is utilized during the intraservice (of service period) clinical activity. The absolute amount of time more accurately describes the work performed by the staff during that portion of the procedure.

13. If you are recommending a new clinical activity, please provide a detailed explanation of why the new clinical activity is needed and cannot conform to any of the existing clinical activities (please see second worksheet in PE spreadsheet):
N/A

14. If you wish to identify a new staff type, please include a very specific staff description, salary estimate and its source. Staff types or an identified and appropriate proxy must be listed by the Bureau of Labor Statistics (BLS). You can find the BLS database at <a href="http://www.bls.gov">http://www.bls.gov</a>.

N/A

### MEDICAL SUPPLIES & EQUIPMENT/INVOICES

- 15. ☐ Please check the box to confirm that you have provided invoices for all new supplies and/or equipment?
- 16. □ Please check the box to confirm that you have provided an estimate price on the PE spreadsheet for all new supplies and/or equipment?
- 17. If you wish to include a supply that is not on the list (*please see fourth worksheet in PE spreadsheet*) please provide a paid invoice. Identify and explain the supply input and invoice here:

  N/A
- 18. Are you recommending a PE supply pack for this recommendation? Yes or No. If Yes, please indicate if the pack is an established package of supplies as defined by CMS (eg, SA047 *pack*, *E/M visit*) or a pack that is commercially available?

N/A

19. Please provide an itemized list of the contents for all supply kits, packs and trays included in your recommendation. Please include the description, CMS supply code, unit, item quantity and unit price (if available). See documents two and three under PE reference materials on the <a href="RUC Collaboration">RUC Collaboration</a> Website for information on the contents of kits, packs and trays.

CPT CODE(S):76937 SPECIALTY SOCIETY(IES): SIR, ACR, SVS

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# AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC) PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

Supply Code	Description	Cost	Unit	Quantity
SB005	cover-condom, transducer or ultrasound probe	4.46	item	1
SB007	drape, sterile barrier 16in x 29in	0.51	item	2
SJ032	lubricating jelly (K-Y) (5gm uou)	0.54	item	6
SJ062	ultrasound transmission gel	0.03	ml	150
SM021	sanitizing cloth-wipe (patient)	0.07	item	5
SM022	sanitizing cloth-wipe (surface, instruments, equipment)	0.07	item	2

- 20. If you wish to include an equipment item that is not on the list (*please see fifth worksheet in PE spreadsheet*) please provide a paid invoice. Identify and explain the equipment input and invoice here:

  N/A
- 21. Please provide an estimate of the useful life of the new equipment item as required to calculate the equipment cost per minute (*please see fifth worksheet in PE spreadsheet*):

  N/A
- 22. Have you recommended equipment minutes for a computer or equivalent laptop/integrated computer, equipment item computer, desktop, w-monitor, ED021 or notebook (Dell Latitute D600), ED038?
  - a. If yes, please explain how the computer is used for this service(s).
  - b. Is the computer used exclusively as an integral component of the service or is it also used for other purposes not specific to the code?
  - c. Does the computer include code specific software that is typically used to provide the service(s)?

    No
- 23. List all the equipment included in your recommendation and the equipment formula chosen (please see document titled *Calculating equipment time*). If you have selected "other formula" for any of the equipment please explain here:

Equipment Code	EQUIPMENT	Purchase Price	Equipment Formula	Cost Per Minute	Quantity		
EQ250	ultrasound unit, portable	41612.53	Default	0.161254	10		
ED050	Technologist PACS workstation	5557	Default	0.022018	15		
TOTAL COST OF EQUIPMENT TIME x COST PER MINUTE 1.9							

### PROFESSIONAL LIABILITY INSURANCE (PLI) INFORMATION

24. If this is a PE only code please select a crosswalk based on a similar specialty mix:

N/A

### ADDITIONAL INFORMATION

25. If there is any other item(s) on your spreadsheet not covered in the categories above that requires greater detail/explanation, please include here:

CPT CODE(S):76937 SPECIALTY SOCIETY(IES): SIR, ACR, SVS PRESENTER(S): Curtis

Anderson, MD, Minhaj Khaja, MD, Matthew Sideman, MD, Wayne Causey, MD, Lauren Nicola, MD, and Andrew Moriarity, MD

# AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC) PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

The clinical labor type currently valued to CPT 76937 is radiologic technologist, L041B. SIR, ACR, and SVS are requesting a change to clinical labor type Angio Technician, L041A. In review of the clinical labor assigned to CPT 76937 it was noted there has been a shift from radiologic technologist to angio technician performing this clinical work. The angio technician is one of the clinical staff members involved in the primary procedure and they are the one who would perform the various clinical activities related to the US for vascular access, rather than a radiologic technologist.

### ITEMIZED LIST OF CHANGES (FOLLOWING THE PE SUBCOMMITTEE MEETING)

NOTE: The virtual meetings have provided for real-time updates to the PE spreadsheets. PE SORs must still be updated after the meeting and resubmitted asap.

During and immediately following the review of this tab at the PE Subcommittee meeting, please revise
the summary of recommendation (PE SOR) based on modifications made during the meeting. Please
submit the revised form electronically to Rebecca Gierhahn at <a href="mailto:rebecca.gierhahn@ama-assn.org">rebecca.gierhahn@ama-assn.org</a>
immediately following the close of business. In addition, please also provide an itemized list of the
modifications made to the PE spreadsheet during the PE Subcommittee meeting in the space below (e.g.
clinical activity CA010 obtain vital signs was reduced from 5 minutes to 3 minutes).

	Α	В	D	E	F	I	J	K	L
1	<b>RUC Practice</b>	Expense Spreadsheet				CUR	RENT	RECOM	MENDED
2		· · ·				76	937	769	937
3		RUC Collaboration Website				Ultrasound	<del>u guluance</del>	Ultrasound	<del>a guidan</del> i
_		Meeting Date: 9/2022					lar access	for vascul	
	Clinical	Revision Date (if applicable): January 2018	Clinical	Clinical	Clinical Staff		requiring ultrasound		ultrasour
	Activity Code	· · · · · · · · · · · · · · · · · · ·	Staff Type	Staff Type	Type Rate		ation of		ation of
4	Activity Code	Specialty: SIR, ACR, SVS	Code	Stall Type	Per Minute	1	,	potential ad	
-		LOCATION					tation of	Non Fac	
5						Non Fac			
6		GLOBAL PERIOD				ZZZ	ZZZ	ZZZ	ZZZ
_		TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND				\$ 26.28	\$ -	\$ 22.45	\$ -
7		EQUIPMENT TIME				·		·	
8		TOTAL CLINICAL STAFF TIME	L041A	Angio Technician	0.453	0.0	0.0	15.0	0.0
			L041B	Radiologic	0.465	15.0	0.0	0.0	0.0
9			L041D	Technologist	0.403	13.0	0.0	0.0	0.0
11		TOTAL SERVICE PERIOD CLINICAL STAFF TIME	L041A	Angio Technician	0.453	0.0	0.0	15.0	0.0
11					01.00	0.0			
12			L041B	Radiologic	0.465	15.0	0.0	0.0	0.0
		TOTAL COOT OF OUR WOAL OTAFF TIME DATE DED MINUTE		Technologist		<b>*</b> 0.00	Φ.	<b>*</b> 0.00	•
14		TOTAL COST OF CLINICAL STAFF TIME x RATE PER MINUTE				\$ 6.98	\$ -	\$ 6.80	\$
15 16		PRE-SERVICE PERIOD							
16 31		Start: Following visit when decision for surgery/procedure made							
32		End: When patient enters office/facility for surgery/procedure							
		SERVICE PERIOD	1						
33 34		Start: When patient enters office/facility for surgery/procedure:							
	04040	Pre-Service (of service period)	1.044.4	Augia Tagbaiaian	0.450		1	0	
39	CA013	Prepare room, equipment and supplies	L041A	Angio Technician	0.453			2	<del>                                     </del>
43	CA016	Prepare, set-up and start IV, initial positioning and monitoring of patient	L041A	Angio Technician	0.453			2	
52		Intra-service (of service period)							
56	CA021	Perform procedure/serviceNOT directly related to physician work time	L041A	Angio Technician	0.453			3	
57	CA021	Perform procedure/serviceNOT directly related to physician work time	L041B	Radiologic Technolog		15			
64		Post-Service (of service period)							
67	CA024	Clean room/equipment by clinical staff	L041A	Angio Technician	0.453			3	
		Technologist QC's images in PACS, checking for all images, reformats,							
7.4	CA030	and dose page	L041A	Angio Technician	0.453			2	
74	04004		10444	A'. T I '.'	0.450				<del>                                     </del>
76	CA031	Review examination with interpreting MD/DO	L041A	Angio Technician	0.453			2	1
	CA032	Scan exam documents into PACS. Complete exam in RIS system to	L041A	Angio Technician	0.453			1	
78	G/ 100 <u>-</u>	populate images into work queue.	_0	,g.c . co	01.00			-	
90		End: Patient leaves office/facility							
91		POST-SERVICE PERIOD							
92		Start: Patient leaves office/facility							
80		End: with last office visit before end of global period							
		MEDICAL SUPPLIES	PRICE	UNIT					
10		TOTAL COST OF SUPPLY QUANTITY x PRICE				\$ 17.36	\$ -	\$ 13.71	\$
11		cover-condom, transducer or ultrasound probe	4.46	item		1		1	
12		drape, sterile barrier 16in x 29in	0.51	item		2		2	
13		iv tubing (extension)	0.84	foot		3			
14	SC056	syringe 50-60ml	1.13	item		1			
15	SJ032	lubricating jelly (K-Y) (5gm uou)	0.54	item		6		6	
16	SJ062	ultrasound transmission gel	0.03	ml		150		150	
17	SM021	sanitizing cloth-wipe (patient)	0.07	item		5		5	
18	SM022	sanitizing cloth-wipe (surface, instruments, equipment)	0.07	item		2		2	
٠٠	Equipment		Purchase		Cost Per				
23		EQUIPMENT		Equipment Formula	Minute				
24		TOTAL COST OF FOLLIDMENT TIME COST DED MINUTE	Price	romula	wiiiute	¢ 404	¢	6 404	¢
		TOTAL COST OF EQUIPMENT TIME x COST PER MINUTE	44040 500	Default	0.404050057	\$ 1.94	<b>D</b> -	\$ 1.94	<b>э</b> -
25		ultrasound unit, portable	41612.533	Default	0.161253857	10		10	<del>                                     </del>
26	ED050	Technologist PACS workstation	5557	PACS	0.022017924	15		15	1

# AMA/Specialty Society RVS Update Committee Summary of Recommendations \*New Technology/New Services\*

September 2022

### **General Behavioral Health Integration Care Management – Tab 8**

CPT code 99484 Care management services for behavioral health conditions, at least 20 minutes of clinical staff time, directed by a physician or other qualified health care professional, per calendar month, with the following required elements: initial assessment or follow-up monitoring, including the use of applicable validated rating scales, behavioral health care planning in relation to behavioral/psychiatric health problems, including revision for patients who are not progressing or whose status changes, facilitating and coordinating treatment such as psychotherapy, pharmacotherapy, counseling and/or psychiatric consultation, and continuity of care with a designated member of the care team was created in 2018 and placed on the on the New Technology/New Services list. In April 2022, the Relativity Assessment Workgroup reviewed three years of available Medicare claims data (2018, 2019 and 2020). The specialty societies indicated, and the RUC agreed, that this service should be surveyed for September 2022.

### Compelling Evidence

The current value for CPT code 99484 is a CMS/Other source, which reflects a value CMS independently assigned to G0507 Care management services for behavioral health conditions, at least 20 minutes of clinical staff time, directed by a physician or other qualified health care professional, per calendar month, with the following required elements: initial assessment or follow-up monitoring, including the use of applicable validated rating scales; behavioral health care planning in relation to behavioral/psychiatric health problems, including revision for patients who are not progressing or whose status changes; facilitating and coordinating treatment such as psychotherapy, pharmacotherapy, counseling and/or psychiatric consultation; and continuity of care with a designated member of the care team, based on a crosswalk to code 99490 Chronic care management services with the following required elements: multiple (two or more) chronic conditions expected to last at least 12 months, or until the death of the patient, chronic conditions that place the patient at significant risk of death, acute exacerbation/decompensation, or functional decline, comprehensive care plan established, implemented, revised, or monitored; first 20 minutes of clinical staff time directed by a physician or other qualified health care professional, per calendar month. Code G0507 no longer exists, and the crosswalk to the prior value and times of CPT 99490 are no longer effective. Thus, the current value is not based on RUC survey data, a RUC-recommended crosswalk, or any other RUC methodology that the specialties can identify. Thus, the specialty societies indicated, and the RUC agreed, that there is compelling evidence that CPT code 99484 is currently based on flawed methodology.

99484 Care management services for behavioral health conditions, at least 20 minutes of clinical staff time, directed by a physician or other QHP

The RUC reviewed the survey results from 63 physicians and nurse practitioners and determined that the survey 25<sup>th</sup> percentile work RVU of 0.85 appropriately accounts for the work required to perform this service. The RUC recommends 21 minutes of intra-service time for CPT code 99484. The physician/qualified healthcare professional (QHP) provides general supervision of care management services for behavioral health conditions, which are generally provided by clinical staff. In addition, the physician/QHP: reviews the results of mental health screening tools administered by the clinical staff; evaluates patient complaints, social determinants of health, or other issues impacting the patient and reviews options or prepares more options for patient; evaluates medication side effects and communicates with clinical staff about dosing or medication changes, refills, and follow-ups;

CPT five-digit codes, two-digit modifiers, and descriptions only are copyright by the American Medical Association.

consults other specialists, as needed; and reviews clinical staff notes regarding family members' input and talks directly to family members, caregivers, or the patient, as needed. The physician/QHP manages and/or supervises the provision of services, as needed, for psychosocial needs and activities of daily living for the patient.

The RUC compared the surveyed code to the top two key reference services, MPC code 99213 Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and low level of medical decision making. When using time for code selection, 20-29 minutes of total time is spent on the date of the encounter (work RVU = 1.30, 30 minutes total time) and CPT code 99490 Chronic care management services with the following required elements: multiple (two or more) chronic conditions expected to last at least 12 months, or until the death of the patient, chronic conditions that place the patient at significant risk of death, acute exacerbation/decompensation, or functional decline, comprehensive care plan established, implemented, revised, or monitored; first 20 minutes of clinical staff time directed by a physician or other qualified health care professional, per calendar month (work RVU = 1.00 and 25 minutes intraservice and total time). The RUC indicated that the surveyed service requires less physician time and work than these two key reference services. The RUC noted that CPT codes 99484 and 99490 require similar intensity and complexity to perform, however, the reference code requires more work since the physician/QHP is managing multiple chronic conditions in which the patient is at significant risk of death, acute exacerbation/decompensation, or functional decline.

For additional support, the RUC compared CPT code 99484 to MPC code 99202 Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and straightforward medical decision making. When using time for code selection, 15-29 minutes of total time is spent on the date of the encounter (work RVU = 0.93, 20 minutes total time) and 78306 Bone and/or joint imaging; whole body (work RVU = 0.86, 10 minutes intra-service time and 20 minutes total time), which require similar physician work and time. The RUC concluded that CPT code 99484 should be valued at the 25<sup>th</sup> percentile work RVU as supported by the survey. The RUC recommends a work RVU of 0.85 for CPT code 99484.

### **Practice Expense**

The Practice Expense Subcommittee reviewed the direct practice expense inputs for CPT code 99484 and agreed with the specialty societies to remove clinical activity CA011 *Provide education/obtain consent* and supply item SK114 *tissue (Kleenex)*. The RUC questioned which clinical labor type typically performs CA021 *Perform procedure/service---NOT directly related to physician work time* and the specialty societies indicated that the typical clinical labor staff is not L057B *Behavioral Health Care Manager* but L037D *RN/LPN/MTA*. Thus, the RUC recommends a change to the clinical staff type. **The RUC recommends the direct practice expense inputs as modified.** 

CPT	CPT Descriptor	Global	Work RVU
Code		Period	Recommendation
99484	Care management services for behavioral health conditions, at least 20 minutes of clinical staff time, directed by a physician or other qualified health care professional, per calendar month, with the following required elements:	XXX	0.85

- initial assessment or follow-up monitoring, including the use of applicable validated rating scales,
- behavioral health care planning in relation to behavioral/psychiatric health problems, including revision for patients who are not progressing or whose status changes,
- facilitating and coordinating treatment such as psychotherapy, pharmacotherapy, counseling and/or psychiatric consultation, and
- continuity of care with a designated member of the care team.

(Do not report 99484 in conjunction with 99492, 99493, 99494 in the same calendar month)

(E/M services, including care management services [99424, 99425, 99426, 99427, 99437, 99439, 99487, 99489, 99490, 99491, 99495, 99496], and psychiatric services [90785-90899] may be reported separately by the same physician or other qualified health care professional on the same day or during the same calendar month, but time and activities used to meet criteria for another reported service do not count toward meeting criteria for 99484)

### AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS SUMMARY OF RECOMMENDATION

CPT Code:99484 Tracking Number Original Specialty Recommended RVU: 1.00

> Presented Recommended RVU: 0.93 RUC Recommended RVU: 0.85

Global Period: XXX Current Work RVU: 0.61

CPT Descriptor: Care management services for behavioral health conditions, at least 20 minutes of clinical staff time, directed by a physician or other qualified health care professional, per calendar month, with the following required elements: initial assessment or follow-up monitoring, including the use of applicable validated rating scales, behavioral health care planning in relation to behavioral/psychiatric health problems, including revision for patients who are not progressing or whose status changes, facilitating and coordinating treatment such as psychotherapy, pharmacotherapy, counseling and/or psychiatric consultation, and continuity of care with a designated member of the care team.

### **CLINICAL DESCRIPTION OF SERVICE:**

Vignette Used in Survey: A 50-year-old female established patient presents with complaints of fatigue and sleep disturbance following the recent loss of her spouse. The primary care physician diagnoses the patient with a behavioral health disorder and recommends that the patient receive behavioral health care management as part of the treatment.

Percentage of Survey Respondents who found Vignette to be Typical: 87%

### Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0%, In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0%, Overnight stay-less than 24 hours 0%, Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Description of Pre-Service Work: N/A

Description of Intra-Service Work: In addition to direction and general supervision of care management services for behavioral health conditions, which are generally provided by clinical staff, the physician or qualified healthcare professional (QHP): reviews results of mental health screening tools administered by clinical staff; evaluates patient complaints, social determinants, or other issues impacting the patient and reviews options or prepares more options for patient; evaluates medication side effects and communicates with clinical staff about dosing or medication changes, refills, and follow-ups; consults other specialists, as needed; and reviews clinical staff notes regarding family members' input and talks directly to family members, caregivers, or the patient, as needed. The physician/QHP manages and/or supervises the provision of services, as needed, for psychosocial needs and activities of daily living for the patient.

Description of Post-Service Work: N/A

### **SURVEY DATA**

RUC Meeting Da	RUC Meeting Date (mm/yyyy) 09/2022						
Presenter(s):		Megan Adamson, MD, Brad Fox, MD, Charles (Charlie) Hamori, MD, FACP, Korinne Van Keuren, DNP, MS, RN, CPNP-AC, APRN-BC, RNFA					
Specialty Society(ies):		AAFP, ACP, ANA					
CPT Code:	99484	99484					
Sample Size:	11141 Resp N: 63						
Description of Sample:	AAFP, ACP, and ANA each used a random sample of their members; with Research  Subcommittee approval, ACP also used the Medicare database to compile a list of physicians that perform this service as a targeted sample that represents a subset of ACP's membership.						
	Low 25 <sup>th</sup> pctl Median* 75th pctl High						
Service Perform	nance Rate		0.00	0.00	5.00	50.00	4500.00
Survey RVW:			0.02	0.85	1.30	1.58	20.00
Pre-Service Evaluation Time:					0.00		
Pre-Service Posit	ioning Time:				0.00		
Pre-Service Scrub	o, Dress, Wait T	ime:			0.00		
Intra-Service Tir	me:		7.00	20.00	21.00	31.00	180.00
Immediate Post	Service-Time	: <u>0.00</u>					
Post Operative	<u>Visits</u>	Total Min**	CPT Cod	e and Num	ber of Visit	<u>s</u>	
Critical Care time/visit(s): 0.00			99291x <b>0</b>	). <b>00</b> 99292	2x <b>0.00</b>		
Other Hospital time/visit(s): 0.00			99231x <b>(</b>	). <b>00</b> 99232	2x <b>0.00</b> 99	9233x <b>0.00</b>	
Discharge Day Mgmt: 0.00		99238x <b>(</b>	<b>).00</b> 99239x	0.00	99217x <b>0.00</b>		
Office time/visit(s): 0.00			99211x <b>(</b>	0.00 12x 0.0	0 13x 0.00 1	4x <b>0.00</b> 15x	0.00
Prolonged Serv	ices:	0.00	99354x <b>0</b>	). <b>00</b> 55x <b>0</b>	). <b>00</b> 56x <b>0</b>	. <b>00</b> 57x <b>0</b> .	00
Sub Obs Care: <u>0.00</u>			99224x <b>(</b>	). <b>00</b> 99225	5x <b>0.00</b> 9	9226x <b>0.00</b>	
**Dbygieien eten	dard tatal mir	utos par E/M	vioit. OC	201 (70), 0	0202 (20)	00224 (20)	00222 (40)

<sup>\*\*</sup>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 <u>pre</u>-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

CPT Code:	99484	Recommended Phys	ician Work RVU: 0.8	35
	,	Specialty Recommended Pre- Service Time	Specialty Recommended Pre Time Package	Adjustments/Recommended Pre-Service Time
Pre-Service Evalua	ation 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 Tim	ne:	21.00		1

Please, pick the <u>post</u>-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

XXX Global Code

	Specialty Recommended Post-Service Time	Recommended	Adjustments/Recommended Post-Service Time
Immediate Post Service-Time:	0.00	0.00	0.00

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s): 0.00		99291x <b>0.00</b> 99292x <b>0.00</b>
Other Hospital time/visit(s):	<u>0.00</u>	99231x <b>0.00</b> 99232x <b>0.00</b> 99233x <b>0.00</b>
Discharge Day Mgmt:	0.00	99238x <b>0.0</b> 99239x <b>0.0</b> 99217x <b>0.00</b>
Office time/visit(s):	0.00	99211x <b>0.00</b> 12x <b>0.00</b> 13x <b>0.00</b> 14x <b>0.00</b> 15x <b>0.00</b>
Prolonged Services:	0.00	99354x <b>0.00</b> 55x <b>0.00</b> 56x <b>0.00</b> 57x <b>0.00</b>
Sub Obs Care:	0.00	99224x <b>0.00</b> 99225x <b>0.00</b> 99226x <b>0.00</b>

### Modifier -51 Exempt Status

Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

### **New Technology/Service:**

Is this new/revised procedure considered to be a new technology or service? No

#### TOP KEY REFERENCE SERVICE:

Key CPT CodeGlobal99213XXX

Work RVU Time Source
1.30 RUC Time

<u>CPT Descriptor</u> Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and low level of medical decision making. When using time for code selection, 20-29 minutes of total time is spent on the date of the encounter.

### SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code Global 99490 XXX

Work RVU Time Source
1.00 RUC Time

<u>CPT Descriptor</u> Chronic care management services with the following required elements: multiple (two or more) chronic conditions expected to last at least 12 months, or until the death of the patient, chronic conditions that place the patient at significant risk of death, acute exacerbation/decompensation, or functional decline, comprehensive care plan established, implemented, revised, or monitored; first 20 minutes of clinical staff time directed by a physician or other qualified health care professional, per calendar month.

### **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 york RVU
 Time Source Time Source
 Medicare Utilization Medicare Utilization

 99202
 XXX
 0.93
 RUC Time
 5.015,775

<u>CPT Descriptor 1</u> Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and straightforward medical decision making. When using time for code selection, 15-29 minutes of total time is spent on the date of the encounter.

 MPC CPT Code 2
 Global 12011
 Work RVU 000
 Time Source 1.07
 Medicare Utilization RUC Time 78,196

<u>CPT Descriptor 2</u> Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 2.5 cm or less

Other Reference CPT Code Global Work RVU Time Source 0.00

### RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.

Number of respondents who choose Top Key Reference Code: 34 % of respondents: 53.9 %

Number of respondents who choose 2<sup>nd</sup> Key Reference Code: 13 % of respondents: 20.6 %

TIME ESTIMATES (Median)	<b>CPT Code:</b> <u>99484</u>	Top Key Reference CPT Code: 99213	2nd Key Reference CPT Code: <u>99490</u>
Median Pre-Service Time	0.00	5.00	0.00
Median Intra-Service Time	21.00	20.00	25.00
Median Immediate Post-service Time	0.00	5.00	0.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	21.00	30.00	25.00
Other time if appropriate			

### INTENSITY/COMPLEXITY MEASURES

other information that must be reviewed

Urgency of medical decision making

and analyzed

(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Survey Code Compared to	Much	Somewhat	<u>Identical</u>	Somewhat	Much
Top Key Reference Code	Less	Less		More	More
Overall intensity/complexity	0%	6%	24%	53%	17%

# Mental Effort and Judgment Less Identical More • The number of possible diagnosis and/or the number of management options that must be considered 12% 26% 62% • The amount and/or complexity of medical records, diagnostic tests, and/or

Technical Skill/Physical Effort	<u>Less</u>	<b>Identical</b>	<b>More</b>
Technical skill required	6%	44%	50%
Physical effort required	35%	47%	18%

### **Psychological Stress**

- The risk of significant complications, morbidity and/or mortality
- Outcome depends on the skill and judgment of physician
- Estimated risk of malpractice suit with poor outcome

Survey Code Compared to	
2nd Key Reference Code	

and they itererence e
Overall intensity/complexity

Much	
Less	

Less

3%

Somewhat
<u>Less</u>

**Identical** 

26%



**Identical** 

More

71%

### 53%

Somewhat

More

Much More

0%

### **Mental Effort and Judgment**

- The number of possible diagnosis and/or the number of management options that must be considered
- The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed
- Urgency of medical decision making

### **Technical Skill/Physical Effort**

-	
Technical skill required	

Physical effort required	
 	_

### **Psychological Stress**

- The risk of significant complications, morbidity and/or mortality
- Outcome depends on the skill and judgment of physician
- poor outcome

15%

Less

23%

38%

8%

### **Identical** 38%

1	Γ		
	ı		

More 47%

More

8%

16%

46%

Less	<b>Identical</b>	More

46%

46%

**Identical** 

69%

### Estimated risk of malpractice suit with

#### Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Code 99484 (Care management services for behavioral health conditions, at least 20 minutes of clinical staff time, directed by a physician or other qualified health care professional, per calendar month, with the following required elements: initial assessment or follow-up monitoring, including the use of applicable validated rating scales, behavioral health care planning in relation to behavioral/psychiatric health problems, including revision for patients who are not progressing or whose status changes, facilitating and coordinating treatment such as psychotherapy, pharmacotherapy, counseling and/or psychiatric consultation, and continuity of care with a designated member of the care team.) is an XXX global code last considered by the RUC in January 2017. It has 0.61 work RVUs and 15 minutes of physician/QHP time (all intra-service).

The current survey of code 99484 yielded 63 respondents, exceeding the required number of 50 for a valid survey of a code with this code's Medicare utilization (128,255 in 2020). All but two of the respondents came from the random samples used by the specialties; the other two came from the targeted sample approved by the Research Subcommittee and used by ACP. Among respondents, 87% agreed the vignette was typical. The median RVW was 1.30, and the median time was 21 minutes (all intra-service).

The specialties recommend a value of 0.93 based on a crosswalk to code 99202 (Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and straightforward medical decision making. When using time for code selection, 15-29 minutes of total time is spent on the date of the encounter) and a time of 21 minutes (all intra-service).

### Compelling Evidence

The specialties' argument in favor of considering an increase over the current value centers on a flawed methodology used in setting the current value.

As noted, the RUC last considered code 99484 in January 2017, based on a survey done by family medicine, internal medicine, geriatric medicine, psychiatry, and child and adolescent psychiatry. As stated in the "RUC Rationale" for this code in the RUC database:

The RUC agreed that the time in this survey was not reliable. The RUC concurred with the specialties that the estimated work values followed the same pattern as the time estimates and were also not reliable. (Emphasis added)

Consequently, the RUC recommended that CMS assign to code 99484 the same time and work that CMS then had in effect for code G0507 (Care management services for behavioral health conditions, at least 20 minutes of clinical staff time, directed by a physician or other qualified health care professional, per calendar month, with the following required elements: initial assessment or follow-up monitoring, including the use of applicable validated rating scales; behavioral health care planning in relation to behavioral/psychiatric health problems, including revision for patients who are not progressing or whose status changes; facilitating and coordinating treatment such as psychotherapy, pharmacotherapy, counseling and/or psychiatric consultation; and continuity of care with a designated member of the care team), which CMS created before CPT established 99484 and which CMS deleted in 2018, when code 99484 became effective.

According to the final rule on the 2017 Medicare physician fee schedule, CMS valued code G0507 at 0.61 work RVUs based on a direct crosswalk to code 99490 (Chronic care management services with the following required elements: multiple (two or more) chronic conditions expected to last at least 12 months, or until the death of the patient, chronic conditions that place the patient at significant risk of death, acute exacerbation/decompensation, or functional decline, comprehensive care plan established, implemented, revised, or monitored; first 20 minutes of clinical staff time directed by a physician or other qualified health care professional, per calendar month). CMS increased the work RVUs of 99490 to 1.00 in 2022 due to a new survey of 99490.

In summary, the current value for 99484 reflects the value CMS independently assigned to a G code that no longer exists. As such, the current value is not based on RUC survey data, a RUC-recommended crosswalk, or any other RUC methodology the specialties can identify. Thus, the specialties believe there is sufficient grounds to consider compelling evidence based on a flawed methodology.

### Support for the Recommended Value

Based on reviewer feedback, the specialties recommend a value of 0.93 based on a crosswalk to code 99202 (Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and straightforward medical decision making. When using time for code selection, 15-29 minutes of

total time is spent on the date of the encounter), which is recently RUC-reviewed and on the MPC list. The specialties recommend the survey median time of 21 minutes.

The recommended value of 0.93 is in-between the survey median of 1.30 RVW and the 25<sup>th</sup> percentile. As reviewers noted, code 99484 has comparable time to 99202 (21 minutes versus 20 minutes), and the work per unit of time for 99484 at 0.93 and 21 minutes (0.0443) is less than that of 99202 (0.0465), which addresses concerns the specialties heard during pre-facilitation about the intensity of 99484 relative to other E/M services.

The recommended value of 0.93 at 21 minutes also addresses concerns the specialties heard from reviewers and prefacilitation about valuing 99484 equal to 99490, which has 1.00 work RVUs and 25 minutes of time.

Thus, the specialties believe the recommended value of 0.93, based on a crosswalk to code 99202, is supported by the survey results (i.e., less than the median), the feedback of reviewers, and comparison to other recently reviewed E/M services.

### Additional Notes

As noted, all but two of the respondents came from the random samples used by the specialties; the other two came from the targeted sample approved by the Research Subcommittee and used by ACP. The specialties felt the two data points from the targeted sample were not sufficient to make any conclusions and were similar enough to the 61 data points from the random samples to include them in our summary of the survey results and development of our recommendations. Thus, they are included in the total survey responses as valid survey responses.

As one reviewer noted, the specialties face a conundrum regarding the billed-together data for this code. The specialties acknowledge that the RUC database shows this code is billed alone only 43.5% of the time (45.8% of the time in the non-facility setting). However, the database also shows that this code is reported with an office or hospital visit only 26.4% of the time and with an office E/M service in the non-facility setting only 27.4% of the time. Further, according to the RUC database, the top five codes with which it is billed together add up to less than 50% of the time.

Consequently, by the RUC "typical" standards, 99484 is NOT typically reported with any given service. The conundrum may be related to the fact that code 99484 covers a month's worth of clinician (physician and QHP) work and clinical staff time and is often billed on the last day of the month, which may coincide with billing for another service if the patient is seen on that date, even though there's no overlap in the services.

### 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.)
	<ul> <li>The surveyed code is an add-on code or a base code expected to be reported with an add-on code.</li> <li>Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.</li> <li>Multiple codes allow flexibility to describe exactly what components the procedure included.</li> <li>Multiple codes are used to maintain consistency with similar codes.</li> <li>Historical precedents.</li> <li>Other reason (please explain)</li> </ul>
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.

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 99484

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 Nurse Practitioner How often? Sometimes

Specialty Internal Medicine How often? Sometimes

Specialty Family Medicine How often? Sometimes

Estimate the number of times this service might be provided nationally in a one-year period? 955450 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 utilization is estimated to be 7.45 times Medicare utilization (below) based on relationship of Medicare population (44 million) to US population (328 million).

Specialty Nurse Practitioner Frequency 293323 Percentage 30.69 %

Specialty Internal Medicine Frequency 159560 Percentage 16.69 %

Specialty Family Medicine Frequency 129941 Percentage 13.59 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 128,255 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. 2020 Medicare frequency from RUC database

Specialty Nurse Practitioner Frequency 39374 Percentage 30.69 %

Specialty Internal Medicine Frequency 21419 Percentage 16.70 %

Specialty Family Medicine Frequency 17443 Percentage 13.60 %

Do many physicians perform this service across the United States? No

### Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:

**Evaluation Management** 

BETOS Sub-classification:

BETOS Sub-classification Level II:

NA

### **Professional Liability Insurance Information (PLI)**

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 99484

If this code is a new/revised code or an existing code in which the specialty utilization mix <u>will</u> change, please select another crosswalk based on a similar specialty mix.

### **ISSUE:** General Behavioral Health Integration Care Management (99484)

**TAB: 8** 

				RUC Review			Work Per RVW To			RVW Total PRE-TIME INTE				INTRA	A-TIME IM			SU	JRVE`	RVEY EXPERIENCE					
Source	CPT	Global	DESC		Resp	IWPUT	Time	MIN 25th	MED	75th	MAX	Time	EVAL	L POSIT	SDW	MIN	25th	MED	75th MAX	POST	MIN	25th	MED	75th	MAX
1st REF	99213		Office or other outpatient visit for the evaluation and	Apr-19	34	0.054	0.043		1.30			30	5					20		5					
2nd REF	99490		Chronic care management services with the following	Jan-21	13	0.040	0.040		1.00			25						25							
CURRENT	99484	XXX	Care management services for behavioral health	Jan-14		0.041	0.041		0.61			15						15							
SURVEY	99484		Care management services for behavioral health	Sep-22	63	0.062	0.062	0.02 0.85	1.30	1.58	20.00	21				7	20	21	31 180		0	0	5	50	4500
Targeted-	99484	XXX	Care management services	Sep-22	2	0.062	0.062	1.30 1.35	1.40	1.45	1.50	22.5				20	21	23	24 25		0	0	0	0	0
Random	99484	XXX	Care management services	Sep-22	61	0.062	0.062	0.02 0.82	1.30	1.60	20.00	21				7	19	21	32 180		0	0	5	50	4500
Physicians-	99484	XXX	Care management services	Sep-22	15	0.050	0.050	0.50 0.75	1.00	1.40	2.00	20				7	15	20	25 60		0	0	0	8	300
Nursing - NP,	99484	XXX	Care management services	Sep-22	48	0.060	0.060	0.02 0.98	1.40	1.68	20.00	23.5				7	20	24	39 180		0	0	7	53	4500
REC	99484		Care Mgt for BHC min 20 minutes clinical staff time		63	0.040	0.040		0.85	5		21						21							

SPECIALTY SOCIETY(IES): AAFP, ACP, ANA

PRESENTER(S): Megan Adamson, MD, Brad Fox, MD, Charles (Charlie) Hamori, MD, FACP, Korinne Van Keuren, DNP, MS, RN, CPNP-AC, APRN-BC, RNFA

### AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC) PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

Meeting Date: 09/2022 Revised 9-24-2022

CPT		Global
Code	Long Descriptor	Period
99484	Care management services for behavioral health conditions, at least 20 minutes of clinical staff time, directed by a physician or other qualified health care professional, per calendar month, with the following required elements: initial assessment or follow-up monitoring, including the use of applicable validated rating scales, behavioral health care planning in relation to behavioral/psychiatric health problems, including revision for patients who are not progressing or whose status changes, facilitating and coordinating treatment such as psychotherapy, pharmacotherapy, counseling and/or psychiatric consultation, and continuity of care with a designated member of the care team.	XXX

**Vignette(s)** (*vignette required even if PE only code(s)*):

CPT	
Code	Vignette
99484	A 50-year-old female established patient presents with complaints of fatigue and sleep disturbance following the recent loss of her spouse. The primary care physician diagnoses the patient with a behavioral health disorder and recommends that the patient receive behavioral health care management as part of the treatment.

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society RVS Committee Expert Panel:

Acting as an expert panel, the specialty societies' advisors used the current, RUC-recommended direct practice expense inputs as a basis for their recommendation.

2. Please provide reference code(s) for comparison on your spreadsheet. If you are making recommendations on an existing code, you are required to use the current direct PE inputs as your reference code but may provide an additional reference code for support. Provide an explanation for the selection of reference code(s) here (NOTE: For services reviewed prior to the implementation of clinical activity codes, detail is not provided in the RUC database, please contact Rebecca Gierhahn at rebecca.gierhahn@ama-assn.org for PE spreadsheets for your reference codes):

The specialties are using the current direct PE inputs for code 99484 as the point of reference.

3. Is this code(s) typically reported with an E/M service? Is this code(s) typically reported with the E/M service in the nonfacility? (Please see the *Billed Together* tab in the RUC Database)

Code 99484 is not typically reported with an E/M service. Code 99484 is not typically reported with an E/M service in the non-facility setting.

4. What specialty is the dominant provider in the nonfacility?

What percent of the time does the dominant provider provide the service(s) in the nonfacility? Is the dominant provider in the nonfacility different than for the global? (Please see the *Billed Together* tab in the RUC Database)

Nurse practitioners are the dominant provider in the non-facility setting. They provide this service 31.5% of the time in the non-facility setting. The dominant provider (i.e., nurse practitioners) in the non-facility setting is the same as the dominant provider in the global setting.

SPECIALTY SOCIETY(IES): AAFP, ACP, ANA

**CPT CODE(S): 99484** 

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# AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC) PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

5. If you are requesting an increase over the aggregate current cost for clinical activities, supplies and equipment, please provide compelling evidence. (Please see *PE compelling evidence guidelines* on Collaboration). Please explain if the increase can be entirely accounted for because of an increase in physician time:

(not applicable)

### **CLINICAL STAFF ACTIVITIES**

The RUC has agreed that there is a presumption of zero pre-service clinical staff time unless the specialty can provide evidence to the PE Subcommittee that any pre-service time is appropriate. The RUC agreed that with evidence some subset of codes may require minimal or extensive use of clinical staff and has allocated time when appropriate (for example when a service describes a major surgical procedure). If the package times are not applicable, alternate times may be presented and should be justified for consideration by the Subcommittee.

6. Are the global periods of the codes transitioning? Information about the amount of pre-service clinical staff time and a rationale for the change from a 090-day global to a 000 or 010 day global should be described below.

The global period for code 99484 is not transitioning. It will remain XXX.

7. If you are recommending more minutes than the PE Subcommittee standards for clinical activities, you must provide rationale to justify the time:

(not applicable)

8. If a clinical activity in your reference code(s) is being rolled into a similar clinical activity approved by the PE Subcommittee and assigned a clinical activity code (*please see second worksheet in PE spreadsheet workbook*), please explain the difference here:

(not applicable)

9. How much time was allocated to clinical activity, *obtain vital signs* (CA010) prior to CMS increasing the clinical activity to 5 minutes for calendar year 2018? The standard for clinical activity, obtains vital signs remains 0, 3 and 5 based on the number of vital signs taken. Please provide a rationale for the clinical staff time that you are requesting for obtain vital signs here:

(not applicable; there is no time recommended for obtaining vital signs)

- 10. Please provide a brief description of the clinical staff work for the following:
  - a. Pre-Service period:

(not applicable)

b. Service period (includes pre, intra and post):

Clinical staff

L037D RN/LPN/MTA

• Does initial assessment if within scope for that state or follow-up monitoring, including the use of applicable validated rating scales,

CPT CODE(S):\_99484 SPECIALTY SOCIETY(IES): AAFP, ACP, ANA

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# AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC) PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

- Provides physician/QHP directed care planning in relation to behavioral/psychiatric health problems, including revision for patients who are not progressing or whose status changes,
- facilitates and coordinates treatment such as psychotherapy, pharmacotherapy, counseling and/or psychiatric consultation, and
- provides continuity of care with a designated member of the care team
- c. Post-service period:

(not applicable)

- 11. Please provide granular detail regarding what the clinical staff is doing during the intra-service (of service period) clinical activity, assist physician or other qualified healthcare professional---directly related to physician work time or Perform procedure/service---NOT directly related to physician work time:
  - Communicate with and offer support to the patient.
  - Initiate or repeat validated screening tool(s), as needed.
  - Confirm medications filled/adjusted as instructed and troubleshoot related issues (e.g., with pharmacy or possible side effects).
  - Confirm patient connected with counseling, specialty consultants, and/or community resources and ensure patient is aware of crisis resources.
  - Update patient status per communications in the medical record.
  - Coordinate communication with physician or other qualified healthcare professional (QHP) about dosing or medication changes, refills, and follow ups with physician/QHP or consultants.
  - Coordinate communication with physician or other qualified healthcare professional (QHP)
    regarding all completed screening tools, and any of the above bullets to obtain an care plan for
    patient.
- 12. If you have used a percentage of the physician intra-service work time other then 100 or 67 percent for the intra-service (of service period) clinical activity, please indicate the percentage and explain why the alternate percentage is needed and how it was derived.

(not applicable)

13. If you are recommending a new clinical activity, please provide a detailed explanation of why the new clinical activity is needed and cannot conform to any of the existing clinical activities (*please see second worksheet in PE spreadsheet*):

(not applicable)

14. If you wish to identify a new staff type, please include a very specific staff description, salary estimate and its source. Staff types or an identified and appropriate proxy must be listed by the Bureau of Labor Statistics (BLS). You can find the BLS database at <a href="http://www.bls.gov">http://www.bls.gov</a>. (not applicable)

MEDICAL SUPPLIES & EQUIPMENT/INVOICES

equipment please explain here:

There is no equipment recommended for this code.

CPT CODE(S): <u>99484</u> SPECIALTY SOCIETY(IES): <u>AAFP, ACP, ANA</u>

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# AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC) PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

15.	$\Box$ Please check the box to confirm that you have provided invoices for all new supplies and/or equipment?
16.	$\Box$ Please check the box to confirm that you have provided an estimate price on the PE spreadsheet for al new supplies and/or equipment?
17.	If you wish to include a supply that is not on the list ( <i>please see fourth worksheet in PE spreadsheet</i> ) please provide a paid invoice. Identify and explain the supply input and invoice here:
	(not applicable)
18.	Are you recommending a PE supply pack for this recommendation? Yes or No. If Yes, please indicate if the pack is an established package of supplies as defined by CMS (eg, SA047 <i>pack, E/M visit</i> ) or a pack that is commercially available?
19.	Please provide an itemized list of the contents for all supply kits, packs and trays included in your recommendation. Please include the description, CMS supply code, unit, item quantity and unit price (if available). See documents two and three under PE reference materials on the <a href="RUC Collaboration">RUC Collaboration</a> Website for information on the contents of kits, packs and trays.
	(not applicable)
20.	If you wish to include an equipment item that is not on the list ( <i>please see fifth worksheet in PE spreadsheet</i> ) please provide a paid invoice. Identify and explain the equipment input and invoice here: (not applicable)
	(not applicable)
21.	Please provide an estimate of the useful life of the new equipment item as required to calculate the equipment cost per minute ( <i>please see fifth worksheet in PE spreadsheet</i> ):
	(not applicable)
22.	Have you recommended equipment minutes for a computer or equivalent laptop/integrated computer, equipment item computer, desktop, w-monitor, ED021 or notebook (Dell Latitute D600), ED038?  a. If yes, please explain how the computer is used for this service(s).  b. Is the computer used exclusively as an integral component of the service or is it also used for other purposes not specific to the code?  c. Does the computer include code specific software that is typically used to provide the service(s) (not applicable)
23.	List all the equipment included in your recommendation and the equipment formula chosen (please see document titled <i>Calculating equipment time</i> ). If you have selected "other formula" for any of the

SPECIALTY SOCIETY(IES): AAFP, ACP, ANA

**CPT CODE(S): 99484** 

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# AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC) PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

### PROFESSIONAL LIABILITY INSURANCE (PLI) INFORMATION

24.	If this is a PE only code,	olease select a crosswalk based on a similar specialty mix:

### ADDITIONAL INFORMATION

25. If there is any other item(s) on your spreadsheet not covered in the categories above that requires greater detail/explanation, please include here:

The specialties recommend deletion of the tissue (supply code SK114) from the medical supplies.

### ITEMIZED LIST OF CHANGES (FOLLOWING THE PE SUBCOMMITTEE MEETING)

NOTE: The virtual meetings have provided for real-time updates to the PE spreadsheets. PE SORs must still be updated after the meeting and resubmitted asap.

During and immediately following the review of this tab at the PE Subcommittee meeting, please revise the summary of recommendation (PE SOR) based on modifications made during the meeting. Please submit the revised form electronically to Rebecca Gierhahn at <a href="rebecca.gierhahn@ama-assn.org">rebecca.gierhahn@ama-assn.org</a> immediately following the close of business. In addition, please also provide an itemized list of the modifications made to the PE spreadsheet during the PE Subcommittee meeting in the space below (e.g. clinical activity CA010 obtain vital signs was reduced from 5 minutes to 3 minutes).

During the RUC review, the presenters could not verify or identify documentation that the staff type of a Behavioral Health Care Manager, L057B was typical. Therefore we defaulted to the majority of the presenters experience and changed the staff type to L037D.

### L037D RN/LPN/MTA

If this is surveyed in the future it would be helpful to add a question to the RUC survey to ask the survey taker the clinical staff type.

The specialties recommend deletion of the tissue (supply code SK114) from the medical supplies.

	А	В	D	E	F	ı	ı	V	1
1		UC Practice Expense Spreadsheet			Г	CURRENT		RECOMMENDE	
2						99484			
3		RUC Collaboration Website				30.01			
		Meeting Date: 09/2022	Clinical	Clinical	Clinical Staff		nagement		nagement
		Revision Date (if applicable): 09/15/2022, 9/24/2022	Staff Type		Type Rate	services for behavioral health		servic behavior	
4	Activity Code	Specialty: AAFP, ACP, ANA	Code	Staff Type	Per Minute		s, at least		s, at least
5		LOCATION				Non Fac	_	Non Fac	
6		GLOBAL PERIOD				XXX	XXX	XXX	XXX
		TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND				\$ 11.83	\$ -	\$ 8.60	\$ -
7		EQUIPMENT TIME							
8		TOTAL CLINICAL STAFF TIME		RN/LPN/MTA	0.413	20.0	0.0	20.0	0.0
9		TOTAL PRE-SERVICE CLINICAL STAFF TIME		RN/LPN/MTA	0.413	0.0	0.0	0.0	0.0
10 11		TOTAL SERVICE PERIOD CLINICAL STAFF TIME TOTAL POST-SERVICE CLINICAL STAFF TIME	L037D L037D	RN/LPN/MTA RN/LPN/MTA	0.413 0.413	20.0 0.0	0.0	20.0 0.0	0.0
12		TOTAL COST OF CLINICAL STAFF TIME x RATE PER MINUTE	LUSTD	IXIV/LE IV/IVITA	0.413	\$ 11.40		\$ 8.26	
13		PRE-SERVICE PERIOD				<b>V</b> 11110	¥	<b>V</b> 0.20	<del>-</del>
14		Start: Following visit when decision for surgery/procedure made							
15	CA001	Complete pre-service diagnostic and referral forms	L037D	RN/LPN/MTA	0.413				
16 17	CA002 CA003	Coordinate pre-surgery services (including test results)  Schedule space and equipment in facility	L037D L037D	RN/LPN/MTA RN/LPN/MTA	0.413 0.413				
18	CA003	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA	0.413				
19	CA005	Complete pre-procedure phone calls and prescription	L037D	RN/LPN/MTA	0.413				
20 21	CA006 CA007	Confirm availability of prior images/studies  Review patient clinical extant information and questionnaire	L037D L037D	RN/LPN/MTA RN/LPN/MTA	0.413 0.413				
22	CA007 CA008	Perform regulatory mandated quality assurance activity (pre-service)		RN/LPN/MTA	0.413				
23			L037D	RN/LPN/MTA	0.413				
26		Other activity: please include short clinical description here and type	L037D	RN/LPN/MTA	0.413				
29 30		End: When patient enters office/facility for surgery/procedure SERVICE PERIOD							
31		Start: When patient enters office/facility for surgery/procedure:							
32		Pre-Service (of service period)							
33 34	CA009 CA010	Greet patient, provide gowning, ensure appropriate medical records are	L037D L037D	RN/LPN/MTA RN/LPN/MTA	0.413 0.413				
54		Obtain vital signs		Behavioral					
35	CA011	Provide education/obtain consent	L057B	Health Care	0.57	20	0	0	0
36	CA012	Review requisition, assess for special needs	L037D	RN/LPN/MTA	0.413				
37 38	CA013 CA014	Prepare room, equipment and supplies  Confirm order, protocol exam	L037D L037D	RN/LPN/MTA RN/LPN/MTA	0.413 0.413				j
39	CA015	Setup scope (nonfacility setting only)	L037D	RN/LPN/MTA	0.413				
40	CA016	Prepare, set-up and start IV, initial positioning and monitoring of patient	L037D	RN/LPN/MTA	0.413				
41	CA017	Sedate/apply anesthesia	L037D	RN/LPN/MTA	0.413				
42 45		Other activity: please include short clinical description here and type	L037D L037D	RN/LPN/MTA RN/LPN/MTA	0.413 0.413				
48		Intra-service (of service period)	20013		01110				
49	CA018	Assist physician or other qualified healthcare professionaldirectly	L037D	RN/LPN/MTA	0.413				<u> </u>
50 51	CA019 CA020	Assist physician or other qualified healthcare professionaldirectly  Assist physician or other qualified healthcare professionaldirectly	L037D L037D	RN/LPN/MTA RN/LPN/MTA	0.413 0.413				
31								00	
52	CA021	Perform procedure/serviceNOT directly related to physician work time	L037D	RN/LPN/MTA	0.413			20	0
55			L037D	RN/LPN/MTA	0.413				1
56 59		Other activity: please include short clinical description here and type  Post-Service (of service period)	L037D	RN/LPN/MTA	0.413				
60	CA022	Monitor patient following procedure/service, multitasking 1:4	L037D	RN/LPN/MTA	0.413				
61	CA023	Monitor patient following procedure/service, no multitasking	L037D	RN/LPN/MTA	0.413				
62	CA024	Clean room/equipment by clinical staff	L037D	RN/LPN/MTA	0.413				
63 64	CA025 CA026	Clean scope Clean surgical instrument package	L037D L037D	RN/LPN/MTA RN/LPN/MTA	0.413 0.413				
65	CA027	Complete post-procedure diagnostic forms, lab and x-ray requisitions	L037D	RN/LPN/MTA	0.413				 
66	CA028	Review/read post-procedure x-ray, lab and pathology reports	L037D	RN/LPN/MTA	0.413				
67 68	CA029 CA030	Check dressings, catheters, wounds  Tochnologist OC's images in PACS, checking for all images, refermats	L037D	RN/LPN/MTA	0.413				
69	CA030 CA031	Technologist QC's images in PACS, checking for all images, reformats, Review examination with interpreting MD/DO	L037D L037D	RN/LPN/MTA RN/LPN/MTA	0.413 0.413				
70	CA032	Scan exam documents into PACS. Complete exam in RIS system to	L037D	RN/LPN/MTA	0.413				
71	CA033	Perform regulatory mandated quality assurance activity (service period)	L037D	RN/LPN/MTA	0.413				
72 73	CA034 CA035	Document procedure (nonPACS) (e.g. mandated reporting, registry  Review home care instructions, coordinate visits/prescriptions	L037D L037D	RN/LPN/MTA RN/LPN/MTA	0.413 0.413				
74	CA035 CA036	Discharge day management		RN/LPN/MTA	0.413	n/a		n/a	
75			L037D	RN/LPN/MTA	0.413				
78 81		Other activity: please include short clinical description here and type	L037D	RN/LPN/MTA	0.413				
82		End: Patient leaves office/facility POST-SERVICE PERIOD							
83		Start: Patient leaves office/facility							
84	CA037	Conduct patient communications	L037D	RN/LPN/MTA	0.413				
85 86	CA038	Coordinate post-procedure services  Office visits: List Number and Level of Office Visits	L037D MINUTES	RN/LPN/MTA	0.413	# visits	# visits	# visits	# visits
87		99211 16 minutes	16			713113	713113	1010	113113
88		99212 27 minutes	27						
89 90		99213 36 minutes 99214 53 minutes	36 53						
91		99214 53 minutes 99215 63 minutes	63						
92	CA039	Post-operative visits (total time)		RN/LPN/MTA	0.413	0.0	0.0	0.0	0.0
93			L037D	RN/LPN/MTA	0.413				I
94			L037D	RN/LPN/MTA	0.413				
95			L037D	RN/LPN/MTA	0.413				
96 99		Other activity: please include short clinical description here and type	L037D	RN/LPN/MTA	0.413				
99		End: with last office visit before end of global period							

	А	В	D	E	F	I	J	K	L	
1	<b>RUC Practice</b>	Expense Spreadsheet				CUR	RENT	RECOMMENDED		
2						99	484	99484		
3		RUC Collaboration Website								
		Meeting Date: 09/2022	Clinical Staff Type		Clinical Staff Type Rate		nagement	Care management services for		
		Revision Date (if applicable): 09/15/2022, 9/24/2022		Clinical			es for			
١. ١	<b>Activity Code</b>		Code	Staff Type	Per Minute		al health	behavior		
4		Specialty: AAFP, ACP, ANA		<b>.</b>			s, at least	condition		
5		LOCATION				Non Fac	Facility	Non Fac	Facility	
6		GLOBAL PERIOD				XXX	XXX	XXX	XXX	
		TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND				\$ 11.83	\$ -	\$ 8.60	\$ -	
7		EQUIPMENT TIME								
8		TOTAL CLINICAL STAFF TIME		RN/LPN/MTA	0.413	20.0	0.0	20.0	0.0	
9		TOTAL PRE-SERVICE CLINICAL STAFF TIME	L037D	RN/LPN/MTA	0.413	0.0	0.0	0.0	0.0	
10		TOTAL SERVICE PERIOD CLINICAL STAFF TIME	L037D	RN/LPN/MTA	0.413	20.0	0.0	20.0	0.0	
11		TOTAL POST-SERVICE CLINICAL STAFF TIME	L037D	RN/LPN/MTA	0.413	0.0	0.0	0.0	0.0	
100	<b>Supply Code</b>	MEDICAL SUPPLIES	PRICE	UNIT						
101		TOTAL COST OF SUPPLY QUANTITY x PRICE				\$ 0.43	\$ -	\$ 0.34	\$ -	
102	SK005	assessment monitoring instruments	0.34	item		1	0	1	0	
103	SK114	tissue (Kleenex)	1.87	box		0.05	0	0	0	
104										
105										
106										
107										
		Other supply item: to add a new supply item please include the name								
		of the item consistent with the paid invoice here, type NEW in column A								
		and enter the type of unit in column E (oz, ml, unit). Please note that								
		you must include a price estimate consistent with the paid invoice in								
108		column D.								
100	Equipment	EQUIPMENT	Purchase	Equipment	Cost Per					
110	Code	EQUIPMENT	Price	Formula	Minute					
111		TOTAL COST OF EQUIPMENT TIME x COST PER MINUTE				\$ -	\$ -	\$ -	\$ -	
112										
113										
114										
115										
116										
117										
		Other equipment item: to add a new equipment item aloose include the								
		Other equipment item: to add a new equipment item please include the name of the item consistent with the paid invoice here, type NEW in								
		column A and please note that you must include a purchase price								
		estimate consistent with the paid invoice in column D.								
118		Countain Conditions with the paid involce in column D.								
			<u>I</u>					1		

### **AMA/Specialty Society RVS Update Committee**

### Other Relativity Assessment Workgroup Related Recommendations – October 2022

### Home Sleep Test (G0399)

Code G0399 Home sleep test (hst) with type iii portable monitor, unattended; minimum of 4 channels: 2 respiratory movement/airflow, 1 ecg/heart rate and 1 oxygen saturation was identified by the Relativity Assessment Workgroup via the Contractor Priced High Volume screen with 2020 Medicare utilization over 10,000. The RUC noted that CPT codes 95800 Sleep study, unattended, simultaneous recording; heart rate, oxygen saturation, respiratory analysis (ego, by airflow or peripheral arterial tone), and sleep time, 95801 Sleep study, unattended, simultaneous recording; minimum of heart rate, oxygen saturation, and respiratory analysis (eg, by airflow or peripheral arterial tone) and 95806 Sleep study, unattended, simultaneous recording of, heart rate, oxygen saturation, respiratory airflow, and respiratory effort (eg, thoracoabdominal movement) exist to report these services and may replace the G code. The RUC again requests that CMS delete code G0399 and allow one clear classification system to report home sleep tests with CPT codes 95800, 95801 and 95806.

Attachments:

- G0399 Action Plan from October 2022
- April 2017 RUC Recommendations

### Range of Motion Measurements and Report (95851)

In September 2022, the Relativity Assessment Workgroup reviewed 95851 *Ultrasonic guidance for placement of radiation therapy fields* via the CMS/Other source with Medicare utilization over 20,000 screen. Utilization increased by 60% in one year, from 2019 to 2020. The RUC would like to notify CMS of possible misreporting of CPT code 95851 by one individual in Texas, based on the Medicare Physician & Other Practitioners by Provider and Services 2020 Medicare data.

Attachment:

- 95851 Action Plan from October 2022

### Action Plan for Review of Potentially Misvalued Services September 2022

CPT Code	Current Global	Current work RVU	CPT Descriptor):
G0399	XXX	0.00 Contractor Priced	Home sleep test (hst) with type iii portable monitor, unattended; minimum of 4 channels: 2 respiratory movement/airflow, 1 ecg/heart rate and 1 oxygen saturation

*Screen:* In April 2022, these services were identified as codes that are contractor priced with 2020 Medicare utilization over 10,000.

### Include codes from family (please list all):

G0399	XXX	0.00		Home sleep test (hst) with type iii portable monitor,
		Contractor 1	Priced	unattended; minimum of 4 channels: 2 respiratory
				movement/airflow, 1 ecg/heart rate and 1 oxygen saturation
G0400	XXX	0.00		Home sleep test (hst) with type iv portable monitor,
		Contractor	Priced	unattended; minimum of 3 channels
G0398	XXX	0.00		Home sleep study test (hst) with type ii portable monitor,
		Contractor	Priced	unattended; minimum of 7 channels: eeg, eog, emg, ecg/heart
				rate, airflow, respiratory effort and oxygen saturation
95800	XXX	Current 0.85		Sleep study, unattended, simultaneous recording; heart rate,
		RUC Rec 1.00		oxygen saturation, respiratory analysis (eg, by airflow or
		CMS 2019 0.85		peripheral arterial tone), and sleep time
95801	XXX	Current	0.85	Sleep study, unattended, simultaneous recording; minimum of
		RUC Rec	1.00	heart rate, oxygen saturation, and respiratory analysis (eg, by
		CMS 2019	0.85	airflow or peripheral arterial tone)
95806	XXX	Current 0.93		Sleep study, unattended, simultaneous recording of, heart rate,
		RUC Rec	1.08	oxygen saturation, respiratory airflow, and respiratory effort
		CMS 2019	0.93	(eg, thoracoabdominal movement)

HCPCS/CPT	2014	2015	2016	2017	2018	2019	2020
G0399	43,138	60,143	70,819	90,032	102,862	112,455	79,363
G0400	919	843	1,193	1,578	1,761	2,734	2,349
G0398	4,050	4,050	3,717	3,904	4,171	4,043	2,113
95800	10,005	12,882	15,785	18,443	20,915	24,715	15,508
95801	455	854	817	821	646	422	78
95806	25,192	35,244	49,852	60,770	71,875	80,376	26,742

Please check all recommended actions that apply:	
(If necessary, please clearly mark and attach all supplemental info	rmation)
Survey	
☐ Refer to CPT/CPT Assistant	
☐ Maintain	
☑ Other Action (please describe):	

CMS implemented the HCPCS level II codes which are now outdated. Our societies believe that the three existing CPT codes are adequate to report home sleep procedures. The home sleep study procedure codes were surveyed and presented during the April 2017 RUC meeting. The codes have since been published in the Physician Fee Schedule (PFS) final rule. We have no reason to believe the G codes remain relevant. However, the HCPCS codes are not CPT, they are CMS codes; hence CMS would need to determine if they should be maintained or deleted. No additional survey is necessary, as our societies believe that all three existing CPT codes are consistent with current technology and services provided for home sleep studies.

### Rationale for Recommended Action:

No action from the societies is necessary. Action for deleting G codes continues to remain with CMS.

### Timeline (please list expected CPT/RUC meetings as applicable):

We recommend that the RUC reach out to CMS, regarding the fate of the G codes, in the next RUC recommendation letter.

Specialty: APTA

### Action Plan for Review of Potentially Misvalued Services September 2022

CPT Code	Current Global	Current work RVU	CPT Descriptor):
95851	XXX	0.16	Range of motion measurements and report (separate procedure); each extremity (excluding hand) or each trunk section (spine)
Screen:	Source Medicare I	Itilization over 20 000	section (spine)

Include codes from family (please list all): 95852

Please check all recommended actions that apply:	
(If necessary, please clearly mark and attach all supplemental information	on)
☐ Survey	
☐ Refer to CPT/CPT Assistant	
xMaintain	
xOther Action (please describe):	

### Rationale for Recommended Action:

The increased utilization appears to be due to a single non-physical-therapist provider in Texas. This same provider was reporting Manual Muscle testing (95831, 95832, 95833, 95834) prior to the codes being deleted and has since shifted to reporting 95851. APTA requests that CMS investigate this provider.

Timeline (please list expected CPT/RUC meetings as applicable):

# AMA/Specialty Society RVS Update Committee Summary of Recommendations \*New Technology/New Services\*

### April 2017

### **Home Sleep Apnea Testing**

CPT codes 95800, 95801 and 95806 were flagged for CPT 2011 and reviewed at the October 2014 Relativity Assessment Workgroup meeting. Due to rapid growth in service volume, the RUC recommended that these services be review after two more years of Medicare utilization data (2014 and 2015 data). In October 2016, the RUC recommended that these services be resurveyed for physician work and practice expense for April 2017.

# 95800 Sleep study, unattended, simultaneous recording; heart rate, oxygen saturation, respiratory analysis (eg, by airflow or peripheral arterial tone), and sleep time

The RUC reviewed the survey results from 179 physicians and determined that the survey's 25<sup>th</sup> percentile and work RVU of 1.00 appropriately accounts for the work required to perform this service. The primary difference between sleep study 95800 compared to 95801 is that 95800 includes sleep time assessment. The specialty society noted and the RUC agreed that the intra-service time decreased by 5 minutes due to improved efficiency by the sleep specialists. Physicians are now more familiar with home sleep apnea testing and the new survey time and work RVUs are more reflective of this family of services. Therefore, the RUC is recommending a lower work RVU than the current. The RUC recommends 6 minutes pre-service time, 15 minutes intra-service time and 10 minutes immediate post-service time.

The RUC compared the surveyed code to the top key reference code 95805 Multiple sleep latency or maintenance of wakefulness testing, recording, analysis and interpretation of physiological measurements of sleep during multiple trials to assess sleepiness (work RVU = 1.20 and 20 minutes intra-service time) and noted that the surveyed code requires slightly less physician work and time and the median survey response indicated the overall intensity and complexity was identical between these two services, therefore, the surveyed code is valued appropriately less. The RUC also referenced similar service 95907 Nerve conduction studies; 1-2 studies (work RVU = 1.00 and 15 minutes intra-service time), which requires the same physician work and time to perform. The RUC recommends a work RVU of 1.00 for CPT code 95800.

# 95801 Sleep study, unattended, simultaneous recording; minimum of heart rate, oxygen saturation, and respiratory analysis (eg, by airflow or peripheral arterial tone)

The RUC reviewed the survey results from 141 physicians and determined that the survey's 25<sup>th</sup> percentile and work RVU of 1.00, which is also the current value, appropriately accounts for the work required to perform this service. The primary difference between this service and 95800 is that 95801 does not include sleep time assessment nor respiratory effort assessment. The RUC recommends 6 minutes pre-service time, 15 minutes intra-service time and 10 minutes immediate post-service time. The RUC noted that the physician work and time is the same as 95800.

CPT five-digit codes, two-digit modifiers, and descriptions only are copyright by the American Medical Association.

The RUC compared the surveyed code to MPC code 95805 Multiple sleep latency or maintenance of wakefulness testing, recording, analysis and interpretation of physiological measurements of sleep during multiple trials to assess sleepiness (work RVU = 1.20 and 20 minutes intra-service time) and noted that the surveyed code requires less physician time and work to perform and is appropriately valued lower. The RUC also referenced similar service 95907 Nerve conduction studies; 1-2 studies (work RVU = 1.00 and 15 minutes intra-service time), which requires the same physician work and time to perform. The RUC recommends a work RVU of 1.00 for CPT code 95801. The specialty society noted that 95801 is very low volume and they believe it is obsolete and intend on discussing with CPT for possible deletion of this service.

# 95806 Sleep study, unattended, simultaneous recording of, heart rate, oxygen saturation, respiratory airflow, and respiratory effort (eg, thoracoabdominal movement)

The RUC reviewed the survey results from 324 physicians and determined that the survey respondents may have overestimated the work RVU. The specialty societies indicated and the RUC recommends a direct crosswalk to similar service 95819 *Electroencephalogram (EEG); including recording awake and asleep* (work RVU = 1.08 and 15 minutes intra-service time), which appropriately accounts for the work required to perform this service. The respondents indicated that the intra-service time is 15 minutes which is a 10 minute decrease from the current time. The specialties indicated that this service was new the last time it was surveyed and is currently being re-reviewed via identification of the new technology/new services list. The specialty societies indicated that the existing times are likely an overestimate due to the lack of experience providing these then new services in April 2010. Physicians are now more familiar with home sleep apnea testing and the new survey times are more reflective of this family of services. The RUC also noted that the two previous work RVU recommendations for this service were not accepted by CMS and subsequently decreased; however, the survey times were accepted. Thus, an incorrect correlation is suggested when comparing physician work RVU and times between the 2010 survey data to the current survey data and recommended work RVU.

The RUC recommends 6 minutes of pre-service time, 15 minutes intra-service time and 10 minutes immediate post-service time. The specialty societies noted and the RUC agreed that CPT code 95806 is more intense and complex than 95800 and 95801 because the inclusion of respiratory effort assessment. Respiratory effort is evaluated to differentiate obstructive versus central respiratory events. Specifically, data from respiratory belts are evaluated for degree of effort, paradoxical breathing, and cardiac oscillations, throughout entire recording period which results in greater intensity and requires more physician work to monitor. Thus, the RUC supported a slightly higher work RVU for 95806 compared to 95800 and 95801.

For additional support, the RUC compared the surveyed code to similar service 93283 *Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; dual lead transvenous implantable defibrillator system (work RVU = 1.15 and 15 minutes intra-service time) and 72125 <i>Computed tomography, cervical spine; without contrast material* (work RVU = 1.07 and 15 minutes intra-service time). **The RUC recommends a work RVU of 1.08 for CPT code 95806.** 

#### **Practice Expense**

The RUC recommends the direct practice expense recommendations as submitted by the specialty societies without modification.

#### **Work Neutrality**

The RUC's recommendation for these codes will result in an overall work savings that should be redistributed back to the Medicare conversion factor.

CPT Code	CPT Descriptor	Global Period	Work RVU Recommendation
95800	Sleep study, unattended, simultaneous recording; heart rate, oxygen saturation, respiratory analysis (eg, by airflow or peripheral arterial tone), and sleep time	XXX	1.00
95801	Sleep study, unattended, simultaneous recording; minimum of heart rate, oxygen saturation, and respiratory analysis (eg, by airflow or peripheral arterial tone)	XXX	1.00 (No Change)
95806	Sleep study, unattended, simultaneous recording of, heart rate, oxygen saturation, respiratory airflow, and respiratory effort (eg, thoracoabdominal movement)	XXX	1.08

### AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS SUMMARY OF RECOMMENDATION

CPT Code:95800 Tracking Number Original Specialty Recommended RVU: **1.00** 

Presented Recommended RVU: 1.00

Global Period: XXX Current Work RVU: 1.05 RUC Recommended RVU: 1.00

CPT Descriptor: Sleep study, unattended, simultaneous recording; heart rate, oxygen saturation, respiratory analysis (eg, by airflow or peripheral arterial tone), and sleep time

#### CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: An adult patient complains of snoring, witnessed apneas, and daytime sleepiness. An unattended sleep study (home sleep apnea test with sleep time assessment and respiratory events based on airflow or peripheral arterial tone) is 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%

Description of Pre-Service Work: Reviews unattended sleep study (home sleep apnea test) request from ordering clinician. Evaluates the clinical scenario which includes reviewing the health records, referring physician documentation, past medical history, medications, and previous cardiopulmonary testing. Determines the type of home sleep apnea test to be performed. Provides information to the technologist for the proper set-up of the equipment and corresponding patient instructions.

Description of Intra-Service Work: Reviews all technologist notes regarding set-up and processing of the home sleep apnea test. Opens the sleep recording and reviews the recording, epoch-by-epoch (epoch is typically 30 seconds at a time). Assesses adequate recording time, technical quality, signal quality, respiratory events based on airflow or peripheral arterial tone, oxygen saturation, heart rate, and sleep position. To optimize the assessment of sleep time, analysis start-time and stop-time are adjusted when necessary to limit the inclusion of suspected wake periods or suboptimal signals into the analysis period. Modifying the sleep record scoring when necessary. Correlate findings with patient's clinical history and comparing to previous sleep studies. Reviews patient's post-study feedback. Considers all elements in medical decision-making to complete the interpretation.

Description of Post-Service Work: Completes an interpretation of the data, and enters the formal interpretive report into the health records. Communicates test results to the patient and the referring clinician.

#### **SURVEY DATA**

RUC Meeting Dat	UC Meeting Date (mm/yyyy) 04/2017						
Presenter(s):		ng, MD; Fariha Iicolacakis, MD		<u> </u>		r, MD; Kevin	L. Kovitz,
Specialty(s):		ademy of Slee nest Physicians				Neurology, A	merican
CPT Code:	95800						
Sample Size:	5878 F	Resp N:	179	Respo	onse: 3.0 %		
Description of Sample:	The joint soc	ieties each sel	ected rand	om samples	of their resp	ective memb	erships.
			Low	25 <sup>th</sup> pctl	Median*	75th pctl	<u>High</u>
Service Performance Rate			0.00	5.00	25.00	100.00	1500.00
Survey RVW:			0.00	1.00	1.25	1.63	20.00
Pre-Service Evaluation Time:					6.00		
Pre-Service Position	oning Time:				0.00		
Pre-Service Scrub	, Dress, Wait T	ime:			0.00		
Intra-Service Tim	ne:		0.00	10.00	15.00	20.00	60.00
Immediate Post	Service-Time	: <u>10.00</u>					
Post Operative V	<u>/isits</u>	Total Min**	CPT Cod	e and Num	ber of Visit	<u>s</u>	
Critical Care time	e/visit(s):	0.00	99291x <b>0</b>	. <b>00</b> 99292	2x <b>0.00</b>		
Other Hospital ti	me/visit(s):	0.00	99231x <b>0</b>	. <b>00</b> 99232	2x <b>0.00</b> 99	9233x <b>0.00</b>	
Discharge Day N	lgmt:	0.00	99238x <b>0.00</b> 99239x <b>0.00</b> 99217x <b>0.00</b>				
Office time/visit(	s):	0.00	99211x <b>0.00</b> 12x <b>0.00</b> 13x <b>0.00</b> 14x <b>0.00</b> 15x <b>0.00</b>				
Prolonged Service	ces:	0.00	99354x <b>0.00</b> 55x <b>0.00</b> 56x <b>0.00</b> 57x <b>0.00</b>				
Sub Obs Care:		0.00	99224x <b>0</b>	). <b>00</b> 99225	5x <b>0.00</b> 9	9226x <b>0.00</b>	

<sup>\*\*</sup>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 <u>pre</u>-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

CPT Code:	95800	Recommended Phys	Recommended Physician Work RVU: 1.00						
		Specialty Recommended Pre- Service Time	Specialty Recommended Pre Time Package	Adjustments/Recommended Pre-Service Time					
Pre-Service Evaluation	Time:	6.00	0.00	6.00					
Pre-Service Positionin	g Time:	0.00	0.00	0.00					
Pre-Service Scrub, Dre	ss, Wait Time:	0.00	0.00	0.00					
Intra-Service Time:		15.00							

Please, pick the <u>post</u>-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

XXX Global Code

	Specialty Recommended Post-Service Time	Recommended	Adjustments/Recommended Post-Service Time
Immediate Post Service-Time:	10.00	0.00	10.00

Post-Operative Visits	Total Min**	CPT Code and Number of Visits				
Critical Care time/visit(s):	<u>0.00</u>	99291x <b>0.00</b> 99292x <b>0.00</b>				
Other Hospital time/visit(s):	0.00	99231x <b>0.00</b> 99232x <b>0.00</b> 99233x <b>0.00</b>				
Discharge Day Mgmt:	0.00	99238x <b>0.0</b> 99239x <b>0.0</b> 99217x <b>0.00</b>				
Office time/visit(s):	0.00	99211x <b>0.00</b> 12x <b>0.00</b> 13x <b>0.00</b> 14x <b>0.00</b> 15x <b>0.00</b>				
Prolonged Services:	0.00	99354x <b>0.00</b> 55x <b>0.00</b> 56x <b>0.00</b> 57x <b>0.00</b>				
Sub Obs Care:	0.00	99224x <b>0.00</b> 99225x <b>0.00</b> 99226x <b>0.00</b>				

#### **Modifier -51 Exempt Status**

Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

#### **New Technology/Service:**

Is this new/revised procedure considered to be a new technology or service? No

#### TOP KEY REFERENCE SERVICE:

Key CPT Code 95805

Global XXX Work RVU 1.20

Time Source **RUC Time** 

CPT Descriptor Multiple sleep latency or maintenance of wakefulness testing, recording, analysis and interpretation of physiological measurements of sleep during multiple trials to assess sleepiness

#### SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code 99213

Global XXX Work RVU

Time Source **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 physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity. Typically, 15 minutes are spent face-toface with the patient and/or family

#### **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

99213

Global Work RVU XXX 0.97 Time Source **RUC Time** 

Most Recent Medicare Utilization 99,675,084

CPT Descriptor 1 Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: An expanded problem focused history; An expanded problem focused examination; Medical decision making of low complexity. Counseling and coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity. Typically, 15 minutes are spent face-to-face with the patient and/or family.

Most Recent

MPC CPT Code 2 <u>Global</u> XXX 95819

Work RVU Time Source 1.08

**RUC Time** 

**Medicare Utilization** 242,119

<u>CPT Descriptor 2</u> Electroencephalogram (EEG); including recording awake and asleep

Other Reference CPT Code 95907

Global XXX

Work RVU 1.00

Time Source **RUC Time** 

#### RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.

Number of respondents who choose Top Key Reference Code:	34	% of respondents: 18.9 %

Number of respondents who choose 2<sup>nd</sup> Key Reference Code: 27 % of respondents: 15.0 %

TIME ESTIMATES (Median)	<b>CPT Code:</b> 95800	Top Key Reference CPT Code: 95805	2nd Key Reference CPT Code: 99213
Median Pre-Service Time	6.00	15.00	3.00
Median Intra-Service Time	15.00	20.00	15.00
Median Immediate Post-service Time	10.00	15.00	5.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	31.00	50.00	23.00
Other time if appropriate			

#### INTENSITY/COMPLEXITY MEASURES

(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

<b>Top Key Reference Code</b>	Much Less	Somewhat Less	<u>Identical</u>	Somewhat More	Much More
Overall intensity/complexity	3%	9%	47%	29%	12%

Mental Effort and Judgment	<u>Less</u>	<b>Identical</b>	<u>More</u>
The number of possible diagnosis and/or the number of management options that must be considered	24%	41%	35%
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	18%	50%	32%

				CPT C	ode: 95800
Urgency of medical decision making	12%	65%	24%		
Technical Skill/Physical Effort  Technical skill required	<u>Less</u>	Identical 56%	<u>More</u> 26%	]	
Physical effort required	9%	79%	12%	]	
Psychological Stress	<u>Less</u>	<b>Identical</b>	<b>More</b>		
The risk of significant complications, morbidity and/or mortality	3%	59%	38%		
Outcome depends on the skill and judgment of physician	6%	76%	18%	]	
Estimated risk of malpractice suit with poor outcome	6%	59%	35%		
2nd Key Reference Code	Much Less	Somewhat Less	<u>Identical</u>	Somewhat More	Much More
Overall intensity/complexity	0%	19%	62%	19%	0%

<b>2nd Key Reference Code</b>	Much Less	Somewhat Less	<u>Identical</u>	<u>S</u>
Overall intensity/complexity	0%	19%	62%	
Mental Effort and Judgment	Less	<u>Identical</u>	More	
The number of possible diagnosis and/or the number of management options that must be considered	56%	37%	7%	
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	25%	56%	19%	
Urgency of medical decision making	30%	48%	22%	]
Technical Skill/Physical Effort	<u>Less</u>	<u>Identical</u>	More	
Technical skill required	22%	37%	41%	]
Physical effort required	44%	52%	4%	
<u>Psychological Stress</u>	<u>Less</u>	<u>Identical</u>	More	
The risk of significant complications, morbidity	37%	44%	19%	]

11%

44%

56%

45%

33%

11%

and/or mortality

physician

outcome

Outcome depends on the skill and judgment of

Estimated risk of malpractice suit with poor

#### Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.* 

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

#### **Background**

In 2005, the AMA RUC began the process of flagging services that represent new technology or new services. These services were flagged for CPT 2011 and reviewed at the October 2014 Relativity Assessment Workgroup meeting. Due to rapid growth in service volume, review after 2 more years of Medicare utilization data (2014 and 2015 data), October 2016 was recommended. In October 2016, the RAW Workgroup recommended that the family 95800, 95801 and 95806 be resurveyed for physician work and practice expense for April 2017. The joint societies the American Academy of Sleep Medicine (AASM), American Thoracic Society (ATS), the American College of CHEST Physicians (CHEST) and the Academy of Neurology (AAN) conducted random survey of the three codes in a single survey link to their members.

## 95800 Sleep study, unattended, simultaneous recording; heart rate, oxygen saturation, respiratory analysis (eg, by airflow or peripheral arterial tone), and sleep time

A joint AASM, ATS, CHEST and AAN RVS panel (AASM/ATS/CHEST/AAN) reviewed and discussed the survey results. Ninety-three percent of the survey respondents stated that the vignette was typical. The AASM/ATS/CHEST/AAN panel was pleased that there were 179 responses to the survey request. The survey performance rate median of 25 studies per year among the 179 respondents is a reasonable rate given this is a relatively low volume procedure.

#### **Time Discussion**

The AASM/ATS/CHEST/AAN panel agreed that the survey physician median times of 6 minutes pre-service, 15 minutes intra time and 10 minutes' post-service accurately reflect the time required to perform this service. We compared to the current times of 15 minutes pre-service, 20 minutes intra service and 15 post and believe that those times were likely overestimates due to providers' lack of experience with the new services at that time. This HSAT family has become more familiar with our members and we believe this updated survey time is generally reflective of these services. Therefore, we selected pre-service XXX global package and adjusted the time to our recommended minutes from the survey median times.

#### **RVW Discussion**

The AASM/ATS/CHEST/AAN panel reviewed the RVWs for the family of three new codes and the survey results reviewing the rank order in general. The AASM/ATS/CHEST/AAN panel discussed compelling evidence arguments to support the survey median versus the 25<sup>th</sup> percentile results They observed that the 25<sup>th</sup> percentile correctly captured the relativity between the procedures in the family. These codes were surveyed in response to the RAW request, but we believe these procedures have not fundamentally changed over the years, rather our members have a better understanding of the services. As there was insufficient compelling evidence for higher values for 95800 or the family of HSAT codes we are compelled to recommend accepting the 25<sup>th</sup> percentile which is slightly lower than the current value.

The two key reference services for 95800 were 95805 (34 responses) and 99213 (27 responses). Additionally, we compared 95800 to a MPC codes CPT 99213 and CPT 95819 all detailed in the table below. We believe, these procedures are generally comparable in intensity and complexity which was supported by the survey participants as they did rank them mostly as identical to the two key reference codes chosen. The AASM/ATS/CHEST/AAN panel would agree that 95800 is ranked appropriately at the 25<sup>th</sup> percentile of the survey.

Below is a table of other codes supportive to our recommendation:

СРТ	Description Short	RVW	Pre	Intra	Post	Total
95251	Gluc Monitor Cont Phy I&R	0.85		30		30
95921	autonomic nrv parasym Inerv	0.90	8	15	10	33
99213	E/M OP Visit typical 15 min.	0.97	3	15	5	23
MPC- &						
Key 2						
95800	Sleep Study unattended	1.00	6	15	10	31
SVY code						
95907	NVR CNDT TST; 1-2 studies	1.00	10	15	10	35
94004	VENT MGT Per Day NF	1.00	10	15	10	35
95819	EEG awake and asleep	1.08	5	15	6	26
MPC						

In summary, we recommend a RVW of 1.00 for 95800 with a pre-service time 6 minutes' intra-service time 15 minutes and post-service time 10 minutes, total time 31 minutes.

#### SERVICES REPORTED WITH MULTIPLE CPT CODES

1.		code typically reported on the same date with other CPT codes? If yes, please respond to the ring questions: No
	Why i	s the procedure reported using multiple codes instead of just one code? (Check all that apply.)
		The surveyed code is an add-on code or a base code expected to be reported with an add-on code. Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
		Multiple codes allow flexibility to describe exactly what components the procedure included.  Multiple codes are used to maintain consistency with similar codes.  Historical precedents.  Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

#### FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 95800

How often do physicians <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 Pulmonary How often? Sometimes

Specialty Internal Medicine How often? Sometimes

Specialty Cardiology How often? Sometimes

Estimate the number of times this service might be provided nationally in a one-year period? 40000 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. 2015 Medicare claims data x 3

Specialty Pulmonary Frequency 12800 Percentage 32.00 %

Specialty Internal Medicine Frequency 6200 Percentage 15.50 %

Specialty Cardiology Frequency 4500 Percentage 11.25 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 12,882 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. 2015 Medicare claims

Specialty Pulmonary Frequency 4122 Percentage 31.99 %

Specialty Internal Medicine Frequency 1997 Percentage 15.50 %

Specialty Cardiology Frequency 1417 Percentage 10.99 %

Do many physicians perform this service across the United States? Yes

#### Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:

Tests

**BETOS Sub-classification:** 

Other tests

BETOS Sub-classification Level II:

Other

#### **Professional Liability Insurance Information (PLI)**

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 95800

If this code is a new/revised code or an existing code in which the specialty utilization mix <u>will</u> change, please select another crosswalk based on a similar specialty mix.

### AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS SUMMARY OF RECOMMENDATION

CPT Code:95801 Tracking Number Original Specialty Recommended RVU: **1.00** 

Presented Recommended RVU: 1.00
RUC Recommended RVU: 1.00

Global Period: XXX Current Work RVU: 1.00 RUC Recommended RVU: 1.00

CPT Descriptor: Sleep study, unattended, simultaneous recording; minimum of heart rate, oxygen saturation, and respiratory analysis (eg, by airflow or peripheral arterial tone

#### CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: An adult patient complains of snoring, witnessed apneas, and daytime sleepiness. An unattended sleep study (home sleep apnea test with respiratory events based on airflow or peripheral arterial tone) is 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%

Description of Pre-Service Work: Reviews unattended sleep study (home sleep apnea test) request from ordering clinician. Evaluates the clinical scenario which includes reviewing the health records, referring physician documentation, past medical history, medications, and previous cardiopulmonary testing. Determines the type of home sleep apnea test to be performed. Provides information to the technologist for the proper set-up of the equipment and corresponding patient instructions.

Description of Intra-Service Work: Reviews all technologist notes regarding set-up and processing of the home sleep apnea test. Opens the sleep recording and reviews the recording, epoch-by-epoch (epoch is typically 30 seconds at a time). Assesses adequate recording time, technical quality, signal quality, respiratory events based on airflow or peripheral arterial tone, oxygen saturation, heart rate, and sleep position. Modifies the sleep record scoring when necessary. Correlate findings with patient's clinical history and comparing to previous sleep studies. Reviews patient's post-study feedback. Considers all elements in medical decision-making to complete the interpretation.

Description of Post-Service Work: Completes an interpretation of the data, and enters the formal interpretive report into the health records. Communicates test results to the patient and the referring clinician.

#### **SURVEY DATA**

RUC Meeting Da	te (mm/yyyy)	04/2017					
Presenter(s):	Presenter(s): Dennis Hwang, MD; Fariha Abbasi-Feinberg, MD; Kevin Kerber, MD; Kevin L. Kovitz, MD; Katina Nicolacakis, MD; and Omar Hussain, MD						
Specialty(s):	American Academy of Sleep Medicine, American Academy of Neurology, American College of Chest Physicians, and American Thoracic Society						
CPT Code:	95801	95801					
Sample Size:	5878 <b>F</b>	Resp N:	141	Respo	onse: 2.3 %		
Description of Sample:	The joint societies each selected random samples of their respective memberships.						
			Low	25 <sup>th</sup> pctl	Median*	75th pctl	<u>High</u>
Service Perform	ance Rate		0.00	0.00	10.00	50.00	1000.00
Survey RVW:			0.00	1.00	1.30	1.60	10.00
Pre-Service Evaluation Time:					6.00		
Pre-Service Positioning Time:					0.00		
Pre-Service Scrub	, Dress, Wait T	ime:			0.00		
Intra-Service Tir	ne:		0.00	10.00	15.00	20.00	60.00
Immediate Post	Service-Time:	10.00					
Post Operative	<u> Visits</u>	Total Min**	CPT Cod	e and Num	ber of Visit	s	
Critical Care tim	e/visit(s):	0.00	99291x <b>0</b>	). <b>00</b> 99292	2x <b>0.00</b>		
Other Hospital t	Other Hospital time/visit(s): 0.00 99231x 0.00 99232x 0.00 99233x 0.00						
Discharge Day I	/lgmt:	0.00	<u>0.00</u> 99238x <b>0.00</b> 99239x <b>0.00</b> 99217x <b>0.00</b>				
Office time/visit	(s):	0.00	99211x <b>0.00</b> 12x <b>0.00</b> 13x <b>0.00</b> 14x <b>0.00</b> 15x <b>0.00</b>				
Prolonged Servi	ces:	0.00	99354x <b>0.00</b> 55x <b>0.00</b> 56x <b>0.00</b> 57x <b>0.00</b>				
Sub Obs Care:		0.00	99224x <b>0</b>	0.00 99225	5x <b>0.00</b> 9	9226x <b>0.00</b>	

<sup>\*\*</sup>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 <u>pre</u>-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

CPT Code:	95801	Recommended Physician Work RVU: 1.00					
	,	Specialty Recommended Pre- Service Time	Specialty Recommended Pre Time Package	Adjustments/Recommended Pre-Service Time			
Pre-Service Evaluation Time:		6.00	0.00	6.00			
Pre-Service Positioning Time:		0.00	0.00	0.00			
Pre-Service Scrub, Dress, Wait Time:		0.00	0.00	0.00			
Intra-Service Tim	ne:	15.00		1			

Please, pick the <u>post</u>-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

XXX Global Code

Specialty Recommended Post-Service Time		Specialty Recommended Post Time Package	Adjustments/Recommended Post-Service Time
Immediate Post Service-Time:	10.00	0.00	10.00

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	0.00	99291x <b>0.00</b> 99292x <b>0.00</b>
Other Hospital time/visit(s):	0.00	99231x <b>0.00</b> 99232x <b>0.00</b> 99233x <b>0.00</b>
Discharge Day Mgmt:	0.00	99238x <b>0.0</b> 99239x <b>0.0</b> 99217x <b>0.00</b>
Office time/visit(s):	0.00	99211x <b>0.00</b> 12x <b>0.00</b> 13x <b>0.00</b> 14x <b>0.00</b> 15x <b>0.00</b>
Prolonged Services:	0.00	99354x <b>0.00</b> 55x <b>0.00</b> 56x <b>0.00</b> 57x <b>0.00</b>
Sub Obs Care:	0.00	99224x <b>0.00</b> 99225x <b>0.00</b> 99226x <b>0.00</b>

#### **Modifier -51 Exempt Status**

Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

#### **New Technology/Service:**

Is this new/revised procedure considered to be a new technology or service? No

#### TOP KEY REFERENCE SERVICE:

Key CPT Code 95805

Global XXX Work RVU 1.20

Time Source **RUC Time** 

CPT Descriptor Multiple sleep latency or maintenance of wakefulness testing, recording, analysis and interpretation of physiological measurements of sleep during multiple trials to assess sleepiness

#### SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code 99213

Global XXX Work RVU

Time Source **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 physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity. Typically, 15 minutes are spent face-toface with the patient and/or family

#### **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

99213

Global Work RVU XXX 0.97 Time Source **RUC Time** 

Most Recent Medicare Utilization 99,675,084

<u>CPT Descriptor 1</u> Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: An expanded problem focused history; An expanded problem focused examination; Medical decision making of low complexity. Counseling and coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity. Typically, 15 minutes are spent face-to-face with the patient and/or family

Most Recent

MPC CPT Code 2 Work RVU Time Source **Medicare Utilization** <u>Global</u> XXX 1.08 95819 **RUC Time** 

242,119

<u>CPT Descriptor 2</u> Electroencephalogram (EEG); including recording awake and asleep

Other Reference CPT Code 95907

Global XXX

Work RVU 1.00

Time Source **RUC Time** 

% of respondents: 21.2 %

#### RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.

Number of respondents who choose Top Key Reference Code: 30 Number of respondents who choose 2<sup>nd</sup> Key Reference Code: 24 % of respondents: 17.0 %

TIME ESTIMATES (Median)	<b>CPT Code:</b> <u>95801</u>	Top Key Reference CPT Code: 95805	2nd Key Reference CPT Code: <u>99213</u>
Median Pre-Service Time	6.00	15.00	3.00
Median Intra-Service Time	15.00	20.00	15.00
Median Immediate Post-service Time	10.00	15.00	5.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	31.00	50.00	23.00
Other time if appropriate			

#### INTENSITY/COMPLEXITY MEASURES

(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

<b>Top Key Reference Code</b>	Much Less	Somewhat Less	<u>Identical</u>	Somewhat More	Much More
Overall intensity/complexity	0%	10%	50%	27%	13%

Mental Effort and Judgment	<u>Less</u>	<u>Identical</u>	<u>More</u>
The number of possible diagnosis and/or the	20%	47%	33%
number of management options that must be considered			
The amount and/or complexity of medical records, diagnostic tests, and/or other information that	20%	53%	27%
must be reviewed and analyzed			

13%

0%

		, <sub>(</sub>	1	CPT Co	ode: 95801
Urgency of medical decision making	13%	60%	27%		
Technical Skill/Physical Effort	<u>Less</u>	<u>Identical</u>	<u>More</u>		
Technical skill required	10%	63%	27%		
Physical effort required	7%	70%	23%	]	
Psychological Stress	<u>Less</u>	<b>Identical</b>	<b>More</b>		
The risk of significant complications, morbidity and/or mortality	7%	53%	40%		
Outcome depends on the skill and judgment of physician	3%	77%	20%	]	
Estimated risk of malpractice suit with poor outcome	10%	53%	37%	]	
<b>2nd Key Reference Code</b>	Much Less	Somewhat <u>Less</u>	<u>Identical</u>	Somewhat More	Much More

<b>2nd Key Reference Code</b>	Much Less	Somewhat Less	<u>Identical</u>	<u>S</u>
Overall intensity/complexity	0%	21%	67%	
Mental Effort and Judgment	<u>Less</u>	<u>Identical</u>	<u>More</u>	
The number of possible diagnosis and/or the	41%	42%	17%	
number of management options that must be considered				
The amount and/or complexity of medical records,	20%	42%	38%	]
diagnostic tests, and/or other information that must be reviewed and analyzed				_
Urgency of medical decision making	25%	58%	17%	7
			- I	_
Technical Skill/Physical Effort	<u>Less</u>	<b>Identical</b>	More	
Technical skill required	17%	29%	54%	
Physical effort required	20%	63%	17%	
<u>Psychological Stress</u>	<u>Less</u>	<b>Identical</b>	<b>More</b>	
The risk of significant complications, morbidity and/or mortality	29%	42%	29%	
Outcome depends on the skill and judgment of physician	16%	42%	42%	
Technical Skill/Physical Effort  Technical skill required  Physical effort required  Psychological Stress  The risk of significant complications, morbidity and/or mortality  Outcome depends on the skill and judgment of	Less 20% Less 29%	Identical   29%	More 54%  17%  More 29%	

29%

54%

17%

Estimated risk of malpractice suit with poor

outcome

#### Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.* 

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

#### Background

In 2005, the AMA RUC began the process of flagging services that represent new technology or new services. These services were flagged for CPT 2011 and reviewed at the October 2014 Relativity Assessment Workgroup meeting. Due to rapid growth in service volume, review after 2 more years of Medicare utilization data (2014 and 2015 data), October 2016 was recommended. In October 2016, the RAW Workgroup recommended that the family 95800, 95801 and 95806 be resurveyed for physician work and practice expense for April 2017. The joint societies the American Academy of Sleep Medicine (AASM), American Thoracic Society (ATS), the American College of CHEST Physicians (CHEST) and the Academy of Neurology (AAN) conducted random survey of the three codes in a single survey link to their members.

# 95801 Sleep study, unattended, simultaneous recording; minimum of heart rate, oxygen saturation, and respiratory analysis (eg, by airflow or peripheral arterial tone)

A joint AASM, ATS, CHEST and AAN RVS panel (AASM/ATS/CHEST/AAN) reviewed and discussed the survey results. Ninety-two percent of the survey respondents stated that the vignette was typical. The AASM/ATS/CHEST/AAN panel was pleased that there were 141 responses to the survey request. The survey performance rate median of 10 studies per year among the 141 respondents is a reasonable rate given this is a relatively low volume procedure.

#### **Time Discussion**

The AASM/ATS/CHEST/AAN panel agreed that the survey physician median times of 7 minutes pre-service, 15 minutes intra time and 10 minutes' post-service reflect the time required to perform this service. We believe that the extra minute in pre-time is more likely due to statistics in that this code has a lower number of survey respondents, rather than a real need for one additional minute in the pre-service time compared to the other two survey codes. However, we were not comfortable with changing the survey times as the standard for RUC is to accept the median survey. We compared to the current times of 10 minutes pre-service, 15 minutes intra service and 15 post and believe as noted in 95801, that those times were likely overestimates due to providers' lack of experience with the new services. This HSAT family has become more familiar with our members and we believe this updated survey time is generally reflective of these services. Therefore, we selected pre-service XXX global package and adjusted the time to our recommended minutes from the survey median times.

#### **RVW Discussion**

The AASM/ATS/CHEST/AAN panel reviewed the RVWs for the family of three new codes and the survey results reviewing the rank order in general. The AASM/ATS/CHEST/AAN panel discussed compelling evidence arguments to support the survey median versus the 25<sup>th</sup> percentile results They observed that the 25<sup>th</sup> percentile correctly captured the relativity between the procedures in the family. These codes were surveyed in response to the RAW request, but we believe these procedures have not fundamentally changed over the years, rather our members have a better understanding of the services. As there was insufficient compelling

evidence for higher values for 95801 or the family of HSAT codes we are compelled to recommend accepting the 25<sup>th</sup> percentile which is consistent with the current value.

The two key reference services for 95801 were 95805 (30 responses) and 99213 (24 responses). Additionally, we compared 95801 to a MPC codes CPT 99213 and CPT 95819 all detailed in the table below. We believe, these procedures are generally comparable in intensity and complexity which was supported by the survey participants as they did rank them mostly as identical to the two key reference codes chosen. The AASM/ATS/CHEST/AAN panel would agree that 95801 is ranked appropriately at the 25<sup>th</sup> percentile of the survey.

Below is a table of other codes supportive to our recommendation:

СРТ	Description Short	RVW	Pre	Intra	Post	Total
95251	Gluc Monitor Cont Phy I&R	0.85		30		30
95921	autonomic nrv parasym Inerv	0.90	8	15	10	33
99213	E/M OP Visit typical 15 min.	0.97	3	15	5	23
MPC- &						
Key 2						
95801	Sleep Study unattended w/anal	1.00	7	15	10	32
<b>SVY code</b>						
95907	NVR CNDT TST; 1-2 studies	1.00	10	15	10	35
94004	VENT MGT Per Day NF	1.00	10	15	10	35
95819	EEG awake and asleep	1.08	5	15	6	26
MPC						

In summary, we recommend a RVW of 1.00 for 95801 with a pre-service time 7 minutes, intra-service time 15 minutes and post-service time 10 minutes, total time 32 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 i	s 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) 95801

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 Pulmonary How often? Sometimes

Specialty Internal Medicine How often? Sometimes

Specialty Neurology How often? Sometimes

Estimate the number of times this service might be provided nationally in a one-year period? 2600 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. 2015 Medicare claims x 3

Specialty Pulmonary Frequency 1110 Percentage 42.69 %

Specialty Internal Medicine Frequency 665 Percentage 25.57 %

Specialty Neurology Frequency 363 Percentage 13.96 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 860 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. 2015 Medicare claims

Specialty Pulmonary Frequency 367 Percentage 42.67 %

Specialty Internal Medicine Frequency 220 Percentage 25.58 %

Specialty Neurology Frequency 120 Percentage 13.95 %

Do many physicians perform this service across the United States? Yes

#### Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:

**Tests** 

**BETOS Sub-classification:** 

Other tests

#### **Professional Liability Insurance Information (PLI)**

If the surveyed code is an existing code and the specialty believes the specialty utilization mix  $\underline{\text{will not}}$  change, enter the surveyed existing CPT code number 95801

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: 95806 Tracking Number Original Specialty Recommended RVU: 1.15

Presented Recommended RVU: 1.08

Global Period: XXX Current Work RVU: 1.25 RUC Recommended RVU: 1.08

CPT Descriptor: Sleep study, unattended, simultaneous recording of, heart rate, oxygen saturation, respiratory airflow, and respiratory effort (eg, thoracoabdominal movement)

#### CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: An adult patient complains of snoring, witnessed apneas, and daytime sleepiness. An unattended sleep study (home sleep apnea test with respiratory events based on airflow) is performed

Percentage of Survey Respondents who found Vignette to be Typical: 97%

#### Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0%, In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0%, Overnight stay-less than 24 hours 0%, Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Description of Pre-Service Work: Reviews unattended sleep study (home sleep apnea test) request from ordering clinician. Evaluates the clinical scenario which includes reviewing the health records, referring physician documentation, past medical history, medications, and previous cardiopulmonary testing. Determines the type of home sleep apnea test to be performed. Provides information to the technologist for the proper set-up of the equipment and corresponding patient instructions.

Description of Intra-Service Work: Reviews all technologist notes regarding set-up and processing of the home sleep apnea test. Opens the sleep recording and reviews the recording, epoch-by-epoch (epoch is typically 30 seconds at a time). Assesses adequate recording time, technical quality, signal quality, respiratory events based on airflow, oxygen saturation, heart rate, and sleep position. Respiratory effort is evaluated to differentiate obstructive versus central respiratory events. Specifically, data from respiratory belts are evaluated for degree of effort, paradoxical breathing, and cardiac oscillations, throughout entire recording period. Modifies the sleep record scoring when necessary. Correlate findings with patient's clinical history and comparing to previous sleep studies. Reviews patient's post-study feedback. Considers all elements in medical decision-making to complete the interpretation.

Description of Post-Service Work: Completes an interpretation of the data, and enters the formal interpretive report into the health records. Communicates test results to the patient and the referring clinician.

#### **SURVEY DATA**

RUC Meeting Da	ite (mm/yyyy)	04/2017					
Presenter(s):		Dennis Hwang, MD; Fariha Abbasi-Feinberg, MD; Kevin Kerber, MD; Kevin L. Kovitz, MD; Katina Nicolacakis, MD; and Omar Hussain, MD					
Specialty(s):		American Academy of Sleep Medicine, American Academy of Neurology, American College of Chest Physicians, and American Thoracic Society					
CPT Code:	95806	95806					
Sample Size:	5878 Resp N: 324 Response: 5.5 %						
Description of Sample:	The joint socie	eties each sele	ected rand	om samples	of their resp	ective memb	erships.
			Low	25 <sup>th</sup> pctl	Median*	75th pctl	<u>High</u>
Service Perform	ance Rate		0.00	50.00	100.00	250.00	2000.00
Survey RVW:			0.00	1.15	1.41	1.63	37.50
Pre-Service Evaluation Time:					6.00		
Pre-Service Posit	ioning Time:				0.00		
Pre-Service Scrub	o, Dress, Wait Ti	me:			0.00		
Intra-Service Tir	ne:		0.00	12.00	15.00	22.00	75.00
Immediate Post	Service-Time:	10.00		•	•		
Post Operative	Visits	Total Min**	CPT Cod	e and Num	ber of Visit	:s	
Critical Care tim	ne/visit(s):	0.00	99291x <b>0</b>	. <b>00</b> 99292	2x <b>0.00</b>		
Other Hospital t	ime/visit(s):	0.00	99231x <b>0</b>	. <b>00</b> 99232	2x <b>0.00</b> 9	9233x <b>0.00</b>	
Discharge Day I	Mgmt:	0.00	99238x <b>0.00</b> 99239x <b>0.00</b> 99217x <b>0.00</b>				
Office time/visit	(s):	0.00	99211x <b>0</b>	0.00 12x 0.0	<b>0</b> 13x <b>0.00</b> 1	4x <b>0.00</b> 15x	0.00
Prolonged Servi	ices:	0.00	99354x <b>0</b>	0. <b>00</b> 55x <b>0</b>	). <b>00</b> 56x 0	). <b>00</b> 57x <b>0</b> .	00
Sub Obs Care:		0.00	99224x <b>0</b>	<b>.00</b> 99225	5x <b>0.00</b> 9	9226x <b>0.00</b>	
*****		. = /8.4	, 00	004 (70) 0	0000 (00)	00004 (00)	00000 /40

<sup>\*\*</sup>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 <u>pre</u>-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

CPT Code:	95806	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:		6.00	0.00	6.00			
Pre-Service Positi	oning Time:	0.00	0.00	0.00			
Pre-Service Scrub	, Dress, Wait Time:	0.00	0.00	0.00			
Intra-Service Tin	ne:	15.00		,			

Please, pick the <u>post</u>-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

XXX Global Code

	Specialty Recommended Post-Service Time	Specialty Recommended Post Time Package	Adjustments/Recommended Post-Service Time
Immediate Post Service-Time:	10.00	0.00	10.00

Post-Operative Visits	Total Min**	CPT Code and Number of Visits				
Critical Care time/visit(s):	0.00	99291x <b>0.00</b> 99292x <b>0.00</b>				
Other Hospital time/visit(s):	<u>0.00</u>	99231x <b>0.00</b> 99232x <b>0.00</b> 99233x <b>0.00</b>				
Discharge Day Mgmt:	0.00	99238x <b>0.0</b> 99239x <b>0.0</b> 99217x <b>0.00</b>				
Office time/visit(s):	0.00	99211x <b>0.00</b> 12x <b>0.00</b> 13x <b>0.00</b> 14x <b>0.00</b> 15x <b>0.00</b>				
Prolonged Services:	0.00	99354x <b>0.00</b> 55x <b>0.00</b> 56x <b>0.00</b> 57x <b>0.00</b>				
Sub Obs Care:	0.00	99224x <b>0.00</b> 99225x <b>0.00</b> 99226x <b>0.00</b>				

#### **Modifier -51 Exempt Status**

Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

#### **New Technology/Service:**

Is this new/revised procedure considered to be a new technology or service? No

#### **TOP KEY REFERENCE SERVICE:**

Key CPT Code 95805

Global XXX Work RVU 1.20 Time Source
RUC Time

<u>CPT Descriptor</u> Multiple sleep latency or maintenance of wakefulness testing, recording, analysis and interpretation of physiological measurements of sleep during multiple trials to assess sleepiness

#### SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code 99214 Global XXX Work RVU

Time Source
RUC Time

<u>CPT Descriptor</u> Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A detailed history; A detailed examination; Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 25 minutes are spent face-to-face with the patient and/or family

#### **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

99213

Global Work RVU XXX 0.97

VU Time Source 0.97 RUC Time Most Recent Medicare Utilization 99,675,084

<u>CPT Descriptor 1</u> Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: An expanded problem focused history; An expanded problem focused examination; Medical decision making of low complexity. Counseling and coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity. Typically, 15 minutes are spent face-to-face with the patient and/or family.

Most Recent

MPC CPT Code 2 99203 Global XXX Work RVU Time Source
1.42 RUC Time

Medicare Utilization 10,925,489

<u>CPT Descriptor 2</u> Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: A detailed history; A detailed examination; Medical decision making of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided

consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate severity. Typically, 30 minutes are spent face-to-face with the patient and/or family.

Other Reference CPT Code	<u>Global</u>	Work RVU	Time Source	
93283	XXX	1.15	RUC Time	

<u>CPT Descriptor</u> Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; dual lead transvenous implantable defibrillator system

#### RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.

Number of respondents who choose Top Key Reference Code:	85	% of respondents: 26.2 %
Number of respondents who choose 2 <sup>nd</sup> Key Reference Code:	72	% of respondents: 22.2 %

TIME ESTIMATES (Median)	<b>CPT Code:</b> <u>95806</u>	Top Key Reference CPT Code: 95805	2nd Key Reference CPT Code: <u>99214</u>
Median Pre-Service Time	6.00	15.00	5.00
Median Intra-Service Time	15.00	20.00	25.00
Median Immediate Post-service Time	10.00	15.00	10.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	31.00	50.00	40.00
Other time if appropriate			_

#### INTENSITY/COMPLEXITY MEASURES

(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

<b>Top Key Reference Code</b>	Much Less	Somewhat Less	<u>Identical</u>	Somewhat More	Much More
Overall intensity/complexity	0%	14%	44%	35%	7%

3.5	-		3.5
Mental Effort and Judgment	<u>Less</u>	<u>Identical</u>	<u>More</u>
The number of possible diagnosis and/or the	18%	38%	44%
number of management options that must be considered			
The amount and/or complexity of medical records,	26%	49%	25%
diagnostic tests, and/or other information that must be reviewed and analyzed			
Urgency of medical decision making	5%	61%	34%
Technical Skill/Physical Effort	Less	<u>Identical</u>	<u>More</u>
Technical skill required	22%	60%	18%
Physical effort required	6%	81%	13%
<u>Psychological Stress</u>	<u>Less</u>	<b>Identical</b>	More
The risk of significant complications, morbidity and/or mortality	6%	53%	41%
and/or mortanty			
Outcome depends on the skill and judgment of physician	15%	64%	21%
Estimated risk of malpractice suit with poor	15%	57%	28%
outcome	1070	2,70	2070

<b>2nd Key Reference Code</b>	<u>Much</u> <u>Less</u>	Somewhat Less	<u>Identical</u>	<u>Somewhat</u> <u>More</u>	<u>Much</u> <u>More</u>
Overall intensity/complexity	0%	4%	60%	26%	10%

Mental Effort and Judgment	<u>Less</u>	<u>Identical</u>	<b>More</b>
The number of possible diagnosis and/or the number of management options that must be considered	39%	43%	18%
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	10%	48%	42%
Urgency of medical decision making	21%	44%	35%
Technical Skill/Physical Effort	<u>Less</u>	<u>Identical</u>	<u>More</u>
Technical skill required	1%	27%	72%
Physical effort required	25%	54%	21%

Psychological Stress	<u>Less</u>	<b>Identical</b>	<b>More</b>
The risk of significant complications, morbidity and/or mortality	25%	47%	28%
Outcome depends on the skill and judgment of physician	6%	50%	44%
Estimated risk of malpractice suit with poor outcome	28%	44%	28%

#### **Additional Rationale and Comments**

Describe the process by which your specialty society reached your final recommendation. If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

#### Background

In 2005, the AMA RUC began the process of flagging services that represent new technology or new services. These services were flagged for CPT 2011 and reviewed at the October 2014 Relativity Assessment Workgroup meeting. Due to rapid growth in service volume, review after 2 more years of Medicare utilization data (2014 and 2015 data), October 2016 was recommended. In October 2016, the RAW Workgroup recommended that the family 95800, 95801 and 95806 be resurveyed for physician work and practice expense for April 2017. The joint societies the American Academy of Sleep Medicine (AASM), American Thoracic Society (ATS), the American College of CHEST Physicians (CHEST) and the Academy of Neurology (AAN) conducted random survey of the three codes in a single survey link to their members.

# 95806 Sleep study, unattended, simultaneous recording of, heart rate, oxygen saturation, respiratory airflow, and respiratory effort (eg, thoracoabdominal movement)

A joint AASM, ATS, CHEST and AAN RVS panel (AASM/ATS/CHEST/AAN) reviewed and discussed the survey results. Ninety-seven percent of the survey respondents stated that the vignette was typical. The AASM/ATS/CHEST/AAN panel was pleased that there were 324 responses to the survey request. The survey performance rate median of 100 studies per year among the 324 respondents lends support to the survey since participants clearly had experience with these services, additionally the higher performance is consistent with the volume anticipated as this is the highest volume service in the family of these three home sleep procedures.

#### **Time Discussion**

The AASM/ATS/CHEST/AAN panel agreed that the survey physician median times of 6 minutes pre-service, 15 minutes intra time and 10 minutes' post-service accurately reflect the time required to perform this service. We compared to the current times of 10 minutes pre-service, 15 minutes intra service and 15 post and believe that those times were likely overestimates due to providers' lack of experience with the new services at that time. This HSAT family has become more familiar with our members and we believe this updated survey time is

generally reflective of these services. Therefore, we selected pre-service XXX global package and adjusted the time to our recommended minutes from the survey median times.

#### **RVW Discussion**

The AASM/ATS/CHEST/AAN panel reviewed the RVWs for the family of three new codes and the survey results reviewing the rank order in general. The AASM/ATS/CHEST/AAN panel discussed compelling evidence arguments to support the survey median versus the 25<sup>th</sup> percentile results They observed that the 25<sup>th</sup> percentile correctly captured the relativity between the procedures in the family. These codes were surveyed in response to the RAW request, but we believe these procedures have not fundamentally changed over the years, rather our members have a better understanding of the services. As there was insufficient compelling evidence for higher values for 95806 or the family of HSAT codes we are compelled to recommend accepting the 25<sup>th</sup> percentile which is slightly lower than the current value.

The two key reference services for 95806 were 95805 (85 responses) and 99214 (72 responses). Additionally, we compared 95806 to a MPC Codes CPT 95819 and CPT 95805 all detailed in the table below. We believe, these procedures are generally comparable in intensity and complexity which was supported by the survey participants as they did rank them mostly as identical to the two key reference codes chosen with the except of mental effort where they ranked the survey code higher at 44% for KRC 1 CPT 95805. The AASM/ATS/CHEST/AAN panel would agree that 95806 is ranked appropriately at the 25<sup>th</sup> percentile of the survey.

Below is a table of other codes supportive to our recommendation:

СРТ	Description Short	RVW	Pre	Intra	Post	Total
99213	E/M OP Visit typical 15 min F2F	0.97	3	15	5	23
MPC						
95907	NVR CNDT TST; 1-2 studies	1.00	10	15	10	35
94004	VENT MGT Per Day NF	1.00	10	15	10	35
95819	EEG awake and asleep	1.08	5	15	6	26
MPC						
95806	Sleep std unattended&resp eff	1.15	6	15	10	31
<b>SVY</b> code						
93283	PROGRM EVAL IMPLANT DFB	1.15	8	15	10	33
	dual ld					
93284	PROGRM EVAL IMPLANT DFB	1.25	8.5	15	10	33.5
	mult ld					
95805	MULTIPLE SLEEP LATENCY TEST	1.20	15	20	15	50
MPC						
70545	MR ANGIO HEAD W/DYE	1.20	5	15	10	30
99214	E/M OP Visit typical 25 min F2F	1.50	5	25	10	40
Key 2						
and MPC						

In summary, we recommend a RVW of 1.15 for 95806 with a pre-service time 6 minutes' intra-service time 15 minutes and post-service time 10 minutes, total time 31 minutes.

1. Is this code typically following questions	•	th other CPT codes? If yes, please respond to the
Why is the procedu	re reported using multiple code	es instead of just one code? (Check all that apply.)
Different sp the physicia Multiple coo Multiple coo Historical p	ecialties work together to accorn work using different codes. des allow flexibility to describe des are used to maintain consis	pase code expected to be reported with an add-on code. Implish the procedure; each specialty codes its part of exactly what components the procedure included. Itency with similar codes.
the CPT codes, glob accounting for relev	al period, work RVUs, pre, intra vant multiple procedure reduct	where this code is reported with multiple codes. Include a, and post-time for each, summing all of these data and ion policies. If more than one physician is involved in which physician is performing and reporting each CPT code
FREQUENCY INFORMAT	ΓΙΟΝ	
How was this service previo code is reviewed) 95806	usly reported? (if unlisted code,	please ensure that the Medicare frequency for this unlisted
		? (ie. commonly, sometimes, rarely) ide information for each specialty.
Specialty Pulmonary	How often? Commo	nly
Specialty Internal Medicine	How often?	Sometimes
Specialty Neurology	How often? Sometim	nes
If the recommendation is from		tionally in a one-year period? 106000 ide the frequency and <u>percentage</u> for each specialty. Please 3
Specialty Pulmonary	Frequency 36000	Percentage 33.99 %
Specialty Internal Medicine	Frequency 18000	Percentage 16.98 %
Specialty Neurology	Frequency 10500	Percentage 9.90 %
35,000 If this is a recommend	<b>C A</b>	• Medicare patients nationally in a one-year period? ease estimate frequency and percentage for each specialty.
Specialty Pulmonary	Frequency 12000	Percentage 34.28 %
Specialty Internal Medicine	Frequency 6000	Percentage 17.14 %
Specialty Neurology	Frequency 3500	Percentage 10.00 %
Do many physicians perform	this service across the United Stat	tes? Yes

#### Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:

Tests

BETOS Sub-classification:

Other tests

BETOS Sub-classification Level II:

#### **Professional Liability Insurance Information (PLI)**

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 95806

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

**ISSUE:** Home Sleep Testing

TAB: 32 REVISED for RUC Presentation

Percent								RVW			Total	PRE-TIME		INT	RA-T	IME		IMMD	SU	RVEY	EXP	ERIEN	ICE	
Vig Typical	Source	CPT	DESC	Resp	IWPUT	MIN	25th	MED	75th	MAX	Time	EVAL	MIN	25th	MED	75th	MAX	POST	MIN	25th	MED	75th	MAX	
	Current	95800	Sleep study, unattended, simultaneous recording; heart rate, oxygen saturation, respiratory analysis (eg, by airflow or peripheral arterial tone), and sleep time		0.019			1.05			50	15			20			15						
93%	SVY Total	95800	Sleep study, unattended, simultaneous recording; heart rate, oxygen saturation, respiratory analysis (eg, by airflow or peripheral arterial tone), and sleep time	179	0.059	0.00	1.00	1.25	1.63	20.00	31	6	0	10	15	20	60	10	0	5	25	100 1	500	
	Comparitor	95907	Nerve conduction studies; 1-2 studies		0.037			1.00			35	10			15			10						
	REC RUC	95800	Sleep study, unattended, simultaneous recording; heart rate, oxygen saturation, respiratory analysis (eg, by airflow or peripheral arterial tone), and sleep time		0.043	1.00					31	6			15			10	_					
Percent						DVW		DVW		RVW		Total	DDF TIME		INT	RA-T	IME		IMMD	CIII	OVEV	EVD	ERIEN	ICE
		СРТ	DESC	D	DAVELLE	<del></del>	<b>A-</b> -11					PRE-TIME		-									_	
Vig Typical	Source	CPI		Resp	IWPUT	MIN	25th	MED	75th	MAX	Time	EVAL	MIN	25th	MED	75th	MAX	POST	MIN	25th	MED	/5th	MAX	
	Current	95801	Sleep study, unattended, simultaneous recording; minimum of heart rate, oxygen saturation, and / respiratory analysis (eg, by airflow or peripheral arterial tone)		0.029			1.00			40	10			15			15						
92%	SVY Total	95801	Sleep study, unattended, simultaneous recording; minimum of heart rate, oxygen saturation, and / respiratory analysis (eg, by airflow or peripheral arterial tone)	141	0.061	0.00	1.00	1.30	1.60	10.00	32	7	0	10	15	20	60	10	0	0	10	50 1	000	
	Comparitor	95907	Nerve conduction studies; 1-2 studies		0.037			1.00			35	10			15			10						
Societies may take to CPT REC -	REC RUC	95801	Sleep study, unattended, simultaneous recording; minimum of heart rate, oxygen saturation, and / respiratory analysis (eg, by airflow or peripheral arterial tone)		0.043	1.00		31	6			15			10									

# AMA/Specialty Society Update Process Practice Expense Summary of Recommendation (SoR) Non Facility Direct Practice Expense (PE) Inputs

#### **REVISED 4-27-2017**

#### 95800

<u>CPT Long Descriptor</u>: Sleep study, unattended, simultaneous recording; heart rate, oxygen saturation, respiratory analysis (e.g., by airflow or peripheral arterial tone), and sleep time

#### 95801

<u>CPT Long Descriptor</u>: Sleep study, unattended, simultaneous recording; minimum of heart rate, oxygen saturation, and respiratory analysis (eg, by airflow or peripheral arterial tone)

#### 95806

<u>CPT Long Descriptor</u>: Sleep study, unattended, simultaneous recording of, heart rate, oxygen saturation, respiratory airflow, and respiratory effort (eg, thoracoabdominal movement)

Global Period: XXX Meeting Date: April 2017

- 1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society RVS Committee Expert Panel:
  RUC advisors from all the participating specialty societies acted as an expert panel and met by conference call to arrive at the recommendations for direct practice expense inputs.
- 2. You must provide reference code(s) for comparison on your spreadsheet. If the code you are making recommendations on is not new, you must use the current direct PE inputs as your reference code. You can provide one additional reference code if you are required to use the current direct PE inputs. Provide an explanation for the selection of reference code(s) here: As these codes are not new we are using the existing codes and CMS values as comparison.
- 3. If you are recommending more minutes than the PE Subcommittee standards for clinical activities you must provide rationale to justify the time:

We are not recommending more minutes than any PE Standard.

4. Please provide rationale for the minutes you are recommending for clinical activities that do not have PE Subcommittee standards:

Details are provided below.

5. If you are requesting an increase over the current inputs in clinical staff time, supplies or equipment you must provide compelling evidence:

Line 51 Clean room/equipment by clinical staff (3 minutes 98500, 98501, 98508)

This line and the standard 3 minutes was added, it appears to have been inadvertently omitted at the least PE meeting and was an oversight.

The room where the patient and clinical staff were reviewing and testing the equipment is cleaned as in any other patient visit. The patient takes the equipment home for the procedure.

6. If a clinical activity in your reference code(s) is being rolled into a similar clinical activity approved by the PE Spreadsheet Update Workgroup and listed in tab 2, please explain the difference here:

7. Please describe in detail the clinical activities of your staff below:

#### Pre-Service Period Clinical Activities:

Line 13 Complete pre-service diagnostic and referral forms (3 minutes 98500, 98501, 98508)

- Prepare consent forms
- Prepare equipment responsibility form
- Prepare pre-study intake questionnaire and post-study feedback questionnaire

#### Line 16 Provide pre-service education/obtain consent (3 minutes 98500, 98501, 98508)

- Call patient to confirm appointment and provide directions/parking information.
- Provide preparatory information including; recommended attire (such as T-shirt or pajama-like clothing) appropriate for sleep for the procedures removal of nail polish or acrylic nails, and answer patient questions.
- Explain to the patient that during the appointment the patient will pick up the equipment and procedures related to the setup. This process will include the tech customizing the system for them, followed by asking the patient to perform the set up back to the tech and explain how they will start the system..

#### Service Period Clinical Activities:

#### *Pre-Service (of Service Period):*

Line 28 Greet patient, provide gowning, ensure appropriate medical records are available (3 minutes 98500, 98501, 98508)

- Greet patient, escort to exam room and ask the patient to change into recommended attire and complete the pre-study intake questionnaire.
- Review medical records and patient intake questionnaire to determine appropriate home sleep apnea testing device and programming parameters (to ensure recording during patient's sleep period)

#### Line 30 Provide education/obtain consent (3 minutes 98500, 98501, 98508)

- Brief description of the procedures for the visit which will include setting the patient up with the home sleep apnea testing device, adjusting the device components, observing the patient self-applying the device to ensure proper procedures to optimize testing success.
- Explain the consent form and equipment responsibility form, then obtain signatures.
- Advise patient to complete post-study questionnaire
- Answer patient questions.

#### Line 32 Prepare room, equipment and supplies (2 minutes 98500, 98501, 98508)

- Obtain the appropriate home sleep appea testing device and ensure that it is clean.
- Obtain a fresh set of attachable components to connect to the device. This includes a new nasal cannula, new sensors, fresh thermistor, new peripheral arterial tone probe (only for 800/801), fresh body position sensor, and clean oxygen saturation probe.
- For 95806 only—add clean set of respiratory effort belts.
- Attach components and test the main device that all components are attached properly
- Connect the device the computer via USB
- Log into the computer, open home sleep apnea testing software, and query attached device
- Enter in patient information and program device for acquisition including time parameters for testing.

#### *Intra-Service (of Service Period):*

Line 44 Perform procedure/service---NOT directly related to physician work time (15 minutes both 95800 & 95801, 20 minutes 95806)

- Position patient properly typically in a sitting upright or standing position
- Show the device and provide education regarding the purpose of the different components.
- Inspect the patient for optimal location of device and components, which finger to place the oxygen saturation probe.
- Alcohol pads are used to clean the finger and other areas on the face and body in which adhesives may be applied to secure the equipment.
- Apply the device to the patient and customize fit. This includes fitting the nasal cannula in combination with the thermistor in the proper location and tighten to prevent loosening, taping the cords to the face or cords to the wrist for peripheral arterial tone device (only 95800 and 95801), demonstrating the attachment of patient body position and snore sensors, demonstrating the attachment of oxygen saturation probe with adhesive.
  - For 95806 only—additionally requires instruction on proper application of 2 respiratory effort belts. This involves estimating proper size belts required, then fitting the patient with the belts and adjusting the belt tightness to customize the fit for each patient, and ensuring that the belts are in the correct order and at the proper location on the chest and abdomen.
- The device(s) is/are then removed and the patient is asked to demonstrate the proper self-application of the device. Corrections or additional instructions are a typical part of this process.

#### Post-Service (of Service Period):

**Line 51** Clean room/equipment by clinical staff (3 minutes 98500, 98501, 98508) This line and the standard 3 minutes was added, it appears to have been inadvertently omitted at the least PE meeting and was an oversight.

• The room where the patient and clinical staff were reviewing and testing the equipment is cleaned as in any other patient visit. The equipment is not cleaned at this time, as the patient takes the equipment home for the procedure.

#### Post-Service Period Clinical Activities:

A new standard clinical activity that would accommodate more codes, suggested as follows: Perform Procedure/Service....Not directly related to physician work that is specifically in the post-service. Line 83 would fall in this new activity with detail below.

Line 83 Daytime tech reviews and edits recording, marks artifacts, scores sleep stages, performs evaluation of physiological changes and prepares technician report (day technician). (17 minutes 98500, 98501, 98508)

- Greet patient and escort to room.
- Home sleep apnea test device is retrieved and patient identification information is verified.
- Device is inspected to ensure all components are retrieved and inspected for damage
- Tech logs into the computer and opens software
- Device is connected to the computer via USB and activates upload of sleep study data into the computer (typically requires 5 minutes). During this time, tech reviews patient's post-study questionnaire.
- Personal tech viewing montage is activated to review raw signals.
- Raw signals are adjusted for proper viewing such as adjusting signal amplitude

- Tech reviews the raw tracings and sets appropriate start and end analysis parameters, eliminates poor signals for each raw tracing from the analysis, scores respiratory events (apneas, hypopneas, periodic breathing), scores oxygen desaturation events, and scores patient movement periods.
- Sleep study report is generated and reviewed by the tech.
- Tech will prepare a report that includes tech observations after scoring the raw tracings and relevant patient feedback from the post-study questionnaire.
- Tech report is entered into the patient's electronic medical records.
- Disposable components of the home sleep apnea testing device are thrown away. Reusable items (device, oxygen probe, body position and snore sensors for 95800, 95801 only; device, oxygen probe, body position and snore sensors, and respiratory effort belts for 95806) are cleaned by wiping the equipment thoroughly with Detachol solution SG005.
- 8. Please provide granular detail regarding what the clinical staff is doing during the intra-service (of service period) clinical activity, *Assist physician or other qualified healthcare professional---directly related to physician work time* or *Perform procedure/service---NOT directly related to physician work time*:

Line 44 Perform procedure/service---NOT directly related to physician work time (15 minutes both 95800 & 95801, 20 minutes 95806)

- Position patient properly typically in a sitting upright or standing position
- Show the device and provide education regarding the purpose of the different components.
- Inspect the patient for optimal location of device and components, which finger to place the oxygen saturation probe.
- Alcohol pads are used to clean the finger and other areas on the face and body in which adhesives may be applied to secure the equipment.
- Apply the device to the patient and customize fit. This includes fitting the nasal cannula in combination with the thermistor in the proper location and tighten to prevent loosening, taping the cords to the face or cords to the wrist for peripheral arterial tone device (only 95800 and 95801), demonstrating the attachment of patient body position and snore sensors, demonstrating the attachment of oxygen saturation probe with adhesive.
  - o **For 95806 only**—additionally requires instruction on proper application of 2 respiratory effort belts. This involves estimating proper size belts required, then fitting the patient with the belts and adjusting the belt tightness to customize the fit for each patient, and ensuring that the belts are in the correct order and at the proper location on the chest and abdomen.
- The device(s) is/are then removed and the patient is asked to demonstrate the proper self-application of the device. Corrections or additional instructions are a typical part of this process.
- 9. If you have used a percentage of the physician intra-service work time other then 100 or 67 percent for the intra-service (of service period) clinical activity, please indicate the percentage and explain why the alternate percentage is needed and how it was derived.

  Does not apply.
- 10. If you are recommending a new clinical activity, please provide a detailed explanation of why the new clinical activity is needed and cannot conform to any of the existing clinical activities:

Line 83 Daytime tech reviews and edits recording, marks artifacts, scores sleep stages, performs evaluation of physiological data and scores abnormalities, and prepares technician report (day technician). (17 minutes 98500, 98501, 98508) more detail is provided above.

We are unable to locate a clinical activity that combines these activities in the post patient period.

- 11. If you wish to identify a new staff type, please include a very specific staff description, a salary estimate and its source. Staff types or an identified and appropriate proxy must be listed by the Bureau of Labor Statistics (BLS). You can find the BLS database at <a href="http://www.bls.gov">http://www.bls.gov</a>.
- 12. If you wish to include a supply that is not on the list please provide a paid invoice. Identify and explain the invoice here:
- 13. If you wish to include an equipment item that is not on the list please provide a paid invoice. Identify and explain the invoice here:
- 14. List all the equipment included in your recommendation and the equipment formula chosen (see document titled "Calculating equipment time"). If you have selected "other formula" for any of the equipment please explain here:

We chose other formula for equipment as the patient arrives typically later in the day e.g. 4 PM for appointment to perform as test run with the equipment. The patient then takes the equipment home and returns it in the morning typically 9 AM. Therefore, we are simply using the 16-hour period that currently exists in the RUC data base and is generally consistent with clinical practice.

- 15. If there is any other item(s) on your spreadsheet not covered in the categories above that require greater detail please include here:
- 16. If there is any other item on your spreadsheet that needs further explanation please include here:

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1 1	A PLIC Practice	L □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □	D D	<u> </u>	CURR	G ENT	RECOMMENDED		CURRENT		DECOMM	RECOMMENDED		RENT	RECOMM	I U
┝╌╬	RUC Practice				CUKK	ENI	RECOMMENDED		CORRENT		RECOIVIN	KECOMMENDED		ENI	RECOIVIIV	IENDED
		*Please see brief summaries of the standards/guidelines in column C.														
		For more complete information about summaries and guidelines please see the PE reference materials at the RUC Collaboration														
		Website at the link in the cell below.														
2		*Please do not modify formulas in gray shaded cells			958	00	9580	00	958	01	958	01	958	06	958	806
3		RUC Collaboration Website			Sleep s		Sleep s		Sleep s		Sleep s		Sleep		Sleep	
		Meeting Date: Aptil 2017	Clinical	a	unatter	-	unatter	•	unatter	-	unatter	•	unatte	•	unatte	-
	Ciinicai	Tab: 32	Staff Type	Clinical	simultaı	neous	simultar	neous	simultai	neous	simultaı	neous	simulta	neous	simulta	neous
4	Activity Code	Specialty: AAN, AASM, CHEST, ATS	Code	Staff Type	recording	g; heart	recording; h	eart rate,	recording;	minimum	recording; m	ninimum of	recording	of, heart	recording	of, heart
5		LOCATION			Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility
6		GLOBAL PERIOD			XXX		XXX		XXX		XXX		XXX			
7		TOTAL CLINICAL STAFF TIME	L047B	REEGT	49.0	0.0	49.0	0.0	46.0	0.0	49.0	0.0	51.0	0.0	54.0	0.0
8		TOTAL PRE-SERVICE CLINICAL STAFF 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
9		TOTAL SERVICE PERIOD CLINICAL STAFF TIME		REEGT	26.0	0.0	26.0	0.0	23.0	0.0	26.0	0.0	28.0	0.0	31.0	0.0
10		TOTAL POST-SERVICE CLINICAL STAFF TIME	L047B	REEGT	17.0	0.0	17.0	0.0	17.0	0.0	17.0	0.0	17.0	0.0	17.0	0.0
11		PRE-SERVICE PERIOD														
12		Start: Following visit when decision for surgery or procedure made										_				_
13	CA001	Complete pre-service diagnostic and referral forms	L047B	REEGT	3		3		3		3		3		3	
16	CA004	Provide pre-service education/obtain consent	L047B	REEGT	3		3		3		3		3		3	
24		End: When patient enters office/facility for surgery/procedure														
25		SERVICE PERIOD														
26		Start: When patient enters office/facility for surgery/procedure:														
27		Pre-Service (of service period)												•		<u> </u>
28	CA009	Greet patient, provide gowning, ensure appropriate medical records are available	L047B	REEGT	3		3		3		3		3		3	
30	CA011	Provide education/obtain consent	L047B	REEGT	3		3		3		3		3		3	
32	CA013	Prepare room, equipment and supplies	L047B	REEGT	2		2		2		2		2		2	
40		Intra-service (of service period)														_
44	CA021	Perform procedure/serviceNOT directly related to physician work time	L047B	REEGT	18		15		15		15		20		20	
48		Post-Service (of service period)														
49	CA022	Monitor patient following procedure/service, multitasking 1:4														
50	CA023	Monitor patient following procedure/service, no multitasking														
51	CA024	Clean room/equipment by clinical staff	L047B	REEGT			3				3				3	
67		End: Patient leaves office														
68		POST-SERVICE PERIOD														
69		Start: Patient leaves office/facility														
72		Office visits: List Number and Level of Office Visits	MINUTES		# visits	# visits	# visits	# visits		# visits	# visits	# visits	# visits	# visits	# visits	# visits
78	CA039	Post-operative visits (total time)			0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
79		Daytime tech reviews and edits recording, marks artifacts, scores sleep stages, performs evaluation of physiological changes	L047B	REEGT	15		0		15		0		15		0	
82		Prepare technician report (day technician)	L047B	REEGT	2		0		2		0		2		0	
83	NEW	Perform procedure/service in post-service periodNOT directly related to physician work time		REEGT	0		17		0		17		0		17	
85		End: with last office visit before end of global period						<u> </u>				1				•

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1	RUC Practice	Expense Spreadsheet	D	<u>L</u>	CURR		RECOMMENDED		RECOMMENDED		ENDED CURRENT		RECOMMENDED		CURR		RECOMM	FNDFD
2		*Please see brief summaries of the standards/guidelines in column C. For more complete information about summaries and guidelines please see the PE reference materials at the RUC Collaboration Website at the link in the cell below. *Please do not modify formulas in gray shaded cells  RUC Collaboration Website			958 Sleep s	00	9580 Sleep s	00	958 Sleep s	01		95801		06	958 Sleep s	06		
			Clinical		unatter	-	unatter	-	unatter		unatter	-	Sleep s unatter		unatter	•		
	Clinical	Meeting Date: Aptil 2017 Tab: 32	Staff Type	Clinical	simultai	-	simultar	•	simultar		simultai		simulta	•	simultai	,		
4	<b>Activity Code</b>	Specialty: AAN, AASM, CHEST, ATS	Code	Staff Type	recording						recording; m		recording		recording			
5		LOCATION	Oodc		Non Fac		Non Fac	Facility	Non Fac		Non Fac	Facility		Facility	Non Fac	Facility		
6		GLOBAL PERIOD			XXX	- uomiy	XXX		XXX	- uomity	XXX	- uomity	XXX	. acmiy		1 40		
7		TOTAL CLINICAL STAFF TIME	L047B	REEGT	49.0	0.0	49.0	0.0	46.0	0.0	49.0	0.0	51.0	0.0	54.0	0.0		
8		TOTAL PRE-SERVICE CLINICAL STAFF 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		
9		TOTAL SERVICE PERIOD CLINICAL STAFF TIME	L047B	REEGT	26.0	0.0	26.0	0.0	23.0	0.0	26.0	0.0	28.0	0.0	31.0	0.0		
10		TOTAL POST-SERVICE CLINICAL STAFF TIME	L047B	REEGT	17.0	0.0	17.0	0.0	17.0	0.0	17.0	0.0	17.0	0.0	17.0	0.0		
86	Medical Supply Code	MEDICAL SUPPLIES	PRICE	UNIT						•								
88		WatchPAT pneumo-opt slp probes	73.42	item	1		1											
89		paper, laser printing (each sheet)	0.005	item	2		2		2		2		2		2			
90	SM022	sanitizing cloth-wipe (surface, instruments, equipment)	0.046	item	2		2		2		2		2		2			
91		sensor, airflow cannula (adult)	3	item					1		1		1		1	<u> </u>		
92	SB022	gloves, non-sterile	0.084	pair									1		0	<u> </u>		
93	SB026	gown, patient	0.533	item									1		0	<b>↓</b>		
94	SG078	tape, surgical occlusive 1in (Blenderm)	0.007	inch			8				8		72		8	<b>↓</b>		
95	SJ053	swab-pad, alcohol	0.013	item			5				5		5		5	<u> </u>		
96	SM018	glutaraldehyde 3.4% (Cidex, Maxicide, Wavicide)	0.165	OZ 									1		0	<u> </u>		
97	SM021	sanitizing cloth-wipe (patient)	0.037	item			2				2		2		2	<b>↓</b>		
98	SG005	adhesive remover, liquid (Detachol) (0.67ml uou)	2.344	item			1				1				1	<del> </del>		
99		Other supply item: please include the name of the item consistent with the paid invoice here and type new in column A														<u> </u>		
100	Equipment Code	EQUIPMENT	PRICE	EQUIPMENT FORMULA														
102	ED050	PACS Workstation Proxy	5557	Non-highly Technical Equipment Formula	23		0		20		0		28		0			
103	EQ335	WatchPAT 200 Unit with strap, cables, charger, booklet and patient video	1237.5	Other Formula	960		960				960							
104	EQ336	Oximetry and Airflow Device	1195	Other Formula			960		960		960				960			
105	EQ337	Respiratory Impedance Plethysmography Belts (pair)	470	Other Formula									960		960			
106	EQ227	sleep screening system, ambulatory (incl. hardware, software)	14877.25	Other Formula									960		0			
107																<del></del>		
108		Other equipment item: please include the name of the item consistent with the paid invoice here and type new in column A																