

**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

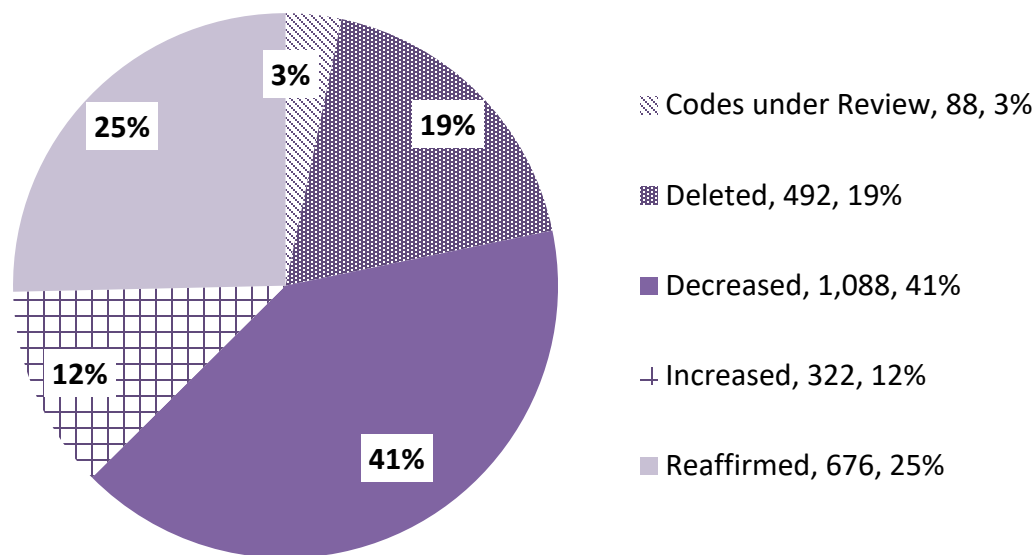
intensity is low. The RUC noted that these codes were being valued too low considering that office visits for the surgical global period were not going to be increased in the 2021 office E/M codes. Considering that the 99213 office visit is valued at 1.30 RVUs, two 99213 office visits are valued higher 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, 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 (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,*

*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 pre-service and post-service time packages which have been incorporated into these recommendations. The intent of these packages is to streamline the RUC review process as well as create standard pre-service and post-service time data for all codes reviewed by the RUC.
- Professional Liability Insurance (PLI) Crosswalk Table – The RUC has committed to selecting appropriate PLI crosswalks for new and revised codes and existing codes under review. We have provided a PLI Crosswalk Table listing the reviewed code and its crosswalk code for easy reference. We hope that the provision of this table will assist CMS in reviewing and implementing the RUC recommendations.
- BETOS Assignment Table – The RUC, for each meeting, provides CMS with suggested BETOS classification assignments for new/revised codes. Furthermore, if an existing service is reviewed and the specialty believes the current assignment is incorrect, this table will reflect the desired change.
- Utilization Data Crosswalk – A table estimating the flow of claims data from existing codes to the new/revised codes. This information is used to project the work relative value savings to be included in the 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.

The Honorable Chiquita Brooks-LaSure

October 6, 2022

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

Sincerely,

A handwritten signature in black ink, appearing to read "Ezequiel Silva III".

Ezequiel Silva III, MD

Chair, AMA/Specialty Society RVS Update Committee

Enclosures

cc: RUC Participants  
Perry Alexion, MD  
Larry Chan  
Arkaprava Deb, MD  
Edith Hambrick, MD  
Ryan Howe  
Scott Lawrence  
Karen Nakano, MD  
Michael Soracoe  
Gift Tee

**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	Issue	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						<input type="checkbox"/>		<input type="checkbox"/>
0424T	YYY	D	Sep 2022	17	Category III - Phrenic Nerve Stimulation System		Cat III						<input type="checkbox"/>		<input type="checkbox"/>
0425T	YYY	D	Sep 2022	17	Category III - Phrenic Nerve Stimulation System		Cat III						<input type="checkbox"/>		<input type="checkbox"/>
0426T	YYY	D	Sep 2022	17	Category III - Phrenic Nerve Stimulation System		Cat III						<input type="checkbox"/>		<input type="checkbox"/>
0427T	YYY	D	Sep 2022	17	Category III - Phrenic Nerve Stimulation System		Cat III						<input type="checkbox"/>		<input type="checkbox"/>
0428T	YYY	D	Sep 2022	17	Category III - Phrenic Nerve Stimulation System		Cat III						<input type="checkbox"/>		<input type="checkbox"/>
0429T	YYY	D	Sep 2022	17	Category III - Phrenic Nerve Stimulation System		Cat III						<input type="checkbox"/>		<input type="checkbox"/>
0430T	YYY	D	Sep 2022	17	Category III - Phrenic Nerve Stimulation System		Cat III						<input type="checkbox"/>		<input type="checkbox"/>
0431T	YYY	D	Sep 2022	17	Category III - Phrenic Nerve Stimulation System		Cat III						<input type="checkbox"/>		<input type="checkbox"/>
0432T	YYY	D	Sep 2022	17	Category III - Phrenic Nerve Stimulation System		Cat III						<input type="checkbox"/>		<input type="checkbox"/>
0433T	YYY	D	Sep 2022	17	Category III - Phrenic Nerve Stimulation System		Cat III						<input type="checkbox"/>		<input type="checkbox"/>
0434T	YYY	D	Sep 2022	17	Category III - Phrenic Nerve Stimulation System		Cat III						<input type="checkbox"/>		<input type="checkbox"/>

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
0435T	YYY	D	Sep 2022	17	Category III - Phrenic Nerve Stimulation System		Cat III						<input type="checkbox"/>		<input type="checkbox"/>
0436T	YYY	D	Sep 2022	17	Category III - Phrenic Nerve Stimulation System		Cat III						<input type="checkbox"/>		<input type="checkbox"/>
0465T	YYY	D	Sep 2022	24	Category III - Suprachoroidal Ablation		Cat III						<input type="checkbox"/>		<input type="checkbox"/>
0493T	YYY	D	Sep 2022	EC-D	Category III - Parenthetical Revisions - Noncontact SPECT		Cat III						<input type="checkbox"/>		<input type="checkbox"/>
0499T	YYY	R	Sep 2022	EC-E	Category III - Reinstate Category III Code 0499T		Cat III						<input type="checkbox"/>		<input type="checkbox"/>
0499T	YYY	D	Sep 2022	13	Category III - Cystoscopic Prostatic Drug Delivery		Cat III						<input type="checkbox"/>		<input type="checkbox"/>
0501T	YYY	D	Sep 2022	27	Category III - Fractional Flow Reserve with CT		Cat III						<input type="checkbox"/>		<input type="checkbox"/>
0502T	YYY	D	Sep 2022	27	Category III - Fractional Flow Reserve with CT		Cat III						<input type="checkbox"/>		<input type="checkbox"/>
0503T	YYY	D	Sep 2022	27	Category III - Fractional Flow Reserve with CT		Cat III						<input type="checkbox"/>		<input type="checkbox"/>
0504T	YYY	D	Sep 2022	27	Category III - Fractional Flow Reserve with CT		Cat III						<input type="checkbox"/>		<input type="checkbox"/>
0552T	YYY	E	May 2022	37	Category III - Post Operative Low Level Laser Therapy		Cat III						<input type="checkbox"/>		<input type="checkbox"/>
0587T	YYY	R	Feb 2022	11/43	Category III - Neurostimulator Services-Bladder Dysfunction		Cat III						<input type="checkbox"/>		<input type="checkbox"/>
0588T	YYY	R	Feb 2022	11/43	Category III - Neurostimulator Services-Bladder Dysfunction		Cat III						<input type="checkbox"/>		<input type="checkbox"/>

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
0589T	YYY	R	Feb 2022	11/43	Category III - Neurostimulator Services-Bladder Dysfunction		Cat III						<input type="checkbox"/>		<input type="checkbox"/>
0590T	YYY	R	Feb 2022	11/43	Category III - Neurostimulator Services-Bladder Dysfunction		Cat III						<input type="checkbox"/>		<input type="checkbox"/>
0656T	YYY	R	Sep 2022	26	Category III - Vertebral Body Tethering		Cat III						<input type="checkbox"/>		<input type="checkbox"/>
0657T	YYY	R	Sep 2022	26	Category III - Vertebral Body Tethering		Cat III						<input type="checkbox"/>		<input type="checkbox"/>
06X1T	YYY	N	Sep 2022	26	Category III - Vertebral Body Tethering		Cat III						<input type="checkbox"/>		<input type="checkbox"/>
0715T	YYY	D	Sep 2022	34	Category III - Coronary Intravascular Lithotripsy (IVL) Interventions		Cat III						<input type="checkbox"/>		<input type="checkbox"/>
0775T	YYY	D	Sep 2022	16	Category III - Dorsal Sacroiliac Joint Arthrodesis		Cat III						<input type="checkbox"/>		<input type="checkbox"/>
0784T	YYY	N	Feb 2022	11/43	Category III - Spinal Neurostimulator Services		Cat III						<input type="checkbox"/>		<input type="checkbox"/>
0785T	YYY	N	Feb 2022	11/43	Category III - Spinal Neurostimulator Services		Cat III						<input type="checkbox"/>		<input type="checkbox"/>
0787T	YYY	N	Feb 2022	11/43	Category III - Neurostimulator Services-Bladder Dysfunction		Cat III						<input type="checkbox"/>		<input type="checkbox"/>
0789T	YYY	N	Feb 2022	11/43	Category III - Spinal Neurostimulator Services		Cat III						<input type="checkbox"/>		<input type="checkbox"/>
27279	090	F	Sep 2022	16	Dorsal Sacroiliac Joint Arthrodesis	12	Jan 2023	04	AANS/CNS, NASS				<input checked="" type="checkbox"/>	Survey for Jan 2023 RUC meeting	<input type="checkbox"/>

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
27280	090	F	Sep 2022	16	Dorsal Sacroiliac Joint Arthrodesis	I3	Jan 2023	04	AANS/CNS, NASS				<input checked="" type="checkbox"/>	Survey for Jan 2023 RUC meeting	<input type="checkbox"/>
28292	090	R	Sep 2022	18	Metatarsal Arthrodesis for Bunion Correction		Editorial			7.44	7.44	Yes	<input checked="" type="checkbox"/>		<input type="checkbox"/>
28297	090	R	Sep 2022	18	Metatarsal Arthrodesis for Bunion Correction		Editorial			9.29	9.29	Yes	<input checked="" type="checkbox"/>		<input type="checkbox"/>
28740	090	R	Sep 2022	18	Metatarsal Arthrodesis for Bunion Correction		Editorial			9.29	9.29	Yes	<input checked="" type="checkbox"/>		<input type="checkbox"/>
27278	090	N	Sep 2022	16	Dorsal Sacroiliac Joint Arthrodesis	I1	Jan 2023	04	ASA, ASIPP, ASRA, NANS, SIR				<input checked="" type="checkbox"/>	Survey for Jan 2023 RUC meeting	<input type="checkbox"/>
22836	090	N	Sep 2022	26	Vertebral Body Tethering	J1	Jan 2023	05	AANS/CNS, AAOS, NASS				<input checked="" type="checkbox"/>	Survey for Jan 2023 RUC meeting	<input type="checkbox"/>
22837	090	N	Sep 2022	26	Vertebral Body Tethering	J2	Jan 2023	05	AANS/CNS, AAOS, NASS				<input checked="" type="checkbox"/>	Survey for Jan 2023 RUC meeting	<input type="checkbox"/>
22838	090	N	Sep 2022	26	Vertebral Body Tethering	J3	Jan 2023	05	AANS/CNS, AAOS, NASS				<input checked="" type="checkbox"/>	Survey for Jan 2023 RUC meeting	<input type="checkbox"/>
30117	090	F	Sep 2022	22	Posterior Nasal Nerve Ablation	L1	Jan 2023	07	AAO-HNS				<input checked="" type="checkbox"/>	Survey for Jan 2023 RUC meeting	<input type="checkbox"/>
30118	090	F	Sep 2022	22	Posterior Nasal Nerve Ablation	L2	Jan 2023	07	AAO-HNS				<input checked="" type="checkbox"/>	Survey for Jan 2023 RUC meeting	<input type="checkbox"/>
33276	090	N	Sep 2022	17	Phrenic Nerve Stimulation System	K1	Jan 2023	06	AASM, ACC, HRS				<input checked="" type="checkbox"/>	Survey for Jan 2023 RUC meeting	<input type="checkbox"/>
33277	ZZZ	N	Sep 2022	17	Phrenic Nerve Stimulation System	K2	Jan 2023	06	AASM, ACC, HRS				<input checked="" type="checkbox"/>	Survey for Jan 2023 RUC meeting	<input type="checkbox"/>
33278	090	N	Sep 2022	17	Phrenic Nerve Stimulation System	K3	Jan 2023	06	AASM, ACC, HRS				<input checked="" type="checkbox"/>	Survey for Jan 2023 RUC meeting	<input type="checkbox"/>
33279	090	N	Sep 2022	17	Phrenic Nerve Stimulation System	K4	Jan 2023	06	AASM, ACC, HRS				<input checked="" type="checkbox"/>	Survey for Jan 2023 RUC meeting	<input type="checkbox"/>

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
33280	090	N	Sep 2022	17	Phrenic Nerve Stimulation System	K5	Jan 2023	06	AASM, ACC, HRS				<input checked="" type="checkbox"/>	Survey for Jan 2023 RUC meeting	<input type="checkbox"/>
33281	090	N	Sep 2022	17	Phrenic Nerve Stimulation System	K6	Jan 2023	06	AASM, ACC, HRS				<input checked="" type="checkbox"/>	Survey for Jan 2023 RUC meeting	<input type="checkbox"/>
33287	090	N	Sep 2022	17	Phrenic Nerve Stimulation System	K7	Jan 2023	06	AASM, ACC, HRS				<input checked="" type="checkbox"/>	Survey for Jan 2023 RUC meeting	<input type="checkbox"/>
33288	090	N	Sep 2022	17	Phrenic Nerve Stimulation System	K8	Jan 2023	06	AASM, ACC, HRS				<input checked="" type="checkbox"/>	Survey for Jan 2023 RUC meeting	<input type="checkbox"/>
31242	000	N	Sep 2022	22	Posterior Nasal Nerve Ablation	L3	Jan 2023	07	AAO-HNS				<input checked="" type="checkbox"/>	Survey for Jan 2023 RUC meeting	<input type="checkbox"/>
31243	000	N	Sep 2022	22	Posterior Nasal Nerve Ablation	L4	Jan 2023	07	AAO-HNS				<input checked="" type="checkbox"/>	Survey for Jan 2023 RUC meeting	<input type="checkbox"/>
43882	YYY	R	Sep 2022	EC-C	Parenthetical Revisions - Gastric Neurostimulator		Editorial						<input checked="" type="checkbox"/>	Contractor Price	<input type="checkbox"/>
52284	000	N	Sep 2022	13	Cystoscopic Prostatic Drug Delivery	M1	Jan 2023	08	AUA				<input checked="" type="checkbox"/>	Survey for Jan 2023 RUC meeting	<input type="checkbox"/>
52280	010	N	Sep 2022	12	Transcervical RF Ablation of Uterine Fibroids	N1	Jan 2023	09	ACOG				<input checked="" type="checkbox"/>	Survey for Jan 2023 RUC meeting	<input type="checkbox"/>
61889	090	N	Feb 2022	10	Skull-Mounted Cranial Neurostimulator	A1	Apr 2022	05	AANS, CNS	25.75	25.75		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
61891	090	N	Feb 2022	10	Skull-Mounted Cranial Neurostimulator	A2	Apr 2022	05	AANS, CNS	11.25	11.25		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
61892	090	N	Feb 2022	10	Skull-Mounted Cranial Neurostimulator	A3	Apr 2022	05	AANS, CNS	15.00	15.00		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
63685	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	<input checked="" type="checkbox"/>		<input type="checkbox"/>



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	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		<input checked="" type="checkbox"/>		<input type="checkbox"/>
64590	010	R	Feb 2022	11/43	Neurostimulator Services-Bladder Dysfunction	E1	Apr 2022	07	ACOG, AUA	5.10	5.10		<input checked="" type="checkbox"/>		<input type="checkbox"/>
64595	010	R	Feb 2022	11/43	Neurostimulator Services-Bladder Dysfunction	E2	Apr 2022	07	ACOG, AUA	4.00	3.79		<input checked="" type="checkbox"/>		<input type="checkbox"/>
64596	010	N	Feb 2022	11/43	Spinal Neurostimulator Services	B3	Sep 2022	04	AAPM, ASA, ASIPP, NANS				<input checked="" type="checkbox"/>	Contractor Price	<input checked="" type="checkbox"/>
64597	ZZZ	N	Feb 2022	11/43	Spinal Neurostimulator Services	B4	Sep 2022	04	AAPM, ASA, ASIPP, NANS				<input checked="" type="checkbox"/>	Contractor Price	<input checked="" type="checkbox"/>
64598	010	N	Feb 2022	11/43	Spinal Neurostimulator Services	B5	Sep 2022	04	AAPM, ASA, ASIPP, NANS				<input checked="" type="checkbox"/>	Contractor Price	<input checked="" type="checkbox"/>
67516	000	N	Sep 2022	24	Suprachoroidal Ablation	O1	Jan 2023	10	AAO, ASRS				<input checked="" type="checkbox"/>	Survey for Jan 2023 RUC meeting	<input type="checkbox"/>
75574	XXX	F	Sep 2022	27	Fractional Flow Reserve with CT	P1	Jan 2023	11	ACC, ACR, SCCT				<input checked="" type="checkbox"/>	Survey for Jan 2023 RUC meeting	<input type="checkbox"/>
76998	XXX	F	May 2022	20	Interoperative Ultrasound Services	F5	Sep 2022	05	ACS, ASBrS	1.20	1.20	Yes	<input checked="" type="checkbox"/>		<input type="checkbox"/>
76984	XXX	N	May 2022	20	Interoperative Ultrasound Services	F1	Sep 2022	05	AATS, ACC, STS	0.60	0.60		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
76987	XXX	N	May 2022	20	Interoperative Ultrasound Services	F2	Sep 2022	05	AATS, ACC, STS	1.90	1.90		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
76988	XXX	N	May 2022	20	Interoperative Ultrasound Services	F3	Sep 2022	05	AATS, ACC, STS	1.20	1.20		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
76989	XXX	N	May 2022	20	Interoperative Ultrasound Services	F4	Sep 2022	05	AATS, ACC, STS	1.55	1.55		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
75580	XXX	N	Sep 2022	27	Fractional Flow Reserve with CT	P2	Jan 2023	11	ACC, ACR, SCCT				<input checked="" type="checkbox"/>	Survey for Jan 2023 RUC meeting	<input type="checkbox"/>
81171	XXX	R	Sep 2022	30	MoPath Editorial Language Revisions		CLFS						<input type="checkbox"/>	Clinical Lab Fee Schedule	<input type="checkbox"/>

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
81172	XXX	R	Sep 2022	30	MoPath Editorial Language Revisions		CLFS						<input type="checkbox"/>	Clinical Lab Fee Schedule	<input type="checkbox"/>
81243	XXX	R	Sep 2022	30	MoPath Editorial Language Revisions		CLFS						<input type="checkbox"/>	Clinical Lab Fee Schedule	<input type="checkbox"/>
81244	XXX	R	Sep 2022	30	MoPath Editorial Language Revisions		CLFS						<input type="checkbox"/>	Clinical Lab Fee Schedule	<input type="checkbox"/>
81403	XXX	R	Sep 2022	30	MoPath Editorial Language Revisions		CLFS						<input type="checkbox"/>	Clinical Lab Fee Schedule	<input type="checkbox"/>
81404	XXX	R	Sep 2022	30	MoPath Editorial Language Revisions		CLFS						<input type="checkbox"/>	Clinical Lab Fee Schedule	<input type="checkbox"/>
81405	XXX	R	Sep 2022	30	MoPath Editorial Language Revisions		CLFS						<input type="checkbox"/>	Clinical Lab Fee Schedule	<input type="checkbox"/>
81406	XXX	R	Sep 2022	30	MoPath Editorial Language Revisions		CLFS						<input type="checkbox"/>	Clinical Lab Fee Schedule	<input type="checkbox"/>
81407	XXX	R	Sep 2022	30	MoPath Editorial Language Revisions		CLFS						<input type="checkbox"/>	Clinical Lab Fee Schedule	<input type="checkbox"/>
92920	000	F	Sep 2022	34	Coronary Intravascular Lithotripsy (IVL) Interventions	Q1	Jan 2023	12	ACC, SCAI				<input checked="" type="checkbox"/>	Survey for Jan 2023 RUC meeting	<input type="checkbox"/>
92921	ZZZ	F	Sep 2022	34	Coronary Intravascular Lithotripsy (IVL) Interventions	Q2	Jan 2023	12	ACC, SCAI				<input checked="" type="checkbox"/>	Survey for Jan 2023 RUC meeting	<input type="checkbox"/>
92924	000	F	Sep 2022	34	Coronary Intravascular Lithotripsy (IVL) Interventions	Q3	Jan 2023	12	ACC, SCAI				<input checked="" type="checkbox"/>	Survey for Jan 2023 RUC meeting	<input type="checkbox"/>
92925	ZZZ	F	Sep 2022	34	Coronary Intravascular Lithotripsy (IVL) Interventions	Q4	Jan 2023	12	ACC, SCAI				<input checked="" type="checkbox"/>	Survey for Jan 2023 RUC meeting	<input type="checkbox"/>
92928	000	F	Sep 2022	34	Coronary Intravascular Lithotripsy (IVL) Interventions	Q5	Jan 2023	12	ACC, SCAI				<input checked="" type="checkbox"/>	Survey for Jan 2023 RUC meeting	<input type="checkbox"/>
92929	ZZZ	F	Sep 2022	34	Coronary Intravascular Lithotripsy (IVL) Interventions	Q6	Jan 2023	12	ACC, SCAI				<input checked="" type="checkbox"/>	Survey for Jan 2023 RUC meeting	<input type="checkbox"/>

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
92933	000	F	Sep 2022	34	Coronary Intravascular Lithotripsy (IVL) Interventions	Q7	Jan 2023	12	ACC, SCAI				<input checked="" type="checkbox"/>	Survey for Jan 2023 RUC meeting	<input type="checkbox"/>
92934	ZZZ	F	Sep 2022	34	Coronary Intravascular Lithotripsy (IVL) Interventions	Q8	Jan 2023	12	ACC, SCAI				<input checked="" type="checkbox"/>	Survey for Jan 2023 RUC meeting	<input type="checkbox"/>
92937	000	F	Sep 2022	34	Coronary Intravascular Lithotripsy (IVL) Interventions	Q9	Jan 2023	12	ACC, SCAI				<input checked="" type="checkbox"/>	Survey for Jan 2023 RUC meeting	<input type="checkbox"/>
92938	ZZZ	F	Sep 2022	34	Coronary Intravascular Lithotripsy (IVL) Interventions	Q10	Jan 2023	12	ACC, SCAI				<input checked="" type="checkbox"/>	Survey for Jan 2023 RUC meeting	<input type="checkbox"/>
92941	000	F	Sep 2022	34	Coronary Intravascular Lithotripsy (IVL) Interventions	Q11	Jan 2023	12	ACC, SCAI				<input checked="" type="checkbox"/>	Survey for Jan 2023 RUC meeting	<input type="checkbox"/>
92943	000	F	Sep 2022	34	Coronary Intravascular Lithotripsy (IVL) Interventions	Q12	Jan 2023	12	ACC, SCAI				<input checked="" type="checkbox"/>	Survey for Jan 2023 RUC meeting	<input type="checkbox"/>
92944	ZZZ	F	Sep 2022	34	Coronary Intravascular Lithotripsy (IVL) Interventions	Q13	Jan 2023	12	ACC, SCAI				<input checked="" type="checkbox"/>	Survey for Jan 2023 RUC meeting	<input type="checkbox"/>
92973	ZZZ	F	Sep 2022	34	Coronary Intravascular Lithotripsy (IVL) Interventions	Q15	Jan 2023	12	ACC, SCAI				<input checked="" type="checkbox"/>	Survey for Jan 2023 RUC meeting	<input type="checkbox"/>
92975	000	F	Sep 2022	34	Coronary Intravascular Lithotripsy (IVL) Interventions	Q16	Jan 2023	12	ACC, SCAI				<input checked="" type="checkbox"/>	Survey for Jan 2023 RUC meeting	<input type="checkbox"/>
92977	XXX	F	Sep 2022	34	Coronary Intravascular Lithotripsy (IVL) Interventions	Q17	Jan 2023	12	ACC, SCAI				<input checked="" type="checkbox"/>	Survey for Jan 2023 RUC meeting	<input type="checkbox"/>
93593	000	F	Sep 2022	50	Venography Services	D1	Jan 2023	14	SCAI				<input checked="" type="checkbox"/>	Survey for Jan 2023 RUC meeting	<input type="checkbox"/>

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
93594	000	F	Sep 2022	50	Venography Services	D2	Jan 2023	14	SCAI				<input checked="" type="checkbox"/>	Survey for Jan 2023 RUC meeting	<input type="checkbox"/>
93595	000	F	Sep 2022	50	Venography Services	D3	Jan 2023	14	SCAI				<input checked="" type="checkbox"/>	Survey for Jan 2023 RUC meeting	<input type="checkbox"/>
93596	000	F	Sep 2022	50	Venography Services	D4	Jan 2023	14	SCAI				<input checked="" type="checkbox"/>	Survey for Jan 2023 RUC meeting	<input type="checkbox"/>
93597	000	F	Sep 2022	50	Venography Services	D5	Jan 2023	14	SCAI				<input checked="" type="checkbox"/>	Survey for Jan 2023 RUC meeting	<input type="checkbox"/>
93598	ZZZ	F	Sep 2022	50	Venography Services	D11	Jan 2023	14	SCAI				<input checked="" type="checkbox"/>	Survey for Jan 2023 RUC meeting	<input type="checkbox"/>
96446	XXX	E	Sep 2022	39	Hyperthermic Intraperitoneal Chemotherapy (HIPEC)		Editorial	15	ACOG, ACS	0.37	0.37	Yes	<input checked="" type="checkbox"/>	Survey for Jan 2023 RUC meeting	<input type="checkbox"/>
93584	ZZZ	N	Sep 2022	50	Venography Services	D6	Jan 2023	14	ACC, SCAI				<input checked="" type="checkbox"/>	Survey for Jan 2023 RUC meeting	<input type="checkbox"/>
93585	ZZZ	N	Sep 2022	50	Venography Services	D7	Jan 2023	14	ACC, SCAI				<input checked="" type="checkbox"/>	Survey for Jan 2023 RUC meeting	<input type="checkbox"/>
93586	ZZZ	N	Sep 2022	50	Venography Services	D8	Jan 2023	14	ACC, SCAI				<input checked="" type="checkbox"/>	Survey for Jan 2023 RUC meeting	<input type="checkbox"/>
93587	ZZZ	N	Sep 2022	50	Venography Services	D9	Jan 2023	14	ACC, SCAI				<input checked="" type="checkbox"/>	Survey for Jan 2023 RUC meeting	<input type="checkbox"/>
93588	ZZZ	N	Sep 2022	50	Venography Services	D10	Jan 2023	14	ACC, SCAI				<input checked="" type="checkbox"/>	Survey for Jan 2023 RUC meeting	<input type="checkbox"/>
97037	XXX	N	May 2022	37	Post Operative Low Level Laser Therapy	H1	Sep 2022	06					<input checked="" type="checkbox"/>	No RUC Recommendation	<input checked="" type="checkbox"/>
96547	ZZZ	N	Sep 2022	39	Hyperthermic Intraperitoneal Chemotherapy (HIPEC)	S1	Jan 2023	15	ACOG, ACS				<input checked="" type="checkbox"/>	Survey for Jan 2023 RUC meeting	<input type="checkbox"/>

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
96548	ZZZ	N	Sep 2022	39	Hyperthermic Intraperitoneal Chemotherapy (HIPEC)	S2	Jan 2023	15	ACOG, ACS				<input checked="" type="checkbox"/>	Survey for Jan 2023 RUC meeting	<input type="checkbox"/>
99459	ZZZ	N	Sep 2022	10	Female Pelvic Exam	R1	Jan 2023	13	AAFP, ACOG, ANA, AUA				<input checked="" type="checkbox"/>	Survey for Jan 2023 RUC meeting	<input type="checkbox"/>
93150	XXX	N	Sep 2022	17	Phrenic Nerve Stimulation System	K9	Jan 2023	06	AASM, ACC, HRS				<input checked="" type="checkbox"/>	Survey for Jan 2023 RUC meeting	<input type="checkbox"/>
93151	XXX	N	Sep 2022	17	Phrenic Nerve Stimulation System	K10	Jan 2023	06	AASM, ACC, HRS				<input checked="" type="checkbox"/>	Survey for Jan 2023 RUC meeting	<input type="checkbox"/>
93152	XXX	N	Sep 2022	17	Phrenic Nerve Stimulation System	K11	Jan 2023	06	AASM, ACC, HRS				<input checked="" type="checkbox"/>	Survey for Jan 2023 RUC meeting	<input type="checkbox"/>
93153	XXX	N	Sep 2022	17	Phrenic Nerve Stimulation System	K12	Jan 2023	06	AASM, ACC, HRS				<input checked="" type="checkbox"/>	Survey for Jan 2023 RUC meeting	<input type="checkbox"/>
92972	ZZZ	N	Sep 2022	34	Coronary Intravascular Lithotripsy (IVL) Interventions	Q14	Jan 2023	12	ACC, SCAI				<input checked="" type="checkbox"/>	Survey for Jan 2023 RUC meeting	<input type="checkbox"/>
0786T	YYY	N	Feb 2022	11/43	Category III - Neurostimulator Services-Bladder Dysfunction		Cat III						<input type="checkbox"/>		<input type="checkbox"/>
0788T	YYY	N	Feb 2022	11/43	Category III - Spinal Neurostimulator Services		Cat III						<input type="checkbox"/>		<input type="checkbox"/>
0805T	YYY	N	Sep 2022	53/61	Category III - SVC-IVC Prosthetic Valve Insertion		Cat III						<input type="checkbox"/>		<input type="checkbox"/>
0806T	YYY	N	Sep 2022	53/61	Category III - SVC-IVC Prosthetic Valve Insertion		Cat III						<input type="checkbox"/>		<input type="checkbox"/>
0791T	YYY	N	Sep 2022	38	Category III - Virtual Reality (VR) Facilitated Motor-Cognitive Training		Cat III						<input type="checkbox"/>		<input type="checkbox"/>
0794T	YYY	N	Sep 2022	51	Category III - AI-Assisted Oncologic Treatment		Cat III						<input type="checkbox"/>		<input type="checkbox"/>

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
0807T	YYY	N	Sep 2022	54	Category III - Pulmonary Tissue Ventilation Analysis		Cat III						<input type="checkbox"/>		<input type="checkbox"/>
0810T	YYY	N	Sep 2022	59	Category III - Subretinal Drug Delivery Injection		Cat III						<input type="checkbox"/>		<input type="checkbox"/>
0793T	YYY	N	Sep 2022	49	Category III - Transcatheter Pulmonary Artery Denervation		Cat III						<input type="checkbox"/>		<input type="checkbox"/>
0795T	YYY	N	Sep 2022	52	Category III - Dual Chamber Leadless Pacemaker		Cat III						<input type="checkbox"/>		<input type="checkbox"/>
0796T	YYY	N	Sep 2022	52	Category III - Dual Chamber Leadless Pacemaker		Cat III						<input type="checkbox"/>		<input type="checkbox"/>
0797T	YYY	N	Sep 2022	52	Category III - Dual Chamber Leadless Pacemaker		Cat III						<input type="checkbox"/>		<input type="checkbox"/>
0798T	YYY	N	Sep 2022	52	Category III - Dual Chamber Leadless Pacemaker		Cat III						<input type="checkbox"/>		<input type="checkbox"/>
0799T	YYY	N	Sep 2022	52	Category III - Dual Chamber Leadless Pacemaker		Cat III						<input type="checkbox"/>		<input type="checkbox"/>
0800T	YYY	N	Sep 2022	52	Category III - Dual Chamber Leadless Pacemaker		Cat III						<input type="checkbox"/>		<input type="checkbox"/>
0801T	YYY	N	Sep 2022	52	Category III - Dual Chamber Leadless Pacemaker		Cat III						<input type="checkbox"/>		<input type="checkbox"/>
0802T	YYY	N	Sep 2022	52	Category III - Dual Chamber Leadless Pacemaker		Cat III						<input type="checkbox"/>		<input type="checkbox"/>
0803T	YYY	N	Sep 2022	52	Category III - Dual Chamber Leadless Pacemaker		Cat III						<input type="checkbox"/>		<input type="checkbox"/>
0804T	YYY	N	Sep 2022	52	Category III - Dual Chamber Leadless Pacemaker		Cat III						<input type="checkbox"/>		<input type="checkbox"/>

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
0809T	YYY	N	Sep 2022	58	Category III - Hybrid Sacroiliac Joint Fusion		Cat III						<input type="checkbox"/>		<input type="checkbox"/>
0792T	YYY	N	Sep 2022	48	Category III - Silver Diamine Fluoride Application		Cat III						<input type="checkbox"/>		<input type="checkbox"/>
0808T	YYY	N	Sep 2022	54	Category III - Pulmonary Tissue Ventilation Analysis		Cat III						<input type="checkbox"/>		<input type="checkbox"/>

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

<b>CPT Code</b>	<b>Long Descriptor</b>	<b>Issue</b>	<b>Tab</b>	<b>RUC Recommendation</b>	<b>Identified in Review of Other Services</b>	<b>New Tech/ New Service</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)	Ultrasound Guidance for Vascular Access	07	0.30	X	
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

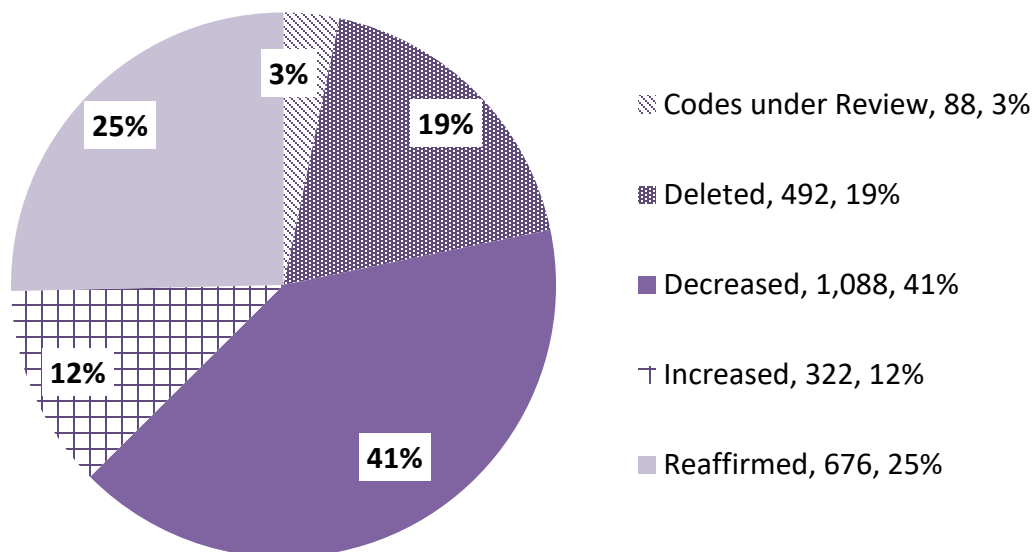


## The RUC Relativity Assessment Workgroup Progress Report

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 IWPOT**

In October 2017, the RUC identified 22 services with a negative IWPOT 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**

<b>Total Number of Codes Identified*</b>	<b>2,674</b>
<b><i>Codes Completed</i></b>	<b>2,586</b>
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
<b><i>Codes Under Review</i></b>	<b>88</b>
Referred to CPT® Editorial Panel or CPT Assistant	43
RUC to Review for <i>CPT 2024</i> or <i>CPT 2025</i>	11
RUC to review future review after additional data obtained	34

*\*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 administration, including post-processing of parametric maps with determination of cerebral blood flow, cerebral blood volume, and mean transit time **Global:** XXX **Issue:** RAW **Screen:** High Volume Category III Codes 2022 **Complete?** No

**Most Recent** **Tab:** 13 **Specialty Developing** ACR, ASNR **First** **2020** **2022 Work RVU:** 0.00  
**RUC Meeting:** September 2022 **Recommendation:** **Identified:** April 2022 **Medicare** **2022 NF PE RVU:** 0  
**Utilization:** 24,944 **2022 Fac PE RVU:** 0

**RUC Recommendation:** Refer to CPT **Referred to CPT** May 2023 **Result:**  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**00534** Anesthesia for transvenous insertion or replacement of pacing cardioverter-defibrillator **Global:** XXX **Issue:** RAW **Screen:** High Volume Growth5 **Complete?** Yes

**Most Recent** **Tab:** 37 **Specialty Developing** ASA **First** **2020** **2022 Work RVU:** 7.00  
**RUC Meeting:** January 2019 **Recommendation:** **Identified:** October 2018 **Medicare** **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 ablation **Global:** XXX **Issue:** Anesthesia for Cardiac Electrophysiologic Procedures **Screen:** High Volume Growth4 **Complete?** Yes

**Most Recent** **Tab:** 13 **Specialty Developing** ASA **First** **2020** **2022 Work RVU:** 10.00  
**RUC Meeting:** October 2020 **Recommendation:** **Identified:** October 2016 **Medicare** **2022 NF PE RVU:** 0.00  
**Utilization:** 83,159 **2022 Fac PE RVU:** 0.00

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



# Status Report: CMS Requests and Relativity Assessment Issues

**0054T** Computer-assisted musculoskeletal surgical navigational orthopedic procedure, with image-guidance based on fluoroscopic images (list separately in addition to code for primary procedure) **Global:** XXX **Issue:** RAW **Screen:** High Volume Category III Codes 2022 **Complete?** No

**Most Recent RUC Meeting:** September 2022 **Tab:** 13 **Specialty Developing Recommendation:** AAOS, NASS **First Identified:** April 2022 **2020 Medicare Utilization:** 1,253 **2022 Work RVU:** 0.00 **2022 NF PE RVU:** 0 **2022 Fac PE RVU:** 0

**RUC Recommendation:** Review action plan

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

**Result:**

**0055T** Computer-assisted musculoskeletal surgical navigational orthopedic procedure, with image-guidance based on ct/mri images (list separately in addition to code for primary procedure) **Global:** XXX **Issue:** RAW **Screen:** High Volume Category III Codes 2022 **Complete?** No

**Most Recent RUC Meeting:** September 2022 **Tab:** 13 **Specialty Developing Recommendation:** AAOS, NASS **First Identified:** April 2022 **2020 Medicare Utilization:** 2,530 **2022 Work RVU:** 0.00 **2022 NF PE RVU:** 0 **2022 Fac PE RVU:** 0

**RUC Recommendation:** Review action plan

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

**Result:**

**00560** Anesthesia for procedures on heart, pericardial sac, and great vessels of chest; without pump oxygenator **Global:** XXX **Issue:** RAW **Screen:** High Volume Growth5 **Complete?** Yes

**Most Recent RUC Meeting:** January 2019 **Tab:** 37 **Specialty Developing Recommendation:** ASA **First Identified:** October 2018 **2020 Medicare Utilization:** 55,792 **2022 Work RVU:** 15.00 **2022 NF PE RVU:** 0.00 **2022 Fac PE RVU:** 0.00

**RUC Recommendation:** Remove from screen

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

**Result:** Remove from Screen

## Status Report: CMS Requests and Relativity Assessment Issues

**00731** Anesthesia for upper gastrointestinal endoscopic procedures, endoscope introduced proximal to duodenum; not otherwise specified **Global:** XXX **Issue:** Anesthesia for Intestinal Endoscopic Procedures **Screen:** CMS Request - Final Rule for 2016 **Complete?** Yes

**Most Recent** **Tab:** 04 **Specialty Developing** ASA  
**RUC Meeting:** January 2017 **Recommendation:**

**First** **2020**  
**Identified:** September 2016 **Medicare**  
**Utilization:** 1,018,758

**2022 Work RVU:** 5.00  
**2022 NF PE RVU:** 0.00  
**2022 Fac PE RVU:** 0.00

**RUC Recommendation:** 5 base units

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

**Result:** Maintain

**00732** Anesthesia for upper gastrointestinal endoscopic procedures, endoscope introduced proximal to duodenum; endoscopic retrograde cholangiopancreatography (ercp) **Global:** XXX **Issue:** Anesthesia for Intestinal Endoscopic Procedures **Screen:** CMS Request - Final Rule for 2016 **Complete?** Yes

**Most Recent** **Tab:** 04 **Specialty Developing** ASA  
**RUC Meeting:** January 2017 **Recommendation:**

**First** **2020**  
**Identified:** September 2016 **Medicare**  
**Utilization:** 95,019

**2022 Work RVU:** 6.00  
**2022 NF PE RVU:** 0.00  
**2022 Fac PE RVU:** 0.00

**RUC Recommendation:** 6 base units

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

**Result:** Increase

**00740** Anesthesia for upper gastrointestinal endoscopic procedures, endoscope introduced proximal to duodenum **Global:** **Issue:** Anesthesia for Intestinal Endoscopic Procedures **Screen:** CMS Request - Final Rule for 2016 **Complete?** Yes

**Most Recent** **Tab:** 04 **Specialty Developing** ASA  
**RUC Meeting:** January 2017 **Recommendation:**

**First** **2020**  
**Identified:** July 2015 **Medicare**  
**Utilization:**

**2022 Work RVU:**  
**2022 NF PE RVU:**  
**2022 Fac PE RVU:**

**RUC Recommendation:** Deleted from CPT

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

**Result:** Deleted from CPT

# Status Report: CMS Requests and Relativity Assessment Issues

**00810** Anesthesia for lower intestinal endoscopic procedures, endoscope introduced distal to duodenum **Global:** **Issue:** Anesthesia for Intestinal Endoscopic Procedures **Screen:** CMS Request - Final Rule for 2016 **Complete?** Yes

**Most Recent** **Tab:** 04 **Specialty Developing** ASA  
**RUC Meeting:** January 2017 **Recommendation:**

**First**  
**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** September 2016

**Result:** Deleted from CPT

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

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

**Most Recent** **Tab:** 04 **Specialty Developing** ASA  
**RUC Meeting:** April 2017 **Recommendation:**

**First**  
**Identified:** September 2016

**2020**  
**Medicare**  
**Utilization:** 910,064

**2022 Work RVU:** 4.00  
**2022 NF PE RVU:** 0.00  
**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 distal to duodenum; screening colonoscopy **Global:** XXX **Issue:** Anesthesia for Intestinal Endoscopic Procedures **Screen:** CMS Request - Final Rule for 2016 **Complete?** Yes

**Most Recent** **Tab:** 04 **Specialty Developing** ASA  
**RUC Meeting:** April 2017 **Recommendation:**

**First**  
**Identified:** September 2016

**2020**  
**Medicare**  
**Utilization:** 384,162

**2022 Work RVU:** 3.00  
**2022 NF PE RVU:** 0.00  
**2022 Fac PE RVU:** 0.00

**RUC Recommendation:** 3 base units

**Referred to CPT** September 2016

**Result:** Decrease

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

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

**Most Recent** **Tab:** 04 **Specialty Developing** ASA  
**RUC Meeting:** January 2017 **Recommendation:**

**First**  
**Identified:** September 2016

**2020**  
**Medicare**  
**Utilization:** 426,571

**2022 Work RVU:** 5.00  
**2022 NF PE RVU:** 0.00  
**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:**

# Status Report: CMS Requests and Relativity Assessment Issues

<b>00918</b>	<b>Anesthesia for transurethral procedures (including urethrocystoscopy); with fragmentation, manipulation and/or removal of ureteral calculus</b>	<b>Global:</b> XXX	<b>Issue:</b> Anesthesia for transurethral procedures	<b>Screen:</b> High Volume Growth7	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2021	<b>Tab:</b> 29 <b>Specialty Developing Recommendation:</b>	<b>First Identified:</b> October 2020	<b>2020 Medicare Utilization:</b> 93,333	<b>2022 Work RVU:</b> 5.00 <b>2022 NF PE RVU:</b> 0.00 <b>2022 Fac PE RVU:</b> 0.00	
<b>RUC Recommendation:</b> Maintain		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b> Remove from Screen	
<hr/>					
<b>01916</b>	<b>Anesthesia for diagnostic arteriography/venography</b>	<b>Global:</b> XXX	<b>Issue:</b>	<b>Screen:</b> High Volume Growth6	<b>Complete?</b> No
<b>Most Recent RUC Meeting:</b> October 2020	<b>Tab:</b> 23 <b>Specialty Developing Recommendation:</b>	<b>First Identified:</b> October 2019	<b>2020 Medicare Utilization:</b> 54,832	<b>2022 Work RVU:</b> 5.00 <b>2022 NF PE RVU:</b> 0.00 <b>2022 Fac PE RVU:</b> 0.00	
<b>RUC Recommendation:</b> Review action plan		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b>	
<hr/>					
<b>0191T</b>	<b>Insertion of anterior segment aqueous drainage device, without extraocular reservoir, internal approach, into the trabecular meshwork; initial insertion</b>	<b>Global:</b> XXX	<b>Issue:</b> Cataract Removal with Drainage Device Insertion	<b>Screen:</b> High Volume Category III Codes	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2021	<b>Tab:</b> 16 <b>Specialty Developing Recommendation:</b> AAO	<b>First Identified:</b> October 2019	<b>2020 Medicare Utilization:</b> 46,739	<b>2022 Work RVU:</b> <b>2022 NF PE RVU:</b> <b>2022 Fac PE RVU:</b>	
<b>RUC Recommendation:</b> Deleted from CPT		<b>Referred to CPT</b> October 2020 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b> Deleted from CPT	
<hr/>					
<b>01930</b>	<b>Anesthesia for therapeutic interventional radiological procedures involving the venous/lymphatic system (not to include access to the central circulation); not otherwise specified</b>	<b>Global:</b> XXX	<b>Issue:</b> Anesthesia for Interventional Radiology	<b>Screen:</b> High Volume Growth1	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> February 2008	<b>Tab:</b> S <b>Specialty Developing Recommendation:</b> ASA	<b>First Identified:</b> February 2008	<b>2020 Medicare Utilization:</b> 14,455	<b>2022 Work RVU:</b> 5.00 <b>2022 NF PE RVU:</b> 0.00 <b>2022 Fac PE RVU:</b> 0.00	
<b>RUC Recommendation:</b> Remove from screen		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b> Remove from Screen	
<hr/>					

## Status Report: CMS Requests and Relativity Assessment Issues

**01935** Anesthesia for percutaneous image guided procedures on the spine and spinal cord; diagnostic **Global:** XXX **Issue:** Anesthesia Services for Image-Guided Spinal Procedures **Screen:** High Volume Growth4 **Complete?** Yes

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

**First Identified:** January 2021

**2020 Medicare Utilization:** 21,562

**2022 Work RVU:**  
**2022 NF PE RVU:**  
**2022 Fac PE RVU:**

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** October 2020

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

**Result:** Deleted from CPT

**01936** Anesthesia for percutaneous image guided procedures on the spine and spinal cord; therapeutic **Global:** XXX **Issue:** Anesthesia Services for Image-Guided Spinal Procedures **Screen:** High Volume Growth4 **Complete?** Yes

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

**First Identified:** October 2016

**2020 Medicare Utilization:** 257,223

**2022 Work RVU:**  
**2022 NF PE RVU:**  
**2022 Fac PE RVU:**

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** October 2020

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

**Result:** Deleted from CPT

**01937** Anesthesia for percutaneous image-guided injection, drainage or aspiration procedures on the spine or spinal cord; cervical or thoracic **Global:** XXX **Issue:** Anesthesia Services for Image-Guided Spinal Procedures **Screen:** High Volume Growth4 **Complete?** Yes

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

**First Identified:** January 2021

**2020 Medicare Utilization:**

**2022 Work RVU:** 4.00  
**2022 NF PE RVU:** 0.00  
**2022 Fac PE RVU:** 0.00

**RUC Recommendation:** 4

**Referred to CPT** October 2020

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

**Result:** Decrease

## Status Report: CMS Requests and Relativity Assessment Issues

**01938** Anesthesia for percutaneous image-guided injection, drainage or aspiration procedures on the spine or spinal cord; lumbar or sacral      **Global:** XXX      **Issue:** Anesthesia Services for Image-Guided Spinal Procedures      **Screen:** High Volume Growth4      **Complete?** Yes

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

**First Identified:** January 2021

**2020 Medicare Utilization:**

**2022 Work RVU:** 4.00  
**2022 NF PE RVU:** 0.00  
**2022 Fac PE RVU:** 0.00

**RUC Recommendation:** 4

**Referred to CPT**      October 2020

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

**Result:** Decrease

**01939** Anesthesia for percutaneous image-guided destruction procedures by neurolytic agent on the spine or spinal cord; cervical or thoracic      **Global:** XXX      **Issue:** Anesthesia Services for Image-Guided Spinal Procedures      **Screen:** High Volume Growth4      **Complete?** Yes

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

**First Identified:** January 2021

**2020 Medicare Utilization:**

**2022 Work RVU:** 4.00  
**2022 NF PE RVU:** 0.00  
**2022 Fac PE RVU:** 0.00

**RUC Recommendation:** 4

**Referred to CPT**      October 2020

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

**Result:** Decrease

**01940** Anesthesia for percutaneous image-guided destruction procedures by neurolytic agent on the spine or spinal cord; lumbar or sacral      **Global:** XXX      **Issue:** Anesthesia Services for Image-Guided Spinal Procedures      **Screen:** High Volume Growth4      **Complete?** Yes

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

**First Identified:** January 2021

**2020 Medicare Utilization:**

**2022 Work RVU:** 4.00  
**2022 NF PE RVU:** 0.00  
**2022 Fac PE RVU:** 0.00

**RUC Recommendation:** 4

**Referred to CPT**      October 2020

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

**Result:** Decrease

## Status Report: CMS Requests and Relativity Assessment Issues

**01941** Anesthesia for percutaneous image-guided neuromodulation or intravertebral procedures (eg, kyphoplasty, vertebroplasty) on the spine or spinal cord; cervical or thoracic **Global:** XXX **Issue:** Anesthesia Services for Image-Guided Spinal Procedures **Screen:** High Volume Growth4 **Complete?** Yes

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

**First Identified:** January 2021

**2020 Medicare Utilization:**

**2022 Work RVU:** 5.00

**2022 NF PE RVU:** 0.00

**2022 Fac PE RVU:** 0.00

**RUC Recommendation:** 6

**Referred to CPT** October 2020

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

**Result:** Increase

**01942** Anesthesia for percutaneous image-guided neuromodulation or intravertebral procedures (eg, kyphoplasty, vertebroplasty) on the spine or spinal cord; lumbar or sacral **Global:** XXX **Issue:** Anesthesia Services for Image-Guided Spinal Procedures **Screen:** High Volume Growth4 **Complete?** Yes

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

**First Identified:** January 2021

**2020 Medicare Utilization:**

**2022 Work RVU:** 5.00

**2022 NF PE RVU:** 0.00

**2022 Fac PE RVU:** 0.00

**RUC Recommendation:** 6

**Referred to CPT** October 2020

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

**Result:** Increase

**0232T** Injection(s), platelet rich plasma, any site, including image guidance, harvesting and preparation when performed **Global:** XXX **Issue:** RAW **Screen:** High Volume Category III Codes 2022 **Complete?** No

**Most Recent**  
**RUC Meeting:** September 2022 **Tab:** 13 **Specialty Developing Recommendation:** AAOS, AAPM&R, NASS

**First Identified:** April 2022

**2020 Medicare Utilization:** 1,678

**2022 Work RVU:** 0.00

**2022 NF PE RVU:** 0

**2022 Fac PE RVU:** 0

**RUC Recommendation:** Review action plan

**Referred to CPT**

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

**Result:**

## Status Report: CMS Requests and Relativity Assessment Issues

**0275T** Percutaneous laminotomy/laminectomy (interlaminar approach) for decompression of neural elements, (with or without ligamentous resection, discectomy, facetectomy and/or foraminotomy), any method, under indirect image guidance (eg, fluoroscopic, ct), single or multiple levels, unilateral or bilateral; lumbar

**Global:** YYY **Issue:**

**Screen:** High Volume Category III Codes **Complete?** Yes

**Most Recent**  
**RUC Meeting:** January 2020

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

**First**  
**Identified:** October 2019

**2020**  
**Medicare**  
**Utilization:** 3,903

**2022 Work RVU:** 0.00  
**2022 NF PE RVU:** 0.00  
**2022 Fac PE RVU:** 0.00

**RUC Recommendation:** Maintain

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

**Result:** Maintain

**0376T** Insertion of anterior segment aqueous drainage device, without extraocular reservoir, internal approach, into the trabecular meshwork; each additional device insertion (List separately in addition to code for primary procedure)

**Global:** XXX **Issue:** Cataract Removal with Drainage Device Insertion

**Screen:** High Volume Category III Codes **Complete?** Yes

**Most Recent**  
**RUC Meeting:** January 2021

**Tab:** 16 **Specialty Developing** AAO  
**Recommendation:**

**First**  
**Identified:** October 2019

**2020**  
**Medicare**  
**Utilization:** 6,252

**2022 Work RVU:**  
**2022 NF PE RVU:**  
**2022 Fac PE RVU:**

**RUC Recommendation:** Deleted from CPT

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

**Result:** Deleted from CPT

**0379T** Visual field assessment, with concurrent real time data analysis and accessible data storage with patient initiated data transmitted to a remote surveillance center for up to 30 days; technical support and patient instructions, surveillance, analysis, and transmission of daily and emergent data reports as prescribed by a physician or other qualified health care professional

**Global:** XXX **Issue:**

**Screen:** High Volume Category III Codes **Complete?** No

**Most Recent**  
**RUC Meeting:** January 2020

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

**First**  
**Identified:** October 2019

**2020**  
**Medicare**  
**Utilization:** 47,885

**2022 Work RVU:** 0.00  
**2022 NF PE RVU:** 0.00  
**2022 Fac PE RVU:** 0.00

**RUC Recommendation:** Review in 3 years (Sept 2023)

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

**Result:**



## Status Report: CMS Requests and Relativity Assessment Issues

**0394T** High dose rate electronic brachytherapy, skin surface application, per fraction, includes basic dosimetry, when performed **Global:** XXX **Issue:** **Screen:** High Volume Category III Codes **Complete?** No

**Most Recent**  
**RUC Meeting:** January 2020

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

**First**  
**Identified:** October 2019

**2020**  
**Medicare**  
**Utilization:** 29,474

**2022 Work RVU:** 0.00  
**2022 NF PE RVU:** 0.00  
**2022 Fac PE RVU:** 0.00

**RUC Recommendation:** Review in 3 years (Sept 2023)

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

**Result:**

**0446T** Creation of subcutaneous pocket with insertion of implantable interstitial glucose sensor, including system activation and patient training **Global:** 000 **Issue:** Insertion/ Removal of Implantable Interstitial Glucose Sensor System **Screen:** CMS Request - Final Rule for 2020 **Complete?** Yes

**Most Recent**  
**RUC Meeting:** January 2020

**Tab:** 33 **Specialty Developing** AACE, ES  
**Recommendation:**

**First**  
**Identified:** November 2019

**2020**  
**Medicare**  
**Utilization:** 17

**2022 Work RVU:** 1.14  
**2022 NF PE RVU:** 53.00  
**2022 Fac PE RVU:** 0.49

**RUC Recommendation:** Contractor Price

**Referred to CPT** February 2021  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Contractor Price

**0447T** Removal of implantable interstitial glucose sensor from subcutaneous pocket via incision **Global:** 000 **Issue:** Insertion/ Removal of Implantable Interstitial Glucose Sensor System **Screen:** CMS Request - Final Rule for 2020 **Complete?** Yes

**Most Recent**  
**RUC Meeting:** January 2020

**Tab:** 33 **Specialty Developing** AACE, ES  
**Recommendation:**

**First**  
**Identified:** November 2019

**2020**  
**Medicare**  
**Utilization:** 10

**2022 Work RVU:** 1.34  
**2022 NF PE RVU:** 1.57  
**2022 Fac PE RVU:** 0.55

**RUC Recommendation:** Contractor Price

**Referred to CPT** February 2021  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Contractor Price

# Status Report: CMS Requests and Relativity Assessment Issues

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

## Status Report: CMS Requests and Relativity Assessment Issues

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**0507T** Near infrared dual imaging (ie, simultaneous reflective and transilluminated light) of meibomian glands, unilateral or bilateral, with interpretation and report      **Global:** XXX      **Issue:** RAW      **Screen:** High Volume Category III Codes 2022      **Complete?** No

**Most Recent**      **Tab:** 13      **Specialty Developing**      AAO, AOA  
**RUC Meeting:** September 2022      **Recommendation:**

**First**  
**Identified:** April 2022

**2020**  
**Medicare**  
**Utilization:** 3,059

**2022 Work RVU:** 0.00

**2022 NF PE RVU:** 0

**2022 Fac PE RVU:** 0

**RUC Recommendation:** Review action plan

**Referred to CPT**

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

**Result:**

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**0509T** Electrorretinography (erg) with interpretation and report, pattern (perg)      **Global:** XXX      **Issue:** Electrorretinography      **Screen:** Work Neutrality 2019      **Complete?** No

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

**First**  
**Identified:** October 2020

**2020**  
**Medicare**  
**Utilization:** 22,480

**2022 Work RVU:** 0.40

**2022 NF PE RVU:** 1.78

**2022 Fac PE RVU:** NA

**RUC Recommendation:** Review action plan

**Referred to CPT**

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

**Result:** Remove from Screen

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**0671T** Insertion of anterior segment aqueous drainage device into the trabecular meshwork, without external reservoir, and without concomitant cataract removal, one or more      **Global:** YYY      **Issue:** Cataract Removal with Drainage Device Insertion      **Screen:** High Volume Category III Codes      **Complete?** Yes

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

**First**  
**Identified:** January 2021

**2020**  
**Medicare**  
**Utilization:**

**2022 Work RVU:** 0.00

**2022 NF PE RVU:** 0.00

**2022 Fac PE RVU:** 0.00

**RUC Recommendation:** Contractor Price

**Referred to CPT**      October 2020

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

**Result:** Contractor Price

# Status Report: CMS Requests and Relativity Assessment Issues

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

**Most Recent RUC Meeting:** October 2017

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

**First Identified:** June 2017

**2020 Medicare Utilization:** 317

**2022 Work RVU:** 0.80  
**2022 NF PE RVU:** 0.60  
**2022 Fac PE RVU:** 0.35

**RUC Recommendation:** 0.80

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

**Result:** Decrease

**10005** Fine needle aspiration biopsy, including ultrasound guidance; first lesion **Global:** XXX **Issue:** Fine Needle Aspiration **Screen:** CMS High Expenditure Procedural Codes2 / CMS Request - Final Rule for 2016 / CMS Request - Final Rule for 2020 **Complete?** Yes

**Most Recent RUC Meeting:** January 2020

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

**First Identified:** June 2017

**2020 Medicare Utilization:** 118,014

**2022 Work RVU:** 1.46  
**2022 NF PE RVU:** 2.48  
**2022 Fac PE RVU:** 0.54

**RUC Recommendation:** 1.63

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

**Result:** Decrease

**10006** Fine needle aspiration biopsy, including ultrasound guidance; each additional lesion (list separately in addition to code for primary procedure) **Global:** ZZZ **Issue:** Fine Needle Aspiration **Screen:** CMS High Expenditure Procedural Codes2 / CMS Request - Final Rule for 2016 **Complete?** Yes

**Most Recent RUC Meeting:** October 2017

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

**First Identified:** June 2017

**2020 Medicare Utilization:** 27,167

**2022 Work RVU:** 1.00  
**2022 NF PE RVU:** 0.68  
**2022 Fac PE RVU:** 0.38

**RUC Recommendation:** 1.00

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

**Result:** Decrease

# Status Report: CMS Requests and Relativity Assessment Issues

**10007** Fine needle aspiration biopsy, including fluoroscopic guidance; first lesion **Global:** XXX **Issue:** Fine Needle Aspiration **Screen:** CMS High Expenditure Procedural Codes2 / CMS Request - Final Rule for 2016 **Complete?** Yes

**Most Recent RUC Meeting:** October 2017

**Tab:** 04

**Specialty Developing Recommendation:**

**First Identified:** June 2017

**2020 Medicare Utilization:** 465

**2022 Work RVU:** 1.81

**2022 NF PE RVU:** 7.01

**2022 Fac PE RVU:** 0.66

**RUC Recommendation:** 1.81

**Referred to CPT**

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

**Result:** Decrease

**10008** Fine needle aspiration biopsy, including fluoroscopic guidance; each additional lesion (list separately in addition to code for primary procedure) **Global:** ZZZ **Issue:** Fine Needle Aspiration **Screen:** CMS High Expenditure Procedural Codes2 / CMS Request - Final Rule for 2016 **Complete?** Yes

**Most Recent RUC Meeting:** October 2017

**Tab:** 04

**Specialty Developing Recommendation:**

**First Identified:** June 2017

**2020 Medicare Utilization:** 21

**2022 Work RVU:** 1.18

**2022 NF PE RVU:** 3.63

**2022 Fac PE RVU:** 0.39

**RUC Recommendation:** 1.18

**Referred to CPT**

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

**Result:** Decrease

**10009** Fine needle aspiration biopsy, including ct guidance; first lesion **Global:** XXX **Issue:** Fine Needle Aspiration **Screen:** CMS High Expenditure Procedural Codes2 / CMS Request - Final Rule for 2016 **Complete?** Yes

**Most Recent RUC Meeting:** October 2017

**Tab:** 04

**Specialty Developing Recommendation:**

**First Identified:** June 2017

**2020 Medicare Utilization:** 3,625

**2022 Work RVU:** 2.26

**2022 NF PE RVU:** 11.09

**2022 Fac PE RVU:** 0.77

**RUC Recommendation:** 2.43

**Referred to CPT**

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

**Result:** Decrease

# Status Report: CMS Requests and Relativity Assessment Issues

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

**Most Recent RUC Meeting:** October 2017

**Tab:** 04

**Specialty Developing Recommendation:**

**First Identified:** June 2017

**2020 Medicare Utilization:** 46

**2022 Work RVU:** 1.65

**2022 NF PE RVU:** 6.17

**2022 Fac PE RVU:** 0.54

**RUC Recommendation:** 1.65

**Referred to CPT**

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

**Result:** Decrease

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

**Global:** XXX

**Issue:** Fine Needle Aspiration

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

**Complete?** Yes

**Most Recent RUC Meeting:** January 2018

**Tab:** 04

**Specialty Developing Recommendation:**

**First Identified:** June 2017

**2020 Medicare Utilization:** 74

**2022 Work RVU:** 0.00

**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

**10012** Fine needle aspiration biopsy, including mr guidance; each additional lesion (list separately in addition to code for primary procedure) **Global:** ZZZ **Issue:** Fine Needle Aspiration

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

**Complete?** Yes

**Most Recent RUC Meeting:** January 2018

**Tab:** 04

**Specialty Developing Recommendation:**

**First Identified:** June 2017

**2020 Medicare Utilization:** 73

**2022 Work RVU:** 0.00

**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

# Status Report: CMS Requests and Relativity Assessment Issues

<b>10021</b>	Fine needle aspiration biopsy, without imaging guidance; first lesion	<b>Global:</b> XXX	<b>Issue:</b> Fine Needle Aspiration	<b>Screen:</b> CMS Request - Final Rule for 2016 / CMS Request - Final Rule for 2020	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2020	<b>Tab:</b> 21	<b>Specialty Developing Recommendation:</b> AACE, ASBS, ASC, CAP, ES, AAOHNS, ACS	<b>First Identified:</b> July 2015	<b>2020 Medicare Utilization:</b> 13,427	<b>2022 Work RVU:</b> 1.03 <b>2022 NF PE RVU:</b> 1.87 <b>2022 Fac PE RVU:</b> 0.45
<b>RUC Recommendation:</b> 1.20			<b>Referred to CPT</b> June 2017 <b>Referred to CPT Asst</b> <input type="checkbox"/> <b>Published in CPT Asst:</b>	<b>Result:</b> Decrease	
<b>10022</b>	Fine needle aspiration; with imaging guidance	<b>Global:</b>	<b>Issue:</b> Fine Needle Aspiration	<b>Screen:</b> CMS Fastest Growing / CMS High Expenditure Procedural Codes2 / CMS Request - Final Rule for 2016	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2017	<b>Tab:</b> 04	<b>Specialty Developing Recommendation:</b> AACE, ASBS, ASC, CAP, ES, ACR, SIR	<b>First Identified:</b> October 2008	<b>2020 Medicare Utilization:</b>	<b>2022 Work RVU:</b> <b>2022 NF PE RVU:</b> <b>2022 Fac PE RVU:</b>
<b>RUC Recommendation:</b> Deleted from CPT			<b>Referred to CPT</b> June 2017 <b>Referred to CPT Asst</b> <input type="checkbox"/> <b>Published in CPT Asst:</b>	<b>Result:</b> Deleted from CPT	
<b>10030</b>	Image-guided fluid collection drainage by catheter (eg, abscess, hematoma, seroma, lymphocele, cyst), soft tissue (eg, extremity, abdominal wall, neck), percutaneous	<b>Global:</b> 000	<b>Issue:</b> Drainage of Abscess	<b>Screen:</b> Codes Reported Together 75% or More-Part2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2013	<b>Tab:</b> 04	<b>Specialty Developing Recommendation:</b> ACR, SIR	<b>First Identified:</b> January 2012	<b>2020 Medicare Utilization:</b> 7,896	<b>2022 Work RVU:</b> 2.75 <b>2022 NF PE RVU:</b> 16.91 <b>2022 Fac PE RVU:</b> 0.94
<b>RUC Recommendation:</b> 3.00			<b>Referred to CPT</b> October 2012 <b>Referred to CPT Asst</b> <input type="checkbox"/> <b>Published in CPT Asst:</b>	<b>Result:</b> Decrease	

# Status Report: CMS Requests and Relativity Assessment Issues

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

**Most Recent RUC Meeting:** April 2016 **Tab:** 13 **Specialty Developing Recommendation:** AAD

**First Identified:** October 2015 **2020 Medicare Utilization:** 31,603

**2022 Work RVU:** 0.91  
**2022 NF PE RVU:** 2.45  
**2022 Fac PE RVU:** 0.52

**RUC Recommendation:** 0.91

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

**Result:** Decrease

**10060** Incision and drainage of abscess (eg, carbuncle, suppurative hidradenitis, cutaneous or subcutaneous abscess, cyst, furuncle, or paronychia); simple or single **Global:** 010 **Issue:** Incision and Drainage of Abscess **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

**Most Recent RUC Meeting:** October 2010 **Tab:** 07 **Specialty Developing Recommendation:** APMA

**First Identified:** February 2010 **2020 Medicare Utilization:** 301,942

**2022 Work RVU:** 1.22  
**2022 NF PE RVU:** 2.35  
**2022 Fac PE RVU:** 1.74

**RUC Recommendation:** 1.50

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

**Result:** Increase

**10061** Incision and drainage of abscess (eg, carbuncle, suppurative hidradenitis, cutaneous or subcutaneous abscess, cyst, furuncle, or paronychia); complicated or multiple **Global:** 010 **Issue:** Incision and Drainage of Abscess **Screen:** Harvard Valued - Utilization over 100,000 / 010-Day Global Post-Operative Visits2 **Complete?** Yes

**Most Recent RUC Meeting:** January 2020 **Tab:** 37 **Specialty Developing Recommendation:** APMA

**First Identified:** October 2009 **2020 Medicare Utilization:** 112,597

**2022 Work RVU:** 2.45  
**2022 NF PE RVU:** 3.55  
**2022 Fac PE RVU:** 2.63

**RUC Recommendation:** Maintain. 2.45

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

**Result:** Maintain



# Status Report: CMS Requests and Relativity Assessment Issues

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<b>10120</b>	Incision and removal of foreign body, subcutaneous tissues; simple	<b>Global:</b> 010	<b>Issue:</b>	<b>Screen:</b> Harvard Valued - Utilization over 30,000	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> September 2011	<b>Tab:</b> 12	<b>Specialty Developing Recommendation:</b> APMA, AAFP	<b>First Identified:</b> April 2011	<b>2020 Medicare Utilization:</b> 35,873	<b>2022 Work RVU:</b> 1.22 <b>2022 NF PE RVU:</b> 3.12 <b>2022 Fac PE RVU:</b> 1.70
<b>RUC Recommendation:</b> 1.25			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b> Maintain

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<b>10180</b>	Incision and drainage, complex, postoperative wound infection	<b>Global:</b> 010	<b>Issue:</b>	<b>Screen:</b> RUC identified when reviewing comparison codes	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2013	<b>Tab:</b> 18	<b>Specialty Developing Recommendation:</b>	<b>First Identified:</b> January 2013	<b>2020 Medicare Utilization:</b> 8,361	<b>2022 Work RVU:</b> 2.30 <b>2022 NF PE RVU:</b> 5.08 <b>2022 Fac PE RVU:</b> 2.46
<b>RUC Recommendation:</b> Remove from re-review			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b> Maintain

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<b>11040</b>	Deleted from CPT	<b>Global:</b>	<b>Issue:</b> Excision and Debridement	<b>Screen:</b> Site of Service Anomaly	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> September 2007	<b>Tab:</b> 16	<b>Specialty Developing Recommendation:</b> APMA, APTA	<b>First Identified:</b> September 2007	<b>2020 Medicare Utilization:</b>	<b>2022 Work RVU:</b> <b>2022 NF PE RVU:</b> <b>2022 Fac PE RVU:</b>
<b>RUC Recommendation:</b> Deleted from CPT			<b>Referred to CPT</b> October 2009 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b> Deleted from CPT

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<b>11041</b>	Deleted from CPT	<b>Global:</b>	<b>Issue:</b> Excision and Debridement	<b>Screen:</b> Site of Service Anomaly	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> September 2007	<b>Tab:</b> 16	<b>Specialty Developing Recommendation:</b> APMA, APTA	<b>First Identified:</b> September 2007	<b>2020 Medicare Utilization:</b>	<b>2022 Work RVU:</b> <b>2022 NF PE RVU:</b> <b>2022 Fac PE RVU:</b>
<b>RUC Recommendation:</b> Deleted from CPT			<b>Referred to CPT</b> October 2009 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b> Deleted from CPT

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# Status Report: CMS Requests and Relativity Assessment Issues

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

**Most Recent** **Tab:** 04 **Specialty Developing** APMA, APTA **First** **2020** **2022 Work RVU:** 1.01  
**RUC Meeting:** February 2010 **Recommendation:** **Identified:** September 2007 **Medicare** **2022 NF PE RVU:** 2.74  
**Utilization:** 1,874,785 **2022 Fac PE RVU:** 0.63  
**RUC Recommendation:** 1.12 **Referred to CPT** October 2009 **Result:** Increase  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

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

**Most Recent** **Tab:** 04 **Specialty Developing** APMA, APTA **First** **2020** **2022 Work RVU:** 2.70  
**RUC Meeting:** February 2010 **Recommendation:** **Identified:** September 2007 **Medicare** **2022 NF PE RVU:** 3.81  
**Utilization:** 511,436 **2022 Fac PE RVU:** 1.40  
**RUC Recommendation:** 3.00 **Referred to CPT** October 2009 **Result:** Decrease  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

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

**Most Recent** **Tab:** 04 **Specialty Developing** APMA, APTA **First** **2020** **2022 Work RVU:** 4.10  
**RUC Meeting:** February 2010 **Recommendation:** **Identified:** September 2007 **Medicare** **2022 NF PE RVU:** 4.44  
**Utilization:** 103,711 **2022 Fac PE RVU:** 1.85  
**RUC Recommendation:** 4.56 **Referred to CPT** October 2009 **Result:** Increase  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

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

**Most Recent** **Tab:** 04 **Specialty Developing** ACS, APMA, APTA **First** **2020** **2022 Work RVU:** 0.50  
**RUC Meeting:** February 2010 **Recommendation:** **Identified:** February 2010 **Medicare** **2022 NF PE RVU:** 0.62  
**Utilization:** 562,568 **2022 Fac PE RVU:** 0.18  
**RUC Recommendation:** 0.69 **Referred to CPT** **Result:** Increase  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

## Status Report: CMS Requests and Relativity Assessment Issues

<b>11046</b>	Debridement, muscle and/or fascia (includes epidermis, dermis, and subcutaneous tissue, if performed); each additional 20 sq cm, or part thereof (list separately in addition to code for primary procedure)	<b>Global:</b> ZZZ	<b>Issue:</b> Debridement	<b>Screen:</b> Site of Service Anomaly / High Volume Growth8	<b>Complete?</b> No
<b>Most Recent RUC Meeting:</b> September 2022	<b>Tab:</b> 13	<b>Specialty Developing Recommendation:</b> ACS, APMA, APTA	<b>First Identified:</b> February 2010	<b>2020 Medicare Utilization:</b> 297,110	<b>2022 Work RVU:</b> 1.03 <b>2022 NF PE RVU:</b> 0.95 <b>2022 Fac PE RVU:</b> 0.40
<b>RUC Recommendation:</b> Review action plan. 1.29			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b> Decrease
<hr/>					
<b>11047</b>	Debridement, bone (includes epidermis, dermis, subcutaneous tissue, muscle and/or fascia, if performed); each additional 20 sq cm, or part thereof (list separately in addition to code for primary procedure)	<b>Global:</b> ZZZ	<b>Issue:</b> Debridement	<b>Screen:</b> Site of Service Anomaly / High Volume Growth6	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2020	<b>Tab:</b> 37	<b>Specialty Developing Recommendation:</b> ACS, APMA, APTA	<b>First Identified:</b> February 2010	<b>2020 Medicare Utilization:</b> 79,890	<b>2022 Work RVU:</b> 1.80 <b>2022 NF PE RVU:</b> 1.43 <b>2022 Fac PE RVU:</b> 0.71
<b>RUC Recommendation:</b> 2.00			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b> Increase
<hr/>					
<b>11055</b>	Paring or cutting of benign hyperkeratotic lesion (eg, corn or callus); single lesion	<b>Global:</b> 000	<b>Issue:</b> RAW Review	<b>Screen:</b> CMS Request to Re-Review Families of Recently Reviewed CPT Codes	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2012	<b>Tab:</b> 30	<b>Specialty Developing Recommendation:</b> APMA	<b>First Identified:</b> November 2011	<b>2020 Medicare Utilization:</b> 717,784	<b>2022 Work RVU:</b> 0.35 <b>2022 NF PE RVU:</b> 1.77 <b>2022 Fac PE RVU:</b> 0.08
<b>RUC Recommendation:</b> Maintain			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b> Maintain

# Status Report: CMS Requests and Relativity Assessment Issues

<b>11056</b>	<b>Paring or cutting of benign hyperkeratotic lesion (eg, corn or callus); 2 to 4 lesions</b>	<b>Global:</b> 000	<b>Issue:</b> Trim Skin Lesions	<b>Screen:</b> MPC List / CMS Request to Re-Review Families of Recently Reviewed CPT Codes	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2012	<b>Tab:</b> 53	<b>Specialty Developing Recommendation:</b> APMA	<b>First Identified:</b> October 2010	<b>2020 Medicare Utilization:</b> 1,666,621	<b>2022 Work RVU:</b> 0.50 <b>2022 NF PE RVU:</b> 1.93 <b>2022 Fac PE RVU:</b> 0.11
<b>RUC Recommendation:</b> 0.50			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b> Decrease
<hr/>					
<b>11057</b>	<b>Paring or cutting of benign hyperkeratotic lesion (eg, corn or callus); more than 4 lesions</b>	<b>Global:</b> 000	<b>Issue:</b> RAW Review	<b>Screen:</b> CMS Request to Re-Review Families of Recently Reviewed CPT Codes	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2012	<b>Tab:</b> 30	<b>Specialty Developing Recommendation:</b> APMA	<b>First Identified:</b> November 2011	<b>2020 Medicare Utilization:</b> 292,269	<b>2022 Work RVU:</b> 0.65 <b>2022 NF PE RVU:</b> 2.01 <b>2022 Fac PE RVU:</b> 0.14
<b>RUC Recommendation:</b> Maintain			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b> Maintain
<hr/>					
<b>11100</b>	<b>Biopsy of skin, subcutaneous tissue and/or mucous membrane (including simple closure), unless otherwise listed; single lesion</b>	<b>Global:</b>	<b>Issue:</b> Biopsy of Skin Lesion	<b>Screen:</b> MPC List / CMS High Expenditure Procedural Codes2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2017	<b>Tab:</b> 05	<b>Specialty Developing Recommendation:</b> AAD	<b>First Identified:</b> October 2010	<b>2020 Medicare Utilization:</b>	<b>2022 Work RVU:</b> <b>2022 NF PE RVU:</b> <b>2022 Fac PE RVU:</b>
<b>RUC Recommendation:</b> Deleted from CPT			<b>Referred to CPT</b> February 2017 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b> Deleted from CPT
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## Status Report: CMS Requests and Relativity Assessment Issues

<b>11101</b>	Biopsy of skin, subcutaneous tissue and/or mucous membrane (including simple closure), unless otherwise listed; each separate/additional lesion (List separately in addition to code for primary procedure)	<b>Global:</b>	<b>Issue:</b> Biopsy of Skin Lesion	<b>Screen:</b> Low Value Billed in Multiple Units / CMS High Expenditure Procedural Codes2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2017	<b>Tab:</b> 05 <b>Specialty Developing Recommendation:</b> AAD	<b>First Identified:</b> October 2010	<b>2020 Medicare Utilization:</b>	<b>2022 Work RVU:</b> <b>2022 NF PE RVU:</b> <b>2022 Fac PE RVU:</b>	
<b>RUC Recommendation:</b> Deleted from CPT		<b>Referred to CPT</b> February 2017 <b>Referred to CPT Asst</b> <input type="checkbox"/> <b>Published in CPT Asst:</b>		<b>Result:</b> Deleted from CPT	
<hr/>					
<b>11102</b>	Tangential biopsy of skin (eg, shave, scoop, saucerize, curette); single lesion	<b>Global:</b> 000	<b>Issue:</b> Skin Biopsy	<b>Screen:</b> CMS High Expenditure Procedural Codes2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2017	<b>Tab:</b> 05 <b>Specialty Developing Recommendation:</b>	<b>First Identified:</b> February 2017	<b>2020 Medicare Utilization:</b> 2,845,400	<b>2022 Work RVU:</b> 0.66 <b>2022 NF PE RVU:</b> 2.32 <b>2022 Fac PE RVU:</b> 0.37	
<b>RUC Recommendation:</b> 0.66		<b>Referred to CPT</b> February 2017 <b>Referred to CPT Asst</b> <input type="checkbox"/> <b>Published in CPT Asst:</b>		<b>Result:</b> Decrease	
<hr/>					
<b>11103</b>	Tangential biopsy of skin (eg, shave, scoop, saucerize, curette); each separate/additional lesion (list separately in addition to code for primary procedure)	<b>Global:</b> ZZZ	<b>Issue:</b> Skin Biopsy	<b>Screen:</b> CMS High Expenditure Procedural Codes2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2017	<b>Tab:</b> 05 <b>Specialty Developing Recommendation:</b>	<b>First Identified:</b> February 2017	<b>2020 Medicare Utilization:</b> 1,260,155	<b>2022 Work RVU:</b> 0.38 <b>2022 NF PE RVU:</b> 1.10 <b>2022 Fac PE RVU:</b> 0.22	
<b>RUC Recommendation:</b> 0.38		<b>Referred to CPT</b> February 2017 <b>Referred to CPT Asst</b> <input type="checkbox"/> <b>Published in CPT Asst:</b>		<b>Result:</b> Decrease	
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# Status Report: CMS Requests and Relativity Assessment Issues

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

## Status Report: CMS Requests and Relativity Assessment Issues

<b>11107</b>	Incisional biopsy of skin (eg, wedge) (including simple closure, when performed); each separate/additional lesion (list separately in addition to code for primary procedure)	<b>Global:</b> ZZZ	<b>Issue:</b> Skin Biopsy	<b>Screen:</b> CMS High Expenditure Procedural Codes2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2017	<b>Tab:</b> 05 <b>Specialty Developing Recommendation:</b>	<b>First Identified:</b> February 2017	<b>2020 Medicare Utilization:</b> 7,813	<b>2022 Work RVU:</b> 0.54 <b>2022 NF PE RVU:</b> 1.53 <b>2022 Fac PE RVU:</b> 0.30	
<b>RUC Recommendation:</b> 0.54		<b>Referred to CPT</b> February 2017 <b>Referred to CPT Asst</b> <input type="checkbox"/> <b>Published in CPT Asst:</b>	<b>Result:</b> Decrease		
<hr/>					
<b>11300</b>	Shaving of epidermal or dermal lesion, single lesion, trunk, arms or legs; lesion diameter 0.5 cm or less	<b>Global:</b> 000	<b>Issue:</b> Shaving of Epidermal or Dermal Lesions	<b>Screen:</b> CMS High Expenditure Procedural Codes1	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2012	<b>Tab:</b> 38 <b>Specialty Developing Recommendation:</b> AAD	<b>First Identified:</b> January 2012	<b>2020 Medicare Utilization:</b> 82,507	<b>2022 Work RVU:</b> 0.60 <b>2022 NF PE RVU:</b> 2.39 <b>2022 Fac PE RVU:</b> 0.33	
<b>RUC Recommendation:</b> 0.60		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/> <b>Published in CPT Asst:</b>	<b>Result:</b> Increase		
<hr/>					
<b>11301</b>	Shaving of epidermal or dermal lesion, single lesion, trunk, arms or legs; lesion diameter 0.6 to 1.0 cm	<b>Global:</b> 000	<b>Issue:</b> Shaving of Epidermal or Dermal Lesions	<b>Screen:</b> CMS High Expenditure Procedural Codes1	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2012	<b>Tab:</b> 38 <b>Specialty Developing Recommendation:</b> AAD	<b>First Identified:</b> January 2012	<b>2020 Medicare Utilization:</b> 175,815	<b>2022 Work RVU:</b> 0.90 <b>2022 NF PE RVU:</b> 2.67 <b>2022 Fac PE RVU:</b> 0.50	
<b>RUC Recommendation:</b> 0.90		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/> <b>Published in CPT Asst:</b>	<b>Result:</b> Increase		

# Status Report: CMS Requests and Relativity Assessment Issues

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

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

**First**  
**Identified:** January 2012

**2020**  
**Medicare**  
**Utilization:** 97,980

**2022 Work RVU:** 1.05  
**2022 NF PE RVU:** 2.98  
**2022 Fac PE RVU:** 0.59

**RUC Recommendation:** 1.16

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

**Result:** Increase

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

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

**First**  
**Identified:** January 2012

**2020**  
**Medicare**  
**Utilization:** 14,452

**2022 Work RVU:** 1.25  
**2022 NF PE RVU:** 3.19  
**2022 Fac PE RVU:** 0.69

**RUC Recommendation:** 1.25

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

**Result:** Increase

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

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

**First**  
**Identified:** January 2012

**2020**  
**Medicare**  
**Utilization:** 86,124

**2022 Work RVU:** 0.80  
**2022 NF PE RVU:** 2.33  
**2022 Fac PE RVU:** 0.24

**RUC Recommendation:** 0.80

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

**Result:** Increase

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

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

**First**  
**Identified:** January 2012

**2020**  
**Medicare**  
**Utilization:** 89,198

**2022 Work RVU:** 0.96  
**2022 NF PE RVU:** 2.63  
**2022 Fac PE RVU:** 0.39

**RUC Recommendation:** 1.18

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

**Result:** Increase



# Status Report: CMS Requests and Relativity Assessment Issues

**11307** Shaving of epidermal or dermal lesion, single lesion, scalp, neck, hands, feet, genitalia; lesion diameter 1.1 to 2.0 cm      **Global:** 000      **Issue:** Shaving of Epidermal or Dermal Lesions      **Screen:** CMS High Expenditure Procedural Codes1      **Complete?** Yes

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

**First**      **2020**  
**Identified:** January 2012      **Medicare**

**Utilization:** 46,559

**2022 Work RVU:** 1.20  
**2022 NF PE RVU:** 2.90  
**2022 Fac PE RVU:** 0.53

**RUC Recommendation:** 1.20

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

**Result:** Increase

**11308** Shaving of epidermal or dermal lesion, single lesion, scalp, neck, hands, feet, genitalia; lesion diameter over 2.0 cm      **Global:** 000      **Issue:** Shaving of Epidermal or Dermal Lesions      **Screen:** CMS High Expenditure Procedural Codes1      **Complete?** Yes

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

**First**      **2020**  
**Identified:** January 2012      **Medicare**

**Utilization:** 14,490

**2022 Work RVU:** 1.46  
**2022 NF PE RVU:** 2.88  
**2022 Fac PE RVU:** 0.49

**RUC Recommendation:** 1.46

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

**Result:** Increase

**11310** Shaving of epidermal or dermal lesion, single lesion, face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 0.5 cm or less      **Global:** 000      **Issue:** Shaving of Epidermal or Dermal Lesions      **Screen:** CMS High Expenditure Procedural Codes1      **Complete?** Yes

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

**First**      **2020**  
**Identified:** January 2012      **Medicare**

**Utilization:** 55,330

**2022 Work RVU:** 0.80  
**2022 NF PE RVU:** 2.60  
**2022 Fac PE RVU:** 0.44

**RUC Recommendation:** 1.19

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

**Result:** Increase

**11311** Shaving of epidermal or dermal lesion, single lesion, face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 0.6 to 1.0 cm      **Global:** 000      **Issue:** Shaving of Epidermal or Dermal Lesions      **Screen:** CMS High Expenditure Procedural Codes1      **Complete?** Yes

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

**First**      **2020**  
**Identified:** January 2012      **Medicare**

**Utilization:** 81,049

**2022 Work RVU:** 1.10  
**2022 NF PE RVU:** 2.90  
**2022 Fac PE RVU:** 0.61

**RUC Recommendation:** 1.43

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

**Result:** Increase

# Status Report: CMS Requests and Relativity Assessment Issues

<b>11312</b>	Shaving of epidermal or dermal lesion, single lesion, face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 1.1 to 2.0 cm	<b>Global:</b> 000	<b>Issue:</b> Shaving of Epidermal or Dermal Lesions	<b>Screen:</b> CMS High Expenditure Procedural Codes1	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2012	<b>Tab:</b> 38	<b>Specialty Developing Recommendation:</b> AAD	<b>First Identified:</b> January 2012	<b>2020 Medicare Utilization:</b> 37,360	<b>2022 Work RVU:</b> 1.30 <b>2022 NF PE RVU:</b> 3.23 <b>2022 Fac PE RVU:</b> 0.73
<b>RUC Recommendation:</b> 1.80			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b> Increase
<hr/>					
<b>11313</b>	Shaving of epidermal or dermal lesion, single lesion, face, ears, eyelids, nose, lips, mucous membrane; lesion diameter over 2.0 cm	<b>Global:</b> 000	<b>Issue:</b> Shaving of Epidermal or Dermal Lesions	<b>Screen:</b> CMS High Expenditure Procedural Codes1	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2012	<b>Tab:</b> 38	<b>Specialty Developing Recommendation:</b> AAD	<b>First Identified:</b> January 2012	<b>2020 Medicare Utilization:</b> 6,566	<b>2022 Work RVU:</b> 1.68 <b>2022 NF PE RVU:</b> 3.56 <b>2022 Fac PE RVU:</b> 0.94
<b>RUC Recommendation:</b> 2.00			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b> Increase
<hr/>					
<b>11719</b>	Trimming of nondystrophic nails, any number	<b>Global:</b> 000	<b>Issue:</b> Debridement of Nail	<b>Screen:</b> Low Value-High Volume	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2012	<b>Tab:</b> 32	<b>Specialty Developing Recommendation:</b> APMA	<b>First Identified:</b> October 2010	<b>2020 Medicare Utilization:</b> 618,801	<b>2022 Work RVU:</b> 0.17 <b>2022 NF PE RVU:</b> 0.23 <b>2022 Fac PE RVU:</b> 0.04
<b>RUC Recommendation:</b> 0.17			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b> Maintain
<hr/>					
<b>11720</b>	Debridement of nail(s) by any method(s); 1 to 5	<b>Global:</b> 000	<b>Issue:</b> Debridement of Nail	<b>Screen:</b> MPC List	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> September 2011	<b>Tab:</b> 53	<b>Specialty Developing Recommendation:</b> APMA	<b>First Identified:</b> Septemer 2011	<b>2020 Medicare Utilization:</b> 1,664,611	<b>2022 Work RVU:</b> 0.32 <b>2022 NF PE RVU:</b> 0.60 <b>2022 Fac PE RVU:</b> 0.07
<b>RUC Recommendation:</b> 0.32 (Interim)			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b> Maintain
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# Status Report: CMS Requests and Relativity Assessment Issues

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<b>11721</b>	<b>Debridement of nail(s) by any method(s); 6 or more</b>	<b>Global:</b> 000	<b>Issue:</b> Debridement of Nail	<b>Screen:</b> MPC List	<b>Complete?</b> Yes
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<b>Most Recent</b>	<b>Tab:</b> 53	<b>Specialty Developing</b>	APMA
<b>RUC Meeting:</b>	September 2011	<b>Recommendation:</b>	

<b>First</b>	
<b>Identified:</b>	October 2010

<b>2020</b>	
<b>Medicare</b>	
<b>Utilization:</b>	5,311,737

<b>2022 Work RVU:</b>	0.54
<b>2022 NF PE RVU:</b>	0.72
<b>2022 Fac PE RVU:</b>	0.12

**RUC Recommendation:** 0.54 (Interim)

<b>Referred to CPT</b>	
<b>Referred to CPT Asst</b>	<input type="checkbox"/> <b>Published in CPT Asst:</b>

**Result:** Maintain

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<b>11730</b>	<b>Avulsion of nail plate, partial or complete, simple; single</b>	<b>Global:</b> 000	<b>Issue:</b> Removal of Nail Plate	<b>Screen:</b> CMS High Expenditure Procedural Codes2	<b>Complete?</b> Yes
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<b>Most Recent</b>	<b>Tab:</b> 56	<b>Specialty Developing</b>	APMA
<b>RUC Meeting:</b>	January 2016	<b>Recommendation:</b>	

<b>First</b>	
<b>Identified:</b>	July 2015

<b>2020</b>	
<b>Medicare</b>	
<b>Utilization:</b>	325,804

<b>2022 Work RVU:</b>	1.05
<b>2022 NF PE RVU:</b>	2.29
<b>2022 Fac PE RVU:</b>	0.43

**RUC Recommendation:** 1.10

<b>Referred to CPT</b>	
<b>Referred to CPT Asst</b>	<input type="checkbox"/> <b>Published in CPT Asst:</b>

**Result:** Maintain

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<b>11750</b>	<b>Excision of nail and nail matrix, partial or complete (eg, ingrown or deformed nail), for permanent removal</b>	<b>Global:</b> 010	<b>Issue:</b> Excision of Nail Bed - HCPAC	<b>Screen:</b> 010-Day Global Post-Operative Visits	<b>Complete?</b> Yes
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<b>Most Recent</b>	<b>Tab:</b> 26	<b>Specialty Developing</b>	
<b>RUC Meeting:</b>	September 2014	<b>Recommendation:</b>	

<b>First</b>	
<b>Identified:</b>	January 2014

<b>2020</b>	
<b>Medicare</b>	
<b>Utilization:</b>	168,490

<b>2022 Work RVU:</b>	1.58
<b>2022 NF PE RVU:</b>	3.06
<b>2022 Fac PE RVU:</b>	1.27

**RUC Recommendation:** 1.99

<b>Referred to CPT</b>	
<b>Referred to CPT Asst</b>	<input type="checkbox"/> <b>Published in CPT Asst:</b>

**Result:** Decrease

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<b>11752</b>	<b>Excision of nail and nail matrix, partial or complete (eg, ingrown or deformed nail), for permanent removal; with amputation of tuft of distal phalanx</b>	<b>Global:</b>	<b>Issue:</b> Excision of Nail Bed - HCPAC	<b>Screen:</b> 010-Day Global Post-Operative Visits	<b>Complete?</b> Yes
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<b>Most Recent</b>	<b>Tab:</b> 28	<b>Specialty Developing</b>	
<b>RUC Meeting:</b>	January 2015	<b>Recommendation:</b>	

<b>First</b>	
<b>Identified:</b>	January 2014

<b>2020</b>	
<b>Medicare</b>	
<b>Utilization:</b>	

<b>2022 Work RVU:</b>	
<b>2022 NF PE RVU:</b>	
<b>2022 Fac PE RVU:</b>	

**RUC Recommendation:** Deleted from CPT

<b>Referred to CPT</b>	October 2015
<b>Referred to CPT Asst</b>	<input type="checkbox"/> <b>Published in CPT Asst:</b>

**Result:** Deleted from CPT

# Status Report: CMS Requests and Relativity Assessment Issues

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

**Most Recent RUC Meeting:** April 2017

**Tab:** 41i **Specialty Developing Recommendation:** APMA

**First Identified:** July 2016

**2020 Medicare Utilization:** 51,856

**2022 Work RVU:** 1.25

**2022 NF PE RVU:** 2.32

**2022 Fac PE RVU:** 0.42

**RUC Recommendation:** 1.25

**Referred to CPT**

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

**Result:** Decrease

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

**Global:** 000

**Issue:** Skin Injection Services

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

**Complete?** Yes

**Most Recent RUC Meeting:** April 2010

**Tab:** 31 **Specialty Developing Recommendation:** AAD

**First Identified:** October 2009

**2020 Medicare Utilization:** 220,328

**2022 Work RVU:** 0.52

**2022 NF PE RVU:** 1.11

**2022 Fac PE RVU:** 0.29

**RUC Recommendation:** 0.52

**Referred to CPT**

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

**Result:** Maintain

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

**Global:** 000

**Issue:** Skin Injection Services

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

**Complete?** Yes

**Most Recent RUC Meeting:** April 2010

**Tab:** 31 **Specialty Developing Recommendation:** AAD

**First Identified:** February 2010

**2020 Medicare Utilization:** 58,874

**2022 Work RVU:** 0.80

**2022 NF PE RVU:** 1.20

**2022 Fac PE RVU:** 0.45

**RUC Recommendation:** 0.80

**Referred to CPT**

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

**Result:** Maintain

# Status Report: CMS Requests and Relativity Assessment Issues

<b>11980</b>	Subcutaneous hormone pellet implantation (implantation of estradiol and/or testosterone pellets beneath the skin)	<b>Global:</b> 000	<b>Issue:</b> Drug Delivery Implant Procedures	<b>Screen:</b> High Volume Growth2 / Different Performing Specialty from Survey	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2018	<b>Tab:</b> 05 <b>Specialty Developing Recommendation:</b> AAOS, ACOG, AUA	<b>First Identified:</b> April 2013	<b>2020 Medicare Utilization:</b> 28,049	<b>2022 Work RVU:</b> 1.10 <b>2022 NF PE RVU:</b> 1.52 <b>2022 Fac PE RVU:</b> 0.38	
<b>RUC Recommendation:</b> 1.10		<b>Referred to CPT</b> May 2018 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b> Decrease	
<hr/>					
<b>11981</b>	Insertion, drug-delivery implant (ie, bioresorbable, biodegradable, non-biodegradable)	<b>Global:</b> 000	<b>Issue:</b> Drug Delivery Implant Procedures	<b>Screen:</b> High Volume Growth1 / Different Performing Specialty from Survey	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2018	<b>Tab:</b> 05 <b>Specialty Developing Recommendation:</b> AAOS, ACOG, AUA	<b>First Identified:</b> June 2008	<b>2020 Medicare Utilization:</b> 9,550	<b>2022 Work RVU:</b> 1.14 <b>2022 NF PE RVU:</b> 1.65 <b>2022 Fac PE RVU:</b> 0.51	
<b>RUC Recommendation:</b> 1.30		<b>Referred to CPT</b> May 2018 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b> Decrease	
<hr/>					
<b>11982</b>	Removal, non-biodegradable drug delivery implant	<b>Global:</b> 000	<b>Issue:</b> Drug Delivery Implant Procedures	<b>Screen:</b> High Volume Growth1 / Different Performing Specialty from Survey	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2018	<b>Tab:</b> 05 <b>Specialty Developing Recommendation:</b> AAOS, ACOG, AUA	<b>First Identified:</b> February 2008	<b>2020 Medicare Utilization:</b> 3,025	<b>2022 Work RVU:</b> 1.34 <b>2022 NF PE RVU:</b> 1.78 <b>2022 Fac PE RVU:</b> 0.60	
<b>RUC Recommendation:</b> 1.70		<b>Referred to CPT</b> May 2018 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b> Decrease	

# Status Report: CMS Requests and Relativity Assessment Issues

**11983** Removal with reinsertion, non-biodegradable drug delivery implant **Global:** 000 **Issue:** Drug Delivery Implant Procedures **Screen:** High Volume Growth1 **Complete?** Yes

**Most Recent RUC Meeting:** October 2018

**Tab:** 05 **Specialty Developing Recommendation:** AAOS, ACOG, AUA

**First Identified:** June 2008

**2020 Medicare Utilization:** 1,684

**2022 Work RVU:** 1.91

**2022 NF PE RVU:** 1.99

**2022 Fac PE RVU:** 0.81

**RUC Recommendation:** 2.10

**Referred to CPT**

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

**Result:** Decrease

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

**Global:** 000

**Issue:** Repair of Superficial Wounds

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

**Complete?** Yes

**Most Recent RUC Meeting:** April 2010

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

**First Identified:** October 2009

**2020 Medicare Utilization:** 157,000

**2022 Work RVU:** 0.84

**2022 NF PE RVU:** 1.79

**2022 Fac PE RVU:** 0.32

**RUC Recommendation:** 0.84

**Referred to CPT**

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

**Result:** Decrease

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

**Global:** 000

**Issue:** Repair of Superficial Wounds

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

**Complete?** Yes

**Most Recent RUC Meeting:** April 2010

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

**First Identified:** October 2009

**2020 Medicare Utilization:** 128,921

**2022 Work RVU:** 1.14

**2022 NF PE RVU:** 2.01

**2022 Fac PE RVU:** 0.38

**RUC Recommendation:** 1.14

**Referred to CPT**

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

**Result:** Decrease

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

**Global:** 000

**Issue:** Repair of Superficial Wounds

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

**Complete?** Yes

**Most Recent RUC Meeting:** April 2010

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

**First Identified:** April 2010

**2020 Medicare Utilization:** 20,692

**2022 Work RVU:** 1.44

**2022 NF PE RVU:** 2.20

**2022 Fac PE RVU:** 0.44

**RUC Recommendation:** 1.44

**Referred to CPT**

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

**Result:** Decrease

# Status Report: CMS Requests and Relativity Assessment Issues

**12005** Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); 12.6 cm to 20.0 cm **Global:** 000 **Issue:** Repair of Superficial Wounds **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

**Most Recent RUC Meeting:** April 2010

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

**First Identified:** April 2010

**2020 Medicare Utilization:** 5,583

**2022 Work RVU:** 1.97

**2022 NF PE RVU:** 2.92

**2022 Fac PE RVU:** 0.45

**RUC Recommendation:** 1.97

**Referred to CPT**

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

**Result:** Decrease

**12006** Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); 20.1 cm to 30.0 cm **Global:** 000 **Issue:** Repair of Superficial Wounds **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

**Most Recent RUC Meeting:** April 2010

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

**First Identified:** April 2010

**2020 Medicare Utilization:** 1,045

**2022 Work RVU:** 2.39

**2022 NF PE RVU:** 3.31

**2022 Fac PE RVU:** 0.59

**RUC Recommendation:** 2.39

**Referred to CPT**

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

**Result:** Decrease

**12007** Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); over 30.0 cm **Global:** 000 **Issue:** Repair of Superficial Wounds **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

**Most Recent RUC Meeting:** April 2010

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

**First Identified:** April 2010

**2020 Medicare Utilization:** 365

**2022 Work RVU:** 2.90

**2022 NF PE RVU:** 3.48

**2022 Fac PE RVU:** 0.84

**RUC Recommendation:** 2.90

**Referred to CPT**

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

**Result:** Decrease

**12011** Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 2.5 cm or less **Global:** 000 **Issue:** Repair of Superficial Wounds **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

**Most Recent RUC Meeting:** April 2010

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

**First Identified:** April 2010

**2020 Medicare Utilization:** 78,196

**2022 Work RVU:** 1.07

**2022 NF PE RVU:** 2.07

**2022 Fac PE RVU:** 0.35

**RUC Recommendation:** 1.07

**Referred to CPT**

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

**Result:** Decrease

# Status Report: CMS Requests and Relativity Assessment Issues

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

**Most Recent RUC Meeting:** April 2010

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

**First Identified:** April 2010

**2020 Medicare Utilization:** 47,045

**2022 Work RVU:** 1.22

**2022 NF PE RVU:** 2.03

**2022 Fac PE RVU:** 0.26

**RUC Recommendation:** 1.22

**Referred to CPT**

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

**Result:** Decrease

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

**Most Recent RUC Meeting:** April 2010

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

**First Identified:** April 2010

**2020 Medicare Utilization:** 6,518

**2022 Work RVU:** 1.57

**2022 NF PE RVU:** 2.40

**2022 Fac PE RVU:** 0.33

**RUC Recommendation:** 1.57

**Referred to CPT**

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

**Result:** Decrease

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

**Most Recent RUC Meeting:** April 2010

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

**First Identified:** April 2010

**2020 Medicare Utilization:** 3,210

**2022 Work RVU:** 1.98

**2022 NF PE RVU:** 2.76

**2022 Fac PE RVU:** 0.42

**RUC Recommendation:** 1.98

**Referred to CPT**

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

**Result:** Decrease

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

**Most Recent RUC Meeting:** April 2010

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

**First Identified:** April 2010

**2020 Medicare Utilization:** 612

**2022 Work RVU:** 2.68

**2022 NF PE RVU:** 3.36

**2022 Fac PE RVU:** 0.61

**RUC Recommendation:** 2.68

**Referred to CPT**

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

**Result:** Decrease



## Status Report: CMS Requests and Relativity Assessment Issues

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

## Status Report: CMS Requests and Relativity Assessment Issues

**12032** Repair, intermediate, wounds of scalp, axillae, trunk and/or extremities (excluding hands and feet); 2.6 cm to 7.5 cm **Global:** 010 **Issue:** Repair of Intermediate Wounds **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

**Most Recent RUC Meeting:** October 2010

**Tab:** 22

**Specialty Developing Recommendation:**

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

**First Identified:** October 2009

**2020 Medicare Utilization:** 281,588

**2022 Work RVU:** 2.52

**2022 NF PE RVU:** 6.24

**2022 Fac PE RVU:** 2.73

**RUC Recommendation:** 2.52

**Referred to CPT**

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

**Result:** Maintain

**12034** Repair, intermediate, wounds of scalp, axillae, trunk and/or extremities (excluding hands and feet); 7.6 cm to 12.5 cm **Global:** 010 **Issue:** Repair of Intermediate Wounds **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

**Most Recent RUC Meeting:** October 2010

**Tab:** 22

**Specialty Developing Recommendation:**

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

**First Identified:** February 2010

**2020 Medicare Utilization:** 28,378

**2022 Work RVU:** 2.97

**2022 NF PE RVU:** 6.63

**2022 Fac PE RVU:** 2.63

**RUC Recommendation:** 2.97

**Referred to CPT**

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

**Result:** Maintain

**12035** Repair, intermediate, wounds of scalp, axillae, trunk and/or extremities (excluding hands and feet); 12.6 cm to 20.0 cm **Global:** 010 **Issue:** Repair of Intermediate Wounds **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

**Most Recent RUC Meeting:** October 2010

**Tab:** 22

**Specialty Developing Recommendation:**

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

**First Identified:** February 2010

**2020 Medicare Utilization:** 5,035

**2022 Work RVU:** 3.50

**2022 NF PE RVU:** 7.51

**2022 Fac PE RVU:** 2.95

**RUC Recommendation:** 3.60

**Referred to CPT**

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

**Result:** Increase

## Status Report: CMS Requests and Relativity Assessment Issues

<b>12036</b>	<b>Repair, intermediate, wounds of scalp, axillae, trunk and/or extremities (excluding hands and feet); 20.1 cm to 30.0 cm</b>	<b>Global:</b> 010	<b>Issue:</b> Repair of Intermediate Wounds	<b>Screen:</b> Harvard Valued - Utilization over 100,000	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2010	<b>Tab:</b> 22	<b>Specialty Developing Recommendation:</b> AAO-HNS, AAD, AAP, ACEP, ASPS, AAFP, ACS, APMA	<b>First Identified:</b> February 2010	<b>2020 Medicare Utilization:</b> 1,011	<b>2022 Work RVU:</b> 4.23 <b>2022 NF PE RVU:</b> 7.87 <b>2022 Fac PE RVU:</b> 3.24
<b>RUC Recommendation:</b> 4.50		<b>Referred to CPT</b>	<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b> Increase
<hr/>					
<b>12037</b>	<b>Repair, intermediate, wounds of scalp, axillae, trunk and/or extremities (excluding hands and feet); over 30.0 cm</b>	<b>Global:</b> 010	<b>Issue:</b> Repair of Intermediate Wounds	<b>Screen:</b> Harvard Valued - Utilization over 100,000	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2010	<b>Tab:</b> 22	<b>Specialty Developing Recommendation:</b> AAO-HNS, AAD, AAP, ACEP, ASPS, AAFP, ACS, APMA	<b>First Identified:</b> February 2010	<b>2020 Medicare Utilization:</b> 516	<b>2022 Work RVU:</b> 5.00 <b>2022 NF PE RVU:</b> 8.46 <b>2022 Fac PE RVU:</b> 3.64
<b>RUC Recommendation:</b> 5.25		<b>Referred to CPT</b>	<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b> Increase
<hr/>					
<b>12041</b>	<b>Repair, intermediate, wounds of neck, hands, feet and/or external genitalia; 2.5 cm or less</b>	<b>Global:</b> 010	<b>Issue:</b> Repair of Intermediate Wounds	<b>Screen:</b> Harvard Valued - Utilization over 100,000	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2010	<b>Tab:</b> 22	<b>Specialty Developing Recommendation:</b> AAO-HNS, AAD, AAP, ACEP, ASPS, AAFP, ACS, APMA	<b>First Identified:</b> February 2010	<b>2020 Medicare Utilization:</b> 18,761	<b>2022 Work RVU:</b> 2.10 <b>2022 NF PE RVU:</b> 5.58 <b>2022 Fac PE RVU:</b> 1.86
<b>RUC Recommendation:</b> 2.10		<b>Referred to CPT</b>	<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b> Decrease
<hr/>					

## Status Report: CMS Requests and Relativity Assessment Issues

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

**Most Recent RUC Meeting:** October 2010

**Tab:** 22

**Specialty Developing Recommendation:**

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

**First Identified:** February 2010

**2020 Medicare Utilization:** 55,427

**2022 Work RVU:** 2.79

**2022 NF PE RVU:** 6.16

**2022 Fac PE RVU:** 2.60

**RUC Recommendation:** 2.79

**Referred to CPT**

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

**Result:** Maintain

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

**Most Recent RUC Meeting:** October 2010

**Tab:** 22

**Specialty Developing Recommendation:**

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

**First Identified:** February 2010

**2020 Medicare Utilization:** 2,652

**2022 Work RVU:** 3.19

**2022 NF PE RVU:** 7.77

**2022 Fac PE RVU:** 2.62

**RUC Recommendation:** 3.19

**Referred to CPT**

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

**Result:** Maintain

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

**Most Recent RUC Meeting:** October 2010

**Tab:** 22

**Specialty Developing Recommendation:**

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

**First Identified:** February 2010

**2020 Medicare Utilization:** 373

**2022 Work RVU:** 3.75

**2022 NF PE RVU:** 7.80

**2022 Fac PE RVU:** 3.58

**RUC Recommendation:** 3.90

**Referred to CPT**

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

**Result:** Increase

## Status Report: CMS Requests and Relativity Assessment Issues

**12046** Repair, intermediate, wounds of neck, hands, feet and/or external genitalia; 20.1 cm to 30.0 cm **Global:** 010 **Issue:** Repair of Intermediate Wounds **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

**Most Recent RUC Meeting:** October 2010

**Tab:** 22

**Specialty Developing Recommendation:**

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

**First Identified:** February 2010

**2020 Medicare Utilization:** 86

**2022 Work RVU:** 4.30

**2022 NF PE RVU:** 9.72

**2022 Fac PE RVU:** 4.07

**RUC Recommendation:** 4.60

**Referred to CPT**

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

**Result:** Increase

**12047** Repair, intermediate, wounds of neck, hands, feet and/or external genitalia; over 30.0 cm **Global:** 010 **Issue:** Repair of Intermediate Wounds **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

**Most Recent RUC Meeting:** October 2010

**Tab:** 22

**Specialty Developing Recommendation:**

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

**First Identified:** February 2010

**2020 Medicare Utilization:** 37

**2022 Work RVU:** 4.95

**2022 NF PE RVU:** 10.32

**2022 Fac PE RVU:** 4.31

**RUC Recommendation:** 5.50

**Referred to CPT**

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

**Result:** Increase

**12051** Repair, intermediate, wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 2.5 cm or less **Global:** 010 **Issue:** Repair of Intermediate Wounds **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

**Most Recent RUC Meeting:** October 2010

**Tab:** 22

**Specialty Developing Recommendation:**

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

**First Identified:** February 2010

**2020 Medicare Utilization:** 50,484

**2022 Work RVU:** 2.33

**2022 NF PE RVU:** 5.88

**2022 Fac PE RVU:** 2.32

**RUC Recommendation:** 2.33

**Referred to CPT**

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

**Result:** Decrease

## Status Report: CMS Requests and Relativity Assessment Issues

**12052** Repair, intermediate, wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 2.6 cm to 5.0 cm      **Global:** 010      **Issue:** Repair of Intermediate Wounds      **Screen:** Harvard Valued - Utilization over 100,000      **Complete?** Yes

**Most Recent RUC Meeting:** April 2010

**Tab:** 45

**Specialty Developing Recommendation:**

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

**First Identified:** February 2010

**2020 Medicare Utilization:** 84,557

**2022 Work RVU:** 2.87

**2022 NF PE RVU:** 6.22

**2022 Fac PE RVU:** 2.60

**RUC Recommendation:** Remove from screen

**Referred to CPT**

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

**Result:** Remove from Screen

**12053** Repair, intermediate, wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 5.1 cm to 7.5 cm      **Global:** 010      **Issue:** Repair of Intermediate Wounds      **Screen:** Harvard Valued - Utilization over 100,000      **Complete?** Yes

**Most Recent RUC Meeting:** October 2010

**Tab:** 22

**Specialty Developing Recommendation:**

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

**First Identified:** February 2010

**2020 Medicare Utilization:** 12,470

**2022 Work RVU:** 3.17

**2022 NF PE RVU:** 7.33

**2022 Fac PE RVU:** 2.69

**RUC Recommendation:** 3.17

**Referred to CPT**

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

**Result:** Maintain

**12054** Repair, intermediate, wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 7.6 cm to 12.5 cm      **Global:** 010      **Issue:** Repair of Intermediate Wounds      **Screen:** Harvard Valued - Utilization over 100,000      **Complete?** Yes

**Most Recent RUC Meeting:** October 2010

**Tab:** 22

**Specialty Developing Recommendation:**

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

**First Identified:** February 2010

**2020 Medicare Utilization:** 3,244

**2022 Work RVU:** 3.50

**2022 NF PE RVU:** 7.50

**2022 Fac PE RVU:** 2.35

**RUC Recommendation:** 3.50

**Referred to CPT**

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

**Result:** Maintain

## Status Report: CMS Requests and Relativity Assessment Issues

**12055** Repair, intermediate, wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 12.6 cm to 20.0 cm      **Global:** 010      **Issue:** Repair of Intermediate Wounds      **Screen:** Harvard Valued - Utilization over 100,000      **Complete?** Yes

**Most Recent RUC Meeting:** October 2010

**Tab:** 22

**Specialty Developing Recommendation:**

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

**First Identified:** February 2010

**2020 Medicare Utilization:** 349

**2022 Work RVU:** 4.50

**2022 NF PE RVU:** 9.82

**2022 Fac PE RVU:** 3.48

**RUC Recommendation:** 4.65

**Referred to CPT**

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

**Result:** Increase

**12056** Repair, intermediate, wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 20.1 cm to 30.0 cm      **Global:** 010      **Issue:** Repair of Intermediate Wounds      **Screen:** Harvard Valued - Utilization over 100,000      **Complete?** Yes

**Most Recent RUC Meeting:** October 2010

**Tab:** 22

**Specialty Developing Recommendation:**

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

**First Identified:** February 2010

**2020 Medicare Utilization:** 42

**2022 Work RVU:** 5.30

**2022 NF PE RVU:** 11.11

**2022 Fac PE RVU:** 5.06

**RUC Recommendation:** 5.50

**Referred to CPT**

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

**Result:** Increase

**12057** Repair, intermediate, wounds of face, ears, eyelids, nose, lips and/or mucous membranes; over 30.0 cm      **Global:** 010      **Issue:** Repair of Intermediate Wounds      **Screen:** Harvard Valued - Utilization over 100,000      **Complete?** Yes

**Most Recent RUC Meeting:** October 2010

**Tab:** 22

**Specialty Developing Recommendation:**

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

**First Identified:** February 2010

**2020 Medicare Utilization:** 26

**2022 Work RVU:** 6.00

**2022 NF PE RVU:** 11.25

**2022 Fac PE RVU:** 5.25

**RUC Recommendation:** 6.28

**Referred to CPT**

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

**Result:** Increase

# Status Report: CMS Requests and Relativity Assessment Issues

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

Global: 010

Issue: Complex Wound Repair

Screen: CMS Request

Complete? Yes

Most Recent  
RUC Meeting: April 2012

Tab: 37

Specialty Developing  
Recommendation: AAD, AAO-HNS,  
ASPS

First  
Identified: July 2011

2020  
Medicare  
Utilization: 4,629

2022 Work RVU: 3.00  
2022 NF PE RVU: 6.85  
2022 Fac PE RVU: 2.50

RUC Recommendation: 3.00

Referred to CPT

Referred to CPT Asst ☐

Published in CPT Asst:

Result: Decrease

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

Global: 010

Issue: Complex Wound Repair

Screen: CMS Request

Complete? Yes

Most Recent  
RUC Meeting: April 2012

Tab: 37

Specialty Developing  
Recommendation: AAD, AAO-HNS,  
ASPS

First  
Identified: July 2011

2020  
Medicare  
Utilization: 80,932

2022 Work RVU: 3.50  
2022 NF PE RVU: 8.00  
2022 Fac PE RVU: 3.35

RUC Recommendation: 3.50

Referred to CPT

Referred to CPT Asst ☐

Published in CPT Asst:

Result: Decrease

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

Global: ZZZ

Issue: Complex Wound Repair

Screen: CMS Request

Complete? Yes

Most Recent  
RUC Meeting: April 2012

Tab: 37

Specialty Developing  
Recommendation: AAD, AAO-HNS,  
ASPS

First  
Identified: July 2011

2020  
Medicare  
Utilization: 20,759

2022 Work RVU: 1.24  
2022 NF PE RVU: 2.05  
2022 Fac PE RVU: 0.68

RUC Recommendation: 1.24

Referred to CPT

Referred to CPT Asst ☐

Published in CPT Asst:

Result: Maintain

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

Global: 010

Issue: Complex Wound Repair

Screen: CMS Fastest Growing /  
CPT Assistant Analysis

Complete? Yes

Most Recent  
RUC Meeting: October 2017

Tab: 19

Specialty Developing  
Recommendation: AAD, AAO-HNS,  
ASPS

First  
Identified: October 2008

2020  
Medicare  
Utilization: 10,142

2022 Work RVU: 3.23  
2022 NF PE RVU: 7.02  
2022 Fac PE RVU: 3.20

RUC Recommendation: 3.23

Referred to CPT September 2018

Referred to CPT Asst ☒

Published in CPT Asst:

Result: Decrease

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



# Status Report: CMS Requests and Relativity Assessment Issues

<b>13121</b>	Repair, complex, scalp, arms, and/or legs; 2.6 cm to 7.5 cm	<b>Global:</b> 010	<b>Issue:</b> Complex Wound Repair	<b>Screen:</b> CMS Fastest Growing / CPT Assistant Analysis	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2017	<b>Tab:</b> 19	<b>Specialty Developing Recommendation:</b> AAD, AAO-HNS, ASPS	<b>First Identified:</b> October 2008	<b>2020 Medicare Utilization:</b> 175,826	<b>2022 Work RVU:</b> 4.00 <b>2022 NF PE RVU:</b> 8.29 <b>2022 Fac PE RVU:</b> 3.08
<b>RUC Recommendation:</b> 4.00			<b>Referred to CPT</b> September 2018 <b>Referred to CPT Asst</b> <input checked="" type="checkbox"/>	<b>Published in CPT Asst:</b> 1st article: May 2011; 2nd article July 2016; Sept 2018 CPT Editorial Meeting Tab 9, specialties submitted revisions to the guidelines.	<b>Result:</b> Decrease
<hr/>					
<b>13122</b>	Repair, complex, scalp, arms, and/or legs; each additional 5 cm or less (list separately in addition to code for primary procedure)	<b>Global:</b> ZZZ	<b>Issue:</b> Complex Wound Repair	<b>Screen:</b> CMS Fastest Growing / CPT Assistant Analysis	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2017	<b>Tab:</b> 19	<b>Specialty Developing Recommendation:</b> AAD, AAO-HNS, ASPS	<b>First Identified:</b> October 2008	<b>2020 Medicare Utilization:</b> 27,066	<b>2022 Work RVU:</b> 1.44 <b>2022 NF PE RVU:</b> 2.14 <b>2022 Fac PE RVU:</b> 0.77
<b>RUC Recommendation:</b> 1.44			<b>Referred to CPT</b> September 2018 <b>Referred to CPT Asst</b> <input checked="" type="checkbox"/>	<b>Published in CPT Asst:</b> 1st article: May 2011; 2nd article July 2016; Sept 2018 CPT Editorial Meeting Tab 9, specialties submitted revisions to the guidelines.	<b>Result:</b> Maintain
<hr/>					
<b>13131</b>	Repair, complex, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet; 1.1 cm to 2.5 cm	<b>Global:</b> 010	<b>Issue:</b> Complex Wound Repair	<b>Screen:</b> Harvard Valued - Utilization over 30,000	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2012	<b>Tab:</b> 37	<b>Specialty Developing Recommendation:</b> AAD, AAO-HNS, ASPS	<b>First Identified:</b> April 2011	<b>2020 Medicare Utilization:</b> 31,462	<b>2022 Work RVU:</b> 3.73 <b>2022 NF PE RVU:</b> 7.44 <b>2022 Fac PE RVU:</b> 2.91
<b>RUC Recommendation:</b> 3.73			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b> Decrease

# Status Report: CMS Requests and Relativity Assessment Issues

**13132** Repair, complex, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet; 2.6 cm to 7.5 cm      **Global:** 010      **Issue:** Complex Wound Repair      **Screen:** CMS Request      **Complete?** Yes

**Most Recent RUC Meeting:** April 2012

**Tab:** 37      **Specialty Developing Recommendation:** AAD, AAO-HNS, ASPS

**First Identified:** September 2011

**2020 Medicare Utilization:** 243,613

**2022 Work RVU:** 4.78

**2022 NF PE RVU:** 8.77

**2022 Fac PE RVU:** 3.53

**RUC Recommendation:** 4.78

**Referred to CPT**

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

**Result:** Decrease

**13133** Repair, complex, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet; each additional 5 cm or less (list separately in addition to code for primary procedure)      **Global:** ZZZ      **Issue:** Complex Wound Repair      **Screen:** CMS Request      **Complete?** Yes

**Most Recent RUC Meeting:** April 2012

**Tab:** 37      **Specialty Developing Recommendation:** AAD, AAO-HNS, ASPS

**First Identified:** September 2011

**2020 Medicare Utilization:** 14,077

**2022 Work RVU:** 2.19

**2022 NF PE RVU:** 2.54

**2022 Fac PE RVU:** 1.21

**RUC Recommendation:** 2.19

**Referred to CPT**

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

**Result:** Maintain

**13150** Repair, complex, eyelids, nose, ears and/or lips; 1.0 cm or less      **Global:**      **Issue:** Complex Wound Repair      **Screen:** CMS Request      **Complete?** Yes

**Most Recent RUC Meeting:** April 2012

**Tab:** 37      **Specialty Developing Recommendation:** AAD, AAO-HNS, ASPS

**First Identified:** September 2011

**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** ☐ **Published in CPT Asst:**

**Result:** Deleted from CPT

**13151** Repair, complex, eyelids, nose, ears and/or lips; 1.1 cm to 2.5 cm      **Global:** 010      **Issue:** Complex Wound Repair      **Screen:** CMS Request      **Complete?** Yes

**Most Recent RUC Meeting:** April 2012

**Tab:** 37      **Specialty Developing Recommendation:** AAD, AAO-HNS, ASPS

**First Identified:** September 2011

**2020 Medicare Utilization:** 27,588

**2022 Work RVU:** 4.34

**2022 NF PE RVU:** 7.77

**2022 Fac PE RVU:** 3.27

**RUC Recommendation:** 4.34

**Referred to CPT**

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

**Result:** Decrease

## Status Report: CMS Requests and Relativity Assessment Issues

<b>13152</b>	Repair, complex, eyelids, nose, ears and/or lips; 2.6 cm to 7.5 cm	<b>Global:</b> 010	<b>Issue:</b> Complex Wound Repair	<b>Screen:</b> Harvard Valued - Utilization over 30,000 / Harvard-Valued with Annual Allowed Charges over \$10 million	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2012	<b>Tab:</b> 37	<b>Specialty Developing Recommendation:</b> AAD, AAO-HNS, ASPS	<b>First Identified:</b> April 2011	<b>2020 Medicare Utilization:</b> 46,608	<b>2022 Work RVU:</b> 5.34 <b>2022 NF PE RVU:</b> 8.87 <b>2022 Fac PE RVU:</b> 3.84
<b>RUC Recommendation:</b> 5.34			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b> Decrease
<hr/>					
<b>13153</b>	Repair, complex, eyelids, nose, ears and/or lips; each additional 5 cm or less (list separately in addition to code for primary procedure)	<b>Global:</b> ZZZ	<b>Issue:</b> Complex Wound Repair	<b>Screen:</b> CMS Request	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2012	<b>Tab:</b> 37	<b>Specialty Developing Recommendation:</b> AAD, AAO-HNS, ASPS	<b>First Identified:</b> July 2011	<b>2020 Medicare Utilization:</b> 833	<b>2022 Work RVU:</b> 2.38 <b>2022 NF PE RVU:</b> 2.77 <b>2022 Fac PE RVU:</b> 1.28
<b>RUC Recommendation:</b> 2.38			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b> Maintain
<hr/>					
<b>14000</b>	Adjacent tissue transfer or rearrangement, trunk; defect 10 sq cm or less	<b>Global:</b> 090	<b>Issue:</b> Skin Tissue Rearrangement	<b>Screen:</b> Site of Service Anomaly	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2008	<b>Tab:</b> 9	<b>Specialty Developing Recommendation:</b> ACS, AAD, ASPS	<b>First Identified:</b> April 2008	<b>2020 Medicare Utilization:</b> 6,116	<b>2022 Work RVU:</b> 6.37 <b>2022 NF PE RVU:</b> 11.36 <b>2022 Fac PE RVU:</b> 7.30
<b>RUC Recommendation:</b> 6.19			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b> Decrease

# Status Report: CMS Requests and Relativity Assessment Issues

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

**Most Recent**  
**RUC Meeting:** October 2008

**Tab:** 9

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

**First**  
**Identified:** September 2007

**2020**  
**Medicare**  
**Utilization:** 8,399

**2022 Work RVU:** 8.78  
**2022 NF PE RVU:** 13.62  
**2022 Fac PE RVU:** 8.83

**RUC Recommendation:** 8.58

**Referred to CPT**

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

**Result:** Decrease

**14020** Adjacent tissue transfer or rearrangement, scalp, arms and/or legs; defect 10 sq cm or less **Global:** 090 **Issue:** Skin Tissue Rearrangement **Screen:** Site of Service Anomaly **Complete?** Yes

**Most Recent**  
**RUC Meeting:** October 2008

**Tab:** 9

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

**First**  
**Identified:** April 2008

**2020**  
**Medicare**  
**Utilization:** 15,715

**2022 Work RVU:** 7.22  
**2022 NF PE RVU:** 12.49  
**2022 Fac PE RVU:** 8.30

**RUC Recommendation:** 7.02

**Referred to CPT**

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

**Result:** Decrease

**14021** Adjacent tissue transfer or rearrangement, scalp, arms and/or legs; defect 10.1 sq cm to 30.0 sq cm **Global:** 090 **Issue:** Skin Tissue Rearrangement **Screen:** Site of Service Anomaly / CMS Fastest Growing **Complete?** Yes

**Most Recent**  
**RUC Meeting:** October 2008

**Tab:** 9

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

**First**  
**Identified:** September 2007

**2020**  
**Medicare**  
**Utilization:** 18,970

**2022 Work RVU:** 9.72  
**2022 NF PE RVU:** 14.48  
**2022 Fac PE RVU:** 9.67

**RUC Recommendation:** 9.52

**Referred to CPT**

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

**Result:** Decrease

**14040** Adjacent tissue transfer or rearrangement, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet; defect 10 sq cm or less **Global:** 090 **Issue:** Skin Tissue Rearrangement **Screen:** Site of Service Anomaly **Complete?** Yes

**Most Recent**  
**RUC Meeting:** October 2008

**Tab:** 9

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

**First**  
**Identified:** April 2008

**2020**  
**Medicare**  
**Utilization:** 57,382

**2022 Work RVU:** 8.60  
**2022 NF PE RVU:** 12.68  
**2022 Fac PE RVU:** 8.53

**RUC Recommendation:** 8.44

**Referred to CPT**

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

**Result:** Maintain

# Status Report: CMS Requests and Relativity Assessment Issues

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

**Most Recent RUC Meeting:** October 2008

**Tab:** 9

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

**First Identified:** September 2007

**2020 Medicare Utilization:** 42,088

**2022 Work RVU:** 10.83

**2022 NF PE RVU:** 14.97

**2022 Fac PE RVU:** 10.10

**RUC Recommendation:** 10.63

**Referred to CPT**

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

**Result:** Decrease

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

**Most Recent RUC Meeting:** October 2008

**Tab:** 9

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

**First Identified:** April 2008

**2020 Medicare Utilization:** 76,804

**2022 Work RVU:** 9.23

**2022 NF PE RVU:** 12.26

**2022 Fac PE RVU:** 9.07

**RUC Recommendation:** Maintain

**Referred to CPT**

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

**Result:** Maintain

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

**Most Recent RUC Meeting:** October 2008

**Tab:** 9

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

**First Identified:** September 2007

**2020 Medicare Utilization:** 28,234

**2022 Work RVU:** 11.48

**2022 NF PE RVU:** 16.35

**2022 Fac PE RVU:** 11.02

**RUC Recommendation:** 11.25

**Referred to CPT**

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

**Result:** Decrease

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

**Most Recent RUC Meeting:** April 2009

**Tab:** 04

**Specialty Developing Recommendation:** ACS, AAD, ASPS, AAO-HNS

**First Identified:** September 2007

**2020 Medicare Utilization:**

**2022 Work RVU:**

**2022 NF PE RVU:**

**2022 Fac PE RVU:**

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** February 2009

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

**Result:** Deleted from CPT

## Status Report: CMS Requests and Relativity Assessment Issues

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

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

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

**First Identified:** September 2007

**2020 Medicare Utilization:** 36,421

**2022 Work RVU:** 12.65

**2022 NF PE RVU:** 17.51

**2022 Fac PE RVU:** 10.88

**RUC Recommendation:** 12.47

**Referred to CPT** February 2009

**Result:** Decrease

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

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

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

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

**First Identified:** September 2007

**2020 Medicare Utilization:** 42,550

**2022 Work RVU:** 3.73

**2022 NF PE RVU:** 1.96

**2022 Fac PE RVU:** 1.96

**RUC Recommendation:** 3.73

**Referred to CPT** February 2009

**Result:** Decrease

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

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

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

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

**First Identified:** January 2014

**2020 Medicare Utilization:** 23,819

**2022 Work RVU:** 3.65

**2022 NF PE RVU:** 6.10

**2022 Fac PE RVU:** 2.15

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

**Referred to CPT**

**Result:** Maintain

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

# Status Report: CMS Requests and Relativity Assessment Issues

<b>15004</b>	Surgical preparation or creation of recipient site by excision of open wounds, burn eschar, or scar (including subcutaneous tissues), or incisional release of scar contracture, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet and/or multiple digits; first 100 sq cm or 1% of body area of infants and children	<b>Global:</b> 000	<b>Issue:</b> RAW	<b>Screen:</b> Pre-Time Analysis	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b>	September 2014	<b>Tab:</b> 21	<b>Specialty Developing Recommendation:</b> ASPS, APMA	<b>First Identified:</b> January 2014	<b>2020 Medicare Utilization:</b> 31,129
<b>RUC Recommendation:</b>	Maintain work RVU and adjust the times from pre-time package 4.		<b>Referred to CPT</b>		<b>2022 Work RVU:</b> 4.58 <b>2022 NF PE RVU:</b> 6.58 <b>2022 Fac PE RVU:</b> 2.44
			<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b> Maintain
<hr/>					
<b>15100</b>	Split-thickness autograft, trunk, arms, legs; first 100 sq cm or less, or 1% of body area of infants and children (except 15050)	<b>Global:</b> 090	<b>Issue:</b> RAW	<b>Screen:</b> Pre-Time Analysis	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b>	September 2014	<b>Tab:</b> 21	<b>Specialty Developing Recommendation:</b> ASPS	<b>First Identified:</b> January 2014	<b>2020 Medicare Utilization:</b> 12,169
<b>RUC Recommendation:</b>	Maintain work RVU and adjust the times from pre-time package 4.		<b>Referred to CPT</b>		<b>2022 Work RVU:</b> 9.90 <b>2022 NF PE RVU:</b> 14.08 <b>2022 Fac PE RVU:</b> 9.32
			<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b> Maintain
<hr/>					
<b>15120</b>	Split-thickness autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; first 100 sq cm or less, or 1% of body area of infants and children (except 15050)	<b>Global:</b> 090	<b>Issue:</b> Autograft	<b>Screen:</b> Site of Service Anomaly	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b>	September 2007	<b>Tab:</b> 16	<b>Specialty Developing Recommendation:</b> AAO-HNS, ASPS	<b>First Identified:</b> September 2007	<b>2020 Medicare Utilization:</b> 7,976
<b>RUC Recommendation:</b>	Remove from screen		<b>Referred to CPT</b>		<b>2022 Work RVU:</b> 10.15 <b>2022 NF PE RVU:</b> 13.29 <b>2022 Fac PE RVU:</b> 8.51
			<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b> Remove from Screen

## Status Report: CMS Requests and Relativity Assessment Issues

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

**Most Recent RUC Meeting:** February 2010

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

**First Identified:** February 2010

**2020 Medicare Utilization:**

**2022 Work RVU:**

**2022 NF PE RVU:**

**2022 Fac PE RVU:**

**RUC Recommendation:** Deleted from CPT

**Referred to CPT**

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

**Result:** Deleted from CPT

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

**Most Recent RUC Meeting:** February 2010

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

**First Identified:** February 2010

**2020 Medicare Utilization:**

**2022 Work RVU:**

**2022 NF PE RVU:**

**2022 Fac PE RVU:**

**RUC Recommendation:** Deleted from CPT

**Referred to CPT**

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

**Result:** Deleted from CPT

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

**Most Recent RUC Meeting:** February 2010

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

**First Identified:** October 2009

**2020 Medicare Utilization:**

**2022 Work RVU:**

**2022 NF PE RVU:**

**2022 Fac PE RVU:**

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** October 2010

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

**Result:** Deleted from CPT



## Status Report: CMS Requests and Relativity Assessment Issues

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

**Most Recent RUC Meeting:** February 2010

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

**First Identified:** February 2010

**2020 Medicare Utilization:**

**2022 Work RVU:**  
**2022 NF PE RVU:**  
**2022 Fac PE RVU:**

**RUC Recommendation:** Deleted from CPT

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

**Result:** Deleted from CPT

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

**Most Recent RUC Meeting:** September 2007

**Tab:** 16 **Specialty Developing Recommendation:** AAO-HNS, ASPS

**First Identified:** September 2007

**2020 Medicare Utilization:** 9,421

**2022 Work RVU:** 8.09  
**2022 NF PE RVU:** 13.51  
**2022 Fac PE RVU:** 8.63

**RUC Recommendation:** Reduce 99238 to 0.5

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

**Result:** PE Only

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

**Most Recent RUC Meeting:** September 2014

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

**First Identified:** January 2014

**2020 Medicare Utilization:** 12,127

**2022 Work RVU:** 10.41  
**2022 NF PE RVU:** 15.60  
**2022 Fac PE RVU:** 11.45

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

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

**Result:** Maintain

## Status Report: CMS Requests and Relativity Assessment Issues

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

**Most Recent**  
**RUC Meeting:** April 2011

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

**First**  
**Identified:** April 2011

**2020**  
**Medicare**  
**Utilization:** 115,628

**2022 Work RVU:** 1.50

**2022 NF PE RVU:** 2.90

**2022 Fac PE RVU:** 0.74

**RUC Recommendation:** 1.50

**Referred to CPT** February 2011

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

**Result:** Decrease

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

**Most Recent**  
**RUC Meeting:** April 2011

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

**First**  
**Identified:** April 2011

**2020**  
**Medicare**  
**Utilization:** 16,178

**2022 Work RVU:** 0.33

**2022 NF PE RVU:** 0.35

**2022 Fac PE RVU:** 0.12

**RUC Recommendation:** 0.59

**Referred to CPT** February 2011

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

**Result:** Decrease

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

**Most Recent**  
**RUC Meeting:** April 2011

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

**First**  
**Identified:** April 2011

**2020**  
**Medicare**  
**Utilization:** 6,606

**2022 Work RVU:** 3.50

**2022 NF PE RVU:** 5.32

**2022 Fac PE RVU:** 1.67

**RUC Recommendation:** 3.50

**Referred to CPT** February 2011

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

**Result:** Decrease

## Status Report: CMS Requests and Relativity Assessment Issues

**15274** Application of skin substitute graft to trunk, arms, legs, total wound surface area greater than or equal to 100 sq cm; each additional 100 sq cm wound surface area, or part thereof, or each additional 1% of body area of infants and children, or part thereof (list separately in addition to code for primary procedure) **Global:** ZZZ **Issue:** Chronic Wound Dermal Substitute **Screen:** Different Performing Specialty from Survey **Complete?** Yes

**Most Recent**  
**RUC Meeting:** April 2011

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

**First**  
**Identified:** April 2011

**2020**  
**Medicare**  
**Utilization:** 31,457

**2022 Work RVU:** 0.80  
**2022 NF PE RVU:** 1.53  
**2022 Fac PE RVU:** 0.36

**RUC Recommendation:** 0.80

**Referred to CPT** February 2011

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

**Result:** Decrease

**15275** Application of skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area up to 100 sq cm; first 25 sq cm or less wound surface area **Global:** 000 **Issue:** Chronic Wound Dermal Substitute **Screen:** Different Performing Specialty from Survey **Complete?** Yes

**Most Recent**  
**RUC Meeting:** April 2011

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

**First**  
**Identified:** April 2011

**2020**  
**Medicare**  
**Utilization:** 133,737

**2022 Work RVU:** 1.83  
**2022 NF PE RVU:** 2.72  
**2022 Fac PE RVU:** 0.71

**RUC Recommendation:** 1.83

**Referred to CPT** February 2011

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

**Result:** Decrease

**15276** Application of skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area up to 100 sq cm; each additional 25 sq cm wound surface area, or part thereof (list separately in addition to code for primary procedure) **Global:** ZZZ **Issue:** Chronic Wound Dermal Substitute **Screen:** Different Performing Specialty from Survey **Complete?** Yes

**Most Recent**  
**RUC Meeting:** April 2011

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

**First**  
**Identified:** April 2011

**2020**  
**Medicare**  
**Utilization:** 6,915

**2022 Work RVU:** 0.50  
**2022 NF PE RVU:** 0.39  
**2022 Fac PE RVU:** 0.17

**RUC Recommendation:** 0.59

**Referred to CPT** February 2011

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

**Result:** Decrease

# Status Report: CMS Requests and Relativity Assessment Issues

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

**Most Recent RUC Meeting:** April 2011 **Tab:** 04 **Specialty Developing Recommendation:** ACS, APMA, ASPS **First Identified:** April 2011 **2020 Medicare Utilization:** 1,911 **2022 Work RVU:** 4.00 **2022 NF PE RVU:** 5.66 **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:**

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

**Most Recent RUC Meeting:** April 2011 **Tab:** 04 **Specialty Developing Recommendation:** ACS, APMA, ASPS **First Identified:** April 2011 **2020 Medicare Utilization:** 3,623 **2022 Work RVU:** 1.00 **2022 NF PE RVU:** 1.70 **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 Specialty from Survey **Complete?** Yes

**Most Recent RUC Meeting:** February 2010 **Tab:** 31 **Specialty Developing Recommendation:** APMA, ASPS **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** October 2010 **Result:** Deleted from CPT  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

# Status Report: CMS Requests and Relativity Assessment Issues

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<b>15321</b>	Deleted from CPT	<b>Global:</b>	<b>Issue:</b> Skin Allograft	<b>Screen:</b> Different Performing Specialty from Survey	<b>Complete?</b> Yes
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<b>Most Recent RUC Meeting:</b> February 2010	<b>Tab:</b> 31	<b>Specialty Developing Recommendation:</b> APMA, ASPS	<b>First Identified:</b> February 2010	<b>2020 Medicare Utilization:</b>	<b>2022 Work RVU:</b> <b>2022 NF PE RVU:</b> <b>2022 Fac PE RVU:</b>
<b>RUC Recommendation:</b> Deleted from CPT	<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>			<b>Published in CPT Asst:</b>	<b>Result:</b> Deleted from CPT

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<b>15330</b>	Acellular dermal allograft, trunk, arms, legs; first 100 sq cm or less, or 1% of body area of infants and children	<b>Global:</b>	<b>Issue:</b> Allograft	<b>Screen:</b> High IWPUT	<b>Complete?</b> Yes
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<b>Most Recent RUC Meeting:</b> February 2008	<b>Tab:</b> S	<b>Specialty Developing Recommendation:</b> ASPS	<b>First Identified:</b> February 2008	<b>2020 Medicare Utilization:</b>	<b>2022 Work RVU:</b> <b>2022 NF PE RVU:</b> <b>2022 Fac PE RVU:</b>
<b>RUC Recommendation:</b> Deleted from CPT	<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>			<b>Published in CPT Asst:</b>	<b>Result:</b> Deleted from CPT

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<b>15331</b>	Deleted from CPT	<b>Global:</b>	<b>Issue:</b> Acellular Dermal Allograft	<b>Screen:</b> Different Performing Specialty from Survey	<b>Complete?</b> Yes
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<b>Most Recent RUC Meeting:</b> February 2010	<b>Tab:</b> 31	<b>Specialty Developing Recommendation:</b> AAO-HNS, APMA, ASPS	<b>First Identified:</b> February 2010	<b>2020 Medicare Utilization:</b>	<b>2022 Work RVU:</b> <b>2022 NF PE RVU:</b> <b>2022 Fac PE RVU:</b>
<b>RUC Recommendation:</b> Deleted from CPT	<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>			<b>Published in CPT Asst:</b>	<b>Result:</b> Deleted from CPT

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<b>15335</b>	Deleted from CPT	<b>Global:</b>	<b>Issue:</b> Acellular Dermal Allograft	<b>Screen:</b> Different Performing Specialty from Survey	<b>Complete?</b> Yes
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<b>Most Recent RUC Meeting:</b> February 2010	<b>Tab:</b> 31	<b>Specialty Developing Recommendation:</b> AAO-HNS, APMA, ASPS	<b>First Identified:</b> October 2009	<b>2020 Medicare Utilization:</b>	<b>2022 Work RVU:</b> <b>2022 NF PE RVU:</b> <b>2022 Fac PE RVU:</b>
<b>RUC Recommendation:</b> Deleted from CPT	<b>Referred to CPT</b> October 2010 <b>Referred to CPT Asst</b> <input type="checkbox"/>			<b>Published in CPT Asst:</b>	<b>Result:</b> Deleted from CPT

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## Status Report: CMS Requests and Relativity Assessment Issues

**15336 Deleted from CPT**

**Global:**

**Issue:** Acellular Dermal Allograft

**Screen:** Different Performing Specialty from Survey

**Complete?** Yes

**Most Recent RUC Meeting:** February 2010

**Tab:** 31

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

**First Identified:** February 2010

**2020 Medicare Utilization:**

**2022 Work RVU:**

**2022 NF PE RVU:**

**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:**

**15360 Deleted from CPT**

**Global:**

**Issue:** Tissue Cultured Allogeneic Dermal Substitute

**Screen:** Different Performing Specialty from Survey

**Complete?** Yes

**Most Recent RUC Meeting:** February 2010

**Tab:** 31

**Specialty Developing Recommendation:** APMA, ASPS

**First Identified:** February 2010

**2020 Medicare Utilization:**

**2022 Work RVU:**

**2022 NF PE RVU:**

**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:**

**15361 Deleted from CPT**

**Global:**

**Issue:** Tissue Cultured Allogeneic Dermal Substitute

**Screen:** Different Performing Specialty from Survey

**Complete?** Yes

**Most Recent RUC Meeting:** February 2010

**Tab:** 31

**Specialty Developing Recommendation:** APMA, ASPS

**First Identified:** February 2010

**2020 Medicare Utilization:**

**2022 Work RVU:**

**2022 NF PE RVU:**

**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:**

**15365 Deleted from CPT**

**Global:**

**Issue:** Tissue Cultured Allogeneic Dermal Substitute

**Screen:** Different Performing Specialty from Survey

**Complete?** Yes

**Most Recent RUC Meeting:** February 2010

**Tab:** 31

**Specialty Developing Recommendation:** APMA, ASPS

**First Identified:** October 2009

**2020 Medicare Utilization:**

**2022 Work RVU:**

**2022 NF PE RVU:**

**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:**

## Status Report: CMS Requests and Relativity Assessment Issues

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<b>15366</b> Deleted from CPT	<b>Global:</b>	<b>Issue:</b> Tissue Cultured Allogeneic Dermal Substitute	<b>Screen:</b> Different Performing Specialty from Survey	<b>Complete?</b> Yes
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<b>Most Recent RUC Meeting:</b> February 2010	<b>Tab:</b> 31	<b>Specialty Developing Recommendation:</b> APMA, ASPS
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<b>First Identified:</b> February 2010
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<b>2020 Medicare Utilization:</b>
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<b>2022 Work RVU:</b>
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<b>2022 NF PE RVU:</b>
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<b>2022 Fac PE RVU:</b>
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<b>RUC Recommendation:</b> Deleted from CPT
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<b>Referred to CPT</b> February 2011
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<b>Referred to CPT Asst</b> <input type="checkbox"/> <b>Published in CPT Asst:</b>
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<b>Result:</b> Deleted from CPT
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<b>15400</b> Deleted from CPT
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<b>Global:</b>	<b>Issue:</b> Xenograft
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<b>Screen:</b> Site of Service Anomaly	<b>Complete?</b> Yes
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<b>Most Recent RUC Meeting:</b> September 2007	<b>Tab:</b> 16	<b>Specialty Developing Recommendation:</b> APMA, AAO-HNS, ASPS
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<b>First Identified:</b> September 2007
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<b>2020 Medicare Utilization:</b>
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<b>2022 Work RVU:</b>
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<b>2022 NF PE RVU:</b>
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<b>2022 Fac PE RVU:</b>
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<b>RUC Recommendation:</b> Deleted from CPT
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<b>Referred to CPT</b>
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<b>Referred to CPT Asst</b> <input type="checkbox"/> <b>Published in CPT Asst:</b>
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<b>Result:</b> Deleted from CPT
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<b>15401</b> Deleted from CPT
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<b>Global:</b>	<b>Issue:</b> Xenograft
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<b>Screen:</b> High Volume Growth1	<b>Complete?</b> Yes
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<b>Most Recent RUC Meeting:</b> February 2008	<b>Tab:</b> S	<b>Specialty Developing Recommendation:</b> ACS, ASPS
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<b>First Identified:</b> February 2008
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<b>2020 Medicare Utilization:</b>
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<b>2022 Work RVU:</b>
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<b>2022 NF PE RVU:</b>
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<b>2022 Fac PE RVU:</b>
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<b>RUC Recommendation:</b> Deleted from CPT
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<b>Referred to CPT</b>
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<b>Referred to CPT Asst</b> <input type="checkbox"/> <b>Published in CPT Asst:</b>
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<b>Result:</b> Deleted from CPT
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<b>15420</b> Deleted from CPT
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<b>Global:</b>	<b>Issue:</b> Xenograft Skin
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<b>Screen:</b> Different Performing Specialty from Survey	<b>Complete?</b> Yes
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<b>Most Recent RUC Meeting:</b> February 2010	<b>Tab:</b> 31	<b>Specialty Developing Recommendation:</b> APMA, ASPS, AAD
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<b>First Identified:</b> October 2009
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<b>2020 Medicare Utilization:</b>
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<b>2022 Work RVU:</b>
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<b>2022 NF PE RVU:</b>
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<b>2022 Fac PE RVU:</b>
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<b>RUC Recommendation:</b> Deleted from CPT
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<b>Referred to CPT</b> October 2010
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<b>Referred to CPT Asst</b> <input type="checkbox"/> <b>Published in CPT Asst:</b>
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<b>Result:</b> Deleted from CPT
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# Status Report: CMS Requests and Relativity Assessment Issues

**15421** Deleted from CPT

**Global:**

**Issue:** Xenograft Skin

**Screen:** Different Performing Specialty from Survey

**Complete?** Yes

**Most Recent RUC Meeting:** February 2010

**Tab:** 31

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

**First Identified:** February 2010

**2020 Medicare Utilization:**

**2022 Work RVU:**

**2022 NF PE RVU:**

**2022 Fac PE RVU:**

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** February 2011

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

**Result:** Deleted from CPT

**15570** Formation of direct or tubed pedicle, with or without transfer; trunk

**Global:** 090

**Issue:** Skin Pedicle Flaps

**Screen:** Site of Service Anomaly

**Complete?** Yes

**Most Recent RUC Meeting:** October 2008

**Tab:** 10

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

**First Identified:** September 2007

**2020 Medicare Utilization:** 268

**2022 Work RVU:** 10.21

**2022 NF PE RVU:** 14.93

**2022 Fac PE RVU:** 9.47

**RUC Recommendation:** 10.00

**Referred to CPT**

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

**Result:** Maintain

**15572** Formation of direct or tubed pedicle, with or without transfer; scalp, arms, or legs

**Global:** 090

**Issue:** Skin Pedicle Flaps

**Screen:** Site of Service Anomaly

**Complete?** Yes

**Most Recent RUC Meeting:** October 2008

**Tab:** 10

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

**First Identified:** April 2008

**2020 Medicare Utilization:** 576

**2022 Work RVU:** 10.12

**2022 NF PE RVU:** 14.10

**2022 Fac PE RVU:** 9.73

**RUC Recommendation:** 9.94

**Referred to CPT**

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

**Result:** Maintain

**15574** Formation of direct or tubed pedicle, with or without transfer; forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands or feet

**Global:** 090

**Issue:** Skin Pedicle Flaps

**Screen:** Site of Service Anomaly

**Complete?** Yes

**Most Recent RUC Meeting:** October 2008

**Tab:** 10

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

**First Identified:** September 2007

**2020 Medicare Utilization:** 1,656

**2022 Work RVU:** 10.70

**2022 NF PE RVU:** 13.77

**2022 Fac PE RVU:** 9.42

**RUC Recommendation:** 10.52

**Referred to CPT**

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

**Result:** Maintain



## Status Report: CMS Requests and Relativity Assessment Issues

<b>15576</b>	<b>Formation of direct or tubed pedicle, with or without transfer; eyelids, nose, ears, lips, or intraoral</b>	<b>Global:</b> 090	<b>Issue:</b> Skin Pedicle Flaps	<b>Screen:</b> Site of Service Anomaly	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2008	<b>Tab:</b> 10	<b>Specialty Developing Recommendation:</b> ASPS, AAO-HNS	<b>First Identified:</b> September 2007	<b>2020 Medicare Utilization:</b> 3,842	<b>2022 Work RVU:</b> 9.37 <b>2022 NF PE RVU:</b> 12.72 <b>2022 Fac PE RVU:</b> 8.61
<b>RUC Recommendation:</b> 9.24			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b> Maintain
<hr/>					
<b>15730</b>	<b>Midface flap (ie, zygomaticofacial flap) with preservation of vascular pedicle(s)</b>	<b>Global:</b> 090	<b>Issue:</b> Muscle Flaps	<b>Screen:</b> High Level E/M in Global Period	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2017	<b>Tab:</b> 05	<b>Specialty Developing Recommendation:</b> AAO	<b>First Identified:</b> January 2017	<b>2020 Medicare Utilization:</b> 1,544	<b>2022 Work RVU:</b> 13.50 <b>2022 NF PE RVU:</b> 27.61 <b>2022 Fac PE RVU:</b> 11.82
<b>RUC Recommendation:</b> 13.50			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b> Decrease
<hr/>					
<b>15731</b>	<b>Forehead flap with preservation of vascular pedicle (eg, axial pattern flap, paramedian forehead flap)</b>	<b>Global:</b> 090	<b>Issue:</b> Muscle Flaps	<b>Screen:</b> High Level E/M in Global Period	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2017	<b>Tab:</b> 05	<b>Specialty Developing Recommendation:</b>	<b>First Identified:</b> April 2016	<b>2020 Medicare Utilization:</b> 2,073	<b>2022 Work RVU:</b> 14.38 <b>2022 NF PE RVU:</b> 16.69 <b>2022 Fac PE RVU:</b> 12.82
<b>RUC Recommendation:</b> Not part of family			<b>Referred to CPT</b> September 2016 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b> Not Part of RAW

## Status Report: CMS Requests and Relativity Assessment Issues

**15732** Muscle, myocutaneous, or fasciocutaneous flap; head and neck (eg, temporalis, masseter muscle, sternocleidomastoid, levator scapulae) **Global:** **Issue:** Muscle Flaps **Screen:** Site of Service Anomaly / High Level E/M in Global Period **Complete?** Yes

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

**First** **2020**  
**Identified:** September 2007 **Medicare**  
**Utilization:**

**2022 Work RVU:**  
**2022 NF PE RVU:**  
**2022 Fac PE RVU:**

**RUC Recommendation:** Deleted from CPT

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

**Result:** Deleted from CPT

**15733** Muscle, myocutaneous, or fasciocutaneous flap; head and neck with named vascular pedicle (ie, buccinators, genioglossus, temporalis, masseter, sternocleidomastoid, levator scapulae) **Global:** 090 **Issue:** Muscle Flaps **Screen:** High Level E/M in Global Period **Complete?** Yes

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

**First** **2020**  
**Identified:** January 2017 **Medicare**  
**Utilization:** 4,903

**2022 Work RVU:** 15.68  
**2022 NF PE RVU:** NA  
**2022 Fac PE RVU:** 12.24

**RUC Recommendation:** 15.68

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

**Result:** Decrease

**15734** Muscle, myocutaneous, or fasciocutaneous flap; trunk **Global:** 090 **Issue:** Muscle Flaps **Screen:** High Level E/M in Global Period **Complete?** Yes

**Most Recent** **Tab:** 14 **Specialty Developing**  
**RUC Meeting:** April 2016 **Recommendation:**

**First** **2020**  
**Identified:** October 2015 **Medicare**  
**Utilization:** 21,710

**2022 Work RVU:** 23.00  
**2022 NF PE RVU:** NA  
**2022 Fac PE RVU:** 16.61

**RUC Recommendation:** 23.00

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

**Result:** Increase

## Status Report: CMS Requests and Relativity Assessment Issues

**15736** Muscle, myocutaneous, or fasciocutaneous flap; upper extremity

**Global:** 090

**Issue:** Muscle Flaps

**Screen:** High Level E/M in Global Period

**Complete?** Yes

**Most Recent RUC Meeting:** April 2016

**Tab:** 14 **Specialty Developing Recommendation:** ASSH, ASPS

**First Identified:** January 2016

**2020 Medicare Utilization:** 1,355

**2022 Work RVU:** 17.04

**2022 NF PE RVU:** NA

**2022 Fac PE RVU:** 15.64

**RUC Recommendation:** 17.04

**Referred to CPT** September 2016

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

**Result:** Maintain

**15738** Muscle, myocutaneous, or fasciocutaneous flap; lower extremity

**Global:** 090

**Issue:** Muscle Flaps

**Screen:** High Level E/M in Global Period

**Complete?** Yes

**Most Recent RUC Meeting:** April 2016

**Tab:** 14 **Specialty Developing Recommendation:** ASPS

**First Identified:** January 2016

**2020 Medicare Utilization:** 5,804

**2022 Work RVU:** 19.04

**2022 NF PE RVU:** NA

**2022 Fac PE RVU:** 15.04

**RUC Recommendation:** 19.04

**Referred to CPT** September 2016

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

**Result:** Maintain

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

**Global:** 090

**Issue:** Dermatology and Plastic Surgery Procedures

**Screen:** Site of Service Anomaly / CMS Fastest Growing

**Complete?** Yes

**Most Recent RUC Meeting:** April 2008

**Tab:** 28 **Specialty Developing Recommendation:** AAD, ASPS

**First Identified:** September 2007

**2020 Medicare Utilization:** 1,896

**2022 Work RVU:** 11.80

**2022 NF PE RVU:** 16.23

**2022 Fac PE RVU:** 11.09

**RUC Recommendation:** 11.57

**Referred to CPT** February 2009 & February 2012

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

**Result:** Maintain

## Status Report: CMS Requests and Relativity Assessment Issues

**15769** Grafting of autologous soft tissue, other, harvested by direct excision (eg, fat, dermis, fascia) **Global:** 090 **Issue:** Tissue Grafting Procedures **Screen:** Site of Service Anomaly - 2017 **Complete?** No

**Most Recent RUC Meeting:** September 2022

**Tab:** 13 **Specialty Developing Recommendation:** AAOHNS, ASPS

**First Identified:** May 2018

**2020 Medicare Utilization:** 5,294

**2022 Work RVU:** 6.68

**2022 NF PE RVU:** NA

**2022 Fac PE RVU:** 6.23

**RUC Recommendation:** Refer to CPT Assistant. 6.68.

**Referred to CPT**

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

**Result:** Increase

**15771** Grafting of autologous fat harvested by liposuction technique to trunk, breasts, scalp, arms, and/or legs; 50 cc or less injectate **Global:** 090 **Issue:** Tissue Grafting Procedures **Screen:** Site of Service Anomaly - 2017 **Complete?** Yes

**Most Recent RUC Meeting:** October 2018

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

**First Identified:** May 2018

**2020 Medicare Utilization:** 2,564

**2022 Work RVU:** 6.73

**2022 NF PE RVU:** 9.56

**2022 Fac PE RVU:** 6.68

**RUC Recommendation:** 6.73

**Referred to CPT**

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

**Result:** Increase

**15772** Grafting of autologous fat harvested by liposuction technique to trunk, breasts, scalp, arms, and/or legs; each additional 50 cc injectate, or part thereof (list separately in addition to code for primary procedure) **Global:** ZZZ **Issue:** Tissue Grafting Procedures **Screen:** Site of Service Anomaly - 2017 **Complete?** Yes

**Most Recent RUC Meeting:** October 2018

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

**First Identified:** May 2018

**2020 Medicare Utilization:** 5,007

**2022 Work RVU:** 2.50

**2022 NF PE RVU:** 2.66

**2022 Fac PE RVU:** 1.40

**RUC Recommendation:** 2.50

**Referred to CPT**

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

**Result:** Increase

## Status Report: CMS Requests and Relativity Assessment Issues

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

**Most Recent RUC Meeting:** October 2018

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

**First Identified:** May 2018

**2020 Medicare Utilization:** 347

**2022 Work RVU:** 6.83

**2022 NF PE RVU:** 9.73

**2022 Fac PE RVU:** 6.81

**RUC Recommendation:** 6.83

**Referred to CPT**

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

**Result:** Increase

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

**Most Recent RUC Meeting:** October 2018

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

**First Identified:** May 2018

**2020 Medicare Utilization:** 87

**2022 Work RVU:** 2.41

**2022 NF PE RVU:** 2.66

**2022 Fac PE RVU:** 1.39

**RUC Recommendation:** 2.41

**Referred to CPT**

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

**Result:** Increase

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

**Most Recent RUC Meeting:** April 2011

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

**First Identified:** April 2011

**2020 Medicare Utilization:** 7,449

**2022 Work RVU:** 3.65

**2022 NF PE RVU:** 1.97

**2022 Fac PE RVU:** 1.97

**RUC Recommendation:** 3.65

**Referred to CPT** February 2011

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

**Result:** Decrease

## Status Report: CMS Requests and Relativity Assessment Issues

**15778** Implantation of absorbable mesh or other prosthesis for delayed closure of defect(s) (ie, external genitalia, perineum, abdominal wall) due to soft tissue infection or trauma **Global:** **Issue:** Anterior Abdominal Hernia Repair **Screen:** Site of Service Anomaly - 2019 **Complete?** Yes

**Most Recent RUC Meeting:** April 2021

**Tab:** 09 **Specialty Developing Recommendation:** ACS, ASCRS (col), SAGES

**First Identified:** February 2021

**2020 Medicare Utilization:**

**2022 Work RVU:**

**2022 NF PE RVU:**

**2022 Fac PE RVU:**

**RUC Recommendation:** 8.00

**Referred to CPT** February 2021

**Result:** Decrease

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

**15823** Blepharoplasty, upper eyelid; with excessive skin weighting down lid **Global:** 090 **Issue:** Upper Eyelid Blepharoplasty **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

**Most Recent RUC Meeting:** April 2010

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

**First Identified:** October 2009

**2020 Medicare Utilization:** 69,275

**2022 Work RVU:** 6.81

**2022 NF PE RVU:** 10.86

**2022 Fac PE RVU:** 8.71

**RUC Recommendation:** 6.81

**Referred to CPT**

**Result:** Decrease

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

**16020** Dressings and/or debridement of partial-thickness burns, initial or subsequent; small (less than 5% total body surface area) **Global:** 000 **Issue:** Dressings/ Debridement of Partial-Thickness Burns **Screen:** Different Performing Specialty from Survey **Complete?** Yes

**Most Recent RUC Meeting:** October 2010

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

**First Identified:** October 2009

**2020 Medicare Utilization:** 13,402

**2022 Work RVU:** 0.71

**2022 NF PE RVU:** 1.69

**2022 Fac PE RVU:** 0.78

**RUC Recommendation:** 0.80

**Referred to CPT**

**Result:** Maintain

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

## Status Report: CMS Requests and Relativity Assessment Issues

**16025** Dressings and/or debridement of partial-thickness burns, initial or subsequent; medium (eg, whole face or whole extremity, or 5% to 10% total body surface area) **Global:** 000 **Issue:** Dressings/ Debridement of Partial-Thickness Burns **Screen:** Different Performing Specialty from Survey **Complete?** Yes

**Most Recent RUC Meeting:** October 2010

**Tab:** 08

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

**First Identified:** October 2009

**2020 Medicare Utilization:** 2,336

**2022 Work RVU:** 1.74

**2022 NF PE RVU:** 2.67

**2022 Fac PE RVU:** 1.26

**RUC Recommendation:** 1.85

**Referred to CPT**

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

**Result:** Maintain

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

**Most Recent RUC Meeting:** April 2010

**Tab:** 45

**Specialty Developing Recommendation:** ACEP, ASPS, AAFP, AAPMR, ACS, AAP

**First Identified:** February 2010

**2020 Medicare Utilization:** 1,357

**2022 Work RVU:** 2.08

**2022 NF PE RVU:** 3.40

**2022 Fac PE RVU:** 1.40

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

**Referred to CPT**

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

**Result:** Maintain

**17000** Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), premalignant lesions (eg, actinic keratoses); first lesion **Global:** 010 **Issue:** Destruction of Premalignant Lesions **Screen:** MPC List **Complete?** Yes

**Most Recent RUC Meeting:** April 2013

**Tab:** 17

**Specialty Developing Recommendation:** AAD

**First Identified:** October 2010

**2020 Medicare Utilization:** 5,075,530

**2022 Work RVU:** 0.61

**2022 NF PE RVU:** 1.31

**2022 Fac PE RVU:** 0.93

**RUC Recommendation:** 0.61

**Referred to CPT**

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

**Result:** Decrease

## Status Report: CMS Requests and Relativity Assessment Issues

**17003** Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), premalignant lesions (eg, actinic keratoses); second through 14 lesions, each (list separately in addition to code for first lesion) **Global:** ZZZ **Issue:** Destruction of Premalignant Lesions **Screen:** Low Value-Billed in Multiple Units / CMS High Expenditure Procedural Codes1 **Complete?** Yes

**Most Recent RUC Meeting:** April 2013

**Tab:** 17 **Specialty Developing Recommendation:** AAD

**First Identified:** October 2010

**2020 Medicare Utilization:** 16,342,065

**2022 Work RVU:** 0.04  
**2022 NF PE RVU:** 0.16  
**2022 Fac PE RVU:** 0.02

**RUC Recommendation:** 0.04

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

**Result:** Decrease

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

**Most Recent RUC Meeting:** April 2013

**Tab:** 17 **Specialty Developing Recommendation:** AAD

**First Identified:** September 2011

**2020 Medicare Utilization:** 745,568

**2022 Work RVU:** 1.37  
**2022 NF PE RVU:** 3.51  
**2022 Fac PE RVU:** 1.35

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

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

**Result:** Decrease

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

**Most Recent RUC Meeting:** October 2008

**Tab:** 11 **Specialty Developing Recommendation:** AAD

**First Identified:** February 2008

**2020 Medicare Utilization:** 3,054

**2022 Work RVU:** 3.69  
**2022 NF PE RVU:** 6.00  
**2022 Fac PE RVU:** 3.94

**RUC Recommendation:** 3.61

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

**Result:** Decrease



## Status Report: CMS Requests and Relativity Assessment Issues

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

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

**First Identified:** February 2008

**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

**Referred to CPT**

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

**Result:** Decrease

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

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

**First Identified:** February 2008

**2020 Medicare Utilization:** 4,184

**2022 Work RVU:** 7.49  
**2022 NF PE RVU:** 10.13  
**2022 Fac PE RVU:** 6.88

**RUC Recommendation:** 6.37

**Referred to CPT**

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

**Result:** Decrease

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

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

**First Identified:** April 2013

**2020 Medicare Utilization:** 2,225,566

**2022 Work RVU:** 0.70  
**2022 NF PE RVU:** 2.59  
**2022 Fac PE RVU:** 1.17

**RUC Recommendation:** Remove from screen

**Referred to CPT**

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

**Result:** Remove from Screen

# Status Report: CMS Requests and Relativity Assessment Issues

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

**Most Recent** **Tab:** 18 **Specialty Developing Recommendation:** **First Identified:** April 2013 **2020 Medicare Utilization:** 104,490 **2022 Work RVU:** 0.97 **2022 NF PE RVU:** 2.87 **2022 Fac PE RVU:** 1.31

**RUC Recommendation:** Remove from screen

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

**Result:** Remove from Screen

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

**Most Recent** **Tab:** 20 **Specialty Developing Recommendation:** AAFP, ACS, APMA **First Identified:** October 2015 **2020 Medicare Utilization:** 242,534 **2022 Work RVU:** 0.50 **2022 NF PE RVU:** 2.09 **2022 Fac PE RVU:** 0.51

**RUC Recommendation:** Review in 3 years (Jan 2025).

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

**Result:**

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

**Most Recent** **Tab:** 26 **Specialty Developing Recommendation:** AAD, AAFP **First Identified:** October 2009 **2020 Medicare Utilization:** 122,481 **2022 Work RVU:** 1.22 **2022 NF PE RVU:** 3.05 **2022 Fac PE RVU:** 1.18

**RUC Recommendation:** 1.22

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

**Result:** Maintain

# Status Report: CMS Requests and Relativity Assessment Issues

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

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

**First Identified:** February 2010

**2020 Medicare Utilization:** 265,012

**2022 Work RVU:** 1.63  
**2022 NF PE RVU:** 3.50  
**2022 Fac PE RVU:** 1.40

**RUC Recommendation:** 1.63

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

**Result:** Maintain

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

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

**First Identified:** February 2010

**2020 Medicare Utilization:** 46,030

**2022 Work RVU:** 1.54  
**2022 NF PE RVU:** 3.23  
**2022 Fac PE RVU:** 1.35

**RUC Recommendation:** 1.54

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

**Result:** Maintain

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

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

**First Identified:** February 2010

**2020 Medicare Utilization:** 73,725

**2022 Work RVU:** 1.82  
**2022 NF PE RVU:** 3.59  
**2022 Fac PE RVU:** 1.51

**RUC Recommendation:** 1.82

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

**Result:** Maintain

# Status Report: CMS Requests and Relativity Assessment Issues

**17281** Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 0.6 to 1.0 cm **Global:** 010 **Issue:** Destruction of Malignant Lesion **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

**Most Recent RUC Meeting:** October 2010

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

**First Identified:** February 2010

**2020 Medicare Utilization:** 70,486

**2022 Work RVU:** 1.77  
**2022 NF PE RVU:** 3.38  
**2022 Fac PE RVU:** 1.48

**RUC Recommendation:** 1.77

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

**Result:** Maintain

**17282** Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 1.1 to 2.0 cm **Global:** 010 **Issue:** Destruction of Malignant Lesion **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

**Most Recent RUC Meeting:** October 2010

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

**First Identified:** October 2009

**2020 Medicare Utilization:** 68,417

**2022 Work RVU:** 2.09  
**2022 NF PE RVU:** 3.79  
**2022 Fac PE RVU:** 1.66

**RUC Recommendation:** 2.09

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

**Result:** Maintain

**17311** Mohs micrographic technique, including removal of all gross tumor, surgical excision of tissue specimens, mapping, color coding of specimens, microscopic examination of specimens by the surgeon, and histopathologic preparation including routine stain(s) (eg, hematoxylin and eosin, toluidine blue), head, neck, hands, feet, genitalia, or any location with surgery directly involving muscle, cartilage, bone, tendon, major nerves, or vessels; first stage, up to 5 tissue blocks **Global:** 000 **Issue:** Mohs Surgery **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

**Most Recent RUC Meeting:** April 2013

**Tab:** 18 **Specialty Developing Recommendation:** AAD

**First Identified:** September 2011

**2020 Medicare Utilization:** 755,119

**2022 Work RVU:** 6.20  
**2022 NF PE RVU:** 13.07  
**2022 Fac PE RVU:** 3.54

**RUC Recommendation:** 6.20

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

**Result:** Maintain

# Status Report: CMS Requests and Relativity Assessment Issues

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

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

**Most Recent RUC Meeting:** April 2013 **Tab:** 18 **Specialty Developing Recommendation:** AAD **First Identified:** September 2011 **2020 Medicare Utilization:** 457,601 **2022 Work RVU:** 3.30 **2022 NF PE RVU:** 8.49 **2022 Fac PE RVU:** 1.88

**RUC Recommendation:** 3.30 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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

**Global:** 000 **Issue:** Mohs Surgery **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

**Most Recent RUC Meeting:** April 2013 **Tab:** 18 **Specialty Developing Recommendation:** AAD **First Identified:** January 2012 **2020 Medicare Utilization:** 140,420 **2022 Work RVU:** 5.56 **2022 NF PE RVU:** 12.56 **2022 Fac PE RVU:** 3.18

**RUC Recommendation:** 5.56 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

**17314** Mohs micrographic technique, including removal of all gross tumor, surgical excision of tissue specimens, mapping, color coding of specimens, microscopic examination of specimens by the surgeon, and histopathologic preparation including routine stain(s) (eg, hematoxylin and eosin, toluidine blue), of the trunk, arms, or legs; each additional stage after the first stage, up to 5 tissue blocks (list separately in addition to code for primary procedure)

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

**Most Recent RUC Meeting:** April 2013 **Tab:** 18 **Specialty Developing Recommendation:** AAD **First Identified:** January 2012 **2020 Medicare Utilization:** 56,304 **2022 Work RVU:** 3.06 **2022 NF PE RVU:** 8.24 **2022 Fac PE RVU:** 1.74

**RUC Recommendation:** 3.06 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

# Status Report: CMS Requests and Relativity Assessment Issues

**17315** Mohs micrographic technique, including removal of all gross tumor, surgical excision of tissue specimens, mapping, color coding of specimens, microscopic examination of specimens by the surgeon, and histopathologic preparation including routine stain(s) (eg, hematoxylin and eosin, toluidine blue), each additional block after the first 5 tissue blocks, any stage (list separately in addition to code for primary procedure) **Global:** ZZZ **Issue:** Mohs Surgery **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

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

**First Identified:** January 2012

**2020 Medicare Utilization:** 17,925

**2022 Work RVU:** 0.87  
**2022 NF PE RVU:** 1.31  
**2022 Fac PE RVU:** 0.50

**RUC Recommendation:** 0.87

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

**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 Recommendation:** ACS

**First Identified:** September 2007

**2020 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, clip, metallic pellet), when performed, and imaging of the biopsy specimen, when performed, percutaneous; first lesion, including stereotactic guidance

**Global:** 000 **Issue:** Breast Biopsy

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

**Most Recent**  
**RUC Meeting:** April 2013 **Tab:** 04 **Specialty Developing Recommendation:** ACR, ACS, ASBS

**First Identified:** January 2012

**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

# Status Report: CMS Requests and Relativity Assessment Issues

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

**Most Recent RUC Meeting:** April 2013

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

**First Identified:** January 2012

**2020 Medicare Utilization:** 3,920

**2022 Work RVU:** 1.65  
**2022 NF PE RVU:** 10.20  
**2022 Fac PE RVU:** 0.60

**RUC Recommendation:** 1.65

**Referred to CPT** October 2012

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

**Result:** Decrease

**19083** Biopsy, breast, with placement of breast localization device(s) (eg, clip, metallic pellet), when performed, and imaging of the biopsy specimen, when performed, percutaneous; first lesion, including ultrasound guidance **Global:** 000 **Issue:** Breast Biopsy **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

**Most Recent RUC Meeting:** April 2013

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

**First Identified:** January 2012

**2020 Medicare Utilization:** 104,245

**2022 Work RVU:** 3.10  
**2022 NF PE RVU:** 12.11  
**2022 Fac PE RVU:** 1.12

**RUC Recommendation:** 3.10

**Referred to CPT** October 2012

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

**Result:** Decrease

**19084** Biopsy, breast, with placement of breast localization device(s) (eg, clip, metallic pellet), when performed, and imaging of the biopsy specimen, when performed, percutaneous; each additional lesion, including ultrasound guidance (list separately in addition to code for primary procedure) **Global:** ZZZ **Issue:** Breast Biopsy **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

**Most Recent RUC Meeting:** April 2013

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

**First Identified:** January 2012

**2020 Medicare Utilization:** 13,958

**2022 Work RVU:** 1.55  
**2022 NF PE RVU:** 10.20  
**2022 Fac PE RVU:** 0.56

**RUC Recommendation:** 1.55

**Referred to CPT** October 2012

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

**Result:** Decrease

# Status Report: CMS Requests and Relativity Assessment Issues

**19085** Biopsy, breast, with placement of breast localization device(s) (eg, clip, metallic pellet), when performed, and imaging of the biopsy specimen, when performed, percutaneous; first lesion, including magnetic resonance guidance **Global:** 000 **Issue:** Breast Biopsy **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

**Most Recent RUC Meeting:** April 2013

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

**First Identified:** January 2012

**2020 Medicare Utilization:** 5,690

**2022 Work RVU:** 3.64  
**2022 NF PE RVU:** 19.92  
**2022 Fac PE RVU:** 1.31

**RUC Recommendation:** 3.64

**Referred to CPT** October 2012

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

**Result:** Decrease

**19086** Biopsy, breast, with placement of breast localization device(s) (eg, clip, metallic pellet), when performed, and imaging of the biopsy specimen, when performed, percutaneous; each additional lesion, including magnetic resonance guidance (list separately in addition to code for primary procedure) **Global:** ZZZ **Issue:** Breast Biopsy **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

**Most Recent RUC Meeting:** April 2013

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

**First Identified:** January 2012

**2020 Medicare Utilization:** 1,151

**2022 Work RVU:** 1.82  
**2022 NF PE RVU:** 16.66  
**2022 Fac PE RVU:** 0.66

**RUC Recommendation:** 1.82

**Referred to CPT** October 2012

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

**Result:** Decrease

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

**Most Recent RUC Meeting:** April 2013

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

**First Identified:** January 2012

**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** ☐ **Published in CPT Asst:**

**Result:** Deleted from CPT



# Status Report: CMS Requests and Relativity Assessment Issues

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

**Most Recent RUC Meeting:** April 2013

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

**First Identified:** January 2012

**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** ☐ **Published in CPT Asst:**

**Result:** Deleted from CPT

**19281** Placement of breast localization device(s) (eg, clip, metallic pellet, wire/needle, radioactive seeds), percutaneous; first lesion, including mammographic guidance **Global:** 000 **Issue:** Breast Biopsy **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

**Most Recent RUC Meeting:** April 2013

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

**First Identified:** January 2012

**2020 Medicare Utilization:** 24,887

**2022 Work RVU:** 2.00  
**2022 NF PE RVU:** 4.99  
**2022 Fac PE RVU:** 0.72

**RUC Recommendation:** 2.00

**Referred to CPT** October 2012

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

**Result:** Decrease

**19282** Placement of breast localization device(s) (eg, clip, metallic pellet, wire/needle, radioactive seeds), percutaneous; each additional lesion, including mammographic guidance (list separately in addition to code for primary procedure) **Global:** ZZZ **Issue:** Breast Biopsy **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

**Most Recent RUC Meeting:** April 2013

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

**First Identified:** January 2012

**2020 Medicare Utilization:** 3,043

**2022 Work RVU:** 1.00  
**2022 NF PE RVU:** 4.02  
**2022 Fac PE RVU:** 0.36

**RUC Recommendation:** 1.00

**Referred to CPT** October 2012

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

**Result:** Decrease

## Status Report: CMS Requests and Relativity Assessment Issues

**19283** Placement of breast localization device(s) (eg, clip, metallic pellet, wire/needle, radioactive seeds), percutaneous; first lesion, including stereotactic guidance **Global:** 000 **Issue:** Breast Biopsy **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

**Most Recent RUC Meeting:** April 2013

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

**First Identified:** January 2012

**2020 Medicare Utilization:** 3,274

**2022 Work RVU:** 2.00

**2022 NF PE RVU:** 5.62

**2022 Fac PE RVU:** 0.72

**RUC Recommendation:** 2.00

**Referred to CPT** October 2012

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

**Result:** Decrease

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

**Most Recent RUC Meeting:** April 2013

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

**First Identified:** January 2012

**2020 Medicare Utilization:** 415

**2022 Work RVU:** 1.00

**2022 NF PE RVU:** 4.74

**2022 Fac PE RVU:** 0.36

**RUC Recommendation:** 1.00

**Referred to CPT** October 2012

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

**Result:** Decrease

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

**Most Recent RUC Meeting:** April 2013

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

**First Identified:** January 2012

**2020 Medicare Utilization:** 23,245

**2022 Work RVU:** 1.70

**2022 NF PE RVU:** 9.60

**2022 Fac PE RVU:** 0.61

**RUC Recommendation:** 1.70

**Referred to CPT** October 2012

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

**Result:** Decrease

## Status Report: CMS Requests and Relativity Assessment Issues

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<b>19286</b>	Placement of breast localization device(s) (eg, clip, metallic pellet, wire/needle, radioactive seeds), percutaneous; each additional lesion, including ultrasound guidance (list separately in addition to code for primary procedure)	<b>Global:</b> ZZZ	<b>Issue:</b> Breast Biopsy	<b>Screen:</b> Codes Reported Together 75% or More-Part2	<b>Complete?</b> Yes
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**Most Recent RUC Meeting:** April 2013

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

**First Identified:** January 2012

**2020 Medicare Utilization:** 1,932

**2022 Work RVU:** 0.85

**2022 NF PE RVU:** 8.53

**2022 Fac PE RVU:** 0.31

**RUC Recommendation:** 0.85

**Referred to CPT** October 2012

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

**Result:** Decrease

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<b>19287</b>	Placement of breast localization device(s) (eg clip, metallic pellet, wire/needle, radioactive seeds), percutaneous; first lesion, including magnetic resonance guidance	<b>Global:</b> 000	<b>Issue:</b> Breast Biopsy	<b>Screen:</b> Codes Reported Together 75% or More-Part2	<b>Complete?</b> Yes
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**Most Recent RUC Meeting:** April 2013

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

**First Identified:** January 2012

**2020 Medicare Utilization:** 266

**2022 Work RVU:** 2.55

**2022 NF PE RVU:** 17.09

**2022 Fac PE RVU:** 0.92

**RUC Recommendation:** 3.02

**Referred to CPT** October 2012

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

**Result:** Decrease

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<b>19288</b>	Placement of breast localization device(s) (eg clip, metallic pellet, wire/needle, radioactive seeds), percutaneous; each additional lesion, including magnetic resonance guidance (list separately in addition to code for primary procedure)	<b>Global:</b> ZZZ	<b>Issue:</b> Breast Biopsy	<b>Screen:</b> Codes Reported Together 75% or More-Part2	<b>Complete?</b> Yes
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**Most Recent RUC Meeting:** April 2013

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

**First Identified:** January 2012

**2020 Medicare Utilization:** 61

**2022 Work RVU:** 1.28

**2022 NF PE RVU:** 14.04

**2022 Fac PE RVU:** 0.46

**RUC Recommendation:** 1.51

**Referred to CPT** October 2012

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

**Result:** Decrease

# Status Report: CMS Requests and Relativity Assessment Issues

**19290** Preoperative placement of needle localization wire, breast;

**Global:**

**Issue:** Breast Biopsy

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

**Complete?** Yes

**Most Recent RUC Meeting:** April 2013

**Tab:** 04

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

**First Identified:** January 2012

**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** ☐ **Published in CPT Asst:**

**Result:** Deleted from CPT

**19291** Preoperative placement of needle localization wire, breast; each additional lesion (List separately in addition to code for primary procedure)

**Global:**

**Issue:** Breast Biopsy

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

**Complete?** Yes

**Most Recent RUC Meeting:** April 2013

**Tab:** 04

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

**First Identified:** January 2012

**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** ☐ **Published in CPT Asst:**

**Result:** Deleted from CPT

**19295** Image guided placement, metallic localization clip, percutaneous, during breast biopsy/aspiration (List separately in addition to code for primary procedure)

**Global:**

**Issue:** Breast Biopsy

**Screen:** CMS Fastest Growing / Codes Reported Together 75% or More-Part2

**Complete?** Yes

**Most Recent RUC Meeting:** April 2013

**Tab:** 04

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

**First Identified:** October 2008

**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** ☐ **Published in CPT Asst:**

**Result:** Deleted from CPT

# Status Report: CMS Requests and Relativity Assessment Issues

**19303** Mastectomy, simple, complete

**Global:** 090

**Issue:** Mastectomy

**Screen:** Site of Service Anomaly - 2015 / High Level E/M in Global Period

**Complete?** Yes

**Most Recent RUC Meeting:** April 2016

**Tab:** 15

**Specialty Developing Recommendation:** ACS, ASBS

**First Identified:** October 2015

**2020 Medicare Utilization:** 22,732

**2022 Work RVU:** 15.00

**2022 NF PE RVU:** NA

**2022 Fac PE RVU:** 9.88

**RUC Recommendation:** 15.00

**Referred to CPT**

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

**Result:** Decrease

**19307** Mastectomy, modified radical, including axillary lymph nodes, with or without pectoralis minor muscle, but excluding pectoralis major muscle

**Global:** 090

**Issue:** Modified Radical Mastectomy

**Screen:** Site of Service Anomaly - 2019

**Complete?** Yes

**Most Recent RUC Meeting:** January 2020

**Tab:** 22

**Specialty Developing Recommendation:**

**First Identified:** October 2019

**2020 Medicare Utilization:** 5,145

**2022 Work RVU:** 17.99

**2022 NF PE RVU:** NA

**2022 Fac PE RVU:** 12.83

**RUC Recommendation:** 17.99

**Referred to CPT**

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

**Result:** Decrease

**19318** Breast reduction

**Global:** 090

**Issue:** Mammoplasty

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

**Complete?** Yes

**Most Recent RUC Meeting:** September 2007

**Tab:** 16

**Specialty Developing Recommendation:** ASPS

**First Identified:** September 2007

**2020 Medicare Utilization:** 5,722

**2022 Work RVU:** 16.03

**2022 NF PE RVU:** NA

**2022 Fac PE RVU:** 13.31

**RUC Recommendation:** Reduce 99238 to 0.5

**Referred to CPT**

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

**Result:** PE Only

## Status Report: CMS Requests and Relativity Assessment Issues

**19340** Insertion of breast implant on same day of mastectomy (ie, immediate)

**Global:** 090

**Issue:** Breast Implant/Expander Placement

**Screen:** CMS Request / Site of Service Anomaly - 2019

**Complete?** Yes

**Most Recent RUC Meeting:** January 2020

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

**First Identified:** October 2009

**2020 Medicare Utilization:** 6,133

**2022 Work RVU:** 10.48

**2022 NF PE RVU:** NA

**2022 Fac PE RVU:** 9.93

**RUC Recommendation:** 11.00

**Referred to CPT**

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

**Result:** Decrease

**19357** Tissue expander placement in breast reconstruction, including subsequent expansion(s)

**Global:** 090

**Issue:** Breast Implant/Expander Placement

**Screen:** Site of Service Anomaly / 090-Day Global Post-Operative Visits / Site of Service Anomaly - 2019

**Complete?** Yes

**Most Recent RUC Meeting:** January 2020

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

**First Identified:** September 2007

**2020 Medicare Utilization:** 5,820

**2022 Work RVU:** 14.84

**2022 NF PE RVU:** NA

**2022 Fac PE RVU:** 16.66

**RUC Recommendation:** 15.36

**Referred to CPT** October 2009

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

**Result:** Decrease

**20000** Deleted from CPT

**Global:**

**Issue:** Incision of Abscess

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

**Complete?** Yes

**Most Recent RUC Meeting:** September 2007

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

**First Identified:** September 2007

**2020 Medicare Utilization:**

**2022 Work RVU:**

**2022 NF PE RVU:**

**2022 Fac PE RVU:**

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** June 2009

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

**Result:** Deleted from CPT

# Status Report: CMS Requests and Relativity Assessment Issues

**20005** Incision and drainage of soft tissue abscess, subfascial (ie, involves the soft tissue below the deep fascia) **Global:** **Issue:** Incision of Deep Abscess **Screen:** Site of Service Anomaly / Negative IWPUT **Complete?** Yes

**Most Recent RUC Meeting:** October 2017

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

**First Identified:** September 2007

**2020 Medicare Utilization:**

**2022 Work RVU:**

**2022 NF PE RVU:**

**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:**

**20220** Biopsy, bone, trocar, or needle; superficial (eg, ilium, sternum, spinous process, ribs) **Global:** 000 **Issue:** Bone Biopsy Trocar/Needle **Screen:** Different Performing Specialty from Survey **Complete?** Yes

**Most Recent RUC Meeting:** January 2019

**Tab:** 22 **Specialty Developing Recommendation:** ACR, SIR

**First Identified:** January 2018

**2020 Medicare Utilization:** 11,306

**2022 Work RVU:** 1.65

**2022 NF PE RVU:** 5.39

**2022 Fac PE RVU:** 0.75

**RUC Recommendation:** 1.93

**Referred to CPT**

**Result:** Increase

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

**20225** Biopsy, bone, trocar, or needle; deep (eg, vertebral body, femur) **Global:** 000 **Issue:** Bone Biopsy Trocar/Needle **Screen:** Different Performing Specialty from Survey **Complete?** Yes

**Most Recent RUC Meeting:** January 2019

**Tab:** 22 **Specialty Developing Recommendation:** ACR, SIR

**First Identified:** October 2017

**2020 Medicare Utilization:** 12,575

**2022 Work RVU:** 2.45

**2022 NF PE RVU:** 9.17

**2022 Fac PE RVU:** 1.11

**RUC Recommendation:** 3.00

**Referred to CPT**

**Result:** Increase

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

**20240** Biopsy, bone, open; superficial (eg, sternum, spinous process, rib, patella, olecranon process, calcaneus, tarsal, metatarsal, carpal, metacarpal, phalanx) **Global:** 000 **Issue:** Bone Biopsy Excisional **Screen:** 010-Day Global Post-Operative Visits **Complete?** Yes

**Most Recent RUC Meeting:** January 2016

**Tab:** 04 **Specialty Developing Recommendation:** AAOS, APMA

**First Identified:** April 2014

**2020 Medicare Utilization:** 6,937

**2022 Work RVU:** 2.61

**2022 NF PE RVU:** NA

**2022 Fac PE RVU:** 1.23

**RUC Recommendation:** 3.73

**Referred to CPT**

**Result:** Increase

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

# Status Report: CMS Requests and Relativity Assessment Issues

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<b>20245</b>	<b>Biopsy, bone, open; deep (eg, humeral shaft, ischium, femoral shaft)</b>	<b>Global:</b> 000	<b>Issue:</b> Bone Biopsy Excisional	<b>Screen:</b> 010-Day Global Post-Operative Visits	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2016	<b>Tab:</b> 04	<b>Specialty Developing Recommendation:</b> AAOS	<b>First Identified:</b> January 2014	<b>2020 Medicare Utilization:</b> 3,706	<b>2022 Work RVU:</b> 6.00 <b>2022 NF PE RVU:</b> NA <b>2022 Fac PE RVU:</b> 3.17
<b>RUC Recommendation:</b> 6.50			<b>Referred to CPT</b> October 2015 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b> Decrease

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<b>20525</b>	<b>Removal of foreign body in muscle or tendon sheath; deep or complicated</b>	<b>Global:</b> 010	<b>Issue:</b> Removal of Foreign Body	<b>Screen:</b> Site of Service Anomaly (99238-Only)	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> September 2007	<b>Tab:</b> 16	<b>Specialty Developing Recommendation:</b> ACS, AAOS	<b>First Identified:</b> September 2007	<b>2020 Medicare Utilization:</b> 1,442	<b>2022 Work RVU:</b> 3.54 <b>2022 NF PE RVU:</b> 9.83 <b>2022 Fac PE RVU:</b> 3.12
<b>RUC Recommendation:</b> Reduce 99238 to 0.5			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b> PE Only

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<b>20526</b>	<b>Injection, therapeutic (eg, local anesthetic, corticosteroid), carpal tunnel</b>	<b>Global:</b> 000	<b>Issue:</b> RAW	<b>Screen:</b> CMS 000-Day Global Typically Reported with an E/M	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2017	<b>Tab:</b> 30	<b>Specialty Developing Recommendation:</b>	<b>First Identified:</b> July 2016	<b>2020 Medicare Utilization:</b> 91,612	<b>2022 Work RVU:</b> 0.94 <b>2022 NF PE RVU:</b> 1.32 <b>2022 Fac PE RVU:</b> 0.57
<b>RUC Recommendation:</b> Remove from screen			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b> Remove from Screen

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# Status Report: CMS Requests and Relativity Assessment Issues

**20550** Injection(s); single tendon sheath, or ligament, aponeurosis (eg, plantar "fascia") **Global:** 000 **Issue:** Injection of Tendon **Screen:** CMS Fastest Growing / CMS High Expenditure Procedural Codes2 **Complete?** Yes

**Most Recent RUC Meeting:** January 2016 **Tab:** 27 **Specialty Developing Recommendation:** AAOS, AAPM&R, ACRh, APMA, ASSH **First Identified:** October 2008 **2020 Medicare Utilization:** 754,987 **2022 Work RVU:** 0.75 **2022 NF PE RVU:** 0.85 **2022 Fac PE RVU:** 0.30 **RUC Recommendation:** 0.75 **Result:** Maintain

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

**20551** Injection(s); single tendon origin/insertion **Global:** 000 **Issue:** Therapeutic Injection Carpal Tunnel **Screen:** CMS Fastest Growing / CMS 000-Day Global Typically Reported with an E/M **Complete?** Yes

**Most Recent RUC Meeting:** April 2017 **Tab:** 10 **Specialty Developing Recommendation:** AAPMR, AAOS, ACRh, APMA, ASSH **First Identified:** October 2008 **2020 Medicare Utilization:** 131,533 **2022 Work RVU:** 0.75 **2022 NF PE RVU:** 0.88 **2022 Fac PE RVU:** 0.31 **RUC Recommendation:** 0.75 **Result:** Maintain

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

**20552** Injection(s); single or multiple trigger point(s), 1 or 2 muscle(s) **Global:** 000 **Issue:** **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

**Most Recent RUC Meeting:** January 2016 **Tab:** 28 **Specialty Developing Recommendation:** AAPM&R, ACRh, ASA **First Identified:** July 2015 **2020 Medicare Utilization:** 281,251 **2022 Work RVU:** 0.66 **2022 NF PE RVU:** 0.84 **2022 Fac PE RVU:** 0.36 **RUC Recommendation:** 0.66 **Result:** Maintain

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

## Status Report: CMS Requests and Relativity Assessment Issues

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

**20605** Arthrocentesis, aspiration and/or injection, intermediate joint or bursa (eg, temporomandibular, acromioclavicular, wrist, elbow or ankle, olecranon bursa); without ultrasound guidance **Global:** 000 **Issue:** Arthrocentesis **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

**Most Recent RUC Meeting:** January 2014

**Tab:** 04 **Specialty Developing Recommendation:** AAFP, AAOS, ACR, ACRh, APMA, ASSH

**First Identified:** October 2009

**2020 Medicare Utilization:** 389,042

**2022 Work RVU:** 0.68

**2022 NF PE RVU:** 0.85

**2022 Fac PE RVU:** 0.32

**RUC Recommendation:** 0.68 and new PE inputs

**Referred to CPT** October 2013

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

**Result:** Maintain

**20606** Arthrocentesis, aspiration and/or injection, intermediate joint or bursa (eg, temporomandibular, acromioclavicular, wrist, elbow or ankle, olecranon bursa); with ultrasound guidance, with permanent recording and reporting **Global:** 000 **Issue:** Arthrocentesis **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

**Most Recent RUC Meeting:** January 2014

**Tab:** 04 **Specialty Developing Recommendation:** AAFP, AAOS, ACR, ACRh, APMA, ASSH

**First Identified:** July 2013

**2020 Medicare Utilization:** 52,205

**2022 Work RVU:** 1.00

**2022 NF PE RVU:** 1.53

**2022 Fac PE RVU:** 0.41

**RUC Recommendation:** 1.00

**Referred to CPT** October 2013

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

**Result:** Decrease

**20610** Arthrocentesis, aspiration and/or injection, major joint or bursa (eg, shoulder, hip, knee, subacromial bursa); without ultrasound guidance **Global:** 000 **Issue:** Arthrocentesis **Screen:** Harvard Valued - Utilization over 100,000 / MPC List / CMS High Expenditure Procedural Codes1 / CMS Request - Final Rule for 2014 **Complete?** Yes

**Most Recent RUC Meeting:** January 2014

**Tab:** 04 **Specialty Developing Recommendation:** AAFP, AAOS, ACR, ACRh, APMA, ASSH

**First Identified:** February 2010

**2020 Medicare Utilization:** 5,497,402

**2022 Work RVU:** 0.79

**2022 NF PE RVU:** 1.01

**2022 Fac PE RVU:** 0.42

**RUC Recommendation:** 0.79 and new PE inputs

**Referred to CPT** October 2013

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

**Result:** Maintain

## Status Report: CMS Requests and Relativity Assessment Issues

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<b>20611</b>	<b>Arthrocentesis, aspiration and/or injection, major joint or bursa (eg, shoulder, hip, knee, subacromial bursa); with ultrasound guidance, with permanent recording and reporting</b>	<b>Global:</b> 000	<b>Issue:</b> Arthrocentesis	<b>Screen:</b> CMS Request - Final Rule for 2014	<b>Complete?</b> Yes
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<b>Most Recent RUC Meeting:</b> January 2014	<b>Tab:</b> 04	<b>Specialty Developing Recommendation:</b> AAFP, AAOS, ACR, ACRh, APMA, ASSH	<b>First Identified:</b> July 2013	<b>2020 Medicare Utilization:</b> 952,613	<b>2022 Work RVU:</b> 1.10 <b>2022 NF PE RVU:</b> 1.71 <b>2022 Fac PE RVU:</b> 0.50
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**RUC Recommendation:** 1.10

**Referred to CPT** October 2013  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Decrease

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<b>20612</b>	<b>Aspiration and/or injection of ganglion cyst(s) any location</b>	<b>Global:</b> 000	<b>Issue:</b> RAW	<b>Screen:</b> CMS 000-Day Global Typically Reported with an E/M	<b>Complete?</b> Yes
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<b>Most Recent RUC Meeting:</b> January 2017	<b>Tab:</b> 30	<b>Specialty Developing Recommendation:</b>	<b>First Identified:</b> July 2016	<b>2020 Medicare Utilization:</b> 22,763	<b>2022 Work RVU:</b> 0.70 <b>2022 NF PE RVU:</b> 1.10 <b>2022 Fac PE RVU:</b> 0.41
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**RUC Recommendation:** Remove from screen

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

**Result:** Remove from Screen

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<b>20680</b>	<b>Removal of implant; deep (eg, buried wire, pin, screw, metal band, nail, rod or plate)</b>	<b>Global:</b> 090	<b>Issue:</b> RAW	<b>Screen:</b> Pre-Time Analysis	<b>Complete?</b> Yes
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<b>Most Recent RUC Meeting:</b> September 2014	<b>Tab:</b> 21	<b>Specialty Developing Recommendation:</b> AAOS, APMA	<b>First Identified:</b> January 2014	<b>2020 Medicare Utilization:</b> 47,394	<b>2022 Work RVU:</b> 5.96 <b>2022 NF PE RVU:</b> 10.98 <b>2022 Fac PE RVU:</b> 5.39
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**RUC Recommendation:** 5.96 and adjustments to pre-service time package 3.

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

**Result:** Maintain

# Status Report: CMS Requests and Relativity Assessment Issues

**20692** Application of a multiplane (pins or wires in more than 1 plane), unilateral, external fixation system (eg, ilizarov, monticelli type) **Global:** 090 **Issue:** RAW **Screen:** 090-Day Global Post-Operative Visits **Complete?** Yes

**Most Recent RUC Meeting:** April 2014

**Tab:** 52

**Specialty Developing Recommendation:**

**First Identified:** January 2014

**2020 Medicare Utilization:** 3,130

**2022 Work RVU:** 16.27

**2022 NF PE RVU:** NA

**2022 Fac PE RVU:** 14.01

**RUC Recommendation:** Maintain

**Referred to CPT**

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

**Result:** Maintain

**20694** Removal, under anesthesia, of external fixation system

**Global:** 090

**Issue:** External Fixation

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

**Complete?** Yes

**Most Recent RUC Meeting:** September 2007

**Tab:** 16

**Specialty Developing Recommendation:** AAOS

**First Identified:** September 2007

**2020 Medicare Utilization:** 5,813

**2022 Work RVU:** 4.28

**2022 NF PE RVU:** 7.74

**2022 Fac PE RVU:** 5.02

**RUC Recommendation:** Reduce 99238 to 0.5

**Referred to CPT**

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

**Result:** PE Only

**20700** Manual preparation and insertion of drug-delivery device(s), deep (eg, subfascial) (list separately in addition to code for primary procedure)

**Global:** ZZZ

**Issue:** Drug Delivery Implant Procedures

**Screen:** Different Performing Specialty from Survey

**Complete?** Yes

**Most Recent RUC Meeting:** October 2018

**Tab:** 05

**Specialty Developing Recommendation:** AAOS, AUA

**First Identified:** May 2018

**2020 Medicare Utilization:** 798

**2022 Work RVU:** 1.50

**2022 NF PE RVU:** 0.72

**2022 Fac PE RVU:** 0.72

**RUC Recommendation:** 1.50

**Referred to CPT**

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

**Result:** Increase

**20701** Removal of drug-delivery device(s), deep (eg, subfascial) (list separately in addition to code for primary procedure)

**Global:** ZZZ

**Issue:** Drug Delivery Implant Procedures

**Screen:** Different Performing Specialty from Survey

**Complete?** Yes

**Most Recent RUC Meeting:** October 2018

**Tab:** 05

**Specialty Developing Recommendation:** AAOS, AUA

**First Identified:** May 2018

**2020 Medicare Utilization:** 202

**2022 Work RVU:** 1.13

**2022 NF PE RVU:** 0.55

**2022 Fac PE RVU:** 0.55

**RUC Recommendation:** 1.13

**Referred to CPT**

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

**Result:** Increase

# Status Report: CMS Requests and Relativity Assessment Issues

**20702** Manual preparation and insertion of drug-delivery device(s), intramedullary (list separately in addition to code for primary procedure) **Global:** ZZZ **Issue:** Drug Delivery Implant Procedures **Screen:** Different Performing Specialty from Survey **Complete?** Yes

**Most Recent RUC Meeting:** October 2018

**Tab:** 05 **Specialty Developing Recommendation:** AAOS, AUA

**First Identified:** May 2018

**2020 Medicare Utilization:** 355

**2022 Work RVU:** 2.50

**2022 NF PE RVU:** 1.23

**2022 Fac PE RVU:** 1.23

**RUC Recommendation:** 2.50

**Referred to CPT**

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

**Result:** Increase

**20703** Removal of drug-delivery device(s), intramedullary (list separately in addition to code for primary procedure) **Global:** ZZZ **Issue:** Drug Delivery Implant Procedures **Screen:** Different Performing Specialty from Survey **Complete?** Yes

**Most Recent RUC Meeting:** October 2018

**Tab:** 05 **Specialty Developing Recommendation:** AAOS, AUA

**First Identified:** May 2018

**2020 Medicare Utilization:** 66

**2022 Work RVU:** 1.80

**2022 NF PE RVU:** 0.91

**2022 Fac PE RVU:** 0.91

**RUC Recommendation:** 1.80

**Referred to CPT**

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

**Result:** Increase

**20704** Manual preparation and insertion of drug-delivery device(s), intra-articular (list separately in addition to code for primary procedure) **Global:** ZZZ **Issue:** Drug Delivery Implant Procedures **Screen:** Different Performing Specialty from Survey **Complete?** Yes

**Most Recent RUC Meeting:** October 2018

**Tab:** 05 **Specialty Developing Recommendation:** AAOS, AUA

**First Identified:** May 2018

**2020 Medicare Utilization:** 353

**2022 Work RVU:** 2.60

**2022 NF PE RVU:** 1.33

**2022 Fac PE RVU:** 1.33

**RUC Recommendation:** 2.60

**Referred to CPT**

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

**Result:** Increase

**20705** Removal of drug-delivery device(s), intra-articular (list separately in addition to code for primary procedure) **Global:** ZZZ **Issue:** Drug Delivery Implant Procedures **Screen:** Different Performing Specialty from Survey **Complete?** Yes

**Most Recent RUC Meeting:** October 2018

**Tab:** 05 **Specialty Developing Recommendation:** AAOS, AUA

**First Identified:** May 2018

**2020 Medicare Utilization:** 128

**2022 Work RVU:** 2.15

**2022 NF PE RVU:** 1.09

**2022 Fac PE RVU:** 1.09

**RUC Recommendation:** 2.15

**Referred to CPT**

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

**Result:** Increase

# Status Report: CMS Requests and Relativity Assessment Issues

**20900** Bone graft, any donor area; minor or small (eg, dowel or button) **Global:** 000 **Issue:** Bone Graft Procedures **Screen:** Site of Service Anomaly **Complete?** Yes

**Most Recent RUC Meeting:** April 2008 **Tab:** 29 **Specialty Developing Recommendation:** AOFAS, AAOS **First Identified:** September 2007 **2020 Medicare Utilization:** 4,084 **2022 Work RVU:** 3.00 **2022 NF PE RVU:** 8.27 **2022 Fac PE RVU:** 1.83 **RUC Recommendation:** 3.00 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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

**Most Recent RUC Meeting:** April 2008 **Tab:** 29 **Specialty Developing Recommendation:** AOFAS, AAOS **First Identified:** April 2008 **2020 Medicare Utilization:** 4,113 **2022 Work RVU:** 4.58 **2022 NF PE RVU:** NA **2022 Fac PE RVU:** 2.72 **RUC Recommendation:** 4.58 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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

**Most Recent RUC Meeting:** October 2018 **Tab:** 04 **Specialty Developing Recommendation:** AAOS, ASPS, AANS, CNS **First Identified:** October 2008 **2020 Medicare Utilization:** **2022 Work RVU:** **2022 NF PE RVU:** **2022 Fac PE RVU:** **RUC Recommendation:** Deleted from CPT **Referred to CPT** May 2018 **Referred to CPT Asst** ☒ **Published in CPT Asst:** Deleted for 2020 **Result:** Deleted from CPT

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

**Most Recent RUC Meeting:** February 2009 **Tab:** 6 **Specialty Developing Recommendation:** ACS, AAOS, AAO-HNS, ASPS **First Identified:** September 2007 **2020 Medicare Utilization:** 376 **2022 Work RVU:** 9.89 **2022 NF PE RVU:** NA **2022 Fac PE RVU:** 9.11 **RUC Recommendation:** 9.71 **Referred to CPT** June 2008 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Increase

# Status Report: CMS Requests and Relativity Assessment Issues

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

**Most Recent** **Tab:** 61 **Specialty Developing** AAOMS **First** **2020** **2022 Work RVU:** 10.03  
**RUC Meeting:** October 2010 **Recommendation:** **Identified:** September 2007 **Medicare** **2022 NF PE RVU:** 12.32  
**Utilization:** 4,098 **2022 Fac PE RVU:** 8.40  
**RUC Recommendation:** 10.03 **Referred to CPT** **Result:** Decrease  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**21495** Open treatment of hyoid fracture **Global:** **Issue:** Laryngoplasty **Screen:** 090-Day Global Post-Operative Visits **Complete?** Yes

**Most Recent** **Tab:** 09 **Specialty Developing** **First** **2020** **2022 Work RVU:**  
**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:**

**21557** Radical resection of tumor (eg, sarcoma), soft tissue of neck or anterior thorax; less than 5 cm **Global:** 090 **Issue:** Radical Resection of Soft Tissue Tumor **Screen:** Site of Service Anomaly **Complete?** Yes

**Most Recent** **Tab:** 6 **Specialty Developing** ACS, AAOS **First** **2020** **2022 Work RVU:** 14.75  
**RUC Meeting:** February 2009 **Recommendation:** **Identified:** September 2007 **Medicare** **2022 NF PE RVU:** NA  
**Utilization:** 429 **2022 Fac PE RVU:** 10.55  
**RUC Recommendation:** 14.57 **Referred to CPT** June 2008 **Result:** Decrease  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**21800** Closed treatment of rib fracture, uncomplicated, each **Global:** **Issue:** Internal Fixation of Rib Fracture **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

**Most Recent** **Tab:** 05 **Specialty Developing** STS, ACS **First** **2020** **2022 Work RVU:**  
**RUC Meeting:** April 2014 **Recommendation:** **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:**



# Status Report: CMS Requests and Relativity Assessment Issues

**21805** Open treatment of rib fracture without fixation, each **Global:** **Issue:** Internal Fixation of Rib Fracture **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

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

**21810** Treatment of rib fracture requiring external fixation (flail chest) **Global:** **Issue:** Internal Fixation of Rib Fracture **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

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

**21811** Open treatment of rib fracture(s) with internal fixation, includes thoracoscopic visualization when performed, unilateral; 1-3 ribs **Global:** 000 **Issue:** Internal Fixation of Rib Fracture **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

**Most Recent RUC Meeting:** April 2014 **Tab:** 05 **Specialty Developing Recommendation:** STS, ACS **First Identified:** January 2014 **2020 Medicare Utilization:** 439 **2022 Work RVU:** 10.79 **2022 NF PE RVU:** NA **2022 Fac PE RVU:** 4.27

**RUC Recommendation:** 19.55 **Referred to CPT** October 2013 **Result:** Decrease

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

**21812** Open treatment of rib fracture(s) with internal fixation, includes thoracoscopic visualization when performed, unilateral; 4-6 ribs **Global:** 000 **Issue:** Internal Fixation of Rib Fracture **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

**Most Recent RUC Meeting:** April 2014 **Tab:** 05 **Specialty Developing Recommendation:** STS, ACS **First Identified:** January 2014 **2020 Medicare Utilization:** 489 **2022 Work RVU:** 13.00 **2022 NF PE RVU:** NA **2022 Fac PE RVU:** 5.29

**RUC Recommendation:** 25.00 **Referred to CPT** October 2013 **Result:** Decrease

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

## Status Report: CMS Requests and Relativity Assessment Issues

**21813** Open treatment of rib fracture(s) with internal fixation, includes thoracoscopic visualization when performed, unilateral; 7 or more ribs **Global:** 000 **Issue:** Internal Fixation of Rib Fracture **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

**Most Recent RUC Meeting:** April 2014

**Tab:** 05 **Specialty Developing Recommendation:** STS, ACS

**First Identified:** January 2014

**2020 Medicare Utilization:** 67

**2022 Work RVU:** 17.61

**2022 NF PE RVU:** NA

**2022 Fac PE RVU:** 7.12

**RUC Recommendation:** 35.00

**Referred to CPT** October 2013

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

**Result:** Decrease

**21820** Closed treatment of sternum fracture

**Global:** 090 **Issue:** Internal Fixation of Rib Fracture

**Screen:** CMS Request - Final Rule for 2014 / Emergent Procedures

**Complete?** Yes

**Most Recent RUC Meeting:** April 2016

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

**First Identified:** January 2014

**2020 Medicare Utilization:** 135

**2022 Work RVU:** 1.36

**2022 NF PE RVU:** 2.82

**2022 Fac PE RVU:** 2.73

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

**Referred to CPT** October 2013

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

**Result:** PE Only

**21825** Open treatment of sternum fracture with or without skeletal fixation

**Global:** 090 **Issue:** Internal Fixation of Rib Fracture

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

**Complete?** Yes

**Most Recent RUC Meeting:** April 2014

**Tab:** 05 **Specialty Developing Recommendation:** STS, ACS

**First Identified:** January 2014

**2020 Medicare Utilization:** 549

**2022 Work RVU:** 7.76

**2022 NF PE RVU:** NA

**2022 Fac PE RVU:** 6.79

**RUC Recommendation:** Unrelated to the family

**Referred to CPT** October 2013

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

**Result:** Remove from Screen

# Status Report: CMS Requests and Relativity Assessment Issues

**21935** Radical resection of tumor (eg, sarcoma), soft tissue of back or flank; less than 5 cm **Global:** 090 **Issue:** Radical Resection of Soft Tissue Tumor **Screen:** Site of Service Anomaly **Complete?** Yes

**Most Recent RUC Meeting:** February 2009

**Tab:** 6

**Specialty Developing Recommendation:** ACS, AAOS

**First Identified:** September 2007

**2020 Medicare Utilization:** 213

**2022 Work RVU:** 15.72

**2022 NF PE RVU:** NA

**2022 Fac PE RVU:** 11.21

**RUC Recommendation:** 15.54

**Referred to CPT** June 2008

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

**Result:** Decrease

**22214** Osteotomy of spine, posterior or posterolateral approach, 1 vertebral segment; lumbar **Global:** 090 **Issue:** RAW **Screen:** CMS Fastest Growing **Complete?** Yes

**Most Recent RUC Meeting:** September 2014

**Tab:** 21

**Specialty Developing Recommendation:** AAOS, NASS, AANS/CNS

**First Identified:** October 2008

**2020 Medicare Utilization:** 6,664

**2022 Work RVU:** 21.02

**2022 NF PE RVU:** NA

**2022 Fac PE RVU:** 17.88

**RUC Recommendation:** Maintain

**Referred to CPT**

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

**Result:** Maintain

**22305** Closed treatment of vertebral process fracture(s) **Global:** **Issue:** Closed treatment of vertebral process fracture **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

**Most Recent RUC Meeting:** April 2015

**Tab:** 23

**Specialty Developing Recommendation:** AANS/CNS, NASS

**First Identified:** July 2013

**2020 Medicare Utilization:**

**2022 Work RVU:**

**2022 NF PE RVU:**

**2022 Fac PE RVU:**

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** May 2016

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

**Result:** Deleted from CPT

**22310** Closed treatment of vertebral body fracture(s), without manipulation, requiring and including casting or bracing **Global:** 090 **Issue:** Closed Treatment Vertebral Fracture **Screen:** Negative IWPUT / Site of Service Anomaly - 2019 **Complete?** No

**Most Recent RUC Meeting:** January 2020

**Tab:** 23

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

**First Identified:** April 2017

**2020 Medicare Utilization:** 5,711

**2022 Work RVU:** 3.45

**2022 NF PE RVU:** 5.06

**2022 Fac PE RVU:** 4.64

**RUC Recommendation:** 3.45. Flag for Rereview

**Referred to CPT**

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

**Result:** Decrease

## Status Report: CMS Requests and Relativity Assessment Issues

<b>22510</b>	Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection, inclusive of all imaging guidance; cervicothoracic	<b>Global:</b> 010	<b>Issue:</b> Percutaneous Vertebroplasty and Augmentation	<b>Screen:</b> Codes Reported Together 75% or More-Part2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2014	<b>Tab:</b> 06	<b>Specialty Developing Recommendation:</b> AANS, CNS, AAOS, NASS, ACR, SIR, ASNR	<b>First Identified:</b> April 2014	<b>2020 Medicare Utilization:</b> 2,489	<b>2022 Work RVU:</b> 7.90 <b>2022 NF PE RVU:</b> 47.24 <b>2022 Fac PE RVU:</b> 3.75
<b>RUC Recommendation:</b> 8.15			<b>Referred to CPT</b> February 2014 <b>Referred to CPT Asst</b> <input type="checkbox"/> <b>Published in CPT Asst:</b>	<b>Result:</b> Decrease	
<b>22511</b>	Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection, inclusive of all imaging guidance; lumbosacral	<b>Global:</b> 010	<b>Issue:</b> Percutaneous Vertebroplasty and Augmentation	<b>Screen:</b> Codes Reported Together 75% or More-Part2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2014	<b>Tab:</b> 06	<b>Specialty Developing Recommendation:</b> AANS, CNS, AAOS, NASS, ACR, SIR, ASNR	<b>First Identified:</b> April 2014	<b>2020 Medicare Utilization:</b> 3,052	<b>2022 Work RVU:</b> 7.33 <b>2022 NF PE RVU:</b> 47.76 <b>2022 Fac PE RVU:</b> 3.63
<b>RUC Recommendation:</b> 8.05			<b>Referred to CPT</b> February 2014 <b>Referred to CPT Asst</b> <input type="checkbox"/> <b>Published in CPT Asst:</b>	<b>Result:</b> Decrease	
<b>22512</b>	Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection, inclusive of all imaging guidance; each additional cervicothoracic or lumbosacral vertebral body (list separately in addition to code for primary procedure)	<b>Global:</b> ZZZ	<b>Issue:</b> Percutaneous Vertebroplasty and Augmentation	<b>Screen:</b> Codes Reported Together 75% or More-Part2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2014	<b>Tab:</b> 06	<b>Specialty Developing Recommendation:</b> AANS, CNS, AAOS, NASS, ACR, SIR, ASNR	<b>First Identified:</b> April 2014	<b>2020 Medicare Utilization:</b> 1,935	<b>2022 Work RVU:</b> 4.00 <b>2022 NF PE RVU:</b> 17.90 <b>2022 Fac PE RVU:</b> 1.42
<b>RUC Recommendation:</b> 4.00			<b>Referred to CPT</b> February 2014 <b>Referred to CPT Asst</b> <input type="checkbox"/> <b>Published in CPT Asst:</b>	<b>Result:</b> Decrease	

## Status Report: CMS Requests and Relativity Assessment Issues

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

## Status Report: CMS Requests and Relativity Assessment Issues

**22520** Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection; thoracic

**Global:**

**Issue:** Percutaneous Vertebroplasty and Augmentation

**Screen:** CMS Request - Practice Expense Review / Codes Reported Together 75% or More-Part2

**Complete?** Yes

**Most Recent RUC Meeting:** April 2014

**Tab:** 06

**Specialty Developing Recommendation:**

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

**First Identified:** February 2009

**2020 Medicare Utilization:**

**2022 Work RVU:**

**2022 NF PE RVU:**

**2022 Fac PE RVU:**

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** February 2014

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

**Result:** Deleted from CPT

**22521** Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection; lumbar

**Global:**

**Issue:** Percutaneous Vertebroplasty and Augmentation

**Screen:** Site of Service Anomaly (99238-Only); CMS Request - PE Inputs / Codes Reported Together 75% or More-Part2

**Complete?** Yes

**Most Recent RUC Meeting:** April 2014

**Tab:** 06

**Specialty Developing Recommendation:**

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

**First Identified:** September 2007

**2020 Medicare Utilization:**

**2022 Work RVU:**

**2022 NF PE RVU:**

**2022 Fac PE RVU:**

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** February 2014

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

**Result:** Deleted from CPT

**22522** Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection; each additional thoracic or lumbar vertebral body (List separately in addition to code for primary procedure)

**Global:**

**Issue:** Percutaneous Vertebroplasty and Augmentation

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

**Complete?** Yes

**Most Recent RUC Meeting:** April 2014

**Tab:** 06

**Specialty Developing Recommendation:**

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

**First Identified:** April 2014

**2020 Medicare Utilization:**

**2022 Work RVU:**

**2022 NF PE RVU:**

**2022 Fac PE RVU:**

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** February 2014

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

**Result:** Deleted from CPT

## Status Report: CMS Requests and Relativity Assessment Issues

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<b>22523</b>	<b>Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device, 1 vertebral body, unilateral or bilateral cannulation (eg, kyphoplasty); thoracic</b>	<b>Global:</b>	<b>Issue:</b> Percutaneous Vertebroplasty and Augmentation	<b>Screen:</b> CMS Request: PE Review	<b>Complete?</b> Yes
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**Most Recent RUC Meeting:** April 2014

**Tab:** 06 **Specialty Developing Recommendation:** AANS, CNS, AAOS, NASS, ACR, SIR, ASNR

**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** February 2014

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

**Result:** Deleted from CPT

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<b>22524</b>	<b>Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device, 1 vertebral body, unilateral or bilateral cannulation (eg, kyphoplasty); lumbar</b>	<b>Global:</b>	<b>Issue:</b> Percutaneous Vertebroplasty and Augmentation	<b>Screen:</b> CMS Request: PE Review	<b>Complete?</b> Yes
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**Most Recent RUC Meeting:** April 2014

**Tab:** 06 **Specialty Developing Recommendation:** AANS, CNS, AAOS, NASS, ACR, SIR, ASNR

**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** February 2014

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

**Result:** Deleted from CPT

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<b>22525</b>	<b>Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device, 1 vertebral body, unilateral or bilateral cannulation (eg, kyphoplasty); each additional thoracic or lumbar vertebral body (List separately in addition to code for primary procedure)</b>	<b>Global:</b>	<b>Issue:</b> Percutaneous Vertebroplasty and Augmentation	<b>Screen:</b> CMS Request: PE Review	<b>Complete?</b> Yes
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**Most Recent RUC Meeting:** April 2014

**Tab:** 06 **Specialty Developing Recommendation:** AANS, CNS, AAOS, NASS, ACR, SIR, ASNR

**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** February 2014

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

**Result:** Deleted from CPT

## Status Report: CMS Requests and Relativity Assessment Issues

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**22533** Arthrodesis, lateral extracavitary technique, including minimal discectomy to prepare interspace (other than for decompression); lumbar      **Global:** 090      **Issue:** Arthrodesis      **Screen:** CMS Fastest Growing      **Complete?** Yes

**Most Recent RUC Meeting:** September 2011

**Tab:** 51

**Specialty Developing Recommendation:** AAOS, NASS, AANS/CNS

**First Identified:** October 2008

**2020 Medicare Utilization:** 582

**2022 Work RVU:** 24.79

**2022 NF PE RVU:** NA

**2022 Fac PE RVU:** 18.16

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

**Referred to CPT**

**Result:** Remove from Screen

**Referred to CPT Asst** ☒ **Published in CPT Asst:** Oct 2009

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**22551** Arthrodesis, anterior interbody, including disc space preparation, discectomy, osteophyctectomy and decompression of spinal cord and/or nerve roots; cervical below c2      **Global:** 090      **Issue:** Arthrodesis      **Screen:** Codes Reported Together 95% or More      **Complete?** Yes

**Most Recent RUC Meeting:** February 2010

**Tab:** 05

**Specialty Developing Recommendation:** NASS, AANS/CNS, AAOS

**First Identified:** February 2010

**2020 Medicare Utilization:** 33,372

**2022 Work RVU:** 25.00

**2022 NF PE RVU:** NA

**2022 Fac PE RVU:** 17.63

**RUC Recommendation:** 24.50

**Referred to CPT** October 2009

**Result:** Decrease

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

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**22552** Arthrodesis, anterior interbody, including disc space preparation, discectomy, osteophyctectomy and decompression of spinal cord and/or nerve roots; cervical below c2, each additional interspace (list separately in addition to code for primary procedure)      **Global:** ZZZ      **Issue:** Arthrodesis      **Screen:** Codes Reported Together 95% or More      **Complete?** Yes

**Most Recent RUC Meeting:** February 2010

**Tab:** 05

**Specialty Developing Recommendation:** NASS, AANS/CNS, AAOS

**First Identified:** February 2010

**2020 Medicare Utilization:** 29,861

**2022 Work RVU:** 6.50

**2022 NF PE RVU:** NA

**2022 Fac PE RVU:** 3.18

**RUC Recommendation:** 6.50

**Referred to CPT** October 2009

**Result:** Maintain

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

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## Status Report: CMS Requests and Relativity Assessment Issues

<b>22554</b>	Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); cervical below c2	<b>Global:</b> 090	<b>Issue:</b> Arthrodesis	<b>Screen:</b> Codes Reported Together 95% or More / Codes Reported Together 75% or More-Part5	<b>Complete?</b> No
<b>Most Recent RUC Meeting:</b> September 2022	<b>Tab:</b> 13	<b>Specialty Developing Recommendation:</b> AANS, AAOS, CNS, ISASS, NASS	<b>First Identified:</b> February 2008	<b>2020 Medicare Utilization:</b> 4,006	<b>2022 Work RVU:</b> 17.69 <b>2022 NF PE RVU:</b> NA <b>2022 Fac PE RVU:</b> 14.26
<b>RUC Recommendation:</b> Refer to CPT Assistant. 17.69			<b>Referred to CPT Asst:</b> <input checked="" type="checkbox"/> <b>Published in CPT Asst:</b>	<b>Result:</b> Maintain	
<b>22558</b>	Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); lumbar	<b>Global:</b> 090	<b>Issue:</b> Vertebral Corpectomy with Arthrodesis	<b>Screen:</b> High Volume Growth2 / Codes Reported Together 75% or More-Part3	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> September 2022	<b>Tab:</b> 13	<b>Specialty Developing Recommendation:</b> AANS/CNS, AAOS, NASS	<b>First Identified:</b> April 2013	<b>2020 Medicare Utilization:</b> 18,435	<b>2022 Work RVU:</b> 23.53 <b>2022 NF PE RVU:</b> NA <b>2022 Fac PE RVU:</b> 15.57
<b>RUC Recommendation:</b> Maintain			<b>Referred to CPT Asst:</b> <input type="checkbox"/> <b>Published in CPT Asst:</b>	<b>Result:</b> Maintain	
<b>22585</b>	Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); each additional interspace (list separately in addition to code for primary procedure)	<b>Global:</b> ZZZ	<b>Issue:</b> Arthrodesis	<b>Screen:</b> Codes Reported Together 95% or More	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> February 2010	<b>Tab:</b> 05	<b>Specialty Developing Recommendation:</b> NASS, AANS/CNS	<b>First Identified:</b> February 2010	<b>2020 Medicare Utilization:</b> 15,353	<b>2022 Work RVU:</b> 5.52 <b>2022 NF PE RVU:</b> NA <b>2022 Fac PE RVU:</b> 2.54
<b>RUC Recommendation:</b> Remove from screen			<b>Referred to CPT Asst:</b> <input type="checkbox"/> <b>Published in CPT Asst:</b>	<b>Result:</b> Maintain	

# Status Report: CMS Requests and Relativity Assessment Issues

**22612** Arthrodesis, posterior or posterolateral technique, single interspace; lumbar (with lateral transverse technique, when performed) **Global:** 090 **Issue:** Lumbar Arthrodesis **Screen:** Codes Reported Together 75% or More-Part1 / CMS High Expenditure Procedural Codes1 / Pre-Time Analysis **Complete?** Yes

**Most Recent RUC Meeting:** October 2015

**Tab:** 21

**Specialty Developing Recommendation:** AANS/CNS, AAOS, NASS

**First Identified:** February 2010

**2020 Medicare Utilization:** 39,083

**2022 Work RVU:** 23.53

**2022 NF PE RVU:** NA

**2022 Fac PE RVU:** 17.02

**RUC Recommendation:** Review utilization data October 2015. 23.53. Maintain work RVU and adjust the times from pre-time package 4.

**Referred to CPT** October 2010

**Result:** Maintain

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

**22614** Arthrodesis, posterior or posterolateral technique, single interspace; each additional interspace (list separately in addition to code for primary procedure)

**Global:** ZZZ

**Issue:** Lumbar Arthrodesis

**Screen:** Codes Reported Together 75% or More-Part1

**Complete?** Yes

**Most Recent RUC Meeting:** February 2011

**Tab:** 04

**Specialty Developing Recommendation:** AANS/CNS, AAOS, NASS

**First Identified:** February 2010

**2020 Medicare Utilization:** 134,805

**2022 Work RVU:** 6.43

**2022 NF PE RVU:** NA

**2022 Fac PE RVU:** 3.16

**RUC Recommendation:** 6.43

**Referred to CPT**

**Result:** Decrease

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

**22630** Arthrodesis, posterior interbody technique, including laminectomy and/or discectomy to prepare interspace (other than for decompression), single interspace, lumbar;

**Global:** 090

**Issue:** Lumbar Arthrodesis

**Screen:** Codes Reported Together 75% or More-Part1

**Complete?** Yes

**Most Recent RUC Meeting:** February 2011

**Tab:** 04

**Specialty Developing Recommendation:** AANS/CNS, AAOS, NASS

**First Identified:** February 2010

**2020 Medicare Utilization:** 4,864

**2022 Work RVU:** 22.09

**2022 NF PE RVU:** NA

**2022 Fac PE RVU:** 17.52

**RUC Recommendation:** 22.09

**Referred to CPT** October 2010

**Result:** Maintain

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

## Status Report: CMS Requests and Relativity Assessment Issues

**22632** Arthrodesis, posterior interbody technique, including laminectomy and/or discectomy to prepare interspace (other than for decompression), single interspace, lumbar; each additional interspace (list separately in addition to code for primary procedure) **Global:** ZZZ **Issue:** Lumbar Arthrodesis **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

**Most Recent RUC Meeting:** February 2011

**Tab:** 04

**Specialty Developing Recommendation:** AANS/CNS, AAOS, NASS

**First Identified:** February 2010

**2020 Medicare Utilization:** 1,721

**2022 Work RVU:** 5.22

**2022 NF PE RVU:** NA

**2022 Fac PE RVU:** 2.54

**RUC Recommendation:** 5.22

**Referred to CPT**

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

**Result:** Decrease

**22633** Arthrodesis, combined posterior or posterolateral technique with posterior interbody technique including laminectomy and/or discectomy sufficient to prepare interspace (other than for decompression), single interspace, lumbar;

**Global:** 090

**Issue:** Lumbar Arthrodesis

**Screen:** Codes Reported Together 75% or More-Part1

**Complete?** Yes

**Most Recent RUC Meeting:** February 2011

**Tab:** 04

**Specialty Developing Recommendation:** AANS/CNS, AAOS, NASS

**First Identified:** February 2010

**2020 Medicare Utilization:** 32,588

**2022 Work RVU:** 27.75

**2022 NF PE RVU:** NA

**2022 Fac PE RVU:** 18.90

**RUC Recommendation:** 27.75

**Referred to CPT** October 2010

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

**Result:** Decrease

**22634** Arthrodesis, combined posterior or posterolateral technique with posterior interbody technique including laminectomy and/or discectomy sufficient to prepare interspace (other than for decompression), single interspace, lumbar; each additional interspace (list separately in addition to code for primary procedure)

**Global:** ZZZ

**Issue:** Lumbar Arthrodesis

**Screen:** Codes Reported Together 75% or More-Part1

**Complete?** Yes

**Most Recent RUC Meeting:** February 2011

**Tab:** 04

**Specialty Developing Recommendation:** AANS/CNS, AAOS, NASS

**First Identified:** February 2010

**2020 Medicare Utilization:** 12,432

**2022 Work RVU:** 8.16

**2022 NF PE RVU:** NA

**2022 Fac PE RVU:** 4.01

**RUC Recommendation:** 8.16

**Referred to CPT** October 2010

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

**Result:** Decrease

# Status Report: CMS Requests and Relativity Assessment Issues

**22843** Posterior segmental instrumentation (eg, pedicle fixation, dual rods with multiple hooks and sublaminar wires); 7 to 12 vertebral segments (list separately in addition to code for primary procedure) **Global:** ZZZ **Issue:** Spine Fixation Device **Screen:** CMS Fastest Growing **Complete?** Yes

**Most Recent RUC Meeting:** February 2009

**Tab:** 38 **Specialty Developing Recommendation:** AAOS, NASS, AANS

**First Identified:** October 2008

**2020 Medicare Utilization:** 8,394

**2022 Work RVU:** 13.44

**2022 NF PE RVU:** NA

**2022 Fac PE RVU:** 6.61

**RUC Recommendation:** Remove from screen

**Referred to CPT**

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

**Result:** Remove from Screen

**22849** Reinsertion of spinal fixation device

**Global:** 090 **Issue:** RAW

**Screen:** CMS Fastest Growing

**Complete?** Yes

**Most Recent RUC Meeting:** September 2014

**Tab:** 21 **Specialty Developing Recommendation:** AAOS, NASS, AANS/CNS

**First Identified:** October 2008

**2020 Medicare Utilization:** 3,879

**2022 Work RVU:** 19.17

**2022 NF PE RVU:** NA

**2022 Fac PE RVU:** 14.12

**RUC Recommendation:** Maintain

**Referred to CPT** June 2010

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

**Result:** Maintain

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

**Global:** **Issue:** Biomechanical Device Insertion-Intervertebral, Interbody

**Screen:** CMS Fastest Growing / High Volume Growth1 / CMS High Expenditure Procedural Codes1

**Complete?** Yes

**Most Recent RUC Meeting:** January 2016

**Tab:** 06 **Specialty Developing Recommendation:** AANS/CNS, NASS

**First Identified:** October 2008

**2020 Medicare Utilization:**

**2022 Work RVU:**

**2022 NF PE RVU:**

**2022 Fac PE RVU:**

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** October 2015

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

**Result:** Deleted from CPT

# Status Report: CMS Requests and Relativity Assessment Issues

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

# Status Report: CMS Requests and Relativity Assessment Issues

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

**Most Recent RUC Meeting:** February 2009

**Tab:** 5

**Specialty Developing Recommendation:** ACS, AAOS

**First Identified:** September 2007

**2020 Medicare Utilization:** 490

**2022 Work RVU:** 8.32

**2022 NF PE RVU:** NA

**2022 Fac PE RVU:** 6.64

**RUC Recommendation:** 8.21

**Referred to CPT** June 2008

**Result:** Increase

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

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

**Most Recent RUC Meeting:** February 2009

**Tab:** 5

**Specialty Developing Recommendation:** ACS, AAOS

**First Identified:** September 2007

**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

**Result:** Decrease

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

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

**Most Recent RUC Meeting:** April 2008

**Tab:** 30

**Specialty Developing Recommendation:** AAOS

**First Identified:** September 2007

**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**

**Result:** Maintain

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

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

**Most Recent RUC Meeting:** September 2007

**Tab:** 16

**Specialty Developing Recommendation:** AAOS

**First Identified:** September 2007

**2020 Medicare Utilization:** 1,262

**2022 Work RVU:** 7.77

**2022 NF PE RVU:** NA

**2022 Fac PE RVU:** 9.11

**RUC Recommendation:** Reduce 99238 to 0.5

**Referred to CPT**

**Result:** PE Only

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

# Status Report: CMS Requests and Relativity Assessment Issues

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

**Most Recent** **Tab:** 13 **Specialty Developing** ACR, AAOS **First** **2020**  
**RUC Meeting:** September 2011 **Recommendation:** **Identified:** April 2011 **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** ☐ **Published in CPT Asst:**

**Result:** Maintain

**23405** Tenotomy, shoulder area; single tendon **Global:** 090 **Issue:** Tenotomy **Screen:** Site of Service Anomaly (99238-Only) **Complete?** Yes

**Most Recent** **Tab:** 16 **Specialty Developing** AAOS **First** **2020**  
**RUC Meeting:** September 2007 **Recommendation:** **Identified:** September 2007 **Medicare**  
**Utilization:** 1,931 **2022 Work RVU:** 8.54  
**2022 NF PE RVU:** NA  
**2022 Fac PE RVU:** 8.33

**RUC Recommendation:** Reduce 99238 to 0.5

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

**Result:** PE Only

**23410** Repair of ruptured musculotendinous cuff (eg, rotator cuff) open; acute **Global:** 090 **Issue:** Rotator Cuff **Screen:** Site of Service Anomaly **Complete?** Yes

**Most Recent** **Tab:** 12 **Specialty Developing** AAOS **First** **2020**  
**RUC Meeting:** February 2008 **Recommendation:** **Identified:** September 2007 **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** ☐ **Published in CPT Asst:**

**Result:** Decrease

**23412** Repair of ruptured musculotendinous cuff (eg, rotator cuff) open; chronic **Global:** 090 **Issue:** Rotator Cuff **Screen:** Site of Service Anomaly / Pre-Time Analysis **Complete?** Yes

**Most Recent** **Tab:** 21 **Specialty Developing** AAOS **First** **2020**  
**RUC Meeting:** September 2014 **Recommendation:** **Identified:** September 2007 **Medicare**  
**Utilization:** 9,154 **2022 Work RVU:** 11.93  
**2022 NF PE RVU:** NA  
**2022 Fac PE RVU:** 11.00

**RUC Recommendation:** Maintain work RVU and adjust the times from pre-time package 4. 11.77

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

**Result:** Decrease

## Status Report: CMS Requests and Relativity Assessment Issues

### 23415 Coracoacromial ligament release, with or without acromioplasty

Global: 090

Issue: Shoulder Ligament Release

Screen: Site of Service Anomaly

Complete? Yes

Most Recent  
RUC Meeting: October 2010

Tab: 62

Specialty Developing  
Recommendation: AAOS

First  
Identified: September 2007

2020  
Medicare  
Utilization: 312

2022 Work RVU: 9.23

2022 NF PE RVU: NA

2022 Fac PE RVU: 9.69

RUC Recommendation: 9.23

Referred to CPT

Referred to CPT Asst

☐

Published in CPT Asst:

Result: Decrease

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

Global: 090

Issue: Rotator Cuff

Screen: Site of Service Anomaly

Complete? Yes

Most Recent  
RUC Meeting: February 2008

Tab: 12

Specialty Developing  
Recommendation: AAOS

First  
Identified: September 2007

2020  
Medicare  
Utilization: 1,571

2022 Work RVU: 13.54

2022 NF PE RVU: NA

2022 Fac PE RVU: 12.63

RUC Recommendation: 13.35

Referred to CPT

Referred to CPT Asst

☐

Published in CPT Asst:

Result: Decrease

### 23430 Tenodesis of long tendon of biceps

Global: 090

Issue: Tenodesis

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

Complete? Yes

Most Recent  
RUC Meeting: October 2009

Tab: 12

Specialty Developing  
Recommendation: AAOS

First  
Identified: September 2007

2020  
Medicare  
Utilization: 18,394

2022 Work RVU: 10.17

2022 NF PE RVU: NA

2022 Fac PE RVU: 9.98

RUC Recommendation: 10.17

Referred to CPT

Referred to CPT Asst

☐

Published in CPT Asst:

Result: Maintain

### 23440 Resection or transplantation of long tendon of biceps

Global: 090

Issue: Tendon Transfer

Screen: Site of Service Anomaly  
(99238-Only)

Complete? Yes

Most Recent  
RUC Meeting: September 2007

Tab: 16

Specialty Developing  
Recommendation: AAOS

First  
Identified: September 2007

2020  
Medicare  
Utilization: 1,196

2022 Work RVU: 10.64

2022 NF PE RVU: NA

2022 Fac PE RVU: 9.71

RUC Recommendation: Reduce 99238 to 0.5

Referred to CPT

Referred to CPT Asst

☐

Published in CPT Asst:

Result: PE Only



# Status Report: CMS Requests and Relativity Assessment Issues

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

**Most Recent** **Tab:** 21 **Specialty Developing** AAOS  
**RUC Meeting:** October 2015 **Recommendation:**

**First**  
**Identified:** October 2008

**2020**  
**Medicare**  
**Utilization:** 57,646

**2022 Work RVU:** 22.13  
**2022 NF PE RVU:** NA  
**2022 Fac PE RVU:** 16.31

**RUC Recommendation:** Remove from screen

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

**Result:** Remove from Screen

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

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

**First**  
**Identified:** October 2015

**2020**  
**Medicare**  
**Utilization:** 283

**2022 Work RVU:** 2.36  
**2022 NF PE RVU:** 4.36  
**2022 Fac PE RVU:** 4.25

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

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

**Result:** PE Only

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

**Most Recent** **Tab:** 14 **Specialty Developing** AAOS  
**RUC Meeting:** September 2011 **Recommendation:**

**First**  
**Identified:** April 2011

**2020**  
**Medicare**  
**Utilization:** 28,950

**2022 Work RVU:** 3.00  
**2022 NF PE RVU:** 6.44  
**2022 Fac PE RVU:** 5.91

**RUC Recommendation:** 3.00

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

**Result:** Decrease

**23625** Closed treatment of greater humeral tuberosity fracture; 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 **Recommendation:** orthopaedic subspecialties

**First**  
**Identified:** October 2015

**2020**  
**Medicare**  
**Utilization:** 162

**2022 Work RVU:** 4.10  
**2022 NF PE RVU:** 6.63  
**2022 Fac PE RVU:** 5.65

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

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

**Result:** PE Only

# Status Report: CMS Requests and Relativity Assessment Issues

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

**Most Recent RUC Meeting:** April 2016 **Tab:** 46 **Specialty Developing Recommendation:** AAOS, ACEP and orthopaedic subspecialties **First Identified:** October 2015 **2020 Medicare Utilization:** 13,496 **2022 Work RVU:** 3.53 **2022 NF PE RVU:** 5.58 **2022 Fac PE RVU:** 4.63  
**RUC Recommendation:** PE Clinical staff pre-time revised **Referred to CPT** **Referred to CPT Asst** ☒ **Published in CPT Asst:** Jan 2018 **Result:** PE Only

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

**Most Recent RUC Meeting:** April 2016 **Tab:** 46 **Specialty Developing Recommendation:** AAOS, ACEP, and orthopaedic subspecialties **First Identified:** October 2015 **2020 Medicare Utilization:** 2,079 **2022 Work RVU:** 4.76 **2022 NF PE RVU:** NA **2022 Fac PE RVU:** 6.56  
**RUC Recommendation:** PE Clinical staff pre-time revised **Referred to CPT** **Referred to CPT Asst** ☒ **Published in CPT Asst:** Jan 2018 **Result:** PE Only

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

**Most Recent RUC Meeting:** April 2016 **Tab:** 46 **Specialty Developing Recommendation:** AAOS, ACEP, and orthopaedic subspecialties **First Identified:** October 2015 **2020 Medicare Utilization:** 422 **2022 Work RVU:** 4.66 **2022 NF PE RVU:** 7.43 **2022 Fac PE RVU:** 6.40  
**RUC Recommendation:** PE Clinical staff pre-time revised **Referred to CPT** **Referred to CPT Asst** ☒ **Published in CPT Asst:** Jan 2018 **Result:** PE Only

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

**Most Recent RUC Meeting:** April 2016 **Tab:** 46 **Specialty Developing Recommendation:** AAOS, ACEP, and orthopaedic subspecialties **First Identified:** October 2015 **2020 Medicare Utilization:** 767 **2022 Work RVU:** 5.39 **2022 NF PE RVU:** 8.65 **2022 Fac PE RVU:** 7.10  
**RUC Recommendation:** PE Clinical staff pre-time revised **Referred to CPT** **Referred to CPT Asst** ☒ **Published in CPT Asst:** Jan 2018 **Result:** PE Only

# Status Report: CMS Requests and Relativity Assessment Issues

**24600 Treatment of closed elbow dislocation; without anesthesia** Global: 090 Issue: PE Subcommittee Screen: Emergent Procedures Complete? Yes

Most Recent RUC Meeting: April 2016 Tab: 46 Specialty Developing Recommendation: AAOS, ACEP, and orthopaedic subspecialties First Identified: October 2015 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 Clinical staff pre-time revised Referred to CPT Referred to CPT Asst ☒ Published in CPT Asst: Jan 2018 Result: PE Only

**24605 Treatment of closed elbow dislocation; requiring anesthesia** Global: 090 Issue: PE Subcommittee Screen: Emergent Procedures Complete? Yes

Most Recent RUC Meeting: April 2016 Tab: 46 Specialty Developing Recommendation: AAOS, ACEP, and orthopaedic subspecialties First Identified: October 2015 2020 Medicare Utilization: 380 2022 Work RVU: 5.64 2022 NF PE RVU: NA 2022 Fac PE RVU: 7.57 RUC Recommendation: PE Clinical staff pre-time revised Referred to CPT Referred to CPT Asst ☒ Published in CPT Asst: Jan 2018 Result: PE Only

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

Most Recent RUC Meeting: October 2010 Tab: 63 Specialty Developing Recommendation: ASSH, AAOS, ASPS First Identified: September 2007 2020 Medicare Utilization: 861 2022 Work RVU: 7.56 2022 NF PE RVU: NA 2022 Fac PE RVU: 8.99 RUC Recommendation: 7.56 Referred to CPT Referred to CPT Asst ☐ Published in CPT Asst: Result: Maintain

**25210 Carpectomy; 1 bone** Global: 090 Issue: Carpectomy Screen: Site of Service Anomaly (99238-Only) Complete? Yes

Most Recent RUC Meeting: September 2007 Tab: 16 Specialty Developing Recommendation: AAOS First Identified: September 2007 2020 Medicare Utilization: 2,762 2022 Work RVU: 6.12 2022 NF PE RVU: NA 2022 Fac PE RVU: 7.45 RUC Recommendation: Reduce 99238 to 0.5 Referred to CPT Referred to CPT Asst ☐ Published in CPT Asst: Result: PE Only

## Status Report: CMS Requests and Relativity Assessment Issues

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**25260** Repair, tendon or muscle, flexor, forearm and/or wrist; primary, single, each tendon or muscle      **Global:** 090      **Issue:** Tendon Repair      **Screen:** Site of Service Anomaly (99238-Only)      **Complete?** Yes

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

**First**      **2020**  
**Identified:** September 2007      **Medicare**  
**Utilization:** 1,002

**2022 Work RVU:** 8.04

**2022 NF PE RVU:** NA

**2022 Fac PE RVU:** 9.36

**RUC Recommendation:** Reduce 99238 to 0.5

**Referred to CPT**

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

**Result:** PE Only

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

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

**First**      **2020**  
**Identified:** September 2007      **Medicare**  
**Utilization:** 1,248

**2022 Work RVU:** 7.39

**2022 NF PE RVU:** NA

**2022 Fac PE RVU:** 8.12

**RUC Recommendation:** Reduce 99238 to 0.5

**Referred to CPT**

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

**Result:** PE Only

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**25310** Tendon transplantation or transfer, flexor or extensor, forearm and/or wrist, single; each tendon      **Global:** 090      **Issue:** Forearm Repair      **Screen:** Site of Service Anomaly      **Complete?** Yes

**Most Recent**      **Tab:** 15      **Specialty Developing**      ASSH, AAOS  
**RUC Meeting:** February 2008      **Recommendation:**

**First**      **2020**  
**Identified:** September 2007      **Medicare**  
**Utilization:** 6,280

**2022 Work RVU:** 8.08

**2022 NF PE RVU:** NA

**2022 Fac PE RVU:** 8.91

**RUC Recommendation:** 7.94

**Referred to CPT**

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

**Result:** Decrease

# Status Report: CMS Requests and Relativity Assessment Issues

<b>25447</b>	Arthroplasty, interposition, intercarpal or carpometacarpal joints	<b>Global:</b> 090	<b>Issue:</b> RAW	<b>Screen:</b> Codes Reported Together 75% or More-Part5	<b>Complete?</b> No
<b>Most Recent RUC Meeting:</b> September 2022	<b>Tab:</b> 13	<b>Specialty Developing Recommendation:</b> AAOS, ASSH	<b>First Identified:</b> April 2022	<b>2020 Medicare Utilization:</b> 18,426	<b>2022 Work RVU:</b> 11.14 <b>2022 NF PE RVU:</b> NA <b>2022 Fac PE RVU:</b> 11.48
<b>RUC Recommendation:</b> Refer to CPT for code bundling solution		<b>Referred to CPT</b> May 2023	<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b>
<b>25565</b>	Closed treatment of radial and ulnar shaft fractures; with manipulation	<b>Global:</b> 090	<b>Issue:</b> PE Subcommittee	<b>Screen:</b> Emergent Procedures	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2016	<b>Tab:</b> 46	<b>Specialty Developing Recommendation:</b> AAOS, ACEP, and orthopaedic subspecialties	<b>First Identified:</b> October 2015	<b>2020 Medicare Utilization:</b> 532	<b>2022 Work RVU:</b> 5.85 <b>2022 NF PE RVU:</b> 8.57 <b>2022 Fac PE RVU:</b> 6.94
<b>RUC Recommendation:</b> PE Clinical staff pre-time revised		<b>Referred to CPT</b>	<b>Referred to CPT Asst</b> <input checked="" type="checkbox"/>	<b>Published in CPT Asst:</b> Jan 2018	<b>Result:</b> PE Only
<b>25605</b>	Closed treatment of distal radial fracture (eg, colles or smith type) or epiphyseal separation, includes closed treatment of fracture of ulnar styloid, when performed; with manipulation	<b>Global:</b> 090	<b>Issue:</b> PE Subcommittee	<b>Screen:</b> Emergent Procedures	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2016	<b>Tab:</b> 46	<b>Specialty Developing Recommendation:</b> AAOS, ACEP, and orthopaedic subspecialties	<b>First Identified:</b> October 2015	<b>2020 Medicare Utilization:</b> 19,202	<b>2022 Work RVU:</b> 6.25 <b>2022 NF PE RVU:</b> 8.71 <b>2022 Fac PE RVU:</b> 7.82
<b>RUC Recommendation:</b> PE Clinical staff pre-time revised		<b>Referred to CPT</b>	<b>Referred to CPT Asst</b> <input checked="" type="checkbox"/>	<b>Published in CPT Asst:</b> Jan 2018	<b>Result:</b> PE Only



# Status Report: CMS Requests and Relativity Assessment Issues

**25609** Open treatment of distal radial intra-articular fracture or epiphyseal separation; with internal fixation of 3 or more fragments **Global:** 090 **Issue:** RAW **Screen:** Pre-Time Analysis **Complete?** Yes

**Most Recent RUC Meeting:** September 2014 **Tab:** 21 **Specialty Developing Recommendation:** AAOS, ASSH **First Identified:** January 2014 **2020 Medicare Utilization:** 17,635 **2022 Work RVU:** 14.38 **2022 NF PE RVU:** NA **2022 Fac PE RVU:** 14.06

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

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

**25675** Closed treatment of distal radioulnar dislocation with manipulation **Global:** 090 **Issue:** PE Subcommittee **Screen:** Emergent Procedures **Complete?** Yes

**Most Recent RUC Meeting:** April 2016 **Tab:** 46 **Specialty Developing Recommendation:** AAOS, ACEP, and orthopaedic subspecialties **First Identified:** October 2015 **2020 Medicare Utilization:** 421 **2022 Work RVU:** 4.89 **2022 NF PE RVU:** 7.64 **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

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

**Most Recent RUC Meeting:** April 2018 **Tab:** 07 **Specialty Developing Recommendation:** AAOS, ASPS, ASSH **First Identified:** April 2017 **2020 Medicare Utilization:** 2,274 **2022 Work RVU:** 6.84 **2022 NF PE RVU:** NA **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

**Most Recent RUC Meeting:** April 2018 **Tab:** 07 **Specialty Developing Recommendation:** AAOS, ASPS, ASSH **First Identified:** April 2017 **2020 Medicare Utilization:** 91,853 **2022 Work RVU:** 3.11 **2022 NF PE RVU:** 14.24 **2022 Fac PE RVU:** 4.98

**RUC Recommendation:** 3.75 **Referred to CPT** **Result:** Increase

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

## Status Report: CMS Requests and Relativity Assessment Issues

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

**Most Recent RUC Meeting:** October 2015

**Tab:** 21

**Specialty Developing Recommendation:** ASSH, AAOS

**First Identified:** September 2007

**2020 Medicare Utilization:** 1,617

**2022 Work RVU:** 4.47

**2022 NF PE RVU:** NA

**2022 Fac PE RVU:** 6.60

**RUC Recommendation:** Action plan for RAW Oct 2015. Maintain

**Referred to CPT**

**Referred to CPT Asst** ☒

**Published in CPT Asst:** Sep 2012

**Result:** Maintain

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

**Most Recent RUC Meeting:** April 2018

**Tab:** 07

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

**First Identified:** April 2017

**2020 Medicare Utilization:** 13,564

**2022 Work RVU:** 3.57

**2022 NF PE RVU:** 14.44

**2022 Fac PE RVU:** 5.18

**RUC Recommendation:** 3.57

**Referred to CPT**

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

**Result:** Maintain

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

**Most Recent RUC Meeting:** April 2015

**Tab:** 25

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

**First Identified:** September 2007

**2020 Medicare Utilization:** 1,203

**2022 Work RVU:** 9.56

**2022 NF PE RVU:** NA

**2022 Fac PE RVU:** 12.35

**RUC Recommendation:** 10.03

**Referred to CPT**

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

**Result:** Decrease



## Status Report: CMS Requests and Relativity Assessment Issues

**26357** Repair or advancement, flexor tendon, in zone 2 digital flexor tendon sheath (eg, no man's land); secondary, without free graft, each tendon **Global:** 090 **Issue:** Repair Flexor Tendon **Screen:** 090-Day Global Post-Operative Visits **Complete?** Yes

**Most Recent RUC Meeting:** April 2015

**Tab:** 25 **Specialty Developing Recommendation:** AAOS, ASPS, ASSH

**First Identified:** April 2014

**2020 Medicare Utilization:** 81

**2022 Work RVU:** 11.00

**2022 NF PE RVU:** NA

**2022 Fac PE RVU:** 13.33

**RUC Recommendation:** 11.50

**Referred to CPT**

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

**Result:** Increase

**26358** Repair or advancement, flexor tendon, in zone 2 digital flexor tendon sheath (eg, no man's land); secondary, with free graft (includes obtaining graft), each tendon **Global:** 090 **Issue:** Repair Flexor Tendon **Screen:** 090-Day Global Post-Operative Visits **Complete?** Yes

**Most Recent RUC Meeting:** April 2015

**Tab:** 25 **Specialty Developing Recommendation:** AAOS, ASPS, ASSH

**First Identified:** April 2014

**2020 Medicare Utilization:** 52

**2022 Work RVU:** 12.60

**2022 NF PE RVU:** NA

**2022 Fac PE RVU:** 14.15

**RUC Recommendation:** 13.10

**Referred to CPT**

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

**Result:** Increase

**26480** Transfer or transplant of tendon, carpometacarpal area or dorsum of hand; without free graft, each tendon **Global:** 090 **Issue:** Tendon Transfer **Screen:** CMS Fastest Growing / Codes Reported Together 75% or More-Part5 **Complete?** No

**Most Recent RUC Meeting:** September 2022

**Tab:** 13 **Specialty Developing Recommendation:** AAOS, ASSH

**First Identified:** October 2008

**2020 Medicare Utilization:** 9,519

**2022 Work RVU:** 6.90

**2022 NF PE RVU:** NA

**2022 Fac PE RVU:** 15.65

**RUC Recommendation:** Refer to CPT for code bundling solution. 6.76

**Referred to CPT** May 2023

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

**Result:** Maintain

# Status Report: CMS Requests and Relativity Assessment Issues

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

**Most Recent RUC Meeting:** April 2016

**Tab:** 46

**Specialty Developing Recommendation:**

AAOS, ACEP, and orthopaedic subspecialties

**First Identified:** October 2015

**2020 Medicare Utilization:** 476

**2022 Work RVU:** 3.83

**2022 NF PE RVU:** 5.60

**2022 Fac PE RVU:** 4.78

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

**Referred to CPT**

**Referred to CPT Asst** ☒

**Published in CPT Asst:** Jan 2018

**Result:** PE Only

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

**Most Recent RUC Meeting:** April 2016

**Tab:** 46

**Specialty Developing Recommendation:**

AAOS, ACEP, and orthopaedic subspecialties

**First Identified:** October 2015

**2020 Medicare Utilization:** 5,738

**2022 Work RVU:** 1.80

**2022 NF PE RVU:** 3.49

**2022 Fac PE RVU:** 3.53

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

**Referred to CPT**

**Referred to CPT Asst** ☒

**Published in CPT Asst:** Jan 2018

**Result:** PE Only

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

**Most Recent RUC Meeting:** April 2016

**Tab:** 46

**Specialty Developing Recommendation:**

AAOS, ACEP, and orthopaedic subspecialties

**First Identified:** October 2015

**2020 Medicare Utilization:** 463

**2022 Work RVU:** 3.23

**2022 NF PE RVU:** 5.77

**2022 Fac PE RVU:** 4.40

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

**Referred to CPT**

**Referred to CPT Asst** ☒

**Published in CPT Asst:** Jan 2018

**Result:** PE Only

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

**Most Recent RUC Meeting:** April 2016

**Tab:** 46

**Specialty Developing Recommendation:**

AAOS, ACEP, and orthopaedic subspecialties

**First Identified:** October 2015

**2020 Medicare Utilization:** 5,399

**2022 Work RVU:** 3.15

**2022 NF PE RVU:** 4.84

**2022 Fac PE RVU:** 4.06

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

**Referred to CPT**

**Referred to CPT Asst** ☒

**Published in CPT Asst:** Jan 2018

**Result:** PE Only

## Status Report: CMS Requests and Relativity Assessment Issues

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<b>27048</b>	<b>Excision, tumor, soft tissue of pelvis and hip area, subfascial (eg, intramuscular); less than 5 cm</b>	<b>Global:</b> 090	<b>Issue:</b> Excision of Subfascial Soft Tissue Tumor Codes	<b>Screen:</b> Site of Service Anomaly	<b>Complete?</b> Yes
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**Most Recent RUC Meeting:** February 2009

**Tab:** 05 **Specialty Developing Recommendation:** ACS, AAOS

**First Identified:** September 2007

**2020 Medicare Utilization:** 316

**2022 Work RVU:** 8.85

**2022 NF PE RVU:** NA

**2022 Fac PE RVU:** 7.34

**RUC Recommendation:** 8.74

**Referred to CPT** June 2008

**Result:** Increase

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

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**27062** **Excision; trochanteric bursa or calcification**

**Global:** 090

**Issue:** Trochanteric Bursa Excision

**Screen:** Site of Service Anomaly

**Complete?** Yes

**Most Recent RUC Meeting:** April 2008

**Tab:** 32 **Specialty Developing Recommendation:** AAOS

**First Identified:** September 2007

**2020 Medicare Utilization:** 1,733

**2022 Work RVU:** 5.75

**2022 NF PE RVU:** NA

**2022 Fac PE RVU:** 6.68

**RUC Recommendation:** 5.66

**Referred to CPT**

**Result:** Maintain

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

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

**Global:** 000

**Issue:** Injection for Sacroiliac Joint

**Screen:** Different Performing Specialty from Survey

**Complete?** Yes

**Most Recent RUC Meeting:** April 2011

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

**First Identified:** October 2009

**2020 Medicare Utilization:** 399,563

**2022 Work RVU:** 1.48

**2022 NF PE RVU:** 3.25

**2022 Fac PE RVU:** 0.81

**RUC Recommendation:** 1.48

**Referred to CPT** February 2011

**Result:** Decrease

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

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# Status Report: CMS Requests and Relativity Assessment Issues

**27130** Arthroplasty, acetabular and proximal femoral prosthetic replacement (total hip arthroplasty), with or without autograft or allograft **Global:** 090 **Issue:** Hip/Knee Arthroplasty **Screen:** CMS High Expenditure Procedural Codes1 / CMS Request - Final Rule for 2019 **Complete?** Yes

**Most Recent RUC Meeting:** October 2019

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

**First Identified:** September 2011

**2020 Medicare Utilization:** 146,584

**2022 Work RVU:** 19.60

**2022 NF PE RVU:** NA

**2022 Fac PE RVU:** 14.41

**RUC Recommendation:** 19.60

**Referred to CPT**

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

**Result:** Decrease

**27134** Revision of total hip arthroplasty; both components, with or without autograft or allograft **Global:** 090 **Issue:** RAW **Screen:** Pre-Time Analysis **Complete?** Yes

**Most Recent RUC Meeting:** September 2014

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

**First Identified:** January 2014

**2020 Medicare Utilization:** 9,978

**2022 Work RVU:** 30.28

**2022 NF PE RVU:** NA

**2022 Fac PE RVU:** 19.82

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

**Referred to CPT**

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

**Result:** Maintain

**27193** Closed treatment of pelvic ring fracture, dislocation, diastasis or subluxation; without manipulation **Global:** **Issue:** Closed Treatment of Pelvic Ring Fracture **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

**Most Recent RUC Meeting:** January 2016

**Tab:** 07 **Specialty Developing Recommendation:** AAOS

**First Identified:** July 2013

**2020 Medicare Utilization:**

**2022 Work RVU:**

**2022 NF PE RVU:**

**2022 Fac PE RVU:**

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** October 2015

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

**Result:** Deleted from CPT

## Status Report: CMS Requests and Relativity Assessment Issues

<b>27194</b>	Closed treatment of pelvic ring fracture, dislocation, diastasis or subluxation; with manipulation, requiring more than local anesthesia	<b>Global:</b>	<b>Issue:</b> Closed Treatment of Pelvic Ring Fracture	<b>Screen:</b> CMS Request - Final Rule for 2014	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2016	<b>Tab:</b> 07	<b>Specialty Developing Recommendation:</b> AAOS	<b>First Identified:</b> October 2015	<b>2020 Medicare Utilization:</b>	<b>2022 Work RVU:</b> <b>2022 NF PE RVU:</b> <b>2022 Fac PE RVU:</b>
<b>RUC Recommendation:</b> Deleted from CPT			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b> Deleted from CPT
<hr/>					
<b>27197</b>	Closed treatment of posterior pelvic ring fracture(s), dislocation(s), diastasis or subluxation of the ilium, sacroiliac joint, and/or sacrum, with or without anterior pelvic ring fracture(s) and/or dislocation(s) of the pubic symphysis and/or superior/inferior rami, unilateral or bilateral; without manipulation	<b>Global:</b> 000	<b>Issue:</b> Closed Treatment of Pelvic Ring Fracture	<b>Screen:</b> CMS Request - Final Rule for 2014	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2016	<b>Tab:</b> 07	<b>Specialty Developing Recommendation:</b> AAOS	<b>First Identified:</b> October 2015	<b>2020 Medicare Utilization:</b> 8,791	<b>2022 Work RVU:</b> 1.53 <b>2022 NF PE RVU:</b> NA <b>2022 Fac PE RVU:</b> 2.15
<b>RUC Recommendation:</b> 5.50			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b> Decrease
<hr/>					
<b>27198</b>	Closed treatment of posterior pelvic ring fracture(s), dislocation(s), diastasis or subluxation of the ilium, sacroiliac joint, and/or sacrum, with or without anterior pelvic ring fracture(s) and/or dislocation(s) of the pubic symphysis and/or superior/inferior rami, unilateral or bilateral; with manipulation, requiring more than local anesthesia (ie, general anesthesia, moderate sedation, spinal/epidural)	<b>Global:</b> 000	<b>Issue:</b> Closed Treatment of Pelvic Ring Fracture	<b>Screen:</b> CMS Request - Final Rule for 2014	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2016	<b>Tab:</b> 07	<b>Specialty Developing Recommendation:</b> AAOS	<b>First Identified:</b> October 2015	<b>2020 Medicare Utilization:</b> 185	<b>2022 Work RVU:</b> 4.75 <b>2022 NF PE RVU:</b> NA <b>2022 Fac PE RVU:</b> 3.84
<b>RUC Recommendation:</b> 9.00			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b> Decrease

# Status Report: CMS Requests and Relativity Assessment Issues

**27220** Closed treatment of acetabulum (hip socket) fracture(s); without manipulation **Global:** 090 **Issue:** Closed Treatment Fracture - Hip **Screen:** Negative IWPUT **Complete?** Yes

**Most Recent RUC Meeting:** April 2018 **Tab:** 08 **Specialty Developing Recommendation:** AAOS **First Identified:** April 2017 **2020 Medicare Utilization:** 2,622 **2022 Work RVU:** 5.50 **2022 NF PE RVU:** 5.90 **2022 Fac PE RVU:** 5.71 **RUC Recommendation:** 6.00 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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

**Most Recent RUC Meeting:** April 2016 **Tab:** 46 **Specialty Developing Recommendation:** AAOS, ACEP, and orthopaedic subspecialties **First Identified:** October 2015 **2020 Medicare Utilization:** 1,276 **2022 Work RVU:** 5.81 **2022 NF PE RVU:** 7.58 **2022 Fac PE RVU:** 7.29 **RUC Recommendation:** PE Clinical staff pre-time revised **Referred to CPT** **Referred to CPT Asst** ☒ **Published in CPT Asst:** Jan 2018 **Result:** PE Only

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

**Most Recent RUC Meeting:** April 2016 **Tab:** 46 **Specialty Developing Recommendation:** AAOS, ACEP, and orthopaedic subspecialties **First Identified:** October 2015 **2020 Medicare Utilization:** 189 **2022 Work RVU:** 11.72 **2022 NF PE RVU:** NA **2022 Fac PE RVU:** 7.79 **RUC Recommendation:** PE Clinical staff pre-time revised **Referred to CPT** **Referred to CPT Asst** ☒ **Published in CPT Asst:** Jan 2018 **Result:** PE Only

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

**Most Recent RUC Meeting:** October 2012 **Tab:** 16 **Specialty Developing Recommendation:** AAOS **First Identified:** September 2011 **2020 Medicare Utilization:** 55,483 **2022 Work RVU:** 17.61 **2022 NF PE RVU:** NA **2022 Fac PE RVU:** 14.16 **RUC Recommendation:** 17.61 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

# Status Report: CMS Requests and Relativity Assessment Issues

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

**Most Recent RUC Meeting:** April 2016

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

**First Identified:** October 2015

**2020 Medicare Utilization:** 257

**2022 Work RVU:** 13.81

**2022 NF PE RVU:** NA

**2022 Fac PE RVU:** 11.86

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

**Referred to CPT**

**Referred to CPT Asst** ☒

**Published in CPT Asst:** Jan 2018

**Result:** PE Only

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

**Most Recent RUC Meeting:** October 2008

**Tab:** 12 **Specialty Developing Recommendation:** AAOS

**First Identified:** April 2008

**2020 Medicare Utilization:** 4,927

**2022 Work RVU:** 18.18

**2022 NF PE RVU:** NA

**2022 Fac PE RVU:** 14.47

**RUC Recommendation:** 18.00

**Referred to CPT**

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

**Result:** Increase

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

**Most Recent RUC Meeting:** October 2008

**Tab:** 12 **Specialty Developing Recommendation:** AAOS

**First Identified:** February 2008

**2020 Medicare Utilization:** 79,407

**2022 Work RVU:** 18.18

**2022 NF PE RVU:** NA

**2022 Fac PE RVU:** 14.46

**RUC Recommendation:** 18.00

**Referred to CPT**

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

**Result:** Decrease

**27250** Closed treatment of hip dislocation, traumatic; without anesthesia **Global:** 000 **Issue:** Closed Treatment of Hip Dislocation **Screen:** Site of Service Anomaly **Complete?** Yes

**Most Recent RUC Meeting:** February 2008

**Tab:** 18 **Specialty Developing Recommendation:** ACEP

**First Identified:** September 2007

**2020 Medicare Utilization:** 2,922

**2022 Work RVU:** 3.82

**2022 NF PE RVU:** NA

**2022 Fac PE RVU:** 0.73

**RUC Recommendation:** 3.82

**Referred to CPT**

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

**Result:** Decrease

# Status Report: CMS Requests and Relativity Assessment Issues

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

**Most Recent RUC Meeting:** April 2016 **Tab:** 46 **Specialty Developing Recommendation:** AAOS, ACEP, and orthopaedic subspecialties **First Identified:** October 2015 **2020 Medicare Utilization:** 712 **2022 Work RVU:** 11.03 **2022 NF PE RVU:** NA **2022 Fac PE RVU:** 9.22

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

**27265** Closed treatment of post hip arthroplasty dislocation; without anesthesia **Global:** 090 **Issue:** PE Subcommittee **Screen:** Emergent Procedures **Complete?** Yes

**Most Recent RUC Meeting:** April 2016 **Tab:** 46 **Specialty Developing Recommendation:** AAOS, ACEP, and orthopaedic subspecialties **First Identified:** October 2015 **2020 Medicare Utilization:** 7,736 **2022 Work RVU:** 5.24 **2022 NF PE RVU:** NA **2022 Fac PE RVU:** 5.97

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

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

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

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

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

**Most Recent RUC Meeting:** April 2018 **Tab:** 09 **Specialty Developing Recommendation:** AANS, AAOS, CNS, ISASS, NASS **First Identified:** July 2017 **2020 Medicare Utilization:** 4,778 **2022 Work RVU:** 12.13 **2022 NF PE RVU:** NA **2022 Fac PE RVU:** 9.89

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



# Status Report: CMS Requests and Relativity Assessment Issues

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

**Most Recent RUC Meeting:** September 2007 **Tab:** 16 **Specialty Developing Recommendation:** ACS, AAOS **First Identified:** September 2007 **2020 Medicare Utilization:** 678 **2022 Work RVU:** 5.04 **2022 NF PE RVU:** NA **2022 Fac PE RVU:** 5.98

**RUC Recommendation:** Reduce 99238 to 0.5

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

**Result:** PE Only

**27369** Injection procedure for contrast knee arthrography or contrast enhanced ct/mri knee arthrography **Global:** 000 **Issue:** Knee Arthrography Injection **Screen:** Harvard Valued - Utilization Over 30,000-Part2 / High Volume Growth3 / CMS High Expenditure Procedural Codes2 / Different Performing Specialty from Survey4 **Complete?** No

**Most Recent RUC Meeting:** September 2022 **Tab:** 13 **Specialty Developing Recommendation:** ACR, AAPM&R **First Identified:** June 2017 **2020 Medicare Utilization:** 45,496 **2022 Work RVU:** 0.77 **2022 NF PE RVU:** 4.44 **2022 Fac PE RVU:** 0.30

**RUC Recommendation:** Review action plan. 0.96

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

**Result:** Maintain

**27370** Injection of contrast for knee arthrography **Global:** **Issue:** Knee Arthrography Injection **Screen:** High Volume Growth1 / CMS Fastest Growing / High Volume Growth2 / Harvard Valued - Utilization Over 30,000-Part2 / High Volume Growth3 / CMS High Expenditure Procedural Codes2 **Complete?** Yes

**Most Recent RUC Meeting:** October 2017 **Tab:** 05 **Specialty Developing Recommendation:** ACR **First Identified:** February 2008 **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** ☒ **Published in CPT Asst:** Clinical Examples of Radiology Bulletin #1 2010

**Result:** Deleted from CPT

# Status Report: CMS Requests and Relativity Assessment Issues

<b>27446</b>	Arthroplasty, knee, condyle and plateau; medial or lateral compartment	<b>Global:</b> 090	<b>Issue:</b> Knee Arthroplasty	<b>Screen:</b> CMS High Expenditure Procedural Codes1 / Harvard-Valued with Annual Allowed Charges Greater than \$10 million / Site of Service Anomaly - 2020	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2021	<b>Tab:</b> 18	<b>Specialty Developing Recommendation:</b> AAOS, AAHKS	<b>First Identified:</b> September 2011	<b>2020 Medicare Utilization:</b> 12,458	<b>2022 Work RVU:</b> 17.48 <b>2022 NF PE RVU:</b> NA <b>2022 Fac PE RVU:</b> 13.13
<b>RUC Recommendation:</b> 17.13			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b> Decrease
<b>27447</b>	Arthroplasty, knee, condyle and plateau; medial and lateral compartments with or without patella resurfacing (total knee arthroplasty)	<b>Global:</b> 090	<b>Issue:</b> Hip/Knee Arthroplasty	<b>Screen:</b> CMS High Expenditure Procedural Codes1 / CMS Request - Final Rule for 2019	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2021	<b>Tab:</b> 18	<b>Specialty Developing Recommendation:</b> AAOS, AAHKS	<b>First Identified:</b> September 2011	<b>2020 Medicare Utilization:</b> 246,923	<b>2022 Work RVU:</b> 19.60 <b>2022 NF PE RVU:</b> NA <b>2022 Fac PE RVU:</b> 14.38
<b>RUC Recommendation:</b> 19.60			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b> Decrease
<b>27502</b>	Closed treatment of femoral shaft fracture, with manipulation, with or without skin or skeletal traction	<b>Global:</b> 090	<b>Issue:</b> PE Subcommittee	<b>Screen:</b> Emergent Procedures	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2016	<b>Tab:</b> 46	<b>Specialty Developing Recommendation:</b> AAOS, ACEP, and orthopaedic subspecialties	<b>First Identified:</b> October 2015	<b>2020 Medicare Utilization:</b> 363	<b>2022 Work RVU:</b> 11.36 <b>2022 NF PE RVU:</b> NA <b>2022 Fac PE RVU:</b> 8.91
<b>RUC Recommendation:</b> PE Clinical staff pre-time revised			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input checked="" type="checkbox"/>	<b>Published in CPT Asst:</b> Jan 2018	<b>Result:</b> PE Only

# Status Report: CMS Requests and Relativity Assessment Issues

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

**Most Recent RUC Meeting:** April 2016      **Tab:** 46      **Specialty Developing Recommendation:** AAOS, ACEP, and orthopaedic subspecialties      **First Identified:** October 2015      **2020 Medicare Utilization:** 335      **2022 Work RVU:** 9.80  
**2022 NF PE RVU:** NA  
**2022 Fac PE RVU:** 8.43

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

**27550** Closed treatment of knee dislocation; without anesthesia      **Global:** 090      **Issue:** PE Subcommittee      **Screen:** Emergent Procedures      **Complete?** Yes

**Most Recent RUC Meeting:** April 2016      **Tab:** 46      **Specialty Developing Recommendation:** AAOS, ACEP, and orthopaedic subspecialties      **First Identified:** October 2015      **2020 Medicare Utilization:** 285      **2022 Work RVU:** 5.98  
**2022 NF PE RVU:** 8.24  
**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

**27552** Closed treatment of knee dislocation; requiring anesthesia      **Global:** 090      **Issue:** PE Subcommittee      **Screen:** Emergent Procedures      **Complete?** Yes

**Most Recent RUC Meeting:** April 2016      **Tab:** 46      **Specialty Developing Recommendation:** AAOS, ACEP, and orthopaedic subspecialties      **First Identified:** October 2015      **2020 Medicare Utilization:** 258      **2022 Work RVU:** 8.18  
**2022 NF PE RVU:** NA  
**2022 Fac PE RVU:** 9.09

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

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

**Most Recent RUC Meeting:** February 2009      **Tab:** 6      **Specialty Developing Recommendation:** ACS, AAOS      **First Identified:** September 2007      **2020 Medicare Utilization:** 213      **2022 Work RVU:** 15.72  
**2022 NF PE RVU:** NA  
**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:**

# Status Report: CMS Requests and Relativity Assessment Issues

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

**Most Recent RUC Meeting:** February 2009

**Tab:** 5

**Specialty Developing Recommendation:** ACS, AAOS

**First Identified:** September 2007

**2020 Medicare Utilization:** 463

**2022 Work RVU:** 6.91

**2022 NF PE RVU:** NA

**2022 Fac PE RVU:** 5.66

**RUC Recommendation:** 6.80

**Referred to CPT** June 2008

**Result:** Decrease

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

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

**Most Recent RUC Meeting:** February 2008

**Tab:** 19

**Specialty Developing Recommendation:** AOFAS, AAOS

**First Identified:** September 2007

**2020 Medicare Utilization:** 1,640

**2022 Work RVU:** 12.24

**2022 NF PE RVU:** NA

**2022 Fac PE RVU:** 10.24

**RUC Recommendation:** 12.10

**Referred to CPT** June 2008

**Result:** Maintain

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

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

**Most Recent RUC Meeting:** February 2008

**Tab:** 19

**Specialty Developing Recommendation:** AOFAS, AAOS

**First Identified:** February 2008

**2020 Medicare Utilization:** 985

**2022 Work RVU:** 9.84

**2022 NF PE RVU:** NA

**2022 Fac PE RVU:** 7.91

**RUC Recommendation:** 9.72

**Referred to CPT** June 2008

**Result:** Decrease

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

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

**Most Recent RUC Meeting:** February 2008

**Tab:** 20

**Specialty Developing Recommendation:** AAOS, AOFAS, APMA

**First Identified:** September 2007

**2020 Medicare Utilization:** 2,064

**2022 Work RVU:** 9.21

**2022 NF PE RVU:** NA

**2022 Fac PE RVU:** 8.90

**RUC Recommendation:** 9.00

**Referred to CPT**

**Result:** Decrease

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

# Status Report: CMS Requests and Relativity Assessment Issues

**27654** Repair, secondary, achilles tendon, with or without graft

**Global:** 090

**Issue:** Achilles Tendon Repair

**Screen:** Site of Service Anomaly

**Complete?** Yes

**Most Recent**  
**RUC Meeting:** April 2008

**Tab:** 33 **Specialty Developing**  
**Recommendation:** AOFAS, APMA,  
AAOS

**First**  
**Identified:** September 2007

**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** ☐ **Published in CPT Asst:**

**Result:** Maintain

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

**Global:** 090

**Issue:** Tendon Repair

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

**Complete?** Yes

**Most Recent**  
**RUC Meeting:** September 2007

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

**First**  
**Identified:** September 2007

**2020**  
**Medicare**  
**Utilization:** 3,677

**2022 Work RVU:** 6.69

**2022 NF PE RVU:** 11.90

**2022 Fac PE RVU:** 6.13

**RUC Recommendation:** Reduce 99238 to 0.5

**Referred to CPT**

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

**Result:** PE Only

**27687** Gastrocnemius recession (eg, strayer procedure)

**Global:** 090

**Issue:** Tendon Repair

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

**Complete?** Yes

**Most Recent**  
**RUC Meeting:** September 2007

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

**First**  
**Identified:** September 2007

**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 0.5

**Referred to CPT**

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

**Result:** PE Only

**27690** Transfer or transplant of single tendon (with muscle redirection or rerouting); superficial (eg, anterior tibial extensors into midfoot)

**Global:** 090

**Issue:** Tendon Transfer

**Screen:** Site of Service Anomaly

**Complete?** Yes

**Most Recent**  
**RUC Meeting:** April 2008

**Tab:** 34 **Specialty Developing**  
**Recommendation:** AOFAS, APMA,  
AAOS

**First**  
**Identified:** September 2007

**2020**  
**Medicare**  
**Utilization:** 1,109

**2022 Work RVU:** 9.17

**2022 NF PE RVU:** NA

**2022 Fac PE RVU:** 8.46

**RUC Recommendation:** 8.96

**Referred to CPT**

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

**Result:** Maintain

## Status Report: CMS Requests and Relativity Assessment Issues

**27691** Transfer or transplant of single tendon (with muscle redirection or rerouting); deep (eg, anterior tibial or posterior tibial through interosseous space, flexor digitorum longus, flexor hallucis longus, or peroneal tendon to midfoot or hindfoot) **Global:** 090 **Issue:** Tendon Transfer **Screen:** Site of Service Anomaly **Complete?** Yes

**Most Recent RUC Meeting:** April 2008

**Tab:** 34 **Specialty Developing Recommendation:** AOFAS, APMA, AAOS

**First Identified:** September 2007

**2020 Medicare Utilization:** 3,911

**2022 Work RVU:** 10.49

**2022 NF PE RVU:** NA

**2022 Fac PE RVU:** 9.81

**RUC Recommendation:** 10.28

**Referred to CPT**

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

**Result:** Maintain

**27752** Closed treatment of tibial shaft fracture (with or without fibular fracture); with manipulation, with or without skeletal traction **Global:** 090 **Issue:** PE Subcommittee **Screen:** Emergent Procedures **Complete?** Yes

**Most Recent RUC Meeting:** April 2016

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

**First Identified:** October 2015

**2020 Medicare Utilization:** 1,136

**2022 Work RVU:** 6.27

**2022 NF PE RVU:** 8.51

**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

**Result:** PE Only

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

**Most Recent RUC Meeting:** April 2016

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

**First Identified:** October 2015

**2020 Medicare Utilization:** 356

**2022 Work RVU:** 5.47

**2022 NF PE RVU:** 7.93

**2022 Fac PE RVU:** 6.56

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

**Referred to CPT**

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

**Result:** PE Only

# Status Report: CMS Requests and Relativity Assessment Issues

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

**Most Recent RUC Meeting:** February 2011

**Tab:** 18 **Specialty Developing Recommendation:** AAOS, AOFAS,

**First Identified:** June 2010

**2020 Medicare Utilization:** 6,531

**2022 Work RVU:** 8.75

**2022 NF PE RVU:** NA

**2022 Fac PE RVU:** 8.83

**RUC Recommendation:** 9.71

**Referred to CPT**

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

**Result:** Maintain

**27810** Closed treatment of bimalleolar ankle fracture (eg, lateral and medial malleoli, or lateral and posterior malleoli or medial and posterior malleoli); with manipulation **Global:** 090 **Issue:** PE Subcommittee **Screen:** Emergent Procedures **Complete?** Yes

**Most Recent RUC Meeting:** April 2016

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

**First Identified:** October 2015

**2020 Medicare Utilization:** 2,798

**2022 Work RVU:** 5.32

**2022 NF PE RVU:** 7.79

**2022 Fac PE RVU:** 6.39

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

**Referred to CPT**

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

**Result:** PE Only

**27814** Open treatment of bimalleolar ankle fracture (eg, lateral and medial malleoli, or lateral and posterior malleoli, or medial and posterior malleoli), includes internal fixation, when performed **Global:** 090 **Issue:** RAW **Screen:** Pre-Time Analysis **Complete?** Yes

**Most Recent RUC Meeting:** September 2014

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

**First Identified:** January 2014

**2020 Medicare Utilization:** 10,116

**2022 Work RVU:** 10.62

**2022 NF PE RVU:** NA

**2022 Fac PE RVU:** 10.07

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

**Referred to CPT**

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

**Result:** Maintain

## Status Report: CMS Requests and Relativity Assessment Issues

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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 Procedures **Complete?** Yes

**Most Recent RUC Meeting:** April 2016

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

**First Identified:** September 2007

**2020 Medicare Utilization:** 3,478

**2022 Work RVU:** 5.69  
**2022 NF PE RVU:** 7.87  
**2022 Fac PE RVU:** 6.30

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

**Referred to CPT**

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

**Result:** PE Only

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**27825** Closed treatment of fracture of weight bearing articular portion of distal tibia (eg, pilon or tibial plafond), with or without anesthesia; with skeletal traction and/or requiring manipulation **Global:** 090 **Issue:** PE Subcommittee **Screen:** Emergent Procedures **Complete?** Yes

**Most Recent RUC Meeting:** April 2016

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

**First Identified:** October 2015

**2020 Medicare Utilization:** 666

**2022 Work RVU:** 6.69  
**2022 NF PE RVU:** 8.24  
**2022 Fac PE RVU:** 6.66

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

**Referred to CPT**

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

**Result:** PE Only

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

**Most Recent RUC Meeting:** April 2016

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

**First Identified:** October 2015

**2020 Medicare Utilization:** 2,066

**2022 Work RVU:** 4.77  
**2022 NF PE RVU:** NA  
**2022 Fac PE RVU:** 5.74

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

**Referred to CPT**

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

**Result:** PE Only



# Status Report: CMS Requests and Relativity Assessment Issues

**28001** Incision and drainage, bursa, foot **Global:** 010 **Issue:** Treatment of Foot Infection **Screen:** 010-Day Global Post-Operative Visits2 **Complete?** Yes

**Most Recent RUC Meeting:** October 2020 **Tab:** 14 **Specialty Developing Recommendation:** AAOS, AOFAS, APMA **First Identified:** April 2020 **2020 Medicare Utilization:** 2,705 **2022 Work RVU:** 2.00 **2022 NF PE RVU:** 2.98 **2022 Fac PE RVU:** 0.66 **RUC Recommendation:** 2.00

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

**28002** Incision and drainage below fascia, with or without tendon sheath involvement, foot; single bursal space **Global:** 010 **Issue:** Treatment of Foot Infection **Screen:** 010-Day Global Post-Operative Visits2 **Complete?** Yes

**Most Recent RUC Meeting:** October 2020 **Tab:** 14 **Specialty Developing Recommendation:** AAOS, AOFAS, APMA **First Identified:** January 2014 **2020 Medicare Utilization:** 6,205 **2022 Work RVU:** 2.79 **2022 NF PE RVU:** 4.37 **2022 Fac PE RVU:** 1.10 **RUC Recommendation:** 3.50

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

**28003** Incision and drainage below fascia, with or without tendon sheath involvement, foot; multiple areas **Global:** 090 **Issue:** Treatment of Foot Infection **Screen:** 010-Day Global Post-Operative Visits2 **Complete?** Yes

**Most Recent RUC Meeting:** October 2020 **Tab:** 14 **Specialty Developing Recommendation:** AAOS, AOFAS, APMA **First Identified:** April 2020 **2020 Medicare Utilization:** 6,080 **2022 Work RVU:** 5.28 **2022 NF PE RVU:** 5.46 **2022 Fac PE RVU:** 1.80 **RUC Recommendation:** 5.28

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

**28111** Ostectomy, complete excision; first metatarsal head **Global:** 090 **Issue:** Ostectomy **Screen:** Site of Service Anomaly (99238-Only) **Complete?** Yes

**Most Recent RUC Meeting:** September 2007 **Tab:** 16 **Specialty Developing Recommendation:** APMA, AAOS **First Identified:** September 2007 **2020 Medicare Utilization:** 1,064 **2022 Work RVU:** 5.15 **2022 NF PE RVU:** 8.52 **2022 Fac PE RVU:** 3.75 **RUC Recommendation:** Reduce 99238 to 0.5

**Referred to CPT**  
**Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** PE Only

# Status Report: CMS Requests and Relativity Assessment Issues

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

**Most Recent RUC Meeting:** February 2011

**Tab:** 19 **Specialty Developing Recommendation:** AOFAS, APMA, AAOS

**First Identified:** September 2007

**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

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

**Result:** Increase

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

**Most Recent RUC Meeting:** February 2011

**Tab:** 19 **Specialty Developing Recommendation:** AOFAS, APMA, AAOS

**First Identified:** September 2007

**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

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

**Result:** Maintain

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

**Most Recent RUC Meeting:** September 2007

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

**First Identified:** September 2007

**2020 Medicare Utilization:** 9,041

**2022 Work RVU:** 5.00  
**2022 NF PE RVU:** 8.61  
**2022 Fac PE RVU:** 4.33

**RUC Recommendation:** Remove 99238

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

**Result:** PE Only

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

**Most Recent RUC Meeting:** October 2010

**Tab:** 31 **Specialty Developing Recommendation:** AAOS, AOFAS, APMA

**First Identified:** February 2010

**2020 Medicare Utilization:** 54,045

**2022 Work RVU:** 5.62  
**2022 NF PE RVU:** 9.64  
**2022 Fac PE RVU:** 5.06

**RUC Recommendation:** 5.62

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

**Result:** Increase

## Status Report: CMS Requests and Relativity Assessment Issues

**28289** Hallux rigidus correction with cheilectomy, debridement and capsular release of the first metatarsophalangeal joint; without implant **Global:** 090 **Issue:** Bunionectomy **Screen:** 090-Day Global Post-Operative Visits **Complete?** Yes

**Most Recent RUC Meeting:** January 2016

**Tab:** 08

**Specialty Developing Recommendation:** AAOS, AOFAS, APMA

**First Identified:** October 2015

**2020 Medicare Utilization:** 3,586

**2022 Work RVU:** 6.90

**2022 NF PE RVU:** 12.65

**2022 Fac PE RVU:** 5.80

**RUC Recommendation:** 6.90

**Referred to CPT** October 2015

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

**Result:** Decrease

**28290** Correction, hallux valgus (bunion), with or without sesamoidectomy; simple exostectomy (eg, Silver type procedure)

**Global:**

**Issue:** Bunionectomy

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

**Complete?** Yes

**Most Recent RUC Meeting:** January 2016

**Tab:** 08

**Specialty Developing Recommendation:** AAOS, AOFAS, APMA

**First Identified:** October 2015

**2020 Medicare Utilization:**

**2022 Work RVU:**

**2022 NF PE RVU:**

**2022 Fac PE RVU:**

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** October 2015

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

**Result:** Deleted from CPT

**28291** Hallux rigidus correction with cheilectomy, debridement and capsular release of the first metatarsophalangeal joint; with implant

**Global:** 090

**Issue:** Bunionectomy

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

**Complete?** Yes

**Most Recent RUC Meeting:** January 2016

**Tab:** 08

**Specialty Developing Recommendation:** AAOS, AOFAS, APMA

**First Identified:** October 2015

**2020 Medicare Utilization:** 2,695

**2022 Work RVU:** 8.01

**2022 NF PE RVU:** 12.13

**2022 Fac PE RVU:** 5.61

**RUC Recommendation:** 8.01

**Referred to CPT** October 2015

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

**Result:** Decrease

## Status Report: CMS Requests and Relativity Assessment Issues

**28292** Correction, hallux valgus (bunionectomy), with sesamoidectomy, when performed; with resection of proximal phalanx base, when performed, any method **Global:** 090 **Issue:** Bunionectomy **Screen:** 090-Day Global Post-Operative Visits **Complete?** Yes

**Most Recent RUC Meeting:** January 2016

**Tab:** 08 **Specialty Developing Recommendation:** AAOS, AOFAS, APMA

**First Identified:** October 2015

**2020 Medicare Utilization:** 4,884

**2022 Work RVU:** 7.44  
**2022 NF PE RVU:** 12.34  
**2022 Fac PE RVU:** 5.96

**RUC Recommendation:** 7.44

**Referred to CPT** October 2015

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

**Result:** Decrease

**28293** Correction, hallux valgus (bunion), with or without sesamoidectomy; resection of joint with implant **Global:** **Issue:** Bunionectomy **Screen:** 090-Day Global Post-Operative Visits **Complete?** Yes

**Most Recent RUC Meeting:** January 2016

**Tab:** 08 **Specialty Developing Recommendation:** AAOS, AOFAS, APMA

**First Identified:** January 2014

**2020 Medicare Utilization:**

**2022 Work RVU:**  
**2022 NF PE RVU:**  
**2022 Fac PE RVU:**

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** October 2015

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

**Result:** Deleted from CPT

**28294** Correction, hallux valgus (bunion), with or without sesamoidectomy; with tendon transplants (eg, Joplin type procedure) **Global:** **Issue:** Bunionectomy **Screen:** 090-Day Global Post-Operative Visits **Complete?** Yes

**Most Recent RUC Meeting:** January 2016

**Tab:** 08 **Specialty Developing Recommendation:** AAOS, AOFAS, APMA

**First Identified:** October 2015

**2020 Medicare Utilization:**

**2022 Work RVU:**  
**2022 NF PE RVU:**  
**2022 Fac PE RVU:**

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** October 2015

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

**Result:** Deleted from CPT

# Status Report: CMS Requests and Relativity Assessment Issues

**28295** Correction, hallux valgus (bunionectomy), with sesamoidectomy, when performed; with proximal metatarsal osteotomy, any method **Global:** 090 **Issue:** Bunionectomy **Screen:** 090-Day Global Post-Operative Visits **Complete?** Yes

**Most Recent RUC Meeting:** January 2016

**Tab:** 08 **Specialty Developing Recommendation:** AAOS, AOFAS, APMA

**First Identified:** October 2015

**2020 Medicare Utilization:** 378

**2022 Work RVU:** 8.57  
**2022 NF PE RVU:** 22.61  
**2022 Fac PE RVU:** 8.32

**RUC Recommendation:** 8.57

**Referred to CPT** October 2015

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

**Result:** Decrease

**28296** Correction, hallux valgus (bunionectomy), with sesamoidectomy, when performed; with distal metatarsal osteotomy, any method

**Global:** 090 **Issue:** Bunionectomy

**Screen:** Site of Service Anomaly **Complete?** Yes

**Most Recent RUC Meeting:** January 2016

**Tab:** 08 **Specialty Developing Recommendation:** AAOS, AOFAS, APMA

**First Identified:** September 2007

**2020 Medicare Utilization:** 6,895

**2022 Work RVU:** 8.25  
**2022 NF PE RVU:** 17.36  
**2022 Fac PE RVU:** 6.02

**RUC Recommendation:** 8.25

**Referred to CPT** October 2015

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

**Result:** Decrease

**28297** Correction, hallux valgus (bunionectomy), with sesamoidectomy, when performed; with first metatarsal and medial cuneiform joint arthrodesis, any method

**Global:** 090 **Issue:** Bunionectomy

**Screen:** 090-Day Global Post-Operative Visits **Complete?** Yes

**Most Recent RUC Meeting:** January 2016

**Tab:** 08 **Specialty Developing Recommendation:** AAOS, AOFAS, APMA

**First Identified:** October 2015

**2020 Medicare Utilization:** 2,423

**2022 Work RVU:** 9.29  
**2022 NF PE RVU:** 20.37  
**2022 Fac PE RVU:** 7.35

**RUC Recommendation:** 9.29

**Referred to CPT** October 2015

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

**Result:** Decrease

**28298** Correction, hallux valgus (bunionectomy), with sesamoidectomy, when performed; with proximal phalanx osteotomy, any method

**Global:** 090 **Issue:** Bunionectomy

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

**Most Recent RUC Meeting:** January 2016

**Tab:** 08 **Specialty Developing Recommendation:** AAOS, AOFAS, APMA

**First Identified:** September 2007

**2020 Medicare Utilization:** 2,486

**2022 Work RVU:** 7.75  
**2022 NF PE RVU:** 16.03  
**2022 Fac PE RVU:** 6.13

**RUC Recommendation:** 7.75

**Referred to CPT** October 2015

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

**Result:** Decrease

# Status Report: CMS Requests and Relativity Assessment Issues

**28299** Correction, hallux valgus (bunionectomy), with sesamoidectomy, when performed; with double osteotomy, any method **Global:** 090 **Issue:** Bunionectomy **Screen:** 090-Day Global Post-Operative Visits **Complete?** Yes

**Most Recent RUC Meeting:** January 2016

**Tab:** 08

**Specialty Developing Recommendation:** AAOS, AOFAS, APMA

**First Identified:** October 2015

**2020 Medicare Utilization:** 3,605

**2022 Work RVU:** 9.29

**2022 NF PE RVU:** 19.57

**2022 Fac PE RVU:** 6.99

**RUC Recommendation:** 9.29

**Referred to CPT** October 2015

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

**Result:** Decrease

**28300** Osteotomy; calcaneus (eg, dwyer or chambers type procedure), with or without internal fixation **Global:** 090 **Issue:** Osteotomy **Screen:** Site of Service Anomaly (99238-Only) **Complete?** Yes

**Most Recent RUC Meeting:** September 2007

**Tab:** 16

**Specialty Developing Recommendation:** AAOS

**First Identified:** September 2007

**2020 Medicare Utilization:** 2,231

**2022 Work RVU:** 9.73

**2022 NF PE RVU:** NA

**2022 Fac PE RVU:** 7.95

**RUC Recommendation:** Reduce 99238 to 0.5

**Referred to CPT**

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

**Result:** PE Only

**28310** Osteotomy, shortening, angular or rotational correction; proximal phalanx, first toe (separate procedure) **Global:** 090 **Issue:** Osteotomy **Screen:** Site of Service Anomaly (99238-Only) **Complete?** Yes

**Most Recent RUC Meeting:** September 2007

**Tab:** 16

**Specialty Developing Recommendation:** APMA, AAOS

**First Identified:** September 2007

**2020 Medicare Utilization:** 1,366

**2022 Work RVU:** 5.57

**2022 NF PE RVU:** 9.92

**2022 Fac PE RVU:** 4.44

**RUC Recommendation:** Reduce 99238 to 0.5

**Referred to CPT**

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

**Result:** PE Only

**28470** Closed treatment of metatarsal fracture; without manipulation, each **Global:** 090 **Issue:** Treatment of Metatarsal Fracture **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

**Most Recent RUC Meeting:** September 2011

**Tab:** 15

**Specialty Developing Recommendation:** AAOS, APMA, AOFAS

**First Identified:** April 2011

**2020 Medicare Utilization:** 23,950

**2022 Work RVU:** 2.03

**2022 NF PE RVU:** 4.19

**2022 Fac PE RVU:** 3.80

**RUC Recommendation:** 2.03

**Referred to CPT**

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

**Result:** Maintain

# Status Report: CMS Requests and Relativity Assessment Issues

**28660** Closed treatment of interphalangeal joint dislocation; without anesthesia **Global:** 010 **Issue:** PE Subcommittee **Screen:** Emergent Procedures **Complete?** Yes

**Most Recent**  
**RUC Meeting:** April 2016 **Tab:** 46 **Specialty Developing Recommendation:** AAOS, ACEP, and orthopaedic subspecialties **First Identified:** October 2015 **2020 Medicare Utilization:** 555 **2022 Work RVU:** 1.28 **2022 NF PE RVU:** 2.14 **2022 Fac PE RVU:** 1.24

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

**28725** Arthrodesis; subtalar **Global:** 090 **Issue:** Foot Arthrodesis **Screen:** Site of Service Anomaly **Complete?** Yes

**Most Recent**  
**RUC Meeting:** February 2011 **Tab:** 20 **Specialty Developing Recommendation:** AOFAS, APMA, AAOS **First Identified:** September 2007 **2020 Medicare Utilization:** 4,005 **2022 Work RVU:** 11.22 **2022 NF PE RVU:** NA **2022 Fac PE RVU:** 9.95

**RUC Recommendation:** 12.18 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

**28730** Arthrodesis, midtarsal or tarsometatarsal, multiple or transverse; **Global:** 090 **Issue:** Foot Arthrodesis **Screen:** Site of Service Anomaly **Complete?** Yes

**Most Recent**  
**RUC Meeting:** February 2011 **Tab:** 20 **Specialty Developing Recommendation:** AOFAS, APMA, AAOS **First Identified:** September 2007 **2020 Medicare Utilization:** 3,431 **2022 Work RVU:** 10.70 **2022 NF PE RVU:** NA **2022 Fac PE RVU:** 9.31

**RUC Recommendation:** 12.42 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

**28740** Arthrodesis, midtarsal or tarsometatarsal, single joint **Global:** 090 **Issue:** Arthrodesis **Screen:** Site of Service Anomaly (99238-Only) **Complete?** Yes

**Most Recent**  
**RUC Meeting:** September 2007 **Tab:** 16 **Specialty Developing Recommendation:** AAOS **First Identified:** September 2007 **2020 Medicare Utilization:** 3,304 **2022 Work RVU:** 9.29 **2022 NF PE RVU:** 13.95 **2022 Fac PE RVU:** 7.65

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

# Status Report: CMS Requests and Relativity Assessment Issues

**28820** Amputation, toe; metatarsophalangeal joint **Global:** 000 **Issue:** Toe Amputation **Screen:** Site of Service Anomaly - 2018 **Complete?** Yes

**Most Recent**  
**RUC Meeting:** April 2019

**Tab:** 11 **Specialty Developing Recommendation:** AAOS, ACS, AOFAS, APMA, SVS

**First Identified:** October 2018

**2020 Medicare Utilization:** 27,143

**2022 Work RVU:** 3.51

**2022 NF PE RVU:** 4.99

**2022 Fac PE RVU:** 1.32

**RUC Recommendation:** 4.10

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

**Result:** Decrease

**28825** Amputation, toe; interphalangeal joint **Global:** 000 **Issue:** Toe Amputation **Screen:** Site of Service Anomaly **Complete?** Yes

**Most Recent**  
**RUC Meeting:** April 2019

**Tab:** 11 **Specialty Developing Recommendation:** AAOS, ACS, AOFAS, APMA, SVS

**First Identified:** September 2007

**2020 Medicare Utilization:** 13,343

**2022 Work RVU:** 3.41

**2022 NF PE RVU:** 4.94

**2022 Fac PE RVU:** 1.29

**RUC Recommendation:** 4.00

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

**Result:** Decrease

**29075** Application, cast; elbow to finger (short arm) **Global:** 000 **Issue:** Application of Forearm Cast **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

**Most Recent**  
**RUC Meeting:** September 2011

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

**First Identified:** April 2011

**2020 Medicare Utilization:** 59,186

**2022 Work RVU:** 0.77

**2022 NF PE RVU:** 1.63

**2022 Fac PE RVU:** 0.90

**RUC Recommendation:** 0.77

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

**Result:** Maintain

**29105** Application of long arm splint (shoulder to hand) **Global:** 000 **Issue:** Application of Long Arm Splint **Screen:** CMS 000-Day Global Typically Reported with an E/M **Complete?** Yes

**Most Recent**  
**RUC Meeting:** April 2017

**Tab:** 11 **Specialty Developing Recommendation:** AAOS, ACEP, ASSH

**First Identified:** July 2016

**2020 Medicare Utilization:** 22,392

**2022 Work RVU:** 0.80

**2022 NF PE RVU:** 1.45

**2022 Fac PE RVU:** 0.28

**RUC Recommendation:** 0.80

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

**Result:** Decrease



## Status Report: CMS Requests and Relativity Assessment Issues

### 29200 Strapping; thorax

Global: 000

Issue: Strapping Procedures

Screen: High Volume Growth2

Complete? Yes

Most Recent  
RUC Meeting: January 2014

Tab: 35 Specialty Developing  
Recommendation: APTA

First  
Identified: April 2013

2020  
Medicare  
Utilization: 9,806

2022 Work RVU: 0.39

2022 NF PE RVU: 0.57

2022 Fac PE RVU: 0.14

RUC Recommendation: 0.39

Referred to CPT

Referred to CPT Asst ☐ Published in CPT Asst:

Result: Decrease

### 29220 Deleted from CPT

Global:

Issue: Strapping; low back

Screen: High Volume Growth1

Complete? Yes

Most Recent  
RUC Meeting: April 2008

Tab: 57 Specialty Developing  
Recommendation: AAFP

First  
Identified: February 2008

2020  
Medicare  
Utilization:

2022 Work RVU:

2022 NF PE RVU:

2022 Fac PE RVU:

RUC Recommendation: Deleted from CPT

Referred to CPT October 2008

Referred to CPT Asst ☒ Published in CPT Asst: Deleted from CPT, no further action necessary

Result: Deleted from CPT

### 29240 Strapping; shoulder (eg, velpeau)

Global: 000

Issue: Strapping Procedures

Screen: High Volume Growth2

Complete? Yes

Most Recent  
RUC Meeting: January 2014

Tab: 35 Specialty Developing  
Recommendation: APTA

First  
Identified: April 2013

2020  
Medicare  
Utilization: 14,158

2022 Work RVU: 0.39

2022 NF PE RVU: 0.48

2022 Fac PE RVU: 0.13

RUC Recommendation: 0.39

Referred to CPT

Referred to CPT Asst ☐ Published in CPT Asst:

Result: Decrease

### 29260 Strapping; elbow or wrist

Global: 000

Issue: Strapping Procedures

Screen: High Volume Growth2

Complete? Yes

Most Recent  
RUC Meeting: January 2014

Tab: 35 Specialty Developing  
Recommendation: APTA

First  
Identified: October 2013

2020  
Medicare  
Utilization: 3,914

2022 Work RVU: 0.39

2022 NF PE RVU: 0.45

2022 Fac PE RVU: 0.14

RUC Recommendation: 0.39

Referred to CPT

Referred to CPT Asst ☐ Published in CPT Asst:

Result: Decrease

# Status Report: CMS Requests and Relativity Assessment Issues

**29280** Strapping; hand or finger

Global: 000

Issue: Strapping Procedures

Screen: High Volume Growth2

Complete? Yes

Most Recent  
RUC Meeting: January 2014

Tab: 35  
Specialty Developing  
Recommendation: APTA

First  
Identified: October 2013

2020  
Medicare  
Utilization: 3,111

2022 Work RVU: 0.39

2022 NF PE RVU: 0.44

2022 Fac PE RVU:0.15

RUC Recommendation: 0.39

Referred to CPT

Referred to CPT Asst ☐ Published in CPT Asst:

Result: Decrease

**29445** Application of rigid total contact leg cast

Global: 000

Issue: Application of Rigid Leg  
Cast

Screen: High Volume Growth3

Complete? Yes

Most Recent  
RUC Meeting: April 2016

Tab: 17  
Specialty Developing  
Recommendation: AAOS, AHKNS,  
AOFAS, AOA,  
NASS

First  
Identified: October 2015

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

Referred to CPT

Referred to CPT Asst ☐ Published in CPT Asst:

Result: Maintain

**29520** Strapping; hip

Global: 000

Issue: Strapping Procedures

Screen: High Volume Growth2

Complete? Yes

Most Recent  
RUC Meeting: January 2014

Tab: 35  
Specialty Developing  
Recommendation: APTA

First  
Identified: April 2013

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

Referred to CPT

Referred to CPT Asst ☐ Published in CPT Asst:

Result: Decrease

**29530** Strapping; knee

Global: 000

Issue: Strapping Procedures

Screen: High Volume Growth2

Complete? Yes

Most Recent  
RUC Meeting: January 2014

Tab: 35  
Specialty Developing  
Recommendation: APTA

First  
Identified: April 2013

2020  
Medicare  
Utilization: 20,223

2022 Work RVU: 0.39

2022 NF PE RVU: 0.48

2022 Fac PE RVU:0.12

RUC Recommendation: 0.39

Referred to CPT

Referred to CPT Asst ☐ Published in CPT Asst:

Result: Decrease

## Status Report: CMS Requests and Relativity Assessment Issues

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<b>29540</b>	Strapping; ankle and/or foot			<b>Global:</b> 000	<b>Issue:</b> Strapping Lower Extremity	<b>Screen:</b> Harvard Valued - Utilization over 100,000 / CMS 000-Day Global Typically Reported with an E/M	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2017	<b>Tab:</b> 41ii	<b>Specialty Developing Recommendation:</b>	APMA	<b>First Identified:</b> October 2009	<b>2020 Medicare Utilization:</b> 167,744	<b>2022 Work RVU:</b> 0.39 <b>2022 NF PE RVU:</b> 0.39 <b>2022 Fac PE RVU:</b> 0.09	
<b>RUC Recommendation:</b> 0.39				<b>Referred to CPT</b>	<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b> Decrease

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<b>29550</b>	Strapping; toes			<b>Global:</b> 000	<b>Issue:</b> Strapping Lower Extremity	<b>Screen:</b> Harvard Valued - Utilization over 100,000 / CMS 000-Day Global Typically Reported with an E/M	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2017	<b>Tab:</b> 41ii	<b>Specialty Developing Recommendation:</b>	APMA	<b>First Identified:</b> February 2010	<b>2020 Medicare Utilization:</b> 44,200	<b>2022 Work RVU:</b> 0.25 <b>2022 NF PE RVU:</b> 0.29 <b>2022 Fac PE RVU:</b> 0.06	
<b>RUC Recommendation:</b> 0.25				<b>Referred to CPT</b>	<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b> Decrease

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<b>29580</b>	Strapping; unna boot			<b>Global:</b> 000	<b>Issue:</b> Strapping Multi Layer Compression	<b>Screen:</b> CMS High Expenditure Procedural Codes2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2016	<b>Tab:</b> 13	<b>Specialty Developing Recommendation:</b>	ACS, APMA, SVS	<b>First Identified:</b> July 2015	<b>2020 Medicare Utilization:</b> 231,247	<b>2022 Work RVU:</b> 0.55 <b>2022 NF PE RVU:</b> 1.27 <b>2022 Fac PE RVU:</b> 0.16	
<b>RUC Recommendation:</b> 0.55				<b>Referred to CPT</b>	<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b> Maintain

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## Status Report: CMS Requests and Relativity Assessment Issues

**29581** Application of multi-layer compression system; leg (below knee), including ankle and foot **Global:** 000 **Issue:** Strapping Multi Layer Compression **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

**Most Recent RUC Meeting:** October 2016 **Tab:** 13 **Specialty Developing Recommendation:** ACS, APMA, SVS **First Identified:** July 2015 **2020 Medicare Utilization:** 184,476 **2022 Work RVU:** 0.60 **2022 NF PE RVU:** 2.04 **2022 Fac PE RVU:** 0.18

**RUC Recommendation:** 0.60

**Referred to CPT**

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

**Result:** Maintain

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

**Most Recent RUC Meeting:** October 2015 **Tab:** 21 **Specialty Developing Recommendation:** APTA **First Identified:** October 2015 **2020 Medicare Utilization:** **2022 Work RVU:** **2022 NF PE RVU:** **2022 Fac PE RVU:**

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** September 2016

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

**Result:** Deleted from CPT

**29583** Application of multi-layer compression system; upper arm and forearm **Global:** **Issue:** New Technology Review **Screen:** New Technology/New Services **Complete?** Yes

**Most Recent RUC Meeting:** October 2015 **Tab:** 21 **Specialty Developing Recommendation:** APTA **First Identified:** October 2015 **2020 Medicare Utilization:** **2022 Work RVU:** **2022 NF PE RVU:** **2022 Fac PE RVU:**

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** September 2016

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

**Result:** Deleted from CPT

# Status Report: CMS Requests and Relativity Assessment Issues

**29584** Application of multi-layer compression system; upper arm, forearm, hand, and fingers **Global:** 000 **Issue:** New Technology Review **Screen:** New Technology/New Services / CPT Assistant Analysis **Complete?** Yes

**Most Recent RUC Meeting:** January 2022

**Tab:** 20 **Specialty Developing Recommendation:** APTA

**First Identified:** October 2015

**2020 Medicare Utilization:** 1,728

**2022 Work RVU:** 0.35  
**2022 NF PE RVU:** 2.10  
**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 revision

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

**Complete?** Yes

**Most Recent RUC Meeting:** April 2012

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

**First Identified:** February 2010

**2020 Medicare Utilization:**

**2022 Work RVU:**  
**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:**

**29805** Arthroscopy, shoulder, diagnostic, with or without synovial biopsy (separate procedure)

**Global:** 090 **Issue:** Arthroscopy

**Screen:** CMS Request - Practice Expense Review

**Complete?** Yes

**Most Recent RUC Meeting:** April 2008

**Tab:** 51 **Specialty Developing Recommendation:** AAOS

**First Identified:** NA

**2020 Medicare Utilization:** 444

**2022 Work RVU:** 6.03  
**2022 NF PE RVU:** NA  
**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:**

## Status Report: CMS Requests and Relativity Assessment Issues

**29822** Arthroscopy, shoulder, surgical; debridement, limited, 1 or 2 discrete structures (eg, humeral bone, humeral articular cartilage, glenoid bone, glenoid articular cartilage, biceps tendon, biceps anchor complex, labrum, articular capsule, articular side of the rotator cuff, bursal side of the rotator cuff, subacromial bursa, foreign body[ies]) **Global:** 090 **Issue:** Shoulder Debridement **Screen:** CMS Fastest Growing **Complete?** Yes

**Most Recent**  
**RUC Meeting:** January 2020

**Tab:** 11 **Specialty Developing**  
**Recommendation:**

**First**  
**Identified:** October 2008

**2020**  
**Medicare**  
**Utilization:** 6,885

**2022 Work RVU:** 7.03  
**2022 NF PE RVU:** NA  
**2022 Fac PE RVU:** 7.69

**RUC Recommendation:** 7.03

**Referred to CPT** September 2019

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

**Result:** Decrease

**29823** Arthroscopy, shoulder, surgical; debridement, extensive, 3 or more discrete structures (eg, humeral bone, humeral articular cartilage, glenoid bone, glenoid articular cartilage, biceps tendon, biceps anchor complex, labrum, articular capsule, articular side of the rotator cuff, bursal side of the rotator cuff, subacromial bursa, foreign body[ies])

**Global:** 090 **Issue:** Shoulder Debridement

**Screen:** Harvard-Valued Annual Allowed Charges Greater than \$10 million / Harvard Valued - Utilization over 30,000-Part3

**Complete?** Yes

**Most Recent**  
**RUC Meeting:** January 2020

**Tab:** 11 **Specialty Developing**  
**Recommendation:**

**First**  
**Identified:** October 2012

**2020**  
**Medicare**  
**Utilization:** 40,783

**2022 Work RVU:** 7.98  
**2022 NF PE RVU:** NA  
**2022 Fac PE RVU:** 8.09

**RUC Recommendation:** 7.98

**Referred to CPT** September 2019

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

**Result:** Decrease

**29824** Arthroscopy, shoulder, surgical; distal claviclectomy including distal articular surface (mumford procedure)

**Global:** 090 **Issue:** RAW

**Screen:** Codes Reported Together 75% or More-Part1

**Complete?** Yes

**Most Recent**  
**RUC Meeting:** October 2015

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

**First**  
**Identified:** February 2010

**2020**  
**Medicare**  
**Utilization:** 33,015

**2022 Work RVU:** 8.98  
**2022 NF PE RVU:** NA  
**2022 Fac PE RVU:** 9.39

**RUC Recommendation:** 8.82

**Referred to CPT**

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

**Result:** Maintain

## Status Report: CMS Requests and Relativity Assessment Issues

**29826** Arthroscopy, shoulder, surgical; decompression of subacromial space with partial acromioplasty, with coracoacromial ligament (ie, arch) release, when performed (list separately in addition to code for primary procedure)

**Global:** ZZZ **Issue:** RAW

**Screen:** Codes Reported Together 75% or More-Part1

**Complete?** Yes

**Most Recent RUC Meeting:** October 2015

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

**First Identified:** February 2010

**2020 Medicare Utilization:** 66,775

**2022 Work RVU:** 3.00

**2022 NF PE RVU:** NA

**2022 Fac PE RVU:** 1.50

**RUC Recommendation:** 3.00

**Referred to CPT**

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

**Result:** Decrease

**29827** Arthroscopy, shoulder, surgical; with rotator cuff repair

**Global:** 090 **Issue:** RAW

**Screen:** CMS Fastest Growing/ Codes Reported Together 75% or More-Part1 / Pre-Time Analysis / Codes Reported Together 75% or More-Part5

**Complete?** Yes

**Most Recent RUC Meeting:** September 2022

**Tab:** 13 **Specialty Developing Recommendation:** AAOS

**First Identified:** October 2008

**2020 Medicare Utilization:** 60,014

**2022 Work RVU:** 15.59

**2022 NF PE RVU:** NA

**2022 Fac PE RVU:** 13.06

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

**Referred to CPT**

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

**Result:** Maintain

**29828** Arthroscopy, shoulder, surgical; biceps tenodesis

**Global:** 090 **Issue:** RAW

**Screen:** Codes Reported Together 75% or More-Part1 / Codes Reported Together 75% or More-Part5

**Complete?** Yes

**Most Recent RUC Meeting:** September 2022

**Tab:** 13 **Specialty Developing Recommendation:** AAOS

**First Identified:** February 2010

**2020 Medicare Utilization:** 17,169

**2022 Work RVU:** 13.16

**2022 NF PE RVU:** NA

**2022 Fac PE RVU:** 11.45

**RUC Recommendation:** 13.16

**Referred to CPT**

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

**Result:** Maintain

# Status Report: CMS Requests and Relativity Assessment Issues

<b>29830</b>	<b>Arthroscopy, elbow, diagnostic, with or without synovial biopsy (separate procedure)</b>		<b>Global:</b> 090	<b>Issue:</b> Arthroscopy	<b>Screen:</b> CMS Request - Practice Expense Review	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2008	<b>Tab:</b> 51	<b>Specialty Developing Recommendation:</b> AAOS	<b>First Identified:</b> NA	<b>2020 Medicare Utilization:</b> 108	<b>2022 Work RVU:</b> 5.88 <b>2022 NF PE RVU:</b> NA <b>2022 Fac PE RVU:</b> 6.62	
<b>RUC Recommendation:</b> No NF PE inputs			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b> PE Only	
<hr/>						
<b>29840</b>	<b>Arthroscopy, wrist, diagnostic, with or without synovial biopsy (separate procedure)</b>		<b>Global:</b> 090	<b>Issue:</b> Arthroscopy	<b>Screen:</b> CMS Request - Practice Expense Review	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2008	<b>Tab:</b> 51	<b>Specialty Developing Recommendation:</b> AAOS	<b>First Identified:</b> NA	<b>2020 Medicare Utilization:</b> 135	<b>2022 Work RVU:</b> 5.68 <b>2022 NF PE RVU:</b> NA <b>2022 Fac PE RVU:</b> 6.72	
<b>RUC Recommendation:</b> No NF PE inputs			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b> PE Only	
<hr/>						
<b>29870</b>	<b>Arthroscopy, knee, diagnostic, with or without synovial biopsy (separate procedure)</b>		<b>Global:</b> 090	<b>Issue:</b> Arthroscopy	<b>Screen:</b> CMS Request - Practice Expense Review	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2009	<b>Tab:</b> 13	<b>Specialty Developing Recommendation:</b> AAOS	<b>First Identified:</b> NA	<b>2020 Medicare Utilization:</b> 693	<b>2022 Work RVU:</b> 5.19 <b>2022 NF PE RVU:</b> 10.33 <b>2022 Fac PE RVU:</b> 5.94	
<b>RUC Recommendation:</b> New PE non-facility inputs			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b> PE Only	
<hr/>						
<b>29888</b>	<b>Arthroscopically aided anterior cruciate ligament repair/augmentation or reconstruction</b>		<b>Global:</b> 090	<b>Issue:</b> ACL Repair	<b>Screen:</b> Site of Service Anomaly	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2008	<b>Tab:</b> 38	<b>Specialty Developing Recommendation:</b> AAOS	<b>First Identified:</b> September 2007	<b>2020 Medicare Utilization:</b> 1,016	<b>2022 Work RVU:</b> 14.30 <b>2022 NF PE RVU:</b> NA <b>2022 Fac PE RVU:</b> 11.89	
<b>RUC Recommendation:</b> 14.14			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b> Maintain	



## Status Report: CMS Requests and Relativity Assessment Issues

**29900** Arthroscopy, metacarpophalangeal joint, diagnostic, includes synovial biopsy      **Global:** 090      **Issue:** Arthroscopy      **Screen:** CMS Request - Practice Expense Review      **Complete?** Yes

**Most Recent**  
**RUC Meeting:** April 2008      **Tab:** 51      **Specialty Developing Recommendation:** AAOS

**First Identified:** NA

**2020 Medicare Utilization:** 5

**2022 Work RVU:** 5.88

**2022 NF PE RVU:** NA

**2022 Fac PE RVU:** 7.91

**RUC Recommendation:** No NF PE inputs

**Referred to CPT**

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

**Result:** PE Only

**30140** Submucous resection inferior turbinate, partial or complete, any method

**Global:** 000

**Issue:** Resection of Inferior Turbinate

**Screen:** Harvard Valued - Utilization over 30,000-Part2

**Complete?** Yes

**Most Recent**  
**RUC Meeting:** October 2016      **Tab:** 14      **Specialty Developing Recommendation:** AAOHNS

**First Identified:** October 2015

**2020 Medicare Utilization:** 37,031

**2022 Work RVU:** 3.00

**2022 NF PE RVU:** 5.46

**2022 Fac PE RVU:** 1.81

**RUC Recommendation:** 3.00

**Referred to CPT**

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

**Result:** Decrease

**30465** Repair of nasal vestibular stenosis (eg, spreader grafting, lateral nasal wall reconstruction)

**Global:** 090

**Issue:** Repair Nasal Stenosis

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

**Complete?** Yes

**Most Recent**  
**RUC Meeting:** September 2007      **Tab:** 16      **Specialty Developing Recommendation:** AAO-HNS

**First Identified:** September 2007

**2020 Medicare Utilization:** 3,440

**2022 Work RVU:** 12.36

**2022 NF PE RVU:** NA

**2022 Fac PE RVU:** 16.77

**RUC Recommendation:** Reduce 99238 to 0.5

**Referred to CPT**

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

**Result:** PE Only

## Status Report: CMS Requests and Relativity Assessment Issues

**30901** Control nasal hemorrhage, anterior, simple (limited cautery and/or packing) any method **Global:** 000 **Issue:** Control Nasal Hemorrhage **Screen:** Harvard Valued - Utilization over 100,000 / CMS Request - Final Rule for 2016 **Complete?** Yes

**Most Recent RUC Meeting:** April 2016

**Tab:** 20 **Specialty Developing Recommendation:** AAOHNS

**First Identified:** October 2009

**2020 Medicare Utilization:** 70,328

**2022 Work RVU:** 1.10  
**2022 NF PE RVU:** 3.47  
**2022 Fac PE RVU:** 0.38

**RUC Recommendation:** 1.10

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

**Result:** Maintain

**30903** Control nasal hemorrhage, anterior, complex (extensive cautery and/or packing) any method **Global:** 000 **Issue:** Control Nasal Hemorrhage **Screen:** CMS Request - Final Rule for 2016 **Complete?** Yes

**Most Recent RUC Meeting:** April 2016

**Tab:** 20 **Specialty Developing Recommendation:** AAOHNS

**First Identified:** July 2015

**2020 Medicare Utilization:** 39,728

**2022 Work RVU:** 1.54  
**2022 NF PE RVU:** 5.66  
**2022 Fac PE RVU:** 0.48

**RUC Recommendation:** 1.54

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

**Result:** Maintain

**30905** Control nasal hemorrhage, posterior, with posterior nasal packs and/or cautery, any method; initial **Global:** 000 **Issue:** Control Nasal Hemorrhage **Screen:** CMS Request - Final Rule for 2016 **Complete?** Yes

**Most Recent RUC Meeting:** April 2016

**Tab:** 20 **Specialty Developing Recommendation:** AAOHNS

**First Identified:** July 2015

**2020 Medicare Utilization:** 4,585

**2022 Work RVU:** 1.97  
**2022 NF PE RVU:** 8.35  
**2022 Fac PE RVU:** 0.80

**RUC Recommendation:** 1.97

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

**Result:** Maintain

## Status Report: CMS Requests and Relativity Assessment Issues

**30906** Control nasal hemorrhage, posterior, with posterior nasal packs and/or cautery, any method; subsequent **Global:** 000 **Issue:** Control Nasal Hemorrhage **Screen:** CMS Request - Final Rule for 2016 **Complete?** Yes

**Most Recent**  
**RUC Meeting:** April 2016 **Tab:** 20 **Specialty Developing Recommendation:** AAOHNS

**First Identified:** July 2015

**2020 Medicare Utilization:** 824

**2022 Work RVU:** 2.45

**2022 NF PE RVU:** 8.35

**2022 Fac PE RVU:** 1.16

**RUC Recommendation:** 2.45

**Referred to CPT**

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

**Result:** Maintain

**31231** Nasal endoscopy, diagnostic, unilateral or bilateral (separate procedure)

**Global:** 000

**Issue:** Nasal/Sinus Endoscopy

**Screen:** MPC List

**Complete?** Yes

**Most Recent**  
**RUC Meeting:** January 2012 **Tab:** 19 **Specialty Developing Recommendation:** AAO-HNS

**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** ☐

**Published in CPT Asst:**

**Result:** Maintain

**31237** Nasal/sinus endoscopy, surgical; with biopsy, polypectomy or debridement (separate procedure)

**Global:** 000

**Issue:** Nasal/Sinus Endoscopy

**Screen:** CMS High Expenditure Procedural Codes1

**Complete?** Yes

**Most Recent**  
**RUC Meeting:** April 2013 **Tab:** 19 **Specialty Developing Recommendation:** AAO-HNS

**First Identified:** September 2011

**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**

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

**Result:** Decrease

**31238** Nasal/sinus endoscopy, surgical; with control of nasal hemorrhage

**Global:** 000

**Issue:** Nasal/Sinus Endoscopy

**Screen:** CMS High Expenditure Procedural Codes1

**Complete?** Yes

**Most Recent**  
**RUC Meeting:** April 2013 **Tab:** 19 **Specialty Developing Recommendation:** AAO-HNS

**First Identified:** January 2012

**2020 Medicare Utilization:** 23,984

**2022 Work RVU:** 2.74

**2022 NF PE RVU:** 4.32

**2022 Fac PE RVU:** 1.77

**RUC Recommendation:** 2.74

**Referred to CPT**

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

**Result:** Decrease

## Status Report: CMS Requests and Relativity Assessment Issues

**31239** Nasal/sinus endoscopy, surgical; with dacryocystorhinostomy **Global:** 010 **Issue:** Nasal/Sinus Endoscopy **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

**Most Recent**  
**RUC Meeting:** April 2013 **Tab:** 19 **Specialty Developing Recommendation:** AAO-HNS

**First Identified:** January 2012

**2020 Medicare Utilization:** 1,012

**2022 Work RVU:** 9.04

**2022 NF PE RVU:** NA

**2022 Fac PE RVU:** 7.90

**RUC Recommendation:** 9.04

**Referred to CPT**

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

**Result:** Decrease

**31240** Nasal/sinus endoscopy, surgical; with concha bullosa resection **Global:** 000 **Issue:** Nasal/Sinus Endoscopy **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

**Most Recent**  
**RUC Meeting:** April 2013 **Tab:** 19 **Specialty Developing Recommendation:** AAO-HNS

**First Identified:** January 2012

**2020 Medicare Utilization:** 3,630

**2022 Work RVU:** 2.61

**2022 NF PE RVU:** NA

**2022 Fac PE RVU:** 1.67

**RUC Recommendation:** 2.61

**Referred to CPT**

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

**Result:** Maintain

**31241** Nasal/sinus endoscopy, surgical; with ligation of sphenopalatine artery **Global:** 000 **Issue:** Nasal/Sinus Endoscopy **Screen:** Codes Reported Together 75% or More-Part3 **Complete?** Yes

**Most Recent**  
**RUC Meeting:** January 2017 **Tab:** 07 **Specialty Developing Recommendation:** AAOHNS

**First Identified:** April 2015

**2020 Medicare Utilization:** 397

**2022 Work RVU:** 8.00

**2022 NF PE RVU:** NA

**2022 Fac PE RVU:** 3.93

**RUC Recommendation:** 8.51

**Referred to CPT** September 2016

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

**Result:** Decrease

## Status Report: CMS Requests and Relativity Assessment Issues

<b>31253</b>	Nasal/sinus endoscopy, surgical with ethmoidectomy; total (anterior and posterior), including frontal sinus exploration, with removal of tissue from frontal sinus, when performed	<b>Global:</b> 000	<b>Issue:</b> Nasal/Sinus Endoscopy	<b>Screen:</b> Codes Reported Together 75% or More-Part3	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2017	<b>Tab:</b> 07 <b>Specialty Developing Recommendation:</b> AAOHNS	<b>First Identified:</b> April 2015	<b>2020 Medicare Utilization:</b> 6,522	<b>2022 Work RVU:</b> 9.00 <b>2022 NF PE RVU:</b> NA <b>2022 Fac PE RVU:</b> 4.42	
<b>RUC Recommendation:</b> 9.00		<b>Referred to CPT</b> September 2016 <b>Referred to CPT Asst</b> <input type="checkbox"/> <b>Published in CPT Asst:</b>		<b>Result:</b> Decrease	
<hr/>					
<b>31254</b>	Nasal/sinus endoscopy, surgical with ethmoidectomy; partial (anterior)	<b>Global:</b> 000	<b>Issue:</b> Nasal/Sinus Endoscopy	<b>Screen:</b> CMS Request - Final Rule for 2016	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2017	<b>Tab:</b> 07 <b>Specialty Developing Recommendation:</b> AAOHNS	<b>First Identified:</b> July 2015	<b>2020 Medicare Utilization:</b> 10,074	<b>2022 Work RVU:</b> 4.27 <b>2022 NF PE RVU:</b> 8.31 <b>2022 Fac PE RVU:</b> 2.27	
<b>RUC Recommendation:</b> 4.27		<b>Referred to CPT</b> September 2016 <b>Referred to CPT Asst</b> <input type="checkbox"/> <b>Published in CPT Asst:</b>		<b>Result:</b> Decrease	
<hr/>					
<b>31255</b>	Nasal/sinus endoscopy, surgical with ethmoidectomy; total (anterior and posterior)	<b>Global:</b> 000	<b>Issue:</b> Nasal/Sinus Endoscopy	<b>Screen:</b> Codes Reported Together 75% or More-Part3 / CMS Request - Final Rule for 2016	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2017	<b>Tab:</b> 07 <b>Specialty Developing Recommendation:</b> AAOHNS	<b>First Identified:</b> April 2015	<b>2020 Medicare Utilization:</b> 7,772	<b>2022 Work RVU:</b> 5.75 <b>2022 NF PE RVU:</b> NA <b>2022 Fac PE RVU:</b> 2.95	
<b>RUC Recommendation:</b> 5.75		<b>Referred to CPT</b> September 2016 <b>Referred to CPT Asst</b> <input type="checkbox"/> <b>Published in CPT Asst:</b>		<b>Result:</b> Decrease	

## Status Report: CMS Requests and Relativity Assessment Issues

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<b>31256</b>	<b>Nasal/sinus endoscopy, surgical, with maxillary antrostomy;</b>	<b>Global:</b> 000	<b>Issue:</b> Nasal/Sinus Endoscopy	<b>Screen:</b> CMS Request - Final Rule for 2016	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2017	<b>Tab:</b> 07 <b>Specialty Developing Recommendation:</b> AAOHNS	<b>First Identified:</b> July 2015	<b>2020 Medicare Utilization:</b> 10,991	<b>2022 Work RVU:</b> 3.11 <b>2022 NF PE RVU:</b> NA <b>2022 Fac PE RVU:</b> 1.74	
<b>RUC Recommendation:</b> 3.11		<b>Referred to CPT</b> September 2016 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b> Decrease	

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<b>31257</b>	<b>Nasal/sinus endoscopy, surgical with ethmoidectomy; total (anterior and posterior), including sphenoidotomy</b>	<b>Global:</b> 000	<b>Issue:</b> Nasal/Sinus Endoscopy	<b>Screen:</b> Codes Reported Together 75% or More-Part3	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2017	<b>Tab:</b> 07 <b>Specialty Developing Recommendation:</b> AAOHNS	<b>First Identified:</b> April 2015	<b>2020 Medicare Utilization:</b> 4,615	<b>2022 Work RVU:</b> 8.00 <b>2022 NF PE RVU:</b> NA <b>2022 Fac PE RVU:</b> 3.98	
<b>RUC Recommendation:</b> 8.00		<b>Referred to CPT</b> September 2016 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b> Decrease	

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<b>31259</b>	<b>Nasal/sinus endoscopy, surgical with ethmoidectomy; total (anterior and posterior), including sphenoidotomy, with removal of tissue from the sphenoid sinus</b>	<b>Global:</b> 000	<b>Issue:</b> Nasal/Sinus Endoscopy	<b>Screen:</b> Codes Reported Together 75% or More-Part3	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2017	<b>Tab:</b> 07 <b>Specialty Developing Recommendation:</b> AAOHNS	<b>First Identified:</b> April 2015	<b>2020 Medicare Utilization:</b> 6,410	<b>2022 Work RVU:</b> 8.48 <b>2022 NF PE RVU:</b> NA <b>2022 Fac PE RVU:</b> 4.18	
<b>RUC Recommendation:</b> 8.48		<b>Referred to CPT</b> September 2016 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b> Decrease	

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## Status Report: CMS Requests and Relativity Assessment Issues

**31267** Nasal/sinus endoscopy, surgical, with maxillary antrostomy; with removal of tissue from maxillary sinus      **Global:** 000      **Issue:** Nasal/Sinus Endoscopy      **Screen:** CMS Request - Final Rule for 2016      **Complete?** Yes

**Most Recent**      **Tab:** 07      **Specialty Developing**      AAOHNS  
**RUC Meeting:** January 2017      **Recommendation:**

**First**  
**Identified:** July 2015

**2020**  
**Medicare**  
**Utilization:** 21,660

**2022 Work RVU:** 4.68

**2022 NF PE RVU:** NA

**2022 Fac PE RVU:** 2.45

**RUC Recommendation:** 4.68

**Referred to CPT** September 2016

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

**Result:** Decrease

**31276** Nasal/sinus endoscopy, surgical, with frontal sinus exploration, including removal of tissue from frontal sinus, when performed

**Global:** 000      **Issue:** Nasal/Sinus Endoscopy

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

**Complete?** Yes

**Most Recent**      **Tab:** 07      **Specialty Developing**      AAOHNS  
**RUC Meeting:** January 2017      **Recommendation:**

**First**  
**Identified:** April 2015

**2020**  
**Medicare**  
**Utilization:** 11,927

**2022 Work RVU:** 6.75

**2022 NF PE RVU:** NA

**2022 Fac PE RVU:** 3.40

**RUC Recommendation:** 6.75

**Referred to CPT** September 2016

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

**Result:** Decrease

**31287** Nasal/sinus endoscopy, surgical, with sphenoidotomy;

**Global:** 000      **Issue:** Nasal/Sinus Endoscopy

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

**Complete?** Yes

**Most Recent**      **Tab:** 07      **Specialty Developing**      AAOHNS  
**RUC Meeting:** January 2017      **Recommendation:**

**First**  
**Identified:** April 2015

**2020**  
**Medicare**  
**Utilization:** 2,449

**2022 Work RVU:** 3.50

**2022 NF PE RVU:** NA

**2022 Fac PE RVU:** 1.92

**RUC Recommendation:** 3.50

**Referred to CPT** September 2016

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

**Result:** Decrease

# Status Report: CMS Requests and Relativity Assessment Issues

<b>31288</b>	<b>Nasal/sinus endoscopy, surgical, with sphenoidotomy; with removal of tissue from the sphenoid sinus</b>	<b>Global:</b> 000	<b>Issue:</b> Nasal/Sinus Endoscopy	<b>Screen:</b> Codes Reported Together 75% or More-Part3 / CMS Request - Final Rule for 2016	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2017	<b>Tab:</b> 07 <b>Specialty Developing Recommendation:</b> AAOHNS	<b>First Identified:</b> April 2015	<b>2020 Medicare Utilization:</b> 3,260	<b>2022 Work RVU:</b> 4.10 <b>2022 NF PE RVU:</b> NA <b>2022 Fac PE RVU:</b> 2.19	
<b>RUC Recommendation:</b> 4.10		<b>Referred to CPT</b> September 2016 <b>Referred to CPT Asst</b> <input type="checkbox"/> <b>Published in CPT Asst:</b>	<b>Result:</b> Decrease		
<hr/>					
<b>31295</b>	<b>Nasal/sinus endoscopy, surgical, with dilation (eg, balloon dilation); maxillary sinus ostium, transnasal or via canine fossa</b>	<b>Global:</b> 000	<b>Issue:</b> Nasal/Sinus Endoscopy	<b>Screen:</b> Codes Reported Together 75% or More-Part3 / CMS Request - Final Rule for 2016	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2017	<b>Tab:</b> 07 <b>Specialty Developing Recommendation:</b> AAOHNS	<b>First Identified:</b> April 2015	<b>2020 Medicare Utilization:</b> 21,542	<b>2022 Work RVU:</b> 2.70 <b>2022 NF PE RVU:</b> 48.76 <b>2022 Fac PE RVU:</b> 1.55	
<b>RUC Recommendation:</b> 2.70		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/> <b>Published in CPT Asst:</b>	<b>Result:</b> Maintain		
<hr/>					
<b>31296</b>	<b>Nasal/sinus endoscopy, surgical, with dilation (eg, balloon dilation); frontal sinus ostium</b>	<b>Global:</b> 000	<b>Issue:</b> Nasal/Sinus Endoscopy	<b>Screen:</b> Codes Reported Together 75% or More-Part3	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2017	<b>Tab:</b> 07 <b>Specialty Developing Recommendation:</b> AAOHNS	<b>First Identified:</b> April 2015	<b>2020 Medicare Utilization:</b> 5,960	<b>2022 Work RVU:</b> 3.10 <b>2022 NF PE RVU:</b> 49.06 <b>2022 Fac PE RVU:</b> 1.73	
<b>RUC Recommendation:</b> 3.10		<b>Referred to CPT</b> September 2016 <b>Referred to CPT Asst</b> <input type="checkbox"/> <b>Published in CPT Asst:</b>	<b>Result:</b> Decrease		
<hr/>					



## Status Report: CMS Requests and Relativity Assessment Issues

**31297** Nasal/sinus endoscopy, surgical, with dilation (eg, balloon dilation); sphenoid sinus ostium **Global:** 000 **Issue:** Nasal/Sinus Endoscopy **Screen:** Codes Reported Together 75% or More-Part3 **Complete?** Yes

**Most Recent RUC Meeting:** January 2017

**Tab:** 07 **Specialty Developing Recommendation:** AAOHNS

**First Identified:** April 2015

**2020 Medicare Utilization:** 1,530

**2022 Work RVU:** 2.44  
**2022 NF PE RVU:** 48.64  
**2022 Fac PE RVU:** 1.43

**RUC Recommendation:** 2.44

**Referred to CPT** September 2016

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

**Result:** Decrease

**31298** Nasal/sinus endoscopy, surgical, with dilation (eg, balloon dilation); frontal and sphenoid sinus ostia **Global:** 000 **Issue:** Nasal/Sinus Endoscopy **Screen:** Codes Reported Together 75% or More-Part3 / PE Units Screen **Complete?** Yes

**Most Recent RUC Meeting:** October 2020

**Tab:** 24 **Specialty Developing Recommendation:** AAOHNS

**First Identified:** April 2015

**2020 Medicare Utilization:** 15,631

**2022 Work RVU:** 4.50  
**2022 NF PE RVU:** 92.54  
**2022 Fac PE RVU:** 2.37

**RUC Recommendation:** 4.50

**Referred to CPT** September 2016

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

**Result:** Decrease

**31500** Intubation, endotracheal, emergency procedure **Global:** 000 **Issue:** Endotracheal Intubation **Screen:** CMS High Expenditure Procedural Codes2 / Modifier -51 Exempt **Complete?** Yes

**Most Recent RUC Meeting:** October 2018

**Tab:** 27 **Specialty Developing Recommendation:** ACEP, ASA

**First Identified:** July 2015

**2020 Medicare Utilization:** 298,685

**2022 Work RVU:** 3.00  
**2022 NF PE RVU:** NA  
**2022 Fac PE RVU:** 0.73

**RUC Recommendation:** 3.00

**Referred to CPT**

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

**Result:** Increase

# Status Report: CMS Requests and Relativity Assessment Issues

**31551** Laryngoplasty; for laryngeal stenosis, with graft, without indwelling stent placement, younger than 12 years of age **Global:** 090 **Issue:** Laryngoplasty **Screen:** 090-Day Global Post-Operative Visits **Complete?** Yes

**Most Recent** **Tab:** 09 **Specialty Developing** AAOHNS  
**RUC Meeting:** January 2016 **Recommendation:**

**First**  
**Identified:** October 2015

**2020**  
**Medicare**  
**Utilization:**

**2022 Work RVU:** 21.50

**2022 NF PE RVU:** NA

**2022 Fac PE RVU:** 21.37

**RUC Recommendation:** 21.50

**Referred to CPT** October 2015

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

**Result:** Decrease

**31552** Laryngoplasty; for laryngeal stenosis, with graft, without indwelling stent placement, age 12 years or older **Global:** 090 **Issue:** Laryngoplasty **Screen:** 090-Day Global Post-Operative Visits **Complete?** Yes

**Most Recent** **Tab:** 09 **Specialty Developing** AAOHNS  
**RUC Meeting:** January 2016 **Recommendation:**

**First**  
**Identified:** October 2015

**2020**  
**Medicare**  
**Utilization:** 12

**2022 Work RVU:** 20.50

**2022 NF PE RVU:** NA

**2022 Fac PE RVU:** 20.94

**RUC Recommendation:** 20.50

**Referred to CPT** October 2015

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

**Result:** Decrease

**31553** Laryngoplasty; for laryngeal stenosis, with graft, with indwelling stent placement, younger than 12 years of age **Global:** 090 **Issue:** Laryngoplasty **Screen:** 090-Day Global Post-Operative Visits **Complete?** Yes

**Most Recent** **Tab:** 09 **Specialty Developing** AAOHNS  
**RUC Meeting:** January 2016 **Recommendation:**

**First**  
**Identified:** October 2015

**2020**  
**Medicare**  
**Utilization:** 1

**2022 Work RVU:** 22.00

**2022 NF PE RVU:** NA

**2022 Fac PE RVU:** 25.13

**RUC Recommendation:** 22.00

**Referred to CPT** October 2015

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

**Result:** Decrease

**31554** Laryngoplasty; for laryngeal stenosis, with graft, with indwelling stent placement, age 12 years or older **Global:** 090 **Issue:** Laryngoplasty **Screen:** 090-Day Global Post-Operative Visits **Complete?** Yes

**Most Recent** **Tab:** 09 **Specialty Developing** AAOHNS  
**RUC Meeting:** January 2016 **Recommendation:**

**First**  
**Identified:** October 2015

**2020**  
**Medicare**  
**Utilization:** 17

**2022 Work RVU:** 22.00

**2022 NF PE RVU:** NA

**2022 Fac PE RVU:** 25.16

**RUC Recommendation:** 22.00

**Referred to CPT** October 2015

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

**Result:** Decrease

## Status Report: CMS Requests and Relativity Assessment Issues

**31571** Laryngoscopy, direct, with injection into vocal cord(s), therapeutic; with operating microscope or telescope

**Global:** 000

**Issue:** Laryngoscopy

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

**Complete?** Yes

**Most Recent RUC Meeting:** September 2007

**Tab:** 16

**Specialty Developing Recommendation:** AAO-HNS

**First Identified:** September 2007

**2020 Medicare Utilization:** 4,609

**2022 Work RVU:** 4.26

**2022 NF PE RVU:** NA

**2022 Fac PE RVU:** 2.42

**RUC Recommendation:** Reduce 99238 to 0.5

**Referred to CPT**

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

**Result:** PE Only

**31575** Laryngoscopy, flexible; diagnostic

**Global:** 000

**Issue:**

**Screen:** MPC List / CMS High Expenditure Procedural Codes2

**Complete?** Yes

**Most Recent RUC Meeting:** October 2015

**Tab:** 08

**Specialty Developing Recommendation:** AAO-HNS

**First Identified:** October 2010

**2020 Medicare Utilization:** 478,910

**2022 Work RVU:** 0.94

**2022 NF PE RVU:** 2.79

**2022 Fac PE RVU:** 0.91

**RUC Recommendation:** 1.00

**Referred to CPT**

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

**Result:** Decrease

**31579** Laryngoscopy, flexible or rigid telescopic, with stroboscopy

**Global:** 000

**Issue:** Laryngoscopy

**Screen:** CMS Fastest Growing / CMS High Expenditure Procedural Codes2

**Complete?** Yes

**Most Recent RUC Meeting:** October 2015

**Tab:** 08

**Specialty Developing Recommendation:** AAO-HNS

**First Identified:** October 2008

**2020 Medicare Utilization:** 63,562

**2022 Work RVU:** 1.88

**2022 NF PE RVU:** 3.78

**2022 Fac PE RVU:** 1.36

**RUC Recommendation:** 1.94

**Referred to CPT**

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

**Result:** Decrease

# Status Report: CMS Requests and Relativity Assessment Issues

**31580** Laryngoplasty; for laryngeal web, with indwelling keel or stent insertion

**Global:** 090

**Issue:** Laryngoplasty

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

**Complete?** Yes

**Most Recent RUC Meeting:** January 2016

**Tab:** 09

**Specialty Developing Recommendation:** AAO-HNS

**First Identified:** April 2014

**2020 Medicare Utilization:** 20

**2022 Work RVU:** 14.60

**2022 NF PE RVU:** NA

**2022 Fac PE RVU:** 21.79

**RUC Recommendation:** 14.60

**Referred to CPT** October 2015

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

**Result:** Decrease

**31582** Laryngoplasty; for laryngeal stenosis, with graft or core mold, including tracheotomy

**Global:**

**Issue:** Laryngoplasty

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

**Complete?** Yes

**Most Recent RUC Meeting:** January 2015

**Tab:** 09

**Specialty Developing Recommendation:** AAO-HNS

**First Identified:** April 2014

**2020 Medicare Utilization:**

**2022 Work RVU:**

**2022 NF PE RVU:**

**2022 Fac PE RVU:**

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** October 2015

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

**Result:** Deleted from CPT

**31584** Laryngoplasty; with open reduction and fixation of (eg, plating) fracture, includes tracheostomy, if performed

**Global:** 090

**Issue:** Laryngoplasty

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

**Complete?** Yes

**Most Recent RUC Meeting:** January 2016

**Tab:** 09

**Specialty Developing Recommendation:** AAO-HNS

**First Identified:** April 2014

**2020 Medicare Utilization:** 18

**2022 Work RVU:** 17.58

**2022 NF PE RVU:** NA

**2022 Fac PE RVU:** 22.27

**RUC Recommendation:** 20.00

**Referred to CPT** October 2015

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

**Result:** Decrease

**31587** Laryngoplasty, cricoid split, without graft placement

**Global:** 090

**Issue:** Laryngoplasty

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

**Complete?** Yes

**Most Recent RUC Meeting:** January 2016

**Tab:** 09

**Specialty Developing Recommendation:** AAO-HNS

**First Identified:** April 2014

**2020 Medicare Utilization:** 9

**2022 Work RVU:** 15.27

**2022 NF PE RVU:** NA

**2022 Fac PE RVU:** 18.56

**RUC Recommendation:** 15.27

**Referred to CPT** October 2015

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

**Result:** Decrease

# Status Report: CMS Requests and Relativity Assessment Issues

**31588** Laryngoplasty, not otherwise specified (eg, for burns, reconstruction after partial laryngectomy) **Global:** **Issue:** Laryngoplasty **Screen:** 090-Day Global Post-Operative Visits **Complete?** Yes

**Most Recent** **Tab:** 09 **Specialty Developing** AAO-HNS  
**RUC Meeting:** January 2016 **Recommendation:**

**First** **2020**  
**Identified:** January 2014 **Medicare**  
**Utilization:**

**2022 Work RVU:**  
**2022 NF PE RVU:**  
**2022 Fac PE RVU:**

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** October 2015  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Deleted from CPT

**31591** Laryngoplasty, medialization, unilateral

**Global:** 090 **Issue:** Laryngoplasty

**Screen:** 090-Day Global Post-Operative Visits **Complete?** Yes

**Most Recent** **Tab:** 09 **Specialty Developing** AAOHNS  
**RUC Meeting:** January 2016 **Recommendation:**

**First** **2020**  
**Identified:** October 2015 **Medicare**  
**Utilization:** 857

**2022 Work RVU:** 13.56  
**2022 NF PE RVU:** NA  
**2022 Fac PE RVU:** 17.33

**RUC Recommendation:** 15.60

**Referred to CPT** October 2015  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Decrease

**31592** Cricotracheal resection

**Global:** 090 **Issue:** Laryngoplasty

**Screen:** 090-Day Global Post-Operative Visits **Complete?** Yes

**Most Recent** **Tab:** 09 **Specialty Developing** AAOHNS  
**RUC Meeting:** January 2016 **Recommendation:**

**First** **2020**  
**Identified:** October 2015 **Medicare**  
**Utilization:** 24

**2022 Work RVU:** 25.00  
**2022 NF PE RVU:** NA  
**2022 Fac PE RVU:** 22.99

**RUC Recommendation:** 25.00

**Referred to CPT** October 2015  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Decrease

**31600** Tracheostomy, planned (separate procedure);

**Global:** 000 **Issue:** Tracheostomy

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

**Most Recent** **Tab:** 21 **Specialty Developing** AAOHNS  
**RUC Meeting:** April 2016 **Recommendation:**

**First** **2020**  
**Identified:** July 2015 **Medicare**  
**Utilization:** 24,837

**2022 Work RVU:** 5.56  
**2022 NF PE RVU:** NA  
**2022 Fac PE RVU:** 2.41

**RUC Recommendation:** 5.56

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

**Result:** Increase

# Status Report: CMS Requests and Relativity Assessment Issues

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

Global: 000

Issue: Tracheostomy

Screen: CMS High Expenditure  
Procedural Codes2

Complete? Yes

Most Recent  
RUC Meeting: April 2016

Tab: 21

Specialty Developing  
Recommendation: AAOHNS

First  
Identified: July 2015

2020  
Medicare  
Utilization: 5

2022 Work RVU: 8.00

2022 NF PE RVU: NA

2022 Fac PE RVU: 4.08

RUC Recommendation: 8.00

Referred to CPT

Referred to CPT Asst

☐

Published in CPT Asst:

Result: Increase

**31603** Tracheostomy, emergency procedure; transtracheal

Global: 000

Issue: Tracheostomy

Screen: CMS High Expenditure  
Procedural Codes2

Complete? Yes

Most Recent  
RUC Meeting: April 2016

Tab: 21

Specialty Developing  
Recommendation: AAOHNS

First  
Identified: July 2015

2020  
Medicare  
Utilization: 740

2022 Work RVU: 6.00

2022 NF PE RVU: NA

2022 Fac PE RVU: 2.37

RUC Recommendation: 6.00

Referred to CPT

Referred to CPT Asst

☐

Published in CPT Asst:

Result: Increase

**31605** Tracheostomy, emergency procedure; cricothyroid membrane

Global: 000

Issue: Tracheostomy

Screen: CMS High Expenditure  
Procedural Codes2

Complete? Yes

Most Recent  
RUC Meeting: April 2016

Tab: 21

Specialty Developing  
Recommendation: AAOHNS

First  
Identified: July 2015

2020  
Medicare  
Utilization: 254

2022 Work RVU: 6.45

2022 NF PE RVU: NA

2022 Fac PE RVU: 2.07

RUC Recommendation: 6.45

Referred to CPT

Referred to CPT Asst

☐

Published in CPT Asst:

Result: Increase

**31610** Tracheostomy, fenestration procedure with skin flaps

Global: 090

Issue: Tracheostomy

Screen: CMS High Expenditure  
Procedural Codes2

Complete? Yes

Most Recent  
RUC Meeting: October 2016

Tab: 15

Specialty Developing  
Recommendation: AAOHNS, ACS

First  
Identified: July 2015

2020  
Medicare  
Utilization: 1,570

2022 Work RVU: 12.00

2022 NF PE RVU: NA

2022 Fac PE RVU: 14.85

RUC Recommendation: 12.00

Referred to CPT

Referred to CPT Asst

☐

Published in CPT Asst:

Result: Increase

# Status Report: CMS Requests and Relativity Assessment Issues

**31611** Construction of tracheoesophageal fistula and subsequent insertion of an alaryngeal speech prosthesis (eg, voice button, blom-singer prosthesis) **Global:** 090 **Issue:** Speech Prosthesis **Screen:** Site of Service Anomaly **Complete?** Yes

**Most Recent RUC Meeting:** February 2008

**Tab:** S **Specialty Developing Recommendation:** AAO-HNS

**First Identified:** September 2007

**2020 Medicare Utilization:** 729

**2022 Work RVU:** 6.00

**2022 NF PE RVU:** NA

**2022 Fac PE RVU:** 9.16

**RUC Recommendation:** Reduce 99238 to 0.5

**Referred to CPT**

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

**Result:** PE Only

**31620** Endobronchial ultrasound (EBUS) during bronchoscopic diagnostic or therapeutic intervention(s) (List separately in addition to code for primary procedure[s]) **Global:** **Issue:** Endobronchial Ultrasound - EBUS **Screen:** High Volume Growth2 **Complete?** Yes

**Most Recent RUC Meeting:** January 2015

**Tab:** 05 **Specialty Developing Recommendation:** ACCP, ATS

**First Identified:** April 2013

**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** ☐ **Published in CPT Asst:**

**Result:** Deleted from CPT

**31622** Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; diagnostic, with cell washing, when performed (separate procedure) **Global:** 000 **Issue:** Bronchial Aspiration of Tracheobronchial Tree **Screen:** High Volume Growth2 **Complete?** Yes

**Most Recent RUC Meeting:** January 2015

**Tab:** 05 **Specialty Developing Recommendation:** ACCP, ATS

**First Identified:** April 2013

**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** ☐ **Published in CPT Asst:**

**Result:** Maintain

**31623** Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with brushing or protected brushings **Global:** 000 **Issue:** Diagnostic Bronchoscopy **Screen:** High Volume Growth4 **Complete?** Yes

**Most Recent RUC Meeting:** October 2017

**Tab:** 09 **Specialty Developing Recommendation:** ATS, CHEST

**First Identified:** October 2016

**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** ☐ **Published in CPT Asst:**

**Result:** Maintain

# Status Report: CMS Requests and Relativity Assessment Issues

<b>31624</b>	<b>Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with bronchial alveolar lavage</b>	<b>Global:</b> 000	<b>Issue:</b> Diagnostic Bronchoscopy	<b>Screen:</b> High Volume Growth4	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2017	<b>Tab:</b> 09 <b>Specialty Developing Recommendation:</b> ATS, CHEST	<b>First Identified:</b> October 2017	<b>2020 Medicare Utilization:</b> 91,904	<b>2022 Work RVU:</b> 2.63 <b>2022 NF PE RVU:</b> 4.82 <b>2022 Fac PE RVU:</b> 1.05	
<b>RUC Recommendation:</b> 2.63		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b> Maintain	
<hr/>					
<b>31625</b>	<b>Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with bronchial or endobronchial biopsy(s), single or multiple sites</b>	<b>Global:</b> 000	<b>Issue:</b> Endobronchial Ultrasound - EBUS	<b>Screen:</b> High Volume Growth2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2015	<b>Tab:</b> 05 <b>Specialty Developing Recommendation:</b> ATS, CHEST	<b>First Identified:</b> April 2013	<b>2020 Medicare Utilization:</b> 14,651	<b>2022 Work RVU:</b> 3.11 <b>2022 NF PE RVU:</b> 7.26 <b>2022 Fac PE RVU:</b> 1.18	
<b>RUC Recommendation:</b> 3.36		<b>Referred to CPT</b> October 2014 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b> Maintain	
<hr/>					
<b>31626</b>	<b>Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with placement of fiducial markers, single or multiple</b>	<b>Global:</b> 000	<b>Issue:</b> Endobronchial Ultrasound - EBUS	<b>Screen:</b> High Volume Growth2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2015	<b>Tab:</b> 05 <b>Specialty Developing Recommendation:</b> ACCP, ATS	<b>First Identified:</b> April 2013	<b>2020 Medicare Utilization:</b> 1,820	<b>2022 Work RVU:</b> 3.91 <b>2022 NF PE RVU:</b> 20.18 <b>2022 Fac PE RVU:</b> 1.41	
<b>RUC Recommendation:</b> 4.16		<b>Referred to CPT</b> October 2014 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b> Maintain	
<hr/>					
<b>31628</b>	<b>Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with transbronchial lung biopsy(s), single lobe</b>	<b>Global:</b> 000	<b>Issue:</b> Endobronchial Ultrasound - EBUS	<b>Screen:</b> High Volume Growth2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2015	<b>Tab:</b> 05 <b>Specialty Developing Recommendation:</b> ACCP, ATS	<b>First Identified:</b> April 2013	<b>2020 Medicare Utilization:</b> 26,147	<b>2022 Work RVU:</b> 3.55 <b>2022 NF PE RVU:</b> 7.48 <b>2022 Fac PE RVU:</b> 1.30	
<b>RUC Recommendation:</b> 3.80		<b>Referred to CPT</b> October 2014 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b> Maintain	



## Status Report: CMS Requests and Relativity Assessment Issues

**31629** Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with transbronchial needle aspiration biopsy(s), trachea, main stem and/or lobar bronchus(i) **Global:** 000 **Issue:** Endobronchial Ultrasound - EBUS **Screen:** High Volume Growth2 **Complete?** Yes

**Most Recent RUC Meeting:** January 2015 **Tab:** 05 **Specialty Developing Recommendation:** ACCP, ATS **First Identified:** April 2013 **2020 Medicare Utilization:** 12,212 **2022 Work RVU:** 3.75 **2022 NF PE RVU:** 9.80 **2022 Fac PE RVU:** 1.36 **RUC Recommendation:** 4.00 **Referred to CPT** October 2014 **Result:** Decrease **Referred to CPT Asst** ☐ **Published in CPT Asst:**

**31632** Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with transbronchial lung biopsy(s), each additional lobe (list separately in addition to code for primary procedure) **Global:** ZZZ **Issue:** Endobronchial Ultrasound - EBUS **Screen:** High Volume Growth2 **Complete?** Yes

**Most Recent RUC Meeting:** January 2015 **Tab:** 05 **Specialty Developing Recommendation:** ACCP, ATS **First Identified:** April 2013 **2020 Medicare Utilization:** 3,345 **2022 Work RVU:** 1.03 **2022 NF PE RVU:** 0.80 **2022 Fac PE RVU:** 0.32 **RUC Recommendation:** 1.03 **Referred to CPT** **Result:** Maintain **Referred to CPT Asst** ☐ **Published in CPT Asst:**

**31633** Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with transbronchial needle aspiration biopsy(s), each additional lobe (list separately in addition to code for primary procedure) **Global:** ZZZ **Issue:** Endobronchial Ultrasound - EBUS **Screen:** High Volume Growth2 **Complete?** Yes

**Most Recent RUC Meeting:** January 2015 **Tab:** 05 **Specialty Developing Recommendation:** ACCP, ATS **First Identified:** April 2013 **2020 Medicare Utilization:** 965 **2022 Work RVU:** 1.32 **2022 NF PE RVU:** 0.95 **2022 Fac PE RVU:** 0.41 **RUC Recommendation:** 1.32 **Referred to CPT** **Result:** Maintain **Referred to CPT Asst** ☐ **Published in CPT Asst:**

# Status Report: CMS Requests and Relativity Assessment Issues

**31645** Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with therapeutic aspiration of tracheobronchial tree, initial **Global:** 000 **Issue:** Bronchial Aspiration of Tracheobronchial Tree **Screen:** Harvard Valued - Utilization over 30,000-Part2 **Complete?** Yes

**Most Recent RUC Meeting:** October 2016

**Tab:** 08 **Specialty Developing Recommendation:** ATS, CHEST

**First Identified:** October 2015

**2020 Medicare Utilization:** 30,487

**2022 Work RVU:** 2.88

**2022 NF PE RVU:** 5.07

**2022 Fac PE RVU:** 1.15

**RUC Recommendation:** 2.88

**Referred to CPT** May 2016

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

**Result:** Decrease

**31646** Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with therapeutic aspiration of tracheobronchial tree, subsequent, same hospital stay **Global:** 000 **Issue:** Bronchial Aspiration of Tracheobronchial Tree **Screen:** Harvard Valued - Utilization over 30,000-Part2 **Complete?** Yes

**Most Recent RUC Meeting:** October 2016

**Tab:** 08 **Specialty Developing Recommendation:** ATS, CHEST

**First Identified:** October 2015

**2020 Medicare Utilization:** 3,746

**2022 Work RVU:** 2.78

**2022 NF PE RVU:** NA

**2022 Fac PE RVU:** 1.11

**RUC Recommendation:** 2.78

**Referred to CPT** May 2016

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

**Result:** Increase

**31652** Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with endobronchial ultrasound (ebus) guided transtracheal and/or transbronchial sampling (eg, aspiration[s]/biopsy[ies]), one or two mediastinal and/or hilar lymph node stations or structures **Global:** 000 **Issue:** Endobronchial Ultrasound - EBUS **Screen:** High Volume Growth2 **Complete?** Yes

**Most Recent RUC Meeting:** January 2015

**Tab:** 05 **Specialty Developing Recommendation:** ATS, ACCP

**First Identified:** October 2014

**2020 Medicare Utilization:** 21,872

**2022 Work RVU:** 4.46

**2022 NF PE RVU:** 34.63

**2022 Fac PE RVU:** 1.59

**RUC Recommendation:** 5.00

**Referred to CPT** October 2014

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

**Result:** Decrease

## Status Report: CMS Requests and Relativity Assessment Issues

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

## Status Report: CMS Requests and Relativity Assessment Issues

<b>32405</b>	Biopsy, lung or mediastinum, percutaneous needle	<b>Global:</b>	<b>Issue:</b> Lung Biopsy-CT Guidance Bundle	<b>Screen:</b> Codes Reported Together 75%or More-Part4	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2019	<b>Tab:</b> 05 <b>Specialty Developing Recommendation:</b> ACR, SIR	<b>First Identified:</b> October 2017	<b>2020 Medicare Utilization:</b> 58,546	<b>2022 Work RVU:</b> <b>2022 NF PE RVU:</b> <b>2022 Fac PE RVU:</b>	
<b>RUC Recommendation:</b> Deleted from CPT		<b>Referred to CPT</b> February 2019 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b> Deleted from CPT	
<hr/>					
<b>32408</b>	Core needle biopsy, lung or mediastinum, percutaneous, including imaging guidance, when performed	<b>Global:</b> 000	<b>Issue:</b> Lung Biopsy-CT Guidance Bundle	<b>Screen:</b> Codes Reported Together 75%or More-Part4	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2019	<b>Tab:</b> 05 <b>Specialty Developing Recommendation:</b> ACR, SIR	<b>First Identified:</b> April 2019	<b>2020 Medicare Utilization:</b>	<b>2022 Work RVU:</b> 3.18 <b>2022 NF PE RVU:</b> 23.07 <b>2022 Fac PE RVU:</b> 1.00	
<b>RUC Recommendation:</b> 4.00		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b> Increase	
<hr/>					
<b>32420</b>	Pneumocentesis, puncture of lung for aspiration	<b>Global:</b>	<b>Issue:</b> Thoracentesis with Tube Insertion	<b>Screen:</b> Harvard Valued - Utilization over 30,000	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> September 2011	<b>Tab:</b> 17 <b>Specialty Developing Recommendation:</b> ACCP, ACR, ATS, SIR, SCCM, STS	<b>First Identified:</b> September 2011	<b>2020 Medicare Utilization:</b>	<b>2022 Work RVU:</b> <b>2022 NF PE RVU:</b> <b>2022 Fac PE RVU:</b>	
<b>RUC Recommendation:</b> Deleted from CPT		<b>Referred to CPT</b> February 2012 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b> Deleted from CPT	

## Status Report: CMS Requests and Relativity Assessment Issues

**32421** Thoracentesis, puncture of pleural cavity for aspiration, initial or subsequent      **Global:**      **Issue:** Thoracentesis with Tube Insertion      **Screen:** Harvard Valued - Utilization over 30,000      **Complete?** Yes

**Most Recent RUC Meeting:** September 2011

**Tab:** 17

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

**First Identified:** September 2011

**2020 Medicare Utilization:**

**2022 Work RVU:**

**2022 NF PE RVU:**

**2022 Fac PE RVU:**

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** February 2012

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

**Result:** Deleted from CPT

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

**Global:**

**Issue:** Thoracentesis with Tube Insertion

**Screen:** Harvard Valued - Utilization over 30,000

**Complete?** Yes

**Most Recent RUC Meeting:** September 2011

**Tab:** 17

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

**First Identified:** April 2011

**2020 Medicare Utilization:**

**2022 Work RVU:**

**2022 NF PE RVU:**

**2022 Fac PE RVU:**

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** February 2012

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

**Result:** Deleted from CPT

**32440** Removal of lung, pneumonectomy;

**Global:** 090

**Issue:** RAW Review

**Screen:** CMS Request to Re-Review Families of Recently Reviewed CPT Codes / CMS Request - Final Rule for 2013

**Complete?** Yes

**Most Recent RUC Meeting:** January 2013

**Tab:** 34

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

**First Identified:** November 2011

**2020 Medicare Utilization:** 217

**2022 Work RVU:** 27.28

**2022 NF PE RVU:** NA

**2022 Fac PE RVU:** 12.44

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

**Referred to CPT**

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

**Result:** Remove from Screen

# Status Report: CMS Requests and Relativity Assessment Issues

<b>32480</b>	<b>Removal of lung, other than pneumonectomy; single lobe (lobectomy)</b>	<b>Global:</b> 090	<b>Issue:</b> RAW Review	<b>Screen:</b> CMS Request to Re-Review Families of Recently Reviewed CPT Codes / CMS Request - Final Rule for 2013	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2013	<b>Tab:</b> 34	<b>Specialty Developing Recommendation:</b> ACCP, ATS, ACR, ACS, SIR, SCCM, STS	<b>First Identified:</b> November 2011	<b>2020 Medicare Utilization:</b> 3,477	<b>2022 Work RVU:</b> 25.82 <b>2022 NF PE RVU:</b> NA <b>2022 Fac PE RVU:</b> 11.61
<b>RUC Recommendation:</b> No reliable way to determine incremental difference between open thoracotomy to thoracoscopic procedures.		<b>Referred to CPT</b>		<b>Result:</b> Remove from Screen	
		<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
<b>32482</b>	<b>Removal of lung, other than pneumonectomy; 2 lobes (bilobectomy)</b>	<b>Global:</b> 090	<b>Issue:</b> RAW Review	<b>Screen:</b> CMS Request to Re-Review Families of Recently Reviewed CPT Codes / CMS Request - Final Rule for 2013	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2013	<b>Tab:</b> 34	<b>Specialty Developing Recommendation:</b> ACCP, ATS, ACR, ACS, SIR, SCCM, STS	<b>First Identified:</b> November 2011	<b>2020 Medicare Utilization:</b> 243	<b>2022 Work RVU:</b> 27.44 <b>2022 NF PE RVU:</b> NA <b>2022 Fac PE RVU:</b> 12.65
<b>RUC Recommendation:</b> No reliable way to determine incremental difference between open thoracotomy to thoracoscopic procedures.		<b>Referred to CPT</b>		<b>Result:</b> Remove from Screen	
		<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
<b>32491</b>	<b>Removal of lung, other than pneumonectomy; with resection-plication of emphysematous lung(s) (bullous or non-bullous) for lung volume reduction, sternal split or transthoracic approach, includes any pleural procedure, when performed</b>	<b>Global:</b> 090	<b>Issue:</b> RAW Review	<b>Screen:</b> CMS Request to Re-Review Families of Recently Reviewed CPT Codes	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2012	<b>Tab:</b> 30	<b>Specialty Developing Recommendation:</b> ACCP, ATS, ACR, ACS, SIR, SCCM, STS	<b>First Identified:</b> November 2011	<b>2020 Medicare Utilization:</b> 15	<b>2022 Work RVU:</b> 25.24 <b>2022 NF PE RVU:</b> NA <b>2022 Fac PE RVU:</b> 12.07
<b>RUC Recommendation:</b> Request further information from CMS		<b>Referred to CPT</b>		<b>Result:</b> Remove from Screen	
		<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		

# Status Report: CMS Requests and Relativity Assessment Issues

<b>32551</b>	Tube thoracostomy, includes connection to drainage system (eg, water seal), when performed, open (separate procedure)	<b>Global:</b> 000	<b>Issue:</b> Chest Tube Thoracostomy	<b>Screen:</b> Harvard Valued - Utilization over 30,000	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2012	<b>Tab:</b> 10	<b>Specialty Developing Recommendation:</b> ACCP, ATS, ACR, ACS, SIR, SCCM, STS	<b>First Identified:</b> April 2011	<b>2020 Medicare Utilization:</b> 34,718	<b>2022 Work RVU:</b> 3.04 <b>2022 NF PE RVU:</b> NA <b>2022 Fac PE RVU:</b> 1.02
<b>RUC Recommendation:</b> 3.50			<b>Referred to CPT</b> February 2012 <b>Referred to CPT Asst</b> <input type="checkbox"/> <b>Published in CPT Asst:</b>	<b>Result:</b> Increase	
<hr/>					
<b>32554</b>	Thoracentesis, needle or catheter, aspiration of the pleural space; without imaging guidance	<b>Global:</b> 000	<b>Issue:</b> Chest Tube Interventions	<b>Screen:</b> Harvard Valued - Utilization over 30,000	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2012	<b>Tab:</b> 04	<b>Specialty Developing Recommendation:</b> ACCP, ACR, ATS, SIR	<b>First Identified:</b> October 2012	<b>2020 Medicare Utilization:</b> 11,100	<b>2022 Work RVU:</b> 1.82 <b>2022 NF PE RVU:</b> 5.19 <b>2022 Fac PE RVU:</b> 0.60
<b>RUC Recommendation:</b> 1.82			<b>Referred to CPT</b> February 2012 <b>Referred to CPT Asst</b> <input type="checkbox"/> <b>Published in CPT Asst:</b>	<b>Result:</b> Decrease	
<hr/>					
<b>32555</b>	Thoracentesis, needle or catheter, aspiration of the pleural space; with imaging guidance	<b>Global:</b> 000	<b>Issue:</b> Chest Tube Interventions	<b>Screen:</b> Harvard Valued - Utilization over 30,000	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2012	<b>Tab:</b> 04	<b>Specialty Developing Recommendation:</b> ACCP, ACR, ATS, SIR	<b>First Identified:</b> October 2012	<b>2020 Medicare Utilization:</b> 203,967	<b>2022 Work RVU:</b> 2.27 <b>2022 NF PE RVU:</b> 7.19 <b>2022 Fac PE RVU:</b> 0.74
<b>RUC Recommendation:</b> 2.27			<b>Referred to CPT</b> February 2012 <b>Referred to CPT Asst</b> <input type="checkbox"/> <b>Published in CPT Asst:</b>	<b>Result:</b> Decrease	
<hr/>					
<b>32556</b>	Pleural drainage, percutaneous, with insertion of indwelling catheter; without imaging guidance	<b>Global:</b> 000	<b>Issue:</b> Chest Tube Interventions	<b>Screen:</b> Harvard Valued - Utilization over 30,000	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2012	<b>Tab:</b> 04	<b>Specialty Developing Recommendation:</b> ACCP, ACR, ATS, SIR	<b>First Identified:</b> October 2012	<b>2020 Medicare Utilization:</b> 4,846	<b>2022 Work RVU:</b> 2.50 <b>2022 NF PE RVU:</b> 20.19 <b>2022 Fac PE RVU:</b> 0.81
<b>RUC Recommendation:</b> 2.50			<b>Referred to CPT</b> February 2012 <b>Referred to CPT Asst</b> <input type="checkbox"/> <b>Published in CPT Asst:</b>	<b>Result:</b> Decrease	
<hr/>					

# Status Report: CMS Requests and Relativity Assessment Issues

**32557** Pleural drainage, percutaneous, with insertion of indwelling catheter; with imaging guidance **Global:** 000 **Issue:** Chest Tube Interventions **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

**Most Recent RUC Meeting:** October 2012

**Tab:** 04

**Specialty Developing Recommendation:** ACCP, ACR, ATS, SIR

**First Identified:** October 2012

**2020 Medicare Utilization:** 35,023

**2022 Work RVU:** 3.12

**2022 NF PE RVU:** 17.11

**2022 Fac PE RVU:** 0.97

**RUC Recommendation:** 3.62

**Referred to CPT** February 2012

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

**Result:** Decrease

**32663** Thoracoscopy, surgical; with lobectomy (single lobe)

**Global:** 090

**Issue:** RAW review

**Screen:** CMS Fastest Growing

**Complete?** Yes

**Most Recent RUC Meeting:** January 2013

**Tab:** 34

**Specialty Developing Recommendation:** STS

**First Identified:** October 2008

**2020 Medicare Utilization:** 8,115

**2022 Work RVU:** 24.64

**2022 NF PE RVU:** NA

**2022 Fac PE RVU:** 10.60

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

**Referred to CPT**

**Result:** Remove from Screen

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

**33010** Pericardiocentesis; initial

**Global:**

**Issue:** Pericardiocentesis and Pericardial Drainage

**Screen:** Negative IWPUT

**Complete?** Yes

**Most Recent RUC Meeting:** January 2019

**Tab:** 04

**Specialty Developing Recommendation:**

**First Identified:** September 2018

**2020 Medicare Utilization:**

**2022 Work RVU:**

**2022 NF PE RVU:**

**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:**

**33011** Pericardiocentesis; subsequent

**Global:**

**Issue:** Pericardiocentesis and Pericardial Drainage

**Screen:** Negative IWPUT

**Complete?** Yes

**Most Recent RUC Meeting:** January 2019

**Tab:** 04

**Specialty Developing Recommendation:**

**First Identified:** September 2018

**2020 Medicare Utilization:**

**2022 Work RVU:**

**2022 NF PE RVU:**

**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:**



## Status Report: CMS Requests and Relativity Assessment Issues

### 33015 Tube pericardiostomy

Global:

Issue: Pericardiocentesis and Pericardial Drainage

Screen: Negative IWPUT

Complete? Yes

Most Recent  
RUC Meeting: January 2019

Tab: 04  
Specialty Developing  
Recommendation: ACC

First  
Identified: April 2017

2020  
Medicare  
Utilization:

2022 Work RVU:

2022 NF PE RVU:

2022 Fac PE RVU:

RUC Recommendation: Deleted from CPT

Referred to CPT September 2018

Referred to CPT Asst ☐ Published in CPT Asst:

Result: Deleted from CPT

### 33016 Pericardiocentesis, including imaging guidance, when performed

Global: 000

Issue: Pericardiocentesis and Pericardial Drainage

Screen: Negative IWPUT

Complete? Yes

Most Recent  
RUC Meeting: January 2019

Tab: 04  
Specialty Developing  
Recommendation:

First  
Identified: September 2018

2020  
Medicare  
Utilization: 4,498

2022 Work RVU: 4.40

2022 NF PE RVU: NA

2022 Fac PE RVU: 1.54

RUC Recommendation: 5.00

Referred to CPT September 2018

Referred to CPT Asst ☐ Published in CPT Asst:

Result: Increase

### 33017 Pericardial drainage with insertion of indwelling catheter, percutaneous, including fluoroscopy and/or ultrasound guidance, when performed; 6 years and older without congenital cardiac anomaly

Global: 000

Issue: Pericardiocentesis and Pericardial Drainage

Screen: Negative IWPUT

Complete? Yes

Most Recent  
RUC Meeting: January 2019

Tab: 04  
Specialty Developing  
Recommendation:

First  
Identified: September 2018

2020  
Medicare  
Utilization: 2,767

2022 Work RVU: 4.62

2022 NF PE RVU: NA

2022 Fac PE RVU: 1.61

RUC Recommendation: 5.50

Referred to CPT September 2018

Referred to CPT Asst ☐ Published in CPT Asst:

Result: Increase

# Status Report: CMS Requests and Relativity Assessment Issues

<b>33018</b>	Pericardial drainage with insertion of indwelling catheter, percutaneous, including fluoroscopy and/or ultrasound guidance, when performed; birth through 5 years of age or any age with congenital cardiac anomaly	<b>Global:</b> 000	<b>Issue:</b> Pericardiocentesis and Pericardial Drainage	<b>Screen:</b> Negative IWPUT	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2019	<b>Tab:</b> 04 <b>Specialty Developing Recommendation:</b>	<b>First Identified:</b> September 2018	<b>2020 Medicare Utilization:</b> 6	<b>2022 Work RVU:</b> 5.40 <b>2022 NF PE RVU:</b> NA <b>2022 Fac PE RVU:</b> 1.86	
<b>RUC Recommendation:</b> 6.00		<b>Referred to CPT</b> September 2018 <b>Referred to CPT Asst</b> <input type="checkbox"/> <b>Published in CPT Asst:</b>	<b>Result:</b> Increase		
<hr/>					
<b>33019</b>	Pericardial drainage with insertion of indwelling catheter, percutaneous, including ct guidance	<b>Global:</b> 000	<b>Issue:</b> Pericardiocentesis and Pericardial Drainage	<b>Screen:</b> Negative IWPUT	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2019	<b>Tab:</b> 04 <b>Specialty Developing Recommendation:</b>	<b>First Identified:</b> September 2018	<b>2020 Medicare Utilization:</b> 275	<b>2022 Work RVU:</b> 4.29 <b>2022 NF PE RVU:</b> NA <b>2022 Fac PE RVU:</b> 1.42	
<b>RUC Recommendation:</b> 5.00		<b>Referred to CPT</b> September 2018 <b>Referred to CPT Asst</b> <input type="checkbox"/> <b>Published in CPT Asst:</b>	<b>Result:</b> Increase		
<hr/>					
<b>33020</b>	Pericardiotomy for removal of clot or foreign body (primary procedure)	<b>Global:</b> 090	<b>Issue:</b> Pericardiotomy	<b>Screen:</b> Negative IWPUT	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2018	<b>Tab:</b> 10 <b>Specialty Developing Recommendation:</b> AATS, STS	<b>First Identified:</b> April 2018	<b>2020 Medicare Utilization:</b> 145	<b>2022 Work RVU:</b> 14.31 <b>2022 NF PE RVU:</b> NA <b>2022 Fac PE RVU:</b> 6.69	
<b>RUC Recommendation:</b> 14.31		<b>Referred to CPT</b> May 2018 <b>Referred to CPT Asst</b> <input type="checkbox"/> <b>Published in CPT Asst:</b>	<b>Result:</b> Decrease		
<hr/>					
<b>33025</b>	Creation of pericardial window or partial resection for drainage	<b>Global:</b> 090	<b>Issue:</b> Pericardiotomy	<b>Screen:</b> Negative IWPUT	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2018	<b>Tab:</b> 10 <b>Specialty Developing Recommendation:</b> AATS, STS	<b>First Identified:</b> April 2017	<b>2020 Medicare Utilization:</b> 3,936	<b>2022 Work RVU:</b> 13.20 <b>2022 NF PE RVU:</b> NA <b>2022 Fac PE RVU:</b> 6.33	
<b>RUC Recommendation:</b> 13.20		<b>Referred to CPT</b> May 2018 <b>Referred to CPT Asst</b> <input type="checkbox"/> <b>Published in CPT Asst:</b>	<b>Result:</b> Decrease		
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## Status Report: CMS Requests and Relativity Assessment Issues

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<b>33207</b>	Insertion of new or replacement of permanent pacemaker with transvenous electrode(s); ventricular	<b>Global:</b> 090	<b>Issue:</b> Pacemaker or Pacing Cardioverter - Defibrillator	<b>Screen:</b> Codes Reported Together 75% or More-Part1	<b>Complete?</b> Yes
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<b>Most Recent RUC Meeting:</b> April 2011	<b>Tab:</b> 10	<b>Specialty Developing Recommendation:</b> ACC
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<b>First Identified:</b> February 2010	<b>2020 Medicare Utilization:</b> 9,601
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<b>2022 Work RVU:</b> 7.80
<b>2022 NF PE RVU:</b> NA
<b>2022 Fac PE RVU:</b> 4.57

**RUC Recommendation:** 8.05

**Referred to CPT** February 2011

**Result:** Maintain

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

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<b>33208</b>	Insertion of new or replacement of permanent pacemaker with transvenous electrode(s); atrial and ventricular	<b>Global:</b> 090	<b>Issue:</b> Pacemaker or Pacing Cardioverter - Defibrillator	<b>Screen:</b> Codes Reported Together 75% or More-Part1	<b>Complete?</b> Yes
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<b>Most Recent RUC Meeting:</b> April 2011	<b>Tab:</b> 10	<b>Specialty Developing Recommendation:</b> ACC
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<b>First Identified:</b> February 2010	<b>2020 Medicare Utilization:</b> 89,252
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<b>2022 Work RVU:</b> 8.52
<b>2022 NF PE RVU:</b> NA
<b>2022 Fac PE RVU:</b> 4.89

**RUC Recommendation:** 8.77

**Referred to CPT** February 2011

**Result:** Maintain

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

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<b>33212</b>	Insertion of pacemaker pulse generator only; with existing single lead	<b>Global:</b> 090	<b>Issue:</b> Pacemaker or Pacing Cardioverter - Defibrillator	<b>Screen:</b> Codes Reported Together 75% or More-Part1	<b>Complete?</b> Yes
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<b>Most Recent RUC Meeting:</b> September 2011	<b>Tab:</b> 04	<b>Specialty Developing Recommendation:</b> ACC
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<b>First Identified:</b> February 2010	<b>2020 Medicare Utilization:</b> 258
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<b>2022 Work RVU:</b> 5.01
<b>2022 NF PE RVU:</b> NA
<b>2022 Fac PE RVU:</b> 3.39

**RUC Recommendation:** 5.26

**Referred to CPT** February 2011

**Result:** Decrease

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

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## Status Report: CMS Requests and Relativity Assessment Issues

**33213** Insertion of pacemaker pulse generator only; with existing dual leads

**Global:** 090

**Issue:** Pacemaker or Pacing  
Carioverter - Defibrillator

**Screen:** CMS Fastest Growing /  
Codes Reported  
Together 75% or More-  
Part1

**Complete?** Yes

**Most Recent  
RUC Meeting:** September 2011

**Tab:** 04

**Specialty Developing  
Recommendation:** ACC

**First  
Identified:** October 2008

**2020  
Medicare  
Utilization:** 988

**2022 Work RVU:** 5.28

**2022 NF PE RVU:** NA

**2022 Fac PE RVU:** 3.49

**RUC Recommendation:** 5.53

**Referred to CPT** February 2011

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

**Result:** Decrease

**33221** Insertion of pacemaker pulse generator only; with existing multiple leads

**Global:** 090

**Issue:** Pacemaker or Pacing  
Carioverter - Defibrillator

**Screen:** Codes Reported  
Together 75% or More-  
Part1

**Complete?** Yes

**Most Recent  
RUC Meeting:** September 2011

**Tab:** 04

**Specialty Developing  
Recommendation:** ACC

**First  
Identified:** April 2011

**2020  
Medicare  
Utilization:** 228

**2022 Work RVU:** 5.55

**2022 NF PE RVU:** NA

**2022 Fac PE RVU:** 3.88

**RUC Recommendation:** 5.80

**Referred to CPT** February 2011

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

**Result:** Decrease

**33227** Removal of permanent pacemaker pulse generator with replacement of  
pacemaker pulse generator; single lead system

**Global:** 090

**Issue:** Pacemaker or Pacing  
Carioverter - Defibrillator

**Screen:** Codes Reported  
Together 75% or More-  
Part1

**Complete?** Yes

**Most Recent  
RUC Meeting:** September 2011

**Tab:** 04

**Specialty Developing  
Recommendation:** ACC

**First  
Identified:** April 2011

**2020  
Medicare  
Utilization:** 3,157

**2022 Work RVU:** 5.25

**2022 NF PE RVU:** NA

**2022 Fac PE RVU:** 3.61

**RUC Recommendation:** 5.50

**Referred to CPT** February 2011

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

**Result:** Decrease

## Status Report: CMS Requests and Relativity Assessment Issues

**33228** Removal of permanent pacemaker pulse generator with replacement of pacemaker pulse generator; dual lead system

**Global:** 090

**Issue:** Pacemaker or Pacing  
Carioverter - Defibrillator

**Screen:** Codes Reported  
Together 75% or More-  
Part1

**Complete?** Yes

**Most Recent  
RUC Meeting:** September 2011

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

**First  
Identified:** April 2011

**2020  
Medicare  
Utilization:** 26,170

**2022 Work RVU:** 5.52

**2022 NF PE RVU:** NA

**2022 Fac PE RVU:** 3.73

**RUC Recommendation:** 5.77

**Referred to CPT** February 2011

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

**Result:** Decrease

**33229** Removal of permanent pacemaker pulse generator with replacement of pacemaker pulse generator; multiple lead system

**Global:** 090

**Issue:** Pacemaker or Pacing  
Carioverter - Defibrillator

**Screen:** Codes Reported  
Together 75% or More-  
Part1

**Complete?** Yes

**Most Recent  
RUC Meeting:** September 2011

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

**First  
Identified:** April 2011

**2020  
Medicare  
Utilization:** 5,499

**2022 Work RVU:** 5.79

**2022 NF PE RVU:** NA

**2022 Fac PE RVU:** 4.00

**RUC Recommendation:** 6.04

**Referred to CPT** February 2011

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

**Result:** Decrease

**33230** Insertion of implantable defibrillator pulse generator only; with existing dual leads

**Global:** 090

**Issue:** Pacemaker or Pacing  
Carioverter - Defibrillator

**Screen:** Codes Reported  
Together 75% or More-  
Part1

**Complete?** Yes

**Most Recent  
RUC Meeting:** September 2011

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

**First  
Identified:** April 2011

**2020  
Medicare  
Utilization:** 102

**2022 Work RVU:** 6.07

**2022 NF PE RVU:** NA

**2022 Fac PE RVU:** 3.93

**RUC Recommendation:** 6.32

**Referred to CPT** February 2011

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

**Result:** Decrease

## Status Report: CMS Requests and Relativity Assessment Issues

<b>33231</b>	Insertion of implantable defibrillator pulse generator only; with existing multiple leads	<b>Global:</b> 090	<b>Issue:</b> Pacemaker or Pacing Cardioverter - Defibrillator	<b>Screen:</b> Codes Reported Together 75% or More-Part1	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> September 2011	<b>Tab:</b> 04 <b>Specialty Developing Recommendation:</b> ACC	<b>First Identified:</b> April 2011	<b>2020 Medicare Utilization:</b> 111	<b>2022 Work RVU:</b> 6.34 <b>2022 NF PE RVU:</b> NA <b>2022 Fac PE RVU:</b> 4.06	
<b>RUC Recommendation:</b> 6.59		<b>Referred to CPT</b> February 2011 <b>Referred to CPT Asst</b> <input type="checkbox"/> <b>Published in CPT Asst:</b>	<b>Result:</b> Decrease		
<hr/>					
<b>33233</b>	Removal of permanent pacemaker pulse generator only	<b>Global:</b> 090	<b>Issue:</b> Pacemaker or Pacing Cardioverter - Defibrillator	<b>Screen:</b> Codes Reported Together 75% or More-Part1	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2011	<b>Tab:</b> 10 <b>Specialty Developing Recommendation:</b> ACC	<b>First Identified:</b> February 2010	<b>2020 Medicare Utilization:</b> 7,698	<b>2022 Work RVU:</b> 3.14 <b>2022 NF PE RVU:</b> NA <b>2022 Fac PE RVU:</b> 3.06	
<b>RUC Recommendation:</b> 3.39		<b>Referred to CPT</b> February 2011 <b>Referred to CPT Asst</b> <input type="checkbox"/> <b>Published in CPT Asst:</b>	<b>Result:</b> Maintain		
<hr/>					
<b>33240</b>	Insertion of implantable defibrillator pulse generator only; with existing single lead	<b>Global:</b> 090	<b>Issue:</b> Pacemaker or Pacing Cardioverter - Defibrillator	<b>Screen:</b> Codes Reported Together 75% or More-Part1	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> September 2011	<b>Tab:</b> 04 <b>Specialty Developing Recommendation:</b> ACC	<b>First Identified:</b> February 2010	<b>2020 Medicare Utilization:</b> 174	<b>2022 Work RVU:</b> 5.80 <b>2022 NF PE RVU:</b> NA <b>2022 Fac PE RVU:</b> 3.71	
<b>RUC Recommendation:</b> 6.06		<b>Referred to CPT</b> February 2011 <b>Referred to CPT Asst</b> <input type="checkbox"/> <b>Published in CPT Asst:</b>	<b>Result:</b> Decrease		
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## Status Report: CMS Requests and Relativity Assessment Issues

### 33241 Removal of implantable defibrillator pulse generator only

Global: 090

Issue: Pacemaker or Pacing  
Carioverter - Defibrillator

Screen: Codes Reported  
Together 75% or More-  
Part1

Complete? Yes

Most Recent  
RUC Meeting: April 2011

Tab: 10 Specialty Developing  
Recommendation: ACC

First  
Identified: February 2010

2020  
Medicare  
Utilization: 5,115

2022 Work RVU: 3.04

2022 NF PE RVU: NA

2022 Fac PE RVU: 2.63

RUC Recommendation: 3.29

Referred to CPT February 2011

Referred to CPT Asst ☐ Published in CPT Asst:

Result: Maintain

### 33249 Insertion or replacement of permanent implantable defibrillator system, with transvenous lead(s), single or dual chamber

Global: 090

Issue: Pacemaker or Pacing  
Carioverter - Defibrillator

Screen: Codes Reported  
Together 75% or More-  
Part1

Complete? Yes

Most Recent  
RUC Meeting: April 2011

Tab: 10 Specialty Developing  
Recommendation: ACC

First  
Identified: February 2010

2020  
Medicare  
Utilization: 34,980

2022 Work RVU: 14.92

2022 NF PE RVU: NA

2022 Fac PE RVU: 8.76

RUC Recommendation: 15.17

Referred to CPT February 2011

Referred to CPT Asst ☐ Published in CPT Asst:

Result: Maintain

### 33262 Removal of implantable defibrillator pulse generator with replacement of implantable defibrillator pulse generator; single lead system

Global: 090

Issue: Pacemaker or Pacing  
Carioverter - Defibrillator

Screen: Codes Reported  
Together 75% or More-  
Part1

Complete? Yes

Most Recent  
RUC Meeting: September 2011

Tab: 04 Specialty Developing  
Recommendation: ACC

First  
Identified: April 2011

2020  
Medicare  
Utilization: 2,466

2022 Work RVU: 5.81

2022 NF PE RVU: NA

2022 Fac PE RVU: 3.94

RUC Recommendation: 6.06

Referred to CPT February 2011

Referred to CPT Asst ☐ Published in CPT Asst:

Result: Decrease

## Status Report: CMS Requests and Relativity Assessment Issues

<b>33263</b>	Removal of implantable defibrillator pulse generator with replacement of implantable defibrillator pulse generator; dual lead system	<b>Global:</b> 090	<b>Issue:</b> Pacemaker or Pacing Cardioverter - Defibrillator	<b>Screen:</b> Codes Reported Together 75% or More-Part1	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> September 2011	<b>Tab:</b> 04 <b>Specialty Developing Recommendation:</b> ACC	<b>First Identified:</b> April 2011	<b>2020 Medicare Utilization:</b> 6,837	<b>2022 Work RVU:</b> 6.08 <b>2022 NF PE RVU:</b> NA <b>2022 Fac PE RVU:</b> 4.04	
<b>RUC Recommendation:</b> 6.33		<b>Referred to CPT</b> February 2011 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b> Decrease	
<hr/>					
<b>33264</b>	Removal of implantable defibrillator pulse generator with replacement of implantable defibrillator pulse generator; multiple lead system	<b>Global:</b> 090	<b>Issue:</b> Pacemaker or Pacing Cardioverter - Defibrillator	<b>Screen:</b> Codes Reported Together 75% or More-Part1	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> September 2011	<b>Tab:</b> 04 <b>Specialty Developing Recommendation:</b> ACC	<b>First Identified:</b> April 2011	<b>2020 Medicare Utilization:</b> 11,676	<b>2022 Work RVU:</b> 6.35 <b>2022 NF PE RVU:</b> NA <b>2022 Fac PE RVU:</b> 4.18	
<b>RUC Recommendation:</b> 6.60		<b>Referred to CPT</b> February 2011 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b> Decrease	
<hr/>					
<b>33282</b>	Implantation of patient-activated cardiac event recorder	<b>Global:</b>	<b>Issue:</b> Implantation and Removal of Patient Activated Cardiac Event Recorder	<b>Screen:</b> CMS Request - Final Rule for 2013	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2013	<b>Tab:</b> 20 <b>Specialty Developing Recommendation:</b>	<b>First Identified:</b> October 2012	<b>2020 Medicare Utilization:</b>	<b>2022 Work RVU:</b> <b>2022 NF PE RVU:</b> <b>2022 Fac PE RVU:</b>	
<b>RUC Recommendation:</b> 3.50		<b>Referred to CPT</b> February 2017 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b> Decrease	



## Status Report: CMS Requests and Relativity Assessment Issues

<b>33284</b>	Removal of an implantable, patient-activated cardiac event recorder	<b>Global:</b>	<b>Issue:</b> Implantation and Removal of Patient Activated Cardiac Event Recorder	<b>Screen:</b> CMS Request - Final Rule for 2013	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2013	<b>Tab:</b> 20 <b>Specialty Developing Recommendation:</b>	<b>First Identified:</b> October 2012	<b>2020 Medicare Utilization:</b>	<b>2022 Work RVU:</b> <b>2022 NF PE RVU:</b> <b>2022 Fac PE RVU:</b>	
<b>RUC Recommendation:</b> 3.00		<b>Referred to CPT</b> February 2017 <b>Referred to CPT Asst</b> <input type="checkbox"/> <b>Published in CPT Asst:</b>		<b>Result:</b> Decrease	
<hr/>					
<b>33405</b>	Replacement, aortic valve, open, with cardiopulmonary bypass; with prosthetic valve other than homograft or stentless valve	<b>Global:</b> 090	<b>Issue:</b> Valve Replacement and CABG Procedures	<b>Screen:</b> CMS High Expenditure Procedural Codes1	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2012	<b>Tab:</b> 40 <b>Specialty Developing Recommendation:</b> STS	<b>First Identified:</b> September 2011	<b>2020 Medicare Utilization:</b> 12,189	<b>2022 Work RVU:</b> 41.32 <b>2022 NF PE RVU:</b> NA <b>2022 Fac PE RVU:</b> 15.56	
<b>RUC Recommendation:</b> 41.32		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/> <b>Published in CPT Asst:</b>		<b>Result:</b> Maintain	
<hr/>					
<b>33430</b>	Replacement, mitral valve, with cardiopulmonary bypass	<b>Global:</b> 090	<b>Issue:</b> Valve Replacement and CABG Procedures	<b>Screen:</b> High IWPUT / CMS High Expenditure Procedural Codes1	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2012	<b>Tab:</b> 40 <b>Specialty Developing Recommendation:</b> STS	<b>First Identified:</b> February 2008	<b>2020 Medicare Utilization:</b> 6,096	<b>2022 Work RVU:</b> 50.93 <b>2022 NF PE RVU:</b> NA <b>2022 Fac PE RVU:</b> 19.28	
<b>RUC Recommendation:</b> 50.93		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/> <b>Published in CPT Asst:</b>		<b>Result:</b> Maintain	

## Status Report: CMS Requests and Relativity Assessment Issues

<b>33533</b>	<b>Coronary artery bypass, using arterial graft(s); single arterial graft</b>	<b>Global:</b> 090	<b>Issue:</b> Valve Replacement and CABG Procedures	<b>Screen:</b> CMS High Expenditure Procedural Codes1	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2012	<b>Tab:</b> 40 <b>Specialty Developing Recommendation:</b> STS	<b>First Identified:</b> September 2011	<b>2020 Medicare Utilization:</b> 46,522	<b>2022 Work RVU:</b> 33.75 <b>2022 NF PE RVU:</b> NA <b>2022 Fac PE RVU:</b> 13.24	
<b>RUC Recommendation:</b> 34.98		<b>Referred to CPT</b>	<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b> Increase
<hr/>					
<b>33620</b>	<b>Application of right and left pulmonary artery bands (eg, hybrid approach stage 1)</b>	<b>Global:</b> 090	<b>Issue:</b> New Technology Review	<b>Screen:</b> New Technology/New Services / CPT Assistant Analysis 2018	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2019	<b>Tab:</b> 37 <b>Specialty Developing Recommendation:</b> STS	<b>First Identified:</b> January 2015	<b>2020 Medicare Utilization:</b> 66	<b>2022 Work RVU:</b> 30.00 <b>2022 NF PE RVU:</b> NA <b>2022 Fac PE RVU:</b> 11.22	
<b>RUC Recommendation:</b> CPT Article published July 2016. Maintain, CPT Assistant addressed issues identified.		<b>Referred to CPT</b>	<b>Referred to CPT Asst</b> <input checked="" type="checkbox"/>	<b>Published in CPT Asst:</b> July 2016	<b>Result:</b> Maintain
<hr/>					
<b>33621</b>	<b>Transthoracic insertion of catheter for stent placement with catheter removal and closure (eg, hybrid approach stage 1)</b>	<b>Global:</b> 090	<b>Issue:</b> New Technology Review	<b>Screen:</b> New Technology/New Services / CPT Assistant Analysis 2018	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2019	<b>Tab:</b> 37 <b>Specialty Developing Recommendation:</b> STS	<b>First Identified:</b> January 2015	<b>2020 Medicare Utilization:</b> 1	<b>2022 Work RVU:</b> 16.18 <b>2022 NF PE RVU:</b> NA <b>2022 Fac PE RVU:</b> 7.28	
<b>RUC Recommendation:</b> CPT Article published July 2016. Maintain, CPT Assistant addressed issues identified.		<b>Referred to CPT</b>	<b>Referred to CPT Asst</b> <input checked="" type="checkbox"/>	<b>Published in CPT Asst:</b> July 2016	<b>Result:</b> Maintain

## Status Report: CMS Requests and Relativity Assessment Issues

**33622** Reconstruction of complex cardiac anomaly (eg, single ventricle or hypoplastic left heart) with palliation of single ventricle with aortic outflow obstruction and aortic arch hypoplasia, creation of cavopulmonary anastomosis, and removal of right and left pulmonary bands (eg, hybrid approach stage 2, norwood, bidirectional glenn, pulmonary artery debanding) **Global:** 090 **Issue:** New Technology Review **Screen:** New Technology/New Services / CPT Assistant Analysis 2018 **Complete?** Yes

**Most Recent** **Tab:** 37 **Specialty Developing** STS **First** **2020**  
**RUC Meeting:** January 2019 **Recommendation:** **Identified:** January 2015 **Medicare**  
**Utilization:** **2022 Work RVU:** 64.00  
**2022 NF PE RVU:** NA  
**2022 Fac PE RVU:** 21.27

**RUC Recommendation:** CPT Article published July 2016. Maintain, CPT Assistant addressed issues identified. **Referred to CPT** **Result:** Maintain

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

**33741** Transcatheter atrial septostomy (tas) for congenital cardiac anomalies to create effective atrial flow, including all imaging guidance by the proceduralist, when performed, any method (eg, rashkind, sang-park, balloon, cutting balloon, blade) **Global:** 000 **Issue:** Atrial Septostomy **Screen:** CMS Request - Final Rule for 2019 **Complete?** Yes

**Most Recent** **Tab:** 13 **Specialty Developing** **First** **2020**  
**RUC Meeting:** January 2020 **Recommendation:** **Identified:** September 2019 **Medicare**  
**Utilization:** **2022 Work RVU:** 14.00  
**2022 NF PE RVU:** NA  
**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 cardiac anomalies to establish effective intracardiac flow, including all imaging guidance by the proceduralist, when performed, left and right heart diagnostic cardiac catheterization for congenital cardiac anomalies, and target zone angioplasty, when performed (eg, atrial septum, fontan fenestration, right ventricular outflow tract, mustard/senning/warden baffles); initial intracardiac shunt **Global:** 000 **Issue:** Atrial Septostomy **Screen:** CMS Request - Final Rule for 2019 **Complete?** Yes

**Most Recent** **Tab:** 13 **Specialty Developing** **First** **2020**  
**RUC Meeting:** January 2020 **Recommendation:** **Identified:** September 2019 **Medicare**  
**Utilization:** **2022 Work RVU:** 20.00  
**2022 NF PE RVU:** NA  
**2022 Fac PE RVU:** 6.90

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

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

## Status Report: CMS Requests and Relativity Assessment Issues

**33746** Transcatheter intracardiac shunt (tis) creation by stent placement for congenital cardiac anomalies to establish effective intracardiac flow, including all imaging guidance by the proceduralist, when performed, left and right heart diagnostic cardiac catheterization for congenital cardiac anomalies, and target zone angioplasty, when performed (eg, atrial septum, fontan fenestration, right ventricular outflow tract, mustard/senning/warden baffles); each additional intracardiac shunt location (list separately in addition to code for primary procedure)

**Global:** ZZZ

**Issue:** Atrial Septostomy

**Screen:** CMS Request - Final Rule for 2019

**Complete?** Yes

**Most Recent RUC Meeting:** January 2020

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

**First Identified:** September 2019

**2020 Medicare Utilization:**

**2022 Work RVU:** 8.00

**2022 NF PE RVU:** NA

**2022 Fac PE RVU:** 2.76

**RUC Recommendation:** 10.50

**Referred to CPT** September 2019

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

**Result:** Maintain

**33863** Ascending aorta graft, with cardiopulmonary bypass, with aortic root replacement using valved conduit and coronary reconstruction (eg, bentall)

**Global:** 090

**Issue:** Aortic Graft

**Screen:** High IWPUT

**Complete?** Yes

**Most Recent RUC Meeting:** February 2008

**Tab:** S **Specialty Developing Recommendation:** STS, AATS

**First Identified:** February 2008

**2020 Medicare Utilization:** 1,627

**2022 Work RVU:** 58.79

**2022 NF PE RVU:** NA

**2022 Fac PE RVU:** 19.58

**RUC Recommendation:** Remove from screen

**Referred to CPT**

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

**Result:** Remove from Screen

**33945** Heart transplant, with or without recipient cardiectomy

**Global:** 090

**Issue:** ECMO-ECLS

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

**Complete?** Yes

**Most Recent RUC Meeting:** April 2014

**Tab:** 11 **Specialty Developing Recommendation:** STS, AAP, ACC, SCAI

**First Identified:** November 2014

**2020 Medicare Utilization:** 668

**2022 Work RVU:** 89.50

**2022 NF PE RVU:** NA

**2022 Fac PE RVU:** 31.93

**RUC Recommendation:** 16.00

**Referred to CPT** February 2014

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

**Result:** Maintain

# Status Report: CMS Requests and Relativity Assessment Issues

**33946** Extracorporeal membrane oxygenation (ecmo)/extracorporeal life support (ecls) provided by physician; initiation, veno-venous **Global:** XXX **Issue:** ECMO-ECLS **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

**Most Recent RUC Meeting:** April 2014

**Tab:** 11

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

**First Identified:** November 2014

**2020 Medicare Utilization:** 604

**2022 Work RVU:** 6.00

**2022 NF PE RVU:** NA

**2022 Fac PE RVU:** 1.83

**RUC Recommendation:** 6.00

**Referred to CPT** February 2014

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

**Result:** Maintain

**33947** Extracorporeal membrane oxygenation (ecmo)/extracorporeal life support (ecls) provided by physician; initiation, veno-arterial **Global:** XXX **Issue:** ECMO-ECLS **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

**Most Recent RUC Meeting:** April 2014

**Tab:** 11

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

**First Identified:** November 2013

**2020 Medicare Utilization:** 1,278

**2022 Work RVU:** 6.63

**2022 NF PE RVU:** NA

**2022 Fac PE RVU:** 2.00

**RUC Recommendation:** 6.63

**Referred to CPT** February 2014

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

**Result:** Maintain

**33948** Extracorporeal membrane oxygenation (ecmo)/extracorporeal life support (ecls) provided by physician; daily management, each day, veno-venous **Global:** XXX **Issue:** ECMO-ECLS **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

**Most Recent RUC Meeting:** April 2014

**Tab:** 11

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

**First Identified:** November 2013

**2020 Medicare Utilization:** 6,049

**2022 Work RVU:** 4.73

**2022 NF PE RVU:** NA

**2022 Fac PE RVU:** 1.48

**RUC Recommendation:** 4.73

**Referred to CPT** February 2014

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

**Result:** Maintain

**33949** Extracorporeal membrane oxygenation (ecmo)/extracorporeal life support (ecls) provided by physician; daily management, each day, veno-arterial **Global:** XXX **Issue:** ECMO-ECLS **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

**Most Recent RUC Meeting:** April 2014

**Tab:** 11

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

**First Identified:** November 2013

**2020 Medicare Utilization:** 5,136

**2022 Work RVU:** 4.60

**2022 NF PE RVU:** NA

**2022 Fac PE RVU:** 1.40

**RUC Recommendation:** 4.60

**Referred to CPT** February 2014

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

**Result:** Maintain

## Status Report: CMS Requests and Relativity Assessment Issues

**33951** Extracorporeal membrane oxygenation (ecmo)/extracorporeal life support (ecls) provided by physician; insertion of peripheral (arterial and/or venous) cannula(e), percutaneous, birth through 5 years of age (includes fluoroscopic guidance, when performed) **Global:** 000 **Issue:** ECMO-ECLS **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

**Most Recent**  
**RUC Meeting:** April 2014

**Tab:** 11 **Specialty Developing**  
**Recommendation:** STS, AAP, ACC, SCAI

**First**  
**Identified:** November 2013

**2020**  
**Medicare**  
**Utilization:**

**2022 Work RVU:** 8.15

**2022 NF PE RVU:** NA

**2022 Fac PE RVU:** 2.35

**RUC Recommendation:** 8.15

**Referred to CPT** February 2014

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

**Result:** Maintain

**33952** Extracorporeal membrane oxygenation (ecmo)/extracorporeal life support (ecls) provided by physician; insertion of peripheral (arterial and/or venous) cannula(e), percutaneous, 6 years and older (includes fluoroscopic guidance, when performed) **Global:** 000 **Issue:** ECMO-ECLS **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

**Most Recent**  
**RUC Meeting:** April 2014

**Tab:** 11 **Specialty Developing**  
**Recommendation:** STS, AAP, ACC, SCAI

**First**  
**Identified:** November 2013

**2020**  
**Medicare**  
**Utilization:** 1,399

**2022 Work RVU:** 8.15

**2022 NF PE RVU:** NA

**2022 Fac PE RVU:** 2.57

**RUC Recommendation:** 8.43

**Referred to CPT** February 2014

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

**Result:** Maintain

**33953** Extracorporeal membrane oxygenation (ecmo)/extracorporeal life support (ecls) provided by physician; insertion of peripheral (arterial and/or venous) cannula(e), open, birth through 5 years of age **Global:** 000 **Issue:** ECMO-ECLS **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

**Most Recent**  
**RUC Meeting:** April 2014

**Tab:** 11 **Specialty Developing**  
**Recommendation:** STS, AAP, ACC, SCAI

**First**  
**Identified:** November 2013

**2020**  
**Medicare**  
**Utilization:** 1

**2022 Work RVU:** 9.11

**2022 NF PE RVU:** NA

**2022 Fac PE RVU:** 2.61

**RUC Recommendation:** 9.83

**Referred to CPT** February 2014

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

**Result:** Maintain

## Status Report: CMS Requests and Relativity Assessment Issues

**33954** Extracorporeal membrane oxygenation (ecmo)/extracorporeal life support (ecls) provided by physician; insertion of peripheral (arterial and/or venous) cannula(e), open, 6 years and older **Global:** 000 **Issue:** ECMO-ECLS **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

**Most Recent**  
**RUC Meeting:** April 2014

**Tab:** 11 **Specialty Developing**  
**Recommendation:** STS, AAP, ACC,  
SCAI

**First**  
**Identified:** November 2014

**2020**  
**Medicare**  
**Utilization:** 298

**2022 Work RVU:** 9.11

**2022 NF PE RVU:** NA

**2022 Fac PE RVU:** 2.74

**RUC Recommendation:** 9.43

**Referred to CPT** February 2014

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

**Result:** Maintain

**33956** Extracorporeal membrane oxygenation (ecmo)/extracorporeal life support (ecls) provided by physician; insertion of central cannula(e) by sternotomy or thoracotomy, 6 years and older **Global:** 000 **Issue:** ECMO-ECLS **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

**Most Recent**  
**RUC Meeting:** April 2014

**Tab:** 11 **Specialty Developing**  
**Recommendation:** STS, AAP, ACC,  
SCAI

**First**  
**Identified:** November 2014

**2020**  
**Medicare**  
**Utilization:** 370

**2022 Work RVU:** 16.00

**2022 NF PE RVU:** NA

**2022 Fac PE RVU:** 4.70

**RUC Recommendation:** 16.00

**Referred to CPT** February 2014

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

**Result:** Maintain

**33957** Extracorporeal membrane oxygenation (ecmo)/extracorporeal life support (ecls) provided by physician; reposition peripheral (arterial and/or venous) cannula(e), percutaneous, birth through 5 years of age (includes fluoroscopic guidance, when performed) **Global:** 000 **Issue:** ECMO-ECLS **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

**Most Recent**  
**RUC Meeting:** April 2014

**Tab:** 11 **Specialty Developing**  
**Recommendation:** STS, AAP, ACC,  
SCAI

**First**  
**Identified:** November 2014

**2020**  
**Medicare**  
**Utilization:**

**2022 Work RVU:** 3.51

**2022 NF PE RVU:** NA

**2022 Fac PE RVU:** 1.07

**RUC Recommendation:** 4.00

**Referred to CPT** February 2014

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

**Result:** Maintain

## Status Report: CMS Requests and Relativity Assessment Issues

<b>33958</b>	Extracorporeal membrane oxygenation (ecmo)/extracorporeal life support (ecls) provided by physician; reposition peripheral (arterial and/or venous) cannula(e), percutaneous, 6 years and older (includes fluoroscopic guidance, when performed)	<b>Global:</b> 000	<b>Issue:</b> ECMO-ECLS	<b>Screen:</b> CMS Request - Final Rule for 2014	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2014	<b>Tab:</b> 11	<b>Specialty Developing Recommendation:</b> STS, AAP, ACC, SCAI	<b>First Identified:</b> November 2014	<b>2020 Medicare Utilization:</b> 74	<b>2022 Work RVU:</b> 3.51 <b>2022 NF PE RVU:</b> NA <b>2022 Fac PE RVU:</b> 1.07
<b>RUC Recommendation:</b> 4.05			<b>Referred to CPT</b> February 2014 <b>Referred to CPT Asst</b> <input type="checkbox"/> <b>Published in CPT Asst:</b>	<b>Result:</b> Maintain	
<hr/>					
<b>33959</b>	Extracorporeal membrane oxygenation (ecmo)/extracorporeal life support (ecls) provided by physician; reposition peripheral (arterial and/or venous) cannula(e), open, birth through 5 years of age (includes fluoroscopic guidance, when performed)	<b>Global:</b> 000	<b>Issue:</b> ECMO-ECLS	<b>Screen:</b> CMS Request - Final Rule for 2014	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2014	<b>Tab:</b> 11	<b>Specialty Developing Recommendation:</b> STS, AAP, ACC, SCAI	<b>First Identified:</b> November 2014	<b>2020 Medicare Utilization:</b>	<b>2022 Work RVU:</b> 4.47 <b>2022 NF PE RVU:</b> NA <b>2022 Fac PE RVU:</b> 1.34
<b>RUC Recommendation:</b> 4.69			<b>Referred to CPT</b> February 2014 <b>Referred to CPT Asst</b> <input type="checkbox"/> <b>Published in CPT Asst:</b>	<b>Result:</b> Maintain	
<hr/>					
<b>33960</b>	Prolonged extracorporeal circulation for cardiopulmonary insufficiency; initial day	<b>Global:</b>	<b>Issue:</b> ECMO-ECLS	<b>Screen:</b> CMS Request - Final Rule for 2014	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2014	<b>Tab:</b> 11	<b>Specialty Developing Recommendation:</b> STS, AAP, ACC, SCAI, ACCP	<b>First Identified:</b> July 2013	<b>2020 Medicare Utilization:</b>	<b>2022 Work RVU:</b> <b>2022 NF PE RVU:</b> <b>2022 Fac PE RVU:</b>
<b>RUC Recommendation:</b> Deleted from CPT			<b>Referred to CPT</b> February 2014 <b>Referred to CPT Asst</b> <input type="checkbox"/> <b>Published in CPT Asst:</b>	<b>Result:</b> Deleted from CPT	



# Status Report: CMS Requests and Relativity Assessment Issues

**33961** Prolonged extracorporeal circulation for cardiopulmonary insufficiency; each subsequent day **Global:** **Issue:** ECMO-ECLS **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

**Most Recent RUC Meeting:** April 2014

**Tab:** 11

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

**First Identified:** July 2013

**2020 Medicare Utilization:**

**2022 Work RVU:**

**2022 NF PE RVU:**

**2022 Fac PE RVU:**

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** February 2014

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

**Result:** Deleted from CPT

**33962** Extracorporeal membrane oxygenation (ecmo)/extracorporeal life support (ecls) provided by physician; reposition peripheral (arterial and/or venous) cannula(e), open, 6 years and older (includes fluoroscopic guidance, when performed) **Global:** 000 **Issue:** ECMO-ECLS **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

**Most Recent RUC Meeting:** April 2014

**Tab:** 11

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

**First Identified:** November 2014

**2020 Medicare Utilization:** 18

**2022 Work RVU:** 4.47

**2022 NF PE RVU:** NA

**2022 Fac PE RVU:** 1.34

**RUC Recommendation:** 4.73

**Referred to CPT** February 2014

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

**Result:** Maintain

**33963** Extracorporeal membrane oxygenation (ecmo)/extracorporeal life support (ecls) provided by physician; reposition of central cannula(e) by sternotomy or thoracotomy, birth through 5 years of age (includes fluoroscopic guidance, when performed) **Global:** 000 **Issue:** ECMO-ECLS **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

**Most Recent RUC Meeting:** April 2014

**Tab:** 11

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

**First Identified:** November 2014

**2020 Medicare Utilization:**

**2022 Work RVU:** 9.00

**2022 NF PE RVU:** NA

**2022 Fac PE RVU:** 2.58

**RUC Recommendation:** 9.00

**Referred to CPT** February 2014

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

**Result:** Maintain

## Status Report: CMS Requests and Relativity Assessment Issues

**33964** Extracorporeal membrane oxygenation (ecmo)/extracorporeal life support (ecls) provided by physician; reposition central cannula(e) by sternotomy or thoracotomy, 6 years and older (includes fluoroscopic guidance, when performed) **Global:** 000 **Issue:** ECMO-ECLS **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

**Most Recent**  
**RUC Meeting:** April 2014

**Tab:** 11 **Specialty Developing**  
**Recommendation:** STS, AAP, ACC,  
SCAI

**First**  
**Identified:** November 2014

**2020**  
**Medicare**  
**Utilization:** 13

**2022 Work RVU:** 9.50

**2022 NF PE RVU:** NA

**2022 Fac PE RVU:** 2.72

**RUC Recommendation:** 9.50

**Referred to CPT** February 2014

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

**Result:** Maintain

**33965** Extracorporeal membrane oxygenation (ecmo)/extracorporeal life support (ecls) provided by physician; removal of peripheral (arterial and/or venous) cannula(e), percutaneous, birth through 5 years of age **Global:** 000 **Issue:** ECMO-ECLS **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

**Most Recent**  
**RUC Meeting:** April 2014

**Tab:** 11 **Specialty Developing**  
**Recommendation:** STS, AAP, ACC,  
SCAI

**First**  
**Identified:** November 2014

**2020**  
**Medicare**  
**Utilization:**

**2022 Work RVU:** 3.51

**2022 NF PE RVU:** NA

**2022 Fac PE RVU:** 1.07

**RUC Recommendation:** 3.51

**Referred to CPT** February 2014

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

**Result:** Maintain

**33966** Extracorporeal membrane oxygenation (ecmo)/extracorporeal life support (ecls) provided by physician; removal of peripheral (arterial and/or venous) cannula(e), percutaneous, 6 years and older **Global:** 000 **Issue:** ECMO-ECLS **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

**Most Recent**  
**RUC Meeting:** April 2014

**Tab:** 11 **Specialty Developing**  
**Recommendation:** STS, AAP, ACC,  
SCAI

**First**  
**Identified:** November 2014

**2020**  
**Medicare**  
**Utilization:** 477

**2022 Work RVU:** 4.50

**2022 NF PE RVU:** NA

**2022 Fac PE RVU:** 1.43

**RUC Recommendation:** 4.50

**Referred to CPT** February 2014

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

**Result:** Maintain

## Status Report: CMS Requests and Relativity Assessment Issues

**33969** Extracorporeal membrane oxygenation (ecmo)/extracorporeal life support (ecls) provided by physician; removal of peripheral (arterial and/or venous) cannula(e), open, birth through 5 years of age **Global:** 000 **Issue:** ECMO-ECLS **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

**Most Recent RUC Meeting:** April 2014 **Tab:** 11 **Specialty Developing Recommendation:** STS, AAP, ACC, SCAI **First Identified:** November 2014 **2020 Medicare Utilization:** **2022 Work RVU:** 5.22 **2022 NF PE RVU:** NA **2022 Fac PE RVU:** 1.54

**RUC Recommendation:** 6.00

**Referred to CPT** February 2014

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

**Result:** Maintain

**33984** Extracorporeal membrane oxygenation (ecmo)/extracorporeal life support (ecls) provided by physician; removal of peripheral (arterial and/or venous) cannula(e), open, 6 years and older **Global:** 000 **Issue:** ECMO-ECLS **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

**Most Recent RUC Meeting:** April 2014 **Tab:** 11 **Specialty Developing Recommendation:** STS, AAP, ACC, SCAI **First Identified:** November 2014 **2020 Medicare Utilization:** 426 **2022 Work RVU:** 5.46 **2022 NF PE RVU:** NA **2022 Fac PE RVU:** 1.56

**RUC Recommendation:** 6.38

**Referred to CPT** February 2014

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

**Result:** Maintain

**33985** Extracorporeal membrane oxygenation (ecmo)/extracorporeal life support (ecls) provided by physician; removal of central cannula(e) by sternotomy or thoracotomy, birth through 5 years of age **Global:** 000 **Issue:** ECMO-ECLS **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

**Most Recent RUC Meeting:** April 2014 **Tab:** 11 **Specialty Developing Recommendation:** STS, AAP, ACC, SCAI **First Identified:** November 2014 **2020 Medicare Utilization:** 1 **2022 Work RVU:** 9.89 **2022 NF PE RVU:** NA **2022 Fac PE RVU:** 2.83

**RUC Recommendation:** 9.89

**Referred to CPT** February 2014

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

**Result:** Maintain

# Status Report: CMS Requests and Relativity Assessment Issues

**33986** Extracorporeal membrane oxygenation (ecmo)/extracorporeal life support (ecls) provided by physician; removal of central cannula(e) by sternotomy or thoracotomy, 6 years and older **Global:** 000 **Issue:** ECMO-ECLS **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

**Most Recent RUC Meeting:** April 2014

**Tab:** 11 **Specialty Developing Recommendation:** STS, AAP, ACC, SCAI

**First Identified:** November 2014

**2020 Medicare Utilization:** 212

**2022 Work RVU:** 10.00

**2022 NF PE RVU:** NA

**2022 Fac PE RVU:** 2.99

**RUC Recommendation:** 10.00

**Referred to CPT** February 2014

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

**Result:** Maintain

**33987** Arterial exposure with creation of graft conduit (eg, chimney graft) to facilitate arterial perfusion for ecmo/ecls (list separately in addition to code for primary procedure) **Global:** ZZZ **Issue:** ECMO-ECLS **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

**Most Recent RUC Meeting:** April 2014

**Tab:** 11 **Specialty Developing Recommendation:** STS, AAP, ACC, SCAI

**First Identified:** November 2014

**2020 Medicare Utilization:** 36

**2022 Work RVU:** 4.04

**2022 NF PE RVU:** NA

**2022 Fac PE RVU:** 1.12

**RUC Recommendation:** 4.08

**Referred to CPT** February 2014

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

**Result:** Maintain

**33988** Insertion of left heart vent by thoracic incision (eg, sternotomy, thoracotomy) for ecmo/ecls **Global:** 000 **Issue:** ECMO-ECLS **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

**Most Recent RUC Meeting:** April 2014

**Tab:** 11 **Specialty Developing Recommendation:** STS, AAP, ACC, SCAI

**First Identified:** November 2014

**2020 Medicare Utilization:** 29

**2022 Work RVU:** 15.00

**2022 NF PE RVU:** NA

**2022 Fac PE RVU:** 4.23

**RUC Recommendation:** 15.00

**Referred to CPT** February 2014

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

**Result:** Maintain

# Status Report: CMS Requests and Relativity Assessment Issues

**33989** Removal of left heart vent by thoracic incision (eg, sternotomy, thoracotomy) for Global: 000 Issue: ECMO-ECLS Screen: CMS Request - Final Rule for 2014 Complete? Yes

Most Recent  
RUC Meeting: April 2014

Tab: 11 Specialty Developing Recommendation: STS, AAP, ACC, SCAI

First Identified: November 2013

2020 Medicare Utilization: 15

2022 Work RVU: 9.50

2022 NF PE RVU: NA

2022 Fac PE RVU: 2.72

RUC Recommendation: 9.50

Referred to CPT February 2014

Referred to CPT Asst ☐ Published in CPT Asst:

Result: Maintain

**34701** Endovascular repair of infrarenal aorta by deployment of an aorto-aortic tube endograft including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, all endograft extension(s) placed in the aorta from the level of the renal arteries to the aortic bifurcation, and all angioplasty/stenting performed from the level of the renal arteries to the aortic bifurcation; for other than rupture (eg, for aneurysm, pseudoaneurysm, dissection, penetrating ulcer)

Global: 090

Issue: Endovascular Repair Procedures (EVAR)

Screen: Codes Reported Together 75% or More-Part3

Complete? Yes

Most Recent  
RUC Meeting: January 2017

Tab: 10 Specialty Developing Recommendation: SVS, SIR, STS, AATS, ACS

First Identified: January 2017

2020 Medicare Utilization: 650

2022 Work RVU: 23.71

2022 NF PE RVU: NA

2022 Fac PE RVU: 6.99

RUC Recommendation: 23.71

Referred to CPT

Referred to CPT Asst ☐ Published in CPT Asst:

Result: Decrease

**34702** Endovascular repair of infrarenal aorta by deployment of an aorto-aortic tube endograft including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, all endograft extension(s) placed in the aorta from the level of the renal arteries to the aortic bifurcation, and all angioplasty/stenting performed from the level of the renal arteries to the aortic bifurcation; for rupture including temporary aortic and/or iliac balloon occlusion, when performed (eg, for aneurysm, pseudoaneurysm, dissection, penetrating ulcer, traumatic disruption)

Global: 090

Issue: Endovascular Repair Procedures (EVAR)

Screen: Codes Reported Together 75% or More-Part3

Complete? Yes

Most Recent  
RUC Meeting: January 2017

Tab: 10 Specialty Developing Recommendation: SVS, SIR, STS, AATS, ACS

First Identified: January 2017

2020 Medicare Utilization: 97

2022 Work RVU: 36.00

2022 NF PE RVU: NA

2022 Fac PE RVU: 9.41

RUC Recommendation: 36.00

Referred to CPT

Referred to CPT Asst ☐ Published in CPT Asst:

Result: Decrease

## Status Report: CMS Requests and Relativity Assessment Issues

**34703** Endovascular repair of infrarenal aorta and/or iliac artery(ies) by deployment of an aorto-uni-iliac endograft including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, all endograft extension(s) placed in the aorta from the level of the renal arteries to the iliac bifurcation, and all angioplasty/stenting performed from the level of the renal arteries to the iliac bifurcation; for other than rupture (eg, for aneurysm, pseudoaneurysm, dissection, penetrating ulcer)

**Global:** 090 **Issue:** Endovascular Repair Procedures (EVAR) **Screen:** Codes Reported Together 75%or More-Part3 **Complete?** Yes

**Most Recent RUC Meeting:** January 2017

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

**First Identified:** January 2017

**2020 Medicare Utilization:** 795

**2022 Work RVU:** 26.52

**2022 NF PE RVU:** NA

**2022 Fac PE RVU:** 7.36

**RUC Recommendation:** 26.52

**Referred to CPT**

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

**Result:** Decrease

**34704** Endovascular repair of infrarenal aorta and/or iliac artery(ies) by deployment of an aorto-uni-iliac endograft including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, all endograft extension(s) placed in the aorta from the level of the renal arteries to the iliac bifurcation, and all angioplasty/stenting performed from the level of the renal arteries to the iliac bifurcation; for rupture including temporary aortic and/or iliac balloon occlusion, when performed (eg, for aneurysm, pseudoaneurysm, dissection, penetrating ulcer, traumatic disruption)

**Global:** 090 **Issue:** Endovascular Repair Procedures (EVAR) **Screen:** Codes Reported Together 75%or More-Part3 **Complete?** Yes

**Most Recent RUC Meeting:** January 2017

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

**First Identified:** January 2017

**2020 Medicare Utilization:** 99

**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

## Status Report: CMS Requests and Relativity Assessment Issues

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

**Global:** 090 **Issue:** Endovascular Repair Procedures (EVAR) **Screen:** Codes Reported Together 75%or More-Part3 **Complete?** Yes

**Most Recent RUC Meeting:** January 2017

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

**First Identified:** January 2017

**2020 Medicare Utilization:** 10,152

**2022 Work RVU:** 29.58

**2022 NF PE RVU:** NA

**2022 Fac PE RVU:** 8.06

**RUC Recommendation:** 29.58

**Referred to CPT**

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

**Result:** Decrease

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

**Global:** 090 **Issue:** Endovascular Repair Procedures (EVAR) **Screen:** Codes Reported Together 75%or More-Part3 **Complete?** Yes

**Most Recent RUC Meeting:** January 2017

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

**First Identified:** January 2017

**2020 Medicare Utilization:** 609

**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

## Status Report: CMS Requests and Relativity Assessment Issues

<b>34707</b>	Endovascular repair of iliac artery by deployment of an ilio-iliac tube endograft including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, and all endograft extension(s) proximally to the aortic bifurcation and distally to the iliac bifurcation, and treatment zone angioplasty/stenting, when performed, unilateral; for other than rupture (eg, for aneurysm, pseudoaneurysm, dissection, arteriovenous malformation)	<b>Global:</b> 090	<b>Issue:</b> Endovascular Repair Procedures (EVAR)	<b>Screen:</b> Codes Reported Together 75%or More-Part3	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2017	<b>Tab:</b> 10	<b>Specialty Developing Recommendation:</b> SVS, SIR, STS, AATS, ACS	<b>First Identified:</b> January 2017	<b>2020 Medicare Utilization:</b> 453	<b>2022 Work RVU:</b> 22.28 <b>2022 NF PE RVU:</b> NA <b>2022 Fac PE RVU:</b> 6.34
<b>RUC Recommendation:</b> 22.28			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b> <b>Result:</b> Decrease	
<hr/>					
<b>34708</b>	Endovascular repair of iliac artery by deployment of an ilio-iliac tube endograft including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, and all endograft extension(s) proximally to the aortic bifurcation and distally to the iliac bifurcation, and treatment zone angioplasty/stenting, when performed, unilateral; for rupture including temporary aortic and/or iliac balloon occlusion, when performed (eg, for aneurysm, pseudoaneurysm, dissection, arteriovenous malformation, traumatic disruption)	<b>Global:</b> 090	<b>Issue:</b> Endovascular Repair Procedures (EVAR)	<b>Screen:</b> Codes Reported Together 75%or More-Part3	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2017	<b>Tab:</b> 10	<b>Specialty Developing Recommendation:</b> SVS, SIR, STS, AATS, ACS	<b>First Identified:</b> January 2017	<b>2020 Medicare Utilization:</b> 76	<b>2022 Work RVU:</b> 36.50 <b>2022 NF PE RVU:</b> NA <b>2022 Fac PE RVU:</b> 9.06
<b>RUC Recommendation:</b> 36.50			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b> <b>Result:</b> Decrease	



## Status Report: CMS Requests and Relativity Assessment Issues

<b>34709</b>	Placement of extension prosthesis(es) distal to the common iliac artery(ies) or proximal to the renal artery(ies) for endovascular repair of infrarenal abdominal aortic or iliac aneurysm, false aneurysm, dissection, penetrating ulcer, including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, and treatment zone angioplasty/stenting, when performed, per vessel treated (list separately in addition to code for primary procedure)	<b>Global:</b> ZZZ	<b>Issue:</b> Endovascular Repair Procedures (EVAR)	<b>Screen:</b> Codes Reported Together 75%or More-Part3	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2017	<b>Tab:</b> 10	<b>Specialty Developing Recommendation:</b> SVS, SIR, STS, AATS, ACS	<b>First Identified:</b> January 2017	<b>2020 Medicare Utilization:</b> 2,552	<b>2022 Work RVU:</b> 6.50 <b>2022 NF PE RVU:</b> NA <b>2022 Fac PE RVU:</b> 1.38
<b>RUC Recommendation:</b> 6.50			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b> Decrease
<hr/>					
<b>34710</b>	Delayed placement of distal or proximal extension prosthesis for endovascular repair of infrarenal abdominal aortic or iliac aneurysm, false aneurysm, dissection, endoleak, or endograft migration, including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, and treatment zone angioplasty/stenting, when performed; initial vessel treated	<b>Global:</b> 090	<b>Issue:</b> Endovascular Repair Procedures (EVAR)	<b>Screen:</b> Codes Reported Together 75%or More-Part3	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2017	<b>Tab:</b> 10	<b>Specialty Developing Recommendation:</b> SVS, SIR, STS, AATS, ACS	<b>First Identified:</b> January 2017	<b>2020 Medicare Utilization:</b> 1,049	<b>2022 Work RVU:</b> 15.00 <b>2022 NF PE RVU:</b> NA <b>2022 Fac PE RVU:</b> 4.70
<b>RUC Recommendation:</b> 15.00			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b> Decrease

## Status Report: CMS Requests and Relativity Assessment Issues

**34711** Delayed placement of distal or proximal extension prosthesis for endovascular repair of infrarenal abdominal aortic or iliac aneurysm, false aneurysm, dissection, endoleak, or endograft migration, including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, and treatment zone angioplasty/stenting, when performed; each additional vessel treated (list separately in addition to code for primary procedure)

**Global:** ZZZ **Issue:** Endovascular Repair Procedures (EVAR) **Screen:** Codes Reported Together 75%or More-Part3 **Complete?** Yes

**Most Recent RUC Meeting:** January 2017

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

**First Identified:** January 2017

**2020 Medicare Utilization:** 306

**2022 Work RVU:** 6.00

**2022 NF PE RVU:** NA

**2022 Fac PE RVU:** 1.19

**RUC Recommendation:** 6.00

**Referred to CPT**

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

**Result:** Decrease

**34712** Transcatheter delivery of enhanced fixation device(s) to the endograft (eg, anchor, screw, tack) and all associated radiological supervision and interpretation

**Global:** 090 **Issue:** Endovascular Repair Procedures (EVAR) **Screen:** Codes Reported Together 75%or More-Part3 **Complete?** Yes

**Most Recent RUC Meeting:** January 2017

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

**First Identified:** January 2017

**2020 Medicare Utilization:** 1,001

**2022 Work RVU:** 12.00

**2022 NF PE RVU:** NA

**2022 Fac PE RVU:** 4.34

**RUC Recommendation:** 12.00

**Referred to CPT**

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

**Result:** Decrease

**34713** Percutaneous access and closure of femoral artery for delivery of endograft through a large sheath (12 french or larger), including ultrasound guidance, when performed, unilateral (list separately in addition to code for primary procedure)

**Global:** ZZZ **Issue:** Endovascular Repair Procedures (EVAR) **Screen:** Codes Reported Together 75%or More-Part3 **Complete?** Yes

**Most Recent RUC Meeting:** January 2017

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

**First Identified:** January 2017

**2020 Medicare Utilization:** 13,909

**2022 Work RVU:** 2.50

**2022 NF PE RVU:** NA

**2022 Fac PE RVU:** 0.51

**RUC Recommendation:** 2.50

**Referred to CPT**

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

**Result:** Decrease

## Status Report: CMS Requests and Relativity Assessment Issues

<b>34714</b>	Open femoral artery exposure with creation of conduit for delivery of endovascular prosthesis or for establishment of cardiopulmonary bypass, by groin incision, unilateral (list separately in addition to code for primary procedure)	<b>Global:</b> ZZZ	<b>Issue:</b> Endovascular Repair Procedures (EVAR)	<b>Screen:</b> Codes Reported Together 75%or More-Part3	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2017	<b>Tab:</b> 10	<b>Specialty Developing Recommendation:</b> SVS, SIR, STS, AATS, ACS	<b>First Identified:</b> January 2017	<b>2020 Medicare Utilization:</b> 472	<b>2022 Work RVU:</b> 5.25 <b>2022 NF PE RVU:</b> NA <b>2022 Fac PE RVU:</b> 1.37
<b>RUC Recommendation:</b> 5.25			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b> Decrease
<hr/>					
<b>34715</b>	Open axillary/subclavian artery exposure for delivery of endovascular prosthesis by infraclavicular or supraclavicular incision, unilateral (list separately in addition to code for primary procedure)	<b>Global:</b> ZZZ	<b>Issue:</b> Endovascular Repair Procedures (EVAR)	<b>Screen:</b> Codes Reported Together 75%or More-Part3	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2017	<b>Tab:</b> 10	<b>Specialty Developing Recommendation:</b> SVS, SIR, STS, AATS, ACS	<b>First Identified:</b> January 2017	<b>2020 Medicare Utilization:</b> 205	<b>2022 Work RVU:</b> 6.00 <b>2022 NF PE RVU:</b> NA <b>2022 Fac PE RVU:</b> 1.29
<b>RUC Recommendation:</b> 6.00			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b> Decrease
<hr/>					
<b>34716</b>	Open axillary/subclavian artery exposure with creation of conduit for delivery of endovascular prosthesis or for establishment of cardiopulmonary bypass, by infraclavicular or supraclavicular incision, unilateral (list separately in addition to code for primary procedure)	<b>Global:</b> ZZZ	<b>Issue:</b> Endovascular Repair Procedures (EVAR)	<b>Screen:</b> Codes Reported Together 75%or More-Part3	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2017	<b>Tab:</b> 10	<b>Specialty Developing Recommendation:</b> SVS, SIR, STS, AATS, ACS	<b>First Identified:</b> January 2017	<b>2020 Medicare Utilization:</b> 966	<b>2022 Work RVU:</b> 7.19 <b>2022 NF PE RVU:</b> NA <b>2022 Fac PE RVU:</b> 1.99
<b>RUC Recommendation:</b> 7.19			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b> Decrease

## Status Report: CMS Requests and Relativity Assessment Issues

**34800** Endovascular repair of infrarenal abdominal aortic aneurysm or dissection; using aorto-aortic tube prosthesis **Global:** **Issue:** Endovascular Repair Procedures (EVAR) **Screen:** Codes Reported Together 75%or More-Part3 **Complete?** Yes

**Most Recent RUC Meeting:** January 2017

**Tab:** 10 **Specialty Developing Recommendation:** AAOHNS

**First Identified:** October 2015

**2020 Medicare Utilization:**

**2022 Work RVU:**

**2022 NF PE RVU:**

**2022 Fac PE RVU:**

**RUC Recommendation:** Deleted from CPT

**Referred to CPT**

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

**Result:** Deleted from CPT

**34802** Endovascular repair of infrarenal abdominal aortic aneurysm or dissection; using modular bifurcated prosthesis (1 docking limb) **Global:** **Issue:** Endovascular Repair Procedures (EVAR) **Screen:** Pre-Time Analysis / Codes Reported Together 75%or More-Part3 **Complete?** Yes

**Most Recent RUC Meeting:** January 2017

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

**First Identified:** January 2014

**2020 Medicare Utilization:**

**2022 Work RVU:**

**2022 NF PE RVU:**

**2022 Fac PE RVU:**

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** September 2016

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

**Result:** Deleted from CPT

**34803** Endovascular repair of infrarenal abdominal aortic aneurysm or dissection; using modular bifurcated prosthesis (2 docking limbs) **Global:** **Issue:** Endovascular Repair Procedures (EVAR) **Screen:** Codes Reported Together 75%or More-Part3 **Complete?** Yes

**Most Recent RUC Meeting:** January 2017

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

**First Identified:** October 2015

**2020 Medicare Utilization:**

**2022 Work RVU:**

**2022 NF PE RVU:**

**2022 Fac PE RVU:**

**RUC Recommendation:** Deleted from CPT

**Referred to CPT**

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

**Result:** Deleted from CPT

## Status Report: CMS Requests and Relativity Assessment Issues

**34804** Endovascular repair of infrarenal abdominal aortic aneurysm or dissection; using unibody bifurcated prosthesis      **Global:**      **Issue:** Endovascular Repair Procedures (EVAR)      **Screen:** Codes Reported Together 75%or More-Part3      **Complete?** Yes

**Most Recent RUC Meeting:** January 2017

**Tab:** 10

**Specialty Developing Recommendation:** SVS, SIR, STS, AATS

**First Identified:** October 2015

**2020 Medicare Utilization:**

**2022 Work RVU:**

**2022 NF PE RVU:**

**2022 Fac PE RVU:**

**RUC Recommendation:** Deleted from CPT

**Referred to CPT**

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

**Result:** Deleted from CPT

**34805** Endovascular repair of infrarenal abdominal aortic aneurysm or dissection; using aorto-uniliac or aorto-unifemoral prosthesis      **Global:**      **Issue:** Endovascular Repair Procedures (EVAR)      **Screen:** Codes Reported Together 75%or More-Part3      **Complete?** Yes

**Most Recent RUC Meeting:** January 2017

**Tab:** 10

**Specialty Developing Recommendation:** SVS, SIR, STS, AATS

**First Identified:** January 2017

**2020 Medicare Utilization:**

**2022 Work RVU:**

**2022 NF PE RVU:**

**2022 Fac PE RVU:**

**RUC Recommendation:** Deleted from CPT

**Referred to CPT**

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

**Result:** Deleted from CPT

**34806** Transcatheter placement of wireless physiologic sensor in aneurysmal sac during endovascular repair, including radiological supervision and interpretation, instrument calibration, and collection of pressure data (List separately in addition to code for primary procedure)      **Global:**      **Issue:** Endovascular Repair Procedures (EVAR)      **Screen:** Codes Reported Together 75%or More-Part3      **Complete?** Yes

**Most Recent RUC Meeting:** January 2017

**Tab:** 10

**Specialty Developing Recommendation:** SVS, SIR, STS, AATS

**First Identified:** January 2017

**2020 Medicare Utilization:**

**2022 Work RVU:**

**2022 NF PE RVU:**

**2022 Fac PE RVU:**

**RUC Recommendation:** Deleted from CPT

**Referred to CPT**

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

**Result:** Deleted from CPT

## Status Report: CMS Requests and Relativity Assessment Issues

**34812** Open femoral artery exposure for delivery of endovascular prosthesis, by groin incision, unilateral (list separately in addition to code for primary procedure) **Global:** ZZZ **Issue:** Endovascular Repair Procedures (EVAR) **Screen:** Pre-Time Analysis **Complete?** Yes

**Most Recent RUC Meeting:** January 2017

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

**First Identified:** January 2014

**2020 Medicare Utilization:** 6,601

**2022 Work RVU:** 4.13

**2022 NF PE RVU:** NA

**2022 Fac PE RVU:** 0.90

**RUC Recommendation:** 4.13

**Referred to CPT** September 2016

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

**Result:** Decrease

**34820** Open iliac artery exposure for delivery of endovascular prosthesis or iliac occlusion during endovascular therapy, by abdominal or retroperitoneal incision, unilateral (list separately in addition to code for primary procedure)

**Global:** ZZZ **Issue:** Endovascular Repair Procedures (EVAR)

**Screen:** Codes Reported Together 75%or More-Part3

**Complete?** Yes

**Most Recent RUC Meeting:** January 2017

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

**First Identified:** January 2017

**2020 Medicare Utilization:** 57

**2022 Work RVU:** 7.00

**2022 NF PE RVU:** NA

**2022 Fac PE RVU:** 1.12

**RUC Recommendation:** 7.00

**Referred to CPT**

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

**Result:** Decrease

**34825** Placement of proximal or distal extension prosthesis for endovascular repair of infrarenal abdominal aortic or iliac aneurysm, false aneurysm, or dissection; initial vessel

**Global:** **Issue:** Endovascular Repair Procedures (EVAR)

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

**Complete?** Yes

**Most Recent RUC Meeting:** January 2017

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

**First Identified:** January 2014

**2020 Medicare Utilization:**

**2022 Work RVU:**

**2022 NF PE RVU:**

**2022 Fac PE RVU:**

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** September 2016

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

**Result:** Deleted from CPT

## Status Report: CMS Requests and Relativity Assessment Issues

**34826** Placement of proximal or distal extension prosthesis for endovascular repair of infrarenal abdominal aortic or iliac aneurysm, false aneurysm, or dissection; each additional vessel (List separately in addition to code for primary procedure) **Global:** **Issue:** Endovascular Repair Procedures (EVAR) **Screen:** Codes Reported Together 75%or More-Part3 **Complete?** Yes

**Most Recent RUC Meeting:** January 2017

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

**First Identified:** January 2017

**2020 Medicare Utilization:**

**2022 Work RVU:**  
**2022 NF PE RVU:**  
**2022 Fac PE RVU:**

**RUC Recommendation:** Deleted from CPT

**Referred to CPT**

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

**Result:** Deleted from CPT

**34833** Open iliac artery exposure with creation of conduit for delivery of endovascular prosthesis or for establishment of cardiopulmonary bypass, by abdominal or retroperitoneal incision, unilateral (list separately in addition to code for primary procedure) **Global:** ZZZ **Issue:** Endovascular Repair Procedures (EVAR) **Screen:** Codes Reported Together 75%or More-Part3 **Complete?** Yes

**Most Recent RUC Meeting:** January 2017

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

**First Identified:** January 2017

**2020 Medicare Utilization:** 40

**2022 Work RVU:** 8.16  
**2022 NF PE RVU:** NA  
**2022 Fac PE RVU:** 1.30

**RUC Recommendation:** 8.16

**Referred to CPT**

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

**Result:** Decrease

**34834** Open brachial artery exposure for delivery of endovascular prosthesis, unilateral (list separately in addition to code for primary procedure) **Global:** ZZZ **Issue:** Endovascular Repair Procedures (EVAR) **Screen:** Codes Reported Together 75%or More-Part3 **Complete?** Yes

**Most Recent RUC Meeting:** January 2017

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

**First Identified:** January 2017

**2020 Medicare Utilization:** 374

**2022 Work RVU:** 2.65  
**2022 NF PE RVU:** NA  
**2022 Fac PE RVU:** 0.48

**RUC Recommendation:** 2.65

**Referred to CPT**

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

**Result:** Decrease

## Status Report: CMS Requests and Relativity Assessment Issues

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

**Global:**

**Issue:** Endovascular Repair Procedures (EVAR)

**Screen:** Codes Reported Together 75% or More-Part3

**Complete?** Yes

**Most Recent RUC Meeting:** January 2017

**Tab:** 10

**Specialty Developing Recommendation:** SVS, SIR, STS, AATS

**First Identified:** January 2017

**2020 Medicare Utilization:**

**2022 Work RVU:**

**2022 NF PE RVU:**

**2022 Fac PE RVU:**

**RUC Recommendation:** Deleted from CPT

**Referred to CPT**

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

**Result:** Deleted from CPT

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

**Global:** 090

**Issue:** Thromboendarterectomy

**Screen:** CMS High Expenditure Procedural Codes1

**Complete?** Yes

**Most Recent RUC Meeting:** January 2013

**Tab:** 21

**Specialty Developing Recommendation:** SVS

**First Identified:** September 2011

**2020 Medicare Utilization:** 27,259

**2022 Work RVU:** 21.16

**2022 NF PE RVU:** NA

**2022 Fac PE RVU:** 6.70

**RUC Recommendation:** 21.16

**Referred to CPT**

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

**Result:** Increase

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

**Global:**

**Issue:** Open and Percutaneous Transluminal Angioplasty

**Screen:** Codes Reported Together 75% or More-Part3

**Complete?** Yes

**Most Recent RUC Meeting:** January 2016

**Tab:** 15

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

**First Identified:** October 2015

**2020 Medicare Utilization:**

**2022 Work RVU:**

**2022 NF PE RVU:**

**2022 Fac PE RVU:**

**RUC Recommendation:** Deleted from CPT

**Referred to CPT**

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

**Result:** Deleted from CPT



## Status Report: CMS Requests and Relativity Assessment Issues

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<b>35452</b> Transluminal balloon angioplasty, open; aortic	<b>Global:</b>	<b>Issue:</b> Open and Percutaneous Transluminal Angioplasty	<b>Screen:</b> Codes Reported Together 75% or More-Part3	<b>Complete?</b> Yes
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**Most Recent RUC Meeting:** January 2016

**Tab:** 15 **Specialty Developing Recommendation:** ACR, SIR, SVS

**First Identified:** October 2015

**2020 Medicare Utilization:**

**2022 Work RVU:**  
**2022 NF PE RVU:**  
**2022 Fac PE RVU:**

**RUC Recommendation:** Deleted from CPT

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

**Result:** Deleted from CPT

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**35454** Deleted from CPT

**Global:** **Issue:** Endovascular Revascularization

**Screen:** CMS Fastest Growing **Complete?** Yes

**Most Recent RUC Meeting:** April 2010

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

**First Identified:** February 2010

**2020 Medicare Utilization:**

**2022 Work RVU:**  
**2022 NF PE RVU:**  
**2022 Fac PE RVU:**

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** February 2010  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Deleted from CPT

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**35456** Deleted from CPT

**Global:** **Issue:** Endovascular Revascularization

**Screen:** CMS Fastest Growing **Complete?** Yes

**Most Recent RUC Meeting:** April 2010

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

**First Identified:** February 2010

**2020 Medicare Utilization:**

**2022 Work RVU:**  
**2022 NF PE RVU:**  
**2022 Fac PE RVU:**

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** February 2010  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Deleted from CPT

## Status Report: CMS Requests and Relativity Assessment Issues

**35458** Transluminal balloon angioplasty, open; brachiocephalic trunk or branches, each vessel **Global:** **Issue:** Open and Percutaneous Transluminal Angioplasty **Screen:** Codes Reported Together 75% or More-Part3 **Complete?** Yes

**Most Recent RUC Meeting:** January 2016

**Tab:** 15 **Specialty Developing Recommendation:** ACR, SIR, SVS

**First Identified:** October 2015

**2020 Medicare Utilization:**

**2022 Work RVU:**

**2022 NF PE RVU:**

**2022 Fac PE RVU:**

**RUC Recommendation:** Deleted from CPT

**Referred to CPT**

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

**Result:** Deleted from CPT

**35459** Deleted from CPT

**Global:** **Issue:** Endovascular Revascularization

**Screen:** CMS Fastest Growing **Complete?** Yes

**Most Recent RUC Meeting:** April 2010

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

**First Identified:** February 2010

**2020 Medicare Utilization:**

**2022 Work RVU:**

**2022 NF PE RVU:**

**2022 Fac PE RVU:**

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** February 2010

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

**Result:** Deleted from CPT

**35460** Transluminal balloon angioplasty, open; venous

**Global:** **Issue:** Open and Percutaneous Transluminal Angioplasty

**Screen:** Codes Reported Together 75% or More-Part3 **Complete?** Yes

**Most Recent RUC Meeting:** January 2016

**Tab:** 15 **Specialty Developing Recommendation:** ACR, SIR, SVS

**First Identified:** October 2015

**2020 Medicare Utilization:**

**2022 Work RVU:**

**2022 NF PE RVU:**

**2022 Fac PE RVU:**

**RUC Recommendation:** Deleted from CPT

**Referred to CPT**

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

**Result:** Deleted from CPT

## Status Report: CMS Requests and Relativity Assessment Issues

**35470** Deleted from CPT

**Global:**

**Issue:** Endovascular  
Revascularization

**Screen:** CMS Fastest Growing

**Complete?** Yes

**Most Recent  
RUC Meeting:** April 2010

**Tab:** 07

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

**First  
Identified:** October 2008

**2020  
Medicare  
Utilization:**

**2022 Work RVU:**

**2022 NF PE RVU:**

**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

**Global:**

**Issue:** Open and Percutaneous  
Transluminal Angioplasty

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

**Complete?** Yes

**Most Recent  
RUC Meeting:** January 2016

**Tab:** 15

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

**First  
Identified:** October 2009

**2020  
Medicare  
Utilization:**

**2022 Work RVU:**

**2022 NF PE RVU:**

**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:**

**35472** Transluminal balloon angioplasty, percutaneous; aortic

**Global:**

**Issue:** Open and Percutaneous  
Transluminal Angioplasty

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

**Complete?** Yes

**Most Recent  
RUC Meeting:** January 2016

**Tab:** 15

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

**First  
Identified:** October 2009

**2020  
Medicare  
Utilization:**

**2022 Work RVU:**

**2022 NF PE RVU:**

**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:**

## Status Report: CMS Requests and Relativity Assessment Issues

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<b>35473</b> Deleted from CPT	<b>Global:</b>	<b>Issue:</b> Endovascular Revascularization	<b>Screen:</b> CMS Fastest Growing	<b>Complete?</b> Yes
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<b>Most Recent RUC Meeting:</b> April 2010	<b>Tab:</b> 07	<b>Specialty Developing Recommendation:</b> ACC, ACR, SIR, SVS	<b>First Identified:</b> February 2010	<b>2020 Medicare Utilization:</b>	<b>2022 Work RVU:</b>
					<b>2022 NF PE RVU:</b>
					<b>2022 Fac PE RVU:</b>

<b>RUC Recommendation:</b> Deleted from CPT	<b>Referred to CPT</b> February 2010	<b>Result:</b> Deleted from CPT
	<b>Referred to CPT Asst</b> <input type="checkbox"/> <b>Published in CPT Asst:</b>	

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<b>35474</b> Deleted from CPT	<b>Global:</b>	<b>Issue:</b> Endovascular Revascularization	<b>Screen:</b> CMS Fastest Growing	<b>Complete?</b> Yes
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<b>Most Recent RUC Meeting:</b> April 2010	<b>Tab:</b> 07	<b>Specialty Developing Recommendation:</b> ACC, ACR, SIR, SVS	<b>First Identified:</b> October 2008	<b>2020 Medicare Utilization:</b>	<b>2022 Work RVU:</b>
					<b>2022 NF PE RVU:</b>
					<b>2022 Fac PE RVU:</b>

<b>RUC Recommendation:</b> Deleted from CPT	<b>Referred to CPT</b> February 2010	<b>Result:</b> Deleted from CPT
	<b>Referred to CPT Asst</b> <input type="checkbox"/> <b>Published in CPT Asst:</b>	

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<b>35475</b> Transluminal balloon angioplasty, percutaneous; brachiocephalic trunk or branches, each vessel	<b>Global:</b>	<b>Issue:</b> Open and Percutaneous Transluminal Angioplasty	<b>Screen:</b> CMS Fastest Growing / CMS High Expenditure Procedural Codes1 / Codes Reported Together 75% or More-Part3 / High Volume Growth3	<b>Complete?</b> Yes
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<b>Most Recent RUC Meeting:</b> January 2016	<b>Tab:</b> 15	<b>Specialty Developing Recommendation:</b> ACR, SIR, SVS	<b>First Identified:</b> September 2011	<b>2020 Medicare Utilization:</b>	<b>2022 Work RVU:</b>
					<b>2022 NF PE RVU:</b>
					<b>2022 Fac PE RVU:</b>

<b>RUC Recommendation:</b> Deleted from CPT	<b>Referred to CPT</b> October 2015	<b>Result:</b> Deleted from CPT
	<b>Referred to CPT Asst</b> <input type="checkbox"/> <b>Published in CPT Asst:</b>	

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## Status Report: CMS Requests and Relativity Assessment Issues

**35476** Transluminal balloon angioplasty, percutaneous; venous

**Global:**

**Issue:** Open and Percutaneous Transluminal Angioplasty

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

**Complete?** Yes

**Most Recent RUC Meeting:** January 2016

**Tab:** 15

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

**First Identified:** September 2011

**2020 Medicare Utilization:**

**2022 Work RVU:**

**2022 NF PE RVU:**

**2022 Fac PE RVU:**

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** October 2015

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

**Result:** Deleted from CPT

**35490** Deleted from CPT

**Global:**

**Issue:** Endovascular Revascularization

**Screen:** High Volume Growth1

**Complete?** Yes

**Most Recent RUC Meeting:** April 2010

**Tab:** 07

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

**First Identified:** April 2008

**2020 Medicare Utilization:**

**2022 Work RVU:**

**2022 NF PE RVU:**

**2022 Fac PE RVU:**

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** February 2010

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

**Result:** Deleted from CPT

**35491** Deleted from CPT

**Global:**

**Issue:** Endovascular Revascularization

**Screen:** High Volume Growth1

**Complete?** Yes

**Most Recent RUC Meeting:** April 2010

**Tab:** 07

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

**First Identified:** April 2008

**2020 Medicare Utilization:**

**2022 Work RVU:**

**2022 NF PE RVU:**

**2022 Fac PE RVU:**

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** February 2010

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

**Result:** Deleted from CPT

## Status Report: CMS Requests and Relativity Assessment Issues

**35492** Deleted from CPT

**Global:**

**Issue:** Endovascular  
Revascularization

**Screen:** High Volume Growth1

**Complete?** Yes

**Most Recent  
RUC Meeting:** April 2010

**Tab:** 07

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

**First  
Identified:** April 2008

**2020  
Medicare  
Utilization:**

**2022 Work RVU:**

**2022 NF PE RVU:**

**2022 Fac PE RVU:**

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** February 2010

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

**Result:** Deleted from CPT

**35493** Deleted from CPT

**Global:**

**Issue:** Endovascular  
Revascularization

**Screen:** High Volume Growth1

**Complete?** Yes

**Most Recent  
RUC Meeting:** April 2010

**Tab:** 07

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

**First  
Identified:** February 2008

**2020  
Medicare  
Utilization:**

**2022 Work RVU:**

**2022 NF PE RVU:**

**2022 Fac PE RVU:**

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** February 2010

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

**Result:** Deleted from CPT

**35494** Deleted from CPT

**Global:**

**Issue:** Endovascular  
Revascularization

**Screen:** High Volume Growth1

**Complete?** Yes

**Most Recent  
RUC Meeting:** April 2010

**Tab:** 07

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

**First  
Identified:** April 2008

**2020  
Medicare  
Utilization:**

**2022 Work RVU:**

**2022 NF PE RVU:**

**2022 Fac PE RVU:**

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** February 2010

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

**Result:** Deleted from CPT

**35495** Deleted from CPT

**Global:**

**Issue:** Endovascular  
Revascularization

**Screen:** High Volume Growth1

**Complete?** Yes

**Most Recent  
RUC Meeting:** April 2010

**Tab:** 07

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

**First  
Identified:** February 2008

**2020  
Medicare  
Utilization:**

**2022 Work RVU:**

**2022 NF PE RVU:**

**2022 Fac PE RVU:**

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** February 2010

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

**Result:** Deleted from CPT

## Status Report: CMS Requests and Relativity Assessment Issues

**35701** Exploration not followed by surgical repair, artery; neck (eg, carotid, subclavian) **Global:** 090 **Issue:** Exploration of Artery **Screen:** Negative IWPUT **Complete?** Yes

**Most Recent** **Tab:** 06 **Specialty Developing** ACS, SVS **First** **2020**  
**RUC Meeting:** January 2019 **Recommendation:** **Identified:** January 2018 **Medicare**  
**Utilization:** 885  
**RUC Recommendation:** 7.50 **Referred to CPT** September 2018 **Result:** Decrease  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**2022 Work RVU:** 7.50  
**2022 NF PE RVU:** NA  
**2022 Fac PE RVU:** 4.09

**35702** Exploration not followed by surgical repair, artery; upper extremity (eg, axillary, brachial, radial, ulnar) **Global:** 090 **Issue:** Exploration of Artery **Screen:** Negative IWPUT **Complete?** Yes

**Most Recent** **Tab:** 06 **Specialty Developing** **First** **2020**  
**RUC Meeting:** January 2019 **Recommendation:** **Identified:** September 2018 **Medicare**  
**Utilization:** 499  
**RUC Recommendation:** 7.12 **Referred to CPT** September 2018 **Result:** Decrease  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**2022 Work RVU:** 7.12  
**2022 NF PE RVU:** NA  
**2022 Fac PE RVU:** 3.20

**35703** Exploration not followed by surgical repair, artery; lower extremity (eg, common femoral, deep femoral, superficial femoral, popliteal, tibial, peroneal) **Global:** 090 **Issue:** Exploration of Artery **Screen:** Negative IWPUT **Complete?** Yes

**Most Recent** **Tab:** 06 **Specialty Developing** **First** **2020**  
**RUC Meeting:** January 2019 **Recommendation:** **Identified:** September 2018 **Medicare**  
**Utilization:** 666  
**RUC Recommendation:** 7.50 **Referred to CPT** September 2018 **Result:** Decrease  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**2022 Work RVU:** 7.50  
**2022 NF PE RVU:** NA  
**2022 Fac PE RVU:** 3.04

**35721** Exploration (not followed by surgical repair), with or without lysis of artery; femoral artery **Global:** **Issue:** Exploration of Artery **Screen:** Negative IWPUT **Complete?** Yes

**Most Recent** **Tab:** 06 **Specialty Developing** ACS, SVS **First** **2020**  
**RUC Meeting:** January 2019 **Recommendation:** **Identified:** January 2018 **Medicare**  
**Utilization:**  
**RUC Recommendation:** Deleted from CPT **Referred to CPT** September 2018 **Result:** Deleted from CPT  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**2022 Work RVU:**  
**2022 NF PE RVU:**  
**2022 Fac PE RVU:**

# Status Report: CMS Requests and Relativity Assessment Issues

**35741** Exploration (not followed by surgical repair), with or without lysis of artery; popliteal artery      **Global:**      **Issue:** Exploration of Artery      **Screen:** Negative IWPUT      **Complete?** Yes

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

**First**      **2020**  
**Identified:** January 2018      **Medicare**  
      **Utilization:**

**2022 Work RVU:**  
**2022 NF PE RVU:**  
**2022 Fac PE RVU:**

**RUC Recommendation:** Deleted from CPT

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

**Result:** Deleted from CPT

**35761** Exploration (not followed by surgical repair), with or without lysis of artery; other vessels      **Global:**      **Issue:** Exploration of Artery      **Screen:** Negative IWPUT      **Complete?** Yes

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

**First**      **2020**  
**Identified:** April 2017      **Medicare**  
      **Utilization:**

**2022 Work RVU:**  
**2022 NF PE RVU:**  
**2022 Fac PE RVU:**

**RUC Recommendation:** Deleted from CPT

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

**Result:** Deleted from CPT

**36000** Introduction of needle or intracatheter, vein      **Global:** XXX      **Issue:** Introduction of Needle or Intracatheter      **Screen:** Harvard Valued - Utilization over 100,000      **Complete?** Yes

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

**First**      **2020**  
**Identified:** October 2009      **Medicare**  
      **Utilization:**

**2022 Work RVU:** 0.18  
**2022 NF PE RVU:** 0.70  
**2022 Fac PE RVU:** 0.07

**RUC Recommendation:** CMS consider a bundled status for this code

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

**Result:** Maintain

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

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

**First**      **2020**  
**Identified:** February 2010      **Medicare**  
      **Utilization:** 13,423

**2022 Work RVU:** 2.18  
**2022 NF PE RVU:** 14.32  
**2022 Fac PE RVU:** 0.61

**RUC Recommendation:** Remove from re-review.

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

**Result:** Remove from Screen



## Status Report: CMS Requests and Relativity Assessment Issues

<b>36140</b>	Introduction of needle or intracatheter, upper or lower extremity artery	<b>Global:</b> XXX	<b>Issue:</b> Introduction of Needle or Intracatheter	<b>Screen:</b> Harvard Valued - Utilization over 30,000	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2013	<b>Tab:</b> 18	<b>Specialty Developing Recommendation:</b> SVS, SIR, ACR, ACRO	<b>First Identified:</b> April 2011	<b>2020 Medicare Utilization:</b> 17,418	<b>2022 Work RVU:</b> 1.76 <b>2022 NF PE RVU:</b> 13.78 <b>2022 Fac PE RVU:</b> 0.50
<b>RUC Recommendation:</b> Remove from re-review			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b> Remove from Screen
<hr/>					
<b>36145</b>	Deleted from CPT	<b>Global:</b>	<b>Issue:</b> Arteriovenous Shunt Imaging	<b>Screen:</b> Codes Reported Together 95% or More / Harvard Valued - Utilization over 100,000	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2009	<b>Tab:</b> 9	<b>Specialty Developing Recommendation:</b>	<b>First Identified:</b> February 2008	<b>2020 Medicare Utilization:</b>	<b>2022 Work RVU:</b> <b>2022 NF PE RVU:</b> <b>2022 Fac PE RVU:</b>
<b>RUC Recommendation:</b> Deleted from CPT			<b>Referred to CPT</b> February 2009 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b> Deleted from CPT
<hr/>					
<b>36147</b>	Introduction of needle and/or catheter, arteriovenous shunt created for dialysis (graft/fistula); initial access with complete radiological evaluation of dialysis access, including fluoroscopy, image documentation and report (includes access of shunt, injection[s] of contrast, and all necessary imaging from the arterial anastomosis and adjacent artery through entire venous outflow including the inferior or superior vena cava)	<b>Global:</b>	<b>Issue:</b> Dialysis Circuit -1	<b>Screen:</b> Codes Reported Together 95% or More	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2016	<b>Tab:</b> 14	<b>Specialty Developing Recommendation:</b> ACR, RPA, SIR, SVS	<b>First Identified:</b> February 2008	<b>2020 Medicare Utilization:</b>	<b>2022 Work RVU:</b> <b>2022 NF PE RVU:</b> <b>2022 Fac PE RVU:</b>
<b>RUC Recommendation:</b> Deleted from CPT			<b>Referred to CPT</b> October 2008 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b> Deleted from CPT

# Status Report: CMS Requests and Relativity Assessment Issues

**36148** Introduction of needle and/or catheter, arteriovenous shunt created for dialysis (graft/fistula); additional access for therapeutic intervention (List separately in addition to code for primary procedure) **Global:** **Issue:** Dialysis Circuit -1 **Screen:** Codes Reported Together 95% or More **Complete?** Yes

**Most Recent RUC Meeting:** January 2016

**Tab:** 14 **Specialty Developing Recommendation:** ACR, RPA, SIR, SVS

**First Identified:** February 2008

**2020 Medicare Utilization:**

**2022 Work RVU:**

**2022 NF PE RVU:**

**2022 Fac PE RVU:**

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** October 2008

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

**Result:** Deleted from CPT

**36215** Selective catheter placement, arterial system; each first order thoracic or brachiocephalic branch, within a vascular family

**Global:** 000

**Issue:** Selective Catheter Placement

**Screen:** Codes Reported Together 75% or More-Part1 / Harvard-Valued Annual Allowed Charges Greater than \$10 million / Harvard Valued - Utilization greater than 30,000-Part2 / CMS High Expenditure Procedural Codes2

**Complete?** Yes

**Most Recent RUC Meeting:** April 2016

**Tab:** 23 **Specialty Developing Recommendation:** ACR, RPA, SIR, SVS

**First Identified:** February 2010

**2020 Medicare Utilization:** 42,749

**2022 Work RVU:** 4.17

**2022 NF PE RVU:** 27.20

**2022 Fac PE RVU:** 1.46

**RUC Recommendation:** 4.17

**Referred to CPT**

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

**Result:** Decrease

**36216** Selective catheter placement, arterial system; initial second order thoracic or brachiocephalic branch, within a vascular family

**Global:** 000

**Issue:** Selective Catheter Placement

**Screen:** Codes Reported Together 75% or More-Part1 / CMS High Expenditure Procedural Codes2

**Complete?** Yes

**Most Recent RUC Meeting:** April 2016

**Tab:** 23 **Specialty Developing Recommendation:** ACR, SIR, SVS

**First Identified:** February 2010

**2020 Medicare Utilization:** 4,110

**2022 Work RVU:** 5.27

**2022 NF PE RVU:** 26.59

**2022 Fac PE RVU:** 1.63

**RUC Recommendation:** 5.27

**Referred to CPT**

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

**Result:** Maintain

## Status Report: CMS Requests and Relativity Assessment Issues

**36217** Selective catheter placement, arterial system; initial third order or more selective thoracic or brachiocephalic branch, within a vascular family **Global:** 000 **Issue:** Selective Catheter Placement **Screen:** Harvard Valued - Utilization over 30,000 / CMS High Expenditure Procedural Codes2 **Complete?** Yes

**Most Recent RUC Meeting:** April 2016

**Tab:** 23 **Specialty Developing Recommendation:** ACR, SIR, SVS

**First Identified:** April 2011

**2020 Medicare Utilization:** 3,625

**2022 Work RVU:** 6.29  
**2022 NF PE RVU:** 46.84  
**2022 Fac PE RVU:** 1.99

**RUC Recommendation:** 6.29

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

**Result:** Maintain

**36218** Selective catheter placement, arterial system; additional second order, third order, and beyond, thoracic or brachiocephalic branch, within a vascular family (list in addition to code for initial second or third order vessel as appropriate) **Global:** ZZZ **Issue:** Selective Catheter Placement **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

**Most Recent RUC Meeting:** April 2016

**Tab:** 23 **Specialty Developing Recommendation:** ACR, SIR, SVS

**First Identified:** July 2015

**2020 Medicare Utilization:** 1,773

**2022 Work RVU:** 1.01  
**2022 NF PE RVU:** 4.97  
**2022 Fac PE RVU:** 0.31

**RUC Recommendation:** 1.01

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

**Result:** Maintain

**36221** Non-selective catheter placement, thoracic aorta, with angiography of the extracranial carotid, vertebral, and/or intracranial vessels, unilateral or bilateral, and all associated radiological supervision and interpretation, includes angiography of the cervicocerebral arch, when performed **Global:** 000 **Issue:** Cervicocerebral Angiography **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

**Most Recent RUC Meeting:** April 2012

**Tab:** 14 **Specialty Developing Recommendation:** AAN, AANS, ACC, ACR, ASN, CNS, SIR, SVS

**First Identified:** February 2010

**2020 Medicare Utilization:** 1,758

**2022 Work RVU:** 3.92  
**2022 NF PE RVU:** 25.89  
**2022 Fac PE RVU:** 1.09

**RUC Recommendation:** 4.51

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

**Result:** Decrease

# Status Report: CMS Requests and Relativity Assessment Issues

**36222** Selective catheter placement, common carotid or innominate artery, unilateral, any approach, with angiography of the ipsilateral extracranial carotid circulation and all associated radiological supervision and interpretation, includes angiography of the cervicocerebral arch, when performed **Global:** 000 **Issue:** Cervicocerebral Angiography **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

**Most Recent RUC Meeting:** April 2012 **Tab:** 14 **Specialty Developing Recommendation:** AAN, AANS, ACC, ACR, ASN, CNS, SIR, SVS **First Identified:** February 2010 **2020 Medicare Utilization:** 5,920 **2022 Work RVU:** 5.28 **2022 NF PE RVU:** 30.52 **2022 Fac PE RVU:** 1.79

**RUC Recommendation:** 6.00 **Referred to CPT** February 2012 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

**36223** Selective catheter placement, common carotid or innominate artery, unilateral, any approach, with angiography of the ipsilateral intracranial carotid circulation and all associated radiological supervision and interpretation, includes angiography of the extracranial carotid and cervicocerebral arch, when performed **Global:** 000 **Issue:** Cervicocerebral Angiography **Screen:** Codes Reported Together 75% or More-Part1 / PE Units Screen **Complete?** Yes

**Most Recent RUC Meeting:** October 2020 **Tab:** 24 **Specialty Developing Recommendation:** AAN, AANS, ACC, ACR, ASN, CNS, SIR, SVS **First Identified:** February 2010 **2020 Medicare Utilization:** 24,795 **2022 Work RVU:** 5.75 **2022 NF PE RVU:** 41.86 **2022 Fac PE RVU:** 2.25

**RUC Recommendation:** 6.50 **Referred to CPT** February 2012 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

**36224** Selective catheter placement, internal carotid artery, unilateral, with angiography of the ipsilateral intracranial carotid circulation and all associated radiological supervision and interpretation, includes angiography of the extracranial carotid and cervicocerebral arch, when performed **Global:** 000 **Issue:** Cervicocerebral Angiography **Screen:** Codes Reported Together 75% or More-Part1 / PE Units Screen **Complete?** Yes

**Most Recent RUC Meeting:** October 2020 **Tab:** 24 **Specialty Developing Recommendation:** AAN, AANS, ACC, ACR, ASN, CNS, SIR, SVS **First Identified:** February 2010 **2020 Medicare Utilization:** 32,350 **2022 Work RVU:** 6.25 **2022 NF PE RVU:** 53.61 **2022 Fac PE RVU:** 2.70

**RUC Recommendation:** 7.55 **Referred to CPT** February 2012 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

# Status Report: CMS Requests and Relativity Assessment Issues

**36225** Selective catheter placement, subclavian or innominate artery, unilateral, with angiography of the ipsilateral vertebral circulation and all associated radiological supervision and interpretation, includes angiography of the cervicocerebral arch, when performed **Global:** 000 **Issue:** Cervicocerebral Angiography **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

**Most Recent RUC Meeting:** April 2012 **Tab:** 14 **Specialty Developing Recommendation:** AAN, AANS, ACC, ACR, ASN, CNS, SIR, SVS **First Identified:** February 2010 **2020 Medicare Utilization:** 9,398 **2022 Work RVU:** 5.75 **2022 NF PE RVU:** 39.34 **2022 Fac PE RVU:** 2.17

**RUC Recommendation:** 6.50 **Referred to CPT** February 2012 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

**36226** Selective catheter placement, vertebral artery, unilateral, with angiography of the ipsilateral vertebral circulation and all associated radiological supervision and interpretation, includes angiography of the cervicocerebral arch, when performed **Global:** 000 **Issue:** Cervicocerebral Angiography **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

**Most Recent RUC Meeting:** April 2012 **Tab:** 14 **Specialty Developing Recommendation:** AAN, AANS, ACC, ACR, ASN, CNS, SIR, SVS **First Identified:** February 2010 **2020 Medicare Utilization:** 28,231 **2022 Work RVU:** 6.25 **2022 NF PE RVU:** 51.43 **2022 Fac PE RVU:** 2.65

**RUC Recommendation:** 7.55 **Referred to CPT** February 2012 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

**36227** Selective catheter placement, external carotid artery, unilateral, with angiography of the ipsilateral external carotid circulation and all associated radiological supervision and interpretation (list separately in addition to code for primary procedure) **Global:** ZZZ **Issue:** Cervicocerebral Angiography **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

**Most Recent RUC Meeting:** April 2012 **Tab:** 14 **Specialty Developing Recommendation:** AAN, AANS, ACC, ACR, ASN, CNS, SIR, SVS **First Identified:** February 2010 **2020 Medicare Utilization:** 13,420 **2022 Work RVU:** 2.09 **2022 NF PE RVU:** 4.40 **2022 Fac PE RVU:** 0.84

**RUC Recommendation:** 2.32 **Referred to CPT** February 2012 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

# Status Report: CMS Requests and Relativity Assessment Issues

**36228** Selective catheter placement, each intracranial branch of the internal carotid or vertebral arteries, unilateral, with angiography of the selected vessel circulation and all associated radiological supervision and interpretation (eg, middle cerebral artery, posterior inferior cerebellar artery) (list separately in addition to code for primary procedure) **Global:** ZZZ **Issue:** Cervicocerebral Angiography **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

**Most Recent RUC Meeting:** April 2012

**Tab:** 14

**Specialty Developing Recommendation:** AAN, AANS, ACC, ACR, ASN, CNS, SIR, SVS

**First Identified:** February 2010

**2020 Medicare Utilization:** 1,948

**2022 Work RVU:** 4.25  
**2022 NF PE RVU:** 32.82  
**2022 Fac PE RVU:** 1.71

**RUC Recommendation:** 4.25

**Referred to CPT** February 2012

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

**Result:** Decrease

**36245** Selective catheter placement, arterial system; each first order abdominal, pelvic, or lower extremity artery branch, within a vascular family **Global:** XXX **Issue:** Selective Catheter Placement **Screen:** Harvard Valued - Utilization over 100,000 / Codes Reported Together 75% or More-Part1 / Harvard-Valued Annual Allowed Charges Greater than \$10 million **Complete?** Yes

**Most Recent RUC Meeting:** January 2013

**Tab:** 22

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

**First Identified:** October 2009

**2020 Medicare Utilization:** 35,341

**2022 Work RVU:** 4.65  
**2022 NF PE RVU:** 33.01  
**2022 Fac PE RVU:** 1.42

**RUC Recommendation:** 4.90

**Referred to CPT** February 2010 and February 2011

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

**Result:** Decrease

**36246** Selective catheter placement, arterial system; initial second order abdominal, pelvic, or lower extremity artery branch, within a vascular family **Global:** 000 **Issue:** Vascular Injection Procedures **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

**Most Recent RUC Meeting:** October 2012

**Tab:** 27

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

**First Identified:** February 2010

**2020 Medicare Utilization:** 31,792

**2022 Work RVU:** 5.02  
**2022 NF PE RVU:** 19.75  
**2022 Fac PE RVU:** 1.34

**RUC Recommendation:** 5.27

**Referred to CPT**

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

**Result:** Maintain

# Status Report: CMS Requests and Relativity Assessment Issues

**36247** Selective catheter placement, arterial system; initial third order or more selective abdominal, pelvic, or lower extremity artery branch, within a vascular family **Global:** 000 **Issue:** Vascular Injection Procedures **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

**Most Recent RUC Meeting:** October 2012

**Tab:** 27 **Specialty Developing Recommendation:** SVS, SIR, ACR, ACC

**First Identified:** February 2010

**2020 Medicare Utilization:** 60,496

**2022 Work RVU:** 6.04  
**2022 NF PE RVU:** 37.03  
**2022 Fac PE RVU:** 1.63

**RUC Recommendation:** 7.00

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

**Result:** Increase

**36248** Selective catheter placement, arterial system; additional second order, third order, and beyond, abdominal, pelvic, or lower extremity artery branch, within a vascular family (list in addition to code for initial second or third order vessel as appropriate) **Global:** ZZZ **Issue:** Catheter Placement **Screen:** CMS Fastest Growing **Complete?** Yes

**Most Recent RUC Meeting:** October 2009

**Tab:** 40 **Specialty Developing Recommendation:** ACR, SIR

**First Identified:** October 2008

**2020 Medicare Utilization:** 25,988

**2022 Work RVU:** 1.01  
**2022 NF PE RVU:** 2.43  
**2022 Fac PE RVU:** 0.28

**RUC Recommendation:** Remove from screen

**Referred to CPT** February 2010  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Remove from Screen

**36251** Selective catheter placement (first-order), main renal artery and any accessory renal artery(s) for renal angiography, including arterial puncture and catheter placement(s), fluoroscopy, contrast injection(s), image postprocessing, permanent recording of images, and radiological supervision and interpretation, including pressure gradient measurements when performed, and flush aortogram when performed; unilateral **Global:** 000 **Issue:** Renal Angiography **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

**Most Recent RUC Meeting:** April 2011

**Tab:** 11 **Specialty Developing Recommendation:** ACR, SIR

**First Identified:** February 2011

**2020 Medicare Utilization:** 3,009

**2022 Work RVU:** 5.10  
**2022 NF PE RVU:** 33.88  
**2022 Fac PE RVU:** 1.49

**RUC Recommendation:** 5.45

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

**Result:** Decrease

## Status Report: CMS Requests and Relativity Assessment Issues

**36252** Selective catheter placement (first-order), main renal artery and any accessory renal artery(s) for renal angiography, including arterial puncture and catheter placement(s), fluoroscopy, contrast injection(s), image postprocessing, permanent recording of images, and radiological supervision and interpretation, including pressure gradient measurements when performed, and flush aortogram when performed; bilateral

**Global:** 000 **Issue:** Renal Angiography **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

**Most Recent RUC Meeting:** April 2011

**Tab:** 11 **Specialty Developing Recommendation:** ACR, SIR

**First Identified:** February 2011

**2020 Medicare Utilization:** 6,222

**2022 Work RVU:** 6.74  
**2022 NF PE RVU:** 34.76  
**2022 Fac PE RVU:** 2.25

**RUC Recommendation:** 7.38

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

**Result:** Decrease

**36253** Superselective catheter placement (one or more second order or higher renal artery branches) renal artery and any accessory renal artery(s) for renal angiography, including arterial puncture, catheterization, fluoroscopy, contrast injection(s), image postprocessing, permanent recording of images, and radiological supervision and interpretation, including pressure gradient measurements when performed, and flush aortogram when performed; unilateral

**Global:** 000 **Issue:** Renal Angiography **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

**Most Recent RUC Meeting:** April 2011

**Tab:** 11 **Specialty Developing Recommendation:** ACR, SIR

**First Identified:** February 2011

**2020 Medicare Utilization:** 1,559

**2022 Work RVU:** 7.30  
**2022 NF PE RVU:** 54.16  
**2022 Fac PE RVU:** 2.15

**RUC Recommendation:** 7.55

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

**Result:** Decrease

**36254** Superselective catheter placement (one or more second order or higher renal artery branches) renal artery and any accessory renal artery(s) for renal angiography, including arterial puncture, catheterization, fluoroscopy, contrast injection(s), image postprocessing, permanent recording of images, and radiological supervision and interpretation, including pressure gradient measurements when performed, and flush aortogram when performed; bilateral

**Global:** 000 **Issue:** Renal Angiography **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

**Most Recent RUC Meeting:** April 2011

**Tab:** 11 **Specialty Developing Recommendation:** ACR, SIR

**First Identified:** February 2011

**2020 Medicare Utilization:** 154

**2022 Work RVU:** 7.90  
**2022 NF PE RVU:** 52.13  
**2022 Fac PE RVU:** 2.50

**RUC Recommendation:** 8.15

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

**Result:** Decrease



## Status Report: CMS Requests and Relativity Assessment Issues

**36410** Venipuncture, age 3 years or older, necessitating the skill of a physician or other qualified health care professional (separate procedure), for diagnostic or therapeutic purposes (not to be used for routine venipuncture) **Global:** XXX **Issue:** Venipuncture **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

**Most Recent RUC Meeting:** April 2010

**Tab:** 36 **Specialty Developing Recommendation:** ACP

**First Identified:** October 2009

**2020 Medicare Utilization:** 137,370

**2022 Work RVU:** 0.18

**2022 NF PE RVU:** 0.32

**2022 Fac PE RVU:** 0.07

**RUC Recommendation:** 0.18

**Referred to CPT**

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

**Result:** Maintain

**36475** Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; first vein treated **Global:** 000 **Issue:** Endovenous Ablation **Screen:** High Volume Growth2 **Complete?** Yes

**Most Recent RUC Meeting:** April 2014

**Tab:** 38 **Specialty Developing Recommendation:** ACC, ACR, ACS, SCAI, SIR, SVS

**First Identified:** April 2013

**2020 Medicare Utilization:** 82,131

**2022 Work RVU:** 5.30

**2022 NF PE RVU:** 26.97

**2022 Fac PE RVU:** 1.72

**RUC Recommendation:** 5.30

**Referred to CPT**

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

**Result:** Decrease

**36476** Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; subsequent vein(s) treated in a single extremity, each through separate access sites (list separately in addition to code for primary procedure) **Global:** ZZZ **Issue:** Endovenous Ablation **Screen:** High Volume Growth2 **Complete?** Yes

**Most Recent RUC Meeting:** April 2014

**Tab:** 38 **Specialty Developing Recommendation:** ACC, ACR, ACS, SCAI, SIR, SVS

**First Identified:** October 2013

**2020 Medicare Utilization:** 5,868

**2022 Work RVU:** 2.65

**2022 NF PE RVU:** 5.47

**2022 Fac PE RVU:** 0.72

**RUC Recommendation:** 2.65

**Referred to CPT**

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

**Result:** Decrease

## Status Report: CMS Requests and Relativity Assessment Issues

**36478** Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, laser; first vein treated **Global:** 000 **Issue:** Endovenous Ablation **Screen:** High Volume Growth2 **Complete?** Yes

**Most Recent**  
**RUC Meeting:** April 2014

**Tab:** 38 **Specialty Developing Recommendation:** ACC, ACR, ACS, SCAI, SIR, SVS

**First Identified:** April 2013

**2020 Medicare Utilization:** 37,437

**2022 Work RVU:** 5.30  
**2022 NF PE RVU:** 24.09  
**2022 Fac PE RVU:** 1.76

**RUC Recommendation:** 5.30

**Referred to CPT**  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Decrease

**36479** Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, laser; subsequent vein(s) treated in a single extremity, each through separate access sites (list separately in addition to code for primary procedure) **Global:** ZZZ **Issue:** Endovenous Ablation **Screen:** High Volume Growth2 **Complete?** Yes

**Most Recent**  
**RUC Meeting:** April 2014

**Tab:** 38 **Specialty Developing Recommendation:** ACC, ACR, ACS, SCAI, SIR, SVS

**First Identified:** April 2013

**2020 Medicare Utilization:** 4,399

**2022 Work RVU:** 2.65  
**2022 NF PE RVU:** 5.91  
**2022 Fac PE RVU:** 0.78

**RUC Recommendation:** 2.65

**Referred to CPT**  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Decrease

**36481** Percutaneous portal vein catheterization by any method **Global:** 000 **Issue:** Interventional Radiology Procedures **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

**Most Recent**  
**RUC Meeting:** February 2009

**Tab:** 21 **Specialty Developing Recommendation:** ACR, SIR

**First Identified:** NA

**2020 Medicare Utilization:** 709

**2022 Work RVU:** 6.73  
**2022 NF PE RVU:** 46.31  
**2022 Fac PE RVU:** 2.01

**RUC Recommendation:** New PE Inputs

**Referred to CPT**  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** PE Only

## Status Report: CMS Requests and Relativity Assessment Issues

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<b>36511</b>	Therapeutic apheresis; for white blood cells	<b>Global:</b> 000	<b>Issue:</b> Therapeutic Apheresis	<b>Screen:</b> CMS Request - Final Rule for 2016	<b>Complete?</b> Yes
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<b>Most Recent RUC Meeting:</b> January 2017	<b>Tab:</b> 12	<b>Specialty Developing Recommendation:</b> CAP, RPA
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<b>First Identified:</b> January 2017	<b>2020 Medicare Utilization:</b> 278
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<b>2022 Work RVU:</b> 2.00
<b>2022 NF PE RVU:</b> NA
<b>2022 Fac PE RVU:</b> 1.07

**RUC Recommendation:** 2.00. Refer to CPT Assistant.

<b>Referred to CPT</b> September 2016	<b>Result:</b> Increase
<b>Referred to CPT Asst</b> <input checked="" type="checkbox"/> <b>Published in CPT Asst:</b> May 2018	

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<b>36512</b>	Therapeutic apheresis; for red blood cells	<b>Global:</b> 000	<b>Issue:</b> Therapeutic Apheresis	<b>Screen:</b> CMS Request - Final Rule for 2016	<b>Complete?</b> Yes
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<b>Most Recent RUC Meeting:</b> January 2017	<b>Tab:</b> 12	<b>Specialty Developing Recommendation:</b> CAP, RPA
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<b>First Identified:</b> January 2017	<b>2020 Medicare Utilization:</b> 2,926
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<b>2022 Work RVU:</b> 2.00
<b>2022 NF PE RVU:</b> NA
<b>2022 Fac PE RVU:</b> 1.00

**RUC Recommendation:** 2.00. Refer to CPT Assistant.

<b>Referred to CPT</b> September 2016	<b>Result:</b> Increase
<b>Referred to CPT Asst</b> <input checked="" type="checkbox"/> <b>Published in CPT Asst:</b> May 2018	

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<b>36513</b>	Therapeutic apheresis; for platelets	<b>Global:</b> 000	<b>Issue:</b> Therapeutic Apheresis	<b>Screen:</b> CMS Request - Final Rule for 2016	<b>Complete?</b> Yes
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<b>Most Recent RUC Meeting:</b> January 2017	<b>Tab:</b> 12	<b>Specialty Developing Recommendation:</b> CAP, RPA
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<b>First Identified:</b> January 2017	<b>2020 Medicare Utilization:</b> 179
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<b>2022 Work RVU:</b> 2.00
<b>2022 NF PE RVU:</b> NA
<b>2022 Fac PE RVU:</b> 0.90

**RUC Recommendation:** 2.00. Refer to CPT Assistant.

<b>Referred to CPT</b> September 2016	<b>Result:</b> Increase
<b>Referred to CPT Asst</b> <input checked="" type="checkbox"/> <b>Published in CPT Asst:</b> May 2018	

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<b>36514</b>	Therapeutic apheresis; for plasma pheresis	<b>Global:</b> 000	<b>Issue:</b> Therapeutic Apheresis	<b>Screen:</b> CMS Request - Final Rule for 2016	<b>Complete?</b> Yes
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<b>Most Recent RUC Meeting:</b> January 2017	<b>Tab:</b> 12	<b>Specialty Developing Recommendation:</b> CAP, RPA
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<b>First Identified:</b> January 2017	<b>2020 Medicare Utilization:</b> 25,754
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<b>2022 Work RVU:</b> 1.81
<b>2022 NF PE RVU:</b> 15.21
<b>2022 Fac PE RVU:</b> 0.79

**RUC Recommendation:** 1.81. Refer to CPT Assistant

<b>Referred to CPT</b> September 2016	<b>Result:</b> Increase
<b>Referred to CPT Asst</b> <input checked="" type="checkbox"/> <b>Published in CPT Asst:</b> May 2018	

## Status Report: CMS Requests and Relativity Assessment Issues

**36515** Therapeutic apheresis; with extracorporeal immunoadsorption and plasma reinfusion      **Global:**      **Issue:** Therapeutic Apheresis      **Screen:** CMS Request - Final Rule for 2016      **Complete?** Yes

**Most Recent**      **Tab:** 12      **Specialty Developing**      CAP, RPA  
**RUC Meeting:** January 2017      **Recommendation:**

**First**      **2020**  
**Identified:** January 2017      **Medicare**  
**Utilization:**

**2022 Work RVU:**  
**2022 NF PE RVU:**  
**2022 Fac PE RVU:**

**RUC Recommendation:** Deleted from CPT

**Referred to CPT**      September 2016  
**Referred to CPT Asst** ☒ **Published in CPT Asst:** May 2018

**Result:** Deleted from CPT

**36516** Therapeutic apheresis; with extracorporeal immunoadsorption, selective adsorption or selective filtration and plasma reinfusion      **Global:** 000      **Issue:** Therapeutic Apheresis      **Screen:** CMS Fastest Growing / CMS Request - Final Rule for 2016      **Complete?** Yes

**Most Recent**      **Tab:** 12      **Specialty Developing**      CAP, RPA  
**RUC Meeting:** January 2017      **Recommendation:**

**First**      **2020**  
**Identified:** October 2008      **Medicare**  
**Utilization:** 978

**2022 Work RVU:** 1.56  
**2022 NF PE RVU:** 52.81  
**2022 Fac PE RVU:** 0.65

**RUC Recommendation:** 1.56. Refer to CPT Assistant

**Referred to CPT**      September 2016  
**Referred to CPT Asst** ☒ **Published in CPT Asst:** Sep 2009

**Result:** Increase

**36522** Photopheresis, extracorporeal      **Global:** 000      **Issue:** Therapeutic Apheresis      **Screen:** CMS Request - Final Rule for 2016      **Complete?** Yes

**Most Recent**      **Tab:** 12      **Specialty Developing**      CAP, RPA  
**RUC Meeting:** January 2017      **Recommendation:**

**First**      **2020**  
**Identified:** January 2017      **Medicare**  
**Utilization:** 8,511

**2022 Work RVU:** 1.75  
**2022 NF PE RVU:** 39.97  
**2022 Fac PE RVU:** 0.97

**RUC Recommendation:** 1.75. Refer to CPT Assistant

**Referred to CPT**      September 2016  
**Referred to CPT Asst** ☒ **Published in CPT Asst:** May 2018

**Result:** Increase

## Status Report: CMS Requests and Relativity Assessment Issues

**36555** Insertion of non-tunneled centrally inserted central venous catheter; younger than 5 years of age **Global:** 000 **Issue:** Insertion of Catheter **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

**Most Recent RUC Meeting:** October 2016

**Tab:** 16 **Specialty Developing Recommendation:** ACR, ASA

**First Identified:** July 2015

**2020 Medicare Utilization:** 34

**2022 Work RVU:** 1.93

**2022 NF PE RVU:** 3.64

**2022 Fac PE RVU:** 0.38

**RUC Recommendation:** 1.93

**Referred to CPT**

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Decrease

**36556** Insertion of non-tunneled centrally inserted central venous catheter; age 5 years or older **Global:** 000 **Issue:** Insertion of Catheter **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

**Most Recent RUC Meeting:** October 2016

**Tab:** 16 **Specialty Developing Recommendation:** ACR, ASA

**First Identified:** July 2015

**2020 Medicare Utilization:** 422,378

**2022 Work RVU:** 1.75

**2022 NF PE RVU:** 4.53

**2022 Fac PE RVU:** 0.50

**RUC Recommendation:** 1.75

**Referred to CPT**

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Decrease

**36568** Insertion of peripherally inserted central venous catheter (picc), without subcutaneous port or pump, without imaging guidance; younger than 5 years of age **Global:** 000 **Issue:** PICC Line Procedures **Screen:** Identified in RUC review of other services **Complete?** Yes

**Most Recent RUC Meeting:** September 2022

**Tab:** 13 **Specialty Developing Recommendation:** ACR, SIR

**First Identified:** October 2016

**2020 Medicare Utilization:** 2

**2022 Work RVU:** 2.11

**2022 NF PE RVU:** NA

**2022 Fac PE RVU:** 0.35

**RUC Recommendation:** 2.11

**Referred to CPT** September 2017

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Decrease

## Status Report: CMS Requests and Relativity Assessment Issues

**36569** Insertion of peripherally inserted central venous catheter (picc), without subcutaneous port or pump, without imaging guidance; age 5 years or older **Global:** 000 **Issue:** PICC Line Procedures **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

**Most Recent RUC Meeting:** September 2022

**Tab:** 13 **Specialty Developing Recommendation:** ACR, SIR

**First Identified:** July 2015

**2020 Medicare Utilization:** 11,928

**2022 Work RVU:** 1.90

**2022 NF PE RVU:** NA

**2022 Fac PE RVU:** 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), without subcutaneous port or pump, including all imaging guidance, image documentation, and all associated radiological supervision and interpretation required to perform the insertion; younger than 5 years of age

**Global:** 000

**Issue:** PICC Line Procedures

**Screen:** CMS High Expenditure Procedural Codes2

**Complete?** Yes

**Most Recent RUC Meeting:** September 2022

**Tab:** 13 **Specialty Developing Recommendation:** ACR, SIR, SVS

**First Identified:** September 2017

**2020 Medicare Utilization:** 26

**2022 Work RVU:** 1.82

**2022 NF PE RVU:** 9.46

**2022 Fac PE RVU:** 0.33

**RUC Recommendation:** 2.00

**Referred to CPT**

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Decrease

**36573** Insertion of peripherally inserted central venous catheter (picc), without subcutaneous port or pump, including all imaging guidance, image documentation, and all associated radiological supervision and interpretation required to perform the insertion; age 5 years or older

**Global:** 000

**Issue:** PICC Line Procedures

**Screen:** CMS High Expenditure Procedural Codes2

**Complete?** Yes

**Most Recent RUC Meeting:** September 2022

**Tab:** 13 **Specialty Developing Recommendation:** ACR, SIR, SVS

**First Identified:** September 2017

**2020 Medicare Utilization:** 75,480

**2022 Work RVU:** 1.70

**2022 NF PE RVU:** 9.96

**2022 Fac PE RVU:** 0.56

**RUC Recommendation:** 1.90

**Referred to CPT**

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Decrease

## Status Report: CMS Requests and Relativity Assessment Issues

**36584** Replacement, complete, of a peripherally inserted central venous catheter (picc), without subcutaneous port or pump, through same venous access, including all imaging guidance, image documentation, and all associated radiological supervision and interpretation required to perform the replacement **Global:** 000 **Issue:** PICC Line Procedures **Screen:** Identified in RUC review of other services **Complete?** Yes

**Most Recent RUC Meeting:** September 2022

**Tab:** 13 **Specialty Developing Recommendation:** ACR, SIR

**First Identified:** October 2016

**2020 Medicare Utilization:** 3,570

**2022 Work RVU:** 1.20

**2022 NF PE RVU:** 8.86

**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 (separate procedure); percutaneous **Global:** 000 **Issue:** Insertion of Catheter **Screen:** CMS High Expenditure Procedural Codes2 / Codes Reported Together 75%or More-Part4 / Modifier -51 Exempt **Complete?** Yes

**Most Recent RUC Meeting:** April 2018

**Tab:** 33 **Specialty Developing Recommendation:** ACR, ASA

**First Identified:** July 2015

**2020 Medicare Utilization:** 537,935

**2022 Work RVU:** 1.00

**2022 NF PE RVU:** NA

**2022 Fac PE RVU:** 0.20

**RUC Recommendation:** 1.00

**Referred to CPT**

**Result:** Decrease

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**36818** Arteriovenous anastomosis, open; by upper arm cephalic vein transposition **Global:** 090 **Issue:** Arteriovenous Anastomosis **Screen:** CMS Request - Final Rule for 2013 **Complete?** Yes

**Most Recent RUC Meeting:** October 2013

**Tab:** 10 **Specialty Developing Recommendation:** ACS, SVS

**First Identified:** November 2012

**2020 Medicare Utilization:** 4,375

**2022 Work RVU:** 12.39

**2022 NF PE RVU:** NA

**2022 Fac PE RVU:** 4.83

**RUC Recommendation:** 13.00

**Referred to CPT**

**Result:** Increase

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

## Status Report: CMS Requests and Relativity Assessment Issues

**36819** Arteriovenous anastomosis, open; by upper arm basilic vein transposition **Global:** 090 **Issue:** Arteriovenous Anastomosis **Screen:** CMS Request - Final Rule for 2013 **Complete?** Yes

**Most Recent**  
**RUC Meeting:** October 2013 **Tab:** 10 **Specialty Developing Recommendation:** ACS, SVS

**First Identified:** November 2012 **2020 Medicare Utilization:** 6,123

**2022 Work RVU:** 13.29  
**2022 NF PE RVU:** NA  
**2022 Fac PE RVU:** 4.90

**RUC Recommendation:** 15.00

**Referred to CPT**  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Increase

**36820** Arteriovenous anastomosis, open; by forearm vein transposition

**Global:** 090 **Issue:** Arteriovenous Anastomosis **Screen:** Site of Service Anomaly / CMS Request - Final Rule for 2013 **Complete?** Yes

**Most Recent**  
**RUC Meeting:** October 2013 **Tab:** 10 **Specialty Developing Recommendation:** ACS, SVS

**First Identified:** September 2007 **2020 Medicare Utilization:** 1,070

**2022 Work RVU:** 13.07  
**2022 NF PE RVU:** NA  
**2022 Fac PE RVU:** 4.88

**RUC Recommendation:** 13.99

**Referred to CPT**  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Decrease

**36821** Arteriovenous anastomosis, open; direct, any site (eg, cimino type) (separate procedure)

**Global:** 090 **Issue:** Arteriovenous Anastomosis **Screen:** Site of Service Anomaly / CMS Request - Final Rule for 2013 **Complete?** Yes

**Most Recent**  
**RUC Meeting:** October 2013 **Tab:** 10 **Specialty Developing Recommendation:** ACS, SVS

**First Identified:** September 2007 **2020 Medicare Utilization:** 26,218

**2022 Work RVU:** 11.90  
**2022 NF PE RVU:** NA  
**2022 Fac PE RVU:** 4.63

**RUC Recommendation:** 11.90

**Referred to CPT**  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Decrease



# Status Report: CMS Requests and Relativity Assessment Issues

**36822** Insertion of cannula(s) for prolonged extracorporeal circulation for cardiopulmonary insufficiency (ECMO) (separate procedure) **Global:** **Issue:** ECMO-ECLS **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

**Most Recent RUC Meeting:** April 2014

**Tab:** 11 **Specialty Developing Recommendation:** STS, AAP, ACC, SCAI

**First Identified:** February 2011

**2020 Medicare Utilization:**

**2022 Work RVU:**

**2022 NF PE RVU:**

**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 (separate procedure); autogenous graft **Global:** 090 **Issue:** Arteriovenous Anastomosis **Screen:** Site of Service Anomaly / CMS Request - Final Rule for 2013 **Complete?** Yes

**Most Recent RUC Meeting:** October 2013

**Tab:** 10 **Specialty Developing Recommendation:** ACS, SVS

**First Identified:** September 2007

**2020 Medicare Utilization:** 1,533

**2022 Work RVU:** 14.17

**2022 NF PE RVU:** NA

**2022 Fac PE RVU:** 5.64

**RUC Recommendation:** 15.93

**Referred to CPT**

**Result:** Increase

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**36830** Creation of arteriovenous fistula by other than direct arteriovenous anastomosis (separate procedure); nonautogenous graft (eg, biological collagen, thermoplastic graft) **Global:** 090 **Issue:** Arteriovenous Anastomosis **Screen:** CMS Request - Final Rule for 2013 **Complete?** Yes

**Most Recent RUC Meeting:** October 2013

**Tab:** 10 **Specialty Developing Recommendation:** ACS, SVS

**First Identified:** November 2012

**2020 Medicare Utilization:** 17,399

**2022 Work RVU:** 12.03

**2022 NF PE RVU:** NA

**2022 Fac PE RVU:** 4.60

**RUC Recommendation:** 11.90

**Referred to CPT**

**Result:** Decrease

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

# Status Report: CMS Requests and Relativity Assessment Issues

**36834** Deleted from CPT

**Global:**

**Issue:** Aneurysm Repair

**Screen:** Site of Service Anomaly

**Complete?** Yes

**Most Recent**  
**RUC Meeting:** September 2007

**Tab:** 16 **Specialty Developing** AVA, ACS  
**Recommendation:**

**First**  
**Identified:** September 2007

**2020**  
**Medicare**  
**Utilization:**

**2022 Work RVU:**

**2022 NF PE RVU:**

**2022 Fac PE RVU:**

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** February 2009

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Deleted from CPT

**36870** Thrombectomy, percutaneous, arteriovenous fistula, autogenous or nonautogenous graft (includes mechanical thrombus extraction and intra-graft thrombolysis)

**Global:**

**Issue:** Dialysis Circuit -1

**Screen:** Site of Service Anomaly (99238-Only) / CMS High Expenditure Procedural Codes / Codes Reported Together 75% or More-Part3

**Complete?** Yes

**Most Recent**  
**RUC Meeting:** January 2016

**Tab:** 14 **Specialty Developing** ACR, SIR, SVS  
**Recommendation:**

**First**  
**Identified:** September 2007

**2020**  
**Medicare**  
**Utilization:**

**2022 Work RVU:**

**2022 NF PE RVU:**

**2022 Fac PE RVU:**

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** October 2015

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Deleted from CPT

**36901** Introduction of needle(s) and/or catheter(s), dialysis circuit, with diagnostic angiography of the dialysis circuit, including all direct puncture(s) and catheter placement(s), injection(s) of contrast, all necessary imaging from the arterial anastomosis and adjacent artery through entire venous outflow including the inferior or superior vena cava, fluoroscopic guidance, radiological supervision and interpretation and image documentation and report;

**Global:** 000

**Issue:** Dialysis Circuit -1

**Screen:** Codes Reported Together 75% or More-Part3

**Complete?** Yes

**Most Recent**  
**RUC Meeting:** January 2016

**Tab:** 14 **Specialty Developing** ACR, RPA, SIR, SVS  
**Recommendation:**

**First**  
**Identified:** October 2015

**2020**  
**Medicare**  
**Utilization:** 58,681

**2022 Work RVU:** 3.36

**2022 NF PE RVU:** 17.91

**2022 Fac PE RVU:** 1.05

**RUC Recommendation:** 3.36

**Referred to CPT** October 2015

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Decrease

## Status Report: CMS Requests and Relativity Assessment Issues

<b>36902</b>	Introduction of needle(s) and/or catheter(s), dialysis circuit, with diagnostic angiography of the dialysis circuit, including all direct puncture(s) and catheter placement(s), injection(s) of contrast, all necessary imaging from the arterial anastomosis and adjacent artery through entire venous outflow including the inferior or superior vena cava, fluoroscopic guidance, radiological supervision and interpretation and image documentation and report; with transluminal balloon angioplasty, peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty	<b>Global:</b> 000	<b>Issue:</b> Dialysis Circuit -1	<b>Screen:</b> Codes Reported Together 75% or More-Part3	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2016	<b>Tab:</b> 14	<b>Specialty Developing Recommendation:</b> ACR, RPA, SIR, SVS	<b>First Identified:</b> October 2015	<b>2020 Medicare Utilization:</b> 180,136	<b>2022 Work RVU:</b> 4.83 <b>2022 NF PE RVU:</b> 31.90 <b>2022 Fac PE RVU:</b> 1.47
<b>RUC Recommendation:</b> 4.83			<b>Referred to CPT</b> October 2015 <b>Referred to CPT Asst</b> <input type="checkbox"/> <b>Published in CPT Asst:</b>	<b>Result:</b> Decrease	

<b>36903</b>	Introduction of needle(s) and/or catheter(s), dialysis circuit, with diagnostic angiography of the dialysis circuit, including all direct puncture(s) and catheter placement(s), injection(s) of contrast, all necessary imaging from the arterial anastomosis and adjacent artery through entire venous outflow including the inferior or superior vena cava, fluoroscopic guidance, radiological supervision and interpretation and image documentation and report; with transcatheter placement of intravascular stent(s), peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the stenting, and all angioplasty within the peripheral dialysis segment	<b>Global:</b> 000	<b>Issue:</b> Dialysis Circuit -1	<b>Screen:</b> Codes Reported Together 75% or More-Part3	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2016	<b>Tab:</b> 14	<b>Specialty Developing Recommendation:</b> ACR, RPA, SIR, SVS	<b>First Identified:</b> October 2015	<b>2020 Medicare Utilization:</b> 19,278	<b>2022 Work RVU:</b> 6.39 <b>2022 NF PE RVU:</b> 127.30 <b>2022 Fac PE RVU:</b> 1.82
<b>RUC Recommendation:</b> 6.39			<b>Referred to CPT</b> October 2015 <b>Referred to CPT Asst</b> <input type="checkbox"/> <b>Published in CPT Asst:</b>	<b>Result:</b> Decrease	

## Status Report: CMS Requests and Relativity Assessment Issues

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<b>36904</b>	Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic injection(s);	<b>Global:</b> 000	<b>Issue:</b> Dialysis Circuit -1	<b>Screen:</b> Codes Reported Together 75% or More-Part3	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2016	<b>Tab:</b> 14	<b>Specialty Developing Recommendation:</b> ACR, RPA, SIR, SVS	<b>First Identified:</b> October 2015	<b>2020 Medicare Utilization:</b> 3,960	<b>2022 Work RVU:</b> 7.50 <b>2022 NF PE RVU:</b> 47.32 <b>2022 Fac PE RVU:</b> 2.15
<b>RUC Recommendation:</b> 7.50			<b>Referred to CPT</b> October 2015 <b>Referred to CPT Asst</b> <input type="checkbox"/> <b>Published in CPT Asst:</b>	<b>Result:</b> Decrease	

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<b>36905</b>	Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic injection(s); with transluminal balloon angioplasty, peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty	<b>Global:</b> 000	<b>Issue:</b> Dialysis Circuit -1	<b>Screen:</b> Codes Reported Together 75% or More-Part3	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2016	<b>Tab:</b> 14	<b>Specialty Developing Recommendation:</b> ACR, RPA, SIR, SVS	<b>First Identified:</b> October 2015	<b>2020 Medicare Utilization:</b> 38,039	<b>2022 Work RVU:</b> 9.00 <b>2022 NF PE RVU:</b> 60.63 <b>2022 Fac PE RVU:</b> 2.72
<b>RUC Recommendation:</b> 9.00			<b>Referred to CPT</b> October 2015 <b>Referred to CPT Asst</b> <input type="checkbox"/> <b>Published in CPT Asst:</b>	<b>Result:</b> Decrease	

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## Status Report: CMS Requests and Relativity Assessment Issues

<b>36906</b>	Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic injection(s); with transcatheter placement of intravascular stent(s), peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the stenting, and all angioplasty within the peripheral dialysis circuit	<b>Global:</b> 000	<b>Issue:</b> Dialysis Circuit -1	<b>Screen:</b> Codes Reported Together 75% or More-Part3	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2016	<b>Tab:</b> 14	<b>Specialty Developing Recommendation:</b> ACR, RPA, SIR, SVS	<b>First Identified:</b> October 2015	<b>2020 Medicare Utilization:</b> 13,925	<b>2022 Work RVU:</b> 10.42 <b>2022 NF PE RVU:</b> 158.47 <b>2022 Fac PE RVU:</b> 3.01
<b>RUC Recommendation:</b> 10.42			<b>Referred to CPT</b> October 2015 <b>Referred to CPT Asst</b> <input type="checkbox"/> <b>Published in CPT Asst:</b>	<b>Result:</b> Decrease	
<b>36907</b>	Transluminal balloon angioplasty, central dialysis segment, performed through dialysis circuit, including all imaging and radiological supervision and interpretation required to perform the angioplasty (list separately in addition to code for primary procedure)	<b>Global:</b> ZZZ	<b>Issue:</b> Dialysis Circuit -1	<b>Screen:</b> Codes Reported Together 75% or More-Part3	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2016	<b>Tab:</b> 14	<b>Specialty Developing Recommendation:</b> ACR, RPA, SIR, SVS	<b>First Identified:</b> October 2015	<b>2020 Medicare Utilization:</b> 62,214	<b>2022 Work RVU:</b> 3.00 <b>2022 NF PE RVU:</b> 14.83 <b>2022 Fac PE RVU:</b> 0.83
<b>RUC Recommendation:</b> 3.00			<b>Referred to CPT</b> October 2015 <b>Referred to CPT Asst</b> <input type="checkbox"/> <b>Published in CPT Asst:</b>	<b>Result:</b> Decrease	
<b>36908</b>	Transcatheter placement of intravascular stent(s), central dialysis segment, performed through dialysis circuit, including all imaging and radiological supervision and interpretation required to perform the stenting, and all angioplasty in the central dialysis segment (list separately in addition to code for primary procedure)	<b>Global:</b> ZZZ	<b>Issue:</b> Dialysis Circuit -1	<b>Screen:</b> Codes Reported Together 75% or More-Part3	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2016	<b>Tab:</b> 14	<b>Specialty Developing Recommendation:</b> ACR, RPA, SIR, SVS	<b>First Identified:</b> October 2015	<b>2020 Medicare Utilization:</b> 5,044	<b>2022 Work RVU:</b> 4.25 <b>2022 NF PE RVU:</b> 39.30 <b>2022 Fac PE RVU:</b> 1.11
<b>RUC Recommendation:</b> 4.25			<b>Referred to CPT</b> October 2015 <b>Referred to CPT Asst</b> <input type="checkbox"/> <b>Published in CPT Asst:</b>	<b>Result:</b> Decrease	

## Status Report: CMS Requests and Relativity Assessment Issues

**36909** Dialysis circuit permanent vascular embolization or occlusion (including main circuit or any accessory veins), endovascular, including all imaging and radiological supervision and interpretation necessary to complete the intervention (list separately in addition to code for primary procedure) **Global:** ZZZ **Issue:** Dialysis Circuit -1 **Screen:** Codes Reported Together 75% or More-Part3 **Complete?** Yes

**Most Recent RUC Meeting:** January 2016

**Tab:** 14

**Specialty Developing Recommendation:** ACR, RPA, SIR, SVS

**First Identified:** October 2015

**2020 Medicare Utilization:** 4,891

**2022 Work RVU:** 4.12  
**2022 NF PE RVU:** 55.62  
**2022 Fac PE RVU:** 1.11

**RUC Recommendation:** 4.12

**Referred to CPT** October 2015

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Decrease

**37183** Revision of transvenous intrahepatic portosystemic shunt(s) (tips) (includes venous access, hepatic and portal vein catheterization, portography with hemodynamic evaluation, intrahepatic tract recannulization/dilatation, stent placement and all associated imaging guidance and documentation) **Global:** 000 **Issue:** Interventional Radiology Procedures **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

**Most Recent RUC Meeting:** February 2009

**Tab:** 21

**Specialty Developing Recommendation:** ACR, SIR

**First Identified:** NA

**2020 Medicare Utilization:** 850

**2022 Work RVU:** 7.74  
**2022 NF PE RVU:** 174.69  
**2022 Fac PE RVU:** 2.35

**RUC Recommendation:** New PE inputs

**Referred to CPT**

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** PE Only

**37191** Insertion of intravascular vena cava filter, endovascular approach including vascular access, vessel selection, and radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance (ultrasound and fluoroscopy), when performed **Global:** 000 **Issue:** IVC Transcatheter Procedure **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

**Most Recent RUC Meeting:** April 2011

**Tab:** 12

**Specialty Developing Recommendation:** ACR, SIR, SVS

**First Identified:** February 2011

**2020 Medicare Utilization:** 22,388

**2022 Work RVU:** 4.46  
**2022 NF PE RVU:** 58.48  
**2022 Fac PE RVU:** 1.36

**RUC Recommendation:** 4.71

**Referred to CPT** February 2011

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Decrease

## Status Report: CMS Requests and Relativity Assessment Issues

**37192** Repositioning of intravascular vena cava filter, endovascular approach including vascular access, vessel selection, and radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance (ultrasound and fluoroscopy), when performed **Global:** 000 **Issue:** IVC Transcatheter Procedure **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

**Most Recent RUC Meeting:** April 2011

**Tab:** 12 **Specialty Developing Recommendation:** ACR, SIR, SVS

**First Identified:** February 2011

**2020 Medicare Utilization:** 22

**2022 Work RVU:** 7.10  
**2022 NF PE RVU:** 30.64  
**2022 Fac PE RVU:** 1.21

**RUC Recommendation:** 8.00

**Referred to CPT** February 2011

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Decrease

**37193** Retrieval (removal) of intravascular vena cava filter, endovascular approach including vascular access, vessel selection, and radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance (ultrasound and fluoroscopy), when performed **Global:** 000 **Issue:** IVC Transcatheter Procedure **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

**Most Recent RUC Meeting:** April 2011

**Tab:** 12 **Specialty Developing Recommendation:** ACR, SIR, SVS

**First Identified:** February 2011

**2020 Medicare Utilization:** 5,916

**2022 Work RVU:** 7.10  
**2022 NF PE RVU:** 38.17  
**2022 Fac PE RVU:** 1.99

**RUC Recommendation:** 8.00

**Referred to CPT** February 2011

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Decrease

**37201** Transcatheter therapy, infusion for thrombolysis other than coronary **Global:** **Issue:** Bundle Thrombolysis **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

**Most Recent RUC Meeting:** April 2012

**Tab:** 15 **Specialty Developing Recommendation:** ACR, SIR, SVS

**First Identified:** February 2010

**2020 Medicare Utilization:**

**2022 Work RVU:**  
**2022 NF PE RVU:**  
**2022 Fac PE RVU:**

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** October 2011

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Deleted from CPT

## Status Report: CMS Requests and Relativity Assessment Issues

**37203** Transcatheter retrieval, percutaneous, of intravascular foreign body (eg, fractured venous or arterial catheter) **Global:** **Issue:** Transcatheter Procedures **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

**Most Recent RUC Meeting:** September 2011

**Tab:** 07

**Specialty Developing Recommendation:** ACC, ACR, SIR, SVS

**First Identified:** February 2010

**2020 Medicare Utilization:**

**2022 Work RVU:**

**2022 NF PE RVU:**

**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:**

**37204** Transcatheter occlusion or embolization (eg, for tumor destruction, to achieve hemostasis, to occlude a vascular malformation), percutaneous, any method, non-central nervous system, non-head or neck **Global:** **Issue:** Embolization and Occlusion Procedures **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

**Most Recent RUC Meeting:** April 2013

**Tab:** 08

**Specialty Developing Recommendation:** ACC, ACR, SIR, SVS

**First Identified:** February 2010

**2020 Medicare Utilization:**

**2022 Work RVU:**

**2022 NF PE RVU:**

**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:**

**37205** Transcatheter placement of an intravascular stent(s) (except coronary, carotid, vertebral, iliac, and lower extremity arteries), percutaneous; initial vessel **Global:** **Issue:** Endovascular Revascularization **Screen:** High Volume Growth1 / Codes Reported Together 75% or More-Part1 **Complete?** Yes

**Most Recent RUC Meeting:** April 2010

**Tab:** 07

**Specialty Developing Recommendation:** SVS, ACS, SIR, ACR, ACC

**First Identified:** February 2010

**2020 Medicare Utilization:**

**2022 Work RVU:**

**2022 NF PE RVU:**

**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:**



## Status Report: CMS Requests and Relativity Assessment Issues

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<b>37206</b>	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)	<b>Global:</b>	<b>Issue:</b> Endovascular Revascularization	<b>Screen:</b> High Volume Growth1	<b>Complete?</b> Yes
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**Most Recent RUC Meeting:** April 2010

**Tab:** 07 **Specialty Developing Recommendation:** SVS, ACS, SIR, ACR, ACC

**First Identified:** February 2010

**2020 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 Asst:**

**Result:** Deleted from CPT

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<b>37207</b>	Transcatheter placement of an intravascular stent(s) (except coronary, carotid, vertebral, iliac and lower extremity arteries), open; initial vessel	<b>Global:</b>	<b>Issue:</b> Endovascular Revascularization	<b>Screen:</b> High Volume Growth1	<b>Complete?</b> Yes
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**Most Recent RUC Meeting:** April 2010

**Tab:** 07 **Specialty Developing Recommendation:** SVS, ACS, SIR, ACR, ACC

**First Identified:** February 2010

**2020 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 Asst:**

**Result:** Deleted from CPT

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<b>37208</b>	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)	<b>Global:</b>	<b>Issue:</b> Endovascular Revascularization	<b>Screen:</b> High Volume Growth1	<b>Complete?</b> Yes
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**Most Recent RUC Meeting:** April 2010

**Tab:** 07 **Specialty Developing Recommendation:** SVS, ACS, SIR, ACR, ACC

**First Identified:** February 2010

**2020 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 Asst:**

**Result:** Deleted from CPT

# Status Report: CMS Requests and Relativity Assessment Issues

<b>37209</b>	Exchange of a previously placed intravascular catheter during thrombolytic therapy	<b>Global:</b>	<b>Issue:</b> Bundle Thrombolysis	<b>Screen:</b> Codes Reported Together 75% or More-Part1	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2012	<b>Tab:</b> 15 <b>Specialty Developing Recommendation:</b> ACR, SIR, SVS	<b>First Identified:</b> February 2010	<b>2020 Medicare Utilization:</b>	<b>2022 Work RVU:</b> <b>2022 NF PE RVU:</b> <b>2022 Fac PE RVU:</b>	
<b>RUC Recommendation:</b> Deleted from CPT		<b>Referred to CPT</b> October 2011 <b>Referred to CPT Asst</b> <input type="checkbox"/> <b>Published in CPT Asst:</b>		<b>Result:</b> Deleted from CPT	
<hr/>					
<b>37210</b>	Uterine fibroid embolization (UFE, embolization of the uterine arteries to treat uterine fibroids, leiomyomata), percutaneous approach inclusive of vascular access, vessel selection, embolization, and all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the procedure	<b>Global:</b>	<b>Issue:</b> Embolization and Occlusion Procedures	<b>Screen:</b> Codes Reported Together 75% or More-Part1	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2013	<b>Tab:</b> 08 <b>Specialty Developing Recommendation:</b> ACR, SIR, SVS	<b>First Identified:</b> February 2010	<b>2020 Medicare Utilization:</b>	<b>2022 Work RVU:</b> <b>2022 NF PE RVU:</b> <b>2022 Fac PE RVU:</b>	
<b>RUC Recommendation:</b> Deleted from CPT		<b>Referred to CPT</b> February 2013 <b>Referred to CPT Asst</b> <input type="checkbox"/> <b>Published in CPT Asst:</b>		<b>Result:</b> Deleted from CPT	
<hr/>					
<b>37211</b>	Transcatheter therapy, arterial infusion for thrombolysis other than coronary or intracranial, any method, including radiological supervision and interpretation, initial treatment day	<b>Global:</b> 000	<b>Issue:</b> Bundle Thrombolysis	<b>Screen:</b> Codes Reported Together 75% or More-Part1	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2012	<b>Tab:</b> 15 <b>Specialty Developing Recommendation:</b> ACR, SIR, SVS	<b>First Identified:</b> February 2010	<b>2020 Medicare Utilization:</b> 10,346	<b>2022 Work RVU:</b> 7.75 <b>2022 NF PE RVU:</b> NA <b>2022 Fac PE RVU:</b> 2.10	
<b>RUC Recommendation:</b> 8.00		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/> <b>Published in CPT Asst:</b>		<b>Result:</b> Decrease	

## Status Report: CMS Requests and Relativity Assessment Issues

**37212** Transcatheter therapy, venous infusion for thrombolysis, any method, including radiological supervision and interpretation, initial treatment day **Global:** 000 **Issue:** Bundle Thrombolysis **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

**Most Recent RUC Meeting:** April 2012

**Tab:** 15 **Specialty Developing Recommendation:** ACR, SIR, SVS

**First Identified:** February 2010

**2020 Medicare Utilization:** 2,474

**2022 Work RVU:** 6.81

**2022 NF PE RVU:** NA

**2022 Fac PE RVU:** 1.89

**RUC Recommendation:** 7.06

**Referred to CPT**

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Decrease

**37213** Transcatheter therapy, arterial or venous infusion for thrombolysis other than coronary, any method, including radiological supervision and interpretation, continued treatment on subsequent day during course of thrombolytic therapy, including follow-up catheter contrast injection, position change, or exchange, when performed; **Global:** 000 **Issue:** Bundle Thrombolysis **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

**Most Recent RUC Meeting:** April 2012

**Tab:** 15 **Specialty Developing Recommendation:** ACR, SIR, SVS

**First Identified:** February 2010

**2020 Medicare Utilization:** 1,877

**2022 Work RVU:** 4.75

**2022 NF PE RVU:** NA

**2022 Fac PE RVU:** 1.22

**RUC Recommendation:** 5.00

**Referred to CPT**

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Decrease

**37214** Transcatheter therapy, arterial or venous infusion for thrombolysis other than coronary, any method, including radiological supervision and interpretation, continued treatment on subsequent day during course of thrombolytic therapy, including follow-up catheter contrast injection, position change, or exchange, when performed; cessation of thrombolysis including removal of catheter and vessel closure by any method **Global:** 000 **Issue:** Bundle Thrombolysis **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

**Most Recent RUC Meeting:** April 2012

**Tab:** 15 **Specialty Developing Recommendation:** ACR, SIR, SVS

**First Identified:** February 2010

**2020 Medicare Utilization:** 5,072

**2022 Work RVU:** 2.49

**2022 NF PE RVU:** NA

**2022 Fac PE RVU:** 0.64

**RUC Recommendation:** 3.04

**Referred to CPT**

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Decrease

## Status Report: CMS Requests and Relativity Assessment Issues

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**37220**    Revascularization, endovascular, open or percutaneous, iliac artery, unilateral, initial vessel; with transluminal angioplasty    **Global:** 000    **Issue:** Endovascular Revascularization    **Screen:** High Volume Growth1    **Complete?** Yes

**Most Recent RUC Meeting:** April 2022

**Tab:** 16    **Specialty Developing Recommendation:** SVS, ACS, SIR, ACR, ACC

**First Identified:** February 2010

**2020 Medicare Utilization:** 11,274

**2022 Work RVU:** 7.90  
**2022 NF PE RVU:** 68.59  
**2022 Fac PE RVU:** 2.02

**RUC Recommendation:** Refer to CPT. 8.15

**Referred to CPT**    February 2023

**Referred to CPT Asst**    ☐    **Published in CPT Asst:**

**Result:** Decrease

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**37221**    Revascularization, endovascular, open or percutaneous, iliac artery, unilateral, initial vessel; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed    **Global:** 000    **Issue:** Endovascular Revascularization    **Screen:** High Volume Growth1    **Complete?** No

**Most Recent RUC Meeting:** April 2022

**Tab:** 16    **Specialty Developing Recommendation:** SVS, ACS, SIR, ACR, ACC

**First Identified:** February 2010

**2020 Medicare Utilization:** 30,206

**2022 Work RVU:** 9.75  
**2022 NF PE RVU:** 84.63  
**2022 Fac PE RVU:** 2.47

**RUC Recommendation:** Refer to CPT. 10.00

**Referred to CPT**    February 2023

**Referred to CPT Asst**    ☐    **Published in CPT Asst:**

**Result:** Decrease

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**37222**    Revascularization, endovascular, open or percutaneous, iliac artery, each additional ipsilateral iliac vessel; with transluminal angioplasty (list separately in addition to code for primary procedure)    **Global:** ZZZ    **Issue:** Endovascular Revascularization    **Screen:** High Volume Growth1    **Complete?** No

**Most Recent RUC Meeting:** April 2022

**Tab:** 16    **Specialty Developing Recommendation:** SVS, ACS, SIR, ACR, ACC

**First Identified:** February 2010

**2020 Medicare Utilization:** 3,085

**2022 Work RVU:** 3.73  
**2022 NF PE RVU:** 14.34  
**2022 Fac PE RVU:** 0.85

**RUC Recommendation:** Refer to CPT. 3.73

**Referred to CPT**    February 2023

**Referred to CPT Asst**    ☐    **Published in CPT Asst:**

**Result:** Decrease

## Status Report: CMS Requests and Relativity Assessment Issues

**37223** Revascularization, endovascular, open or percutaneous, iliac artery, each additional ipsilateral iliac vessel; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed (list separately in addition to code for primary procedure) **Global:** ZZZ **Issue:** Endovascular Revascularization **Screen:** High Volume Growth1 **Complete?** No

**Most Recent RUC Meeting:** April 2022 **Tab:** 16 **Specialty Developing Recommendation:** SVS, ACS, SIR, ACR, ACC **First Identified:** February 2010 **2020 Medicare Utilization:** 4,092 **2022 Work RVU:** 4.25 **2022 NF PE RVU:** 34.68 **2022 Fac PE RVU:** 0.98

**RUC Recommendation:** Refer to CPT. 4.25 **Referred to CPT** February 2023 **Referred to CPT Asst** ☐ **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 **Screen:** High Volume Growth1 **Complete?** No

**Most Recent RUC Meeting:** April 2022 **Tab:** 16 **Specialty Developing Recommendation:** SVS, ACS, SIR, ACR, ACC **First Identified:** February 2010 **2020 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 **Complete?** No

**Most Recent RUC Meeting:** April 2022 **Tab:** 16 **Specialty Developing Recommendation:** SVS, ACS, SIR, ACR, ACC **First Identified:** February 2010 **2020 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. **Referred to CPT** February 2023 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

## Status Report: CMS Requests and Relativity Assessment Issues

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<b>37226</b>	Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed	<b>Global:</b> 000	<b>Issue:</b> Endovascular Revascularization	<b>Screen:</b> High Volume Growth1	<b>Complete?</b> No
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<b>Most Recent RUC Meeting:</b> April 2022	<b>Tab:</b> 16	<b>Specialty Developing Recommendation:</b> SVS, ACS, SIR, ACR, ACC	<b>First Identified:</b> February 2010	<b>2020 Medicare Utilization:</b> 22,168	<b>2022 Work RVU:</b> 10.24 <b>2022 NF PE RVU:</b> 244.93 <b>2022 Fac PE RVU:</b> 2.60
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**RUC Recommendation:** Refer to CPT. 10.49

**Referred to CPT** February 2023

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Decrease

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<b>37227</b>	Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with transluminal stent placement(s) and atherectomy, includes angioplasty within the same vessel, when performed	<b>Global:</b> 000	<b>Issue:</b> Endovascular Revascularization	<b>Screen:</b> High Volume Growth1 / PE Screen - High Cost Supplies	<b>Complete?</b> No
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<b>Most Recent RUC Meeting:</b> April 2022	<b>Tab:</b> 16	<b>Specialty Developing Recommendation:</b> SVS, ACS, SIR, ACR, ACC	<b>First Identified:</b> February 2010	<b>2020 Medicare Utilization:</b> 21,431	<b>2022 Work RVU:</b> 14.25 <b>2022 NF PE RVU:</b> 336.35 <b>2022 Fac PE RVU:</b> 3.65
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**RUC Recommendation:** Refer to CPT. 14.50

**Referred to CPT** February 2023

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Decrease

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<b>37228</b>	Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with transluminal angioplasty	<b>Global:</b> 000	<b>Issue:</b> Endovascular Revascularization	<b>Screen:</b> High Volume Growth1	<b>Complete?</b> No
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<b>Most Recent RUC Meeting:</b> April 2022	<b>Tab:</b> 16	<b>Specialty Developing Recommendation:</b> SVS, ACS, SIR, ACR, ACC	<b>First Identified:</b> February 2010	<b>2020 Medicare Utilization:</b> 32,986	<b>2022 Work RVU:</b> 10.75 <b>2022 NF PE RVU:</b> 117.11 <b>2022 Fac PE RVU:</b> 2.69
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**RUC Recommendation:** Refer to CPT. 11.00

**Referred to CPT** February 2023

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Decrease

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## Status Report: CMS Requests and Relativity Assessment Issues

**37229**    **Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with atherectomy, includes angioplasty within the same vessel, when performed**    **Global:** 000    **Issue:** Endovascular Revascularization    **Screen:** High Volume Growth1 / PE Screen - High Cost Supplies / High Volume Growth5    **Complete?** No

**Most Recent RUC Meeting:** April 2022

**Tab:** 16    **Specialty Developing Recommendation:** SVS, ACS, SIR, ACR, ACC

**First Identified:** February 2010

**2020 Medicare Utilization:** 39,090

**2022 Work RVU:** 13.80  
**2022 NF PE RVU:** 262.74  
**2022 Fac PE RVU:** 3.66

**RUC Recommendation:** Refer to CPT. 14.05

**Referred to CPT** February 2023

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Decrease

**37230**    **Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed**    **Global:** 000    **Issue:** Endovascular Revascularization    **Screen:** High Volume Growth1    **Complete?** No

**Most Recent RUC Meeting:** April 2022

**Tab:** 16    **Specialty Developing Recommendation:** SVS, ACS, SIR, ACR, ACC

**First Identified:** February 2010

**2020 Medicare Utilization:** 2,731

**2022 Work RVU:** 13.55  
**2022 NF PE RVU:** 264.62  
**2022 Fac PE RVU:** 3.78

**RUC Recommendation:** Refer to CPT. 13.80

**Referred to CPT** February 2023

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Decrease

**37231**    **Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with transluminal stent placement(s) and atherectomy, includes angioplasty within the same vessel, when performed**    **Global:** 000    **Issue:** Endovascular Revascularization    **Screen:** High Volume Growth1    **Complete?** No

**Most Recent RUC Meeting:** April 2022

**Tab:** 16    **Specialty Developing Recommendation:** SVS, ACS, SIR, ACR, ACC

**First Identified:** February 2010

**2020 Medicare Utilization:** 2,909

**2022 Work RVU:** 14.75  
**2022 NF PE RVU:** 349.39  
**2022 Fac PE RVU:** 4.00

**RUC Recommendation:** Refer to CPT. 15.00

**Referred to CPT** February 2023

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Decrease

## Status Report: CMS Requests and Relativity Assessment Issues

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<b>37232</b>	Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with transluminal angioplasty (list separately in addition to code for primary procedure)	<b>Global:</b> ZZZ	<b>Issue:</b> Endovascular Revascularization	<b>Screen:</b> High Volume Growth1	<b>Complete?</b> No
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<b>Most Recent RUC Meeting:</b> April 2022	<b>Tab:</b> 16	<b>Specialty Developing Recommendation:</b> SVS, ACS, SIR, ACR, ACC	<b>First Identified:</b> February 2010	<b>2020 Medicare Utilization:</b> 15,768	<b>2022 Work RVU:</b> 4.00 <b>2022 NF PE RVU:</b> 20.61 <b>2022 Fac PE RVU:</b> 1.01
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**RUC Recommendation:** Refer to CPT. 4.00

**Referred to CPT** February 2023

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Decrease

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<b>37233</b>	Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with atherectomy, includes angioplasty within the same vessel, when performed (list separately in addition to code for primary procedure)	<b>Global:</b> ZZZ	<b>Issue:</b> Endovascular Revascularization	<b>Screen:</b> High Volume Growth1	<b>Complete?</b> No
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<b>Most Recent RUC Meeting:</b> April 2022	<b>Tab:</b> 16	<b>Specialty Developing Recommendation:</b> SVS, ACS, SIR, ACR, ACC	<b>First Identified:</b> February 2010	<b>2020 Medicare Utilization:</b> 8,651	<b>2022 Work RVU:</b> 6.50 <b>2022 NF PE RVU:</b> 24.00 <b>2022 Fac PE RVU:</b> 1.62
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**RUC Recommendation:** Refer to CPT. 6.50

**Referred to CPT** February 2023

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Decrease

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<b>37234</b>	Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed (list separately in addition to code for primary procedure)	<b>Global:</b> ZZZ	<b>Issue:</b> Endovascular Revascularization	<b>Screen:</b> High Volume Growth1	<b>Complete?</b> No
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<b>Most Recent RUC Meeting:</b> April 2022	<b>Tab:</b> 16	<b>Specialty Developing Recommendation:</b> SVS, ACS, SIR, ACR, ACC	<b>First Identified:</b> February 2010	<b>2020 Medicare Utilization:</b> 402	<b>2022 Work RVU:</b> 5.50 <b>2022 NF PE RVU:</b> 106.58 <b>2022 Fac PE RVU:</b> 1.56
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**RUC Recommendation:** Refer to CPT. 5.50

**Referred to CPT** February 2023

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Decrease

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# Status Report: CMS Requests and Relativity Assessment Issues

**37235** Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with transluminal stent placement(s) and atherectomy, includes angioplasty within the same vessel, when performed (list separately in addition to code for primary procedure) **Global:** ZZZ **Issue:** Endovascular Revascularization **Screen:** High Volume Growth1 **Complete?** No

**Most Recent**  
**RUC Meeting:** April 2022

**Tab:** 16 **Specialty Developing Recommendation:** SVS, ACS, SIR, ACR, ACC

**First Identified:** February 2010

**2020 Medicare Utilization:** 139

**2022 Work RVU:** 7.80  
**2022 NF PE RVU:** 112.18  
**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 artery(s) for occlusive disease, cervical carotid, extracranial vertebral or intrathoracic carotid, intracranial, or coronary), open or percutaneous, including radiological supervision and interpretation and including all angioplasty within the same vessel, when performed; initial artery **Global:** 000 **Issue:** Transcatheter Placement of Intravascular Stent **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

**Most Recent**  
**RUC Meeting:** April 2013

**Tab:** 09 **Specialty Developing Recommendation:** SVS, ACS, SIR, ACR, ACC

**First Identified:** February 2013

**2020 Medicare Utilization:** 11,118

**2022 Work RVU:** 8.75  
**2022 NF PE RVU:** 75.20  
**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 artery(s) for occlusive disease, cervical carotid, extracranial vertebral or intrathoracic carotid, intracranial, or coronary), open or percutaneous, including radiological supervision and interpretation and including all angioplasty within the same vessel, when performed; each additional artery (list separately in addition to code for primary procedure) **Global:** ZZZ **Issue:** Transcatheter Placement of Intravascular Stent **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

**Most Recent**  
**RUC Meeting:** April 2013

**Tab:** 09 **Specialty Developing Recommendation:** SVS, ACS, SIR, ACR, ACC

**First Identified:** February 2013

**2020 Medicare Utilization:** 1,341

**2022 Work RVU:** 4.25  
**2022 NF PE RVU:** 34.98  
**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:**

# Status Report: CMS Requests and Relativity Assessment Issues

**37238** Transcatheter placement of an intravascular stent(s), open or percutaneous, including radiological supervision and interpretation and including angioplasty within the same vessel, when performed; initial vein **Global:** 000 **Issue:** Transcatheter Placement of Intravascular Stent **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

**Most Recent RUC Meeting:** April 2013

**Tab:** 09 **Specialty Developing Recommendation:** SVS, ACS, SIR, ACR, ACC

**First Identified:** February 2013

**2020 Medicare Utilization:** 10,491

**2022 Work RVU:** 6.04  
**2022 NF PE RVU:** 100.31  
**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, including radiological supervision and interpretation and including angioplasty within the same vessel, when performed; each additional vein (list separately in addition to code for primary procedure) **Global:** ZZZ **Issue:** Transcatheter Placement of Intravascular Stent **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

**Most Recent RUC Meeting:** April 2013

**Tab:** 09 **Specialty Developing Recommendation:** SVS, ACS, SIR, ACR, ACC

**First Identified:** February 2013

**2020 Medicare Utilization:** 4,194

**2022 Work RVU:** 2.97  
**2022 NF PE RVU:** 49.57  
**2022 Fac PE RVU:** 0.82

**RUC Recommendation:** 3.34

**Referred to CPT** February 2013

**Result:** Decrease

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**37241** Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; venous, other than hemorrhage (eg, congenital or acquired venous malformations, venous and capillary hemangiomas, varices, varicoceles) **Global:** 000 **Issue:** Embolization and Occlusion Procedures **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

**Most Recent RUC Meeting:** April 2013

**Tab:** 08 **Specialty Developing Recommendation:** SVS, ACS, SIR, ACR, ACC

**First Identified:** February 2010

**2020 Medicare Utilization:** 1,852

**2022 Work RVU:** 8.75  
**2022 NF PE RVU:** 136.01  
**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:**

## Status Report: CMS Requests and Relativity Assessment Issues

**37242** Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; arterial, other than hemorrhage or tumor (eg, congenital or acquired arterial malformations, arteriovenous malformations, arteriovenous fistulas, aneurysms, pseudoaneurysms) **Global:** 000 **Issue:** Embolization and Occlusion Procedures **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

**Most Recent RUC Meeting:** April 2013

**Tab:** 08 **Specialty Developing Recommendation:** SVS, ACS, SIR, ACR, ACC

**First Identified:** February 2010

**2020 Medicare Utilization:** 8,018

**2022 Work RVU:** 9.80  
**2022 NF PE RVU:** 212.05  
**2022 Fac PE RVU:** 2.55

**RUC Recommendation:** 11.98

**Referred to CPT** February 2013

**Result:** Decrease

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**37243** Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; for tumors, organ ischemia, or infarction **Global:** 000 **Issue:** Embolization and Occlusion Procedures **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

**Most Recent RUC Meeting:** April 2013

**Tab:** 08 **Specialty Developing Recommendation:** SVS, ACS, SIR, ACR, ACC

**First Identified:** February 2010

**2020 Medicare Utilization:** 13,506

**2022 Work RVU:** 11.74  
**2022 NF PE RVU:** 256.53  
**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 interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; for arterial or venous hemorrhage or lymphatic extravasation **Global:** 000 **Issue:** Embolization and Occlusion Procedures **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

**Most Recent RUC Meeting:** April 2013

**Tab:** 08 **Specialty Developing Recommendation:** SVS, ACS, SIR, ACR, ACC

**First Identified:** February 2010

**2020 Medicare Utilization:** 13,195

**2022 Work RVU:** 13.75  
**2022 NF PE RVU:** 190.53  
**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:**

## Status Report: CMS Requests and Relativity Assessment Issues

**37246** Transluminal balloon angioplasty (except lower extremity artery(ies) for occlusive disease, intracranial, coronary, pulmonary, or dialysis circuit), open or percutaneous, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty within the same artery; initial artery

**Global:** 000 **Issue:** Open and Percutaneous Transluminal Angioplasty **Screen:** Codes Reported Together 75% or More-Part3 **Complete?** Yes

**Most Recent RUC Meeting:** January 2016

**Tab:** 15 **Specialty Developing Recommendation:** ACR, SIR, SVS

**First Identified:** October 2015

**2020 Medicare Utilization:** 7,743

**2022 Work RVU:** 7.00  
**2022 NF PE RVU:** 48.61  
**2022 Fac PE RVU:** 1.89

**RUC Recommendation:** 7.00

**Referred to CPT** October 2015

**Result:** Decrease

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**37247** Transluminal balloon angioplasty (except lower extremity artery(ies) for occlusive disease, intracranial, coronary, pulmonary, or dialysis circuit), open or percutaneous, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty within the same artery; each additional artery (list separately in addition to code for primary procedure)

**Global:** ZZZ **Issue:** Open and Percutaneous Transluminal Angioplasty **Screen:** Codes Reported Together 75% or More-Part3 **Complete?** Yes

**Most Recent RUC Meeting:** January 2016

**Tab:** 15 **Specialty Developing Recommendation:** ACR, SIR, SVS

**First Identified:** October 2015

**2020 Medicare Utilization:** 651

**2022 Work RVU:** 3.50  
**2022 NF PE RVU:** 12.64  
**2022 Fac PE RVU:** 0.73

**RUC Recommendation:** 3.50

**Referred to CPT** October 2015

**Result:** Decrease

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**37248** Transluminal balloon angioplasty (except dialysis circuit), open or percutaneous, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty within the same vein; initial vein

**Global:** 000 **Issue:** Open and Percutaneous Transluminal Angioplasty **Screen:** Codes Reported Together 75% or More-Part3 **Complete?** Yes

**Most Recent RUC Meeting:** January 2016

**Tab:** 15 **Specialty Developing Recommendation:** ACR, SIR, SVS

**First Identified:** October 2015

**2020 Medicare Utilization:** 14,716

**2022 Work RVU:** 6.00  
**2022 NF PE RVU:** 35.48  
**2022 Fac PE RVU:** 1.79

**RUC Recommendation:** 6.00

**Referred to CPT** October 2015

**Result:** Decrease

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

## Status Report: CMS Requests and Relativity Assessment Issues

<b>37249</b>	Transluminal balloon angioplasty (except dialysis circuit), open or percutaneous, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty within the same vein; each additional vein (list separately in addition to code for primary procedure)	<b>Global:</b> ZZZ	<b>Issue:</b> Open and Percutaneous Transluminal Angioplasty	<b>Screen:</b> Codes Reported Together 75% or More-Part3	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2016	<b>Tab:</b> 15 <b>Specialty Developing Recommendation:</b> ACR, SIR, SVS	<b>First Identified:</b> October 2015	<b>2020 Medicare Utilization:</b> 3,590	<b>2022 Work RVU:</b> 2.97 <b>2022 NF PE RVU:</b> 10.13 <b>2022 Fac PE RVU:</b> 0.76	
<b>RUC Recommendation:</b> 2.97		<b>Referred to CPT</b> October 2015 <b>Referred to CPT Asst</b> <input type="checkbox"/> <b>Published in CPT Asst:</b>		<b>Result:</b> Decrease	
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<b>37250</b>	Intravascular ultrasound (non-coronary vessel) during diagnostic evaluation and/or therapeutic intervention; initial vessel (List separately in addition to code for primary procedure)	<b>Global:</b>	<b>Issue:</b> Intravascular Ultrasound	<b>Screen:</b> Final Rule for 2015	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2015	<b>Tab:</b> 07 <b>Specialty Developing Recommendation:</b> ACC, SCAI, SIR, SVS	<b>First Identified:</b> July 2014	<b>2020 Medicare Utilization:</b>	<b>2022 Work RVU:</b> <b>2022 NF PE RVU:</b> <b>2022 Fac PE RVU:</b>	
<b>RUC Recommendation:</b> Deleted from CPT		<b>Referred to CPT</b> October 2014 <b>Referred to CPT Asst</b> <input type="checkbox"/> <b>Published in CPT Asst:</b>		<b>Result:</b> Deleted from CPT	
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<b>37251</b>	Intravascular ultrasound (non-coronary vessel) during diagnostic evaluation and/or therapeutic intervention; each additional vessel (List separately in addition to code for primary procedure)	<b>Global:</b>	<b>Issue:</b> Intravascular Ultrasound	<b>Screen:</b> Final Rule for 2015	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2015	<b>Tab:</b> 07 <b>Specialty Developing Recommendation:</b> ACC, SCAI, SIR, SVS	<b>First Identified:</b> July 2014	<b>2020 Medicare Utilization:</b>	<b>2022 Work RVU:</b> <b>2022 NF PE RVU:</b> <b>2022 Fac PE RVU:</b>	
<b>RUC Recommendation:</b> Deleted from CPT		<b>Referred to CPT</b> October 2014 <b>Referred to CPT Asst</b> <input type="checkbox"/> <b>Published in CPT Asst:</b>		<b>Result:</b> Deleted from CPT	
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## Status Report: CMS Requests and Relativity Assessment Issues

<b>37252</b>	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)	<b>Global:</b> ZZZ	<b>Issue:</b> Intravascular Ultrasound	<b>Screen:</b> Final Rule for 2015 / Work Neutrality (CPT 2016)	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2018	<b>Tab:</b> 14	<b>Specialty Developing Recommendation:</b> ACC,SCAI, SIR, SVS	<b>First Identified:</b> July 2014	<b>2020 Medicare Utilization:</b> 68,320	<b>2022 Work RVU:</b> 1.80 <b>2022 NF PE RVU:</b> 27.51 <b>2022 Fac PE RVU:</b> 0.45
<b>RUC Recommendation:</b> 1.80			<b>Referred to CPT</b> October 2014 <b>Referred to CPT Asst</b> <input type="checkbox"/> <b>Published in CPT Asst:</b>	<b>Result:</b> Decrease	
<b>37253</b>	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)	<b>Global:</b> ZZZ	<b>Issue:</b> Intravascular Ultrasound	<b>Screen:</b> Final Rule for 2015 / Work Neutrality (CPT 2016)	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2018	<b>Tab:</b> 14	<b>Specialty Developing Recommendation:</b> ACC,SCAI, SIR, SVS	<b>First Identified:</b> July 2014	<b>2020 Medicare Utilization:</b> 105,426	<b>2022 Work RVU:</b> 1.44 <b>2022 NF PE RVU:</b> 3.38 <b>2022 Fac PE RVU:</b> 0.36
<b>RUC Recommendation:</b> 1.44			<b>Referred to CPT</b> October 2014 <b>Referred to CPT Asst</b> <input type="checkbox"/> <b>Published in CPT Asst:</b>	<b>Result:</b> Decrease	
<b>37609</b>	Ligation or biopsy, temporal artery	<b>Global:</b> 010	<b>Issue:</b> Ligation	<b>Screen:</b> Site of Service Anomaly (99238-Only)	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> September 2007	<b>Tab:</b> 16	<b>Specialty Developing Recommendation:</b> SVS, ACS	<b>First Identified:</b> September 2007	<b>2020 Medicare Utilization:</b> 11,518	<b>2022 Work RVU:</b> 3.05 <b>2022 NF PE RVU:</b> 5.74 <b>2022 Fac PE RVU:</b> 2.36
<b>RUC Recommendation:</b> Reduce 99238 to 0.5			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/> <b>Published in CPT Asst:</b>	<b>Result:</b> PE Only	

## Status Report: CMS Requests and Relativity Assessment Issues

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<b>37619</b>	Ligation of inferior vena cava	<b>Global:</b> 090	<b>Issue:</b> Ligation of Inferior Vena Cava	<b>Screen:</b> Codes Reported Together 75% or More-Part1	<b>Complete?</b> Yes
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<b>Most Recent RUC Meeting:</b> April 2011	<b>Tab:</b> 13	<b>Specialty Developing Recommendation:</b> ACS, SVS	<b>First Identified:</b> February 2011	<b>2020 Medicare Utilization:</b> 51	<b>2022 Work RVU:</b> 30.00
<b>RUC Recommendation:</b> 37.60			<b>Referred to CPT</b> February 2011		<b>2022 NF PE RVU:</b> NA
			<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>2022 Fac PE RVU:</b> 13.84

**Result:** Increase

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<b>37620</b>	Interruption, partial or complete, of inferior vena cava by suture, ligation, plication, clip, extravascular, intravascular (umbrella device)	<b>Global:</b>	<b>Issue:</b> Major Vein Revision	<b>Screen:</b> Codes Reported Together 75% or More-Part1	<b>Complete?</b> Yes
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<b>Most Recent RUC Meeting:</b> April 2010	<b>Tab:</b> 45	<b>Specialty Developing Recommendation:</b> ACR, SIR, SVS	<b>First Identified:</b> February 2010	<b>2020 Medicare Utilization:</b>	<b>2022 Work RVU:</b>
<b>RUC Recommendation:</b> Deleted from CPT			<b>Referred to CPT</b> February 2011		<b>2022 NF PE RVU:</b>
			<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>2022 Fac PE RVU:</b>

**Result:** Deleted from CPT

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<b>37760</b>	Ligation of perforator veins, subfascial, radical (linton type), including skin graft, when performed, open,1 leg	<b>Global:</b> 090	<b>Issue:</b> Perorator Vein Ligation	<b>Screen:</b> Site of Service Anomaly	<b>Complete?</b> Yes
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<b>Most Recent RUC Meeting:</b> April 2009	<b>Tab:</b> 10	<b>Specialty Developing Recommendation:</b> SVS, ACS	<b>First Identified:</b> September 2007	<b>2020 Medicare Utilization:</b> 39	<b>2022 Work RVU:</b> 10.78
<b>RUC Recommendation:</b> 10.69			<b>Referred to CPT</b> February 2009		<b>2022 NF PE RVU:</b> NA
			<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>2022 Fac PE RVU:</b> 3.47

**Result:** Maintain

# Status Report: CMS Requests and Relativity Assessment Issues

<b>37761</b>	<b>Ligation of perforator vein(s), subfascial, open, including ultrasound guidance, when performed, 1 leg</b>	<b>Global:</b> 090	<b>Issue:</b> Perforator Vein Ligation	<b>Screen:</b> Site of Service Anomaly	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2009	<b>Tab:</b> 10 <b>Specialty Developing Recommendation:</b> SVS, ACS	<b>First Identified:</b> April 2009	<b>2020 Medicare Utilization:</b> 227	<b>2022 Work RVU:</b> 9.13 <b>2022 NF PE RVU:</b> NA <b>2022 Fac PE RVU:</b> 4.46	
<b>RUC Recommendation:</b> 9.00		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b> Increase	
<hr/>					
<b>37765</b>	<b>Stab phlebectomy of varicose veins, 1 extremity; 10-20 stab incisions</b>	<b>Global:</b> 010	<b>Issue:</b> Stab Phlebectomy of Varicose Veins	<b>Screen:</b> High Volume Growth1 / CMS Fastest Growing	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2018	<b>Tab:</b> 12 <b>Specialty Developing Recommendation:</b> ACS, SIR, SVS	<b>First Identified:</b> February 2008	<b>2020 Medicare Utilization:</b> 9,983	<b>2022 Work RVU:</b> 4.80 <b>2022 NF PE RVU:</b> 7.04 <b>2022 Fac PE RVU:</b> 2.12	
<b>RUC Recommendation:</b> 4.80		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b> Decrease	
<hr/>					
<b>37766</b>	<b>Stab phlebectomy of varicose veins, 1 extremity; more than 20 incisions</b>	<b>Global:</b> 010	<b>Issue:</b> Stab Phlebectomy of Varicose Veins	<b>Screen:</b> High Volume Growth1 / CMS Fastest Growing	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2018	<b>Tab:</b> 12 <b>Specialty Developing Recommendation:</b> ACS, SIR, SVS	<b>First Identified:</b> February 2008	<b>2020 Medicare Utilization:</b> 8,158	<b>2022 Work RVU:</b> 6.00 <b>2022 NF PE RVU:</b> 7.69 <b>2022 Fac PE RVU:</b> 2.44	
<b>RUC Recommendation:</b> 6.00		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b> Decrease	
<hr/>					
<b>37785</b>	<b>Ligation, division, and/or excision of varicose vein cluster(s), 1 leg</b>	<b>Global:</b> 090	<b>Issue:</b> Ligation	<b>Screen:</b> Site of Service Anomaly (99238-Only)	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> September 2007	<b>Tab:</b> 16 <b>Specialty Developing Recommendation:</b> APMA, SVS, ACS	<b>First Identified:</b> September 2007	<b>2020 Medicare Utilization:</b> 707	<b>2022 Work RVU:</b> 3.93 <b>2022 NF PE RVU:</b> 5.77 <b>2022 Fac PE RVU:</b> 2.69	
<b>RUC Recommendation:</b> Reduce 99238 to 0.5		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b> PE Only	



## Status Report: CMS Requests and Relativity Assessment Issues

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<b>38220</b>	Diagnostic bone marrow; aspiration(s)	<b>Global:</b> XXX	<b>Issue:</b> Diagnostic Bone Marrow Aspiration and Biopsy	<b>Screen:</b> CMS High Expenditure Procedural Codes2	<b>Complete?</b> Yes
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**Most Recent RUC Meeting:** April 2016

**Tab:** 06 **Specialty Developing Recommendation:** ASCO, ASH, CAP ASBMT

**First Identified:** February 2016

**2020 Medicare Utilization:** 4,953

**2022 Work RVU:** 1.20

**2022 NF PE RVU:** 3.35

**2022 Fac PE RVU:** 0.70

**RUC Recommendation:** 1.20

**Referred to CPT** February 2016

**Result:** Decrease

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

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<b>38221</b>	Diagnostic bone marrow; biopsy(ies)	<b>Global:</b> XXX	<b>Issue:</b> Diagnostic Bone Marrow Aspiration and Biopsy	<b>Screen:</b> CMS High Expenditure Procedural Codes2	<b>Complete?</b> Yes
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**Most Recent RUC Meeting:** April 2016

**Tab:** 06 **Specialty Developing Recommendation:** ASCO, ASH, CAP ASBMT

**First Identified:** July 2015

**2020 Medicare Utilization:** 8,935

**2022 Work RVU:** 1.28

**2022 NF PE RVU:** 3.46

**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:**

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<b>38222</b>	Diagnostic bone marrow; biopsy(ies) and aspiration(s)	<b>Global:</b> XXX	<b>Issue:</b> Diagnostic Bone Marrow Aspiration and Biopsy	<b>Screen:</b> CMS High Expenditure Procedural Codes2	<b>Complete?</b> Yes
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**Most Recent RUC Meeting:** April 2016

**Tab:** 06 **Specialty Developing Recommendation:** ASCO, ASH, CAP ASBMT

**First Identified:** February 2016

**2020 Medicare Utilization:** 112,874

**2022 Work RVU:** 1.44

**2022 NF PE RVU:** 3.68

**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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## Status Report: CMS Requests and Relativity Assessment Issues

**38505** Biopsy or excision of lymph node(s); by needle, superficial (eg, cervical, inguinal, axillary) **Global:** 000 **Issue:** Needle Biopsy of Lymph Nodes **Screen:** Harvard Valued - Utilization over 30,000-Part4 **Complete?** Yes

**Most Recent RUC Meeting:** October 2020

**Tab:** 15 **Specialty Developing Recommendation:** ACR, SIR

**First Identified:** October 2019

**2020 Medicare Utilization:** 32,769

**2022 Work RVU:** 1.59

**2022 NF PE RVU:** 3.60

**2022 Fac PE RVU:** 0.77

**RUC Recommendation:** 1.59

**Referred to CPT**

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Increase

**38542** Dissection, deep jugular node(s)

**Global:** 090

**Issue:** Jugular Node Dissection

**Screen:** Site of Service Anomaly

**Complete?** Yes

**Most Recent RUC Meeting:** April 2008

**Tab:** 40 **Specialty Developing Recommendation:** ACS, AAO-HNS

**First Identified:** September 2007

**2020 Medicare Utilization:** 503

**2022 Work RVU:** 7.95

**2022 NF PE RVU:** NA

**2022 Fac PE RVU:** 6.19

**RUC Recommendation:** 7.85

**Referred to CPT**

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Increase

**38570** Laparoscopy, surgical; with retroperitoneal lymph node sampling (biopsy), single or multiple

**Global:** 010

**Issue:** Laparoscopy Lymphadenectomy

**Screen:** 010-Day Global Post-Operative Visits

**Complete?** Yes

**Most Recent RUC Meeting:** September 2014

**Tab:** 12 **Specialty Developing Recommendation:** AUA

**First Identified:** January 2014

**2020 Medicare Utilization:** 5,794

**2022 Work RVU:** 8.49

**2022 NF PE RVU:** NA

**2022 Fac PE RVU:** 5.28

**RUC Recommendation:** 9.34

**Referred to CPT**

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Maintain

# Status Report: CMS Requests and Relativity Assessment Issues

**38571** Laparoscopy, surgical; with bilateral total pelvic lymphadenectomy **Global:** 010 **Issue:** Laparoscopy Lymphadenectomy **Screen:** CMS Fastest Growing / 010-Day Global Post-Operative Visits **Complete?** Yes

**Most Recent** **Tab:** 12 **Specialty Developing Recommendation:** AUA  
**RUC Meeting:** September 2014

**First Identified:** October 2008 **2020 Medicare Utilization:** 16,802

**2022 Work RVU:** 12.00  
**2022 NF PE RVU:** NA  
**2022 Fac PE RVU:** 5.89

**RUC Recommendation:** 12.00

**Referred to CPT**  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Decrease

**38572** Laparoscopy, surgical; with bilateral total pelvic lymphadenectomy and peri-aortic lymph node sampling (biopsy), single or multiple **Global:** 010 **Issue:** Laparoscopy Lymphadenectomy **Screen:** 010-Day Global Post-Operative Visits **Complete?** Yes

**Most Recent** **Tab:** 12 **Specialty Developing Recommendation:** ACOG  
**RUC Meeting:** September 2014

**First Identified:** January 2014 **2020 Medicare Utilization:** 1,824

**2022 Work RVU:** 15.60  
**2022 NF PE RVU:** NA  
**2022 Fac PE RVU:** 8.72

**RUC Recommendation:** 15.60

**Referred to CPT**  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Decrease

**38792** Injection procedure; radioactive tracer for identification of sentinel node **Global:** 000 **Issue:** Radioactive Tracer **Screen:** Negative IWPUT **Complete?** Yes

**Most Recent** **Tab:** 23 **Specialty Developing Recommendation:**  
**RUC Meeting:** January 2018

**First Identified:** April 2017 **2020 Medicare Utilization:** 29,251

**2022 Work RVU:** 0.65  
**2022 NF PE RVU:** 1.72  
**2022 Fac PE RVU:** 0.23

**RUC Recommendation:** 0.65

**Referred to CPT**  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Increase

**39400** Mediastinoscopy, includes biopsy(ies), when performed **Global:** **Issue:** Mediastinoscopy with Biopsy **Screen:** Pre-Time Analysis **Complete?** Yes

**Most Recent** **Tab:** 08 **Specialty Developing Recommendation:** STS  
**RUC Meeting:** January 2015

**First Identified:** January 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** ☐ **Published in CPT Asst:**

**Result:** Deleted from CPT

# Status Report: CMS Requests and Relativity Assessment Issues

**39401** Mediastinoscopy; includes biopsy(ies) of mediastinal mass (eg, lymphoma), when performed **Global:** 000 **Issue:** Mediastinoscopy with Biopsy **Screen:** Pre-Time Analysis **Complete?** Yes

**Most Recent**  
**RUC Meeting:** January 2015 **Tab:** 08 **Specialty Developing Recommendation:** STS

**First Identified:** October 2014

**2020 Medicare Utilization:** 375

**2022 Work RVU:** 5.44  
**2022 NF PE RVU:** NA  
**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

**Issue:** Mediastinoscopy with Biopsy

**Screen:** Pre-Time Analysis

**Complete?** Yes

**Most Recent**  
**RUC Meeting:** January 2015 **Tab:** 08 **Specialty Developing Recommendation:** STS

**First Identified:** October 2014

**2020 Medicare Utilization:** 3,044

**2022 Work RVU:** 7.25  
**2022 NF PE RVU:** NA  
**2022 Fac PE RVU:** 2.87

**RUC Recommendation:** 7.50

**Referred to CPT** October 2014

**Result:** Increase

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**40490** Biopsy of lip

**Global:** 000

**Issue:** Biopsy of Lip

**Screen:** Harvard Valued - Utilization over 30,000

**Complete?** Yes

**Most Recent**  
**RUC Meeting:** September 2011 **Tab:** 21 **Specialty Developing Recommendation:** AAO-HNS, AAD

**First Identified:** April 2011

**2020 Medicare Utilization:** 26,035

**2022 Work RVU:** 1.22  
**2022 NF PE RVU:** 2.32  
**2022 Fac PE RVU:** 0.68

**RUC Recommendation:** 1.22

**Referred to CPT**

**Result:** Maintain

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**40650** Repair lip, full thickness; vermilion only

**Global:** 090

**Issue:** PE Subcommittee

**Screen:** Emergent Procedures

**Complete?** Yes

**Most Recent**  
**RUC Meeting:** April 2016 **Tab:** 46 **Specialty Developing Recommendation:** AAOS, ACEP, and orthopaedic subspecialties

**First Identified:** October 2015

**2020 Medicare Utilization:** 311

**2022 Work RVU:** 3.78  
**2022 NF PE RVU:** 9.90  
**2022 Fac PE RVU:** 4.74

**RUC Recommendation:** PE Clinical staff pre-time revised

**Referred to CPT**

**Result:** PE Only

**Referred to CPT Asst** ☒ **Published in CPT Asst:** Nov 2016

# Status Report: CMS Requests and Relativity Assessment Issues

**40800** Drainage of abscess, cyst, hematoma, vestibule of mouth; simple

**Global:** 010 **Issue:** RAW

**Screen:** 010-Day Global Post-Operative Visits

**Complete?** Yes

**Most Recent RUC Meeting:** April 2014

**Tab:** 52

**Specialty Developing Recommendation:**

**First Identified:** January 2014

**2020 Medicare Utilization:** 2,838

**2022 Work RVU:** 1.23

**2022 NF PE RVU:** 4.76

**2022 Fac PE RVU:** 2.15

**RUC Recommendation:** Maintain

**Referred to CPT**

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Maintain

**40801** Drainage of abscess, cyst, hematoma, vestibule of mouth; complicated

**Global:** 010 **Issue:** Ostectomy

**Screen:** Site of Service Anomaly (99238-Only) / 010-Day Global Post-Operative Visits2

**Complete?** Yes

**Most Recent RUC Meeting:** January 2020

**Tab:** 37

**Specialty Developing Recommendation:** APMA, AAOS

**First Identified:** September 2007

**2020 Medicare Utilization:** 1,342

**2022 Work RVU:** 2.63

**2022 NF PE RVU:** 5.75

**2022 Fac PE RVU:** 2.91

**RUC Recommendation:** Maintain. Reduced 99238 to 0.5

**Referred to CPT**

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** PE Only

**40808** Biopsy, vestibule of mouth

**Global:** 010 **Issue:** Biopsy of Mouth Lesion

**Screen:** Negative IWPUT

**Complete?** Yes

**Most Recent RUC Meeting:** April 2018

**Tab:** 13

**Specialty Developing Recommendation:** AAOHNS, AAOMS

**First Identified:** April 2017

**2020 Medicare Utilization:** 7,939

**2022 Work RVU:** 1.05

**2022 NF PE RVU:** 3.89

**2022 Fac PE RVU:** 1.40

**RUC Recommendation:** 1.05

**Referred to CPT**

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Increase

# Status Report: CMS Requests and Relativity Assessment Issues

<b>40812</b>	Excision of lesion of mucosa and submucosa, vestibule of mouth; with simple repair	<b>Global:</b> 010	<b>Issue:</b> RAW	<b>Screen:</b> 010-Day Global Post-Operative Visits	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2014	<b>Tab:</b> 52	<b>Specialty Developing Recommendation:</b>	<b>First Identified:</b> January 2014	<b>2020 Medicare Utilization:</b> 5,069	<b>2022 Work RVU:</b> 2.37 <b>2022 NF PE RVU:</b> 5.94 <b>2022 Fac PE RVU:</b> 2.85
<b>RUC Recommendation:</b> Maintain			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b> Maintain
<hr/>					
<b>40820</b>	Destruction of lesion or scar of vestibule of mouth by physical methods (eg, laser, thermal, cryo, chemical)	<b>Global:</b> 010	<b>Issue:</b> RAW	<b>Screen:</b> 010-Day Global Post-Operative Visits	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2014	<b>Tab:</b> 52	<b>Specialty Developing Recommendation:</b>	<b>First Identified:</b> January 2014	<b>2020 Medicare Utilization:</b> 870	<b>2022 Work RVU:</b> 1.34 <b>2022 NF PE RVU:</b> 6.44 <b>2022 Fac PE RVU:</b> 3.54
<b>RUC Recommendation:</b> Maintain			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b> Maintain
<hr/>					
<b>41530</b>	Submucosal ablation of the tongue base, radiofrequency, 1 or more sites, per session	<b>Global:</b> 000	<b>Issue:</b> Submucosal ablation of tongue base	<b>Screen:</b> Final Rule for 2015	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2015	<b>Tab:</b> 26	<b>Specialty Developing Recommendation:</b> AAO-HNS	<b>First Identified:</b> July 2014	<b>2020 Medicare Utilization:</b> 248	<b>2022 Work RVU:</b> 3.50 <b>2022 NF PE RVU:</b> 24.36 <b>2022 Fac PE RVU:</b> 7.41
<b>RUC Recommendation:</b> 3.50			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b> Decrease
<hr/>					
<b>42145</b>	Palatopharyngoplasty (eg, uvulopalatopharyngoplasty, uvulopharyngoplasty)	<b>Global:</b> 090	<b>Issue:</b> Palatopharyngoplasty	<b>Screen:</b> Site of Service Anomaly	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2008	<b>Tab:</b> 41	<b>Specialty Developing Recommendation:</b> AAO-HNS	<b>First Identified:</b> September 2007	<b>2020 Medicare Utilization:</b> 359	<b>2022 Work RVU:</b> 9.78 <b>2022 NF PE RVU:</b> NA <b>2022 Fac PE RVU:</b> 9.25
<b>RUC Recommendation:</b> 9.63			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b> Maintain
<hr/>					

# Status Report: CMS Requests and Relativity Assessment Issues

**42415** Excision of parotid tumor or parotid gland; lateral lobe, with dissection and preservation of facial nerve **Global:** 090 **Issue:** Excise Parotid Gland/Lesion **Screen:** Site of Service Anomaly **Complete?** Yes

**Most Recent RUC Meeting:** February 2011

**Tab:** 27

**Specialty Developing Recommendation:** ACS, AAO-HNS

**First Identified:** September 2007

**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

**Referred to CPT**

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Maintain

**42420** Excision of parotid tumor or parotid gland; total, with dissection and preservation of facial nerve **Global:** 090 **Issue:** Excise Parotid Gland/Lesion **Screen:** Site of Service Anomaly **Complete?** Yes

**Most Recent RUC Meeting:** February 2011

**Tab:** 27

**Specialty Developing Recommendation:** ACS, AAO-HNS

**First Identified:** September 2007

**2020 Medicare Utilization:** 1,345

**2022 Work RVU:** 19.53

**2022 NF PE RVU:** NA

**2022 Fac PE RVU:** 12.70

**RUC Recommendation:** 21.00

**Referred to CPT**

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Maintain

**42440** Excision of submandibular (submaxillary) gland **Global:** 090 **Issue:** Submandibular Gland Excision **Screen:** Site of Service Anomaly **Complete?** Yes

**Most Recent RUC Meeting:** October 2010

**Tab:** 64

**Specialty Developing Recommendation:** AAO-HNS, ACS

**First Identified:** September 2007

**2020 Medicare Utilization:** 1,464

**2022 Work RVU:** 6.14

**2022 NF PE RVU:** NA

**2022 Fac PE RVU:** 5.27

**RUC Recommendation:** 7.13

**Referred to CPT**

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Maintain

**43191** Esophagoscopy, rigid, transoral; diagnostic, including collection of specimen(s) by brushing or washing when performed (separate procedure) **Global:** 000 **Issue:** Esophagoscopy **Screen:** MPC List **Complete?** Yes

**Most Recent RUC Meeting:** October 2012

**Tab:** 10

**Specialty Developing Recommendation:** AAO-HNS, ASGE, SAGES

**First Identified:** September 2011

**2020 Medicare Utilization:** 2,534

**2022 Work RVU:** 2.49

**2022 NF PE RVU:** NA

**2022 Fac PE RVU:** 1.69

**RUC Recommendation:** 2.78

**Referred to CPT**

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Increase

# Status Report: CMS Requests and Relativity Assessment Issues

**43192** Esophagoscopy, rigid, transoral; with directed submucosal injection(s), any substance      **Global:** 000      **Issue:** Esophagoscopy      **Screen:** MPC List      **Complete?** Yes

**Most Recent RUC Meeting:** October 2012

**Tab:** 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

**Referred to CPT**

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Increase

**43193** Esophagoscopy, rigid, transoral; with biopsy, single or multiple      **Global:** 000      **Issue:** Esophagoscopy      **Screen:** MPC List      **Complete?** Yes

**Most Recent RUC Meeting:** October 2012

**Tab:** 10

**Specialty Developing Recommendation:** AAO-HNS, ASGE, SAGES

**First Identified:** September 2011

**2020 Medicare Utilization:** 196

**2022 Work RVU:** 2.79

**2022 NF PE RVU:** NA

**2022 Fac PE RVU:** 1.78

**RUC Recommendation:** 3.36

**Referred to CPT**

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Increase

**43194** Esophagoscopy, rigid, transoral; with removal of foreign body(s)      **Global:** 000      **Issue:** Esophagoscopy      **Screen:** MPC List      **Complete?** Yes

**Most Recent RUC Meeting:** October 2012

**Tab:** 10

**Specialty Developing Recommendation:** AAO-HNS, ASGE, SAGES

**First Identified:** September 2011

**2020 Medicare Utilization:** 118

**2022 Work RVU:** 3.51

**2022 NF PE RVU:** NA

**2022 Fac PE RVU:** 1.60

**RUC Recommendation:** 3.99

**Referred to CPT**

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Increase

**43195** Esophagoscopy, rigid, transoral; with balloon dilation (less than 30 mm diameter)      **Global:** 000      **Issue:** Esophagoscopy      **Screen:** MPC List      **Complete?** Yes

**Most Recent RUC Meeting:** October 2012

**Tab:** 10

**Specialty Developing Recommendation:** AAO-HNS, ASGE, SAGES

**First Identified:** September 2011

**2020 Medicare Utilization:** 493

**2022 Work RVU:** 3.07

**2022 NF PE RVU:** NA

**2022 Fac PE RVU:** 1.91

**RUC Recommendation:** 3.21

**Referred to CPT**

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Increase



# Status Report: CMS Requests and Relativity Assessment Issues

**43196** Esophagoscopy, rigid, transoral; with insertion of guide wire followed by dilation over guide wire      **Global:** 000      **Issue:** Esophagoscopy      **Screen:** MPC List      **Complete?** Yes

**Most Recent RUC Meeting:** October 2012

**Tab:** 10      **Specialty Developing Recommendation:** AAO-HNS, ASGE, SAGES

**First Identified:** September 2011

**2020 Medicare Utilization:** 375

**2022 Work RVU:** 3.31

**2022 NF PE RVU:** NA

**2022 Fac PE RVU:** 2.00

**RUC Recommendation:** 3.36

**Referred to CPT**

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Increase

**43197** Esophagoscopy, flexible, transnasal; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)      **Global:** 000      **Issue:** Esophagoscopy      **Screen:** MPC List      **Complete?** Yes

**Most Recent RUC Meeting:** October 2012

**Tab:** 10      **Specialty Developing Recommendation:** AAO-HNS, ASGE, SAGES, AGA

**First Identified:** September 2011

**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

**Referred to CPT**

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Maintain

**43198** Esophagoscopy, flexible, transnasal; with biopsy, single or multiple      **Global:** 000      **Issue:** Esophagoscopy      **Screen:** MPC List      **Complete?** Yes

**Most Recent RUC Meeting:** October 2012

**Tab:** 10      **Specialty Developing Recommendation:** AAO-HNS, ASGE, SAGES, AGA

**First Identified:** September 2011

**2020 Medicare Utilization:** 210

**2022 Work RVU:** 1.82

**2022 NF PE RVU:** 4.33

**2022 Fac PE RVU:** 0.82

**RUC Recommendation:** 1.89

**Referred to CPT**

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Maintain

**43200** Esophagoscopy, flexible, transoral; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)      **Global:** 000      **Issue:** Esophagoscopy      **Screen:** MPC List      **Complete?** Yes

**Most Recent RUC Meeting:** October 2012

**Tab:** 10      **Specialty Developing Recommendation:** AAO-HNS, AGA, ASGE, SAGES

**First Identified:** September 2011

**2020 Medicare Utilization:** 4,190

**2022 Work RVU:** 1.42

**2022 NF PE RVU:** 6.43

**2022 Fac PE RVU:** 0.94

**RUC Recommendation:** 1.59

**Referred to CPT** May 2012

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Maintain

# Status Report: CMS Requests and Relativity Assessment Issues

**43201** Esophagoscopy, flexible, transoral; with directed submucosal injection(s), any substance **Global:** 000 **Issue:** Esophagoscopy **Screen:** MPC List **Complete?** Yes

**Most Recent RUC Meeting:** October 2012

**Tab:** 10

**Specialty Developing Recommendation:** AGA, ASGE, SAGES

**First Identified:** September 2011

**2020 Medicare Utilization:** 200

**2022 Work RVU:** 1.72

**2022 NF PE RVU:** 5.98

**2022 Fac PE RVU:** 1.06

**RUC Recommendation:** 1.90

**Referred to CPT** May 2012

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Decrease

**43202** Esophagoscopy, flexible, transoral; with biopsy, single or multiple

**Global:** 000

**Issue:** Esophagoscopy

**Screen:** MPC List

**Complete?** Yes

**Most Recent RUC Meeting:** October 2012

**Tab:** 10

**Specialty Developing Recommendation:** AAO-HNS, AGA, ASGE, SAGES

**First Identified:** September 2011

**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

**Referred to CPT** May 2012

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Maintain

**43204** Esophagoscopy, flexible, transoral; with injection sclerosis of esophageal varices

**Global:** 000

**Issue:** Esophagoscopy

**Screen:** MPC List

**Complete?** Yes

**Most Recent RUC Meeting:** October 2012

**Tab:** 10

**Specialty Developing Recommendation:** AGA, ASGE, SAGES

**First Identified:** September 2011

**2020 Medicare Utilization:** 17

**2022 Work RVU:** 2.33

**2022 NF PE RVU:** NA

**2022 Fac PE RVU:** 1.36

**RUC Recommendation:** 2.89

**Referred to CPT** May 2012

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Decrease

**43205** Esophagoscopy, flexible, transoral; with band ligation of esophageal varices

**Global:** 000

**Issue:** Esophagoscopy

**Screen:** MPC List

**Complete?** Yes

**Most Recent RUC Meeting:** October 2012

**Tab:** 10

**Specialty Developing Recommendation:** AGA, ASGE, SAGES

**First Identified:** September 2011

**2020 Medicare Utilization:** 109

**2022 Work RVU:** 2.44

**2022 NF PE RVU:** NA

**2022 Fac PE RVU:** 1.41

**RUC Recommendation:** 3.00

**Referred to CPT** May 2012

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Decrease

## Status Report: CMS Requests and Relativity Assessment Issues

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<b>43206</b>	<b>Esophagoscopy, flexible, transoral; with optical endomicroscopy</b>	<b>Global:</b> 000	<b>Issue:</b> Esophagoscopy	<b>Screen:</b> MPC List	<b>Complete?</b> Yes
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<b>Most Recent</b> <b>RUC Meeting:</b> October 2012	<b>Tab:</b> 10	<b>Specialty Developing Recommendation:</b> AGA, ASGE, SAGES	<b>First Identified:</b> September 2011	<b>2020 Medicare Utilization:</b> 26	<b>2022 Work RVU:</b> 2.29 <b>2022 NF PE RVU:</b> 6.70 <b>2022 Fac PE RVU:</b> 1.35
<b>RUC Recommendation:</b> 2.39			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b> Decrease

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<b>43211</b>	<b>Esophagoscopy, flexible, transoral; with endoscopic mucosal resection</b>	<b>Global:</b> 000	<b>Issue:</b> Esophagoscopy	<b>Screen:</b> MPC List	<b>Complete?</b> Yes
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<b>Most Recent</b> <b>RUC Meeting:</b> October 2012	<b>Tab:</b> 10	<b>Specialty Developing Recommendation:</b> AGA, ASGE, SAGES	<b>First Identified:</b> September 2011	<b>2020 Medicare Utilization:</b> 67	<b>2022 Work RVU:</b> 4.20 <b>2022 NF PE RVU:</b> NA <b>2022 Fac PE RVU:</b> 2.20
<b>RUC Recommendation:</b> 4.58			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b> Decrease

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<b>43212</b>	<b>Esophagoscopy, flexible, transoral; with placement of endoscopic stent (includes pre- and post-dilation and guide wire passage, when performed)</b>	<b>Global:</b> 000	<b>Issue:</b> Esophagoscopy	<b>Screen:</b> MPC List	<b>Complete?</b> Yes
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<b>Most Recent</b> <b>RUC Meeting:</b> October 2012	<b>Tab:</b> 10	<b>Specialty Developing Recommendation:</b> AGA, ASGE, SAGES	<b>First Identified:</b> September 2011	<b>2020 Medicare Utilization:</b> 493	<b>2022 Work RVU:</b> 3.40 <b>2022 NF PE RVU:</b> NA <b>2022 Fac PE RVU:</b> 1.58
<b>RUC Recommendation:</b> 3.73			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b> Decrease

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<b>43213</b>	<b>Esophagoscopy, flexible, transoral; with dilation of esophagus, by balloon or dilator, retrograde (includes fluoroscopic guidance, when performed)</b>	<b>Global:</b> 000	<b>Issue:</b> Esophagoscopy	<b>Screen:</b> MPC List	<b>Complete?</b> Yes
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<b>Most Recent</b> <b>RUC Meeting:</b> October 2012	<b>Tab:</b> 10	<b>Specialty Developing Recommendation:</b> AGA, ASGE, SAGES	<b>First Identified:</b> September 2011	<b>2020 Medicare Utilization:</b> 179	<b>2022 Work RVU:</b> 4.63 <b>2022 NF PE RVU:</b> 33.29 <b>2022 Fac PE RVU:</b> 2.26
<b>RUC Recommendation:</b> 5.00			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b> Decrease

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# Status Report: CMS Requests and Relativity Assessment Issues

**43214** Esophagoscopy, flexible, transoral; with dilation of esophagus with balloon (30 mm diameter or larger) (includes fluoroscopic guidance, when performed) **Global:** 000 **Issue:** Esophagoscopy **Screen:** MPC List **Complete?** Yes

**Most Recent RUC Meeting:** October 2012

**Tab:** 10

**Specialty Developing Recommendation:** AGA, ASGE, SAGES

**First Identified:** September 2011

**2020 Medicare Utilization:** 146

**2022 Work RVU:** 3.40

**2022 NF PE RVU:** NA

**2022 Fac PE RVU:** 1.81

**RUC Recommendation:** 3.78

**Referred to CPT**

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Decrease

**43215** Esophagoscopy, flexible, transoral; with removal of foreign body(s) **Global:** 000 **Issue:** Esophagoscopy **Screen:** MPC List **Complete?** Yes

**Most Recent RUC Meeting:** October 2012

**Tab:** 10

**Specialty Developing Recommendation:** AAO-HNS, AGA, ASGE, SAGES

**First Identified:** September 2011

**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

**Referred to CPT** May 2012

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Maintain

**43216** Esophagoscopy, flexible, transoral; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps **Global:** 000 **Issue:** Esophagoscopy **Screen:** MPC List **Complete?** Yes

**Most Recent RUC Meeting:** October 2012

**Tab:** 10

**Specialty Developing Recommendation:** AGA, ASGE, SAGES

**First Identified:** September 2011

**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

**Referred to CPT** May 2012

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Maintain

**43217** Esophagoscopy, flexible, transoral; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique **Global:** 000 **Issue:** Esophagoscopy **Screen:** MPC List **Complete?** Yes

**Most Recent RUC Meeting:** October 2012

**Tab:** 10

**Specialty Developing Recommendation:** AGA, ASGE, SAGES

**First Identified:** September 2011

**2020 Medicare Utilization:** 28

**2022 Work RVU:** 2.80

**2022 NF PE RVU:** 9.85

**2022 Fac PE RVU:** 1.57

**RUC Recommendation:** 2.90

**Referred to CPT** May 2012

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Maintain

# Status Report: CMS Requests and Relativity Assessment Issues

**43219** Esophagoscopy, rigid or flexible; with insertion of plastic tube or stent **Global:** **Issue:** Esophagoscopy **Screen:** MPC List **Complete?** Yes

**Most Recent** **Tab:** 10 **Specialty Developing** AGA, ASGE, **First** **2020**  
**RUC Meeting:** October 2012 **Recommendation:** SAGES **Identified:** September 2011 **Medicare**  
**Utilization:**  
**RUC Recommendation:** Deleted from CPT **Referred to CPT** May 2012 **Result:** Deleted from CPT  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**2022 Work RVU:**  
**2022 NF PE RVU:**  
**2022 Fac PE RVU:**

**43220** Esophagoscopy, flexible, transoral; with transendoscopic balloon dilation (less than 30 mm diameter) **Global:** 000 **Issue:** Esophagoscopy **Screen:** MPC List **Complete?** Yes

**Most Recent** **Tab:** 10 **Specialty Developing** AGA, ASGE, **First** **2020**  
**RUC Meeting:** October 2012 **Recommendation:** SAGES **Identified:** September 2011 **Medicare**  
**Utilization:** 1,676  
**RUC Recommendation:** 2.10 **Referred to CPT** May 2012 **Result:** Maintain  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**2022 Work RVU:** 2.00  
**2022 NF PE RVU:** 26.03  
**2022 Fac PE RVU:** 1.20

**43226** Esophagoscopy, flexible, transoral; with insertion of guide wire followed by passage of dilator(s) over guide wire **Global:** 000 **Issue:** Esophagoscopy **Screen:** MPC List **Complete?** Yes

**Most Recent** **Tab:** 10 **Specialty Developing** AAO-HNS, AGA, **First** **2020**  
**RUC Meeting:** October 2012 **Recommendation:** ASGE, SAGES **Identified:** September 2011 **Medicare**  
**Utilization:** 1,386  
**RUC Recommendation:** 2.34 **Referred to CPT** May 2012 **Result:** Maintain  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**2022 Work RVU:** 2.24  
**2022 NF PE RVU:** 9.29  
**2022 Fac PE RVU:** 1.25

**43227** Esophagoscopy, flexible, transoral; with control of bleeding, any method **Global:** 000 **Issue:** Esophagoscopy **Screen:** MPC List **Complete?** Yes

**Most Recent** **Tab:** 10 **Specialty Developing** AGA, ASGE, **First** **2020**  
**RUC Meeting:** October 2012 **Recommendation:** SAGES **Identified:** September 2011 **Medicare**  
**Utilization:** 164  
**RUC Recommendation:** 3.26 **Referred to CPT** May 2012 **Result:** Decrease  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**2022 Work RVU:** 2.89  
**2022 NF PE RVU:** 15.26  
**2022 Fac PE RVU:** 1.59

# Status Report: CMS Requests and Relativity Assessment Issues

**43228** Esophagoscopy, rigid or flexible; with ablation of tumor(s), polyp(s), or other lesion(s), not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique **Global:** **Issue:** Esophagoscopy **Screen:** MPC List **Complete?** Yes

**Most Recent RUC Meeting:** October 2012

**Tab:** 10 **Specialty Developing Recommendation:** AGA, ASGE, SAGES

**First Identified:** September 2011

**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** ☐ **Published in CPT Asst:**

**Result:** Deleted from CPT

**43229** Esophagoscopy, flexible, transoral; with ablation of tumor(s), polyp(s), or other lesion(s) (includes pre- and post-dilation and guide wire passage, when performed) **Global:** 000 **Issue:** Esophagoscopy **Screen:** MPC List **Complete?** Yes

**Most Recent RUC Meeting:** October 2012

**Tab:** 10 **Specialty Developing Recommendation:** AGA, ASGE, SAGES

**First Identified:** September 2011

**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** ☐ **Published in CPT Asst:**

**Result:** Decrease

**43231** Esophagoscopy, flexible, transoral; with endoscopic ultrasound examination **Global:** 000 **Issue:** Esophagoscopy **Screen:** MPC List **Complete?** Yes

**Most Recent RUC Meeting:** April 2013

**Tab:** 10 **Specialty Developing Recommendation:** AGA, ASGE, SAGES

**First Identified:** September 2011

**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** ☐ **Published in CPT Asst:**

**Result:** Maintain

**43232** Esophagoscopy, flexible, transoral; with transendoscopic ultrasound-guided intramural or transmural fine needle aspiration/biopsy(s) **Global:** 000 **Issue:** Esophagoscopy **Screen:** MPC List **Complete?** Yes

**Most Recent RUC Meeting:** April 2013

**Tab:** 10 **Specialty Developing Recommendation:** AGA, ASGE, SAGES

**First Identified:** September 2011

**2020 Medicare Utilization:** 330

**2022 Work RVU:** 3.59

**2022 NF PE RVU:** NA

**2022 Fac PE RVU:** 1.85

**RUC Recommendation:** 3.83

**Referred to CPT** May 2012

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Decrease

## Status Report: CMS Requests and Relativity Assessment Issues

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<b>43233</b>	Esophagogastroduodenoscopy, flexible, transoral; with dilation of esophagus with balloon (30 mm diameter or larger) (includes fluoroscopic guidance, when performed)	<b>Global:</b> 000	<b>Issue:</b> EGD	<b>Screen:</b> MPC List	<b>Complete?</b> Yes
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<b>Most Recent RUC Meeting:</b> January 2013	<b>Tab:</b> 08	<b>Specialty Developing Recommendation:</b> AGA, ASGE, SAGES	<b>First Identified:</b> October 2012	<b>2020 Medicare Utilization:</b> 1,145	<b>2022 Work RVU:</b> 4.07 <b>2022 NF PE RVU:</b> NA <b>2022 Fac PE RVU:</b> 2.06
<b>RUC Recommendation:</b> 4.45			<b>Referred to CPT</b> October 2012 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b> Decrease

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<b>43234</b>	Upper gastrointestinal endoscopy, simple primary examination (eg, with small diameter flexible endoscope) (separate procedure)	<b>Global:</b>	<b>Issue:</b> Esophagoscopy	<b>Screen:</b> MPC List	<b>Complete?</b> Yes
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<b>Most Recent RUC Meeting:</b> April 2013	<b>Tab:</b> 10	<b>Specialty Developing Recommendation:</b> AGA, ASGE, SAGES	<b>First Identified:</b> September 2011	<b>2020 Medicare Utilization:</b>	<b>2022 Work RVU:</b> <b>2022 NF PE RVU:</b> <b>2022 Fac PE RVU:</b>
<b>RUC Recommendation:</b> Deleted from CPT			<b>Referred to CPT</b> February 2012 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b> Deleted from CPT

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<b>43235</b>	Esophagogastroduodenoscopy, flexible, transoral; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)	<b>Global:</b> 000	<b>Issue:</b> EGD	<b>Screen:</b> MPC List / CMS High Expenditure Procedural Codes1	<b>Complete?</b> Yes
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<b>Most Recent RUC Meeting:</b> January 2013	<b>Tab:</b> 08	<b>Specialty Developing Recommendation:</b> AGA, ASGE, SAGES	<b>First Identified:</b> October 2010	<b>2020 Medicare Utilization:</b> 253,237	<b>2022 Work RVU:</b> 2.09 <b>2022 NF PE RVU:</b> 6.75 <b>2022 Fac PE RVU:</b> 1.25
<b>RUC Recommendation:</b> 2.26			<b>Referred to CPT</b> October 2012 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b> Decrease

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## Status Report: CMS Requests and Relativity Assessment Issues

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**43236** Esophagogastroduodenoscopy, flexible, transoral; with directed submucosal injection(s), any substance      **Global:** 000      **Issue:** EGD      **Screen:** CMS Fastest Growing / MPC List      **Complete?** Yes

**Most Recent RUC Meeting:** January 2013

**Tab:** 08

**Specialty Developing Recommendation:** AGA, ASGE, SAGES

**First Identified:** October 2008

**2020 Medicare Utilization:** 13,996

**2022 Work RVU:** 2.39

**2022 NF PE RVU:** 9.76

**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

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**43237** Esophagogastroduodenoscopy, flexible, transoral; with endoscopic ultrasound examination limited to the esophagus, stomach or duodenum, and adjacent structures      **Global:** 000      **Issue:** EGD      **Screen:** MPC List      **Complete?** Yes

**Most Recent RUC Meeting:** April 2013

**Tab:** 11

**Specialty Developing Recommendation:** AGA, ASGE, SAGES

**First Identified:** September 2011

**2020 Medicare Utilization:** 16,466

**2022 Work RVU:** 3.47

**2022 NF PE RVU:** NA

**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:**

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**43238** Esophagogastroduodenoscopy, flexible, transoral; with transendoscopic ultrasound-guided intramural or transmural fine needle aspiration/biopsy(s), (includes endoscopic ultrasound examination limited to the esophagus, stomach or duodenum, and adjacent structures)      **Global:** 000      **Issue:** EGD      **Screen:** MPC List      **Complete?** Yes

**Most Recent RUC Meeting:** April 2013

**Tab:** 11

**Specialty Developing Recommendation:** AGA, ASGE, SAGES

**First Identified:** September 2011

**2020 Medicare Utilization:** 13,506

**2022 Work RVU:** 4.16

**2022 NF PE RVU:** NA

**2022 Fac PE RVU:** 2.18

**RUC Recommendation:** 4.50

**Referred to CPT**      February 2013

**Result:** Decrease

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

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## Status Report: CMS Requests and Relativity Assessment Issues

**43239** Esophagogastroduodenoscopy, flexible, transoral; with biopsy, single or multiple **Global:** 000 **Issue:** EGD with Biopsy **Screen:** MPC List / CMS Request - Final Rule for 2019 **Complete?** Yes

**Most Recent RUC Meeting:** April 2019

**Tab:** 12 **Specialty Developing Recommendation:** ACG, ACS, AGA, ASGE, SAGES

**First Identified:** October 2010

**2020 Medicare Utilization:** 1,131,001

**2022 Work RVU:** 2.39

**2022 NF PE RVU:** 8.97

**2022 Fac PE RVU:** 1.38

**RUC Recommendation:** 2.39

**Referred to CPT**

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Maintain

**43240** Esophagogastroduodenoscopy, flexible, transoral; with transmural drainage of pseudocyst (includes placement of transmural drainage catheter[s]/stent[s], when performed, and endoscopic ultrasound, when performed) **Global:** 000 **Issue:** EGD **Screen:** MPC List **Complete?** Yes

**Most Recent RUC Meeting:** April 2013

**Tab:** 11 **Specialty Developing Recommendation:** AGA, ASGE, SAGES

**First Identified:** September 2011

**2020 Medicare Utilization:** 1,053

**2022 Work RVU:** 7.15

**2022 NF PE RVU:** NA

**2022 Fac PE RVU:** 3.51

**RUC Recommendation:** 7.25

**Referred to CPT** February 2013

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Increase

**43241** Esophagogastroduodenoscopy, flexible, transoral; with insertion of intraluminal tube or catheter **Global:** 000 **Issue:** EGD **Screen:** MPC List **Complete?** Yes

**Most Recent RUC Meeting:** January 2013

**Tab:** 08 **Specialty Developing Recommendation:** AGA, ASGE, SAGES

**First Identified:** September 2011

**2020 Medicare Utilization:** 4,196

**2022 Work RVU:** 2.49

**2022 NF PE RVU:** NA

**2022 Fac PE RVU:** 1.37

**RUC Recommendation:** 2.59

**Referred to CPT** October 2012

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Maintain

## Status Report: CMS Requests and Relativity Assessment Issues

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**43242** Esophagogastroduodenoscopy, flexible, transoral; with transendoscopic ultrasound-guided intramural or transmural fine needle aspiration/biopsy(s) (includes endoscopic ultrasound examination of the esophagus, stomach, and either the duodenum or a surgically altered stomach where the jejunum is examined distal to the anastomosis) **Global:** 000 **Issue:** EGD **Screen:** CMS Fastest Growing / MPC List **Complete?** Yes

**Most Recent RUC Meeting:** April 2013 **Tab:** 11 **Specialty Developing Recommendation:** AGA, ASGE, ACG **First Identified:** October 2008 **2020 Medicare Utilization:** 23,675 **2022 Work RVU:** 4.73 **2022 NF PE RVU:** NA **2022 Fac PE RVU:** 2.44

**RUC Recommendation:** 5.39 **Referred to CPT** February 2013 **Result:** Decrease

**Referred to CPT Asst** ☒ **Published in CPT Asst:** Mar 2009

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**43243** Esophagogastroduodenoscopy, flexible, transoral; with injection sclerosis of esophageal/gastric varices **Global:** 000 **Issue:** EGD **Screen:** MPC List **Complete?** Yes

**Most Recent RUC Meeting:** January 2013 **Tab:** 08 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2020 Medicare Utilization:** 491 **2022 Work RVU:** 4.27 **2022 NF PE RVU:** NA **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:**

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**43244** Esophagogastroduodenoscopy, flexible, transoral; with band ligation of esophageal/gastric varices **Global:** 000 **Issue:** EGD **Screen:** MPC List **Complete?** Yes

**Most Recent RUC Meeting:** January 2013 **Tab:** 08 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2020 Medicare Utilization:** 18,306 **2022 Work RVU:** 4.40 **2022 NF PE RVU:** NA **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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## Status Report: CMS Requests and Relativity Assessment Issues

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<b>43245</b>	<b>Esophagogastroduodenoscopy, flexible, transoral; with dilation of gastric/duodenal stricture(s) (eg, balloon, bougie)</b>	<b>Global:</b> 000	<b>Issue:</b> EGD	<b>Screen:</b> MPC List	<b>Complete?</b> Yes
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**Most Recent RUC Meeting:** January 2013

**Tab:** 08 **Specialty Developing Recommendation:** AGA, ASGE, SAGES

**First Identified:** September 2011

**2020 Medicare Utilization:** 12,727

**2022 Work RVU:** 3.08  
**2022 NF PE RVU:** 15.01  
**2022 Fac PE RVU:** 1.65

**RUC Recommendation:** 3.18

**Referred to CPT** October 2012

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Maintain

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<b>43246</b>	<b>Esophagogastroduodenoscopy, flexible, transoral; with directed placement of percutaneous gastrostomy tube</b>	<b>Global:</b> 000	<b>Issue:</b> EGD	<b>Screen:</b> MPC List	<b>Complete?</b> Yes
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**Most Recent RUC Meeting:** April 2013

**Tab:** 11 **Specialty Developing Recommendation:** AGA, ASGE, SAGES

**First Identified:** September 2011

**2020 Medicare Utilization:** 66,201

**2022 Work RVU:** 3.56  
**2022 NF PE RVU:** NA  
**2022 Fac PE RVU:** 1.79

**RUC Recommendation:** 4.32

**Referred to CPT** October 2012

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Maintain

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<b>43247</b>	<b>Esophagogastroduodenoscopy, flexible, transoral; with removal of foreign body(s)</b>	<b>Global:</b> 000	<b>Issue:</b> EGD	<b>Screen:</b> MPC List	<b>Complete?</b> Yes
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**Most Recent RUC Meeting:** January 2013

**Tab:** 08 **Specialty Developing Recommendation:** AGA, ASGE, SAGES

**First Identified:** September 2011

**2020 Medicare Utilization:** 23,932

**2022 Work RVU:** 3.11  
**2022 NF PE RVU:** 8.25  
**2022 Fac PE RVU:** 1.68

**RUC Recommendation:** 3.27

**Referred to CPT** October 2012

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Decrease

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<b>43248</b>	<b>Esophagogastroduodenoscopy, flexible, transoral; with insertion of guide wire followed by passage of dilator(s) through esophagus over guide wire</b>	<b>Global:</b> 000	<b>Issue:</b> EGD	<b>Screen:</b> MPC List	<b>Complete?</b> Yes
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**Most Recent RUC Meeting:** January 2013

**Tab:** 08 **Specialty Developing Recommendation:** AGA, ASGE, SAGES

**First Identified:** September 2011

**2020 Medicare Utilization:** 86,776

**2022 Work RVU:** 2.91  
**2022 NF PE RVU:** 9.47  
**2022 Fac PE RVU:** 1.61

**RUC Recommendation:** 3.01

**Referred to CPT** October 2012

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Decrease

## Status Report: CMS Requests and Relativity Assessment Issues

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<b>43249</b>	Esophagogastroduodenoscopy, flexible, transoral; with transendoscopic balloon dilation of esophagus (less than 30 mm diameter)	<b>Global:</b> 000	<b>Issue:</b> EGD	<b>Screen:</b> MPC List	<b>Complete?</b> Yes
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**Most Recent RUC Meeting:** January 2013

**Tab:** 08 **Specialty Developing Recommendation:** AGA, ASGE, SAGES

**First Identified:** September 2011

**2020 Medicare Utilization:** 103,830

**2022 Work RVU:** 2.67  
**2022 NF PE RVU:** 31.12  
**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:**

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<b>43250</b>	Esophagogastroduodenoscopy, flexible, transoral; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps	<b>Global:</b> 000	<b>Issue:</b> EGD	<b>Screen:</b> MPC List	<b>Complete?</b> Yes
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**Most Recent RUC Meeting:** January 2013

**Tab:** 08 **Specialty Developing Recommendation:** AGA, ASGE, SAGES

**First Identified:** September 2011

**2020 Medicare Utilization:** 2,969

**2022 Work RVU:** 2.97  
**2022 NF PE RVU:** 10.58  
**2022 Fac PE RVU:** 1.59

**RUC Recommendation:** 3.07

**Referred to CPT** October 2012

**Result:** Decrease

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

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<b>43251</b>	Esophagogastroduodenoscopy, flexible, transoral; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique	<b>Global:</b> 000	<b>Issue:</b> EGD	<b>Screen:</b> MPC List	<b>Complete?</b> Yes
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**Most Recent RUC Meeting:** April 2013

**Tab:** 11 **Specialty Developing Recommendation:** AGA, ASGE, SAGES

**First Identified:** September 2011

**2020 Medicare Utilization:** 31,307

**2022 Work RVU:** 3.47  
**2022 NF PE RVU:** 11.44  
**2022 Fac PE RVU:** 1.86

**RUC Recommendation:** 3.57

**Referred to CPT** October 2012

**Result:** Decrease

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

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## Status Report: CMS Requests and Relativity Assessment Issues

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<b>43253</b>	Esophagogastroduodenoscopy, flexible, transoral; with transendoscopic ultrasound-guided transmural injection of diagnostic or therapeutic substance(s) (eg, anesthetic, neurolytic agent) or fiducial marker(s) (includes endoscopic ultrasound examination of the esophagus, stomach, and either the duodenum or a surgically altered stomach where the jejunum is examined distal to the anastomosis)	<b>Global:</b> 000	<b>Issue:</b> EGD	<b>Screen:</b> MPC List	<b>Complete?</b> Yes
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<b>Most Recent RUC Meeting:</b> April 2013	<b>Tab:</b> 11	<b>Specialty Developing Recommendation:</b> AGA, ASGE, SAGES	<b>First Identified:</b> February 2012	<b>2020 Medicare Utilization:</b> 2,011	<b>2022 Work RVU:</b> 4.73 <b>2022 NF PE RVU:</b> NA <b>2022 Fac PE RVU:</b> 2.43
<b>RUC Recommendation:</b> 5.39			<b>Referred to CPT</b> February 2013 <b>Referred to CPT Asst</b> <input type="checkbox"/> <b>Published in CPT Asst:</b>	<b>Result:</b> Decrease	

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<b>43254</b>	Esophagogastroduodenoscopy, flexible, transoral; with endoscopic mucosal resection	<b>Global:</b> 000	<b>Issue:</b> EGD	<b>Screen:</b> MPC List	<b>Complete?</b> Yes
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<b>Most Recent RUC Meeting:</b> January 2013	<b>Tab:</b> 08	<b>Specialty Developing Recommendation:</b> AGA, ASGE, SAGES	<b>First Identified:</b> October 2012	<b>2020 Medicare Utilization:</b> 4,869	<b>2022 Work RVU:</b> 4.87 <b>2022 NF PE RVU:</b> NA <b>2022 Fac PE RVU:</b> 2.49
<b>RUC Recommendation:</b> 5.25			<b>Referred to CPT</b> October 2012 <b>Referred to CPT Asst</b> <input type="checkbox"/> <b>Published in CPT Asst:</b>	<b>Result:</b> Decrease	

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<b>43255</b>	Esophagogastroduodenoscopy, flexible, transoral; with control of bleeding, any method	<b>Global:</b> 000	<b>Issue:</b> EGD	<b>Screen:</b> MPC List	<b>Complete?</b> Yes
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<b>Most Recent RUC Meeting:</b> January 2013	<b>Tab:</b> 08	<b>Specialty Developing Recommendation:</b> AGA, ASGE, SAGES	<b>First Identified:</b> September 2011	<b>2020 Medicare Utilization:</b> 57,096	<b>2022 Work RVU:</b> 3.56 <b>2022 NF PE RVU:</b> 15.52 <b>2022 Fac PE RVU:</b> 1.91
<b>RUC Recommendation:</b> 4.20			<b>Referred to CPT</b> October 2012 <b>Referred to CPT Asst</b> <input type="checkbox"/> <b>Published in CPT Asst:</b>	<b>Result:</b> Decrease	

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## Status Report: CMS Requests and Relativity Assessment Issues

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<b>43256</b>	Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with transendoscopic stent placement (includes predilation)	<b>Global:</b>	<b>Issue:</b> EGD	<b>Screen:</b> MPC List	<b>Complete?</b> Yes
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**Most Recent RUC Meeting:** January 2013

**Tab:** 08 **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** October 2012

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Deleted from CPT

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<b>43257</b>	Esophagogastroduodenoscopy, flexible, transoral; with delivery of thermal energy to the muscle of lower esophageal sphincter and/or gastric cardia, for treatment of gastroesophageal reflux disease	<b>Global:</b> 000	<b>Issue:</b> EGD	<b>Screen:</b> MPC List	<b>Complete?</b> Yes
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**Most Recent RUC Meeting:** January 2013

**Tab:** 08 **Specialty Developing Recommendation:** AGA, ASGE, SAGES

**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** ☐ **Published in CPT Asst:**

**Result:** Decrease

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<b>43258</b>	Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with ablation of tumor(s), polyp(s), or other lesion(s) not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique	<b>Global:</b>	<b>Issue:</b> EGD	<b>Screen:</b> MPC List	<b>Complete?</b> Yes
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**Most Recent RUC Meeting:** January 2013

**Tab:** 08 **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** October 2012

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Deleted from CPT

## Status Report: CMS Requests and Relativity Assessment Issues

**43259** Esophagogastroduodenoscopy, flexible, transoral; with endoscopic ultrasound examination, including the esophagus, stomach, and either the duodenum or a surgically altered stomach where the jejunum is examined distal to the anastomosis **Global:** 000 **Issue:** EGD **Screen:** CMS Fastest Growing **Complete?** Yes

**Most Recent RUC Meeting:** April 2013

**Tab:** 11 **Specialty Developing Recommendation:** AGA, ASGE, ACG

**First Identified:** October 2008

**2020 Medicare Utilization:** 28,786

**2022 Work RVU:** 4.04

**2022 NF PE RVU:** NA

**2022 Fac PE RVU:** 2.13

**RUC Recommendation:** 4.74

**Referred to CPT** February 2013

**Result:** Decrease

**Referred to CPT Asst** ☒ **Published in CPT Asst:** Mar 2009

**43260** Endoscopic retrograde cholangiopancreatography (ercp); diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure) **Global:** 000 **Issue:** ERCP **Screen:** MPC List **Complete?** Yes

**Most Recent RUC Meeting:** April 2013

**Tab:** 12 **Specialty Developing Recommendation:** AGA, ASGE, SAGES

**First Identified:** September 2011

**2020 Medicare Utilization:** 4,228

**2022 Work RVU:** 5.85

**2022 NF PE RVU:** NA

**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 multiple **Global:** 000 **Issue:** ERCP **Screen:** MPC List **Complete?** Yes

**Most Recent RUC Meeting:** April 2013

**Tab:** 12 **Specialty Developing Recommendation:** AGA, ASGE, SAGES

**First Identified:** September 2011

**2020 Medicare Utilization:** 6,788

**2022 Work RVU:** 6.15

**2022 NF PE RVU:** NA

**2022 Fac PE RVU:** 3.07

**RUC Recommendation:** 6.25

**Referred to CPT** January 2013

**Result:** Decrease

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

# Status Report: CMS Requests and Relativity Assessment Issues

<b>43262</b>	Endoscopic retrograde cholangiopancreatography (ercp); with sphincterotomy/papillotomy	<b>Global:</b> 000	<b>Issue:</b> ERCP	<b>Screen:</b> MPC List	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2013	<b>Tab:</b> 12	<b>Specialty Developing Recommendation:</b> AGA, ASGE, SAGES	<b>First Identified:</b> September 2011	<b>2020 Medicare Utilization:</b> 26,478	<b>2022 Work RVU:</b> 6.50 <b>2022 NF PE RVU:</b> NA <b>2022 Fac PE RVU:</b> 3.23
<b>RUC Recommendation:</b> 6.60		<b>Referred to CPT</b> January 2013	<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b> Decrease
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<b>43263</b>	Endoscopic retrograde cholangiopancreatography (ercp); with pressure measurement of sphincter of oddi	<b>Global:</b> 000	<b>Issue:</b> ERCP	<b>Screen:</b> MPC List	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2013	<b>Tab:</b> 12	<b>Specialty Developing Recommendation:</b> AGA, ASGE, SAGES	<b>First Identified:</b> September 2011	<b>2020 Medicare Utilization:</b> 47	<b>2022 Work RVU:</b> 6.50 <b>2022 NF PE RVU:</b> NA <b>2022 Fac PE RVU:</b> 3.23
<b>RUC Recommendation:</b> 7.28		<b>Referred to CPT</b> February 2013	<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b> Maintain
<hr/>					
<b>43264</b>	Endoscopic retrograde cholangiopancreatography (ercp); with removal of calculi/debris from biliary/pancreatic duct(s)	<b>Global:</b> 000	<b>Issue:</b> ERCP	<b>Screen:</b> Harvard Valued - Utilization over 30,000 / MPC List / Harvard-Valued Annual Allowed Charges Greater than \$10 million	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2013	<b>Tab:</b> 12	<b>Specialty Developing Recommendation:</b> AGA, ASGE, SAGES	<b>First Identified:</b> April 2011	<b>2020 Medicare Utilization:</b> 51,951	<b>2022 Work RVU:</b> 6.63 <b>2022 NF PE RVU:</b> NA <b>2022 Fac PE RVU:</b> 3.28
<b>RUC Recommendation:</b> 6.73		<b>Referred to CPT</b> February 2013	<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b> Decrease



## Status Report: CMS Requests and Relativity Assessment Issues

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<b>43265</b>	Endoscopic retrograde cholangiopancreatography (ercp); with destruction of calculi, any method (eg, mechanical, electrohydraulic, lithotripsy)	<b>Global:</b> 000	<b>Issue:</b> ERCP	<b>Screen:</b> MPC List	<b>Complete?</b> Yes
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**Most Recent RUC Meeting:** April 2013

**Tab:** 12 **Specialty Developing Recommendation:** AGA, ASGE, SAGES

**First Identified:** September 2011 **2020 Medicare Utilization:** 2,379

**2022 Work RVU:** 7.93

**2022 NF PE RVU:** NA

**2022 Fac PE RVU:** 3.87

**RUC Recommendation:** 8.03

**Referred to CPT** February 2013

**Result:** Decrease

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

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<b>43266</b>	Esophagogastroduodenoscopy, flexible, transoral; with placement of endoscopic stent (includes pre- and post-dilation and guide wire passage, when performed)	<b>Global:</b> 000	<b>Issue:</b> EGD	<b>Screen:</b> MPC List	<b>Complete?</b> Yes
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**Most Recent RUC Meeting:** January 2013

**Tab:** 08 **Specialty Developing Recommendation:** AGA, ASGE, SAGES

**First Identified:** October 2012 **2020 Medicare Utilization:** 5,609

**2022 Work RVU:** 3.92

**2022 NF PE RVU:** NA

**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:**

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<b>43267</b>	Endoscopic retrograde cholangiopancreatography (ERCP); with endoscopic retrograde insertion of nasobiliary or nasopancreatic drainage tube	<b>Global:</b>	<b>Issue:</b> ERCP	<b>Screen:</b> MPC List	<b>Complete?</b> Yes
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**Most Recent RUC Meeting:** April 2013

**Tab:** 12 **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** February 2013

**Result:** Deleted from CPT

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

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## Status Report: CMS Requests and Relativity Assessment Issues

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<b>43268</b>	Endoscopic retrograde cholangiopancreatography (ERCP); with endoscopic retrograde insertion of tube or stent into bile or pancreatic duct	<b>Global:</b>	<b>Issue:</b> ERCP	<b>Screen:</b> Harvard Valued - Utilization over 30,000 / MPC List	<b>Complete?</b> Yes
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**Most Recent RUC Meeting:** April 2013

**Tab:** 12 **Specialty Developing Recommendation:** AGA, ASGE, SAGES

**First Identified:** April 2011

**2020 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 Asst:**

**Result:** Deleted from CPT

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<b>43269</b>	Endoscopic retrograde cholangiopancreatography (ERCP); with endoscopic retrograde removal of foreign body and/or change of tube or stent	<b>Global:</b>	<b>Issue:</b> ERCP	<b>Screen:</b> MPC List	<b>Complete?</b> Yes
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**Most Recent RUC Meeting:** April 2013

**Tab:** 12 **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** February 2013

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Deleted from CPT

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<b>43270</b>	Esophagogastroduodenoscopy, flexible, transoral; with ablation of tumor(s), polyp(s), or other lesion(s) (includes pre- and post-dilation and guide wire passage, when performed)	<b>Global:</b> 000	<b>Issue:</b> EGD	<b>Screen:</b> MPC List	<b>Complete?</b> Yes
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**Most Recent RUC Meeting:** January 2013

**Tab:** 08 **Specialty Developing Recommendation:** AGA, ASGE, SAGES

**First Identified:** October 2012

**2020 Medicare Utilization:** 17,190

**2022 Work RVU:** 4.01  
**2022 NF PE RVU:** 18.26  
**2022 Fac PE RVU:** 2.11

**RUC Recommendation:** 4.39

**Referred to CPT** October 2012

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Decrease

## Status Report: CMS Requests and Relativity Assessment Issues

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<b>43271</b>	Endoscopic retrograde cholangiopancreatography (ERCP); with endoscopic retrograde balloon dilation of ampulla, biliary and/or pancreatic duct(s)	<b>Global:</b>	<b>Issue:</b> ERCP	<b>Screen:</b> MPC List	<b>Complete?</b> Yes
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**Most Recent RUC Meeting:** April 2013

**Tab:** 12 **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** February 2013

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Deleted from CPT

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<b>43272</b>	Endoscopic retrograde cholangiopancreatography (ERCP); with ablation of tumor(s), polyp(s), or other lesion(s) not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique	<b>Global:</b>	<b>Issue:</b> ERCP	<b>Screen:</b> MPC List	<b>Complete?</b> Yes
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**Most Recent RUC Meeting:** April 2013

**Tab:** 12 **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** February 2013

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Deleted from CPT

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<b>43273</b>	Endoscopic cannulation of papilla with direct visualization of pancreatic/common bile duct(s) (list separately in addition to code(s) for primary procedure)	<b>Global:</b> ZZZ	<b>Issue:</b> ERCP	<b>Screen:</b> MPC List	<b>Complete?</b> Yes
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**Most Recent RUC Meeting:** April 2013

**Tab:** 12 **Specialty Developing Recommendation:** AGA, ASGE, SAGES

**First Identified:** September 2011

**2020 Medicare Utilization:** 7,409

**2022 Work RVU:** 2.24  
**2022 NF PE RVU:** NA  
**2022 Fac PE RVU:** 1.00

**RUC Recommendation:** 2.24

**Referred to CPT** February 2013

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Maintain

## Status Report: CMS Requests and Relativity Assessment Issues

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<b>43274</b> Endoscopic retrograde cholangiopancreatography (ercp); with placement of endoscopic stent into biliary or pancreatic duct, including pre- and post-dilation and guide wire passage, when performed, including sphincterotomy, when performed, each stent	<b>Global:</b> 000	<b>Issue:</b> ERCP	<b>Screen:</b> MPC List	<b>Complete?</b> Yes
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<b>Most Recent RUC Meeting:</b> April 2013	<b>Tab:</b> 12	<b>Specialty Developing Recommendation:</b> AGA, ASGE, SAGES	<b>First Identified:</b> September 2011	<b>2020 Medicare Utilization:</b> 40,694	<b>2022 Work RVU:</b> 8.48 <b>2022 NF PE RVU:</b> NA <b>2022 Fac PE RVU:</b> 4.10
<b>RUC Recommendation:</b> 8.74			<b>Referred to CPT</b> February 2013 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b> Decrease

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<b>43275</b> Endoscopic retrograde cholangiopancreatography (ercp); with removal of foreign body(s) or stent(s) from biliary/pancreatic duct(s)	<b>Global:</b> 000	<b>Issue:</b> ERCP	<b>Screen:</b> MPC List	<b>Complete?</b> Yes
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<b>Most Recent RUC Meeting:</b> April 2013	<b>Tab:</b> 12	<b>Specialty Developing Recommendation:</b> AGA, ASGE, SAGES	<b>First Identified:</b> September 2011	<b>2020 Medicare Utilization:</b> 12,746	<b>2022 Work RVU:</b> 6.86 <b>2022 NF PE RVU:</b> NA <b>2022 Fac PE RVU:</b> 3.38
<b>RUC Recommendation:</b> 6.96			<b>Referred to CPT</b> February 2013 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b> Decrease

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<b>43276</b> Endoscopic retrograde cholangiopancreatography (ercp); with removal and exchange of stent(s), biliary or pancreatic duct, including pre- and post-dilation and guide wire passage, when performed, including sphincterotomy, when performed, each stent exchanged	<b>Global:</b> 000	<b>Issue:</b> ERCP	<b>Screen:</b> MPC List	<b>Complete?</b> Yes
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<b>Most Recent RUC Meeting:</b> April 2013	<b>Tab:</b> 12	<b>Specialty Developing Recommendation:</b> AGA, ASGE, SAGES	<b>First Identified:</b> September 2011	<b>2020 Medicare Utilization:</b> 15,929	<b>2022 Work RVU:</b> 8.84 <b>2022 NF PE RVU:</b> NA <b>2022 Fac PE RVU:</b> 4.27
<b>RUC Recommendation:</b> 9.10			<b>Referred to CPT</b> February 2013 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b> Decrease

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# Status Report: CMS Requests and Relativity Assessment Issues

**43277** Endoscopic retrograde cholangiopancreatography (ercp); with trans-endoscopic balloon dilation of biliary/pancreatic duct(s) or of ampulla (sphincteroplasty), including sphincterotomy, when performed, each duct **Global:** 000 **Issue:** ERCP **Screen:** MPC List **Complete?** Yes

**Most Recent RUC Meeting:** April 2013 **Tab:** 12 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2020 Medicare Utilization:** 6,431 **2022 Work RVU:** 6.90 **2022 NF PE RVU:** NA **2022 Fac PE RVU:** 3.41 **RUC Recommendation:** 7.11 **Referred to CPT** February 2013 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

**43278** Endoscopic retrograde cholangiopancreatography (ercp); with ablation of tumor(s), polyp(s), or other lesion(s), including pre- and post-dilation and guide wire passage, when performed **Global:** 000 **Issue:** ERCP **Screen:** MPC List **Complete?** Yes

**Most Recent RUC Meeting:** April 2013 **Tab:** 12 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2020 Medicare Utilization:** 456 **2022 Work RVU:** 7.92 **2022 NF PE RVU:** NA **2022 Fac PE RVU:** 3.86 **RUC Recommendation:** 8.08 **Referred to CPT** February 2013 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

**43450** Dilation of esophagus, by unguided sound or bougie, single or multiple passes **Global:** 000 **Issue:** Dilation of Esophagus **Screen:** MPC List **Complete?** Yes

**Most Recent RUC Meeting:** October 2012 **Tab:** 17 **Specialty Developing Recommendation:** AGA, ASGE, SAGES, AAO-HNS **First Identified:** September 2011 **2020 Medicare Utilization:** 53,506 **2022 Work RVU:** 1.28 **2022 NF PE RVU:** 4.29 **2022 Fac PE RVU:** 0.90 **RUC Recommendation:** 1.30 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

**43453** Dilation of esophagus, over guide wire **Global:** 000 **Issue:** Dilation of Esophagus **Screen:** MPC List **Complete?** Yes

**Most Recent RUC Meeting:** October 2012 **Tab:** 17 **Specialty Developing Recommendation:** AGA, ASGE, SAGES, AAO-HNS **First Identified:** September 2011 **2020 Medicare Utilization:** 1,132 **2022 Work RVU:** 1.41 **2022 NF PE RVU:** 23.63 **2022 Fac PE RVU:** 0.94 **RUC Recommendation:** 1.51 **Referred to CPT** May 2012 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

# Status Report: CMS Requests and Relativity Assessment Issues

**43456** Dilation of esophagus, by balloon or dilator, retrograde **Global:** **Issue:** Dilation of Esophagus **Screen:** MPC List **Complete?** Yes

**Most Recent** **Tab:** 17 **Specialty Developing** AGA, ASGE, **First** **2020**  
**RUC Meeting:** October 2012 **Recommendation:** SAGES, AAO-HNS **Identified:** September 2011 **Medicare**  
**Utilization:**  
**RUC Recommendation:** Deleted from CPT **Referred to CPT** October 2012 **Result:** Deleted from CPT  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**2022 Work RVU:**  
**2022 NF PE RVU:**  
**2022 Fac PE RVU:**

**43458** Dilation of esophagus with balloon (30 mm diameter or larger) for achalasia **Global:** **Issue:** Dilation of Esophagus **Screen:** MPC List **Complete?** Yes

**Most Recent** **Tab:** 17 **Specialty Developing** AGA, ASGE, **First** **2020**  
**RUC Meeting:** October 2012 **Recommendation:** SAGES, AAO-HNS **Identified:** September 2011 **Medicare**  
**Utilization:**  
**RUC Recommendation:** Deleted from CPT **Referred to CPT** October 2012 **Result:** Deleted from CPT  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**2022 Work RVU:**  
**2022 NF PE RVU:**  
**2022 Fac PE RVU:**

**43760** Change of gastrostomy tube, percutaneous, without imaging or endoscopic guidance **Global:** **Issue:** Gastrostomy Tube Replacement **Screen:** CMS 000-Day Global Typically Reported with an E/M **Complete?** Yes

**Most Recent** **Tab:** 11 **Specialty Developing** ACEP, ACG, ACS, **First** **2020**  
**RUC Meeting:** January 2018 **Recommendation:** AGA, ASGE **Identified:** July 2016 **Medicare**  
**Utilization:**  
**RUC Recommendation:** Deleted from CPT **Referred to CPT** September 2017 **Result:** Deleted from CPT  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**2022 Work RVU:**  
**2022 NF PE RVU:**  
**2022 Fac PE RVU:**

**43762** Replacement of gastrostomy tube, percutaneous, includes removal, when performed, without imaging or endoscopic guidance; not requiring revision of gastrostomy tract **Global:** 000 **Issue:** Gastrostomy Tube Replacement **Screen:** CMS 000-Day Global Typically Reported with an E/M **Complete?** Yes

**Most Recent** **Tab:** 20 **Specialty Developing** ACEP, ACG, ACS, **First** **2020**  
**RUC Meeting:** January 2022 **Recommendation:** AGA, ASGE **Identified:** September 2017 **Medicare**  
**Utilization:** 46,820  
**RUC Recommendation:** 0.75. CPT Assistant article **Referred to CPT** **Result:** Decrease  
**Referred to CPT Asst** ☒ **Published in CPT Asst:** June 2022

**2022 Work RVU:** 0.75  
**2022 NF PE RVU:** 6.14  
**2022 Fac PE RVU:** 0.22

# Status Report: CMS Requests and Relativity Assessment Issues

**43763** Replacement of gastrostomy tube, percutaneous, includes removal, when performed, without imaging or endoscopic guidance; requiring revision of gastrostomy tract **Global:** 000 **Issue:** Gastrostomy Tube Replacement **Screen:** CMS 000-Day Global Typically Reported with an E/M **Complete?** Yes

**Most Recent** **Tab:** 20 **Specialty Developing Recommendation:** ACEP, ACG, ACS, AGA, ASGE **First Identified:** September 2017 **2020 Medicare Utilization:** 2,006 **2022 Work RVU:** 1.41 **2022 NF PE RVU:** 8.92 **2022 Fac PE RVU:** 0.84

**RUC Recommendation:** 1.41. CPT Assistant article.

**Referred to CPT**  
**Referred to CPT Asst** ☒ **Published in CPT Asst:** June 2022 **Result:** Decrease

**44143** Colectomy, partial; with end colostomy and closure of distal segment (hartmann type procedure) **Global:** 090 **Issue:** RAW **Screen:** High Level E/M in Global Period **Complete?** Yes

**Most Recent** **Tab:** 54 **Specialty Developing Recommendation:** **First Identified:** October 2015 **2020 Medicare Utilization:** 8,929 **2022 Work RVU:** 27.79 **2022 NF PE RVU:** NA **2022 Fac PE RVU:** 15.00

**RUC Recommendation:** 99214 visit appropriate. Remove from screen.

**Referred to CPT**  
**Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Remove from Screen

**44205** Laparoscopy, surgical; colectomy, partial, with removal of terminal ileum with ileocolostomy **Global:** 090 **Issue:** Laproscopic Procedures **Screen:** CMS Fastest Growing **Complete?** Yes

**Most Recent** **Tab:** 26 **Specialty Developing Recommendation:** ACS, ASCRS **First Identified:** October 2008 **2020 Medicare Utilization:** 10,094 **2022 Work RVU:** 22.95 **2022 NF PE RVU:** NA **2022 Fac PE RVU:** 11.81

**RUC Recommendation:** Remove from screen

**Referred to CPT**  
**Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Remove from Screen

**44207** Laparoscopy, surgical; colectomy, partial, with anastomosis, with coloproctostomy (low pelvic anastomosis) **Global:** 090 **Issue:** Laproscopic Procedures **Screen:** CMS Fastest Growing **Complete?** Yes

**Most Recent** **Tab:** 26 **Specialty Developing Recommendation:** ACS, ASCRS **First Identified:** February 2008 **2020 Medicare Utilization:** 8,396 **2022 Work RVU:** 31.92 **2022 NF PE RVU:** NA **2022 Fac PE RVU:** 15.29

**RUC Recommendation:** Remove from screen

**Referred to CPT**  
**Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Remove from Screen

# Status Report: CMS Requests and Relativity Assessment Issues

**44380** Ileoscopy, through stoma; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure) **Global:** 000 **Issue:** Ileoscopy  
Ileoscopy **Screen:** MPC List **Complete?** Yes

**Most Recent**  
**RUC Meeting:** October 2013

**Tab:** 04 **Specialty Developing**  
**Recommendation:** AGA, ASGE,  
ACG

**First**  
**Identified:** September 2011

**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** ☐ **Published in CPT Asst:**

**Result:** Decrease

**44381** Ileoscopy, through stoma; with transendoscopic balloon dilation

**Global:** 000

**Issue:** Ileoscopy

**Screen:** MPC List

**Complete?** Yes

**Most Recent**  
**RUC Meeting:** October 2013

**Tab:** 04 **Specialty Developing**  
**Recommendation:** AGA, ASGE,  
ACG

**First**  
**Identified:** May 2013

**2020**  
**Medicare**  
**Utilization:** 155

**2022 Work RVU:** 1.38  
**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** ☐ **Published in CPT Asst:**

**Result:** Decrease

**44382** Ileoscopy, through stoma; with biopsy, single or multiple

**Global:** 000

**Issue:** Ileoscopy  
Ileoscopy  
Ileoscopy  
Ileoscopy

**Screen:** MPC List

**Complete?** Yes

**Most Recent**  
**RUC Meeting:** October 2013

**Tab:** 04 **Specialty Developing**  
**Recommendation:** AGA, ASGE,  
ACG

**First**  
**Identified:** September 2011

**2020**  
**Medicare**  
**Utilization:** 1,292

**2022 Work RVU:** 1.17  
**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** ☐ **Published in CPT Asst:**

**Result:** Maintain

**44383** Ileoscopy, through stoma; with transendoscopic stent placement (includes predilation)

**Global:**

**Issue:** Ileoscopy

**Screen:** MPC List

**Complete?** Yes

**Most Recent**  
**RUC Meeting:** October 2013

**Tab:** 04 **Specialty Developing**  
**Recommendation:** AGA, ASGE,  
ACG

**First**  
**Identified:** September 2011

**2020**  
**Medicare**  
**Utilization:**

**2022 Work RVU:**  
**2022 NF PE RVU:**  
**2022 Fac PE RVU:**

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** May 2013

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Deleted from CPT



# Status Report: CMS Requests and Relativity Assessment Issues

**44384** Ileoscopy, through stoma; with placement of endoscopic stent (includes pre- and post-dilation and guide wire passage, when performed) **Global:** 000 **Issue:** Ileoscopy **Screen:** MPC List **Complete?** Yes

**Most Recent RUC Meeting:** October 2013

**Tab:** 04

**Specialty Developing Recommendation:** AGA, ASGE, ACG

**First Identified:** May 2013

**2020 Medicare Utilization:** 99

**2022 Work RVU:** 2.85

**2022 NF PE RVU:** NA

**2022 Fac PE RVU:** 1.32

**RUC Recommendation:** 3.11

**Referred to CPT** May 2013

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Decrease

**44385** Endoscopic evaluation of small intestinal pouch (eg, kock pouch, ileal reservoir [s or j]); diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure) **Global:** 000 **Issue:** Pouchoscopy **Screen:** MPC List **Complete?** Yes

**Most Recent RUC Meeting:** October 2013

**Tab:** 05

**Specialty Developing Recommendation:** ACG, ACS, AGA, ASGE, ASCRS, SAGES

**First Identified:** September 2011

**2020 Medicare Utilization:** 1,065

**2022 Work RVU:** 1.20

**2022 NF PE RVU:** 5.18

**2022 Fac PE RVU:** 0.76

**RUC Recommendation:** 1.30

**Referred to CPT** May 2013

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Decrease

**44386** Endoscopic evaluation of small intestinal pouch (eg, kock pouch, ileal reservoir [s or j]); with biopsy, single or multiple **Global:** 000 **Issue:** Pouchoscopy **Screen:** MPC List **Complete?** Yes

**Most Recent RUC Meeting:** October 2013

**Tab:** 05

**Specialty Developing Recommendation:** ACG, ACS, AGA, ASGE, ASCRS, SAGES

**First Identified:** September 2011

**2020 Medicare Utilization:** 1,677

**2022 Work RVU:** 1.50

**2022 NF PE RVU:** 7.92

**2022 Fac PE RVU:** 0.92

**RUC Recommendation:** 1.60

**Referred to CPT** May 2013

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Decrease

**44388** Colonoscopy through stoma; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure) **Global:** 000 **Issue:** Colonoscopy through stoma **Screen:** MPC List **Complete?** Yes

**Most Recent RUC Meeting:** January 2014

**Tab:** 08

**Specialty Developing Recommendation:** ASCRS, ACS, SAGES, AGA, ASGE, ACG

**First Identified:** September 2011

**2020 Medicare Utilization:** 3,386

**2022 Work RVU:** 2.72

**2022 NF PE RVU:** 6.49

**2022 Fac PE RVU:** 1.46

**RUC Recommendation:** 2.82

**Referred to CPT** October 2013

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Maintain

# Status Report: CMS Requests and Relativity Assessment Issues

**44389** Colonoscopy through stoma; with biopsy, single or multiple **Global:** 000 **Issue:** Colonoscopy through stoma **Screen:** MPC List **Complete?** Yes

**Most Recent** **Tab:** 08 **Specialty Developing** ASCRS, ACS, **First** **2020** **2022 Work RVU:** 3.02  
**RUC Meeting:** January 2014 **Recommendation:** SAGES, AGA, **Identified:** September 2011 **Medicare** **2022 NF PE RVU:** 9.22  
ASGE, ACG **Utilization:** 2,086 **2022 Fac PE RVU:** 1.62  
**RUC Recommendation:** 3.12 **Referred to CPT** October 2013 **Result:** Decrease  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**44390** Colonoscopy through stoma; with removal of foreign body(s) **Global:** 000 **Issue:** Colonoscopy through stoma **Screen:** MPC List **Complete?** Yes

**Most Recent** **Tab:** 08 **Specialty Developing** ASCRS, ACS, **First** **2020** **2022 Work RVU:** 3.74  
**RUC Meeting:** January 2014 **Recommendation:** SAGES, AGA, **Identified:** September 2011 **Medicare** **2022 NF PE RVU:** 8.16  
ASGE, ACG **Utilization:** 16 **2022 Fac PE RVU:** 1.99  
**RUC Recommendation:** 3.82 **Referred to CPT** October 2013 **Result:** Maintain  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**44391** Colonoscopy through stoma; with control of bleeding, any method **Global:** 000 **Issue:** Colonoscopy through stoma **Screen:** MPC List **Complete?** Yes

**Most Recent** **Tab:** 08 **Specialty Developing** ASCRS, ACS, **First** **2020** **2022 Work RVU:** 4.12  
**RUC Meeting:** January 2014 **Recommendation:** SAGES, AGA, **Identified:** September 2011 **Medicare** **2022 NF PE RVU:** 15.15  
ASGE, ACG **Utilization:** 150 **2022 Fac PE RVU:** 2.13  
**RUC Recommendation:** 4.22 **Referred to CPT** October 2013 **Result:** Decrease  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**44392** Colonoscopy through stoma; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps **Global:** 000 **Issue:** Colonoscopy through stoma **Screen:** MPC List **Complete?** Yes

**Most Recent** **Tab:** 08 **Specialty Developing** ASCRS, ACS, **First** **2020** **2022 Work RVU:** 3.53  
**RUC Meeting:** January 2014 **Recommendation:** SAGES, AGA, **Identified:** September 2011 **Medicare** **2022 NF PE RVU:** 7.67  
ASGE, ACG **Utilization:** 183 **2022 Fac PE RVU:** 1.77  
**RUC Recommendation:** 3.63 **Referred to CPT** October 2013 **Result:** Decrease  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

## Status Report: CMS Requests and Relativity Assessment Issues

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**44393** Colonoscopy through stoma; with ablation of tumor(s), polyp(s), or other lesion(s) not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique      **Global:**      **Issue:** Colonoscopy through stoma      **Screen:** MPC List      **Complete?** Yes

**Most Recent RUC Meeting:** January 2014

**Tab:** 08

**Specialty Developing Recommendation:** ASCRS, ACS, SAGES, AGA, ASGE, ACG

**First Identified:** September 2011

**2020 Medicare Utilization:**

**2022 Work RVU:**

**2022 NF PE RVU:**

**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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**44394** Colonoscopy through stoma; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique      **Global:** 000      **Issue:** Colonoscopy through stoma      **Screen:** MPC List      **Complete?** Yes

**Most Recent RUC Meeting:** January 2014

**Tab:** 08

**Specialty Developing Recommendation:** ASCRS, ACS, SAGES, AGA, ASGE, ACG

**First Identified:** September 2011

**2020 Medicare Utilization:**      1,664

**2022 Work RVU:**      4.03

**2022 NF PE RVU:**      8.82

**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:**

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**44397** Colonoscopy through stoma; with transendoscopic stent placement (includes predilation)      **Global:**      **Issue:** Colonoscopy through stoma      **Screen:** MPC List      **Complete?** Yes

**Most Recent RUC Meeting:** January 2014

**Tab:** 08

**Specialty Developing Recommendation:** ASCRS, ACS, SAGES, AGA, ASGE, ACG

**First Identified:** September 2011

**2020 Medicare Utilization:**

**2022 Work RVU:**

**2022 NF PE RVU:**

**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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# Status Report: CMS Requests and Relativity Assessment Issues

**44401** Colonoscopy through stoma; with ablation of tumor(s), polyp(s), or other lesion(s) (includes pre-and post-dilation and guide wire passage, when performed) **Global:** 000 **Issue:** Colonoscopy through stoma **Screen:** MPC List **Complete?** Yes

**Most Recent RUC Meeting:** January 2014 **Tab:** 08 **Specialty Developing Recommendation:** ASCRS, ACS, SAGES, AGA, ASGE, ACG **First Identified:** September 2011 **2020 Medicare Utilization:** 47 **2022 Work RVU:** 4.34 **2022 NF PE RVU:** 70.35 **2022 Fac PE RVU:** 2.26  
**RUC Recommendation:** 4.44 **Referred to CPT** October 2013 **Result:** Decrease  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**44402** Colonoscopy through stoma; with endoscopic stent placement (including pre-and post-dilation and guide wire passage, when performed) **Global:** 000 **Issue:** Colonoscopy through stoma **Screen:** MPC List **Complete?** Yes

**Most Recent RUC Meeting:** January 2014 **Tab:** 08 **Specialty Developing Recommendation:** ASCRS, ACS, SAGES, AGA, ASGE, ACG **First Identified:** January 2014 **2020 Medicare Utilization:** 15 **2022 Work RVU:** 4.70 **2022 NF PE RVU:** NA **2022 Fac PE RVU:** 2.43  
**RUC Recommendation:** 4.96 **Referred to CPT** October 2013 **Result:** Decrease  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**44403** Colonoscopy through stoma; with endoscopic mucosal resection **Global:** 000 **Issue:** Colonoscopy through stoma **Screen:** MPC List **Complete?** Yes

**Most Recent RUC Meeting:** January 2014 **Tab:** 08 **Specialty Developing Recommendation:** ASCRS, ACS, SAGES, AGA, ASGE, ACG **First Identified:** January 2014 **2020 Medicare Utilization:** 68 **2022 Work RVU:** 5.50 **2022 NF PE RVU:** NA **2022 Fac PE RVU:** 2.78  
**RUC Recommendation:** 5.81 **Referred to CPT** October 2013 **Result:** Decrease  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**44404** Colonoscopy through stoma; with directed submucosal injection(s), any substance **Global:** 000 **Issue:** Colonoscopy through stoma **Screen:** MPC List **Complete?** Yes

**Most Recent RUC Meeting:** January 2014 **Tab:** 08 **Specialty Developing Recommendation:** ASCRS, ACS, SAGES, AGA, ASGE, ACG **First Identified:** January 2014 **2020 Medicare Utilization:** 176 **2022 Work RVU:** 3.02 **2022 NF PE RVU:** 9.55 **2022 Fac PE RVU:** 1.62  
**RUC Recommendation:** 3.13 **Referred to CPT** October 2013 **Result:** Decrease  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

## Status Report: CMS Requests and Relativity Assessment Issues

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**44405** Colonoscopy through stoma; with transendoscopic balloon dilation **Global:** 000 **Issue:** Colonoscopy through stoma **Screen:** MPC List **Complete?** Yes

**Most Recent**  
**RUC Meeting:** January 2014

**Tab:** 08 **Specialty Developing Recommendation:** ASCRS, ACS, SAGES, AGA, ASGE, ACG

**First Identified:** January 2014

**2020 Medicare Utilization:** 54

**2022 Work RVU:** 3.23  
**2022 NF PE RVU:** 13.62  
**2022 Fac PE RVU:** 1.77

**RUC Recommendation:** 3.33

**Referred to CPT** October 2013  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Decrease

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**44406** Colonoscopy through stoma; with endoscopic ultrasound examination, limited to the sigmoid, descending, transverse, or ascending colon and cecum and adjacent structures **Global:** 000 **Issue:** Colonoscopy through stoma **Screen:** MPC List **Complete?** Yes

**Most Recent**  
**RUC Meeting:** January 2014

**Tab:** 08 **Specialty Developing Recommendation:** ASCRS, ACS, SAGES, AGA, ASGE, ACG

**First Identified:** January 2014

**2020 Medicare Utilization:** 3

**2022 Work RVU:** 4.10  
**2022 NF PE RVU:** NA  
**2022 Fac PE RVU:** 2.16

**RUC Recommendation:** 4.41

**Referred to CPT** October 2013  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Decrease

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**44407** Colonoscopy through stoma; with transendoscopic ultrasound guided intramural or transmural fine needle aspiration/biopsy(s), includes endoscopic ultrasound examination limited to the sigmoid, descending, transverse, or ascending colon and cecum and adjacent structures **Global:** 000 **Issue:** Colonoscopy through stoma **Screen:** MPC List **Complete?** Yes

**Most Recent**  
**RUC Meeting:** January 2014

**Tab:** 08 **Specialty Developing Recommendation:** ASCRS, ACS, SAGES, AGA, ASGE, ACG

**First Identified:** January 2014

**2020 Medicare Utilization:** 2

**2022 Work RVU:** 4.96  
**2022 NF PE RVU:** NA  
**2022 Fac PE RVU:** 2.54

**RUC Recommendation:** 5.06

**Referred to CPT** October 2013  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Decrease

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# Status Report: CMS Requests and Relativity Assessment Issues

**44408** Colonoscopy through stoma; with decompression (for pathologic distention) (eg, volvulus, megacolon), including placement of decompression tube, when performed **Global:** 000 **Issue:** Colonoscopy through stoma **Screen:** MPC List **Complete?** Yes

**Most Recent RUC Meeting:** January 2014

**Tab:** 08

**Specialty Developing Recommendation:** ASCRS, ACS, SAGES, AGA, ASGE, ACG

**First Identified:** January 2014

**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** ☐ **Published in CPT Asst:**

**44901** Incision and drainage of appendiceal abscess; percutaneous

**Global:**

**Issue:** Drainage of Abscess

**Screen:** Codes Reported Together 75% or More-Part2

**Complete?** Yes

**Most Recent RUC Meeting:** January 2013

**Tab:** 04

**Specialty Developing Recommendation:**

**First Identified:** January 2012

**2020 Medicare Utilization:**

**2022 Work RVU:**

**2022 NF PE RVU:**

**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:**

**44970** Laparoscopy, surgical, appendectomy

**Global:** 090

**Issue:** Laproscopic Procedures

**Screen:** CMS Fastest Growing

**Complete?** Yes

**Most Recent RUC Meeting:** October 2008

**Tab:** 26

**Specialty Developing Recommendation:** ACS

**First Identified:** October 2008

**2020 Medicare Utilization:** 20,116

**2022 Work RVU:** 9.45

**2022 NF PE RVU:** NA

**2022 Fac PE RVU:** 6.25

**RUC Recommendation:** Remove from screen

**Referred to CPT**

**Result:** Remove from Screen

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**45170** Deleted from CPT

**Global:**

**Issue:** Rectal Tumor Excision

**Screen:** Site of Service Anomaly

**Complete?** Yes

**Most Recent RUC Meeting:** February 2009

**Tab:** 11

**Specialty Developing Recommendation:** ACS, ASCRS, ASGS

**First Identified:** September 2007

**2020 Medicare Utilization:**

**2022 Work RVU:**

**2022 NF PE RVU:**

**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:**

## Status Report: CMS Requests and Relativity Assessment Issues

**45171** Excision of rectal tumor, transanal approach; not including muscularis propria (ie, partial thickness) **Global:** 090 **Issue:** Rectal Tumor Excision **Screen:** Site of Service Anomaly **Complete?** Yes

**Most Recent**  
**RUC Meeting:** February 2009

**Tab:** 11 **Specialty Developing Recommendation:** ACS, ASCRS, ASGS

**First Identified:** September 2007

**2020 Medicare Utilization:** 1,966

**2022 Work RVU:** 8.13

**2022 NF PE RVU:** NA

**2022 Fac PE RVU:** 8.81

**RUC Recommendation:** 8.00

**Referred to CPT**

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Decrease

**45172** Excision of rectal tumor, transanal approach; including muscularis propria (ie, full thickness) **Global:** 090 **Issue:** Rectal Tumor Excision **Screen:** Site of Service Anomaly **Complete?** Yes

**Most Recent**  
**RUC Meeting:** February 2009

**Tab:** 11 **Specialty Developing Recommendation:** ACS, ASCRS, ASGS

**First Identified:** September 2007

**2020 Medicare Utilization:** 1,566

**2022 Work RVU:** 12.13

**2022 NF PE RVU:** NA

**2022 Fac PE RVU:** 10.29

**RUC Recommendation:** 12.00

**Referred to CPT**

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Decrease

**45300** Proctosigmoidoscopy, rigid; diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure) **Global:** 000 **Issue:** Diagnostic Proctosigmoidoscopy - Rigid **Screen:** CMS 000-Day Global Typically Reported with an E/M **Complete?** Yes

**Most Recent**  
**RUC Meeting:** April 2017

**Tab:** 13 **Specialty Developing Recommendation:** ACS, ASCRS, SAGES

**First Identified:** July 2016

**2020 Medicare Utilization:** 17,300

**2022 Work RVU:** 0.80

**2022 NF PE RVU:** 2.98

**2022 Fac PE RVU:** 0.49

**RUC Recommendation:** 0.80

**Referred to CPT**

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Maintain

# Status Report: CMS Requests and Relativity Assessment Issues

**45330** Sigmoidoscopy, flexible; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure) **Global:** 000 **Issue:** Flexible Sigmoidoscopy **Screen:** Harvard Valued - Utilization over 30,000 / MPC List **Complete?** Yes

**Most Recent RUC Meeting:** October 2013

**Tab:** 06

**Specialty Developing Recommendation:**

ACG, ACS, AGA, ASGE, ASCRS, SAGES

**First Identified:** April 2011

**2020 Medicare Utilization:** 40,039

**2022 Work RVU:** 0.84

**2022 NF PE RVU:** 4.72

**2022 Fac PE RVU:** 0.69

**RUC Recommendation:** 0.84

**Referred to CPT** May 2013

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Decrease

**45331** Sigmoidoscopy, flexible; with biopsy, single or multiple

**Global:** 000

**Issue:** Flexible Sigmoidoscopy

**Screen:** MPC List

**Complete?** Yes

**Most Recent RUC Meeting:** October 2013

**Tab:** 06

**Specialty Developing Recommendation:**

ACG, ACS, AGA, ASGE, ASCRS, SAGES

**First Identified:** September 2011

**2020 Medicare Utilization:** 28,866

**2022 Work RVU:** 1.14

**2022 NF PE RVU:** 7.58

**2022 Fac PE RVU:** 0.83

**RUC Recommendation:** 1.14

**Referred to CPT** May 2013

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Decrease

**45332** Sigmoidoscopy, flexible; with removal of foreign body(s)

**Global:** 000

**Issue:** Flexible Sigmoidoscopy

**Screen:** MPC List

**Complete?** Yes

**Most Recent RUC Meeting:** October 2013

**Tab:** 06

**Specialty Developing Recommendation:**

ACG, ACS, AGA, ASGE, ASCRS, SAGES

**First Identified:** September 2011

**2020 Medicare Utilization:** 279

**2022 Work RVU:** 1.76

**2022 NF PE RVU:** 6.51

**2022 Fac PE RVU:** 1.09

**RUC Recommendation:** 1.85

**Referred to CPT** May 2013

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Decrease

**45333** Sigmoidoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps **Global:** 000 **Issue:** Flexible Sigmoidoscopy

**Screen:** MPC List

**Complete?** Yes

**Most Recent RUC Meeting:** October 2013

**Tab:** 06

**Specialty Developing Recommendation:**

ACG, ACS, AGA, ASGE, ASCRS, SAGES

**First Identified:** September 2011

**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

**Referred to CPT** May 2013

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Decrease



## Status Report: CMS Requests and Relativity Assessment Issues

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**45334** Sigmoidoscopy, flexible; with control of bleeding, any method **Global:** 000 **Issue:** Flexible Sigmoidoscopy **Screen:** MPC List **Complete?** Yes

**Most Recent** **Tab:** 06 **Specialty Developing** ACG, ACS, AGA, **First** **2020** **2022 Work RVU:** 2.00  
**RUC Meeting:** October 2013 **Recommendation:** ASGE, ASCRS, **Identified:** September 2011 **Medicare** **2022 NF PE RVU:** 13.14  
**Utilization:** 2,921 **2022 Fac PE RVU:** 1.21  
**RUC Recommendation:** 2.10 **Referred to CPT** May 2013 **Result:** Decrease  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

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**45335** Sigmoidoscopy, flexible; with directed submucosal injection(s), any substance **Global:** 000 **Issue:** Flexible Sigmoidoscopy **Screen:** MPC List **Complete?** Yes

**Most Recent** **Tab:** 06 **Specialty Developing** ACG, ACS, AGA, **First** **2020** **2022 Work RVU:** 1.04  
**RUC Meeting:** October 2013 **Recommendation:** ASGE, ASCRS, **Identified:** September 2011 **Medicare** **2022 NF PE RVU:** 7.84  
**Utilization:** 2,544 **2022 Fac PE RVU:** 0.77  
**RUC Recommendation:** 1.15 **Referred to CPT** May 2013 **Result:** Decrease  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

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**45337** Sigmoidoscopy, flexible; with decompression (for pathologic distention) (eg, volvulus, megacolon), including placement of decompression tube, when performed **Global:** 000 **Issue:** Flexible Sigmoidoscopy **Screen:** MPC List **Complete?** Yes

**Most Recent** **Tab:** 06 **Specialty Developing** ACG, ACS, AGA, **First** **2020** **2022 Work RVU:** 2.10  
**RUC Meeting:** October 2013 **Recommendation:** ASGE, ASCRS, **Identified:** September 2011 **Medicare** **2022 NF PE RVU:** NA  
**Utilization:** 1,484 **2022 Fac PE RVU:** 1.01  
**RUC Recommendation:** 2.20 **Referred to CPT** May 2013 **Result:** Decrease  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

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**45338** Sigmoidoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique **Global:** 000 **Issue:** Flexible Sigmoidoscopy **Screen:** MPC List **Complete?** Yes

**Most Recent** **Tab:** 06 **Specialty Developing** ACG, ACS, AGA, **First** **2020** **2022 Work RVU:** 2.05  
**RUC Meeting:** October 2013 **Recommendation:** ASGE, ASCRS, **Identified:** September 2011 **Medicare** **2022 NF PE RVU:** 6.87  
**Utilization:** 4,295 **2022 Fac PE RVU:** 1.22  
**RUC Recommendation:** 2.15 **Referred to CPT** May 2013 **Result:** Decrease  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

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# Status Report: CMS Requests and Relativity Assessment Issues

**45339** Sigmoidoscopy, flexible; with ablation of tumor(s), polyp(s), or other lesion(s) not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique **Global:** **Issue:** Flexible Sigmoidoscopy **Screen:** MPC List **Complete?** Yes

**Most Recent RUC Meeting:** October 2013

**Tab:** 06

**Specialty Developing Recommendation:**

ACG, ACS, AGA, ASGE, ASCRS, SAGES

**First Identified:** September 2011

**2020 Medicare Utilization:**

**2022 Work RVU:**

**2022 NF PE RVU:**

**2022 Fac PE RVU:**

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** May 2013

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Deleted from CPT

**45340** Sigmoidoscopy, flexible; with transendoscopic balloon dilation **Global:** 000 **Issue:** Flexible Sigmoidoscopy **Screen:** MPC List **Complete?** Yes

**Most Recent RUC Meeting:** October 2013

**Tab:** 06

**Specialty Developing Recommendation:**

ACG, ACS, AGA, ASGE, ASCRS, SAGES

**First Identified:** September 2011

**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

**Referred to CPT** May 2013

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Decrease

**45341** Sigmoidoscopy, flexible; with endoscopic ultrasound examination **Global:** 000 **Issue:** Flexible Sigmoidoscopy **Screen:** MPC List **Complete?** Yes

**Most Recent RUC Meeting:** January 2014

**Tab:** 09

**Specialty Developing Recommendation:**

AGA, ASGE, ACG, ASCRS, SAGES, ACS

**First Identified:** September 2011

**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

**Referred to CPT** October 2013

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Increase

**45342** Sigmoidoscopy, flexible; with transendoscopic ultrasound guided intramural or transmural fine needle aspiration/biopsy(s) **Global:** 000 **Issue:** Flexible Sigmoidoscopy **Screen:** MPC List **Complete?** Yes

**Most Recent RUC Meeting:** January 2014

**Tab:** 09

**Specialty Developing Recommendation:**

AGA, ASGE, ACG, ASCRS, SAGES, ACS

**First Identified:** September 2011

**2020 Medicare Utilization:** 311

**2022 Work RVU:** 2.98

**2022 NF PE RVU:** NA

**2022 Fac PE RVU:** 1.65

**RUC Recommendation:** 3.08

**Referred to CPT** October 2013

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Decrease

# Status Report: CMS Requests and Relativity Assessment Issues

**45345** Sigmoidoscopy, flexible; with transendoscopic stent placement (includes predilation) **Global:** **Issue:** Flexible Sigmoidoscopy **Screen:** MPC List **Complete?** Yes

**Most Recent RUC Meeting:** October 2013

**Tab:** 06

**Specialty Developing Recommendation:**

ACG, ACS, AGA, ASGE, ASCRS, SAGES

**First Identified:** September 2011

**2020 Medicare Utilization:**

**2022 Work RVU:**

**2022 NF PE RVU:**

**2022 Fac PE RVU:**

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** May 2013

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Deleted from CPT

**45346** Sigmoidoscopy, flexible; with ablation of tumor(s), polyp(s), or other lesion(s) (includes pre- and post-dilation and guide wire passage, when performed) **Global:** 000 **Issue:** Flexible Sigmoidoscopy **Screen:** MPC List **Complete?** Yes

**Most Recent RUC Meeting:** October 2013

**Tab:** 06

**Specialty Developing Recommendation:**

ACG, ACS, AGA, ASGE, ASCRS, SAGES

**First Identified:** May 2013

**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

**Referred to CPT** May 2013

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Decrease

**45347** Sigmoidoscopy, flexible; with placement of endoscopic stent (includes pre- and post-dilation and guide wire passage, when performed) **Global:** 000 **Issue:** Flexible Sigmoidoscopy **Screen:** MPC List **Complete?** Yes

**Most Recent RUC Meeting:** October 2013

**Tab:** 06

**Specialty Developing Recommendation:**

ACG, ACS, AGA, ASGE, ASCRS, SAGES

**First Identified:** May 2013

**2020 Medicare Utilization:** 613

**2022 Work RVU:** 2.72

**2022 NF PE RVU:** NA

**2022 Fac PE RVU:** 1.48

**RUC Recommendation:** 2.98

**Referred to CPT** May 2013

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Decrease

**45349** Sigmoidoscopy, flexible; with endoscopic mucosal resection **Global:** 000 **Issue:** Flexible Sigmoidoscopy **Screen:** MPC List **Complete?** Yes

**Most Recent RUC Meeting:** April 2014

**Tab:** 13

**Specialty Developing Recommendation:**

AGA, ASGE, ACG, ASCRS, SAGES, ACS

**First Identified:** January 2014

**2020 Medicare Utilization:** 506

**2022 Work RVU:** 3.52

**2022 NF PE RVU:** NA

**2022 Fac PE RVU:** 1.88

**RUC Recommendation:** 3.83

**Referred to CPT** October 2013

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Decrease

# Status Report: CMS Requests and Relativity Assessment Issues

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**45350** Sigmoidoscopy, flexible; with band ligation(s) (eg, hemorrhoids)      **Global:** 000      **Issue:** Flexible Sigmoidoscopy      **Screen:** MPC List      **Complete?** Yes

**Most Recent**      **Tab:** 13      **Specialty Developing**      AGA, ASGE, ACG,      **First**      **2020**      **2022 Work RVU:** 1.68  
**RUC Meeting:** April 2014      **Recommendation:** ASCRS, SAGES,      **Identified:** January 2014      **Medicare**      **2022 NF PE RVU:** 19.15  
      ACS           **Utilization:** 922      **2022 Fac PE RVU:** 1.06

**RUC Recommendation:** 1.78      **Referred to CPT** October 2013      **Result:** Decrease  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

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**45355** Colonoscopy, rigid or flexible, transabdominal via colotomy, single or multiple      **Global:**      **Issue:** Colonoscopy via stoma      **Screen:** MPC List      **Complete?** Yes

**Most Recent**      **Tab:** 08      **Specialty Developing**      AGA, ASGE, ACG,      **First**      **2020**      **2022 Work RVU:**  
**RUC Meeting:** January 2014      **Recommendation:** ASCRS, SAGES,      **Identified:** September 2011      **Medicare**      **2022 NF PE RVU:**  
      ACS           **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:**

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**45378** Colonoscopy, flexible; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)      **Global:** 000      **Issue:** Colonoscopy      **Screen:** CMS High Expenditure Procedural Codes1 / MPC List      **Complete?** Yes

**Most Recent**      **Tab:** 10      **Specialty Developing**      AGA, ASGE, ACG,      **First**      **2020**      **2022 Work RVU:** 3.26  
**RUC Meeting:** January 2014      **Recommendation:** ASCRS, ACS,      **Identified:** September 2011      **Medicare**      **2022 NF PE RVU:** 6.66  
      SAGES           **Utilization:** 263,929      **2022 Fac PE RVU:** 1.74

**RUC Recommendation:** 3.36      **Referred to CPT** October 2013      **Result:** Decrease  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

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**45379** Colonoscopy, flexible; with removal of foreign body(s)      **Global:** 000      **Issue:** Colonoscopy      **Screen:** MPC List      **Complete?** Yes

**Most Recent**      **Tab:** 10      **Specialty Developing**      AGA, ASGE, ACG,      **First**      **2020**      **2022 Work RVU:** 4.28  
**RUC Meeting:** January 2014      **Recommendation:** ASCRS, ACS,      **Identified:** September 2011      **Medicare**      **2022 NF PE RVU:** 8.45  
      SAGES           **Utilization:** 781      **2022 Fac PE RVU:** 2.20

**RUC Recommendation:** 4.37      **Referred to CPT** October 2013      **Result:** Decrease  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

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## Status Report: CMS Requests and Relativity Assessment Issues

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<b>45380</b>	Colonoscopy, flexible; with biopsy, single or multiple	Global: 000	Issue: Colonoscopy	Screen: MPC List	Complete? Yes
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<b>Most Recent RUC Meeting:</b> January 2014	<b>Tab:</b> 10	<b>Specialty Developing Recommendation:</b> AGA, ASGE, ACG, ASCRS, ACS, SAGES	<b>First Identified:</b> October 2010	<b>2020 Medicare Utilization:</b> 811,967	<b>2022 Work RVU:</b> 3.56 <b>2022 NF PE RVU:</b> 9.33 <b>2022 Fac PE RVU:</b> 1.89
<b>RUC Recommendation:</b> 3.66			<b>Referred to CPT</b> October 2013 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b> Decrease

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<b>45381</b>	Colonoscopy, flexible; with directed submucosal injection(s), any substance	Global: 000	Issue: Colonoscopy	Screen: CMS Fastest Growing / MPC List / Codes Reported Together 75%or More-Part4	Complete? Yes
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<b>Most Recent RUC Meeting:</b> January 2018	<b>Tab:</b> 31	<b>Specialty Developing Recommendation:</b> AGA, ASGE, ACG, ASCRS, ACS, SAGES	<b>First Identified:</b> October 2008	<b>2020 Medicare Utilization:</b> 63,277	<b>2022 Work RVU:</b> 3.56 <b>2022 NF PE RVU:</b> 9.60 <b>2022 Fac PE RVU:</b> 1.89
<b>RUC Recommendation:</b> 3.67			<b>Referred to CPT</b> October 2013 <b>Referred to CPT Asst</b> <input checked="" type="checkbox"/>	<b>Published in CPT Asst:</b> Jun 2010	<b>Result:</b> Decrease

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<b>45382</b>	Colonoscopy, flexible; with control of bleeding, any method	Global: 000	Issue: Colonoscopy	Screen: MPC List	Complete? Yes
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<b>Most Recent RUC Meeting:</b> January 2014	<b>Tab:</b> 10	<b>Specialty Developing Recommendation:</b> AGA, ASGE, ACG, ASCRS, ACS, SAGES	<b>First Identified:</b> September 2011	<b>2020 Medicare Utilization:</b> 21,198	<b>2022 Work RVU:</b> 4.66 <b>2022 NF PE RVU:</b> 15.39 <b>2022 Fac PE RVU:</b> 2.39
<b>RUC Recommendation:</b> 4.76			<b>Referred to CPT</b> October 2013 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b> Decrease

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## Status Report: CMS Requests and Relativity Assessment Issues

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<b>45383</b>	Colonoscopy, flexible, proximal to splenic flexure; with ablation of tumor(s), polyp(s), or other lesion(s) not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique	<b>Global:</b>	<b>Issue:</b> Colonoscopy	<b>Screen:</b> MPC List	<b>Complete?</b> Yes
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**Most Recent RUC Meeting:** January 2014

**Tab:** 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:** Deleted from CPT

**Referred to CPT** October 2013

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Deleted from CPT

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<b>45384</b>	Colonoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps	<b>Global:</b> 000	<b>Issue:</b> Colonoscopy	<b>Screen:</b> MPC List	<b>Complete?</b> Yes
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**Most Recent RUC Meeting:** January 2014

**Tab:** 10 **Specialty Developing Recommendation:** AGA, ASGE, ACG, ASCRS, ACS, SAGES

**First Identified:** September 2011

**2020 Medicare Utilization:** 50,204

**2022 Work RVU:** 4.07

**2022 NF PE RVU:** 10.30

**2022 Fac PE RVU:** 2.03

**RUC Recommendation:** 4.17

**Referred to CPT** October 2013

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Decrease

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<b>45385</b>	Colonoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique	<b>Global:</b> 000	<b>Issue:</b> Colonoscopy	<b>Screen:</b> MPC List / Codes Reported Together 75%or More-Part4 / CMS Request - Final Rule for 2019	<b>Complete?</b> Yes
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**Most Recent RUC Meeting:** April 2019

**Tab:** 13 **Specialty Developing Recommendation:** AGA, ASGE, ACG, ASCRS, SAGES

**First Identified:** October 2010

**2020 Medicare Utilization:** 766,664

**2022 Work RVU:** 4.57

**2022 NF PE RVU:** 8.72

**2022 Fac PE RVU:** 2.34

**RUC Recommendation:** 4.57

**Referred to CPT** October 2013

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Maintain

# Status Report: CMS Requests and Relativity Assessment Issues

**45386** Colonoscopy, flexible; with transendoscopic balloon dilation **Global:** 000 **Issue:** Colonoscopy **Screen:** MPC List **Complete?** Yes

**Most Recent** **Tab:** 10 **Specialty Developing** AGA, ASGE, ACG, **First** **2020**  
**RUC Meeting:** January 2014 **Recommendation:** ASCRS, ACS, **Identified:** September 2011 **Medicare**  
 SAGES **Utilization:** 1,879  
**RUC Recommendation:** 3.87 **Referred to CPT** October 2013 **Result:** Decrease  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**2022 Work RVU:** 3.77  
**2022 NF PE RVU:** 14.69  
**2022 Fac PE RVU:** 1.97

**45387** Colonoscopy, flexible, proximal to splenic flexure; with transendoscopic stent placement (includes predilation) **Global:** **Issue:** Colonoscopy **Screen:** MPC List **Complete?** Yes

**Most Recent** **Tab:** 10 **Specialty Developing** AGA, ASGE, ACG, **First** **2020**  
**RUC Meeting:** January 2014 **Recommendation:** ASCRS, ACS, **Identified:** September 2011 **Medicare**  
 SAGES **Utilization:**  
**RUC Recommendation:** Deleted from CPT **Referred to CPT** October 2013 **Result:** Deleted from CPT  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**2022 Work RVU:**  
**2022 NF PE RVU:**  
**2022 Fac PE RVU:**

**45388** Colonoscopy, flexible; with ablation of tumor(s), polyp(s), or other lesion(s) (includes pre- and post-dilation and guide wire passage, when performed) **Global:** 000 **Issue:** Colonoscopy **Screen:** MPC List **Complete?** Yes

**Most Recent** **Tab:** 10 **Specialty Developing** AGA, ASGE, ACG, **First** **2020**  
**RUC Meeting:** January 2014 **Recommendation:** ASCRS, ACS, **Identified:** January 2014 **Medicare**  
 SAGES **Utilization:** 19,852  
**RUC Recommendation:** 4.98 **Referred to CPT** October 2013 **Result:** Decrease  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**2022 Work RVU:** 4.88  
**2022 NF PE RVU:** 72.13  
**2022 Fac PE RVU:** 2.43

**45389** Colonoscopy, flexible; with endoscopic stent placement (includes pre- and post-dilation and guide wire passage, when performed) **Global:** 000 **Issue:** Colonoscopy **Screen:** MPC List **Complete?** Yes

**Most Recent** **Tab:** 10 **Specialty Developing** AGA, ASGE, ACG, **First** **2020**  
**RUC Meeting:** January 2014 **Recommendation:** ASCRS, ACS, **Identified:** January 2014 **Medicare**  
 SAGES **Utilization:** 425  
**RUC Recommendation:** 5.50 **Referred to CPT** October 2013 **Result:** Decrease  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**2022 Work RVU:** 5.24  
**2022 NF PE RVU:** NA  
**2022 Fac PE RVU:** 2.64

## Status Report: CMS Requests and Relativity Assessment Issues

**45390** Colonoscopy, flexible; with endoscopic mucosal resection

Global: 000

Issue: Colonoscopy

Screen: MPC List

Complete? Yes

Most Recent  
RUC Meeting: January 2014

Tab: 10

Specialty Developing  
Recommendation: AGA, ASGE, ACG,  
ASCRS, ACS,  
SAGES

First  
Identified: January 2014

2020  
Medicare  
Utilization: 19,558

2022 Work RVU: 6.04

2022 NF PE RVU: NA

2022 Fac PE RVU:3.01

RUC Recommendation: 6.35

Referred to CPT October 2013

Result: Decrease

Referred to CPT Asst ☐ Published in CPT Asst:

**45391** Colonoscopy, flexible; with endoscopic ultrasound examination limited to the rectum, sigmoid, descending, transverse, or ascending colon and cecum, and adjacent structures

Global: 000

Issue: Colonoscopy

Screen: MPC List

Complete? Yes

Most Recent  
RUC Meeting: January 2014

Tab: 10

Specialty Developing  
Recommendation: AGA, ASGE, ACG,  
ASCRS, ACS,  
SAGES

First  
Identified: September 2011

2020  
Medicare  
Utilization: 714

2022 Work RVU: 4.64

2022 NF PE RVU: NA

2022 Fac PE RVU:2.39

RUC Recommendation: 4.95

Referred to CPT October 2013

Result: Decrease

Referred to CPT Asst ☐ Published in CPT Asst:

**45392** Colonoscopy, flexible; with transendoscopic ultrasound guided intramural or transmural fine needle aspiration/biopsy(s), includes endoscopic ultrasound examination limited to the rectum, sigmoid, descending, transverse, or ascending colon and cecum, and adjacent structures

Global: 000

Issue: Colonoscopy

Screen: MPC List

Complete? Yes

Most Recent  
RUC Meeting: January 2014

Tab: 10

Specialty Developing  
Recommendation: AGA, ASGE, ACG,  
ASCRS, ACS,  
SAGES

First  
Identified: September 2011

2020  
Medicare  
Utilization: 104

2022 Work RVU: 5.50

2022 NF PE RVU: NA

2022 Fac PE RVU:2.77

RUC Recommendation: 5.60

Referred to CPT October 2013

Result: Decrease

Referred to CPT Asst ☐ Published in CPT Asst:



# Status Report: CMS Requests and Relativity Assessment Issues

**45393** Colonoscopy, flexible; with decompression (for pathologic distention) (eg, volvulus, megacolon), including placement of decompression tube, when performed **Global:** 000 **Issue:** Colonoscopy **Screen:** MPC List **Complete?** Yes

**Most Recent RUC Meeting:** January 2014

**Tab: 10** **Specialty Developing Recommendation:** AGA, ASGE, ACG, ASCRS, ACS, SAGES

**First Identified:** January 2014

**2020 Medicare Utilization:** 1,934

**2022 Work RVU:** 4.68

**2022 NF PE RVU:** NA

**2022 Fac PE RVU:** 2.12

**RUC Recommendation:** 4.78

**Referred to CPT** October 2013

**Result:** Decrease

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**45398** Colonoscopy, flexible; with band ligation(s) (eg, hemorrhoids) **Global:** 000 **Issue:** Colonoscopy **Screen:** MPC List **Complete?** Yes

**Most Recent RUC Meeting:** January 2014

**Tab: 10** **Specialty Developing Recommendation:** AGA, ASGE, ACG, ASCRS, ACS, SAGES

**First Identified:** January 2014

**2020 Medicare Utilization:** 2,937

**2022 Work RVU:** 4.20

**2022 NF PE RVU:** 20.94

**2022 Fac PE RVU:** 2.09

**RUC Recommendation:** 4.30

**Referred to CPT** October 2013

**Result:** Decrease

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**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

**Tab: 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

**Referred to CPT**

**Result:** Increase

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**46030** Removal of anal seton, other marker **Global:** 010 **Issue:** Placement/ Removal of Seton **Screen:** 010-Day Global Post-Operative Visits2 **Complete?** Yes

**Most Recent RUC Meeting:** October 2020

**Tab: 16** **Specialty Developing Recommendation:** ACS, ASCRS (col)

**First Identified:** April 2020

**2020 Medicare Utilization:** 301

**2022 Work RVU:** 1.48

**2022 NF PE RVU:** 6.09

**2022 Fac PE RVU:** 0.84

**RUC Recommendation:** 2.00

**Referred to CPT**

**Result:** Increase

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

## Status Report: CMS Requests and Relativity Assessment Issues

**46200** Fissurectomy, including sphincterotomy, when performed

**Global:** 090

**Issue:** Fissurectomy

**Screen:** Site of Service Anomaly  
(99238-Only)

**Complete?** Yes

**Most Recent**  
**RUC Meeting:** September 2007

**Tab:** 16

**Specialty Developing**  
**Recommendation:** ACS

**First**  
**Identified:** September 2007

**2020**  
**Medicare**  
**Utilization:** 818

**2022 Work RVU:** 3.59

**2022 NF PE RVU:** 10.13

**2022 Fac PE RVU:** 5.85

**RUC Recommendation:** Reduce 99238 to 0.5

**Referred to CPT**

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** PE Only

**46500** Injection of sclerosing solution, hemorrhoids

**Global:** 010

**Issue:** Hemorrhoid Injection

**Screen:** 010-Day Global Post-  
Operative Visits /  
Negative IWPOT

**Complete?** Yes

**Most Recent**  
**RUC Meeting:** January 2018

**Tab:** 24

**Specialty Developing**  
**Recommendation:** ACS, ASCRS  
(colon)

**First**  
**Identified:** January 2014

**2020**  
**Medicare**  
**Utilization:** 10,311

**2022 Work RVU:** 1.74

**2022 NF PE RVU:** 7.59

**2022 Fac PE RVU:** 3.56

**RUC Recommendation:** 2.00

**Referred to CPT**

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Increase

**47011** Hepatotomy; for percutaneous drainage of abscess or cyst, 1 or 2 stages

**Global:**

**Issue:** Drainage of Abscess

**Screen:** Codes Reported  
Together 75% or More-  
Part2

**Complete?** Yes

**Most Recent**  
**RUC Meeting:** January 2013

**Tab:** 04

**Specialty Developing**  
**Recommendation:**

**First**  
**Identified:** January 2012

**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** ☐ **Published in CPT Asst:**

**Result:** Deleted from CPT

## Status Report: CMS Requests and Relativity Assessment Issues

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**47135** Liver allotransplantation, orthotopic, partial or whole, from cadaver or living donor, any age      **Global:** 090      **Issue:** Liver Allotransplantation      **Screen:** 090-Day Global Post-Operative Visits      **Complete?** Yes

**Most Recent RUC Meeting:** September 2014      **Tab:** 14      **Specialty Developing Recommendation:** ACS, ASTS      **First Identified:** January 2014      **2020 Medicare Utilization:** 1,612      **2022 Work RVU:** 90.00  
**2022 NF PE RVU:** NA  
**2022 Fac PE RVU:** 47.67

**RUC Recommendation:** 91.78

**Referred to CPT**  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Increase

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**47136** Liver allotransplantation; heterotopic, partial or whole, from cadaver or living donor, any age      **Global:**      **Issue:** RAW      **Screen:** 090-Day Global Post-Operative Visits      **Complete?** Yes

**Most Recent RUC Meeting:** April 2014      **Tab:** 52      **Specialty Developing Recommendation:** ACS, ASTS      **First Identified:** April 2014      **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** ☐ **Published in CPT Asst:**

**Result:** Deleted from CPT

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**47382** Ablation, 1 or more liver tumor(s), percutaneous, radiofrequency      **Global:** 010      **Issue:** Interventional Radiology Procedures      **Screen:** CMS Request - Practice Expense Review      **Complete?** Yes

**Most Recent RUC Meeting:** October 2008      **Tab:** 13      **Specialty Developing Recommendation:** ACR, SIR      **First Identified:** NA      **2020 Medicare Utilization:** 2,796      **2022 Work RVU:** 14.97  
**2022 NF PE RVU:** 97.90  
**2022 Fac PE RVU:** 5.00

**RUC Recommendation:** New PE Inputs

**Referred to CPT**  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** PE Only

## Status Report: CMS Requests and Relativity Assessment Issues

**47490** Cholecystostomy, percutaneous, complete procedure, including imaging guidance, catheter placement, cholecystogram when performed, and radiological supervision and interpretation

**Global:** 010

**Issue:** Cholecystostomy

**Screen:** CMS Fastest Growing

**Complete?** Yes

**Most Recent RUC Meeting:** October 2009

**Tab:** 04 **Specialty Developing Recommendation:** ACR

**First Identified:** October 2008

**2020 Medicare Utilization:** 11,779

**2022 Work RVU:** 4.76

**2022 NF PE RVU:** NA

**2022 Fac PE RVU:** 4.57

**RUC Recommendation:** 4.76

**Referred to CPT** June 2009

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Decrease

**47500** Injection procedure for percutaneous transhepatic cholangiography

**Global:**

**Issue:** Percutaneous Biliary Procedures Bundling

**Screen:** Codes Reported Together 75% or More-Part2

**Complete?** Yes

**Most Recent RUC Meeting:** October 2015

**Tab:** 06 **Specialty Developing Recommendation:** ACR, SIR

**First Identified:** October 2012

**2020 Medicare Utilization:**

**2022 Work RVU:**

**2022 NF PE RVU:**

**2022 Fac PE RVU:**

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** February 2015

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Deleted from CPT

**47505** Injection procedure for cholangiography through an existing catheter (eg, percutaneous transhepatic or T-tube)

**Global:**

**Issue:** Percutaneous Biliary Procedures Bundling

**Screen:** Codes Reported Together 75% or More-Part2

**Complete?** Yes

**Most Recent RUC Meeting:** October 2015

**Tab:** 06 **Specialty Developing Recommendation:** ACR, SIR

**First Identified:** October 2012

**2020 Medicare Utilization:**

**2022 Work RVU:**

**2022 NF PE RVU:**

**2022 Fac PE RVU:**

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** February 2015

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Deleted from CPT

## Status Report: CMS Requests and Relativity Assessment Issues

**47510** Introduction of percutaneous transhepatic catheter for biliary drainage

**Global:**

**Issue:** Percutaneous Biliary Procedures Bundling

**Screen:** Codes Reported Together 75% or More-Part2

**Complete?** Yes

**Most Recent RUC Meeting:** October 2015

**Tab:** 06

**Specialty Developing Recommendation:** ACR, SIR

**First Identified:** October 2012

**2020 Medicare Utilization:**

**2022 Work RVU:**

**2022 NF PE RVU:**

**2022 Fac PE RVU:**

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** February 2015

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Deleted from CPT

**47511** Introduction of percutaneous transhepatic stent for internal and external biliary drainage

**Global:**

**Issue:** Percutaneous Biliary Procedures Bundling

**Screen:** Codes Reported Together 75% or More-Part2

**Complete?** Yes

**Most Recent RUC Meeting:** October 2015

**Tab:** 06

**Specialty Developing Recommendation:** ACR, SIR

**First Identified:** October 2012

**2020 Medicare Utilization:**

**2022 Work RVU:**

**2022 NF PE RVU:**

**2022 Fac PE RVU:**

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** February 2015

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Deleted from CPT

**47525** Change of percutaneous biliary drainage catheter

**Global:**

**Issue:** Percutaneous Biliary Procedures Bundling

**Screen:** High IWPUT

**Complete?** Yes

**Most Recent RUC Meeting:** October 2015

**Tab:** 06

**Specialty Developing Recommendation:** ACR, SIR

**First Identified:** February 2008

**2020 Medicare Utilization:**

**2022 Work RVU:**

**2022 NF PE RVU:**

**2022 Fac PE RVU:**

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** February 2015

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Deleted from CPT

## Status Report: CMS Requests and Relativity Assessment Issues

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<b>47530</b>	Revision and/or reinsertion of transhepatic tube	<b>Global:</b>	<b>Issue:</b> Percutaneous Biliary Procedures Bundling	<b>Screen:</b> Codes Reported Together 75% or More-Part2	<b>Complete?</b> Yes
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<b>Most Recent RUC Meeting:</b> October 2015	<b>Tab:</b> 06	<b>Specialty Developing Recommendation:</b> ACR, SIR
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<b>First Identified:</b> February 2015	<b>2020 Medicare Utilization:</b>
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<b>2022 Work RVU:</b>
<b>2022 NF PE RVU:</b>
<b>2022 Fac PE RVU:</b>

**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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<b>47531</b>	Injection procedure for cholangiography, percutaneous, complete diagnostic procedure including imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation; existing access	<b>Global:</b> 000	<b>Issue:</b> Percutaneous Biliary Procedures Bundling	<b>Screen:</b> Codes Reported Together 75% or More-Part2	<b>Complete?</b> Yes
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<b>Most Recent RUC Meeting:</b> October 2015	<b>Tab:</b> 04	<b>Specialty Developing Recommendation:</b> ACR, SIR
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<b>First Identified:</b> February 2015	<b>2020 Medicare Utilization:</b> 7,294
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<b>2022 Work RVU:</b> 1.30
<b>2022 NF PE RVU:</b> 11.78
<b>2022 Fac PE RVU:</b> 0.62

**RUC Recommendation:** 1.30

**Referred to CPT** February 2015

**Result:** Increase

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

---

<b>47532</b>	Injection procedure for cholangiography, percutaneous, complete diagnostic procedure including imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation; new access (eg, percutaneous transhepatic cholangiogram)	<b>Global:</b> 000	<b>Issue:</b> Percutaneous Biliary Procedures Bundling	<b>Screen:</b> Codes Reported Together 75% or More-Part2	<b>Complete?</b> Yes
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<b>Most Recent RUC Meeting:</b> October 2015	<b>Tab:</b> 04	<b>Specialty Developing Recommendation:</b> ACR, SIR
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<b>First Identified:</b> February 2015	<b>2020 Medicare Utilization:</b> 514
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<b>2022 Work RVU:</b> 4.25
<b>2022 NF PE RVU:</b> 21.33
<b>2022 Fac PE RVU:</b> 1.46

**RUC Recommendation:** 4.50

**Referred to CPT** February 2015

**Result:** Increase

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

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## Status Report: CMS Requests and Relativity Assessment Issues

**47533** Placement of biliary drainage catheter, percutaneous, including diagnostic cholangiography when performed, imaging guidance (eg, ultrasound and/or fluoroscopy), and all associated radiological supervision and interpretation; external

**Global:** 000

**Issue:** Percutaneous Biliary Procedures Bundling

**Screen:** Codes Reported Together 75% or More-Part2

**Complete?** Yes

**Most Recent RUC Meeting:** October 2015

**Tab:** 04 **Specialty Developing Recommendation:** ACR, SIR

**First Identified:** February 2015

**2020 Medicare Utilization:** 1,402

**2022 Work RVU:** 5.38  
**2022 NF PE RVU:** 30.26  
**2022 Fac PE RVU:** 1.78

**RUC Recommendation:** 5.63

**Referred to CPT** February 2015

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Increase

**47534** Placement of biliary drainage catheter, percutaneous, including diagnostic cholangiography when performed, imaging guidance (eg, ultrasound and/or fluoroscopy), and all associated radiological supervision and interpretation; internal-external

**Global:** 000

**Issue:** Percutaneous Biliary Procedures Bundling

**Screen:** Codes Reported Together 75% or More-Part2

**Complete?** Yes

**Most Recent RUC Meeting:** October 2015

**Tab:** 04 **Specialty Developing Recommendation:** ACR, SIR

**First Identified:** February 2015

**2020 Medicare Utilization:** 4,184

**2022 Work RVU:** 7.60  
**2022 NF PE RVU:** 31.09  
**2022 Fac PE RVU:** 2.39

**RUC Recommendation:** 7.85

**Referred to CPT** February 2015

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Increase

**47535** Conversion of external biliary drainage catheter to internal-external biliary drainage catheter, percutaneous, including diagnostic cholangiography when performed, imaging guidance (eg, fluoroscopy), and all associated radiological supervision and interpretation

**Global:** 000

**Issue:** Percutaneous Biliary Procedures Bundling

**Screen:** Codes Reported Together 75% or More-Part2

**Complete?** Yes

**Most Recent RUC Meeting:** October 2015

**Tab:** 04 **Specialty Developing Recommendation:** ACR, SIR

**First Identified:** February 2015

**2020 Medicare Utilization:** 377

**2022 Work RVU:** 3.95  
**2022 NF PE RVU:** 23.20  
**2022 Fac PE RVU:** 1.36

**RUC Recommendation:** 4.20

**Referred to CPT** February 2015

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Increase

## Status Report: CMS Requests and Relativity Assessment Issues

**47536** Exchange of biliary drainage catheter (eg, external, internal-external, or conversion of internal-external to external only), percutaneous, including diagnostic cholangiography when performed, imaging guidance (eg, fluoroscopy), and all associated radiological supervision and interpretation

**Global:** 000

**Issue:** Percutaneous Biliary Procedures Bundling

**Screen:** Codes Reported Together 75% or More-Part2

**Complete?** Yes

**Most Recent RUC Meeting:** October 2015

**Tab:** 04 **Specialty Developing Recommendation:** ACR, SIR

**First Identified:** February 2015

**2020 Medicare Utilization:** 13,827

**2022 Work RVU:** 2.61  
**2022 NF PE RVU:** 16.89  
**2022 Fac PE RVU:** 0.95

**RUC Recommendation:** 2.86

**Referred to CPT** February 2015

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Increase

**47537** Removal of biliary drainage catheter, percutaneous, requiring fluoroscopic guidance (eg, with concurrent indwelling biliary stents), including diagnostic cholangiography when performed, imaging guidance (eg, fluoroscopy), and all associated radiological supervision and interpretation

**Global:** 000

**Issue:** Percutaneous Biliary Procedures Bundling

**Screen:** Codes Reported Together 75% or More-Part2

**Complete?** Yes

**Most Recent RUC Meeting:** October 2015

**Tab:** 04 **Specialty Developing Recommendation:** ACR, SIR

**First Identified:** February 2015

**2020 Medicare Utilization:** 1,851

**2022 Work RVU:** 1.84  
**2022 NF PE RVU:** 13.28  
**2022 Fac PE RVU:** 0.77

**RUC Recommendation:** 1.85

**Referred to CPT** February 2015

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Increase

**47538** Placement of stent(s) into a bile duct, percutaneous, including diagnostic cholangiography, imaging guidance (eg, fluoroscopy and/or ultrasound), balloon dilation, catheter exchange(s) and catheter removal(s) when performed, and all associated radiological supervision and interpretation; existing access

**Global:** 000

**Issue:** Percutaneous Biliary Procedures Bundling

**Screen:** Codes Reported Together 75% or More-Part2

**Complete?** Yes

**Most Recent RUC Meeting:** October 2015

**Tab:** 04 **Specialty Developing Recommendation:** ACR, SIR

**First Identified:** February 2015

**2020 Medicare Utilization:** 997

**2022 Work RVU:** 4.75  
**2022 NF PE RVU:** 113.39  
**2022 Fac PE RVU:** 1.60

**RUC Recommendation:** 5.00

**Referred to CPT** February 2015

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Increase



## Status Report: CMS Requests and Relativity Assessment Issues

**47539** Placement of stent(s) into a bile duct, percutaneous, including diagnostic cholangiography, imaging guidance (eg, fluoroscopy and/or ultrasound), balloon dilation, catheter exchange(s) and catheter removal(s) when performed, and all associated radiological supervision and interpretation; new access, without placement of separate biliary drainage catheter

**Global:** 000

**Issue:** Percutaneous Biliary Procedures Bundling

**Screen:** Codes Reported Together 75% or More-Part2

**Complete?** Yes

**Most Recent RUC Meeting:** October 2015

**Tab:** 04 **Specialty Developing Recommendation:** ACR, SIR

**First Identified:** February 2015

**2020 Medicare Utilization:** 160

**2022 Work RVU:** 8.75

**2022 NF PE RVU:** 121.81

**2022 Fac PE RVU:** 2.60

**RUC Recommendation:** 9.00

**Referred to CPT** February 2015

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Increase

**47540** Placement of stent(s) into a bile duct, percutaneous, including diagnostic cholangiography, imaging guidance (eg, fluoroscopy and/or ultrasound), balloon dilation, catheter exchange(s) and catheter removal(s) when performed, and all associated radiological supervision and interpretation; new access, with placement of separate biliary drainage catheter (eg, external or internal-external)

**Global:** 000

**Issue:** Percutaneous Biliary Procedures Bundling

**Screen:** Codes Reported Together 75% or More-Part2

**Complete?** Yes

**Most Recent RUC Meeting:** October 2015

**Tab:** 04 **Specialty Developing Recommendation:** ACR, SIR

**First Identified:** February 2015

**2020 Medicare Utilization:** 215

**2022 Work RVU:** 9.03

**2022 NF PE RVU:** 123.24

**2022 Fac PE RVU:** 2.83

**RUC Recommendation:** 9.28

**Referred to CPT** February 2015

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Increase

**47541** Placement of access through the biliary tree and into small bowel to assist with an endoscopic biliary procedure (eg, rendezvous procedure), percutaneous, including diagnostic cholangiography when performed, imaging guidance (eg, ultrasound and/or fluoroscopy), and all associated radiological supervision and interpretation, new access

**Global:** 000

**Issue:** Percutaneous Biliary Procedures Bundling

**Screen:** Codes Reported Together 75% or More-Part2

**Complete?** Yes

**Most Recent RUC Meeting:** October 2015

**Tab:** 04 **Specialty Developing Recommendation:** ACR, SIR

**First Identified:** February 2015

**2020 Medicare Utilization:** 159

**2022 Work RVU:** 6.75

**2022 NF PE RVU:** 28.35

**2022 Fac PE RVU:** 2.26

**RUC Recommendation:** 7.00

**Referred to CPT** February 2015

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Increase

## Status Report: CMS Requests and Relativity Assessment Issues

**47542** Balloon dilation of biliary duct(s) or of ampulla (sphincteroplasty), percutaneous, including imaging guidance (eg, fluoroscopy), and all associated radiological supervision and interpretation, each duct (list separately in addition to code for primary procedure) **Global:** ZZZ **Issue:** Percutaneous Biliary Procedures Bundling **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

**Most Recent RUC Meeting:** October 2015

**Tab:** 04 **Specialty Developing Recommendation:** ACR, SIR

**First Identified:** February 2015

**2020 Medicare Utilization:** 1,063

**2022 Work RVU:** 2.85  
**2022 NF PE RVU:** 12.27  
**2022 Fac PE RVU:** 0.81

**RUC Recommendation:** 2.85

**Referred to CPT** February 2015

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Increase

**47543** Endoluminal biopsy(ies) of biliary tree, percutaneous, any method(s) (eg, brush, forceps, and/or needle), including imaging guidance (eg, fluoroscopy), and all associated radiological supervision and interpretation, single or multiple (list separately in addition to code for primary procedure) **Global:** ZZZ **Issue:** Percutaneous Biliary Procedures Bundling **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

**Most Recent RUC Meeting:** October 2015

**Tab:** 04 **Specialty Developing Recommendation:** ACR, SIR

**First Identified:** February 2015

**2020 Medicare Utilization:** 642

**2022 Work RVU:** 3.00  
**2022 NF PE RVU:** 8.76  
**2022 Fac PE RVU:** 0.88

**RUC Recommendation:** 3.00

**Referred to CPT** February 2015

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Increase

**47544** Removal of calculi/debris from biliary duct(s) and/or gallbladder, percutaneous, including destruction of calculi by any method (eg, mechanical, electrohydraulic, lithotripsy) when performed, imaging guidance (eg, fluoroscopy), and all associated radiological supervision and interpretation (list separately in addition to code for primary procedure) **Global:** ZZZ **Issue:** Percutaneous Biliary Procedures Bundling **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

**Most Recent RUC Meeting:** October 2015

**Tab:** 04 **Specialty Developing Recommendation:** ACR, SIR

**First Identified:** February 2015

**2020 Medicare Utilization:** 312

**2022 Work RVU:** 3.28  
**2022 NF PE RVU:** 22.48  
**2022 Fac PE RVU:** 0.91

**RUC Recommendation:** 3.28

**Referred to CPT** February 2015

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Increase

# Status Report: CMS Requests and Relativity Assessment Issues

<b>47560</b>	Laparoscopy, surgical; with guided transhepatic cholangiography, without biopsy	<b>Global:</b>	<b>Issue:</b> RAW	<b>Screen:</b> CMS Request - Final Rule for 2014	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b>	October 2013	<b>Tab:</b> 18	<b>Specialty Developing Recommendation:</b>	<b>First Identified:</b> July 2013	<b>2020 Medicare Utilization:</b>
<b>RUC Recommendation:</b>	Deleted from CPT		<b>Referred to CPT</b>	<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>
				<b>2022 Work RVU:</b>	
				<b>2022 NF PE RVU:</b>	
				<b>2022 Fac PE RVU:</b>	
				<b>Result:</b> Maintain	
<hr/>					
<b>47562</b>	Laparoscopy, surgical; cholecystectomy	<b>Global:</b> 090	<b>Issue:</b> RAW review	<b>Screen:</b> CMS High Expenditure Procedural Codes1 / CMS Request - Final Rule for 2014 / Pre-Time Analysis	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b>	September 2014	<b>Tab:</b> 21	<b>Specialty Developing Recommendation:</b> ACS	<b>First Identified:</b> September 2011	<b>2020 Medicare Utilization:</b> 81,282
<b>RUC Recommendation:</b>	Maintain work RVU and adjust the times from pre-time package 3.		<b>Referred to CPT</b>	<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>
				<b>2022 Work RVU:</b> 10.47	
				<b>2022 NF PE RVU:</b> NA	
				<b>2022 Fac PE RVU:</b> 6.68	
				<b>Result:</b> Maintain	
<hr/>					
<b>47563</b>	Laparoscopy, surgical; cholecystectomy with cholangiography	<b>Global:</b> 090	<b>Issue:</b> RAW review	<b>Screen:</b> CMS High Expenditure Procedural Codes1 / CMS Request - Final Rule for 2014	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b>	October 2013	<b>Tab:</b> 18	<b>Specialty Developing Recommendation:</b>	<b>First Identified:</b> September 2011	<b>2020 Medicare Utilization:</b> 32,357
<b>RUC Recommendation:</b>	No further action. 12.11		<b>Referred to CPT</b>	<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>
				<b>2022 Work RVU:</b> 11.47	
				<b>2022 NF PE RVU:</b> NA	
				<b>2022 Fac PE RVU:</b> 7.18	
				<b>Result:</b> Maintain	

## Status Report: CMS Requests and Relativity Assessment Issues

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<b>47600</b> Cholecystectomy;	<b>Global:</b> 090	<b>Issue:</b> Cholecystectomy	<b>Screen:</b> CMS Request - Final Rule for 2012	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2012	<b>Tab:</b> 36	<b>Specialty Developing Recommendation:</b> ACS, SAGES	<b>First Identified:</b> September 2011	<b>2020 Medicare Utilization:</b> 6,677
<b>RUC Recommendation:</b> 20.00		<b>Referred to CPT</b>	<b>2022 Work RVU:</b> 17.48	<b>2022 NF PE RVU:</b> NA
		<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>2022 Fac PE RVU:</b> 10.19	<b>Result:</b> Increase
		<b>Published in CPT Asst:</b>		

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<b>47605</b> Cholecystectomy; with cholangiography	<b>Global:</b> 090	<b>Issue:</b> Cholecystectomy	<b>Screen:</b> CMS Request - Final Rule for 2012	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2012	<b>Tab:</b> 36	<b>Specialty Developing Recommendation:</b> ACS, SAGES	<b>First Identified:</b> September 2011	<b>2020 Medicare Utilization:</b> 1,050
<b>RUC Recommendation:</b> 21.00		<b>Referred to CPT</b>	<b>2022 Work RVU:</b> 18.48	<b>2022 NF PE RVU:</b> NA
		<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>2022 Fac PE RVU:</b> 10.65	<b>Result:</b> Increase
		<b>Published in CPT Asst:</b>		

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<b>48102</b> Biopsy of pancreas, percutaneous needle	<b>Global:</b> 010	<b>Issue:</b> Percutaneous Needle Biopsy	<b>Screen:</b> Site of Service Anomaly (99238-Only)	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> September 2007	<b>Tab:</b> 16	<b>Specialty Developing Recommendation:</b> SIR	<b>First Identified:</b> September 2007	<b>2020 Medicare Utilization:</b> 836
<b>RUC Recommendation:</b> Reduce 99238 to 0.5		<b>Referred to CPT</b>	<b>2022 Work RVU:</b> 4.70	<b>2022 NF PE RVU:</b> 10.59
		<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>2022 Fac PE RVU:</b> 1.74	<b>Result:</b> PE Only
		<b>Published in CPT Asst:</b>		

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## Status Report: CMS Requests and Relativity Assessment Issues

**48511** External drainage, pseudocyst of pancreas; percutaneous

**Global:**

**Issue:** Drainage of Abscess

**Screen:** Codes Reported Together 75% or More-Part2

**Complete?** Yes

**Most Recent RUC Meeting:** January 2013

**Tab:** 04

**Specialty Developing Recommendation:**

**First Identified:** January 2012

**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** ☐ **Published in CPT Asst:**

**Result:** Deleted from CPT

**49021** Drainage of peritoneal abscess or localized peritonitis, exclusive of appendiceal abscess; percutaneous

**Global:**

**Issue:** Drainage of Abscess

**Screen:** Codes Reported Together 75% or More-Part2

**Complete?** Yes

**Most Recent RUC Meeting:** January 2013

**Tab:** 04

**Specialty Developing Recommendation:** ACR, SIR

**First Identified:** January 2012

**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** ☐ **Published in CPT Asst:**

**Result:** Deleted from CPT

**49041** Drainage of subdiaphragmatic or subphrenic abscess; percutaneous

**Global:**

**Issue:** Drainage of Abscess

**Screen:** Codes Reported Together 75% or More-Part2

**Complete?** Yes

**Most Recent RUC Meeting:** January 2013

**Tab:** 04

**Specialty Developing Recommendation:** ACR, SIR

**First Identified:** January 2012

**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** ☐ **Published in CPT Asst:**

**Result:** Deleted from CPT

## Status Report: CMS Requests and Relativity Assessment Issues

**49061** Drainage of retroperitoneal abscess; percutaneous **Global:** **Issue:** Drainage of Abscess **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

**Most Recent**  
**RUC Meeting:** January 2013 **Tab:** 04 **Specialty Developing Recommendation:** ACR, SIR

**First Identified:** January 2012 **2020 Medicare Utilization:**

**2022 Work RVU:**  
**2022 NF PE RVU:**  
**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:**

**49080** Peritoneocentesis, abdominal paracentesis, or peritoneal lavage (diagnostic or therapeutic); initial **Global:** **Issue:** Peritoneocentesis **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

**Most Recent**  
**RUC Meeting:** October 2010 **Tab:** 5 **Specialty Developing Recommendation:** ACR, AGA, ASGE, AUR, SIR

**First Identified:** October 2009 **2020 Medicare Utilization:**

**2022 Work RVU:**  
**2022 NF PE RVU:**  
**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:**

**49081** Peritoneocentesis, abdominal paracentesis, or peritoneal lavage (diagnostic or therapeutic); subsequent **Global:** **Issue:** Peritoneocentesis **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

**Most Recent**  
**RUC Meeting:** October 2010 **Tab:** 5 **Specialty Developing Recommendation:** ACR, AGA, ASGE, AUR, SIR

**First Identified:** February 2010 **2020 Medicare Utilization:**

**2022 Work RVU:**  
**2022 NF PE RVU:**  
**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:**

## Status Report: CMS Requests and Relativity Assessment Issues

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**49082** Abdominal paracentesis (diagnostic or therapeutic); without imaging guidance      **Global:** 000      **Issue:** Abdominal Paracentesis      **Screen:** Harvard Valued - Utilization over 100,000      **Complete?** Yes

**Most Recent**  
**RUC Meeting:** October 2010

**Tab:** 05      **Specialty Developing**  
**Recommendation:** ACR, ACS, AGA,  
ASGE, SIR

**First**  
**Identified:** February 2010

**2020**  
**Medicare**  
**Utilization:** 10,481

**2022 Work RVU:** 1.24

**2022 NF PE RVU:** 5.05

**2022 Fac PE RVU:** 0.73

**RUC Recommendation:** 1.35

**Referred to CPT** June 2010

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Decrease

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**49083** Abdominal paracentesis (diagnostic or therapeutic); with imaging guidance      **Global:** 000      **Issue:** Abdominal Paracentesis      **Screen:** Harvard Valued - Utilization over 100,000      **Complete?** Yes

**Most Recent**  
**RUC Meeting:** October 2010

**Tab:** 05      **Specialty Developing**  
**Recommendation:** ACR, ACS, AGA,  
ASGE, SIR

**First**  
**Identified:** February 2010

**2020**  
**Medicare**  
**Utilization:** 252,899

**2022 Work RVU:** 2.00

**2022 NF PE RVU:** 6.78

**2022 Fac PE RVU:** 0.91

**RUC Recommendation:** 2.00

**Referred to CPT** June 2010

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Decrease

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**49084** Peritoneal lavage, including imaging guidance, when performed      **Global:** 000      **Issue:** Abdominal Paracentesis      **Screen:** Harvard Valued - Utilization over 100,000      **Complete?** Yes

**Most Recent**  
**RUC Meeting:** October 2010

**Tab:** 05      **Specialty Developing**  
**Recommendation:** ACR, ACS, AGA,  
ASGE, SIR

**First**  
**Identified:** February 2010

**2020**  
**Medicare**  
**Utilization:** 1,630

**2022 Work RVU:** 2.00

**2022 NF PE RVU:** NA

**2022 Fac PE RVU:** 0.74

**RUC Recommendation:** 2.50

**Referred to CPT** June 2010

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Increase

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## Status Report: CMS Requests and Relativity Assessment Issues

**49405** Image-guided fluid collection drainage by catheter (eg, abscess, hematoma, seroma, lymphocele, cyst); visceral (eg, kidney, liver, spleen, lung/mediastinum), percutaneous **Global:** 000 **Issue:** Drainage of Abscess **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

**Most Recent RUC Meeting:** January 2013

**Tab:** 04 **Specialty Developing Recommendation:** ACR, SIR

**First Identified:** January 2012

**2020 Medicare Utilization:** 5,663

**2022 Work RVU:** 4.00  
**2022 NF PE RVU:** 23.06  
**2022 Fac PE RVU:** 1.31

**RUC Recommendation:** 4.25

**Referred to CPT** October 2012

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Decrease

**49406** Image-guided fluid collection drainage by catheter (eg, abscess, hematoma, seroma, lymphocele, cyst); peritoneal or retroperitoneal, percutaneous **Global:** 000 **Issue:** Drainage of Abscess **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

**Most Recent RUC Meeting:** January 2013

**Tab:** 04 **Specialty Developing Recommendation:** ACR, SIR

**First Identified:** January 2012

**2020 Medicare Utilization:** 30,881

**2022 Work RVU:** 4.00  
**2022 NF PE RVU:** 23.05  
**2022 Fac PE RVU:** 1.30

**RUC Recommendation:** 4.25

**Referred to CPT** October 2012

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Decrease

**49407** Image-guided fluid collection drainage by catheter (eg, abscess, hematoma, seroma, lymphocele, cyst); peritoneal or retroperitoneal, transvaginal or transrectal **Global:** 000 **Issue:** Drainage of Abscess **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

**Most Recent RUC Meeting:** January 2013

**Tab:** 04 **Specialty Developing Recommendation:** ACR, SIR

**First Identified:** January 2012

**2020 Medicare Utilization:** 194

**2022 Work RVU:** 4.25  
**2022 NF PE RVU:** 18.40  
**2022 Fac PE RVU:** 1.33

**RUC Recommendation:** 4.50

**Referred to CPT** October 2012

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Decrease



## Status Report: CMS Requests and Relativity Assessment Issues

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**49418** Insertion of tunneled intraperitoneal catheter (eg, dialysis, intraperitoneal chemotherapy instillation, management of ascites), complete procedure, including imaging guidance, catheter placement, contrast injection when performed, and radiological supervision and interpretation, percutaneous **Global:** 000 **Issue:** Intraperitoneal Catheter Codes **Screen:** Site of Service Anomaly **Complete?** Yes

**Most Recent RUC Meeting:** April 2010

**Tab:** 11 **Specialty Developing Recommendation:** ACS, ACR, SIR

**First Identified:** February 2010

**2020 Medicare Utilization:** 6,801

**2022 Work RVU:** 3.96  
**2022 NF PE RVU:** 26.16  
**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:**

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**49420** Deleted from CPT

**Global:** **Issue:** Insertion of Intraperitoneal Cannula or Catheter

**Screen:** Site of Service Anomaly **Complete?** Yes

**Most Recent RUC Meeting:** October 2009

**Tab:** 40 **Specialty Developing Recommendation:** ACS

**First Identified:** April 2008

**2020 Medicare Utilization:**

**2022 Work RVU:**  
**2022 NF PE RVU:**  
**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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**49421** Insertion of tunneled intraperitoneal catheter for dialysis, open

**Global:** 000 **Issue:** Intraperitoneal Catheter Codes

**Screen:** Site of Service Anomaly **Complete?** Yes

**Most Recent RUC Meeting:** April 2010

**Tab:** 11 **Specialty Developing Recommendation:** ACS, ACR, SIR

**First Identified:** September 2007

**2020 Medicare Utilization:** 1,637

**2022 Work RVU:** 4.21  
**2022 NF PE RVU:** NA  
**2022 Fac PE RVU:** 1.52

**RUC Recommendation:** 4.21

**Referred to CPT** February 2010

**Result:** Decrease

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

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# Status Report: CMS Requests and Relativity Assessment Issues

**49422** Removal of tunneled intraperitoneal catheter **Global:** 000 **Issue:** Removal of Intraperitoneal Catheter **Screen:** Site of Service Anomaly - 2016 **Complete?** Yes

**Most Recent RUC Meeting:** April 2017 **Tab:** 14 **Specialty Developing Recommendation:** ACS, SVS

**First Identified:** October 2016

**2020 Medicare Utilization:** 12,418

**2022 Work RVU:** 4.00

**2022 NF PE RVU:** NA

**2022 Fac PE RVU:** 1.63

**RUC Recommendation:** 4.00

**Referred to CPT**

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

**Result:** Decrease

**49436** Delayed creation of exit site from embedded subcutaneous segment of intraperitoneal cannula or catheter

**Global:** 010

**Issue:** Delayed Creation of Exit Site from Embedded Catheter

**Screen:** CMS Request - Final Rule for 2022

**Complete?** Yes

**Most Recent RUC Meeting:** January 2022 **Tab:** 16 **Specialty Developing Recommendation:** ACS

**First Identified:** November 2021

**2020 Medicare Utilization:** 297

**2022 Work RVU:** 2.72

**2022 NF PE RVU:** NA

**2022 Fac PE RVU:** 2.23

**RUC Recommendation:** PE Inputs

**Referred to CPT**

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

**Result:** PE Only

**49505** Repair initial inguinal hernia, age 5 years or older; reducible

**Global:** 090

**Issue:** RAW review

**Screen:** CMS High Expenditure Procedural Codes1

**Complete?** Yes

**Most Recent RUC Meeting:** January 2012 **Tab:** 30 **Specialty Developing Recommendation:** ACS

**First Identified:** September 2011

**2020 Medicare Utilization:** 39,341

**2022 Work RVU:** 7.96

**2022 NF PE RVU:** NA

**2022 Fac PE RVU:** 5.72

**RUC Recommendation:** Reaffirmed

**Referred to CPT**

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

**Result:** Maintain

**49507** Repair initial inguinal hernia, age 5 years or older; incarcerated or strangulated

**Global:** 090

**Issue:** Hernia Repair

**Screen:** Site of Service Anomaly

**Complete?** Yes

**Most Recent RUC Meeting:** February 2011 **Tab:** 29 **Specialty Developing Recommendation:** ACS

**First Identified:** September 2007

**2020 Medicare Utilization:** 8,333

**2022 Work RVU:** 9.09

**2022 NF PE RVU:** NA

**2022 Fac PE RVU:** 6.26

**RUC Recommendation:** 10.05

**Referred to CPT**

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

**Result:** Maintain

## Status Report: CMS Requests and Relativity Assessment Issues

**49521** Repair recurrent inguinal hernia, any age; incarcerated or strangulated

**Global:** 090

**Issue:** Hernia Repair

**Screen:** Site of Service Anomaly

**Complete?** Yes

**Most Recent**  
**RUC Meeting:** February 2011

**Tab:** 29 **Specialty Developing**  
**Recommendation:** ACS

**First**  
**Identified:** September 2007

**2020**  
**Medicare**  
**Utilization:** 1,541

**2022 Work RVU:** 11.48

**2022 NF PE RVU:** NA

**2022 Fac PE RVU:** 7.11

**RUC Recommendation:** 12.44

**Referred to CPT**

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Maintain

**49560** Repair initial incisional or ventral hernia; reducible

**Global:** 090

**Issue:** Anterior Abdominal Hernia  
Repair

**Screen:** Site of Service Anomaly -  
2019

**Complete?** Yes

**Most Recent**  
**RUC Meeting:** April 2021

**Tab:** 09 **Specialty Developing**  
**Recommendation:** ACS, ASCRS (col),  
SAGES

**First**  
**Identified:** February 2021

**2020**  
**Medicare**  
**Utilization:** 16,538

**2022 Work RVU:** 11.92

**2022 NF PE RVU:** NA

**2022 Fac PE RVU:** 7.23

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** February 2021

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Deleted from CPT

**49561** Repair initial incisional or ventral hernia; incarcerated or strangulated

**Global:** 090

**Issue:** Anterior Abdominal Hernia  
Repair

**Screen:** Site of Service Anomaly -  
2019

**Complete?** Yes

**Most Recent**  
**RUC Meeting:** April 2021

**Tab:** 09 **Specialty Developing**  
**Recommendation:** ACS, ASCRS (col),  
SAGES

**First**  
**Identified:** February 2021

**2020**  
**Medicare**  
**Utilization:** 10,420

**2022 Work RVU:** 15.38

**2022 NF PE RVU:** NA

**2022 Fac PE RVU:** 8.59

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** February 2021

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Deleted from CPT

**49565** Repair recurrent incisional or ventral hernia; reducible

**Global:** 090

**Issue:** Anterior Abdominal Hernia  
Repair

**Screen:** Site of Service Anomaly -  
2019

**Complete?** Yes

**Most Recent**  
**RUC Meeting:** April 2021

**Tab:** 09 **Specialty Developing**  
**Recommendation:** ACS, ASCRS (col),  
SAGES

**First**  
**Identified:** October 2019

**2020**  
**Medicare**  
**Utilization:** 3,719

**2022 Work RVU:** 12.37

**2022 NF PE RVU:** NA

**2022 Fac PE RVU:** 7.58

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** February 2021

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Deleted from CPT

## Status Report: CMS Requests and Relativity Assessment Issues

**49566** Repair recurrent incisional or ventral hernia; incarcerated or strangulated **Global:** 090 **Issue:** Anterior Abdominal Hernia Repair **Screen:** Site of Service Anomaly - 2019 **Complete?** Yes

**Most Recent RUC Meeting:** April 2021

**Tab:** 09

**Specialty Developing Recommendation:**

ACS, ASCRS (col),  
SAGES

**First Identified:** February 2021

**2020 Medicare Utilization:** 2,899

**2022 Work RVU:** 15.53

**2022 NF PE RVU:** NA

**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 repair or mesh for closure of debridement for necrotizing soft tissue infection (list separately in addition to code for the incisional or ventral hernia repair) **Global:** ZZZ **Issue:** Anterior Abdominal Hernia Repair **Screen:** Site of Service Anomaly - 2019 **Complete?** Yes

**Most Recent RUC Meeting:** April 2021

**Tab:** 09

**Specialty Developing Recommendation:**

ACS, ASCRS (col),  
SAGES

**First Identified:** February 2021

**2020 Medicare Utilization:** 20,800

**2022 Work RVU:** 4.88

**2022 NF PE RVU:** NA

**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 **Issue:** Anterior Abdominal Hernia Repair **Screen:** Site of Service Anomaly - 2019 **Complete?** Yes

**Most Recent RUC Meeting:** April 2021

**Tab:** 09

**Specialty Developing Recommendation:**

ACS, ASCRS (col),  
SAGES

**First Identified:** February 2021

**2020 Medicare Utilization:** 461

**2022 Work RVU:** 6.05

**2022 NF PE RVU:** NA

**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:**

# Status Report: CMS Requests and Relativity Assessment Issues

**49572** Repair epigastric hernia (eg, preperitoneal fat); incarcerated or strangulated **Global:** 090 **Issue:** Anterior Abdominal Hernia Repair **Screen:** Site of Service Anomaly - 2019 **Complete?** Yes

**Most Recent RUC Meeting:** April 2021

**Tab:** 09

**Specialty Developing Recommendation:**

ACS, ASCRS (col),  
SAGES

**First Identified:** February 2021

**2020 Medicare Utilization:** 393

**2022 Work RVU:** 7.87

**2022 NF PE RVU:** NA

**2022 Fac PE RVU:** 5.73

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** February 2021

**Result:** Deleted from CPT

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**49580** Repair umbilical hernia, younger than age 5 years; reducible

**Global:** 090

**Issue:** Anterior Abdominal Hernia Repair

**Screen:** Site of Service Anomaly - 2019

**Complete?** Yes

**Most Recent RUC Meeting:** April 2021

**Tab:** 09

**Specialty Developing Recommendation:**

ACS, ASCRS (col),  
SAGES

**First Identified:** February 2021

**2020 Medicare Utilization:** 3

**2022 Work RVU:** 4.47

**2022 NF PE RVU:** NA

**2022 Fac PE RVU:** 4.53

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** February 2021

**Result:** Deleted from CPT

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**49582** Repair umbilical hernia, younger than age 5 years; incarcerated or strangulated

**Global:** 090

**Issue:** Anterior Abdominal Hernia Repair

**Screen:** Site of Service Anomaly - 2019

**Complete?** Yes

**Most Recent RUC Meeting:** April 2021

**Tab:** 09

**Specialty Developing Recommendation:**

ACS, ASCRS (col),  
SAGES

**First Identified:** February 2021

**2020 Medicare Utilization:**

**2022 Work RVU:** 7.13

**2022 NF PE RVU:** NA

**2022 Fac PE RVU:** 5.63

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** February 2021

**Result:** Deleted from CPT

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**49585** Repair umbilical hernia, age 5 years or older; reducible

**Global:** 090

**Issue:** Anterior Abdominal Hernia Repair

**Screen:** Site of Service Anomaly - 2019

**Complete?** Yes

**Most Recent RUC Meeting:** April 2021

**Tab:** 09

**Specialty Developing Recommendation:**

ACS, ASCRS (col),  
SAGES

**First Identified:** February 2021

**2020 Medicare Utilization:** 13,977

**2022 Work RVU:** 6.59

**2022 NF PE RVU:** NA

**2022 Fac PE RVU:** 5.20

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** February 2021

**Result:** Deleted from CPT

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

## Status Report: CMS Requests and Relativity Assessment Issues

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**49587** Repair umbilical hernia, age 5 years or older; incarcerated or strangulated      **Global:** 090      **Issue:** Anterior Abdominal Hernia Repair      **Screen:** Site of Service Anomaly      **Complete?** Yes

**Most Recent RUC Meeting:** April 2021

**Tab:** 09      **Specialty Developing Recommendation:** ACS, ASCRS (col), SAGES

**First Identified:** September 2007

**2020 Medicare Utilization:** 5,975

**2022 Work RVU:** 7.08

**2022 NF PE RVU:** NA

**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:**

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**49590** Repair spigelian hernia

**Global:** 090      **Issue:** Anterior Abdominal Hernia Repair      **Screen:** Site of Service Anomaly - 2019      **Complete?** Yes

**Most Recent RUC Meeting:** April 2021

**Tab:** 09      **Specialty Developing Recommendation:** ACS, ASCRS (col), SAGES

**First Identified:** February 2021

**2020 Medicare Utilization:** 506

**2022 Work RVU:** 8.90

**2022 NF PE RVU:** NA

**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:**

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**49591** Repair of anterior abdominal hernia(s) (ie, epigastric, incisional, ventral, umbilical, spigelian), any approach (ie, open, laparoscopic, robotic), initial, including implantation of mesh or other prosthesis when performed, total length of defect(s); less than 3 cm, reducible

**Global:**      **Issue:** Anterior Abdominal Hernia Repair      **Screen:** Site of Service Anomaly - 2019      **Complete?** Yes

**Most Recent RUC Meeting:** April 2021

**Tab:** 09      **Specialty Developing Recommendation:** ACS, ASCRS (col), SAGES

**First Identified:** February 2021

**2020 Medicare Utilization:**

**2022 Work RVU:**

**2022 NF PE RVU:**

**2022 Fac PE RVU:**

**RUC Recommendation:** 6.27

**Referred to CPT** February 2021

**Result:** Decrease

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

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## Status Report: CMS Requests and Relativity Assessment Issues

**49592** Repair of anterior abdominal hernia(s) (ie, epigastric, incisional, ventral, umbilical, spigelian), any approach (ie, open, laparoscopic, robotic), initial, including implantation of mesh or other prosthesis when performed, total length of defect(s); less than 3 cm, incarcerated or strangulated **Global:** **Issue:** Anterior Abdominal Hernia Repair **Screen:** Site of Service Anomaly - 2019 **Complete?** Yes

**Most Recent RUC Meeting:** April 2021

**Tab:** 09 **Specialty Developing Recommendation:** ACS, ASCRS (col), SAGES

**First Identified:** February 2021

**2020 Medicare Utilization:**

**2022 Work RVU:**

**2022 NF PE RVU:**

**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, umbilical, spigelian), any approach (ie, open, laparoscopic, robotic), initial, including implantation of mesh or other prosthesis when performed, total length of defect(s); 3 cm to 10 cm, reducible **Global:** **Issue:** Anterior Abdominal Hernia Repair **Screen:** Site of Service Anomaly - 2019 **Complete?** Yes

**Most Recent RUC Meeting:** April 2021

**Tab:** 09 **Specialty Developing Recommendation:** ACS, ASCRS (col), SAGES

**First Identified:** February 2021

**2020 Medicare Utilization:**

**2022 Work RVU:**

**2022 NF PE RVU:**

**2022 Fac PE RVU:**

**RUC Recommendation:** 10.80

**Referred to CPT** February 2021

**Result:** Decrease

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**49594** Repair of anterior abdominal hernia(s) (ie, epigastric, incisional, ventral, umbilical, spigelian), any approach (ie, open, laparoscopic, robotic), initial, including implantation of mesh or other prosthesis when performed, total length of defect(s); 3 cm to 10 cm, incarcerated or strangulated **Global:** **Issue:** Anterior Abdominal Hernia Repair **Screen:** Site of Service Anomaly - 2019 **Complete?** Yes

**Most Recent RUC Meeting:** April 2021

**Tab:** 09 **Specialty Developing Recommendation:** ACS, ASCRS (col), SAGES

**First Identified:** February 2021

**2020 Medicare Utilization:**

**2022 Work RVU:**

**2022 NF PE RVU:**

**2022 Fac PE RVU:**

**RUC Recommendation:** 14.00

**Referred to CPT** February 2021

**Result:** Decrease

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

## Status Report: CMS Requests and Relativity Assessment Issues

**49595** Repair of anterior abdominal hernia(s) (ie, epigastric, incisional, ventral, umbilical, spigelian), any approach (ie, open, laparoscopic, robotic), initial, including implantation of mesh or other prosthesis when performed, total length of defect(s); greater than 10 cm, reducible **Global:** **Issue:** Anterior Abdominal Hernia Repair **Screen:** Site of Service Anomaly - 2019 **Complete?** Yes

**Most Recent RUC Meeting:** April 2021

**Tab:** 09 **Specialty Developing Recommendation:** ACS, ASCRS (col), SAGES

**First Identified:** February 2021

**2020 Medicare Utilization:**

**2022 Work RVU:**

**2022 NF PE RVU:**

**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, umbilical, spigelian), any approach (ie, open, laparoscopic, robotic), initial, including implantation of mesh or other prosthesis when performed, total length of defect(s); greater than 10 cm, incarcerated or strangulated **Global:** **Issue:** Anterior Abdominal Hernia Repair **Screen:** Site of Service Anomaly - 2019 **Complete?** Yes

**Most Recent RUC Meeting:** April 2021

**Tab:** 09 **Specialty Developing Recommendation:** ACS, ASCRS (col), SAGES

**First Identified:** February 2021

**2020 Medicare Utilization:**

**2022 Work RVU:**

**2022 NF PE RVU:**

**2022 Fac PE RVU:**

**RUC Recommendation:** 20.00

**Referred to CPT** February 2021

**Result:** Decrease

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**49613** Repair of anterior abdominal hernia(s) (ie, epigastric, incisional, ventral, umbilical, spigelian), any approach (ie, open, laparoscopic, robotic), recurrent, including implantation of mesh or other prosthesis when performed, total length of defect(s); less than 3 cm, reducible **Global:** **Issue:** Anterior Abdominal Hernia Repair **Screen:** Site of Service Anomaly - 2019 **Complete?** Yes

**Most Recent RUC Meeting:** April 2021

**Tab:** 09 **Specialty Developing Recommendation:** ACS, ASCRS (col), SAGES

**First Identified:** February 2021

**2020 Medicare Utilization:**

**2022 Work RVU:**

**2022 NF PE RVU:**

**2022 Fac PE RVU:**

**RUC Recommendation:** 7.75

**Referred to CPT** February 2021

**Result:** Decrease

**Referred to CPT Asst** ☐ **Published in CPT Asst:**



## Status Report: CMS Requests and Relativity Assessment Issues

**49614** Repair of anterior abdominal hernia(s) (ie, epigastric, incisional, ventral, umbilical, spigelian), any approach (ie, open, laparoscopic, robotic), recurrent, including implantation of mesh or other prosthesis when performed, total length of defect(s); less than 3 cm, incarcerated or strangulated **Global:** **Issue:** Anterior Abdominal Hernia Repair **Screen:** Site of Service Anomaly - 2019 **Complete?** Yes

**Most Recent RUC Meeting:** April 2021

**Tab:** 09 **Specialty Developing Recommendation:** ACS, ASCRS (col), SAGES

**First Identified:** February 2021

**2020 Medicare Utilization:**

**2022 Work RVU:**

**2022 NF PE RVU:**

**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, umbilical, spigelian), any approach (ie, open, laparoscopic, robotic), recurrent, including implantation of mesh or other prosthesis when performed, total length of defect(s); 3 cm to 10 cm, reducible **Global:** **Issue:** Anterior Abdominal Hernia Repair **Screen:** Site of Service Anomaly - 2019 **Complete?** Yes

**Most Recent RUC Meeting:** April 2021

**Tab:** 09 **Specialty Developing Recommendation:** ACS, ASCRS (col), SAGES

**First Identified:** February 2021

**2020 Medicare Utilization:**

**2022 Work RVU:**

**2022 NF PE RVU:**

**2022 Fac PE RVU:**

**RUC Recommendation:** 12.00

**Referred to CPT** February 2021

**Result:** Decrease

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**49616** Repair of anterior abdominal hernia(s) (ie, epigastric, incisional, ventral, umbilical, spigelian), any approach (ie, open, laparoscopic, robotic), recurrent, including implantation of mesh or other prosthesis when performed, total length of defect(s); 3 cm to 10 cm, incarcerated or strangulated **Global:** **Issue:** Anterior Abdominal Hernia Repair **Screen:** Site of Service Anomaly - 2019 **Complete?** Yes

**Most Recent RUC Meeting:** April 2021

**Tab:** 09 **Specialty Developing Recommendation:** ACS, ASCRS (col), SAGES

**First Identified:** February 2021

**2020 Medicare Utilization:**

**2022 Work RVU:**

**2022 NF PE RVU:**

**2022 Fac PE RVU:**

**RUC Recommendation:** 16.50

**Referred to CPT** February 2021

**Result:** Decrease

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

## Status Report: CMS Requests and Relativity Assessment Issues

**49617** Repair of anterior abdominal hernia(s) (ie, epigastric, incisional, ventral, umbilical, spigelian), any approach (ie, open, laparoscopic, robotic), recurrent, including implantation of mesh or other prosthesis when performed, total length of defect(s); greater than 10 cm, reducible **Global:** **Issue:** Anterior Abdominal Hernia Repair **Screen:** Site of Service Anomaly - 2019 **Complete?** Yes

**Most Recent RUC Meeting:** April 2021

**Tab:** 09 **Specialty Developing Recommendation:** ACS, ASCRS (col), SAGES

**First Identified:** February 2021

**2020 Medicare Utilization:**

**2022 Work RVU:**

**2022 NF PE RVU:**

**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, umbilical, spigelian), any approach (ie, open, laparoscopic, robotic), recurrent, including implantation of mesh or other prosthesis when performed, total length of defect(s); greater than 10 cm, incarcerated or strangulated **Global:** **Issue:** Anterior Abdominal Hernia Repair **Screen:** Site of Service Anomaly - 2019 **Complete?** Yes

**Most Recent RUC Meeting:** April 2021

**Tab:** 09 **Specialty Developing Recommendation:** ACS, ASCRS (col), SAGES

**First Identified:** February 2021

**2020 Medicare Utilization:**

**2022 Work RVU:**

**2022 NF PE RVU:**

**2022 Fac PE RVU:**

**RUC Recommendation:** 24.00

**Referred to CPT** February 2021

**Result:** Decrease

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**49621** Repair of parastomal hernia, any approach (ie, open, laparoscopic, robotic), initial or recurrent, including implantation of mesh or other prosthesis, when performed; reducible **Global:** **Issue:** Anterior Abdominal Hernia Repair **Screen:** Site of Service Anomaly - 2019 **Complete?** Yes

**Most Recent RUC Meeting:** April 2021

**Tab:** 09 **Specialty Developing Recommendation:** ACS, ASCRS (col), SAGES

**First Identified:** February 2021

**2020 Medicare Utilization:**

**2022 Work RVU:**

**2022 NF PE RVU:**

**2022 Fac PE RVU:**

**RUC Recommendation:** 14.24

**Referred to CPT** February 2021

**Result:** Decrease

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

## Status Report: CMS Requests and Relativity Assessment Issues

**49622** Repair of parastomal hernia, any approach (ie, open, laparoscopic, robotic), initial or recurrent, including implantation of mesh or other prosthesis, when performed; incarcerated or strangulated **Global:** **Issue:** Anterior Abdominal Hernia Repair **Screen:** Site of Service Anomaly - 2019 **Complete?** Yes

**Most Recent RUC Meeting:** April 2021

**Tab:** 09 **Specialty Developing Recommendation:** ACS, ASCRS (col), SAGES

**First Identified:** February 2021

**2020 Medicare Utilization:**

**2022 Work RVU:**

**2022 NF PE RVU:**

**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 of initial or recurrent anterior abdominal hernia repair or parastomal hernia repair, any approach (ie, open, laparoscopic, robotic) (list separately in addition to code for primary procedure) **Global:** **Issue:** Anterior Abdominal Hernia Repair **Screen:** Site of Service Anomaly - 2019 **Complete?** Yes

**Most Recent RUC Meeting:** April 2021

**Tab:** 09 **Specialty Developing Recommendation:** ACS, ASCRS (col), SAGES

**First Identified:** February 2021

**2020 Medicare Utilization:**

**2022 Work RVU:**

**2022 NF PE RVU:**

**2022 Fac PE RVU:**

**RUC Recommendation:** 5.00

**Referred to CPT** February 2021

**Result:** Decrease

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**49652** Laparoscopy, surgical, repair, ventral, umbilical, spigelian or epigastric hernia (includes mesh insertion, when performed); reducible **Global:** 090 **Issue:** Anterior Abdominal Hernia Repair **Screen:** Site of Service Anomaly **Complete?** Yes

**Most Recent RUC Meeting:** April 2021

**Tab:** 09 **Specialty Developing Recommendation:** ACS, ASCRS (col), SAGES

**First Identified:** June 2010

**2020 Medicare Utilization:** 7,685

**2022 Work RVU:** 11.92

**2022 NF PE RVU:** NA

**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:**

## Status Report: CMS Requests and Relativity Assessment Issues

**49653** Laparoscopy, surgical, repair, ventral, umbilical, spigelian or epigastric hernia (includes mesh insertion, when performed); incarcerated or strangulated **Global:** 090 **Issue:** Anterior Abdominal Hernia Repair **Screen:** Site of Service Anomaly **Complete?** Yes

**Most Recent**  
**RUC Meeting:** April 2021

**Tab:** 09 **Specialty Developing Recommendation:** ACS, ASCRS (col), SAGES

**First Identified:** June 2010

**2020 Medicare Utilization:** 4,902

**2022 Work RVU:** 14.94

**2022 NF PE RVU:** NA

**2022 Fac PE RVU:** 9.19

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** February 2021

**Result:** Deleted from CPT

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**49654** Laparoscopy, surgical, repair, incisional hernia (includes mesh insertion, when performed); reducible **Global:** 090 **Issue:** Anterior Abdominal Hernia Repair **Screen:** Site of Service Anomaly **Complete?** Yes

**Most Recent**  
**RUC Meeting:** April 2021

**Tab:** 09 **Specialty Developing Recommendation:** ACS, ASCRS (col), SAGES

**First Identified:** June 2010

**2020 Medicare Utilization:** 6,115

**2022 Work RVU:** 13.76

**2022 NF PE RVU:** NA

**2022 Fac PE RVU:** 8.08

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** February 2021

**Result:** Deleted from CPT

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**49655** Laparoscopy, surgical, repair, incisional hernia (includes mesh insertion, when performed); incarcerated or strangulated **Global:** 090 **Issue:** Anterior Abdominal Hernia Repair **Screen:** Site of Service Anomaly **Complete?** Yes

**Most Recent**  
**RUC Meeting:** April 2021

**Tab:** 09 **Specialty Developing Recommendation:** ACS, ASCRS (col), SAGES

**First Identified:** June 2010

**2020 Medicare Utilization:** 4,090

**2022 Work RVU:** 16.84

**2022 NF PE RVU:** NA

**2022 Fac PE RVU:** 9.90

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** February 2021

**Result:** Deleted from CPT

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**49656** Laparoscopy, surgical, repair, recurrent incisional hernia (includes mesh insertion, when performed); reducible **Global:** 090 **Issue:** Anterior Abdominal Hernia Repair **Screen:** Site of Service Anomaly - 2019 **Complete?** Yes

**Most Recent**  
**RUC Meeting:** April 2021

**Tab:** 09 **Specialty Developing Recommendation:** ACS, ASCRS (col), SAGES

**First Identified:** February 2021

**2020 Medicare Utilization:** 1,309

**2022 Work RVU:** 15.08

**2022 NF PE RVU:** NA

**2022 Fac PE RVU:** 8.59

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** February 2021

**Result:** Deleted from CPT

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

## Status Report: CMS Requests and Relativity Assessment Issues

**49657** Laparoscopy, surgical, repair, recurrent incisional hernia (includes mesh insertion, when performed); incarcerated or strangulated **Global:** 090 **Issue:** Anterior Abdominal Hernia Repair **Screen:** Site of Service Anomaly - 2019 **Complete?** Yes

**Most Recent RUC Meeting:** April 2021

**Tab:** 09

**Specialty Developing Recommendation:**

ACS, ASCRS (col), SAGES

**First Identified:** February 2021

**2020 Medicare Utilization:** 1,349

**2022 Work RVU:** 22.11

**2022 NF PE RVU:** NA

**2022 Fac PE RVU:** 11.79

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** February 2021

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Deleted from CPT

**50021** Drainage of perirenal or renal abscess; percutaneous

**Global:**

**Issue:** Drainage of Abscess

**Screen:** Codes Reported Together 75% or More-Part2

**Complete?** Yes

**Most Recent RUC Meeting:** January 2013

**Tab:** 04

**Specialty Developing Recommendation:**

**First Identified:** January 2012

**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** ☐ **Published in CPT Asst:**

**Result:** Deleted from CPT

**50080** Percutaneous nephrolithotomy or pyelolithotomy, lithotripsy, stone extraction, antegrade ureteroscopy, antegrade stent placement and nephrostomy tube placement, when performed, including imaging guidance; simple (eg, stone[s] up to 2 cm in single location of kidney or renal pelvis, nonbranching stones)

**Global:** 090

**Issue:** Percutaneous Nephrostolithotomy

**Screen:** Site of Service Anomaly - 2019

**Complete?** Yes

**Most Recent RUC Meeting:** January 2022

**Tab:** 08

**Specialty Developing Recommendation:** AUA

**First Identified:** October 2019

**2020 Medicare Utilization:** 2,092

**2022 Work RVU:** 15.74

**2022 NF PE RVU:** NA

**2022 Fac PE RVU:** 7.76

**RUC Recommendation:** 13.50

**Referred to CPT** September 2021

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Decrease

## Status Report: CMS Requests and Relativity Assessment Issues

**50081** Percutaneous nephrolithotomy or pyelolithotomy, lithotripsy, stone extraction, antegrade ureteroscopy, antegrade stent placement and nephrostomy tube placement, when performed, including imaging guidance; complex (eg, stone[s] > 2 cm, branching stones, stones in multiple locations, ureter stones, complicated anatomy) **Global:** 090 **Issue:** Percutaneous Nephrostolithotomy **Screen:** Site of Service Anomaly - 2019 **Complete?** Yes

**Most Recent RUC Meeting:** January 2022

**Tab:** 08 **Specialty Developing Recommendation:** AUA

**First Identified:** October 2019

**2020 Medicare Utilization:** 5,083

**2022 Work RVU:** 23.50

**2022 NF PE RVU:** NA

**2022 Fac PE RVU:** 10.98

**RUC Recommendation:** 22.00

**Referred to CPT** September 2021

**Result:** Decrease

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**50200** Renal biopsy; percutaneous, by trocar or needle

**Global:** 000

**Issue:** Interventional Radiology Procedures

**Screen:** CMS Request - Practice Expense Review

**Complete?** Yes

**Most Recent RUC Meeting:** October 2008

**Tab:** 13 **Specialty Developing Recommendation:** ACR, SIR

**First Identified:** NA

**2020 Medicare Utilization:** 32,365

**2022 Work RVU:** 2.38

**2022 NF PE RVU:** 13.33

**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 Allowed Charges Greater than \$10 million

**Complete?** Yes

**Most Recent RUC Meeting:** April 2013

**Tab:** 21 **Specialty Developing Recommendation:** ACR, SIR

**First Identified:** July 2012

**2020 Medicare Utilization:** 12,214

**2022 Work RVU:** 39.88

**2022 NF PE RVU:** NA

**2022 Fac PE RVU:** 22.73

**RUC Recommendation:** 40.90

**Referred to CPT**

**Result:** Maintain

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

## Status Report: CMS Requests and Relativity Assessment Issues

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<b>50387</b>	Removal and replacement of externally accessible nephroureteral catheter (eg, external/internal stent) requiring fluoroscopic guidance, including radiological supervision and interpretation	<b>Global:</b> 000	<b>Issue:</b> Genitourinary Catheter Procedures	<b>Screen:</b> Codes Reported Together 75% or More-Part2	<b>Complete?</b> Yes
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**Most Recent RUC Meeting:** January 2015

**Tab:** 09 **Specialty Developing Recommendation:** ACR, SIR

**First Identified:** October 2012

**2020 Medicare Utilization:** 7,840

**2022 Work RVU:** 1.75  
**2022 NF PE RVU:** 15.44  
**2022 Fac PE RVU:** 0.50

**RUC Recommendation:** 2.00

**Referred to CPT** October 2014

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Maintain

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<b>50392</b>	Introduction of intracatheter or catheter into renal pelvis for drainage and/or injection, percutaneous	<b>Global:</b>	<b>Issue:</b> Genitourinary Catheter Procedures	<b>Screen:</b> Codes Reported Together 75% or More-Part2	<b>Complete?</b> Yes
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**Most Recent RUC Meeting:** January 2015

**Tab:** 09 **Specialty Developing Recommendation:** ACR, SIR

**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** ☐ **Published in CPT Asst:**

**Result:** Deleted from CPT

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<b>50393</b>	Introduction of ureteral catheter or stent into ureter through renal pelvis for drainage and/or injection, percutaneous	<b>Global:</b>	<b>Issue:</b> Genitourinary Catheter Procedures	<b>Screen:</b> Codes Reported Together 75% or More-Part2	<b>Complete?</b> Yes
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**Most Recent RUC Meeting:** January 2015

**Tab:** 09 **Specialty Developing Recommendation:** ACR, SIR

**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** ☐ **Published in CPT Asst:**

**Result:** Deleted from CPT

## Status Report: CMS Requests and Relativity Assessment Issues

**50394** Injection procedure for pyelography (as nephrostogram, pyelostogram, antegrade pyeloureterograms) through nephrostomy or pyelostomy tube, or indwelling ureteral catheter

**Global:**

**Issue:** Genitourinary Catheter Procedures

**Screen:** Codes Reported Together 75% or More-Part2

**Complete?** Yes

**Most Recent RUC Meeting:** January 2015

**Tab:** 09 **Specialty Developing Recommendation:** ACR, SIR

**First Identified:** October 2012

**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** ☐ **Published in CPT Asst:**

**Result:** Deleted from CPT

**50395** Introduction of guide into renal pelvis and/or ureter with dilation to establish nephrostomy tract, percutaneous

**Global:**

**Issue:** Dilation of Urinary Tract

**Screen:** Codes Reported Together 75% or More-Part2

**Complete?** Yes

**Most Recent RUC Meeting:** January 2018

**Tab:** 12 **Specialty Developing Recommendation:** ACR, SIR

**First Identified:** October 2014

**2020 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

**50398** Change of nephrostomy or pyelostomy tube

**Global:**

**Issue:** Genitourinary Catheter Procedures

**Screen:** Codes Reported Together 75% or More-Part2

**Complete?** Yes

**Most Recent RUC Meeting:** January 2015

**Tab:** 09 **Specialty Developing Recommendation:** ACR, SIR

**First Identified:** October 2012

**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** ☐ **Published in CPT Asst:**

**Result:** Deleted from CPT



## Status Report: CMS Requests and Relativity Assessment Issues

**50430** Injection procedure for antegrade nephrostogram and/or ureterogram, complete diagnostic procedure including imaging guidance (eg, ultrasound and fluoroscopy) and all associated radiological supervision and interpretation; new access **Global:** 000 **Issue:** Genitourinary Catheter Procedures **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

**Most Recent RUC Meeting:** January 2015

**Tab:** 09 **Specialty Developing Recommendation:** ACR, SIR

**First Identified:** October 2014

**2020 Medicare Utilization:** 915

**2022 Work RVU:** 2.90  
**2022 NF PE RVU:** 16.23  
**2022 Fac PE RVU:** 1.27

**RUC Recommendation:** 3.15

**Referred to CPT** October 2014

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Increase

**50431** Injection procedure for antegrade nephrostogram and/or ureterogram, complete diagnostic procedure including imaging guidance (eg, ultrasound and fluoroscopy) and all associated radiological supervision and interpretation; existing access **Global:** 000 **Issue:** Genitourinary Catheter Procedures **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

**Most Recent RUC Meeting:** January 2015

**Tab:** 09 **Specialty Developing Recommendation:** ACR, SIR

**First Identified:** October 2014

**2020 Medicare Utilization:** 7,532

**2022 Work RVU:** 1.10  
**2022 NF PE RVU:** 8.78  
**2022 Fac PE RVU:** 0.69

**RUC Recommendation:** 1.42

**Referred to CPT** October 2014

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Increase

**50432** Placement of nephrostomy catheter, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation **Global:** 000 **Issue:** Dilation of Urinary Tract **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

**Most Recent RUC Meeting:** January 2018

**Tab:** 12 **Specialty Developing Recommendation:** ACR, SIR

**First Identified:** October 2014

**2020 Medicare Utilization:** 26,858

**2022 Work RVU:** 4.00  
**2022 NF PE RVU:** 23.66  
**2022 Fac PE RVU:** 1.56

**RUC Recommendation:** 4.00

**Referred to CPT** October 2014

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Maintain

## Status Report: CMS Requests and Relativity Assessment Issues

<b>50433</b>	Placement of nephroureteral catheter, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation, new access	<b>Global:</b> 000	<b>Issue:</b> Dilation of Urinary Tract	<b>Screen:</b> Codes Reported Together 75% or More-Part2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2018	<b>Tab:</b> 12	<b>Specialty Developing Recommendation:</b>	<b>First Identified:</b> September 2017	<b>2020 Medicare Utilization:</b> 5,157	<b>2022 Work RVU:</b> 5.05 <b>2022 NF PE RVU:</b> 29.40 <b>2022 Fac PE RVU:</b> 1.83
<b>RUC Recommendation:</b> 5.05			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b> Maintain
<b>50434</b>	Convert nephrostomy catheter to nephroureteral catheter, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation, via pre-existing nephrostomy tract	<b>Global:</b> 000	<b>Issue:</b> Genitourinary Catheter Procedures	<b>Screen:</b> Codes Reported Together 75% or More-Part2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2015	<b>Tab:</b> 09	<b>Specialty Developing Recommendation:</b> ACR, SIR	<b>First Identified:</b> October 2014	<b>2020 Medicare Utilization:</b> 2,127	<b>2022 Work RVU:</b> 3.75 <b>2022 NF PE RVU:</b> 23.98 <b>2022 Fac PE RVU:</b> 1.42
<b>RUC Recommendation:</b> 4.20			<b>Referred to CPT</b> October 2014 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b> Increase
<b>50435</b>	Exchange nephrostomy catheter, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation	<b>Global:</b> 000	<b>Issue:</b> Genitourinary Catheter Procedures	<b>Screen:</b> Codes Reported Together 75% or More-Part2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2015	<b>Tab:</b> 09	<b>Specialty Developing Recommendation:</b> ACR, SIR	<b>First Identified:</b> October 2014	<b>2020 Medicare Utilization:</b> 45,304	<b>2022 Work RVU:</b> 1.82 <b>2022 NF PE RVU:</b> 16.69 <b>2022 Fac PE RVU:</b> 0.89
<b>RUC Recommendation:</b> 2.00			<b>Referred to CPT</b> October 2014 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b> Increase

## Status Report: CMS Requests and Relativity Assessment Issues

**50436** Dilation of existing tract, percutaneous, for an endourologic procedure including imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation, with postprocedure tube placement, when performed; **Global:** 000 **Issue:** Dilation of Urinary Tract **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

**Most Recent RUC Meeting:** January 2018

**Tab:** 12 **Specialty Developing Recommendation:**

**First Identified:** September 2017

**2020 Medicare Utilization:** 502

**2022 Work RVU:** 2.78

**2022 NF PE RVU:** NA

**2022 Fac PE RVU:** 1.31

**RUC Recommendation:** 3.37

**Referred to CPT**

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Decrease

**50437** Dilation of existing tract, percutaneous, for an endourologic procedure including imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation, with postprocedure tube placement, when performed; including new access into the renal collecting system **Global:** 000 **Issue:** Dilation of Urinary Tract **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

**Most Recent RUC Meeting:** January 2018

**Tab:** 12 **Specialty Developing Recommendation:**

**First Identified:** September 2017

**2020 Medicare Utilization:** 778

**2022 Work RVU:** 4.85

**2022 NF PE RVU:** NA

**2022 Fac PE RVU:** 1.92

**RUC Recommendation:** 5.44

**Referred to CPT**

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Decrease

**50542** Laparoscopy, surgical; ablation of renal mass lesion(s), including intraoperative ultrasound guidance and monitoring, when performed **Global:** 090 **Issue:** Laproscopic Procedures **Screen:** CMS Fastest Growing **Complete?** Yes

**Most Recent RUC Meeting:** October 2008

**Tab:** 26 **Specialty Developing Recommendation:** AUA

**First Identified:** October 2008

**2020 Medicare Utilization:** 113

**2022 Work RVU:** 21.36

**2022 NF PE RVU:** NA

**2022 Fac PE RVU:** 10.11

**RUC Recommendation:** Remove from screen

**Referred to CPT**

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Remove from Screen

## Status Report: CMS Requests and Relativity Assessment Issues

**50548** Laparoscopy, surgical; nephrectomy with total ureterectomy

**Global:** 090

**Issue:** Laproscopic Procedures

**Screen:** CMS Fastest Growing

**Complete?** Yes

**Most Recent**  
**RUC Meeting:** October 2008

**Tab:** 26

**Specialty Developing** AUA  
**Recommendation:**

**First**  
**Identified:** October 2008

**2020**  
**Medicare**  
**Utilization:** 2,275

**2022 Work RVU:** 25.36

**2022 NF PE RVU:** NA

**2022 Fac PE RVU:** 10.74

**RUC Recommendation:** Remove from screen

**Referred to CPT**

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Remove from Screen

**50590** Lithotripsy, extracorporeal shock wave

**Global:** 090

**Issue:** Lithotripsy

**Screen:** CMS High Expenditure  
Procedural Codes1

**Complete?** Yes

**Most Recent**  
**RUC Meeting:** April 2012

**Tab:** 42

**Specialty Developing** AUA  
**Recommendation:**

**First**  
**Identified:** September 2011

**2020**  
**Medicare**  
**Utilization:** 44,104

**2022 Work RVU:** 9.77

**2022 NF PE RVU:** 11.05

**2022 Fac PE RVU:** 5.78

**RUC Recommendation:** 9.77

**Referred to CPT**

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Maintain

**50605** Ureterotomy for insertion of indwelling stent, all types

**Global:** 090

**Issue:** Ureterotomy

**Screen:** CMS Fastest Growing /  
CPT Assistant Analysis

**Complete?** Yes

**Most Recent**  
**RUC Meeting:** October 2015

**Tab:** 21

**Specialty Developing** AUA, SIR  
**Recommendation:**

**First**  
**Identified:** October 2008

**2020**  
**Medicare**  
**Utilization:** 3,249

**2022 Work RVU:** 16.79

**2022 NF PE RVU:** NA

**2022 Fac PE RVU:** 9.26

**RUC Recommendation:** Review action plan at the RAW Oct 2015. CPT  
Assistant article published.

**Referred to CPT**

**Referred to CPT Asst** ☒ **Published in CPT Asst:** Dec 2009

**Result:** Maintain

## Status Report: CMS Requests and Relativity Assessment Issues

<b>50606</b>	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)	<b>Global:</b> ZZZ	<b>Issue:</b> Genitourinary Catheter Procedures	<b>Screen:</b> Codes Reported Together 75% or More-Part2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2015	<b>Tab:</b> 08 <b>Specialty Developing Recommendation:</b> ACR, SIR	<b>First Identified:</b> October 2014	<b>2020 Medicare Utilization:</b> 78	<b>2022 Work RVU:</b> 3.16 <b>2022 NF PE RVU:</b> 11.31 <b>2022 Fac PE RVU:</b> 0.52	
<b>RUC Recommendation:</b> 3.16		<b>Referred to CPT</b> October 2014 <b>Referred to CPT Asst</b> <input type="checkbox"/> <b>Published in CPT Asst:</b>		<b>Result:</b> Increase	
<b>50693</b>	Placement of ureteral stent, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy), and all associated radiological supervision and interpretation; pre-existing nephrostomy tract	<b>Global:</b> 000	<b>Issue:</b> Genitourinary Catheter Procedures	<b>Screen:</b> Codes Reported Together 75% or More-Part2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2015	<b>Tab:</b> 09 <b>Specialty Developing Recommendation:</b> ACR, SIR	<b>First Identified:</b> October 2014	<b>2020 Medicare Utilization:</b> 3,910	<b>2022 Work RVU:</b> 3.96 <b>2022 NF PE RVU:</b> 26.44 <b>2022 Fac PE RVU:</b> 1.56	
<b>RUC Recommendation:</b> 4.60		<b>Referred to CPT</b> October 2014 <b>Referred to CPT Asst</b> <input type="checkbox"/> <b>Published in CPT Asst:</b>		<b>Result:</b> Increase	
<b>50694</b>	Placement of ureteral stent, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy), and all associated radiological supervision and interpretation; new access, without separate nephrostomy catheter	<b>Global:</b> 000	<b>Issue:</b> Genitourinary Catheter Procedures	<b>Screen:</b> Codes Reported Together 75% or More-Part2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2015	<b>Tab:</b> 09 <b>Specialty Developing Recommendation:</b> ACR, SIR	<b>First Identified:</b> October 2014	<b>2020 Medicare Utilization:</b> 826	<b>2022 Work RVU:</b> 5.25 <b>2022 NF PE RVU:</b> 28.70 <b>2022 Fac PE RVU:</b> 1.97	
<b>RUC Recommendation:</b> 6.00		<b>Referred to CPT</b> October 2014 <b>Referred to CPT Asst</b> <input type="checkbox"/> <b>Published in CPT Asst:</b>		<b>Result:</b> Increase	

## Status Report: CMS Requests and Relativity Assessment Issues

**50695** Placement of ureteral stent, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy), and all associated radiological supervision and interpretation; new access, with separate nephrostomy catheter **Global:** 000 **Issue:** Genitourinary Catheter Procedures **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

**Most Recent RUC Meeting:** January 2015

**Tab:** 09 **Specialty Developing Recommendation:** ACR, SIR

**First Identified:** October 2014

**2020 Medicare Utilization:** 1,243

**2022 Work RVU:** 6.80  
**2022 NF PE RVU:** 33.93  
**2022 Fac PE RVU:** 2.48

**RUC Recommendation:** 7.55

**Referred to CPT** October 2014

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Increase

**50705** Ureteral embolization or occlusion, including imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation (list separately in addition to code for primary procedure) **Global:** ZZZ **Issue:** Genitourinary Catheter Procedures **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

**Most Recent RUC Meeting:** April 2015

**Tab:** 08 **Specialty Developing Recommendation:** ACR, SIR

**First Identified:** October 2014

**2020 Medicare Utilization:** 63

**2022 Work RVU:** 4.03  
**2022 NF PE RVU:** 52.88  
**2022 Fac PE RVU:** 0.66

**RUC Recommendation:** 4.03

**Referred to CPT** October 2014

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Increase

**50706** Balloon dilation, ureteral stricture, including imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation (list separately in addition to code for primary procedure) **Global:** ZZZ **Issue:** Genitourinary Catheter Procedures **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

**Most Recent RUC Meeting:** April 2015

**Tab:** 08 **Specialty Developing Recommendation:** ACR, SIR

**First Identified:** October 2014

**2020 Medicare Utilization:** 1,346

**2022 Work RVU:** 3.80  
**2022 NF PE RVU:** 21.82  
**2022 Fac PE RVU:** 1.09

**RUC Recommendation:** 3.80

**Referred to CPT** October 2014

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Increase

# Status Report: CMS Requests and Relativity Assessment Issues

## 51040 Cystostomy, cystostomy with drainage

Global: 090

Issue: Cystostomy

Screen: Site of Service Anomaly  
(99238-Only)

Complete? Yes

Most Recent Tab: 16 Specialty Developing AUA  
RUC Meeting: September 2007 Recommendation:

First Identified: September 2007 2020  
Medicare Utilization: 3,927

2022 Work RVU: 4.49

2022 NF PE RVU: NA

2022 Fac PE RVU: 3.51

RUC Recommendation: Reduce 99238 to 0.5

Referred to CPT

Referred to CPT Asst ☐ Published in CPT Asst:

Result: PE Only

## 51102 Aspiration of bladder; with insertion of suprapubic catheter

Global: 000

Issue: Urological Procedures

Screen: Site of Service Anomaly

Complete? Yes

Most Recent Tab: 45 Specialty Developing AUA  
RUC Meeting: April 2008 Recommendation:

First Identified: September 2007 2020  
Medicare Utilization: 12,346

2022 Work RVU: 2.70

2022 NF PE RVU: 4.24

2022 Fac PE RVU: 1.22

RUC Recommendation: 2.70

Referred to CPT

Referred to CPT Asst ☐ Published in CPT Asst:

Result: Decrease

## 51700 Bladder irrigation, simple, lavage and/or instillation

Global: 000

Issue: Bladder Catheter

Screen: CMS High Expenditure  
Procedural Codes2

Complete? Yes

Most Recent Tab: 32 Specialty Developing AUA  
RUC Meeting: January 2016 Recommendation:

First Identified: July 2015 2020  
Medicare Utilization: 173,053

2022 Work RVU: 0.60

2022 NF PE RVU: 1.60

2022 Fac PE RVU: 0.21

RUC Recommendation: 0.60

Referred to CPT

Referred to CPT Asst ☐ Published in CPT Asst:

Result: Decrease

## 51701 Insertion of non-indwelling bladder catheter (eg, straight catheterization for residual urine)

Global: 000

Issue: Bladder Catheter

Screen: CMS High Expenditure  
Procedural Codes2

Complete? Yes

Most Recent Tab: 32 Specialty Developing AUA  
RUC Meeting: January 2016 Recommendation:

First Identified: July 2015 2020  
Medicare Utilization: 128,393

2022 Work RVU: 0.50

2022 NF PE RVU: 0.75

2022 Fac PE RVU: 0.18

RUC Recommendation: 0.50

Referred to CPT

Referred to CPT Asst ☐ Published in CPT Asst:

Result: Maintain

# Status Report: CMS Requests and Relativity Assessment Issues

**51702** Insertion of temporary indwelling bladder catheter; simple (eg, foley) **Global:** 000 **Issue:** Bladder Catheter **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

**Most Recent** **Tab:** 32 **Specialty Developing** AUA  
**RUC Meeting:** January 2016 **Recommendation:**

**First**  
**Identified:** July 2015

**2020**  
**Medicare**  
**Utilization:** 214,430

**2022 Work RVU:** 0.50

**2022 NF PE RVU:** 1.28

**2022 Fac PE RVU:** 0.18

**RUC Recommendation:** 0.50

**Referred to CPT**

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

**Result:** Maintain

**51703** Insertion of temporary indwelling bladder catheter; complicated (eg, altered anatomy, fractured catheter/balloon)

**Global:** 000

**Issue:** Bladder Catheter

**Screen:** CMS High Expenditure Procedural Codes2

**Complete?** Yes

**Most Recent** **Tab:** 32 **Specialty Developing** AUA  
**RUC Meeting:** January 2016 **Recommendation:**

**First**  
**Identified:** July 2015

**2020**  
**Medicare**  
**Utilization:** 51,547

**2022 Work RVU:** 1.47

**2022 NF PE RVU:** 2.84

**2022 Fac PE RVU:** 0.58

**RUC Recommendation:** 1.47

**Referred to CPT**

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

**Result:** Maintain

**51720** Bladder instillation of anticarcinogenic agent (including retention time)

**Global:** 000

**Issue:** Treatment of Bladder Lesion

**Screen:** CMS High Expenditure Procedural Codes2

**Complete?** Yes

**Most Recent** **Tab:** 33 **Specialty Developing** AUA  
**RUC Meeting:** January 2016 **Recommendation:**

**First**  
**Identified:** July 2015

**2020**  
**Medicare**  
**Utilization:** 154,326

**2022 Work RVU:** 0.87

**2022 NF PE RVU:** 1.62

**2022 Fac PE RVU:** 0.30

**RUC Recommendation:** 0.87

**Referred to CPT**

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

**Result:** Decrease

**51726** Complex cystometrogram (ie, calibrated electronic equipment);

**Global:** 000

**Issue:** Urodynamic Studies

**Screen:** Codes Reported Together 95% or More

**Complete?** Yes

**Most Recent** **Tab:** 16 **Specialty Developing** AUA, ACOG  
**RUC Meeting:** April 2009 **Recommendation:**

**First**  
**Identified:** February 2008

**2020**  
**Medicare**  
**Utilization:** 3,276

**2022 Work RVU:** 1.71

**2022 NF PE RVU:** 7.24

**2022 Fac PE RVU:** NA

**RUC Recommendation:** 1.71

**Referred to CPT** February 2009

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

**Result:** Maintain



# Status Report: CMS Requests and Relativity Assessment Issues

<b>51727</b>	Complex cystometrogram (ie, calibrated electronic equipment); with urethral pressure profile studies (ie, urethral closure pressure profile), any technique	<b>Global:</b> 000	<b>Issue:</b> Urodynamic Studies	<b>Screen:</b> Codes Reported Together 95% or More	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2009	<b>Tab:</b> 16 <b>Specialty Developing Recommendation:</b> AUA, ACOG	<b>First Identified:</b> February 2009	<b>2020 Medicare Utilization:</b> 1,347	<b>2022 Work RVU:</b> 2.11 <b>2022 NF PE RVU:</b> 8.66 <b>2022 Fac PE RVU:</b> NA	
<b>RUC Recommendation:</b> 2.11		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b> Decrease	
<hr/>					
<b>51728</b>	Complex cystometrogram (ie, calibrated electronic equipment); with voiding pressure studies (ie, bladder voiding pressure), any technique	<b>Global:</b> 000	<b>Issue:</b> Urodynamic Studies	<b>Screen:</b> Codes Reported Together 95% or More / Codes Reported Together 75% or More-Part5	<b>Complete?</b> No
<b>Most Recent RUC Meeting:</b> September 2022	<b>Tab:</b> 13 <b>Specialty Developing Recommendation:</b> AUA, ACOG	<b>First Identified:</b> February 2009	<b>2020 Medicare Utilization:</b> 67,834	<b>2022 Work RVU:</b> 2.11 <b>2022 NF PE RVU:</b> 8.76 <b>2022 Fac PE RVU:</b> NA	
<b>RUC Recommendation:</b> Refer to CPT Assistant. 2.11		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input checked="" type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b> Decrease	
<hr/>					
<b>51729</b>	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	<b>Global:</b> 000	<b>Issue:</b> Urodynamic Studies	<b>Screen:</b> Codes Reported Together 95% or More / Codes Reported Together 75% or More-Part5	<b>Complete?</b> No
<b>Most Recent RUC Meeting:</b> September 2022	<b>Tab:</b> 13 <b>Specialty Developing Recommendation:</b> AUA, ACOG	<b>First Identified:</b> February 2009	<b>2020 Medicare Utilization:</b> 46,890	<b>2022 Work RVU:</b> 2.51 <b>2022 NF PE RVU:</b> 8.93 <b>2022 Fac PE RVU:</b> NA	
<b>RUC Recommendation:</b> Refer to CPT Assistant. 2.51		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input checked="" type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b> Decrease	

# Status Report: CMS Requests and Relativity Assessment Issues

**51736** Simple uroflowmetry (ufr) (eg, stop-watch flow rate, mechanical uroflowmeter) **Global:** XXX **Issue:** Uroflowmetry **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

**Most Recent**  
**RUC Meeting:** October 2010 **Tab:** 11 **Specialty Developing** AUA  
**Recommendation:**

**First**  
**Identified:** February 2010 **2020**  
**Medicare**  
**Utilization:** 7,700

**2022 Work RVU:** 0.17  
**2022 NF PE RVU:** 0.20  
**2022 Fac PE RVU:** NA

**RUC Recommendation:** 0.17

**Referred to CPT**  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Decrease

**51741** Complex uroflowmetry (eg, calibrated electronic equipment)

**Global:** XXX **Issue:** Uroflowmetry

**Screen:** Harvard Valued - Utilization over 100,000 / Codes Reported Together 75% or More-Part5

**Complete?** No

**Most Recent**  
**RUC Meeting:** September 2022 **Tab:** 13 **Specialty Developing** AUA  
**Recommendation:**

**First**  
**Identified:** October 2009 **2020**  
**Medicare**  
**Utilization:** 321,257

**2022 Work RVU:** 0.17  
**2022 NF PE RVU:** 0.21  
**2022 Fac PE RVU:** NA

**RUC Recommendation:** Refer to CPT Assistant. 0.17

**Referred to CPT**  
**Referred to CPT Asst** ☒ **Published in CPT Asst:**

**Result:** Decrease

**51772** Deleted from CPT

**Global:** **Issue:** Urodynamic Studies

**Screen:** Codes Reported Together 95% or More / CMS Fastest Growing

**Complete?** Yes

**Most Recent**  
**RUC Meeting:** April 2009 **Tab:** 16 **Specialty Developing** AUA  
**Recommendation:**

**First**  
**Identified:** February 2008 **2020**  
**Medicare**  
**Utilization:**

**2022 Work RVU:**  
**2022 NF PE RVU:**  
**2022 Fac PE RVU:**

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** February 2009  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Deleted from CPT

## Status Report: CMS Requests and Relativity Assessment Issues

**51784** Electromyography studies (emg) of anal or urethral sphincter, other than needle, any technique **Global:** XXX **Issue:** Electromyography Studies (EMG) **Screen:** Codes Reported Together 75% or More-Part2 / CMS High Expenditure Procedural Codes2 / CPT Assistant Analysis 2018 / Codes Reported Together 75% or More-Part5 **Complete?** No

**Most Recent RUC Meeting:** September 2022 **Tab:** 13 **Specialty Developing Recommendation:** AUA

**First Identified:** October 2012

**2020 Medicare Utilization:** 107,600

**2022 Work RVU:** 0.75  
**2022 NF PE RVU:** 1.06  
**2022 Fac PE RVU:** NA

**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 time) **Global:** 000 **Issue:** Urinary Reflex Studies with EMG **Screen:** Codes Reported Together 75% or More-Part2 / CPT Assistant Analysis 2018 **Complete?** Yes

**Most Recent RUC Meeting:** January 2019 **Tab:** 37 **Specialty Developing Recommendation:** AUA

**First Identified:** October 2012

**2020 Medicare Utilization:** 4,508

**2022 Work RVU:** 1.10  
**2022 NF PE RVU:** 6.98  
**2022 Fac PE RVU:** NA

**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 **Complete?** Yes

**Most Recent RUC Meeting:** February 2008 **Tab:** S **Specialty Developing Recommendation:**

**First Identified:** February 2008

**2020 Medicare Utilization:**

**2022 Work RVU:**  
**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:**

## Status Report: CMS Requests and Relativity Assessment Issues

**51797** Voiding pressure studies, intra-abdominal (ie, rectal, gastric, intraperitoneal) (list separately in addition to code for primary procedure) **Global:** ZZZ **Issue:** Urology Studies **Screen:** Codes Reported Together 95% or More **Complete?** Yes

**Most Recent RUC Meeting:** February 2008

**Tab:** S

**Specialty Developing Recommendation:**

**First Identified:** February 2008

**2020 Medicare Utilization:** 88,637

**2022 Work RVU:** 0.80

**2022 NF PE RVU:** 5.04

**2022 Fac PE RVU:** NA

**RUC Recommendation:** 0.80

**Referred to CPT** February 2009

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Maintain

**51798** Measurement of post-voiding residual urine and/or bladder capacity by ultrasound, non-imaging

**Global:** XXX

**Issue:** Voiding Pressure Studies

**Screen:** CMS High Expenditure Procedural Codes2

**Complete?** Yes

**Most Recent RUC Meeting:** April 2016

**Tab:** 25

**Specialty Developing Recommendation:** AUA

**First Identified:** July 2015

**2020 Medicare Utilization:** 1,685,762

**2022 Work RVU:** 0.00

**2022 NF PE RVU:** 0.30

**2022 Fac PE RVU:** NA

**RUC Recommendation:** PE Only

**Referred to CPT**

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** PE Only

**52000** Cystourethroscopy (separate procedure)

**Global:** 000

**Issue:** Cystourethroscopy

**Screen:** MPC List / CMS High Expenditure Procedural Codes2

**Complete?** Yes

**Most Recent RUC Meeting:** January 2016

**Tab:** 35

**Specialty Developing Recommendation:** AUA, ACOG

**First Identified:** October 2010

**2020 Medicare Utilization:** 760,641

**2022 Work RVU:** 1.53

**2022 NF PE RVU:** 5.59

**2022 Fac PE RVU:** 0.63

**RUC Recommendation:** 1.75

**Referred to CPT**

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Decrease

## Status Report: CMS Requests and Relativity Assessment Issues

**52214** Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) of trigone, bladder neck, prostatic fossa, urethra, or periurethral glands **Global:** 000 **Issue:** Cystourethroscopy **Screen:** High Volume Growth1 / CPT Assistant Analysis **Complete?** Yes

**Most Recent**  
**RUC Meeting:** October 2017 **Tab:** 19 **Specialty Developing** AUA  
**Recommendation:**

**First**  
**Identified:** June 2008

**2020**  
**Medicare**  
**Utilization:** 15,203

**2022 Work RVU:** 3.50  
**2022 NF PE RVU:** 19.10  
**2022 Fac PE RVU:** 1.19

**RUC Recommendation:** 3.50

**Referred to CPT**  
**Referred to CPT Asst** ☒ **Published in CPT Asst:** Aug 2009 and May 2016 **Result:** Decrease

**52224** Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) or treatment of minor (less than 0.5 cm) lesion(s) with or without biopsy **Global:** 000 **Issue:** Cystourethroscopy **Screen:** High Volume Growth1 / CPT Assistant Analysis **Complete?** Yes

**Most Recent**  
**RUC Meeting:** October 2017 **Tab:** 19 **Specialty Developing** AUA  
**Recommendation:**

**First**  
**Identified:** February 2008

**2020**  
**Medicare**  
**Utilization:** 31,440

**2022 Work RVU:** 4.05  
**2022 NF PE RVU:** 19.48  
**2022 Fac PE RVU:** 1.36

**RUC Recommendation:** 4.05

**Referred to CPT**  
**Referred to CPT Asst** ☒ **Published in CPT Asst:** Aug 2009 and May 2016 **Result:** Increase

**52234** Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) and/or resection of; small bladder tumor(s) (0.5 up to 2.0 cm) **Global:** 000 **Issue:** Cystourethroscopy and Ureteroscopy **Screen:** Harvard Valued - Utilization over 30,000 / CPT Assistant Analysis 2018 **Complete?** Yes

**Most Recent**  
**RUC Meeting:** January 2021 **Tab:** 29 **Specialty Developing** AUA  
**Recommendation:**

**First**  
**Identified:** September 2011

**2020**  
**Medicare**  
**Utilization:** 25,413

**2022 Work RVU:** 4.62  
**2022 NF PE RVU:** NA  
**2022 Fac PE RVU:** 1.95

**RUC Recommendation:** 4.62

**Referred to CPT**  
**Referred to CPT Asst** ☒ **Published in CPT Asst:** May 2016 **Result:** Maintain

# Status Report: CMS Requests and Relativity Assessment Issues

<b>52235</b>	<b>Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) and/or resection of; medium bladder tumor(s) (2.0 to 5.0 cm)</b>	<b>Global:</b> 000	<b>Issue:</b> Cystourethroscopy and Ureteroscopy	<b>Screen:</b> Harvard Valued - Utilization over 30,000 / CPT Assistant Analysis	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2017	<b>Tab:</b> 19 <b>Specialty Developing Recommendation:</b> AUA	<b>First Identified:</b> April 2011	<b>2020 Medicare Utilization:</b> 31,288	<b>2022 Work RVU:</b> 5.44 <b>2022 NF PE RVU:</b> NA <b>2022 Fac PE RVU:</b> 2.26	
<b>RUC Recommendation:</b> 5.44		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input checked="" type="checkbox"/>	<b>Published in CPT Asst:</b> May 2016	<b>Result:</b> Maintain	
<hr/>					
<b>52240</b>	<b>Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) and/or resection of; large bladder tumor(s)</b>	<b>Global:</b> 000	<b>Issue:</b> Cystourethroscopy and Ureteroscopy	<b>Screen:</b> Harvard Valued - Utilization over 30,000 / CPT Assistant Analysis 2018	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2021	<b>Tab:</b> 29 <b>Specialty Developing Recommendation:</b> AUA	<b>First Identified:</b> September 2011	<b>2020 Medicare Utilization:</b> 20,714	<b>2022 Work RVU:</b> 7.50 <b>2022 NF PE RVU:</b> NA <b>2022 Fac PE RVU:</b> 2.96	
<b>RUC Recommendation:</b> 8.75		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input checked="" type="checkbox"/>	<b>Published in CPT Asst:</b> May 2016	<b>Result:</b> Decrease	
<hr/>					
<b>52281</b>	<b>Cystourethroscopy, with calibration and/or dilation of urethral stricture or stenosis, with or without meatotomy, with or without injection procedure for cystography, male or female</b>	<b>Global:</b> 000	<b>Issue:</b> Cystourethroscopy	<b>Screen:</b> Harvard Valued - Utilization over 100,000	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2010	<b>Tab:</b> 38 <b>Specialty Developing Recommendation:</b> AUA	<b>First Identified:</b> October 2009	<b>2020 Medicare Utilization:</b> 52,605	<b>2022 Work RVU:</b> 2.75 <b>2022 NF PE RVU:</b> 6.81 <b>2022 Fac PE RVU:</b> 1.33	
<b>RUC Recommendation:</b> 2.80		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b> Maintain	
<hr/>					



# Status Report: CMS Requests and Relativity Assessment Issues

**52341** Cystourethroscopy; with treatment of ureteral stricture (eg, balloon dilation, laser, electrocautery, and incision) **Global:** 000 **Issue:** Urological Procedures **Screen:** Site of Service Anomaly **Complete?** Yes

**Most Recent** **Tab:** 65 **Specialty Developing** AUA  
**RUC Meeting:** October 2010 **Recommendation:**

**First**  
**Identified:** April 2008

**2020**  
**Medicare**  
**Utilization:** 2,126

**2022 Work RVU:** 5.35  
**2022 NF PE RVU:** NA  
**2022 Fac PE RVU:** 2.23

**RUC Recommendation:** 5.35

**Referred to CPT**  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Decrease

**52342** Cystourethroscopy; with treatment of ureteropelvic junction stricture (eg, balloon dilation, laser, electrocautery, and incision) **Global:** 000 **Issue:** Urological Procedures **Screen:** Site of Service Anomaly **Complete?** Yes

**Most Recent** **Tab:** 65 **Specialty Developing** AUA  
**RUC Meeting:** October 2010 **Recommendation:**

**First**  
**Identified:** April 2008

**2020**  
**Medicare**  
**Utilization:** 150

**2022 Work RVU:** 5.85  
**2022 NF PE RVU:** NA  
**2022 Fac PE RVU:** 2.40

**RUC Recommendation:** 5.85

**Referred to CPT**  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Decrease

**52343** Cystourethroscopy; with treatment of intra-renal stricture (eg, balloon dilation, laser, electrocautery, and incision) **Global:** 000 **Issue:** Urological Procedures **Screen:** Site of Service Anomaly **Complete?** Yes

**Most Recent** **Tab:** 65 **Specialty Developing** AUA  
**RUC Meeting:** October 2010 **Recommendation:**

**First**  
**Identified:** April 2008

**2020**  
**Medicare**  
**Utilization:** 27

**2022 Work RVU:** 6.55  
**2022 NF PE RVU:** NA  
**2022 Fac PE RVU:** 2.64

**RUC Recommendation:** 6.55

**Referred to CPT**  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Decrease

**52344** Cystourethroscopy with ureteroscopy; with treatment of ureteral stricture (eg, balloon dilation, laser, electrocautery, and incision) **Global:** 000 **Issue:** Urological Procedures **Screen:** Site of Service Anomaly **Complete?** Yes

**Most Recent** **Tab:** 65 **Specialty Developing** AUA  
**RUC Meeting:** October 2010 **Recommendation:**

**First**  
**Identified:** September 2007

**2020**  
**Medicare**  
**Utilization:** 3,404

**2022 Work RVU:** 7.05  
**2022 NF PE RVU:** NA  
**2022 Fac PE RVU:** 2.81

**RUC Recommendation:** 7.05

**Referred to CPT**  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Decrease



# Status Report: CMS Requests and Relativity Assessment Issues

**52345** Cystourethroscopy with ureteroscopy; with treatment of ureteropelvic junction stricture (eg, balloon dilation, laser, electrocautery, and incision) **Global:** 000 **Issue:** Urological Procedures **Screen:** Site of Service Anomaly **Complete?** Yes

**Most Recent RUC Meeting:** October 2010

**Tab:** 65 **Specialty Developing Recommendation:** AUA

**First Identified:** April 2008

**2020 Medicare Utilization:** 414

**2022 Work RVU:** 7.55

**2022 NF PE RVU:** NA

**2022 Fac PE RVU:** 2.97

**RUC Recommendation:** 7.55

**Referred to CPT**

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Decrease

**52346** Cystourethroscopy with ureteroscopy; with treatment of intra-renal stricture (eg, balloon dilation, laser, electrocautery, and incision) **Global:** 000 **Issue:** Urological Procedures **Screen:** Site of Service Anomaly **Complete?** Yes

**Most Recent RUC Meeting:** October 2010

**Tab:** 65 **Specialty Developing Recommendation:** AUA

**First Identified:** April 2008

**2020 Medicare Utilization:** 280

**2022 Work RVU:** 8.58

**2022 NF PE RVU:** NA

**2022 Fac PE RVU:** 3.34

**RUC Recommendation:** 8.58

**Referred to CPT**

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Decrease

**52351** Cystourethroscopy, with ureteroscopy and/or pyeloscopy; diagnostic **Global:** 000 **Issue:** Cystourethroscopy and Ureteroscopy **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

**Most Recent RUC Meeting:** September 2011

**Tab:** 23 **Specialty Developing Recommendation:** AUA

**First Identified:** September 2011

**2020 Medicare Utilization:** 21,257

**2022 Work RVU:** 5.75

**2022 NF PE RVU:** NA

**2022 Fac PE RVU:** 2.33

**RUC Recommendation:** 5.75

**Referred to CPT**

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Decrease

**52352** Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with removal or manipulation of calculus (ureteral catheterization is included) **Global:** 000 **Issue:** Cystourethroscopy and Ureteroscopy **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

**Most Recent RUC Meeting:** September 2011

**Tab:** 23 **Specialty Developing Recommendation:** AUA

**First Identified:** September 2011

**2020 Medicare Utilization:** 21,065

**2022 Work RVU:** 6.75

**2022 NF PE RVU:** NA

**2022 Fac PE RVU:** 2.71

**RUC Recommendation:** 6.75

**Referred to CPT**

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Decrease

## Status Report: CMS Requests and Relativity Assessment Issues

**52353** Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with lithotripsy (ureteral catheterization is included) **Global:** 000 **Issue:** Cystourethroscopy **Screen:** Harvard Valued - Utilization over 30,000 / Harvard-Valued Annual Allowed Charges Greater than \$10 million / Codes Reported Together 75% or More-Part2 **Complete?** Yes

**Most Recent RUC Meeting:** April 2013

**Tab:** 13 **Specialty Developing Recommendation:** AUA

**First Identified:** April 2011

**2020 Medicare Utilization:** 10,162

**2022 Work RVU:** 7.50

**2022 NF PE RVU:** NA

**2022 Fac PE RVU:** 2.96

**RUC Recommendation:** 7.50

**Referred to CPT** February 2013

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Decrease

**52354** Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with biopsy and/or fulguration of ureteral or renal pelvic lesion

**Global:** 000

**Issue:** Cystourethroscopy and Ureteroscopy

**Screen:** Harvard Valued - Utilization over 30,000

**Complete?** Yes

**Most Recent RUC Meeting:** September 2011

**Tab:** 23 **Specialty Developing Recommendation:** AUA

**First Identified:** September 2011

**2020 Medicare Utilization:** 8,420

**2022 Work RVU:** 8.00

**2022 NF PE RVU:** NA

**2022 Fac PE RVU:** 3.13

**RUC Recommendation:** 8.58

**Referred to CPT**

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Increase

**52355** Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with resection of ureteral or renal pelvic tumor

**Global:** 000

**Issue:** Cystourethroscopy and Ureteroscopy

**Screen:** Harvard Valued - Utilization over 30,000

**Complete?** Yes

**Most Recent RUC Meeting:** September 2011

**Tab:** 23 **Specialty Developing Recommendation:** AUA

**First Identified:** September 2011

**2020 Medicare Utilization:** 892

**2022 Work RVU:** 9.00

**2022 NF PE RVU:** NA

**2022 Fac PE RVU:** 3.46

**RUC Recommendation:** 10.00

**Referred to CPT**

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Increase

# Status Report: CMS Requests and Relativity Assessment Issues

**52356** Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with lithotripsy including insertion of indwelling ureteral stent (eg, gibbons or double-j type)

**Global:** 000

**Issue:** Cystourethroscopy

**Screen:** Codes Reported Together 75% or More-Part2

**Complete?** Yes

**Most Recent RUC Meeting:** April 2013

**Tab:** 13 **Specialty Developing Recommendation:** AUA

**First Identified:** January 2013

**2020 Medicare Utilization:** 72,899

**2022 Work RVU:** 8.00

**2022 NF PE RVU:** NA

**2022 Fac PE RVU:** 3.09

**RUC Recommendation:** 8.00

**Referred to CPT**

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Decrease

**52400** Cystourethroscopy with incision, fulguration, or resection of congenital posterior urethral valves, or congenital obstructive hypertrophic mucosal folds

**Global:** 090

**Issue:** Urological Procedures

**Screen:** Site of Service Anomaly

**Complete?** Yes

**Most Recent RUC Meeting:** October 2010

**Tab:** 65 **Specialty Developing Recommendation:** AUA

**First Identified:** September 2007

**2020 Medicare Utilization:** 72

**2022 Work RVU:** 8.69

**2022 NF PE RVU:** NA

**2022 Fac PE RVU:** 4.20

**RUC Recommendation:** 8.69

**Referred to CPT**

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Decrease

**52442** Cystourethroscopy, with insertion of permanent adjustable transprostatic implant; each additional permanent adjustable transprostatic implant (list separately in addition to code for primary procedure)

**Global:** ZZZ

**Issue:** PE Subcommittee

**Screen:** PE Units Screen

**Complete?** Yes

**Most Recent RUC Meeting:** October 2020

**Tab:** 24 **Specialty Developing Recommendation:** AUA, AACU

**First Identified:** April 2020

**2020 Medicare Utilization:** 97,548

**2022 Work RVU:** 1.01

**2022 NF PE RVU:** 25.86

**2022 Fac PE RVU:** 0.34

**RUC Recommendation:** Maintain

**Referred to CPT**

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Maintain

## Status Report: CMS Requests and Relativity Assessment Issues

**52500** Transurethral resection of bladder neck (separate procedure)

**Global:** 090

**Issue:** Urological Procedures

**Screen:** Site of Service Anomaly

**Complete?** Yes

**Most Recent  
RUC Meeting:** October 2010

**Tab:** 65 **Specialty Developing  
Recommendation:** AUA

**First  
Identified:** September 2007

**2020  
Medicare  
Utilization:** 2,486

**2022 Work RVU:** 8.14

**2022 NF PE RVU:** NA

**2022 Fac PE RVU:** 5.29

**RUC Recommendation:** 8.14

**Referred to CPT**

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Decrease

**52601** Transurethral electrosurgical resection of prostate, including control of postoperative bleeding, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, and internal urethrotomy are included)

**Global:** 090

**Issue:** Transurethral Electrosurgical Resection of Prostate (TURP)

**Screen:** Site of Service Anomaly - 2015

**Complete?** Yes

**Most Recent  
RUC Meeting:** April 2016

**Tab:** 26 **Specialty Developing  
Recommendation:** AUA

**First  
Identified:** October 2015

**2020  
Medicare  
Utilization:** 37,340

**2022 Work RVU:** 13.16

**2022 NF PE RVU:** NA

**2022 Fac PE RVU:** 6.58

**RUC Recommendation:** 13.16

**Referred to CPT**

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Decrease

**52640** Transurethral resection; of postoperative bladder neck contracture

**Global:** 090

**Issue:** Urological Procedures

**Screen:** Site of Service Anomaly

**Complete?** Yes

**Most Recent  
RUC Meeting:** April 2008

**Tab:** 45 **Specialty Developing  
Recommendation:** AUA

**First  
Identified:** September 2007

**2020  
Medicare  
Utilization:** 1,312

**2022 Work RVU:** 4.79

**2022 NF PE RVU:** NA

**2022 Fac PE RVU:** 4.05

**RUC Recommendation:** 4.79

**Referred to CPT**

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Decrease

## Status Report: CMS Requests and Relativity Assessment Issues

**52648** Laser vaporization of prostate, including control of postoperative bleeding, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, internal urethrotomy and transurethral resection of prostate are included if performed) **Global:** 090 **Issue:** Laser Surgery of Prostate **Screen:** High Volume Growth1 **Complete?** Yes

**Most Recent**  
**RUC Meeting:** April 2008 **Tab:** 57 **Specialty Developing Recommendation:** AUA

**First Identified:** February 2008

**2020 Medicare Utilization:** 14,196

**2022 Work RVU:** 12.15  
**2022 NF PE RVU:** 35.48  
**2022 Fac PE RVU:** 6.66

**RUC Recommendation:** Remove from screen

**Referred to CPT**  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Remove from Screen

**53445** Insertion of inflatable urethral/bladder neck sphincter, including placement of pump, reservoir, and cuff **Global:** 090 **Issue:** Urological Procedures **Screen:** Site of Service Anomaly **Complete?** Yes

**Most Recent**  
**RUC Meeting:** February 2011 **Tab:** 31 **Specialty Developing Recommendation:** AUA

**First Identified:** September 2007

**2020 Medicare Utilization:** 1,617

**2022 Work RVU:** 13.00  
**2022 NF PE RVU:** NA  
**2022 Fac PE RVU:** 7.60

**RUC Recommendation:** 13.00

**Referred to CPT**  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Decrease

**53850** Transurethral destruction of prostate tissue; by microwave thermotherapy **Global:** 090 **Issue:** Transurethral Destruction of Prostate Tissue **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

**Most Recent**  
**RUC Meeting:** April 2012 **Tab:** 43 **Specialty Developing Recommendation:** AUA

**First Identified:** September 2011

**2020 Medicare Utilization:** 1,438

**2022 Work RVU:** 5.42  
**2022 NF PE RVU:** 37.52  
**2022 Fac PE RVU:** 4.31

**RUC Recommendation:** 10.08

**Referred to CPT**  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Maintain

# Status Report: CMS Requests and Relativity Assessment Issues

**54405** Insertion of multi-component, inflatable penile prosthesis, including placement of pump, cylinders, and reservoir **Global:** 090 **Issue:** Urological Procedures **Screen:** Site of Service Anomaly **Complete?** Yes

**Most Recent**  
**RUC Meeting:** April 2008 **Tab:** 45 **Specialty Developing Recommendation:** AUA

**First Identified:** September 2007 **2020 Medicare Utilization:** 4,163

**2022 Work RVU:** 14.52  
**2022 NF PE RVU:** NA  
**2022 Fac PE RVU:** 7.41

**RUC Recommendation:** 14.39

**Referred to CPT**  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Maintain

**54410** Removal and replacement of all component(s) of a multi-component, inflatable penile prosthesis at the same operative session **Global:** 090 **Issue:** Urological Procedures **Screen:** Site of Service Anomaly **Complete?** Yes

**Most Recent**  
**RUC Meeting:** February 2011 **Tab:** 31 **Specialty Developing Recommendation:** AUA

**First Identified:** September 2007 **2020 Medicare Utilization:** 1,160

**2022 Work RVU:** 15.18  
**2022 NF PE RVU:** NA  
**2022 Fac PE RVU:** 8.27

**RUC Recommendation:** 15.18

**Referred to CPT**  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Decrease

**54520** Orchiectomy, simple (including subcapsular), with or without testicular prosthesis, scrotal or inguinal approach **Global:** 090 **Issue:** Removal of Testical **Screen:** Site of Service Anomaly (99238-Only) **Complete?** Yes

**Most Recent**  
**RUC Meeting:** September 2007 **Tab:** 16 **Specialty Developing Recommendation:** AUA

**First Identified:** September 2007 **2020 Medicare Utilization:** 2,160

**2022 Work RVU:** 5.30  
**2022 NF PE RVU:** NA  
**2022 Fac PE RVU:** 3.64

**RUC Recommendation:** Reduce 99238 to 0.5

**Referred to CPT**  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** PE Only

**54530** Orchiectomy, radical, for tumor; inguinal approach **Global:** 090 **Issue:** Urological Procedures **Screen:** Site of Service Anomaly **Complete?** Yes

**Most Recent**  
**RUC Meeting:** October 2010 **Tab:** 65 **Specialty Developing Recommendation:** AUA

**First Identified:** September 2007 **2020 Medicare Utilization:** 1,033

**2022 Work RVU:** 8.46  
**2022 NF PE RVU:** NA  
**2022 Fac PE RVU:** 5.41

**RUC Recommendation:** 8.46

**Referred to CPT**  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Decrease

## Status Report: CMS Requests and Relativity Assessment Issues

<b>55700</b>	Biopsy, prostate; needle or punch, single or multiple, any approach	<b>Global:</b> 000	<b>Issue:</b> Biopsy of Prostate	<b>Screen:</b> CMS High Expenditure Procedural Codes2 / Codes Reported Together 75% or More-Part5	<b>Complete?</b> No
<b>Most Recent RUC Meeting:</b>	September 2022	<b>Tab:</b> 13	<b>Specialty Developing Recommendation:</b> ACR, AUA	<b>First Identified:</b> July 2015	<b>2020 Medicare Utilization:</b> 131,593
<b>RUC Recommendation:</b>	Refer to CPT. 2.50		<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>2022 Work RVU:</b> 2.50 <b>2022 NF PE RVU:</b> 4.43 <b>2022 Fac PE RVU:</b> 0.99
			<b>Referred to CPT</b> May 2023		<b>Result:</b> Decrease
<hr/>					
<b>55706</b>	Biopsies, prostate, needle, transperineal, stereotactic template guided saturation sampling, including imaging guidance	<b>Global:</b> 010	<b>Issue:</b> RAW	<b>Screen:</b> 010-Day Global Post-Operative Visits	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b>	April 2014	<b>Tab:</b> 52	<b>Specialty Developing Recommendation:</b>	<b>First Identified:</b> January 2014	<b>2020 Medicare Utilization:</b> 1,955
<b>RUC Recommendation:</b>	Maintain		<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>2022 Work RVU:</b> 6.28 <b>2022 NF PE RVU:</b> NA <b>2022 Fac PE RVU:</b> 4.00
			<b>Referred to CPT</b>		<b>Result:</b> Maintain
<hr/>					
<b>55840</b>	Prostatectomy, retropubic radical, with or without nerve sparing;	<b>Global:</b> 090	<b>Issue:</b>	<b>Screen:</b> CMS Request - Final Rule for 2014	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b>	April 2014	<b>Tab:</b> 31	<b>Specialty Developing Recommendation:</b> AUA	<b>First Identified:</b> October 2013	<b>2020 Medicare Utilization:</b> 1,486
<b>RUC Recommendation:</b>	21.36		<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>2022 Work RVU:</b> 21.36 <b>2022 NF PE RVU:</b> NA <b>2022 Fac PE RVU:</b> 10.22
			<b>Referred to CPT</b>		<b>Result:</b> Decrease

## Status Report: CMS Requests and Relativity Assessment Issues

**55842** Prostatectomy, retropubic radical, with or without nerve sparing; with lymph node biopsy(s) (limited pelvic lymphadenectomy) **Global:** 090 **Issue:** **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

**Most Recent** **Tab:** 31 **Specialty Developing** AUA  
**RUC Meeting:** April 2014 **Recommendation:**

**First** **2020**  
**Identified:** October 2013 **Medicare**  
**Utilization:** 126

**2022 Work RVU:** 21.36

**2022 NF PE RVU:** NA

**2022 Fac PE RVU:** 10.23

**RUC Recommendation:** 24.16

**Referred to CPT**  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Decrease

**55845** Prostatectomy, retropubic radical, with or without nerve sparing; with bilateral pelvic lymphadenectomy, including external iliac, hypogastric, and obturator nodes **Global:** 090 **Issue:** RAW **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

**Most Recent** **Tab:** 31 **Specialty Developing** AUA  
**RUC Meeting:** April 2014 **Recommendation:**

**First** **2020**  
**Identified:** July 2013 **Medicare**  
**Utilization:** 728

**2022 Work RVU:** 25.18

**2022 NF PE RVU:** NA

**2022 Fac PE RVU:** 11.51

**RUC Recommendation:** 29.07

**Referred to CPT**  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Decrease

**55866** Laparoscopy, surgical prostatectomy, retropubic radical, including nerve sparing, includes robotic assistance, when performed **Global:** 090 **Issue:** Laparoscopic Radical Prostatectomy **Screen:** New Technology / CMS Fastest Growing / CMS Request - Final Rule for 2014 **Complete?** Yes

**Most Recent** **Tab:** 27 **Specialty Developing** AUA  
**RUC Meeting:** April 2015 **Recommendation:**

**First** **2020**  
**Identified:** September 2007 **Medicare**  
**Utilization:** 18,557

**2022 Work RVU:** 26.80

**2022 NF PE RVU:** NA

**2022 Fac PE RVU:** 12.02

**RUC Recommendation:** 26.80

**Referred to CPT**  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Decrease



# Status Report: CMS Requests and Relativity Assessment Issues

**55873** Cryosurgical ablation of the prostate (includes ultrasonic guidance and monitoring)

**Global:** 090

**Issue:** Cryoablation of Prostate

**Screen:** CMS Request - Practice Expense Review

**Complete?** Yes

**Most Recent RUC Meeting:** February 2009

**Tab:** 25

**Specialty Developing Recommendation:** AUA

**First Identified:** September 2007

**2020 Medicare Utilization:** 1,362

**2022 Work RVU:** 13.60

**2022 NF PE RVU:** 162.77

**2022 Fac PE RVU:** 7.14

**RUC Recommendation:** 13.45

**Referred to CPT**

**Referred to CPT Asst**

☐

**Published in CPT Asst:**

**Result:** Decrease

**55875** Transperineal placement of needles or catheters into prostate for interstitial radioelement application, with or without cystoscopy

**Global:** 090

**Issue:** RAW

**Screen:** RUC request

**Complete?** Yes

**Most Recent RUC Meeting:** October 2015

**Tab:** 21

**Specialty Developing Recommendation:**

**First Identified:** April 2015

**2020 Medicare Utilization:** 5,423

**2022 Work RVU:** 13.46

**2022 NF PE RVU:** NA

**2022 Fac PE RVU:** 7.83

**RUC Recommendation:** Review data at RAW

**Referred to CPT**

**Referred to CPT Asst**

☐

**Published in CPT Asst:**

**Result:** Not Part of RAW

**56515** Destruction of lesion(s), vulva; extensive (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery)

**Global:** 010

**Issue:** Destruction of Lesions

**Screen:** Site of Service Anomaly (99238-Only)

**Complete?** Yes

**Most Recent RUC Meeting:** September 2007

**Tab:** 16

**Specialty Developing Recommendation:** ACOG

**First Identified:** September 2007

**2020 Medicare Utilization:** 2,247

**2022 Work RVU:** 3.08

**2022 NF PE RVU:** 4.79

**2022 Fac PE RVU:** 2.76

**RUC Recommendation:** Reduce 99238 to 0.5

**Referred to CPT**

**Referred to CPT Asst**

☐

**Published in CPT Asst:**

**Result:** PE Only

**56620** Vulvectomy simple; partial

**Global:** 090

**Issue:** Partial Removal of Vulva

**Screen:** Site of Service Anomaly

**Complete?** Yes

**Most Recent RUC Meeting:** February 2008

**Tab:** D

**Specialty Developing Recommendation:** ACOG

**First Identified:** September 2007

**2020 Medicare Utilization:** 2,636

**2022 Work RVU:** 7.53

**2022 NF PE RVU:** NA

**2022 Fac PE RVU:** 8.74

**RUC Recommendation:** 7.35

**Referred to CPT**

**Referred to CPT Asst**

☐

**Published in CPT Asst:**

**Result:** Decrease

## Status Report: CMS Requests and Relativity Assessment Issues

**57150** Irrigation of vagina and/or application of medicament for treatment of bacterial, parasitic, or fungoid disease **Global:** 000 **Issue:** Vaginal Treatments **Screen:** CMS 000-Day Global Typically Reported with an E/M **Complete?** Yes

**Most Recent RUC Meeting:** April 2017

**Tab:** 15 **Specialty Developing Recommendation:** ACOG

**First Identified:** July 2016

**2020 Medicare Utilization:** 19,829

**2022 Work RVU:** 0.50

**2022 NF PE RVU:** 1.20

**2022 Fac PE RVU:** 0.19

**RUC Recommendation:** 0.50

**Referred to CPT**

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Decrease

**57155** Insertion of uterine tandem and/or vaginal ovoids for clinical brachytherapy **Global:** 000 **Issue:** RAW **Screen:** Site of Service Anomaly / Different Performing Specialty from Survey **Complete?** Yes

**Most Recent RUC Meeting:** January 2017

**Tab:** 30 **Specialty Developing Recommendation:** ACOG, ASTRO

**First Identified:** September 2007

**2020 Medicare Utilization:** 2,870

**2022 Work RVU:** 5.15

**2022 NF PE RVU:** 6.05

**2022 Fac PE RVU:** 2.72

**RUC Recommendation:** 5.40

**Referred to CPT** October 2009

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Decrease

**57156** Insertion of a vaginal radiation afterloading apparatus for clinical brachytherapy **Global:** 000 **Issue:** RAW **Screen:** Site of Service Anomaly **Complete?** Yes

**Most Recent RUC Meeting:** January 2017

**Tab:** 30 **Specialty Developing Recommendation:** ACOG, ASTRO

**First Identified:** September 2007

**2020 Medicare Utilization:** 14,536

**2022 Work RVU:** 2.69

**2022 NF PE RVU:** 3.84

**2022 Fac PE RVU:** 1.51

**RUC Recommendation:** 2.69

**Referred to CPT** October 2009

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Decrease

## Status Report: CMS Requests and Relativity Assessment Issues

**57160** Fitting and insertion of pessary or other intravaginal support device

**Global:** 000

**Issue:** Vaginal Treatments

**Screen:** CMS 000-Day Global  
Typically Reported with  
an E/M

**Complete?** Yes

**Most Recent  
RUC Meeting:** April 2017

**Tab:** 15 **Specialty Developing  
Recommendation:** ACOG

**First  
Identified:** July 2016

**2020  
Medicare  
Utilization:** 68,682

**2022 Work RVU:** 0.89

**2022 NF PE RVU:** 1.21

**2022 Fac PE RVU:** 0.33

**RUC Recommendation:** 0.89

**Referred to CPT**

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Maintain

**57240** Anterior colporrhaphy, repair of cystocele with or without repair of urethrocele, including cystourethroscopy, when performed

**Global:** 090

**Issue:** Colporrhaphy with  
Cystourethroscopy

**Screen:** Site of Service Anomaly -  
2015

**Complete?** Yes

**Most Recent  
RUC Meeting:** January 2017

**Tab:** 14 **Specialty Developing  
Recommendation:** ACOG

**First  
Identified:** October 2015

**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 2016

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Decrease

**57250** Posterior colporrhaphy, repair of rectocele with or without perineorrhaphy

**Global:** 090

**Issue:** Colporrhaphy with  
Cystourethroscopy

**Screen:** Site of Service Anomaly -  
2015

**Complete?** Yes

**Most Recent  
RUC Meeting:** January 2017

**Tab:** 14 **Specialty Developing  
Recommendation:** ACOG

**First  
Identified:** April 2016

**2020  
Medicare  
Utilization:** 6,951

**2022 Work RVU:** 10.08

**2022 NF PE RVU:** NA

**2022 Fac PE RVU:** 6.70

**RUC Recommendation:** 10.08

**Referred to CPT** September 2016

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Decrease

# Status Report: CMS Requests and Relativity Assessment Issues

**57260** Combined anteroposterior colporrhaphy, including cystourethroscopy, when performed; **Global:** 090 **Issue:** Colporrhaphy with Cystourethroscopy **Screen:** Site of Service Anomaly - 2015 **Complete?** Yes

**Most Recent RUC Meeting:** January 2017 **Tab:** 14 **Specialty Developing Recommendation:** ACOG

**First Identified:** April 2016

**2020 Medicare Utilization:** 7,243

**2022 Work RVU:** 13.25

**2022 NF PE RVU:** NA

**2022 Fac PE RVU:** 7.86

**RUC Recommendation:** 13.25

**Referred to CPT** September 2016

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Decrease

**57265** Combined anteroposterior colporrhaphy, including cystourethroscopy, when performed; with enterocele repair **Global:** 090 **Issue:** Colporrhaphy with Cystourethroscopy **Screen:** Site of Service Anomaly - 2015 **Complete?** Yes

**Most Recent RUC Meeting:** January 2017 **Tab:** 14 **Specialty Developing Recommendation:** ACOG

**First Identified:** April 2016

**2020 Medicare Utilization:** 3,214

**2022 Work RVU:** 15.00

**2022 NF PE RVU:** NA

**2022 Fac PE RVU:** 8.57

**RUC Recommendation:** 15.00

**Referred to CPT** September 2016

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Decrease

**57282** Colpopexy, vaginal; extra-peritoneal approach (sacrospinous, iliococcygeus) **Global:** 090 **Issue:** Colpopexy **Screen:** Site of Service Anomaly - 2019 **Complete?** Yes

**Most Recent RUC Meeting:** January 2020 **Tab:** 26 **Specialty Developing Recommendation:**

**First Identified:** October 2019

**2020 Medicare Utilization:** 5,394

**2022 Work RVU:** 11.63

**2022 NF PE RVU:** NA

**2022 Fac PE RVU:** 7.25

**RUC Recommendation:** 13.48

**Referred to CPT**

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Increase

**57283** Colpopexy, vaginal; intra-peritoneal approach (uterosacral, levator myorrhaphy) **Global:** 090 **Issue:** Colpopexy **Screen:** Site of Service Anomaly - 2019 **Complete?** Yes

**Most Recent RUC Meeting:** January 2020 **Tab:** 26 **Specialty Developing Recommendation:**

**First Identified:** October 2019

**2020 Medicare Utilization:** 4,549

**2022 Work RVU:** 11.66

**2022 NF PE RVU:** NA

**2022 Fac PE RVU:** 7.31

**RUC Recommendation:** 13.51

**Referred to CPT**

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Increase

# Status Report: CMS Requests and Relativity Assessment Issues

**57287** Removal or revision of sling for stress incontinence (eg, fascia or synthetic) **Global:** 090 **Issue:** Urological Procedures **Screen:** Site of Service Anomaly **Complete?** Yes

**Most Recent RUC Meeting:** February 2008 **Tab:** C **Specialty Developing Recommendation:** AUA **First Identified:** September 2007 **2020 Medicare Utilization:** 1,245 **2022 Work RVU:** 11.15 **2022 NF PE RVU:** NA **2022 Fac PE RVU:** 9.37 **RUC Recommendation:** 10.97 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

**57288** Sling operation for stress incontinence (eg, fascia or synthetic) **Global:** 090 **Issue:** Sling Operation for Stress Incontinence **Screen:** New Technology **Complete?** Yes

**Most Recent RUC Meeting:** February 2008 **Tab:** O **Specialty Developing Recommendation:** ACOG, AUA **First Identified:** September 2007 **2020 Medicare Utilization:** 18,279 **2022 Work RVU:** 12.13 **2022 NF PE RVU:** NA **2022 Fac PE RVU:** 8.17 **RUC Recommendation:** 12.00 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

**57425** Laparoscopy, surgical, colpopexy (suspension of vaginal apex) **Global:** 090 **Issue:** Laparoscopic Colopexy **Screen:** Site of Service Anomaly - 2019 **Complete?** Yes

**Most Recent RUC Meeting:** January 2020 **Tab:** 27 **Specialty Developing Recommendation:** **First Identified:** October 2019 **2020 Medicare Utilization:** 8,288 **2022 Work RVU:** 17.03 **2022 NF PE RVU:** NA **2022 Fac PE RVU:** 9.29 **RUC Recommendation:** 18.02 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Increase

**58100** Endometrial sampling (biopsy) with or without endocervical sampling (biopsy), without cervical dilation, any method (separate procedure) **Global:** 000 **Issue:** Biopsy of Uterus Lining **Screen:** CMS 000-Day Global Typically Reported with an E/M **Complete?** Yes

**Most Recent RUC Meeting:** April 2017 **Tab:** 16 **Specialty Developing Recommendation:** ACOG **First Identified:** July 2016 **2020 Medicare Utilization:** 59,095 **2022 Work RVU:** 1.21 **2022 NF PE RVU:** 1.66 **2022 Fac PE RVU:** 0.47 **RUC Recommendation:** 1.21 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

## Status Report: CMS Requests and Relativity Assessment Issues

**58110** Endometrial sampling (biopsy) performed in conjunction with colposcopy (list separately in addition to code for primary procedure) **Global:** ZZZ **Issue:** Biopsy of Uterus Lining **Screen:** CMS 000-Day Global Typically Reported with an E/M **Complete?** Yes

**Most Recent RUC Meeting:** April 2017

**Tab:** 16 **Specialty Developing Recommendation:** ACOG

**First Identified:** April 2017

**2020 Medicare Utilization:** 583

**2022 Work RVU:** 0.77

**2022 NF PE RVU:** 0.59

**2022 Fac PE RVU:** 0.30

**RUC Recommendation:** 0.77

**Referred to CPT**

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Maintain

**58555** Hysteroscopy, diagnostic (separate procedure)

**Global:** 000

**Issue:** Hysteroscopy

**Screen:** CMS Request - Practice Expense Review

**Complete?** Yes

**Most Recent RUC Meeting:** January 2016

**Tab:** 37 **Specialty Developing Recommendation:** ACOG

**First Identified:** NA

**2020 Medicare Utilization:** 1,214

**2022 Work RVU:** 2.65

**2022 NF PE RVU:** 8.03

**2022 Fac PE RVU:** 1.37

**RUC Recommendation:** 3.07

**Referred to CPT**

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Decrease

**58558** Hysteroscopy, surgical; with sampling (biopsy) of endometrium and/or polypectomy, with or without d & c

**Global:** 000

**Issue:** Hysteroscopy

**Screen:** CMS Request - Practice Expense Review / CMS High Expenditure Procedural Codes2

**Complete?** Yes

**Most Recent RUC Meeting:** January 2016

**Tab:** 37 **Specialty Developing Recommendation:** ACOG

**First Identified:** NA

**2020 Medicare Utilization:** 37,701

**2022 Work RVU:** 4.17

**2022 NF PE RVU:** 36.73

**2022 Fac PE RVU:** 1.96

**RUC Recommendation:** 4.37

**Referred to CPT**

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Decrease

## Status Report: CMS Requests and Relativity Assessment Issues

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<b>58559</b>	Hysteroscopy, surgical; with lysis of intrauterine adhesions (any method)	<b>Global:</b> 000	<b>Issue:</b> Hysteroscopy	<b>Screen:</b> CMS High Expenditure Procedural Codes2	<b>Complete?</b> Yes
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<b>Most Recent RUC Meeting:</b> January 2016	<b>Tab:</b> 37	<b>Specialty Developing Recommendation:</b> ACOG
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<b>First Identified:</b> July 2015
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<b>2020 Medicare Utilization:</b> 101
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<b>2022 Work RVU:</b> 5.20
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<b>2022 NF PE RVU:</b> NA
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<b>2022 Fac PE RVU:</b> 2.34
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<b>RUC Recommendation:</b> 5.54
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<b>Referred to CPT</b>
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<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>
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<b>Result:</b> Decrease
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<b>58560</b>	Hysteroscopy, surgical; with division or resection of intrauterine septum (any method)
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<b>Global:</b> 000
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<b>Issue:</b> Hysteroscopy
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<b>Screen:</b> CMS High Expenditure Procedural Codes2
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<b>Complete?</b> Yes
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<b>Most Recent RUC Meeting:</b> January 2016	<b>Tab:</b> 37	<b>Specialty Developing Recommendation:</b> ACOG
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<b>First Identified:</b> July 2015
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<b>2020 Medicare Utilization:</b> 43
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<b>2022 Work RVU:</b> 5.75
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<b>2022 NF PE RVU:</b> NA
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<b>2022 Fac PE RVU:</b> 2.53
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<b>RUC Recommendation:</b> 6.15
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<b>Referred to CPT</b>
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<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>
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<b>Result:</b> Decrease
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<b>58561</b>	Hysteroscopy, surgical; with removal of leiomyomata
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<b>Global:</b> 000
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<b>Issue:</b> Hysteroscopy
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<b>Screen:</b> CMS High Expenditure Procedural Codes2
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<b>Complete?</b> Yes
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<b>Most Recent RUC Meeting:</b> January 2016	<b>Tab:</b> 37	<b>Specialty Developing Recommendation:</b> ACOG
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<b>First Identified:</b> July 2015
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<b>2020 Medicare Utilization:</b> 1,828
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<b>2022 Work RVU:</b> 6.60
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<b>2022 NF PE RVU:</b> NA
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<b>2022 Fac PE RVU:</b> 2.88
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<b>RUC Recommendation:</b> 7.00
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<b>Referred to CPT</b>
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<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>
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<b>Result:</b> Decrease
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# Status Report: CMS Requests and Relativity Assessment Issues

<b>58562</b>	<b>Hysteroscopy, surgical; with removal of impacted foreign body</b>	<b>Global:</b> 000	<b>Issue:</b> Hysteroscopy	<b>Screen:</b> CMS Request - Practice Expense Review / CMS High Expenditure Procedural Codes2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2016	<b>Tab:</b> 37 <b>Specialty Developing Recommendation:</b> ACOG	<b>First Identified:</b> NA	<b>2020 Medicare Utilization:</b> 204	<b>2022 Work RVU:</b> 4.00 <b>2022 NF PE RVU:</b> 8.54 <b>2022 Fac PE RVU:</b> 1.88	
<b>RUC Recommendation:</b> 4.17		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b> Decrease	
<hr/>					
<b>58563</b>	<b>Hysteroscopy, surgical; with endometrial ablation (eg, endometrial resection, electrosurgical ablation, thermoablation)</b>	<b>Global:</b> 000	<b>Issue:</b> Hysteroscopy	<b>Screen:</b> CMS Request - Practice Expense Review / CMS High Expenditure Procedural Codes2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2016	<b>Tab:</b> 37 <b>Specialty Developing Recommendation:</b> ACOG	<b>First Identified:</b> NA	<b>2020 Medicare Utilization:</b> 1,978	<b>2022 Work RVU:</b> 4.47 <b>2022 NF PE RVU:</b> 61.14 <b>2022 Fac PE RVU:</b> 2.05	
<b>RUC Recommendation:</b> 4.62		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b> Decrease	
<hr/>					
<b>58660</b>	<b>Laparoscopy, surgical; with lysis of adhesions (salpingolysis, ovariolysis) (separate procedure)</b>	<b>Global:</b> 090	<b>Issue:</b> Laproscopic Procedures	<b>Screen:</b> Site of Service Anomaly (99238-Only)	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> September 2007	<b>Tab:</b> 16 <b>Specialty Developing Recommendation:</b> AUA, ACOG	<b>First Identified:</b> September 2007	<b>2020 Medicare Utilization:</b> 669	<b>2022 Work RVU:</b> 11.59 <b>2022 NF PE RVU:</b> NA <b>2022 Fac PE RVU:</b> 6.57	
<b>RUC Recommendation:</b> Reduce 99238 to 0.5		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b> PE Only	



# Status Report: CMS Requests and Relativity Assessment Issues

**58661** Laparoscopy, surgical; with removal of adnexal structures (partial or total oophorectomy and/or salpingectomy) **Global:** 010 **Issue:** Laproscopic Procedures **Screen:** Site of Service Anomaly (99238-Only) **Complete?** Yes

**Most Recent** **Tab:** 16 **Specialty Developing** ACOG  
**RUC Meeting:** September 2007 **Recommendation:**

**First** **2020**  
**Identified:** September 2007 **Medicare**  
**Utilization:** 10,413

**2022 Work RVU:** 11.35  
**2022 NF PE RVU:** NA  
**2022 Fac PE RVU:** 6.17

**RUC Recommendation:** Reduce 99238 to 0.5

**Referred to CPT**  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** PE Only

**58823** Drainage of pelvic abscess, transvaginal or transrectal approach, percutaneous (eg, ovarian, pericolic) **Global:** **Issue:** Drainage of Abscess **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

**Most Recent** **Tab:** 04 **Specialty Developing**  
**RUC Meeting:** January 2013 **Recommendation:**

**First** **2020**  
**Identified:** January 2012 **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** ☐ **Published in CPT Asst:**

**Result:** Deleted from CPT

**59400** Routine obstetric care including antepartum care, vaginal delivery (with or without episiotomy, and/or forceps) and postpartum care **Global:** MMM **Issue:** Obstetrical Care **Screen:** High IWPUT **Complete?** Yes

**Most Recent** **Tab:** 15 **Specialty Developing** ACOG, AAFP  
**RUC Meeting:** October 2009 **Recommendation:**

**First** **2020**  
**Identified:** February 2008 **Medicare**  
**Utilization:** 2,504

**2022 Work RVU:** 36.58  
**2022 NF PE RVU:** NA  
**2022 Fac PE RVU:** 24.98

**RUC Recommendation:** 32.69

**Referred to CPT**  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Increase

**59409** Vaginal delivery only (with or without episiotomy and/or forceps); **Global:** MMM **Issue:** Obstetrical Care **Screen:** High IWPUT **Complete?** Yes

**Most Recent** **Tab:** 15 **Specialty Developing** ACOG, AAFP  
**RUC Meeting:** October 2009 **Recommendation:**

**First** **2020**  
**Identified:** February 2008 **Medicare**  
**Utilization:** 1,424

**2022 Work RVU:** 14.37  
**2022 NF PE RVU:** NA  
**2022 Fac PE RVU:** 5.63

**RUC Recommendation:** 14.37

**Referred to CPT**  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Increase

# Status Report: CMS Requests and Relativity Assessment Issues

**59410** Vaginal delivery only (with or without episiotomy and/or forceps); including postpartum care      **Global:** MMM    **Issue:** Obstetrical Care      **Screen:** High IWPUT      **Complete?** Yes

**Most Recent RUC Meeting:** October 2009

**Tab:** 15    **Specialty Developing Recommendation:** ACOG, AAFP

**First Identified:** February 2008

**2020 Medicare Utilization:** 692

**2022 Work RVU:** 18.34

**2022 NF PE RVU:** NA

**2022 Fac PE RVU:** 8.29

**RUC Recommendation:** 18.54

**Referred to CPT**

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Increase

**59412** External cephalic version, with or without tocolysis

**Global:** MMM    **Issue:** Obstetrical Care

**Screen:** High IWPUT

**Complete?** Yes

**Most Recent RUC Meeting:** October 2009

**Tab:** 15    **Specialty Developing Recommendation:** ACOG, AAFP

**First Identified:** April 2008

**2020 Medicare Utilization:** 24

**2022 Work RVU:** 1.71

**2022 NF PE RVU:** NA

**2022 Fac PE RVU:** 0.82

**RUC Recommendation:** 1.71

**Referred to CPT**

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Maintain

**59414** Delivery of placenta (separate procedure)

**Global:** MMM    **Issue:** Obstetrical Care

**Screen:** High IWPUT

**Complete?** Yes

**Most Recent RUC Meeting:** October 2009

**Tab:** 15    **Specialty Developing Recommendation:** ACOG, AAFP

**First Identified:** April 2008

**2020 Medicare Utilization:** 62

**2022 Work RVU:** 1.61

**2022 NF PE RVU:** NA

**2022 Fac PE RVU:** 0.61

**RUC Recommendation:** 1.61

**Referred to CPT**

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Maintain

**59425** Antepartum care only; 4-6 visits

**Global:** MMM    **Issue:** Obstetrical Care

**Screen:** High IWPUT

**Complete?** Yes

**Most Recent RUC Meeting:** October 2009

**Tab:** 15    **Specialty Developing Recommendation:** ACOG, AAFP

**First Identified:** April 2008

**2020 Medicare Utilization:** 586

**2022 Work RVU:** 7.80

**2022 NF PE RVU:** 6.81

**2022 Fac PE RVU:** 3.02

**RUC Recommendation:** 6.31

**Referred to CPT**

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Decrease

# Status Report: CMS Requests and Relativity Assessment Issues

## 59426 Antepartum care only; 7 or more visits

Global: MMM Issue: Obstetrical Care

Screen: High IWPUT

Complete? Yes

Most Recent Tab: 15 Specialty Developing ACOG, AAFP  
RUC Meeting: October 2009 Recommendation:

First Identified: April 2008

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

Referred to CPT

Referred to CPT Asst ☐ Published in CPT Asst:

Result: Decrease

## 59430 Postpartum care only (separate procedure)

Global: MMM Issue: Obstetrical Care

Screen: High IWPUT

Complete? Yes

Most Recent Tab: 15 Specialty Developing ACOG, AAFP  
RUC Meeting: October 2009 Recommendation:

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

Referred to CPT

Referred to CPT Asst ☐ Published in CPT Asst:

Result: Increase

## 59510 Routine obstetric care including antepartum care, cesarean delivery, and postpartum care

Global: MMM Issue: Obstetrical Care

Screen: High IWPUT

Complete? Yes

Most Recent Tab: 15 Specialty Developing ACOG, AAFP  
RUC Meeting: October 2009 Recommendation:

First Identified: February 2008

2020 Medicare Utilization: 2,156

2022 Work RVU: 40.39

2022 NF PE RVU: NA

2022 Fac PE RVU: 26.62

RUC Recommendation: 36.17

Referred to CPT

Referred to CPT Asst ☐ Published in CPT Asst:

Result: Increase

## 59514 Cesarean delivery only;

Global: MMM Issue: Obstetrical Care

Screen: High IWPUT

Complete? Yes

Most Recent Tab: 15 Specialty Developing ACOG, AAFP  
RUC Meeting: October 2009 Recommendation:

First Identified: October 2008

2020 Medicare Utilization: 1,159

2022 Work RVU: 16.13

2022 NF PE RVU: NA

2022 Fac PE RVU: 6.19

RUC Recommendation: 16.13

Referred to CPT

Referred to CPT Asst ☐ Published in CPT Asst:

Result: Increase

# Status Report: CMS Requests and Relativity Assessment Issues

**59515** Cesarean delivery only; including postpartum care

**Global:** MMM **Issue:** Obstetrical Care

**Screen:** High IWPUT

**Complete?** Yes

**Most Recent  
RUC Meeting:** October 2009

**Tab:** 15 **Specialty Developing  
Recommendation:** ACOG, AAFP

**First  
Identified:** April 2008

**2020  
Medicare  
Utilization:** 662

**2022 Work RVU:** 22.13

**2022 NF PE RVU:** NA

**2022 Fac PE RVU:** 10.21

**RUC Recommendation:** 22.00

**Referred to CPT**

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Increase

**59610** Routine obstetric care including antepartum care, vaginal delivery (with or without episiotomy, and/or forceps) and postpartum care, after previous cesarean delivery

**Global:** MMM **Issue:** Obstetrical Care

**Screen:** High IWPUT

**Complete?** Yes

**Most Recent  
RUC Meeting:** October 2009

**Tab:** 15 **Specialty Developing  
Recommendation:** ACOG, AAFP

**First  
Identified:** April 2008

**2020  
Medicare  
Utilization:** 69

**2022 Work RVU:** 38.29

**2022 NF PE RVU:** NA

**2022 Fac PE RVU:** 25.05

**RUC Recommendation:** 34.40

**Referred to CPT**

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Increase

**59612** Vaginal delivery only, after previous cesarean delivery (with or without episiotomy and/or forceps);

**Global:** MMM **Issue:** Obstetrical Care

**Screen:** High IWPUT

**Complete?** Yes

**Most Recent  
RUC Meeting:** October 2009

**Tab:** 15 **Specialty Developing  
Recommendation:** ACOG, AAFP

**First  
Identified:** April 2008

**2020  
Medicare  
Utilization:** 51

**2022 Work RVU:** 16.09

**2022 NF PE RVU:** NA

**2022 Fac PE RVU:** 6.08

**RUC Recommendation:** 16.09

**Referred to CPT**

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Increase

**59614** Vaginal delivery only, after previous cesarean delivery (with or without episiotomy and/or forceps); including postpartum care

**Global:** MMM **Issue:** Obstetrical Care

**Screen:** High IWPUT

**Complete?** Yes

**Most Recent  
RUC Meeting:** October 2009

**Tab:** 15 **Specialty Developing  
Recommendation:** ACOG, AAFP

**First  
Identified:** April 2008

**2020  
Medicare  
Utilization:** 29

**2022 Work RVU:** 20.06

**2022 NF PE RVU:** NA

**2022 Fac PE RVU:** 8.04

**RUC Recommendation:** 20.26

**Referred to CPT**

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Increase

# Status Report: CMS Requests and Relativity Assessment Issues

**59618** Routine obstetric care including antepartum care, cesarean delivery, and postpartum care, following attempted vaginal delivery after previous cesarean delivery **Global:** MMM **Issue:** Obstetrical Care **Screen:** High IWPUT **Complete?** Yes

**Most Recent RUC Meeting:** October 2009

**Tab:** 15 **Specialty Developing Recommendation:** ACOG, AAFP

**First Identified:** April 2008

**2020 Medicare Utilization:** 18

**2022 Work RVU:** 40.91

**2022 NF PE RVU:** NA

**2022 Fac PE RVU:** 26.67

**RUC Recommendation:** 36.69

**Referred to CPT**

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Increase

**59620** Cesarean delivery only, following attempted vaginal delivery after previous cesarean delivery; **Global:** MMM **Issue:** Obstetrical Care **Screen:** High IWPUT **Complete?** Yes

**Most Recent RUC Meeting:** October 2009

**Tab:** 15 **Specialty Developing Recommendation:** ACOG, AAFP

**First Identified:** April 2008

**2020 Medicare Utilization:** 18

**2022 Work RVU:** 16.66

**2022 NF PE RVU:** NA

**2022 Fac PE RVU:** 6.30

**RUC Recommendation:** 16.66

**Referred to CPT**

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Decrease

**59622** Cesarean delivery only, following attempted vaginal delivery after previous cesarean delivery; including postpartum care **Global:** MMM **Issue:** Obstetrical Care **Screen:** High IWPUT **Complete?** Yes

**Most Recent RUC Meeting:** October 2009

**Tab:** 15 **Specialty Developing Recommendation:** ACOG, AAFP

**First Identified:** April 2008

**2020 Medicare Utilization:** 9

**2022 Work RVU:** 22.66

**2022 NF PE RVU:** NA

**2022 Fac PE RVU:** 10.94

**RUC Recommendation:** 22.53

**Referred to CPT**

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Increase

**60220** Total thyroid lobectomy, unilateral; with or without isthmusectomy **Global:** 090 **Issue:** Total Thyroid Lobectomy **Screen:** Site of Service Anomaly **Complete?** Yes

**Most Recent RUC Meeting:** April 2008

**Tab:** 46 **Specialty Developing Recommendation:** ACS, AAO-HNS

**First Identified:** September 2007

**2020 Medicare Utilization:** 6,083

**2022 Work RVU:** 11.19

**2022 NF PE RVU:** NA

**2022 Fac PE RVU:** 7.70

**RUC Recommendation:** 12.29

**Referred to CPT**

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Maintain

# Status Report: CMS Requests and Relativity Assessment Issues

**60225** Total thyroid lobectomy, unilateral; with contralateral subtotal lobectomy, including isthmusectomy

**Global:** 090

**Issue:** Total Thyroid Lobectomy

**Screen:** Site of Service Anomaly

**Complete?** Yes

**Most Recent RUC Meeting:** April 2008

**Tab:** 46

**Specialty Developing Recommendation:** ACS, AAO-HNS

**First Identified:** September 2007

**2020 Medicare Utilization:** 210

**2022 Work RVU:** 14.79

**2022 NF PE RVU:** NA

**2022 Fac PE RVU:** 10.34

**RUC Recommendation:** 14.67

**Referred to CPT**

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Maintain

**60520** Thymectomy, partial or total; transcervical approach (separate procedure)

**Global:** 090

**Issue:** RAW Review

**Screen:** CMS Request to Re-Review Families of Recently Reviewed CPT Codes / CMS Request - Final Rule for 2013

**Complete?** Yes

**Most Recent RUC Meeting:** January 2013

**Tab:** 34

**Specialty Developing Recommendation:**

**First Identified:** November 2011

**2020 Medicare Utilization:** 336

**2022 Work RVU:** 17.16

**2022 NF PE RVU:** NA

**2022 Fac PE RVU:** 10.09

**RUC Recommendation:** No reliable way to determine an incremental difference from open thoracotomy to thoracoscopic procedures.

**Referred to CPT**

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Remove from Screen

**60521** Thymectomy, partial or total; sternal split or transthoracic approach, without radical mediastinal dissection (separate procedure)

**Global:** 090

**Issue:** RAW Review

**Screen:** CMS Request to Re-Review Families of Recently Reviewed CPT Codes / CMS Request - Final Rule for 2013

**Complete?** Yes

**Most Recent RUC Meeting:** January 2013

**Tab:** 34

**Specialty Developing Recommendation:**

**First Identified:** November 2011

**2020 Medicare Utilization:** 214

**2022 Work RVU:** 19.18

**2022 NF PE RVU:** NA

**2022 Fac PE RVU:** 9.35

**RUC Recommendation:** No reliable way to determine an incremental difference from open thoracotomy to thoracoscopic procedures.

**Referred to CPT**

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Remove from Screen

## Status Report: CMS Requests and Relativity Assessment Issues

**60522** Thymectomy, partial or total; sternal split or transthoracic approach, with radical mediastinal dissection (separate procedure) **Global:** 090 **Issue:** RAW Review **Screen:** CMS Request to Re-Review Families of Recently Reviewed CPT Codes / CMS Request - Final Rule for 2013 **Complete?** Yes

**Most Recent RUC Meeting:** January 2013

**Tab:** 34

**Specialty Developing Recommendation:**

**First Identified:** November 2011

**2020 Medicare Utilization:** 91

**2022 Work RVU:** 23.48

**2022 NF PE RVU:** NA

**2022 Fac PE RVU:** 11.28

**RUC Recommendation:** No reliable way to determine an incremental difference from open thoracotomy to thoracoscopic procedures.

**Referred to CPT**

**Result:** Remove from Screen

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**61055** Cisternal or lateral cervical (c1-c2) puncture; with injection of medication or other substance for diagnosis or treatment **Global:** 000 **Issue:** Myelography

**Screen:** Codes Reported Together 75% or More-Part2

**Complete?** Yes

**Most Recent RUC Meeting:** April 2014

**Tab:** 17

**Specialty Developing Recommendation:**

**First Identified:** January 2014

**2020 Medicare Utilization:** 166

**2022 Work RVU:** 2.10

**2022 NF PE RVU:** NA

**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, to achieve hemostasis, to occlude a vascular malformation), percutaneous, any method; central nervous system (intracranial, spinal cord) **Global:** 000 **Issue:** RAW

**Screen:** Codes Reported Together 75% or More-Part5

**Complete?** No

**Most Recent RUC Meeting:** September 2022

**Tab:** 13

**Specialty Developing Recommendation:** AANS, ACR, CNS

**First Identified:** April 2022

**2020 Medicare Utilization:** 7,557

**2022 Work RVU:** 20.12

**2022 NF PE RVU:** NA

**2022 Fac PE RVU:** 8.27

**RUC Recommendation:** Refer to CPT for code bundling solution

**Referred to CPT** May 2023

**Result:**

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

## Status Report: CMS Requests and Relativity Assessment Issues

**61781** Stereotactic computer-assisted (navigational) procedure; cranial, intradural (list separately in addition to code for primary procedure) **Global:** ZZZ **Issue:** Stereotactic Computer-Assisted Volumetric Navigational Procedures **Screen:** CMS Fastest Growing **Complete?** Yes

**Most Recent RUC Meeting:** February 2010 **Tab:** 13 **Specialty Developing Recommendation:** NASS, AANS/CNS **First Identified:** October 2009 **2020 Medicare Utilization:** 15,164 **2022 Work RVU:** 3.75 **2022 NF PE RVU:** NA **2022 Fac PE RVU:** 1.78 **RUC Recommendation:** 3.75 **Referred to CPT** October 2009 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

**61782** Stereotactic computer-assisted (navigational) procedure; cranial, extradural (list separately in addition to code for primary procedure) **Global:** ZZZ **Issue:** Stereotactic Computer-Assisted Volumetric Navigational Procedures **Screen:** CMS Fastest Growing **Complete?** Yes

**Most Recent RUC Meeting:** February 2010 **Tab:** 13 **Specialty Developing Recommendation:** NASS, AANS/CNS, AAO-HNS **First Identified:** October 2009 **2020 Medicare Utilization:** 15,306 **2022 Work RVU:** 3.18 **2022 NF PE RVU:** NA **2022 Fac PE RVU:** 1.45 **RUC Recommendation:** 3.18 **Referred to CPT** October 2009 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

**61783** Stereotactic computer-assisted (navigational) procedure; spinal (list separately in addition to code for primary procedure) **Global:** ZZZ **Issue:** Stereotactic Computer-Assisted Volumetric Navigational Procedures **Screen:** CMS Fastest Growing **Complete?** Yes

**Most Recent RUC Meeting:** February 2010 **Tab:** 13 **Specialty Developing Recommendation:** NASS, AANS/CNS **First Identified:** October 2009 **2020 Medicare Utilization:** 19,623 **2022 Work RVU:** 3.75 **2022 NF PE RVU:** NA **2022 Fac PE RVU:** 1.82 **RUC Recommendation:** 3.75 **Referred to CPT** October 2009 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease



## Status Report: CMS Requests and Relativity Assessment Issues

<b>61793</b>	Deleted from CPT			<b>Global:</b>	<b>Issue:</b> Stereotactic Radiosurgery	<b>Screen:</b> CMS Fastest Growing, Site of Service Anomaly (99238-Only)	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b>	October 2008	<b>Tab:</b> 26	<b>Specialty Developing Recommendation:</b>	AANS	<b>First Identified:</b> September 2007	<b>2020 Medicare Utilization:</b>	<b>2022 Work RVU:</b> <b>2022 NF PE RVU:</b> <b>2022 Fac PE RVU:</b>
<b>RUC Recommendation:</b>	Deleted from CPT				<b>Referred to CPT</b> February 2008	<b>Result:</b> Deleted from CPT	
					<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	
<hr/>							
<b>61795</b>	Deleted from CPT			<b>Global:</b>	<b>Issue:</b> Stereotactic Radiosurgery	<b>Screen:</b> CMS Fastest Growing	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b>	February 2009	<b>Tab:</b> 38	<b>Specialty Developing Recommendation:</b>	NASS, AAO-HNS, AANS	<b>First Identified:</b> October 2008	<b>2020 Medicare Utilization:</b>	<b>2022 Work RVU:</b> <b>2022 NF PE RVU:</b> <b>2022 Fac PE RVU:</b>
<b>RUC Recommendation:</b>	Deleted from CPT				<b>Referred to CPT</b> October 2009	<b>Result:</b> Deleted from CPT	
					<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	
<hr/>							
<b>61796</b>	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); 1 simple cranial lesion			<b>Global:</b> 090	<b>Issue:</b> Stereotactic Radiosurgery	<b>Screen:</b> CMS Request - 2009 Final Rule	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b>	February 2009	<b>Tab:</b> 38	<b>Specialty Developing Recommendation:</b>		<b>First Identified:</b> NA	<b>2020 Medicare Utilization:</b> 6,404	<b>2022 Work RVU:</b> 13.93 <b>2022 NF PE RVU:</b> NA <b>2022 Fac PE RVU:</b> 11.07
<b>RUC Recommendation:</b>	15.50				<b>Referred to CPT</b>	<b>Result:</b> Decrease	
					<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	
<hr/>							

## Status Report: CMS Requests and Relativity Assessment Issues

**61797** Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); each additional cranial lesion, simple (list separately in addition to code for primary procedure) **Global:** ZZZ **Issue:** Stereotactic Radiosurgery **Screen:** CMS Request - 2009 Final Rule **Complete?** Yes

**Most Recent RUC Meeting:** February 2009

**Tab:** 38 **Specialty Developing Recommendation:**

**First Identified:** NA

**2020 Medicare Utilization:** 8,507

**2022 Work RVU:** 3.48  
**2022 NF PE RVU:** NA  
**2022 Fac PE RVU:** 1.66

**RUC Recommendation:** 3.48

**Referred to CPT**

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Decrease

**61798** Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); 1 complex cranial lesion **Global:** 090 **Issue:** Stereotactic Radiosurgery **Screen:** CMS Request - 2009 Final Rule **Complete?** Yes

**Most Recent RUC Meeting:** February 2009

**Tab:** 38 **Specialty Developing Recommendation:**

**First Identified:** NA

**2020 Medicare Utilization:** 3,174

**2022 Work RVU:** 19.85  
**2022 NF PE RVU:** NA  
**2022 Fac PE RVU:** 13.75

**RUC Recommendation:** 19.75

**Referred to CPT**

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Decrease

**61799** Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); each additional cranial lesion, complex (list separately in addition to code for primary procedure) **Global:** ZZZ **Issue:** Stereotactic Radiosurgery **Screen:** CMS Request - 2009 Final Rule **Complete?** Yes

**Most Recent RUC Meeting:** February 2009

**Tab:** 38 **Specialty Developing Recommendation:**

**First Identified:** NA

**2020 Medicare Utilization:** 786

**2022 Work RVU:** 4.81  
**2022 NF PE RVU:** NA  
**2022 Fac PE RVU:** 2.29

**RUC Recommendation:** 4.81

**Referred to CPT**

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Decrease

# Status Report: CMS Requests and Relativity Assessment Issues

**61800** Application of stereotactic headframe for stereotactic radiosurgery (list separately in addition to code for primary procedure) **Global:** ZZZ **Issue:** Stereotactic Radiosurgery **Screen:** CMS Fastest Growing, Site of Service Anomaly (99238-Only) **Complete?** Yes

**Most Recent RUC Meeting:** April 2008

**Tab:** 16 **Specialty Developing Recommendation:**

**First Identified:** February 2008

**2020 Medicare Utilization:** 4,520

**2022 Work RVU:** 2.25  
**2022 NF PE RVU:** NA  
**2022 Fac PE RVU:** 1.36

**RUC Recommendation:** 2.25

**Referred to CPT**  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Decrease

**61885** Insertion or replacement of cranial neurostimulator pulse generator or receiver, direct or inductive coupling; with connection to a single electrode array **Global:** 090 **Issue:** Vagal Nerve Stimulator **Screen:** Site of Service Anomaly **Complete?** Yes

**Most Recent RUC Meeting:** February 2010

**Tab:** 14 **Specialty Developing Recommendation:** AANS/CNS

**First Identified:** September 2007

**2020 Medicare Utilization:** 4,795

**2022 Work RVU:** 6.05  
**2022 NF PE RVU:** NA  
**2022 Fac PE RVU:** 7.43

**RUC Recommendation:** 6.44

**Referred to CPT** October 2009  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Decrease

**62263** Percutaneous lysis of epidural adhesions using solution injection (eg, hypertonic saline, enzyme) or mechanical means (eg, catheter) including radiologic localization (includes contrast when administered), multiple adhesiolysis sessions; 2 or more days **Global:** 010 **Issue:** Epidural Lysis **Screen:** Site of Service Anomaly **Complete?** Yes

**Most Recent RUC Meeting:** October 2010

**Tab:** 66 **Specialty Developing Recommendation:** AAPM, AANS/CNS, ASA, NASS

**First Identified:** September 2007

**2020 Medicare Utilization:** 205

**2022 Work RVU:** 5.00  
**2022 NF PE RVU:** 13.50  
**2022 Fac PE RVU:** 3.70

**RUC Recommendation:** 6.54

**Referred to CPT**  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Maintain

# Status Report: CMS Requests and Relativity Assessment Issues

**62270** Spinal puncture, lumbar, diagnostic; **Global:** 000 **Issue:** Lumbar Puncture **Screen:** Different Performing Specialty from Survey **Complete?** Yes

**Most Recent RUC Meeting:** January 2019 **Tab:** 09 **Specialty Developing Recommendation:** ACR, ASNR, SIR **First Identified:** October 2017 **2020 Medicare Utilization:** 25,821 **2022 Work RVU:** 1.22 **2022 NF PE RVU:** 2.35 **2022 Fac PE RVU:** 0.40

**RUC Recommendation:** 1.44 **Referred to CPT** September 2018 **Result:** Increase  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**62272** Spinal puncture, therapeutic, for drainage of cerebrospinal fluid (by needle or catheter); **Global:** 000 **Issue:** Lumbar Puncture **Screen:** Different Performing Specialty from Survey **Complete?** Yes

**Most Recent RUC Meeting:** January 2019 **Tab:** 09 **Specialty Developing Recommendation:** **First Identified:** September 2018 **2020 Medicare Utilization:** 3,334 **2022 Work RVU:** 1.58 **2022 NF PE RVU:** 3.17 **2022 Fac PE RVU:** 0.66

**RUC Recommendation:** 1.80 **Referred to CPT** September 2018 **Result:** Increase  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**62281** Injection/infusion of neurolytic substance (eg, alcohol, phenol, iced saline solutions), with or without other therapeutic substance; epidural, cervical or thoracic **Global:** 010 **Issue:** Injection of Neurolytic Agent **Screen:** Site of Service Anomaly (99238-Only) **Complete?** Yes

**Most Recent RUC Meeting:** September 2007 **Tab:** 16 **Specialty Developing Recommendation:** ASA **First Identified:** September 2007 **2020 Medicare Utilization:** 244 **2022 Work RVU:** 2.66 **2022 NF PE RVU:** 4.20 **2022 Fac PE RVU:** 1.73

**RUC Recommendation:** Remove 99238 **Referred to CPT** **Result:** PE Only  
**Referred to CPT Asst** ☒ **Published in CPT Asst:** Q&A May 2010

## Status Report: CMS Requests and Relativity Assessment Issues

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<b>62284</b>	Injection procedure for myelography and/or computed tomography, lumbar	<b>Global:</b> 000	<b>Issue:</b> Myelography	<b>Screen:</b> Codes Reported Together 75% or More-Part2	<b>Complete?</b> Yes
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<b>Most Recent RUC Meeting:</b> April 2014	<b>Tab:</b> 17	<b>Specialty Developing Recommendation:</b> ACR, ASNR	<b>First Identified:</b> October 2012	<b>2020 Medicare Utilization:</b> 14,134	<b>2022 Work RVU:</b> 1.54 <b>2022 NF PE RVU:</b> 4.11 <b>2022 Fac PE RVU:</b> 0.76
<b>RUC Recommendation:</b> 1.54			<b>Referred to CPT</b> October 2013 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b> Maintain

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<b>62287</b>	Decompression procedure, percutaneous, of nucleus pulposus of intervertebral disc, any method utilizing needle based technique to remove disc material under fluoroscopic imaging or other form of indirect visualization, with discography and/or epidural injection(s) at the treated level(s), when performed, single or multiple levels, lumbar	<b>Global:</b> 090	<b>Issue:</b> Percutaneous Discectomy	<b>Screen:</b> Site of Service Anomaly (99238-Only)	<b>Complete?</b> Yes
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<b>Most Recent RUC Meeting:</b> September 2007	<b>Tab:</b> 16	<b>Specialty Developing Recommendation:</b> ASA	<b>First Identified:</b> September 2007	<b>2020 Medicare Utilization:</b> 96	<b>2022 Work RVU:</b> 9.03 <b>2022 NF PE RVU:</b> NA <b>2022 Fac PE RVU:</b> 6.98
<b>RUC Recommendation:</b> Reduce 99238 to 0.5			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b> PE Only

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<b>62290</b>	Injection procedure for discography, each level; lumbar	<b>Global:</b> 000	<b>Issue:</b> Injection for discography	<b>Screen:</b> Different Performing Specialty from Survey	<b>Complete?</b> Yes
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<b>Most Recent RUC Meeting:</b> April 2010	<b>Tab:</b> 45	<b>Specialty Developing Recommendation:</b> ASA, AAPM, AAMPR, AUR, NASS, ACR, ASNR, ISIS, AANS	<b>First Identified:</b> October 2009	<b>2020 Medicare Utilization:</b> 5,808	<b>2022 Work RVU:</b> 3.00 <b>2022 NF PE RVU:</b> 7.56 <b>2022 Fac PE RVU:</b> 1.42
<b>RUC Recommendation:</b> 3.00, CPT Assistant article published.			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input checked="" type="checkbox"/>	<b>Published in CPT Asst:</b> Mar 2011	<b>Result:</b> Maintain

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## Status Report: CMS Requests and Relativity Assessment Issues

**62302** Myelography via lumbar injection, including radiological supervision and interpretation; cervical

**Global:** 000

**Issue:** Myelography

**Screen:** Codes Reported Together 75% or More-Part2

**Complete?** Yes

**Most Recent RUC Meeting:** April 2014

**Tab:** 17 **Specialty Developing Recommendation:** ACR, ASNR

**First Identified:** October 2012

**2020 Medicare Utilization:** 2,942

**2022 Work RVU:** 2.29

**2022 NF PE RVU:** 5.35

**2022 Fac PE RVU:** 1.00

**RUC Recommendation:** 2.29

**Referred to CPT** October 2013

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Decrease

**62303** Myelography via lumbar injection, including radiological supervision and interpretation; thoracic

**Global:** 000

**Issue:** Myelography

**Screen:** Codes Reported Together 75% or More-Part2

**Complete?** Yes

**Most Recent RUC Meeting:** April 2014

**Tab:** 17 **Specialty Developing Recommendation:** ACR, ASNR

**First Identified:** October 2012

**2020 Medicare Utilization:** 340

**2022 Work RVU:** 2.29

**2022 NF PE RVU:** 5.49

**2022 Fac PE RVU:** 1.01

**RUC Recommendation:** 2.29

**Referred to CPT** October 2013

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Decrease

**62304** Myelography via lumbar injection, including radiological supervision and interpretation; lumbosacral

**Global:** 000

**Issue:** Myelography

**Screen:** Codes Reported Together 75% or More-Part2

**Complete?** Yes

**Most Recent RUC Meeting:** April 2014

**Tab:** 17 **Specialty Developing Recommendation:** ACR, ASNR

**First Identified:** October 2012

**2020 Medicare Utilization:** 12,583

**2022 Work RVU:** 2.25

**2022 NF PE RVU:** 5.30

**2022 Fac PE RVU:** 0.99

**RUC Recommendation:** 2.25

**Referred to CPT** October 2013

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Decrease

# Status Report: CMS Requests and Relativity Assessment Issues

<b>62305</b>	Myelography via lumbar injection, including radiological supervision and interpretation; 2 or more regions (eg, lumbar/thoracic, cervical/thoracic, lumbar/cervical, lumbar/thoracic/cervical)	<b>Global:</b> 000	<b>Issue:</b> Myelography	<b>Screen:</b> Codes Reported Together 75% or More-Part2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2014	<b>Tab:</b> 17 <b>Specialty Developing Recommendation:</b> ACR, ASNR	<b>First Identified:</b> October 2012	<b>2020 Medicare Utilization:</b> 4,788	<b>2022 Work RVU:</b> 2.35 <b>2022 NF PE RVU:</b> 5.89 <b>2022 Fac PE RVU:</b> 1.03	
<b>RUC Recommendation:</b> 2.35		<b>Referred to CPT</b> October 2013 <b>Referred to CPT Asst</b> <input type="checkbox"/> <b>Published in CPT Asst:</b>		<b>Result:</b> Decrease	
<b>62310</b>	Injection(s), of diagnostic or therapeutic substance(s) (including anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, includes contrast for localization when performed, epidural or subarachnoid; cervical or thoracic	<b>Global:</b>	<b>Issue:</b> Epidural Injections	<b>Screen:</b> CMS High Expenditure Procedural Codes1 / Final Rule for 2015	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2015	<b>Tab:</b> 10 <b>Specialty Developing Recommendation:</b> AAPM, AAPMR, ASA, ISIS, NASS, ASNR, ASIPP	<b>First Identified:</b> January 2012	<b>2020 Medicare Utilization:</b>	<b>2022 Work RVU:</b> <b>2022 NF PE RVU:</b> <b>2022 Fac PE RVU:</b>	
<b>RUC Recommendation:</b> Deleted from CPT		<b>Referred to CPT</b> May 2015 <b>Referred to CPT Asst</b> <input type="checkbox"/> <b>Published in CPT Asst:</b>		<b>Result:</b> Deleted from CPT	
<b>62311</b>	Injection(s), of diagnostic or therapeutic substance(s) (including anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, includes contrast for localization when performed, epidural or subarachnoid; lumbar or sacral (caudal)	<b>Global:</b>	<b>Issue:</b> Epidural Injections	<b>Screen:</b> CMS High Expenditure Procedural Codes1 / Final Rule for 2015	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2015	<b>Tab:</b> 10 <b>Specialty Developing Recommendation:</b> AAPM, AAPMR, ASA, ISIS, NASS, ASNR, ASIPP	<b>First Identified:</b> September 2011	<b>2020 Medicare Utilization:</b>	<b>2022 Work RVU:</b> <b>2022 NF PE RVU:</b> <b>2022 Fac PE RVU:</b>	
<b>RUC Recommendation:</b> Deleted from CPT		<b>Referred to CPT</b> May 2015 <b>Referred to CPT Asst</b> <input type="checkbox"/> <b>Published in CPT Asst:</b>		<b>Result:</b> Deleted from CPT	

# Status Report: CMS Requests and Relativity Assessment Issues

**62318** Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (including anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, includes contrast for localization when performed, epidural or subarachnoid; cervical or thoracic

**Global:** **Issue:** Epidural Injections **Screen:** CMS High Expenditure Procedural Codes1 / Final Rule for 2015 **Complete?** Yes

**Most Recent RUC Meeting:** October 2015

**Tab:** 10

**Specialty Developing Recommendation:** AAPM, AAPMR, ASA, ISIS, NASS, ASNR, ASIPP

**First Identified:** January 2012

**2020 Medicare Utilization:**

**2022 Work RVU:**  
**2022 NF PE RVU:**  
**2022 Fac PE RVU:**

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** May 2015

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Deleted from CPT

**62319** Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (including anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, includes contrast for localization when performed, epidural or subarachnoid; lumbar or sacral (caudal)

**Global:** **Issue:** Epidural Injections **Screen:** CMS High Expenditure Procedural Codes1 / Final Rule for 2015 **Complete?** Yes

**Most Recent RUC Meeting:** October 2015

**Tab:** 10

**Specialty Developing Recommendation:** AAPM, AAPMR, ASA, ISIS, NASS, ASNR, ASIPP

**First Identified:** January 2012

**2020 Medicare Utilization:**

**2022 Work RVU:**  
**2022 NF PE RVU:**  
**2022 Fac PE RVU:**

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** May 2015

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Deleted from CPT

**62320** Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, cervical or thoracic; without imaging guidance

**Global:** 000 **Issue:** Epidural Injections **Screen:** Final Rule for 2015 **Complete?** Yes

**Most Recent RUC Meeting:** October 2015

**Tab:** 10

**Specialty Developing Recommendation:** AANS, AANEM, AAPM, AAPM&R, ACR, ASIPP, ASA, ASNR, CNS, ISIS, NASS

**First Identified:** May 2015

**2020 Medicare Utilization:** 3,992

**2022 Work RVU:** 1.80  
**2022 NF PE RVU:** 2.87  
**2022 Fac PE RVU:** 0.89

**RUC Recommendation:** 1.80

**Referred to CPT** May 2015

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Decrease



# Status Report: CMS Requests and Relativity Assessment Issues

**62321** Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, cervical or thoracic; with imaging guidance (ie, fluoroscopy or ct) **Global:** 000 **Issue:** Epidural Injections **Screen:** Final Rule for 2015 **Complete?** Yes

**Most Recent RUC Meeting:** October 2015 **Tab:** 10 **Specialty Developing Recommendation:** AANS, AANEM, AAPM, AAPM&R, ACR, ASIPP, ASA, ASNR, CNS, ISIS, NASS **First Identified:** May 2015 **2020 Medicare Utilization:** 179,705 **2022 Work RVU:** 1.95 **2022 NF PE RVU:** 5.77 **2022 Fac PE RVU:** 0.99

**RUC Recommendation:** 1.95 **Referred to CPT** May 2015 **Result:** Decrease **Referred to CPT Asst** ☐ **Published in CPT Asst:**

**62322** Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, lumbar or sacral (caudal); without imaging guidance **Global:** 000 **Issue:** Epidural Injections **Screen:** Final Rule for 2015 **Complete?** Yes

**Most Recent RUC Meeting:** October 2015 **Tab:** 10 **Specialty Developing Recommendation:** AANS, AANEM, AAPM, AAPM&R, ACR, ASIPP, ASA, ASNR, CNS, ISIS, NASS **First Identified:** May 2015 **2020 Medicare Utilization:** 31,138 **2022 Work RVU:** 1.55 **2022 NF PE RVU:** 2.43 **2022 Fac PE RVU:** 0.64

**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, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, lumbar or sacral (caudal); with imaging guidance (ie, fluoroscopy or ct) **Global:** 000 **Issue:** Epidural Injections **Screen:** Final Rule for 2015 **Complete?** Yes

**Most Recent RUC Meeting:** October 2015 **Tab:** 10 **Specialty Developing Recommendation:** AANS, AANEM, AAPM, AAPM&R, ACR, ASIPP, ASA, ASNR, CNS, ISIS, NASS **First Identified:** May 2015 **2020 Medicare Utilization:** 565,221 **2022 Work RVU:** 1.80 **2022 NF PE RVU:** 5.82 **2022 Fac PE RVU:** 0.92

**RUC Recommendation:** 1.80 **Referred to CPT** May 2015 **Result:** Decrease **Referred to CPT Asst** ☐ **Published in CPT Asst:**

## Status Report: CMS Requests and Relativity Assessment Issues

**62324** Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, interlaminar epidural or subarachnoid, cervical or thoracic; without imaging guidance **Global:** 000 **Issue:** Epidural Injections **Screen:** Final Rule for 2015 **Complete?** Yes

**Most Recent**  
**RUC Meeting:** October 2015

**Tab:** 10

**Specialty Developing**  
**Recommendation:**

AANS, AANEM,  
AAPM, AAPM&R,  
ACR, ASIPP, ASA,  
ASNR, CNS, ISIS,  
NASS

**First**  
**Identified:** May 2015

**2020**  
**Medicare**  
**Utilization:** 15,111

**2022 Work RVU:** 1.89  
**2022 NF PE RVU:** 2.06  
**2022 Fac PE RVU:** 0.56

**RUC Recommendation:** 1.89

**Referred to CPT** May 2015

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Decrease

**62325** Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, interlaminar epidural or subarachnoid, cervical or thoracic; with imaging guidance (ie, fluoroscopy or ct) **Global:** 000 **Issue:** Epidural Injections **Screen:** Final Rule for 2015 **Complete?** Yes

**Most Recent**  
**RUC Meeting:** October 2015

**Tab:** 10

**Specialty Developing**  
**Recommendation:**

AANS, AANEM,  
AAPM, AAPM&R,  
ACR, ASIPP, ASA,  
ASNR, CNS, ISIS,  
NASS

**First**  
**Identified:** May 2015

**2020**  
**Medicare**  
**Utilization:** 933

**2022 Work RVU:** 2.20  
**2022 NF PE RVU:** 5.26  
**2022 Fac PE RVU:** 0.85

**RUC Recommendation:** 2.20

**Referred to CPT** May 2015

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Decrease

## Status Report: CMS Requests and Relativity Assessment Issues

**62326** Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, interlaminar epidural or subarachnoid, lumbar or sacral (caudal); without imaging guidance **Global:** 000 **Issue:** Epidural Injections **Screen:** Final Rule for 2015 **Complete?** Yes

**Most Recent RUC Meeting:** October 2015 **Tab:** 10 **Specialty Developing Recommendation:** AANS, AANEM, AAPM, AAPM&R, ACR, ASIPP, ASA, ASNR, CNS, ISIS, NASS **First Identified:** May 2015 **2020 Medicare Utilization:** 3,169 **2022 Work RVU:** 1.78 **2022 NF PE RVU:** 2.22 **2022 Fac PE RVU:** 0.57

**RUC Recommendation:** 1.78 **Referred to CPT** May 2015 **Result:** Decrease  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**62327** Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, interlaminar epidural or subarachnoid, lumbar or sacral (caudal); with imaging guidance (ie, fluoroscopy or ct) **Global:** 000 **Issue:** Epidural Injections **Screen:** Final Rule for 2015 **Complete?** Yes

**Most Recent RUC Meeting:** October 2015 **Tab:** 10 **Specialty Developing Recommendation:** AANS, AANEM, AAPM, AAPM&R, ACR, ASIPP, ASA, ASNR, CNS, ISIS, NASS **First Identified:** May 2015 **2020 Medicare Utilization:** 1,681 **2022 Work RVU:** 1.90 **2022 NF PE RVU:** 5.89 **2022 Fac PE RVU:** 0.97

**RUC Recommendation:** 1.90 **Referred to CPT** May 2015 **Result:** Decrease  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**62328** Spinal puncture, lumbar, diagnostic; with fluoroscopic or ct guidance **Global:** 000 **Issue:** Lumbar Puncture **Screen:** Different Performing Specialty from Survey **Complete?** Yes

**Most Recent RUC Meeting:** January 2019 **Tab:** 09 **Specialty Developing Recommendation:** **First Identified:** September 2018 **2020 Medicare Utilization:** 38,297 **2022 Work RVU:** 1.73 **2022 NF PE RVU:** 5.32 **2022 Fac PE RVU:** 0.62

**RUC Recommendation:** 1.95 **Referred to CPT** September 2018 **Result:** Increase  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

# Status Report: CMS Requests and Relativity Assessment Issues

**62329** Spinal puncture, therapeutic, for drainage of cerebrospinal fluid (by needle or catheter); with fluoroscopic or ct guidance **Global:** 000 **Issue:** Lumbar Puncture **Screen:** Different Performing Specialty from Survey **Complete?** Yes

**Most Recent**  
**RUC Meeting:** January 2019 **Tab:** 09 **Specialty Developing Recommendation:**

**First Identified:** September 2018 **2020 Medicare Utilization:** 1,956

**2022 Work RVU:** 2.03  
**2022 NF PE RVU:** 6.76  
**2022 Fac PE RVU:** 0.82

**RUC Recommendation:** 2.25

**Referred to CPT** September 2018  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Increase

**62350** Implantation, revision or repositioning of tunneled intrathecal or epidural catheter, for long-term medication administration via an external pump or implantable reservoir/infusion pump; without laminectomy **Global:** 010 **Issue:** Intrathecal Epidural Catheters & Pumps **Screen:** Site of Service Anomaly **Complete?** Yes

**Most Recent**  
**RUC Meeting:** October 2010 **Tab:** 67 **Specialty Developing Recommendation:** AAPM, AANS/CNS, ASA, ISIS, NASS

**First Identified:** September 2007 **2020 Medicare Utilization:** 4,328

**2022 Work RVU:** 6.05  
**2022 NF PE RVU:** NA  
**2022 Fac PE RVU:** 4.54

**RUC Recommendation:** 6.05

**Referred to CPT**  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Decrease

**62355** Removal of previously implanted intrathecal or epidural catheter **Global:** 010 **Issue:** Intrathecal Epidural Catheters & Pumps **Screen:** Site of Service Anomaly **Complete?** Yes

**Most Recent**  
**RUC Meeting:** October 2010 **Tab:** 67 **Specialty Developing Recommendation:** AAPM, AANS/CNS, ASA, ISIS, NASS

**First Identified:** September 2007 **2020 Medicare Utilization:** 899

**2022 Work RVU:** 3.55  
**2022 NF PE RVU:** NA  
**2022 Fac PE RVU:** 3.75

**RUC Recommendation:** 4.35

**Referred to CPT**  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Decrease

**62360** Implantation or replacement of device for intrathecal or epidural drug infusion; subcutaneous reservoir **Global:** 010 **Issue:** Intrathecal Epidural Catheters & Pumps **Screen:** Site of Service Anomaly **Complete?** Yes

**Most Recent**  
**RUC Meeting:** October 2010 **Tab:** 67 **Specialty Developing Recommendation:** AAPMR, ASA, NASS, AAPM, AANS/CNS

**First Identified:** April 2008 **2020 Medicare Utilization:** 182

**2022 Work RVU:** 4.33  
**2022 NF PE RVU:** NA  
**2022 Fac PE RVU:** 4.23

**RUC Recommendation:** 4.33

**Referred to CPT**  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Decrease

## Status Report: CMS Requests and Relativity Assessment Issues

**62361** Implantation or replacement of device for intrathecal or epidural drug infusion; nonprogrammable pump **Global:** 010 **Issue:** Intrathecal Epidural Catheters & Pumps **Screen:** Site of Service Anomaly **Complete?** Yes

**Most Recent RUC Meeting:** October 2010

**Tab:** 67

**Specialty Developing Recommendation:**

AAPM, AANS/CNS, ASA, ISIS, NASS

**First Identified:** April 2008

**2020 Medicare Utilization:** 16

**2022 Work RVU:** 5.00

**2022 NF PE RVU:** NA

**2022 Fac PE RVU:** 6.00

**RUC Recommendation:** 5.65

**Referred to CPT**

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Decrease

**62362** Implantation or replacement of device for intrathecal or epidural drug infusion; programmable pump, including preparation of pump, with or without programming **Global:** 010 **Issue:** Intrathecal Epidural Catheters & Pumps **Screen:** Site of Service Anomaly **Complete?** Yes

**Most Recent RUC Meeting:** October 2010

**Tab:** 67

**Specialty Developing Recommendation:**

AAPM, AANS/CNS, ASA, ISIS, NASS

**First Identified:** September 2007

**2020 Medicare Utilization:** 6,365

**2022 Work RVU:** 5.60

**2022 NF PE RVU:** NA

**2022 Fac PE RVU:** 4.53

**RUC Recommendation:** 6.10

**Referred to CPT**

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Decrease

**62365** Removal of subcutaneous reservoir or pump, previously implanted for intrathecal or epidural infusion **Global:** 010 **Issue:** Intrathecal Epidural Catheters & Pumps **Screen:** Site of Service Anomaly **Complete?** Yes

**Most Recent RUC Meeting:** October 2010

**Tab:** 67

**Specialty Developing Recommendation:**

AAPMR, ASA, NASS, AAPM, AANS/CNS

**First Identified:** September 2007

**2020 Medicare Utilization:** 1,020

**2022 Work RVU:** 3.93

**2022 NF PE RVU:** NA

**2022 Fac PE RVU:** 3.89

**RUC Recommendation:** 4.65

**Referred to CPT**

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Decrease

## Status Report: CMS Requests and Relativity Assessment Issues

**62367** Electronic analysis of programmable, implanted pump for intrathecal or epidural drug infusion (includes evaluation of reservoir status, alarm status, drug prescription status); without reprogramming or refill **Global:** XXX **Issue:** Electronic Analysis Implanted Pump (PE Only) **Screen:** Different Performing Specialty from Survey **Complete?** Yes

**Most Recent RUC Meeting:** April 2018

**Tab:** 14 **Specialty Developing Recommendation:** AAPM, AAPMR, ASA, SIS

**First Identified:** October 2009

**2020 Medicare Utilization:** 7,561

**2022 Work RVU:** 0.48

**2022 NF PE RVU:** 0.39

**2022 Fac PE RVU:** 0.19

**RUC Recommendation:** New PE inputs. 0.48

**Referred to CPT** October 2010

**Result:** Maintain

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**62368** Electronic analysis of programmable, implanted pump for intrathecal or epidural drug infusion (includes evaluation of reservoir status, alarm status, drug prescription status); with reprogramming **Global:** XXX **Issue:** Electronic Analysis Implanted Pump (PE Only) **Screen:** Different Performing Specialty from Survey / Codes Reported Together 75% or More-Part1 **Complete?** Yes

**Most Recent RUC Meeting:** April 2018

**Tab:** 14 **Specialty Developing Recommendation:** AAPM, AAPMR, ASA, SIS

**First Identified:** October 2009

**2020 Medicare Utilization:** 33,073

**2022 Work RVU:** 0.67

**2022 NF PE RVU:** 0.55

**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 drug infusion (includes evaluation of reservoir status, alarm status, drug prescription status); with reprogramming and refill **Global:** XXX **Issue:** Electronic Analysis Implanted Pump (PE Only) **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

**Most Recent RUC Meeting:** April 2018

**Tab:** 14 **Specialty Developing Recommendation:** AAPM, AAPMR, ASA, SIS

**First Identified:** October 2010

**2020 Medicare Utilization:** 27,725

**2022 Work RVU:** 0.67

**2022 NF PE RVU:** 2.00

**2022 Fac PE RVU:** 0.28

**RUC Recommendation:** New PE inputs. 0.67

**Referred to CPT** October 2010

**Result:** Decrease

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

# Status Report: CMS Requests and Relativity Assessment Issues

**62370** Electronic analysis of programmable, implanted pump for intrathecal or epidural drug infusion (includes evaluation of reservoir status, alarm status, drug prescription status); with reprogramming and refill (requiring skill of a physician or other qualified health care professional) **Global:** XXX **Issue:** Electronic Analysis Implanted Pump (PE Only) **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

**Most Recent RUC Meeting:** April 2018

**Tab:** 14

**Specialty Developing Recommendation:** AAPM, AAPMR, ASA, SIS

**First Identified:** October 2010

**2020 Medicare Utilization:** 100,936

**2022 Work RVU:** 0.90

**2022 NF PE RVU:** 1.78

**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 partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc; 1 interspace, cervical **Global:** 090 **Issue:** Lumbar Laminotomy with Decompression **Screen:** Site of Service Anomaly - 2018 **Complete?** Yes

**Most Recent RUC Meeting:** January 2022

**Tab:** 17

**Specialty Developing Recommendation:** AANS, AAOS, CNS, ISASS, NASS

**First Identified:** January 2022

**2020 Medicare Utilization:** 1,043

**2022 Work RVU:** 16.20

**2022 NF PE RVU:** NA

**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 partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc; 1 interspace, lumbar **Global:** 090 **Issue:** Lumbar Laminotomy with Decompression **Screen:** Pre-Time Analysis / Site of Service Anomaly - 2018 **Complete?** Yes

**Most Recent RUC Meeting:** January 2022

**Tab:** 17

**Specialty Developing Recommendation:** AANS, AAOS, CNS, ISASS, NASS

**First Identified:** January 2014

**2020 Medicare Utilization:** 22,190

**2022 Work RVU:** 13.18

**2022 NF PE RVU:** NA

**2022 Fac PE RVU:** 11.76

**RUC Recommendation:** 13.18

**Referred to CPT** September 2021

**Result:** Maintain

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

## Status Report: CMS Requests and Relativity Assessment Issues

<b>63035</b>	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc; each additional interspace, cervical or lumbar (list separately in addition to code for primary procedure)	<b>Global:</b> ZZZ	<b>Issue:</b> Lumbar Laminotomy with Decompression	<b>Screen:</b> Site of Service Anomaly - 2018	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2022	<b>Tab:</b> 17	<b>Specialty Developing Recommendation:</b> AANS, AAOS, CNS, ISASS, NASS	<b>First Identified:</b> January 2022	<b>2020 Medicare Utilization:</b> 5,431	<b>2022 Work RVU:</b> 3.15 <b>2022 NF PE RVU:</b> NA <b>2022 Fac PE RVU:</b> 1.54
<b>RUC Recommendation:</b> 4.00			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b> Increase
<b>63042</b>	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc, reexploration, single interspace; lumbar	<b>Global:</b> 090	<b>Issue:</b> RAW	<b>Screen:</b> Pre-Time Analysis	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> September 2014	<b>Tab:</b> 21	<b>Specialty Developing Recommendation:</b> AANS, AAOS, NASS	<b>First Identified:</b> January 2014	<b>2020 Medicare Utilization:</b> 9,447	<b>2022 Work RVU:</b> 18.76 <b>2022 NF PE RVU:</b> NA <b>2022 Fac PE RVU:</b> 14.36
<b>RUC Recommendation:</b> Maintain work RVU and adjust the times from pre-time package 4.			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b> Maintain
<b>63045</b>	Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; cervical	<b>Global:</b> 090	<b>Issue:</b> Laminectomy	<b>Screen:</b> CMS Request - Final Rule for 2014	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> September 2014	<b>Tab:</b> 16	<b>Specialty Developing Recommendation:</b>	<b>First Identified:</b> November 2013	<b>2020 Medicare Utilization:</b> 10,007	<b>2022 Work RVU:</b> 17.95 <b>2022 NF PE RVU:</b> NA <b>2022 Fac PE RVU:</b> 14.31
<b>RUC Recommendation:</b> 17.95			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b> Maintain



## Status Report: CMS Requests and Relativity Assessment Issues

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<b>63046</b>	Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; thoracic	<b>Global:</b> 090	<b>Issue:</b> Laminectomy	<b>Screen:</b> CMS Request - Final Rule for 2014	<b>Complete?</b> Yes
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**Most Recent RUC Meeting:** September 2014

**Tab:** 16 **Specialty Developing Recommendation:**

**First Identified:** November 2013

**2020 Medicare Utilization:** 3,965

**2022 Work RVU:** 17.25

**2022 NF PE RVU:** NA

**2022 Fac PE RVU:** 13.80

**RUC Recommendation:** 17.25

**Referred to CPT**

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Maintain

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<b>63047</b>	Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; lumbar	<b>Global:</b> 090	<b>Issue:</b> Laminectomy	<b>Screen:</b> CMS High Expenditure Procedural Codes1	<b>Complete?</b> Yes
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**Most Recent RUC Meeting:** January 2013

**Tab:** 24 **Specialty Developing Recommendation:** NASS, AANS

**First Identified:** September 2011

**2020 Medicare Utilization:** 83,353

**2022 Work RVU:** 15.37

**2022 NF PE RVU:** NA

**2022 Fac PE RVU:** 12.81

**RUC Recommendation:** 15.37

**Referred to CPT**

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Maintain

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<b>63048</b>	Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; each additional vertebral segment, cervical, thoracic, or lumbar (list separately in addition to code for primary procedure)	<b>Global:</b> ZZZ	<b>Issue:</b> Laminectomy	<b>Screen:</b> CMS High Expenditure Procedural Codes1	<b>Complete?</b> Yes
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**Most Recent RUC Meeting:** January 2013

**Tab:** 24 **Specialty Developing Recommendation:** NASS, AANS

**First Identified:** January 2012

**2020 Medicare Utilization:** 108,554

**2022 Work RVU:** 3.47

**2022 NF PE RVU:** NA

**2022 Fac PE RVU:** 1.70

**RUC Recommendation:** 3.47

**Referred to CPT**

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Maintain

## Status Report: CMS Requests and Relativity Assessment Issues

**63056** Transpedicular approach with decompression of spinal cord, equina and/or nerve root(s) (eg, herniated intervertebral disc), single segment; lumbar (including transfacet, or lateral extraforaminal approach) (eg, far lateral herniated intervertebral disc) **Global:** 090 **Issue:** RAW **Screen:** CMS Fastest Growing / CPT Assistant Analysis **Complete?** Yes

**Most Recent RUC Meeting:** October 2015

**Tab:** 21 **Specialty Developing Recommendation:** NASS, AANS

**First Identified:** October 2008

**2020 Medicare Utilization:** 4,943

**2022 Work RVU:** 21.86

**2022 NF PE RVU:** NA

**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), including osteophytectomy; cervical, single interspace **Global:** 090 **Issue:** Arthrodesis Including Discectomy **Screen:** Codes Reported Together 95% or More **Complete?** Yes

**Most Recent RUC Meeting:** February 2010

**Tab:** 5 **Specialty Developing Recommendation:** NASS, AANS/CNS

**First Identified:** February 2008

**2020 Medicare Utilization:** 346

**2022 Work RVU:** 19.60

**2022 NF PE RVU:** NA

**2022 Fac PE RVU:** 14.70

**RUC Recommendation:** 19.60

**Referred to CPT** October 2009

**Result:** Maintain

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**63076** Discectomy, anterior, with decompression of spinal cord and/or nerve root(s), including osteophytectomy; cervical, each additional interspace (list separately in addition to code for primary procedure) **Global:** ZZZ **Issue:** Arthrodesis Including Discectomy **Screen:** Codes Reported Together 95% or More **Complete?** Yes

**Most Recent RUC Meeting:** February 2010

**Tab:** 5 **Specialty Developing Recommendation:** NASS, AANS/CNS

**First Identified:**

**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:**

## Status Report: CMS Requests and Relativity Assessment Issues

**63081** Vertebral corpectomy (vertebral body resection), partial or complete, anterior approach with decompression of spinal cord and/or nerve root(s); cervical, single segment **Global:** 090 **Issue:** RAW **Screen:** Codes Reported Together 75% or More-Part5 **Complete?** No

**Most Recent RUC Meeting:** September 2022 **Tab:** 13 **Specialty Developing Recommendation:** AANS, AAOS, CNS, ISASS, NASS **First Identified:** April 2022 **2020 Medicare Utilization:** 4,386 **2022 Work RVU:** 26.10 **2022 NF PE RVU:** NA **2022 Fac PE RVU:** 17.99

**RUC Recommendation:** Refer to CPT Assistant

**Referred to CPT**

**Referred to CPT Asst** ☒ **Published in CPT Asst:**

**Result:**

**63090** Vertebral corpectomy (vertebral body resection), partial or complete, transperitoneal or retroperitoneal approach with decompression of spinal cord, cauda equina or nerve root(s), lower thoracic, lumbar, or sacral; single segment **Global:** 090 **Issue:** Vertebral Corpectomy with Arthrodesis **Screen:** Codes Reported Together 75% or More-Part3 **Complete?** Yes

**Most Recent RUC Meeting:** September 2022 **Tab:** 13 **Specialty Developing Recommendation:** AAOS, AANS **First Identified:** January 2015 **2020 Medicare Utilization:** 738 **2022 Work RVU:** 30.93 **2022 NF PE RVU:** NA **2022 Fac PE RVU:** 18.90

**RUC Recommendation:** Maintain

**Referred to CPT** September 2016

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Maintain

**63620** Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); 1 spinal lesion **Global:** 090 **Issue:** Stereotactic Radiosurgery **Screen:** CMS Request - 2009 Final Rule **Complete?** Yes

**Most Recent RUC Meeting:** February 2009 **Tab:** 38 **Specialty Developing Recommendation:** **First Identified:** NA **2020 Medicare Utilization:** 570 **2022 Work RVU:** 15.60 **2022 NF PE RVU:** NA **2022 Fac PE RVU:** 11.88

**RUC Recommendation:** 15.50

**Referred to CPT**

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Decrease

# Status Report: CMS Requests and Relativity Assessment Issues

**63621** Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); each additional spinal lesion (list separately in addition to code for primary procedure) **Global:** ZZZ **Issue:** Stereotactic Radiosurgery **Screen:** CMS Request - 2009 Final Rule **Complete?** Yes

**Most Recent RUC Meeting:** February 2009

**Tab:** 38

**Specialty Developing Recommendation:**

**First Identified:** NA

**2020 Medicare Utilization:** 177

**2022 Work RVU:** 4.00

**2022 NF PE RVU:** NA

**2022 Fac PE RVU:** 1.91

**RUC Recommendation:** 4.00

**Referred to CPT**

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

**Result:** Decrease

**63650** Percutaneous implantation of neurostimulator electrode array, epidural

**Global:** 010

**Issue:** Percutaneous implantation of neurostimulator

**Screen:** Site of Service Anomaly / CMS Fastest Growing / CMS Request - Final Rule for 2013 / PE Units Screen

**Complete?** Yes

**Most Recent RUC Meeting:** October 2020

**Tab:** 24

**Specialty Developing Recommendation:** AAPM, AANS/CNS, ASA, ISIS, NASS

**First Identified:** September 2007

**2020 Medicare Utilization:** 76,274

**2022 Work RVU:** 7.15

**2022 NF PE RVU:** 62.84

**2022 Fac PE RVU:** 4.23

**RUC Recommendation:** 7.20. New PE Inputs

**Referred to CPT**

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

**Result:** Decrease

**63655** Laminectomy for implantation of neurostimulator electrodes, plate/paddle, epidural

**Global:** 090

**Issue:** Neurostimulator (Spinal)

**Screen:** CMS Fastest Growing

**Complete?** Yes

**Most Recent RUC Meeting:** April 2009

**Tab:** 17

**Specialty Developing Recommendation:** NASS, AANS

**First Identified:** October 2008

**2020 Medicare Utilization:** 6,648

**2022 Work RVU:** 10.92

**2022 NF PE RVU:** NA

**2022 Fac PE RVU:** 10.41

**RUC Recommendation:** 11.43

**Referred to CPT**

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

**Result:** Maintain

# Status Report: CMS Requests and Relativity Assessment Issues

**63660** Deleted from CPT

**Global:**

**Issue:** Neurostimulator (Spinal)

**Screen:** Site of Service Anomaly /  
CMS Fastest Growing

**Complete?** Yes

**Most Recent  
RUC Meeting:** April 2009

**Tab:** 17

**Specialty Developing  
Recommendation:**

AAPM,  
AANS/CNS, ASA,  
ISIS, NASS

**First  
Identified:** September 2007

**2020  
Medicare  
Utilization:**

**2022 Work RVU:**

**2022 NF PE RVU:**

**2022 Fac PE RVU:**

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** October 2008

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Deleted from CPT

**63661** Removal of spinal neurostimulator electrode percutaneous array(s), including fluoroscopy, when performed

**Global:** 010

**Issue:** Neurostimulator (Spinal)

**Screen:** Site of Service Anomaly /  
CMS Fastest Growing

**Complete?** Yes

**Most Recent  
RUC Meeting:** April 2009

**Tab:** 17

**Specialty Developing  
Recommendation:**

ISIS, NASS,  
AANS/CNS, ASA,  
AAPM

**First  
Identified:** April 2008

**2020  
Medicare  
Utilization:** 3,183

**2022 Work RVU:** 5.08

**2022 NF PE RVU:** 14.57

**2022 Fac PE RVU:** 3.66

**RUC Recommendation:** 5.03

**Referred to CPT**

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Decrease

**63662** Removal of spinal neurostimulator electrode plate/paddle(s) placed via laminotomy or laminectomy, including fluoroscopy, when performed

**Global:** 090

**Issue:** Neurostimulator (Spinal)

**Screen:** Site of Service Anomaly /  
CMS Fastest Growing

**Complete?** Yes

**Most Recent  
RUC Meeting:** April 2009

**Tab:** 17

**Specialty Developing  
Recommendation:**

ISIS, NASS,  
AANS/CNS, ASA,  
AAPM

**First  
Identified:** April 2008

**2020  
Medicare  
Utilization:** 2,049

**2022 Work RVU:** 11.00

**2022 NF PE RVU:** NA

**2022 Fac PE RVU:** 10.58

**RUC Recommendation:** 10.87

**Referred to CPT**

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Decrease

**63663** Revision including replacement, when performed, of spinal neurostimulator electrode percutaneous array(s), including fluoroscopy, when performed

**Global:** 010

**Issue:** Neurostimulator (Spinal)

**Screen:** Site of Service Anomaly /  
CMS Fastest Growing

**Complete?** Yes

**Most Recent  
RUC Meeting:** April 2009

**Tab:** 17

**Specialty Developing  
Recommendation:**

ISIS, NASS,  
AANS/CNS, ASA,  
AAPM

**First  
Identified:** April 2008

**2020  
Medicare  
Utilization:** 1,472

**2022 Work RVU:** 7.75

**2022 NF PE RVU:** 18.26

**2022 Fac PE RVU:** 4.45

**RUC Recommendation:** 70

**Referred to CPT**

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Decrease

## Status Report: CMS Requests and Relativity Assessment Issues

**63664** Revision including replacement, when performed, of spinal neurostimulator electrode plate/paddle(s) placed via laminotomy or laminectomy, including fluoroscopy, when performed **Global:** 090 **Issue:** Neurostimulator (Spinal) **Screen:** Site of Service Anomaly / CMS Fastest Growing **Complete?** Yes

**Most Recent RUC Meeting:** April 2009

**Tab:** 17

**Specialty Developing Recommendation:** ISIS, NASS, AANS/CNS, ASA, AAPM

**First Identified:** April 2008

**2020 Medicare Utilization:** 580

**2022 Work RVU:** 11.52

**2022 NF PE RVU:** NA

**2022 Fac PE RVU:** 10.88

**RUC Recommendation:** 11.39

**Referred to CPT**

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Decrease

**63685** Insertion or replacement of spinal neurostimulator pulse generator or receiver, direct or inductive coupling **Global:** 010 **Issue:** Spinal Neurostimulator **Screen:** Site of Service Anomaly / CMS Fastest Growing / High Volume Growth7 **Complete?** Yes

**Most Recent RUC Meeting:** September 2022

**Tab:** 04

**Specialty Developing Recommendation:** AANS, AAPM, AAPM&R, ASA, ASIPP, CNS, NANS, NASS, SIS

**First Identified:** September 2007

**2020 Medicare Utilization:** 24,783

**2022 Work RVU:** 5.19

**2022 NF PE RVU:** NA

**2022 Fac PE RVU:** 4.43

**RUC Recommendation:** 5.19

**Referred to CPT**

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Decrease

**63688** Revision or removal of implanted spinal neurostimulator pulse generator or receiver **Global:** 010 **Issue:** Spinal Neurostimulator **Screen:** Site of Service Anomaly **Complete?** Yes

**Most Recent RUC Meeting:** September 2022

**Tab:** 04

**Specialty Developing Recommendation:** AANS, AAPM, AAPM&R, ASA, ASIPP, CNS, NANS, NASS, SIS

**First Identified:** September 2007

**2020 Medicare Utilization:** 6,983

**2022 Work RVU:** 5.30

**2022 NF PE RVU:** NA

**2022 Fac PE RVU:** 4.57

**RUC Recommendation:** 4.35

**Referred to CPT**

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Decrease

# Status Report: CMS Requests and Relativity Assessment Issues

**64400** Injection(s), anesthetic agent(s) and/or steroid; trigeminal nerve, each branch (ie, ophthalmic, maxillary, mandibular) **Global:** 000 **Issue:** Somatic Nerve Injections **Screen:** Added as part of family **Complete?** Yes

**Most Recent RUC Meeting:** October 2021

**Tab:** 05

**Specialty Developing Recommendation:** AAN, AAPM&R, AAPM, NANS, SIS

**First Identified:** October 2021

**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

**Referred to CPT**

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

**Result:** Decrease

**64405** Injection(s), anesthetic agent(s) and/or steroid; greater occipital nerve

**Global:** 000

**Issue:** Somatic Nerve Injections

**Screen:** CMS 000-Day Global Typically Reported with an E/M

**Complete?** Yes

**Most Recent RUC Meeting:** October 2021

**Tab:** 05

**Specialty Developing Recommendation:** AAN, AAPM, AAPM&R, NANS, SIS

**First Identified:** July 2016

**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

**Referred to CPT**

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

**Result:** Maintain

**64408** Injection(s), anesthetic agent(s) and/or steroid; vagus nerve

**Global:** 000

**Issue:** Somatic Nerve Injections

**Screen:** Added as part of family

**Complete?** Yes

**Most Recent RUC Meeting:** October 2021

**Tab:** 05

**Specialty Developing Recommendation:** AAPM, NANS, SIS

**First Identified:** October 2021

**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

**Referred to CPT**

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

**Result:** Decrease

**64412** Injection, anesthetic agent; spinal accessory nerve

**Global:**

**Issue:** Anesthetic Injection – Spinal Nerve

**Screen:** High Volume Growth2

**Complete?** Yes

**Most Recent RUC Meeting:** April 2014

**Tab:** 36

**Specialty Developing Recommendation:** AAN, ASA, AAPMR, ISIS

**First Identified:** April 2013

**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** ☒

**Published in CPT Asst:** FAQ Sept 2015

**Result:** Deleted from CPT

## Status Report: CMS Requests and Relativity Assessment Issues

**64415** Injection(s), anesthetic agent(s) and/or steroid; brachial plexus, including imaging guidance, when performed **Global:** 000 **Issue:** Somatic Nerve Injections **Screen:** CMS Fastest Growing **Complete?** Yes

**Most Recent RUC Meeting:** October 2021 **Tab:** 05 **Specialty Developing Recommendation:** AAPM, ASA **First Identified:** October 2008 **2020 Medicare Utilization:** 179,440 **2022 Work RVU:** 1.35 **2022 NF PE RVU:** 1.89 **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

**64416** Injection(s), anesthetic agent(s) and/or steroid; brachial plexus, continuous infusion by catheter (including catheter placement), including imaging guidance, when performed **Global:** 000 **Issue:** Somatic Nerve Injections **Screen:** Site of Service Anomaly / High Volume Growth2 **Complete?** Yes

**Most Recent RUC Meeting:** October 2021 **Tab:** 05 **Specialty Developing Recommendation:** AAPM, ASA **First Identified:** September 2007 **2020 Medicare Utilization:** 14,758 **2022 Work RVU:** 1.48 **2022 NF PE RVU:** NA **2022 Fac PE RVU:** 0.27  
**RUC Recommendation:** 1.80 **Referred to CPT** May 2021 **Result:** Decrease  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**64417** Injection(s), anesthetic agent(s) and/or steroid; axillary nerve, including imaging guidance, when performed **Global:** 000 **Issue:** Somatic Nerve Injections **Screen:** part of New/Revised Review **Complete?** Yes

**Most Recent RUC Meeting:** October 2021 **Tab:** 05 **Specialty Developing Recommendation:** AAPM, ASA **First Identified:** October 2018 **2020 Medicare Utilization:** 15,139 **2022 Work RVU:** 1.27 **2022 NF PE RVU:** 2.80 **2022 Fac PE RVU:** 0.40  
**RUC Recommendation:** 1.31 **Referred to CPT** May 2021 **Result:** Decrease  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**



# Status Report: CMS Requests and Relativity Assessment Issues

**64418** Injection(s), anesthetic agent(s) and/or steroid; suprascapular nerve **Global:** 000 **Issue:** Somatic Nerve Injections **Screen:** Harvard Valued - Utilization over 30,000-Part2 **Complete?** Yes

**Most Recent RUC Meeting:** October 2021

**Tab:** 05 **Specialty Developing Recommendation:** AAPM, SIS

**First Identified:** October 2015

**2020 Medicare Utilization:** 29,410

**2022 Work RVU:** 1.10  
**2022 NF PE RVU:** 1.40  
**2022 Fac PE RVU:** 0.43

**RUC Recommendation:** 1.10

**Referred to CPT**  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Decrease

**64420** Injection(s), anesthetic agent(s) and/or steroid; intercostal nerve, single level **Global:** 000 **Issue:** Somatic Nerve Injections **Screen:** Added as part of family **Complete?** Yes

**Most Recent RUC Meeting:** October 2021

**Tab:** 05 **Specialty Developing Recommendation:** AAPM, AAPM&R, NANS, SIS

**First Identified:** October 2021

**2020 Medicare Utilization:** 18,096

**2022 Work RVU:** 1.08  
**2022 NF PE RVU:** 1.71  
**2022 Fac PE RVU:** 0.54

**RUC Recommendation:** 1.18

**Referred to CPT**  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Maintain

**64421** Injection(s), anesthetic agent(s) and/or steroid; intercostal nerve, each additional level (list separately in addition to code for primary procedure) **Global:** ZZZ **Issue:** Somatic Nerve Injections **Screen:** Added as part of family **Complete?** Yes

**Most Recent RUC Meeting:** October 2021

**Tab:** 05 **Specialty Developing Recommendation:** AAPM, AAPM&R, NANS, SIS

**First Identified:** October 2021

**2020 Medicare Utilization:** 16,120

**2022 Work RVU:** 0.50  
**2022 NF PE RVU:** 0.43  
**2022 Fac PE RVU:** 0.18

**RUC Recommendation:** 0.60

**Referred to CPT**  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Decrease

**64425** Injection(s), anesthetic agent(s) and/or steroid; ilioinguinal, iliohypogastric nerves **Global:** 000 **Issue:** Somatic Nerve Injections **Screen:** Added as part of family **Complete?** Yes

**Most Recent RUC Meeting:** October 2021

**Tab:** 05 **Specialty Developing Recommendation:** AAPM, AAPM&R, NANS, SIS

**First Identified:** October 2021

**2020 Medicare Utilization:** 6,884

**2022 Work RVU:** 1.00  
**2022 NF PE RVU:** 2.23  
**2022 Fac PE RVU:** 0.51

**RUC Recommendation:** 1.19

**Referred to CPT**  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Decrease

# Status Report: CMS Requests and Relativity Assessment Issues

**64430** Injection(s), anesthetic agent(s) and/or steroid; pudendal nerve **Global:** 000 **Issue:** Somatic Nerve Injections **Screen:** Added as part of family **Complete?** Yes

**Most Recent RUC Meeting:** October 2021 **Tab:** 05 **Specialty Developing Recommendation:** AAPM, ACOG, NANS, SIS **First Identified:** October 2021 **2020 Medicare Utilization:** 3,768 **2022 Work RVU:** 1.00 **2022 NF PE RVU:** 1.83 **2022 Fac PE RVU:** 0.48 **RUC Recommendation:** 1.15 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

**64435** Injection(s), anesthetic agent(s) and/or steroid; paracervical (uterine) nerve **Global:** 000 **Issue:** Somatic Nerve Injections **Screen:** Added as part of family **Complete?** Yes

**Most Recent RUC Meeting:** October 2021 **Tab:** 05 **Specialty Developing Recommendation:** AAPM, ACOG, NANS, SIS **First Identified:** October 2021 **2020 Medicare Utilization:** 30 **2022 Work RVU:** 0.75 **2022 NF PE RVU:** 1.56 **2022 Fac PE RVU:** 0.41 **RUC Recommendation:** 0.75 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

**64445** Injection(s), anesthetic agent(s) and/or steroid; sciatic nerve, including imaging guidance, when performed **Global:** 000 **Issue:** Somatic Nerve Injections **Screen:** CMS Fastest Growing **Complete?** Yes

**Most Recent RUC Meeting:** October 2021 **Tab:** 05 **Specialty Developing Recommendation:** AAPM, AAPM&R, ASA **First Identified:** October 2008 **2020 Medicare Utilization:** 120,873 **2022 Work RVU:** 1.00 **2022 NF PE RVU:** 2.66 **2022 Fac PE RVU:** 0.47 **RUC Recommendation:** 1.39 **Referred to CPT** **Referred to CPT Asst** ☒ **Published in CPT Asst:** Dec 2011 & Apr 2012 **Result:** Decrease

**64446** Injection(s), anesthetic agent(s) and/or steroid; sciatic nerve, continuous infusion by catheter (including catheter placement), including imaging guidance, when performed **Global:** 000 **Issue:** Somatic Nerve Injections **Screen:** Site of Service Anomaly / High Volume Growth1 **Complete?** Yes

**Most Recent RUC Meeting:** October 2021 **Tab:** 05 **Specialty Developing Recommendation:** AAPM, ASA **First Identified:** February 2008 **2020 Medicare Utilization:** 5,151 **2022 Work RVU:** 1.36 **2022 NF PE RVU:** NA **2022 Fac PE RVU:** 0.25 **RUC Recommendation:** 1.75 **Referred to CPT** May 2021 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

# Status Report: CMS Requests and Relativity Assessment Issues

**64447** Injection(s), anesthetic agent(s) and/or steroid; femoral nerve, including imaging guidance, when performed **Global:** 000 **Issue:** Somatic Nerve Injections **Screen:** CMS Fastest Growing / Codes Reported Together 75% or More-Part5 **Complete?** Yes

**Most Recent RUC Meeting:** October 2021

**Tab:** 05 **Specialty Developing Recommendation:** AAPM, ASA

**First Identified:** October 2008

**2020 Medicare Utilization:** 257,364

**2022 Work RVU:** 1.10  
**2022 NF PE RVU:** 1.44  
**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 infusion by catheter (including catheter placement), including imaging guidance, when performed **Global:** 000 **Issue:** Somatic Nerve Injections **Screen:** Site of Service Anomaly / High Volume Growth1 / CMS Fastest Growing / High Volume Growth2 **Complete?** Yes

**Most Recent RUC Meeting:** October 2021

**Tab:** 05 **Specialty Developing Recommendation:** AAPM, ASA

**First Identified:** February 2008

**2020 Medicare Utilization:** 31,899

**2022 Work RVU:** 1.41  
**2022 NF PE RVU:** NA  
**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 approach, continuous infusion by catheter (including catheter placement) **Global:** 000 **Issue:** Somatic Nerve Injections **Screen:** Site of Service Anomaly **Complete?** Yes

**Most Recent RUC Meeting:** October 2021

**Tab:** 05 **Specialty Developing Recommendation:** AAPM, NANS, SIS

**First Identified:** September 2007

**2020 Medicare Utilization:** 1,353

**2022 Work RVU:** 1.27  
**2022 NF PE RVU:** NA  
**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:**

## Status Report: CMS Requests and Relativity Assessment Issues

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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 - Utilization over 100,000 / Harvard-Valued Annual Allowed Charges Greater than \$10 million / High Volume Growth4    **Complete?** Yes

**Most Recent RUC Meeting:** October 2021

**Tab:** 05

**Specialty Developing Recommendation:** AAPM, AAPM&R, APMA, NANS, SIS

**First Identified:** October 2009

**2020 Medicare Utilization:** 345,018

**2022 Work RVU:** 0.75

**2022 NF PE RVU:** 1.42

**2022 Fac PE RVU:** 0.40

**RUC Recommendation:** 0.75

**Referred to CPT**

**Referred to CPT Asst** ☒

**Published in CPT Asst:** Jan 2013

**Result:** Maintain

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**64451** Injection(s), anesthetic agent(s) and/or steroid; nerves innervating the sacroiliac joint, with image guidance (ie, fluoroscopy or computed tomography)    **Global:** 000    **Issue:** Somatic Nerve Injections    **Screen:** Added as part of family    **Complete?** Yes

**Most Recent RUC Meeting:** October 2021

**Tab:** 05

**Specialty Developing Recommendation:** AAPM, AAPM&R, NANS, SIS

**First Identified:** October 2021

**2020 Medicare Utilization:** 18,395

**2022 Work RVU:** 1.52

**2022 NF PE RVU:** 5.27

**2022 Fac PE RVU:** 0.73

**RUC Recommendation:** 1.52

**Referred to CPT**

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

**Result:** Maintain

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**64454** Injection(s), anesthetic agent(s) and/or steroid; genicular nerve branches, including imaging guidance, when performed    **Global:** 000    **Issue:** Somatic Nerve Injections    **Screen:** Added as part of family    **Complete?** Yes

**Most Recent RUC Meeting:** October 2021

**Tab:** 05

**Specialty Developing Recommendation:** AAPM, NANS, SIS

**First Identified:** October 2021

**2020 Medicare Utilization:** 26,332

**2022 Work RVU:** 1.52

**2022 NF PE RVU:** 5.05

**2022 Fac PE RVU:** 0.74

**RUC Recommendation:** 1.52

**Referred to CPT**

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

**Result:** Maintain

## Status Report: CMS Requests and Relativity Assessment Issues

**64455** Injection(s), anesthetic agent(s) and/or steroid; plantar common digital nerve(s) (eg, morton's neuroma) **Global:** 000 **Issue:** Somatic Nerve Injections **Screen:** High Volume Growth4 / CMS 000-Day Global Typically Reported with an E/M **Complete?** Yes

**Most Recent RUC Meeting:** October 2021

**Tab:** 05

**Specialty Developing Recommendation:** AAPM, APMA, NANS, SIS

**First Identified:** October 2016

**2020 Medicare Utilization:** 61,227

**2022 Work RVU:** 0.75

**2022 NF PE RVU:** 0.65

**2022 Fac PE RVU:** 0.17

**RUC Recommendation:** 0.75

**Referred to CPT**

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Maintain

**64461** Paravertebral block (pvb) (paraspinous block), thoracic; single injection site (includes imaging guidance, when performed) **Global:** 000 **Issue:** Paravertebral Block Injection **Screen:** New code for CPT 2016. **Complete?** Yes

**Most Recent RUC Meeting:** April 2015

**Tab:** 10

**Specialty Developing Recommendation:** ASA

**First Identified:** April 2015

**2020 Medicare Utilization:** 5,928

**2022 Work RVU:** 1.75

**2022 NF PE RVU:** 2.14

**2022 Fac PE RVU:** 0.38

**RUC Recommendation:** CPT Assistant article published Jan 2016

**Referred to CPT**

**Referred to CPT Asst** ☒ **Published in CPT Asst:** Jan 2016

**Result:** Not Part of RAW

**64462** Paravertebral block (pvb) (paraspinous block), thoracic; second and any additional injection site(s) (includes imaging guidance, when performed) (list separately in addition to code for primary procedure) **Global:** ZZZ **Issue:** Paravertebral Block Injection **Screen:** New code for CPT 2016. **Complete?** Yes

**Most Recent RUC Meeting:** April 2015

**Tab:** 10

**Specialty Developing Recommendation:** ASA

**First Identified:** April 2015

**2020 Medicare Utilization:** 1,686

**2022 Work RVU:** 1.10

**2022 NF PE RVU:** 0.97

**2022 Fac PE RVU:** 0.24

**RUC Recommendation:** CPT Assistant article published Jan 2016

**Referred to CPT**

**Referred to CPT Asst** ☒ **Published in CPT Asst:** Jan 2016

**Result:** Not Part of RAW

## Status Report: CMS Requests and Relativity Assessment Issues

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**64463** Paravertebral block (pvb) (paraspinous block), thoracic; continuous infusion by catheter (includes imaging guidance, when performed) **Global:** 000 **Issue:** Paravertebral Block Injection **Screen:** New code for CPT 2016. **Complete?** Yes

**Most Recent**  
**RUC Meeting:** April 2015 **Tab:** 10 **Specialty Developing Recommendation:** ASA

**First Identified:** April 2015

**2020 Medicare Utilization:** 1,574

**2022 Work RVU:** 1.90  
**2022 NF PE RVU:** 5.02  
**2022 Fac PE RVU:** 0.35

**RUC Recommendation:** CPT Assistant article published Jan 2016

**Referred to CPT**

**Referred to CPT Asst** ☒

**Published in CPT Asst:** Jan 2016

**Result:** Not Part of RAW

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**64470** Deleted from CPT

**Global:**

**Issue:** Injection Anesthetic Agent

**Screen:** High Volume Growth1

**Complete?** Yes

**Most Recent**  
**RUC Meeting:** April 2008 **Tab:** 57 **Specialty Developing Recommendation:** ASA, NASS, AAPM

**First Identified:** April 2008

**2020 Medicare Utilization:**

**2022 Work RVU:**  
**2022 NF PE RVU:**  
**2022 Fac PE RVU:**

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** February 2009

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

**Result:** Deleted from CPT

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**64472** Deleted from CPT

**Global:**

**Issue:** Injection Anesthetic Agent

**Screen:** High Volume Growth1

**Complete?** Yes

**Most Recent**  
**RUC Meeting:** April 2008 **Tab:** 57 **Specialty Developing Recommendation:** ASA, NASS, AAPM

**First Identified:** February 2008

**2020 Medicare Utilization:**

**2022 Work RVU:**  
**2022 NF PE RVU:**  
**2022 Fac PE RVU:**

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** February 2009

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

**Result:** Deleted from CPT

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**64475** Deleted from CPT

**Global:**

**Issue:** Injection Anesthetic Agent

**Screen:** High Volume Growth1

**Complete?** Yes

**Most Recent**  
**RUC Meeting:** April 2008 **Tab:** 57 **Specialty Developing Recommendation:** ASA, NASS, AAPM

**First Identified:** April 2008

**2020 Medicare Utilization:**

**2022 Work RVU:**  
**2022 NF PE RVU:**  
**2022 Fac PE RVU:**

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** February 2009

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

**Result:** Deleted from CPT

# Status Report: CMS Requests and Relativity Assessment Issues

**64476** Deleted from CPT

**Global:**

**Issue:** Injection Anesthetic Agent

**Screen:** High Volume Growth1

**Complete?** Yes

**Most Recent**  
**RUC Meeting:** April 2008

**Tab:** 57

**Specialty Developing**  
**Recommendation:** ASA, NASS, AAPM

**First**  
**Identified:** April 2008

**2020**  
**Medicare**  
**Utilization:**

**2022 Work RVU:**

**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:**

**64479** Injection(s), anesthetic agent(s) and/or steroid; transforaminal epidural, with imaging guidance (fluoroscopy or ct), cervical or thoracic, single level

**Global:** 000

**Issue:** Injection Anesthetic Agent

**Screen:** CMS Fastest Growing

**Complete?** Yes

**Most Recent**  
**RUC Meeting:** October 2009

**Tab:** 05

**Specialty Developing**  
**Recommendation:** AAPM, ISIS, ASA, NASS, AAPMR

**First**  
**Identified:** October 2008

**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

**Referred to CPT** June 2009

**Result:** Increase

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**64480** Injection(s), anesthetic agent(s) and/or steroid; transforaminal epidural, with imaging guidance (fluoroscopy or ct), cervical or thoracic, each additional level (list separately in addition to code for primary procedure)

**Global:** ZZZ

**Issue:** Injection Anesthetic Agent

**Screen:** CMS Fastest Growing

**Complete?** Yes

**Most Recent**  
**RUC Meeting:** October 2009

**Tab:** 05

**Specialty Developing**  
**Recommendation:** AAPM, ISIS, ASA, NASS, AAPMR

**First**  
**Identified:** October 2008

**2020**  
**Medicare**  
**Utilization:** 16,251

**2022 Work RVU:** 1.20

**2022 NF PE RVU:** 2.75

**2022 Fac PE RVU:** 0.48

**RUC Recommendation:** 1.20

**Referred to CPT** June 2009

**Result:** Decrease

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**64483** Injection(s), anesthetic agent(s) and/or steroid; transforaminal epidural, with imaging guidance (fluoroscopy or ct), lumbar or sacral, single level

**Global:** 000

**Issue:** Injection of Anesthetic Agent

**Screen:** CMS Fastest Growing

**Complete?** Yes

**Most Recent**  
**RUC Meeting:** October 2009

**Tab:** 05

**Specialty Developing**  
**Recommendation:** AAPM, ISIS, ASA, NASS, AAPMR

**First**  
**Identified:** October 2008

**2020**  
**Medicare**  
**Utilization:** 876,575

**2022 Work RVU:** 1.90

**2022 NF PE RVU:** 5.35

**2022 Fac PE RVU:** 1.17

**RUC Recommendation:** 1.90

**Referred to CPT** June 2009

**Result:** Decrease

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

## Status Report: CMS Requests and Relativity Assessment Issues

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**64484** Injection(s), anesthetic agent(s) and/or steroid; transforaminal epidural, with imaging guidance (fluoroscopy or ct), lumbar or sacral, each additional level (list separately in addition to code for primary procedure) **Global:** ZZZ **Issue:** Injection of Anesthetic Agent **Screen:** CMS Fastest Growing **Complete?** Yes

**Most Recent RUC Meeting:** October 2009

**Tab:** 05 **Specialty Developing Recommendation:** AAPM, ISIS, ASA, NASS, AAPMR

**First Identified:** October 2008

**2020 Medicare Utilization:** 358,506

**2022 Work RVU:** 1.00

**2022 NF PE RVU:** 2.27

**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:**

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**64488** Transversus abdominis plane (tap) block (abdominal plane block, rectus sheath block) bilateral; by injections (includes imaging guidance, when performed) **Global:** 000 **Issue:** RAW **Screen:** High Volume Growth8 **Complete?** Yes

**Most Recent RUC Meeting:** September 2022

**Tab:** 13 **Specialty Developing Recommendation:** ANA, ASA

**First Identified:** April 2022

**2020 Medicare Utilization:** 55,886

**2022 Work RVU:** 1.60

**2022 NF PE RVU:** 2.44

**2022 Fac PE RVU:** 0.29

**RUC Recommendation:** Maintain

**Referred to CPT**

**Result:** Maintain

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

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**64490** Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or ct), cervical or thoracic; single level **Global:** 000 **Issue:** Facet Joint Injections **Screen:** High Volume Growth1 **Complete?** Yes

**Most Recent RUC Meeting:** April 2009

**Tab:** 18 **Specialty Developing Recommendation:** ASA, NASS, ASNR, AAPMR, AANS/CNS, AAPM, ISIS

**First Identified:**

**2020 Medicare Utilization:** 219,560

**2022 Work RVU:** 1.82

**2022 NF PE RVU:** 3.68

**2022 Fac PE RVU:** 1.08

**RUC Recommendation:** 1.82

**Referred to CPT**

**Result:** Decrease

**Referred to CPT Asst** ☐ **Published in CPT Asst:**



## Status Report: CMS Requests and Relativity Assessment Issues

**64491** Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or ct), cervical or thoracic; second level (list separately in addition to code for primary procedure) **Global:** ZZZ **Issue:** Facet Joint Injections **Screen:** High Volume Growth1 **Complete?** Yes

**Most Recent RUC Meeting:** April 2009

**Tab:** 18

**Specialty Developing Recommendation:**

ASA, NASS,  
ASNR, AAPMR,  
AANS/CNS,  
AAPM, ISIS

**First Identified:**

**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

**Referred to CPT**

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Decrease

**64492** Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or ct), cervical or thoracic; third and any additional level(s) (list separately in addition to code for primary procedure) **Global:** ZZZ **Issue:** Facet Joint Injections **Screen:** High Volume Growth1 **Complete?** Yes

**Most Recent RUC Meeting:** April 2009

**Tab:** 18

**Specialty Developing Recommendation:**

ASA, NASS,  
ASNR, AAPMR,  
AANS/CNS,  
AAPM, ISIS

**First Identified:**

**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

**Referred to CPT**

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Decrease

**64493** Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or ct), lumbar or sacral; single level **Global:** 000 **Issue:** Facet Joint Injections **Screen:** High Volume Growth1 **Complete?** Yes

**Most Recent RUC Meeting:** April 2009

**Tab:** 18

**Specialty Developing Recommendation:**

ASA, NASS,  
ASNR, AAPMR,  
AANS/CNS,  
AAPM, ISIS

**First Identified:**

**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

**Referred to CPT**

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Decrease

## Status Report: CMS Requests and Relativity Assessment Issues

<b>64494</b>	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or ct), lumbar or sacral; second level (list separately in addition to code for primary procedure)	<b>Global:</b> ZZZ	<b>Issue:</b> Facet Joint Injections	<b>Screen:</b> High Volume Growth1	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2009	<b>Tab:</b> 18	<b>Specialty Developing Recommendation:</b> ASA, NASS, ASNR, AAPMR, AANS/CNS, AAPM, ISIS	<b>First Identified:</b>	<b>2020 Medicare Utilization:</b> 655,091	<b>2022 Work RVU:</b> 1.00 <b>2022 NF PE RVU:</b> 1.60 <b>2022 Fac PE RVU:</b> 0.40
<b>RUC Recommendation:</b> 1.00		<b>Referred to CPT</b>	<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b> Decrease
<hr/>					
<b>64495</b>	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or ct), lumbar or sacral; third and any additional level(s) (list separately in addition to code for primary procedure)	<b>Global:</b> ZZZ	<b>Issue:</b> Facet Joint Injections	<b>Screen:</b> High Volume Growth1	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2009	<b>Tab:</b> 18	<b>Specialty Developing Recommendation:</b> ASA, NASS, ASNR, AAPMR, AANS/CNS, AAPM, ISIS	<b>First Identified:</b>	<b>2020 Medicare Utilization:</b> 372,208	<b>2022 Work RVU:</b> 1.00 <b>2022 NF PE RVU:</b> 1.59 <b>2022 Fac PE RVU:</b> 0.42
<b>RUC Recommendation:</b> 1.00		<b>Referred to CPT</b>	<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b> Decrease
<hr/>					
<b>64510</b>	Injection, anesthetic agent; stellate ganglion (cervical sympathetic)	<b>Global:</b> 000	<b>Issue:</b> Fluroscopy	<b>Screen:</b> CMS Request - Practice Expense Review	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2009	<b>Tab:</b> 27	<b>Specialty Developing Recommendation:</b> ASA, ISIS, AAPM, APM&R	<b>First Identified:</b> April 2009	<b>2020 Medicare Utilization:</b> 5,831	<b>2022 Work RVU:</b> 1.22 <b>2022 NF PE RVU:</b> 3.07 <b>2022 Fac PE RVU:</b> 0.92
<b>RUC Recommendation:</b> New PE inputs		<b>Referred to CPT</b>	<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b> PE Only
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## Status Report: CMS Requests and Relativity Assessment Issues

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**64520** Injection, anesthetic agent; lumbar or thoracic (paravertebral sympathetic)      **Global:** 000      **Issue:** Fluroscopy      **Screen:** CMS Request - Practice Expense Review      **Complete?** Yes

**Most Recent RUC Meeting:** April 2009

**Tab:** 27

**Specialty Developing Recommendation:** ASA, ISIS, AAPM, APM&R

**First Identified:** April 2009

**2020 Medicare Utilization:** 15,244

**2022 Work RVU:** 1.35

**2022 NF PE RVU:** 5.48

**2022 Fac PE RVU:** 1.00

**RUC Recommendation:** PE Review - no change

**Referred to CPT**

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

**Result:** PE Only

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**64550** Application of surface (transcutaneous) neurostimulator (eg, TENS unit)      **Global:**

**Issue:** Percutaneous NeurostimulatorPlacement

**Screen:** Final Rule for 2015

**Complete?** Yes

**Most Recent RUC Meeting:** January 2017

**Tab:** 29

**Specialty Developing Recommendation:** AANS, CNS, AOTA

**First Identified:** January 2017

**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** ☐

**Published in CPT Asst:**

**Result:** Deleted from CPT

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**64553** Percutaneous implantation of neurostimulator electrode array; cranial nerve      **Global:** 010

**Issue:** Percutaneous NeurostimulatorPlacement

**Screen:** Final Rule for 2015

**Complete?** Yes

**Most Recent RUC Meeting:** January 2017

**Tab:** 15

**Specialty Developing Recommendation:** AANS, CNS, ASA

**First Identified:** July 2014

**2020 Medicare Utilization:** 199

**2022 Work RVU:** 6.13

**2022 NF PE RVU:** 69.85

**2022 Fac PE RVU:** 4.32

**RUC Recommendation:** 6.13

**Referred to CPT** September 2016

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

**Result:** Increase

# Status Report: CMS Requests and Relativity Assessment Issues

**64555** Percutaneous implantation of neurostimulator electrode array; peripheral nerve (excludes sacral nerve) **Global:** 010 **Issue:** Percutaneous NeurostimulatorPlacement **Screen:** High Volume Growth1 / CMS Fastest Growing / Final Rule for 2015 / CPT Assistant Analysis 2018 **Complete?** Yes

**Most Recent** **Tab:** 37 **Specialty Developing Recommendation:** AANS, CNS, ASA **First Identified:** February 2008 **2020 Medicare Utilization:** 5,358 **2022 Work RVU:** 5.76 **2022 NF PE RVU:** 60.81 **2022 Fac PE RVU:** 3.21

**RUC Recommendation:** 5.76. Article published Jan2016 and addressed issues. **Referred to CPT** September 2016 **Result:** Increase

**Referred to CPT Asst** ☒ **Published in CPT Asst:** Jan 2016

**64561** Percutaneous implantation of neurostimulator electrode array; sacral nerve (transforaminal placement) including image guidance, if performed **Global:** 010 **Issue:** Percutaneous NeurostimulatorPlacement **Screen:** CMS Fastest Growing / High Volume Growth2 / High Level E/M in Global Period / PE Units Screen **Complete?** Yes

**Most Recent** **Tab:** 24 **Specialty Developing Recommendation:** AANS, CNS **First Identified:** October 2008 **2020 Medicare Utilization:** 14,187 **2022 Work RVU:** 5.44 **2022 NF PE RVU:** 16.41 **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 NeurostimulatorPlacement **Screen:** Final Rule for 2015 **Complete?** Yes

**Most Recent** **Tab:** 15 **Specialty Developing Recommendation:** AANS, CNS **First Identified:** January 2017 **2020 Medicare Utilization:** **2022 Work RVU:** **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:**

## Status Report: CMS Requests and Relativity Assessment Issues

<b>64566</b>	Posterior tibial neurostimulation, percutaneous needle electrode, single treatment, includes programming	<b>Global:</b> 000	<b>Issue:</b> Posterior Tibial Neurostimulation	<b>Screen:</b> CMS Request - Final Rule for 2014 / High Volume Growth5	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2019	<b>Tab:</b> 37 <b>Specialty Developing Recommendation:</b> ACOG, AUA	<b>First Identified:</b> July 2013	<b>2020 Medicare Utilization:</b> 144,067	<b>2022 Work RVU:</b> 0.60 <b>2022 NF PE RVU:</b> 2.89 <b>2022 Fac PE RVU:</b> 0.21	
<b>RUC Recommendation:</b> 0.60		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b> Maintain	
<hr/>					
<b>64568</b>	Open implantation of cranial nerve (eg, vagus nerve) neurostimulator electrode array and pulse generator	<b>Global:</b> 090	<b>Issue:</b> Vagus Nerve Stimulator	<b>Screen:</b> Site of Service Anomaly	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> February 2010	<b>Tab:</b> 14 <b>Specialty Developing Recommendation:</b> AANS/CNS	<b>First Identified:</b> February 2009	<b>2020 Medicare Utilization:</b> 1,108	<b>2022 Work RVU:</b> 9.00 <b>2022 NF PE RVU:</b> NA <b>2022 Fac PE RVU:</b> 7.06	
<b>RUC Recommendation:</b> 11.19		<b>Referred to CPT</b> October 2009 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b> Decrease	
<hr/>					
<b>64573</b>	Deleted from CPT	<b>Global:</b>	<b>Issue:</b> Neurosurgical Procedures	<b>Screen:</b> Site of Service Anomaly	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> February 2009	<b>Tab:</b> 28 <b>Specialty Developing Recommendation:</b> AANS/CNS	<b>First Identified:</b> September 2007	<b>2020 Medicare Utilization:</b>	<b>2022 Work RVU:</b> <b>2022 NF PE RVU:</b> <b>2022 Fac PE RVU:</b>	
<b>RUC Recommendation:</b> Deleted from CPT		<b>Referred to CPT</b> October 2009 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b> Deleted from CPT	

## Status Report: CMS Requests and Relativity Assessment Issues

**64581** Open implantation of neurostimulator electrode array; sacral nerve (transforaminal placement) **Global:** 090 **Issue:** Urological Procedures **Screen:** Site of Service Anomaly / High Level E/M in Global Period **Complete?** Yes

**Most Recent**  
**RUC Meeting:** January 2016 **Tab:** 54 **Specialty Developing Recommendation:** AUA

**First Identified:** September 2007 **2020 Medicare Utilization:** 9,833

**2022 Work RVU:** 12.20  
**2022 NF PE RVU:** NA  
**2022 Fac PE RVU:** 5.49

**RUC Recommendation:** 12.20. 99214 visit appropriate. Remove from screen.

**Referred to CPT**  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Decrease

**64590** Insertion or replacement of peripheral or gastric neurostimulator pulse generator or receiver, direct or inductive coupling

**Global:** 010 **Issue:** RAW

**Screen:** Harvard-Valued Annual Allowed Charges Greater than \$10 million / Different Performing Specialty from Survey **Complete?** Yes

**Most Recent**  
**RUC Meeting:** January 2018 **Tab:** 31 **Specialty Developing Recommendation:** ACOG, AUA

**First Identified:** October 2012 **2020 Medicare Utilization:** 11,819

**2022 Work RVU:** 2.45  
**2022 NF PE RVU:** 5.11  
**2022 Fac PE RVU:** 1.94

**RUC Recommendation:** Remove from screen

**Referred to CPT**  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Remove from Screen

**64590** Insertion or replacement of peripheral or gastric neurostimulator pulse generator or receiver, direct or inductive coupling

**Global:** **Issue:** Neurostimulator Services- Bladder Dysfunction

**Screen:** RUC recommendation process, not part of RAW screens **Complete?** No

**Most Recent**  
**RUC Meeting:** April 2022 **Tab:** 07 **Specialty Developing Recommendation:** ACOG, AUA

**First Identified:** April 2022 **2020 Medicare Utilization:**

**2022 Work RVU:**  
**2022 NF PE RVU:**  
**2022 Fac PE RVU:**

**RUC Recommendation:** CPT Assistant Article

**Referred to CPT**  
**Referred to CPT Asst** ☒ **Published in CPT Asst:**

**Result:** Not Part of RAW

## Status Report: CMS Requests and Relativity Assessment Issues

**64595** Revision or removal of peripheral or gastric neurostimulator pulse generator or receiver **Global:** **Issue:** Neurostimulator Services-Bladder Dysfunction **Screen:** RUC recommendation process, not part of RAW screens **Complete?** No

**Most Recent RUC Meeting:** April 2022

**Tab:** 07

**Specialty Developing Recommendation:** ACOG, AUA

**First Identified:** April 2022

**2020 Medicare Utilization:**

**2022 Work RVU:**

**2022 NF PE RVU:**

**2022 Fac PE RVU:**

**RUC Recommendation:** CPT Assistant Article

**Referred to CPT**

**Referred to CPT Asst** ☒ **Published in CPT Asst:**

**Result:** Not Part of RAW

**64615** Chemodenervation of muscle(s); muscle(s) innervated by facial, trigeminal, cervical spinal and accessory nerves, bilateral (eg, for chronic migraine) **Global:** 010 **Issue:** **Screen:** High Volume Growth6 **Complete?** Yes

**Most Recent RUC Meeting:** October 2020

**Tab:** 23

**Specialty Developing Recommendation:** AAN, AANEM, AAPM&R, NANS

**First Identified:** October 2019

**2020 Medicare Utilization:** 137,679

**2022 Work RVU:** 1.85

**2022 NF PE RVU:** 2.14

**2022 Fac PE RVU:** 1.19

**RUC Recommendation:** Maintain

**Referred to CPT**

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Maintain

**64622** Destruction by neurolytic agent, paravertebral facet joint nerve; lumbar or sacral, single level **Global:** **Issue:** Fluoroscopy **Screen:** CMS Request - Practice Expense Review, High Volume Growth1 / CMS Fastest Growing, Harvard Valued - Utilization over 100,000 **Complete?** Yes

**Most Recent RUC Meeting:** April 2009

**Tab:** 27

**Specialty Developing Recommendation:** ASA, ISIS, AAPM, APM&R

**First Identified:** April 2008

**2020 Medicare Utilization:**

**2022 Work RVU:**

**2022 NF PE RVU:**

**2022 Fac PE RVU:**

**RUC Recommendation:** PE Review - no change

**Referred to CPT** June 2008 and Feb 2011

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Deleted from CPT

## Status Report: CMS Requests and Relativity Assessment Issues

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<b>64623</b>	<b>Destruction by neurolytic agent, paravertebral facet joint nerve; lumbar or sacral, each additional level (List separately in addition to code for primary procedure)</b>	<b>Global:</b>	<b>Issue:</b> Destruction by Neurolytic Agent	<b>Screen:</b> High Volume Growth1, Harvard Valued - Utilization over 100,000	<b>Complete?</b> Yes
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**Most Recent RUC Meeting:** April 2008

**Tab:** 57 **Specialty Developing Recommendation:** ASA, NASS, AAPM

**First Identified:** February 2008

**2020 Medicare Utilization:**

**2022 Work RVU:**  
**2022 NF PE RVU:**  
**2022 Fac PE RVU:**

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** June 2008 and Feb 2011  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Deleted from CPT

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<b>64626</b>	<b>Destruction by neurolytic agent, paravertebral facet joint nerve; cervical or thoracic, single level</b>	<b>Global:</b>	<b>Issue:</b> Fluroscopy	<b>Screen:</b> CMS Request - Practice Expense Review, High Volume Growth1 / CMS Fastest Growing	<b>Complete?</b> Yes
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**Most Recent RUC Meeting:** April 2009

**Tab:** 27 **Specialty Developing Recommendation:** ASA, ISIS, AAPM, APM&R

**First Identified:** April 2008

**2020 Medicare Utilization:**

**2022 Work RVU:**  
**2022 NF PE RVU:**  
**2022 Fac PE RVU:**

**RUC Recommendation:** PE Review - no change

**Referred to CPT** June 2008 and Feb 2011  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Deleted from CPT

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<b>64627</b>	<b>Destruction by neurolytic agent, paravertebral facet joint nerve; cervical or thoracic, each additional level (List separately in addition to code for primary procedure)</b>	<b>Global:</b>	<b>Issue:</b> Destruction by Neurolytic Agent	<b>Screen:</b> High Volume Growth1/ CMS Fastest Growing	<b>Complete?</b> Yes
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**Most Recent RUC Meeting:** April 2008

**Tab:** 57 **Specialty Developing Recommendation:** ASA, NASS, AAPM

**First Identified:** April 2008

**2020 Medicare Utilization:**

**2022 Work RVU:**  
**2022 NF PE RVU:**  
**2022 Fac PE RVU:**

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** June 2008 and Feb 2011  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Deleted from CPT



## Status Report: CMS Requests and Relativity Assessment Issues

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**64633** Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or ct); cervical or thoracic, single facet joint **Global:** 010 **Issue:** Destruction by Neurolytic Agent **Screen:** Work Neutrality Review **Complete?** Yes

**Most Recent RUC Meeting:** October 2020 **Tab:** 17 **Specialty Developing Recommendation:** ASA, AAPM, AAPMR, ASIPP, ISIS, NANS, NASS, SIS **First Identified:** September 2014 **2020 Medicare Utilization:** 76,381 **2022 Work RVU:** 3.32 **2022 NF PE RVU:** 9.61 **2022 Fac PE RVU:** 1.97

**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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**64634** Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or ct); cervical or thoracic, each additional facet joint (list separately in addition to code for primary procedure) **Global:** ZZZ **Issue:** Destruction by Neurolytic Agent **Screen:** Work Neutrality Review **Complete?** Yes

**Most Recent RUC Meeting:** October 2020 **Tab:** 17 **Specialty Developing Recommendation:** ASA, AAPM, AAPMR, ASIPP, ISIS, NANS, NASS, SIS **First Identified:** September 2014 **2020 Medicare Utilization:** 122,270 **2022 Work RVU:** 1.32 **2022 NF PE RVU:** 6.41 **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

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**64635** Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or ct); lumbar or sacral, single facet joint **Global:** 010 **Issue:** Destruction by Neurolytic Agent **Screen:** Work Neutrality Review **Complete?** Yes

**Most Recent RUC Meeting:** October 2020 **Tab:** 17 **Specialty Developing Recommendation:** ASA, AAPM, AAPMR, ASIPP, ISIS, NANS, NASS, SIS **First Identified:** September 2014 **2020 Medicare Utilization:** 307,360 **2022 Work RVU:** 3.32 **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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## Status Report: CMS Requests and Relativity Assessment Issues

**64636** Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or ct); lumbar or sacral, each additional facet joint (list separately in addition to code for primary procedure) **Global:** ZZZ **Issue:** Destruction by Neurolytic Agent **Screen:** Work Neutrality Review **Complete?** Yes

**Most Recent RUC Meeting:** October 2020 **Tab:** 17 **Specialty Developing Recommendation:** ASA, AAPM, AAPMR, ASIPP, ISIS, NANS, NASS, SIS **First Identified:** September 2014 **2020 Medicare Utilization:** 473,019 **2022 Work RVU:** 1.16 **2022 NF PE RVU:** 6.14 **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

**64640** Destruction by neurolytic agent; other peripheral nerve or branch **Global:** 010 **Issue:** Injection Treatment of Nerve **Screen:** Site of Service Anomaly (99238-Only) / Harvard Valued - Utilization over 30,000 **Complete?** Yes

**Most Recent RUC Meeting:** September 2011 **Tab:** 25 **Specialty Developing Recommendation:** ASAM AAPM, APMA, ASIPP **First Identified:** September 2007 **2020 Medicare Utilization:** 67,205 **2022 Work RVU:** 1.98 **2022 NF PE RVU:** 5.25 **2022 Fac PE RVU:** 1.30

**RUC Recommendation:** 1.23. Remove 99238.

**Referred to CPT**  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**64708** Neuroplasty, major peripheral nerve, arm or leg, open; other than specified **Global:** 090 **Issue:** Neuroplasty – Leg or Arm **Screen:** Site of Service Anomaly **Complete?** Yes

**Most Recent RUC Meeting:** October 2010 **Tab:** 69 **Specialty Developing Recommendation:** AOFAS, ASSH, AAOS, ASPS **First Identified:** September 2007 **2020 Medicare Utilization:** 5,462 **2022 Work RVU:** 6.36 **2022 NF PE RVU:** NA **2022 Fac PE RVU:** 7.41

**RUC Recommendation:** 6.36

**Referred to CPT**  
**Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

# Status Report: CMS Requests and Relativity Assessment Issues

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<b>64712</b>	Neuroplasty, major peripheral nerve, arm or leg, open; sciatic nerve	<b>Global:</b> 090	<b>Issue:</b> Neuroplasty – Leg or Arm	<b>Screen:</b> Site of Service Anomaly	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2009	<b>Tab:</b> 40	<b>Specialty Developing Recommendation:</b> AOFAS, ASSH, AAOS, ASPS	<b>First Identified:</b> September 2007	<b>2020 Medicare Utilization:</b> 692	<b>2022 Work RVU:</b> 8.07 <b>2022 NF PE RVU:</b> NA <b>2022 Fac PE RVU:</b> 7.96
<b>RUC Recommendation:</b> Remove from screen		<b>Referred to CPT</b> February 2010	<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b> Remove from Screen

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<b>64831</b>	Suture of digital nerve, hand or foot; 1 nerve	<b>Global:</b> 090	<b>Issue:</b> Neurorrhaphy – Finger	<b>Screen:</b> Site of Service Anomaly	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2010	<b>Tab:</b> 70	<b>Specialty Developing Recommendation:</b> AAOS, ASPS, ASSH	<b>First Identified:</b> September 2007	<b>2020 Medicare Utilization:</b> 929	<b>2022 Work RVU:</b> 9.16 <b>2022 NF PE RVU:</b> NA <b>2022 Fac PE RVU:</b> 9.71
<b>RUC Recommendation:</b> 9.16		<b>Referred to CPT</b>	<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b> Decrease

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<b>64XX2</b>		<b>Global:</b>	<b>Issue:</b> Spinal Neurostimulator	<b>Screen:</b> Contractor Price-Survey below 30	<b>Complete?</b> No
<b>Most Recent RUC Meeting:</b> September 2022	<b>Tab:</b> 04	<b>Specialty Developing Recommendation:</b> AAPM, ASA, ASIPP, NANS	<b>First Identified:</b> September 2022	<b>2020 Medicare Utilization:</b>	<b>2022 Work RVU:</b> <b>2022 NF PE RVU:</b> <b>2022 Fac PE RVU:</b>
<b>RUC Recommendation:</b> Review action plan. Contractor Price.		<b>Referred to CPT</b>	<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b> Contractor Price

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<b>64XX3</b>		<b>Global:</b>	<b>Issue:</b> Spinal Neurostimulator	<b>Screen:</b> Contractor Price-Survey below 30	<b>Complete?</b> No
<b>Most Recent RUC Meeting:</b> September 2022	<b>Tab:</b> 04	<b>Specialty Developing Recommendation:</b> AAPM, ASA, ASIPP, NANS	<b>First Identified:</b> September 2022	<b>2020 Medicare Utilization:</b>	<b>2022 Work RVU:</b> <b>2022 NF PE RVU:</b> <b>2022 Fac PE RVU:</b>
<b>RUC Recommendation:</b> Review action plan. Contractor Price.		<b>Referred to CPT</b>	<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b> Contractor Price

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# Status Report: CMS Requests and Relativity Assessment Issues

**64XX4**

**Global:**

**Issue:** Spinal Neurostimulator

**Screen:** Contractor Price-Survey below 30

**Complete?** No

**Most Recent RUC Meeting:** September 2022

**Tab:** 04

**Specialty Developing Recommendation:** AAPM, ASA, ASIPP, NANS

**First Identified:** September 2022

**2020 Medicare Utilization:**

**2022 Work RVU:**

**2022 NF PE RVU:**

**2022 Fac PE RVU:**

**RUC Recommendation:** Review action plan. Contractor Price.

**Referred to CPT**

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Contractor Price

**65105** Enucleation of eye; with implant, muscles attached to implant

**Global:** 090

**Issue:** Ophthalmologic Procedures

**Screen:** Site of Service Anomaly (99238-Only)

**Complete?** Yes

**Most Recent RUC Meeting:** September 2007

**Tab:** 16

**Specialty Developing Recommendation:** AAO

**First Identified:** September 2007

**2020 Medicare Utilization:** 711

**2022 Work RVU:** 9.93

**2022 NF PE RVU:** NA

**2022 Fac PE RVU:** 17.60

**RUC Recommendation:** Reduce 99238 to 0.5

**Referred to CPT**

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** PE Only

**65205** Removal of foreign body, external eye; conjunctival superficial

**Global:** 000

**Issue:** Removal of Foreign Body - Eye

**Screen:** CMS 000-Day Global Typically Reported with an E/M

**Complete?** Yes

**Most Recent RUC Meeting:** April 2017

**Tab:** 19

**Specialty Developing Recommendation:** AAO, AOA

**First Identified:** July 2016

**2020 Medicare Utilization:** 21,465

**2022 Work RVU:** 0.49

**2022 NF PE RVU:** 0.32

**2022 Fac PE RVU:** 0.32

**RUC Recommendation:** 0.49

**Referred to CPT**

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Decrease

# Status Report: CMS Requests and Relativity Assessment Issues

**65210** Removal of foreign body, external eye; conjunctival embedded (includes concretions), subconjunctival, or scleral nonperforating **Global:** 000 **Issue:** Removal of Foreign Body - Eye **Screen:** CMS 000-Day Global Typically Reported with an E/M **Complete?** Yes

**Most Recent RUC Meeting:** April 2017 **Tab:** 19 **Specialty Developing Recommendation:** AAO, AOA **First Identified:** July 2016 **2020 Medicare Utilization:** 20,949 **2022 Work RVU:** 0.61 **2022 NF PE RVU:** 0.49 **2022 Fac PE RVU:** 0.40 **RUC Recommendation:** 0.75 **Result:** Decrease

**Referred to CPT**  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**65222** Removal of foreign body, external eye; corneal, with slit lamp **Global:** 000 **Issue:** Removal of Foreign Body **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

**Most Recent RUC Meeting:** September 2011 **Tab:** 26 **Specialty Developing Recommendation:** AAO, AOA (optometric) **First Identified:** April 2011 **2020 Medicare Utilization:** 21,931 **2022 Work RVU:** 0.84 **2022 NF PE RVU:** 1.09 **2022 Fac PE RVU:** 0.57 **RUC Recommendation:** 0.93 **Result:** Maintain

**Referred to CPT**  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**65285** Repair of laceration; cornea and/or sclera, perforating, with reposition or resection of uveal tissue **Global:** 090 **Issue:** Repair of Eye Wound **Screen:** Site of Service Anomaly **Complete?** Yes

**Most Recent RUC Meeting:** February 2011 **Tab:** 8 **Specialty Developing Recommendation:** AAO **First Identified:** September 2007 **2020 Medicare Utilization:** 683 **2022 Work RVU:** 15.36 **2022 NF PE RVU:** NA **2022 Fac PE RVU:** 15.47 **RUC Recommendation:** 16.00 **Result:** Decrease

**Referred to CPT**  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**65778** Placement of amniotic membrane on the ocular surface; without sutures **Global:** 000 **Issue:** RAW **Screen:** High Volume Growth8 **Complete?** No

**Most Recent RUC Meeting:** September 2022 **Tab:** 13 **Specialty Developing Recommendation:** AAO **First Identified:** April 2022 **2020 Medicare Utilization:** 38,004 **2022 Work RVU:** 1.00 **2022 NF PE RVU:** 39.77 **2022 Fac PE RVU:** 0.50 **RUC Recommendation:** Survey **Result:**

**Referred to CPT**  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

# Status Report: CMS Requests and Relativity Assessment Issues

**65779** Placement of amniotic membrane on the ocular surface; single layer, sutured      **Global:**      **Issue:** RAW      **Screen:** High Volume Growth8      **Complete?** No

**Most Recent**      **Tab:** 13      **Specialty Developing**      AAO  
**RUC Meeting:** September 2022      **Recommendation:**

**First**      **2020**  
**Identified:** September 2022      **Medicare**  
**Utilization:**

**2022 Work RVU:**  
**2022 NF PE RVU:**  
**2022 Fac PE RVU:**

**RUC Recommendation:** Survey

**Referred to CPT**  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:**

**65780** Ocular surface reconstruction; amniotic membrane transplantation, multiple layers      **Global:** 090      **Issue:** Ocular Reconstruction Transplant      **Screen:** CMS Fastest Growing / 090-Day Global Post-Operative Visits      **Complete?** No

**Most Recent**      **Tab:** 13      **Specialty Developing**      AAO  
**RUC Meeting:** September 2022      **Recommendation:**

**First**      **2020**  
**Identified:** October 2008      **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

**Referred to CPT**  
**Referred to CPT Asst** ☒ **Published in CPT Asst:** Jun 2009

**Result:** Decrease

**65800** Paracentesis of anterior chamber of eye (separate procedure); with removal of aqueous      **Global:** 000      **Issue:** Paracentesis of the Eye      **Screen:** Harvard Valued - Utilization over 30,000      **Complete?** Yes

**Most Recent**      **Tab:** 21      **Specialty Developing**      AAO  
**RUC Meeting:** April 2012      **Recommendation:**

**First**      **2020**  
**Identified:** September 2011      **Medicare**  
**Utilization:** 19,460

**2022 Work RVU:** 1.53  
**2022 NF PE RVU:** 1.83  
**2022 Fac PE RVU:** 0.94

**RUC Recommendation:** 1.53

**Referred to CPT**      October 2011  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Decrease

**65805** Paracentesis of anterior chamber of eye (separate procedure); with therapeutic release of aqueous      **Global:**      **Issue:** Paracentesis of the Eye      **Screen:** Harvard Valued - Utilization over 30,000      **Complete?** Yes

**Most Recent**      **Tab:** 21      **Specialty Developing**      AAO  
**RUC Meeting:** April 2012      **Recommendation:**

**First**      **2020**  
**Identified:** April 2011      **Medicare**  
**Utilization:**

**2022 Work RVU:**  
**2022 NF PE RVU:**  
**2022 Fac PE RVU:**

**RUC Recommendation:** Deleted from CPT

**Referred to CPT**      October 2011  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Deleted from CPT

# Status Report: CMS Requests and Relativity Assessment Issues

## 65855 Trabeculoplasty by laser surgery

Global: 010

Issue: Trabeculoplasty by Laser Surgery

Screen: 010-Day Global Post-Operative Visits

Complete? Yes

Most Recent  
RUC Meeting: April 2015

Tab: 11 Specialty Developing  
Recommendation: AAO

First  
Identified: January 2014

2020  
Medicare  
Utilization: 122,871

2022 Work RVU: 3.00  
2022 NF PE RVU: 3.95  
2022 Fac PE RVU: 2.71

RUC Recommendation: 3.00

Referred to CPT February 2015

Referred to CPT Asst ☐ Published in CPT Asst:

Result: Decrease

## 66170 Fistulization of sclera for glaucoma; trabeculectomy ab externo in absence of previous surgery

Global: 090

Issue: Glaucoma Surgery

Screen: 090-Day Global Post-Operative Visits

Complete? Yes

Most Recent  
RUC Meeting: April 2015

Tab: 32 Specialty Developing  
Recommendation: AAO

First  
Identified: January 2014

2020  
Medicare  
Utilization: 5,495

2022 Work RVU: 13.94  
2022 NF PE RVU: NA  
2022 Fac PE RVU: 16.66

RUC Recommendation: 13.94

Referred to CPT

Referred to CPT Asst ☐ Published in CPT Asst:

Result: Decrease

## 66172 Fistulization of sclera for glaucoma; trabeculectomy ab externo with scarring from previous ocular surgery or trauma (includes injection of antifibrotic agents)

Global: 090

Issue: Glaucoma Surgery

Screen: 090-Day Global Post-Operative Visits

Complete? Yes

Most Recent  
RUC Meeting: April 2015

Tab: 32 Specialty Developing  
Recommendation: AAO

First  
Identified: January 2014

2020  
Medicare  
Utilization: 2,201

2022 Work RVU: 14.84  
2022 NF PE RVU: NA  
2022 Fac PE RVU: 18.58

RUC Recommendation: 14.81

Referred to CPT

Referred to CPT Asst ☐ Published in CPT Asst:

Result: Decrease

## 66174 Transluminal dilation of aqueous outflow canal (eg, canaloplasty); without retention of device or stent

Global: 090

Issue: Dilation of Aqueous Outflow Canal

Screen: New Technology/ New Service

Complete? Yes

Most Recent  
RUC Meeting: January 2021

Tab: 15 Specialty Developing  
Recommendation: AAO

First  
Identified: April 2010

2020  
Medicare  
Utilization: 10,433

2022 Work RVU: 7.62  
2022 NF PE RVU: NA  
2022 Fac PE RVU: 13.77

RUC Recommendation: 8.53

Referred to CPT October 2020

Referred to CPT Asst ☐ Published in CPT Asst:

Result: Decrease

# Status Report: CMS Requests and Relativity Assessment Issues

**66175** Transluminal dilation of aqueous outflow canal (eg, canaloplasty); with retention of device or stent **Global:** 090 **Issue:** Dilation of Aqueous Outflow Cana **Screen:** New Technology/ New Service **Complete?** Yes

**Most Recent RUC Meeting:** January 2021 **Tab:** 15 **Specialty Developing Recommendation:** AAO

**First Identified:** October 2020

**2020 Medicare Utilization:** 253

**2022 Work RVU:** 9.34

**2022 NF PE RVU:** NA

**2022 Fac PE RVU:** 13.02

**RUC Recommendation:** 10.25

**Referred to CPT**

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Decrease

**66179** Aqueous shunt to extraocular equatorial plate reservoir, external approach; without graft

**Global:** 090

**Issue:** Aqueous Shunt

**Screen:** Harvard-Valued Annual Allowed Charges Greater than \$10 million

**Complete?** Yes

**Most Recent RUC Meeting:** January 2014 **Tab:** 12 **Specialty Developing Recommendation:** AAO

**First Identified:** January 2014

**2020 Medicare Utilization:** 666

**2022 Work RVU:** 14.00

**2022 NF PE RVU:** NA

**2022 Fac PE RVU:** 16.23

**RUC Recommendation:** 14.00

**Referred to CPT** October 2013

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Decrease

**66180** Aqueous shunt to extraocular equatorial plate reservoir, external approach; with graft **Global:** 090

**Issue:** Aqueous Shunt

**Screen:** Harvard-Valued Annual Allowed Charges Greater than \$10 million / 090-Day Global Post-Operative Visits2

**Complete?** Yes

**Most Recent RUC Meeting:** January 2020 **Tab:** 37 **Specialty Developing Recommendation:** AAO

**First Identified:** October 2012

**2020 Medicare Utilization:** 9,414

**2022 Work RVU:** 15.00

**2022 NF PE RVU:** NA

**2022 Fac PE RVU:** 16.83

**RUC Recommendation:** Maintain. 15.00

**Referred to CPT** October 2013

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Decrease



## Status Report: CMS Requests and Relativity Assessment Issues

**66183** Insertion of anterior segment aqueous drainage device, without extraocular reservoir, external approach **Global:** 090 **Issue:** Aqueous Shunt **Screen:** Harvard-Valued Annual Allowed Charges Greater than \$10 million / 090-Day Global Post-Operative Visits2 **Complete?** Yes

**Most Recent** **Tab:** 37 **Specialty Developing** AAO  
**RUC Meeting:** January 2020 **Recommendation:**

**First** **2020**  
**Identified:** January 2014 **Medicare**  
**Utilization:** 5,855

**2022 Work RVU:** 13.20  
**2022 NF PE RVU:** NA  
**2022 Fac PE RVU:** 15.60

**RUC Recommendation:** Maintain. 13.20

**Referred to CPT**  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Maintain

**66184** Revision of aqueous shunt to extraocular equatorial plate reservoir; without graft **Global:** 090 **Issue:** Aqueous Shunt **Screen:** Harvard-Valued Annual Allowed Charges Greater than \$10 million **Complete?** Yes

**Most Recent** **Tab:** 12 **Specialty Developing** AAO  
**RUC Meeting:** January 2014 **Recommendation:**

**First** **2020**  
**Identified:** January 2014 **Medicare**  
**Utilization:** 500

**2022 Work RVU:** 9.58  
**2022 NF PE RVU:** NA  
**2022 Fac PE RVU:** 12.62

**RUC Recommendation:** 9.58

**Referred to CPT** October 2013  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Decrease

**66185** Revision of aqueous shunt to extraocular equatorial plate reservoir; with graft **Global:** 090 **Issue:** Aqueous Shunt **Screen:** Harvard-Valued Annual Allowed Charges Greater than \$10 million / 090-Day Global Post-Operative Visits2 **Complete?** Yes

**Most Recent** **Tab:** 37 **Specialty Developing** AAO  
**RUC Meeting:** January 2020 **Recommendation:**

**First** **2020**  
**Identified:** October 2012 **Medicare**  
**Utilization:** 1,457

**2022 Work RVU:** 10.58  
**2022 NF PE RVU:** NA  
**2022 Fac PE RVU:** 13.24

**RUC Recommendation:** Maintain. 10.58

**Referred to CPT** October 2013  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Increase

# Status Report: CMS Requests and Relativity Assessment Issues

**66711** Ciliary body destruction; cyclophotocoagulation, endoscopic, without concomitant removal of crystalline lens

**Global:** 090

**Issue:** Cyclophotocoagulation

**Screen:** Codes Reported Together 75% or More-Part4

**Complete?** Yes

**Most Recent RUC Meeting:** January 2019

**Tab:** 11 **Specialty Developing Recommendation:** AAO

**First Identified:** October 2017

**2020 Medicare Utilization:** 894

**2022 Work RVU:** 5.62

**2022 NF PE RVU:** NA

**2022 Fac PE RVU:** 8.60

**RUC Recommendation:** 6.36

**Referred to CPT** May 2018

**Referred to CPT Asst** ☐ **Published 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 RUC Meeting:** January 2020

**Tab:** 37 **Specialty Developing Recommendation:** AAO

**First Identified:** February 2008

**2020 Medicare Utilization:** 47,614

**2022 Work RVU:** 3.00

**2022 NF PE RVU:** 5.54

**2022 Fac PE RVU:** 3.62

**RUC Recommendation:** Maintain. 3.00

**Referred to CPT** February 2010

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Decrease

**66821** Discission of secondary membranous cataract (opacified posterior lens capsule and/or anterior hyaloid); laser surgery (eg, yag laser) (1 or more stages)

**Global:** 090

**Issue:**

**Screen:** MPC List

**Complete?** Yes

**Most Recent RUC Meeting:** February 2011

**Tab:** 41 **Specialty Developing Recommendation:** AAO

**First Identified:** October 2010

**2020 Medicare Utilization:** 560,886

**2022 Work RVU:** 3.42

**2022 NF PE RVU:** 6.08

**2022 Fac PE RVU:** 5.37

**RUC Recommendation:** Maintain

**Referred to CPT**

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Maintain

## Status Report: CMS Requests and Relativity Assessment Issues

<b>66982</b> Extracapsular cataract removal with insertion of intraocular lens prosthesis (1-stage procedure), manual or mechanical technique (eg, irrigation and aspiration or phacoemulsification), complex, requiring devices or techniques not generally used in routine cataract surgery (eg, iris expansion device, suture support for intraocular lens, or primary posterior capsulorrhexis) or performed on patients in the amblyogenic developmental stage; without endoscopic cyclophotocoagulation	<b>Global:</b> 090	<b>Issue:</b> Cataract Removal with Drainage Device Insertion	<b>Screen:</b> High IWPUT / CMS Fastest Growing, Site of Service Anomaly (99238-Only) / CMS High Expenditure Procedural Codes1	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2021	<b>Tab:</b> 16 <b>Specialty Developing Recommendation:</b> AAO	<b>First Identified:</b> September 2007	<b>2020 Medicare Utilization:</b> 123,553	<b>2022 Work RVU:</b> 10.25 <b>2022 NF PE RVU:</b> NA <b>2022 Fac PE RVU:</b> 10.54
<b>RUC Recommendation:</b> 10.25	<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input checked="" type="checkbox"/> <b>Published in CPT Asst:</b> Sep 2009			<b>Result:</b> Decrease
<b>66983</b> Intracapsular cataract extraction with insertion of intraocular lens prosthesis (1 stage procedure)	<b>Global:</b> 090	<b>Issue:</b> Cyclophotocoagulation	<b>Screen:</b> Codes Reported Together 75%or More-Part4	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2019	<b>Tab:</b> 11 <b>Specialty Developing Recommendation:</b>	<b>First Identified:</b> January 2019	<b>2020 Medicare Utilization:</b> 86	<b>2022 Work RVU:</b> 0.00 <b>2022 NF PE RVU:</b> 0.00 <b>2022 Fac PE RVU:</b> 0.00
<b>RUC Recommendation:</b> Contractor Price	<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/> <b>Published in CPT Asst:</b>			<b>Result:</b> Contractor Price
<b>66984</b> 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	<b>Global:</b> 090	<b>Issue:</b> Cataract Removal with Drainage Device Insertion	<b>Screen:</b> High IWPUT / MPC List / Codes Reported Together 75%or More-Part4	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2021	<b>Tab:</b> 16 <b>Specialty Developing Recommendation:</b> AAO	<b>First Identified:</b> February 2008	<b>2020 Medicare Utilization:</b> 1,297,557	<b>2022 Work RVU:</b> 7.35 <b>2022 NF PE RVU:</b> NA <b>2022 Fac PE RVU:</b> 7.83
<b>RUC Recommendation:</b> 7.35	<b>Referred to CPT</b> May 2018 <b>Referred to CPT Asst</b> <input type="checkbox"/> <b>Published in CPT Asst:</b>			<b>Result:</b> Decrease

## Status Report: CMS Requests and Relativity Assessment Issues

**66987** Extracapsular cataract removal with insertion of intraocular lens prosthesis (1-stage procedure), manual or mechanical technique (eg, irrigation and aspiration or phacoemulsification), complex, requiring devices or techniques not generally used in routine cataract surgery (eg, iris expansion device, suture support for intraocular lens, or primary posterior capsulorrhexis) or performed on patients in the amblyogenic developmental stage; with endoscopic cyclophotocoagulation

**Global:** 090 **Issue:** Cataract Removal with Drainage Device Insertion **Screen:** Codes Reported Together 75%or More-Part4 **Complete?** Yes

**Most Recent RUC Meeting:** January 2021 **Tab:** 16 **Specialty Developing Recommendation:** AAO **First Identified:** January 2019 **2020 Medicare Utilization:** 733 **2022 Work RVU:** 0.00 **2022 NF PE RVU:** 0.00 **2022 Fac PE RVU:** 0.00

**RUC Recommendation:** 13.15 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

**66988** Extracapsular cataract removal with insertion of intraocular lens prosthesis (1 stage procedure), manual or mechanical technique (eg, irrigation and aspiration or phacoemulsification); with endoscopic cyclophotocoagulation

**Global:** 090 **Issue:** Cyclophotocoagulation **Screen:** Codes Reported Together 75%or More-Part4 **Complete?** Yes

**Most Recent RUC Meeting:** January 2019 **Tab:** 11 **Specialty Developing Recommendation:** **First Identified:** January 2019 **2020 Medicare Utilization:** 3,826 **2022 Work RVU:** 0.00 **2022 NF PE RVU:** 0.00 **2022 Fac PE RVU:** 0.00

**RUC Recommendation:** 10.25 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

**66989** Extracapsular cataract removal with insertion of intraocular lens prosthesis (1-stage procedure), manual or mechanical technique (eg, irrigation and aspiration or phacoemulsification), complex, requiring devices or techniques not generally used in routine cataract surgery (eg, iris expansion device, suture support for intraocular lens, or primary posterior capsulorrhexis) or performed on patients in the amblyogenic developmental stage; with insertion of intraocular (eg, trabecular meshwork, supraciliary, suprachoroidal) anterior segment aqueous drainage device, without extraocular reservoir, internal approach, one or more

**Global:** 090 **Issue:** Cataract Removal with Drainage Device Insertion **Screen:** High Volume Category III Codes **Complete?** Yes

**Most Recent RUC Meeting:** January 2021 **Tab:** 16 **Specialty Developing Recommendation:** AAO **First Identified:** January 2021 **2020 Medicare Utilization:** **2022 Work RVU:** 12.13 **2022 NF PE RVU:** NA **2022 Fac PE RVU:** 11.69

**RUC Recommendation:** 12.13 **Referred to CPT** October 2020 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

## Status Report: CMS Requests and Relativity Assessment Issues

**66991** Extracapsular cataract removal with insertion of intraocular lens prosthesis (1 stage procedure), manual or mechanical technique (eg, irrigation and aspiration or phacoemulsification); with insertion of intraocular (eg, trabecular meshwork, supraciliary, suprachoroidal) anterior segment aqueous drainage device, without extraocular reservoir, internal approach, one or more

**Global:** 090 **Issue:** Cataract Removal with Drainage Device Insertion **Screen:** High Volume Category III Codes **Complete?** Yes

**Most Recent RUC Meeting:** January 2021 **Tab:** 16 **Specialty Developing Recommendation:** AAO

**First Identified:** January 2021

**2020 Medicare Utilization:**

**2022 Work RVU:** 9.23

**2022 NF PE RVU:** NA

**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 / CMS Fastest Growing, Harvard Valued - Utilization over 100,000 / CMS High Expenditure Procedural Codes1 / High Volume Growth3 / Codes Reported Together 75% or More-Part5 **Complete?** Yes

**Most Recent RUC Meeting:** September 2022 **Tab:** 13 **Specialty Developing Recommendation:** AAO, ASRS

**First Identified:** February 2008

**2020 Medicare Utilization:** 3,738,345

**2022 Work RVU:** 1.44

**2022 NF PE RVU:** 1.75

**2022 Fac PE RVU:** 1.10

**RUC Recommendation:** 1.44

**Referred to CPT**

**Result:** Maintain

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**67036** Vitrectomy, mechanical, pars plana approach; **Global:** 090 **Issue:** Vitrectomy **Screen:** Harvard-Valued Annual Allowed Charges Greater than \$10 million **Complete?** Yes

**Most Recent RUC Meeting:** October 2013 **Tab:** 11 **Specialty Developing Recommendation:** AAO

**First Identified:** October 2012

**2020 Medicare Utilization:** 14,918

**2022 Work RVU:** 12.13

**2022 NF PE RVU:** NA

**2022 Fac PE RVU:** 12.85

**RUC Recommendation:** 12.13

**Referred to CPT**

**Result:** Decrease

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

# Status Report: CMS Requests and Relativity Assessment Issues

**67038** Deleted from CPT

**Global:**

**Issue:** Ophthalmological Procedures

**Screen:** Site of Service Anomaly

**Complete?** Yes

**Most Recent RUC Meeting:** September 2007

**Tab:** 16

**Specialty Developing Recommendation:** AAO

**First Identified:** September 2007

**2020 Medicare Utilization:**

**2022 Work RVU:**

**2022 NF PE RVU:**

**2022 Fac PE RVU:**

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** February 2007

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Deleted from CPT

**67039** Vitrectomy, mechanical, pars plana approach; with focal endolaser photocoagulation

**Global:** 090

**Issue:** Vitrectomy

**Screen:** Site of Service Anomaly (99238-Only) / Harvard-Valued Annual Allowed Charges Greater than \$10 million

**Complete?** Yes

**Most Recent RUC Meeting:** October 2013

**Tab:** 11

**Specialty Developing Recommendation:** AAO

**First Identified:** September 2007

**2020 Medicare Utilization:** 3,085

**2022 Work RVU:** 13.20

**2022 NF PE RVU:** NA

**2022 Fac PE RVU:** 13.51

**RUC Recommendation:** 13.20

**Referred to CPT**

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Decrease

**67040** Vitrectomy, mechanical, pars plana approach; with endolaser panretinal photocoagulation

**Global:** 090

**Issue:** Vitrectomy

**Screen:** Site of Service Anomaly (99238-Only) / Harvard-Valued Annual Allowed Charges Greater than \$10 million

**Complete?** Yes

**Most Recent RUC Meeting:** October 2013

**Tab:** 11

**Specialty Developing Recommendation:** AAO

**First Identified:** September 2007

**2020 Medicare Utilization:** 6,722

**2022 Work RVU:** 14.50

**2022 NF PE RVU:** NA

**2022 Fac PE RVU:** 14.32

**RUC Recommendation:** 14.50

**Referred to CPT**

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Decrease

## Status Report: CMS Requests and Relativity Assessment Issues

**67041** Vitrectomy, mechanical, pars plana approach; with removal of preretinal cellular membrane (eg, macular pucker) **Global:** 090 **Issue:** Vitrectomy **Screen:** Harvard-Valued Annual Allowed Charges Greater than \$10 million **Complete?** Yes

**Most Recent RUC Meeting:** October 2013

**Tab:** 11 **Specialty Developing Recommendation:** AAO

**First Identified:** October 2012

**2020 Medicare Utilization:** 10,410

**2022 Work RVU:** 16.33

**2022 NF PE RVU:** NA

**2022 Fac PE RVU:** 15.44

**RUC Recommendation:** 16.33

**Referred to CPT**

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Decrease

**67042** Vitrectomy, mechanical, pars plana approach; with removal of internal limiting membrane of retina (eg, for repair of macular hole, diabetic macular edema), includes, if performed, intraocular tamponade (ie, air, gas or silicone oil) **Global:** 090 **Issue:** Vitrectomy **Screen:** Harvard-Valued Annual Allowed Charges Greater than \$10 million **Complete?** Yes

**Most Recent RUC Meeting:** October 2013

**Tab:** 11 **Specialty Developing Recommendation:** AAO

**First Identified:** October 2012

**2020 Medicare Utilization:** 22,238

**2022 Work RVU:** 16.33

**2022 NF PE RVU:** NA

**2022 Fac PE RVU:** 15.44

**RUC Recommendation:** 16.33

**Referred to CPT**

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Decrease

**67043** Vitrectomy, mechanical, pars plana approach; with removal of subretinal membrane (eg, choroidal neovascularization), includes, if performed, intraocular tamponade (ie, air, gas or silicone oil) and laser photocoagulation **Global:** 090 **Issue:** Vitrectomy **Screen:** Harvard-Valued Annual Allowed Charges Greater than \$10 million **Complete?** Yes

**Most Recent RUC Meeting:** October 2013

**Tab:** 11 **Specialty Developing Recommendation:** AAO

**First Identified:** October 2012

**2020 Medicare Utilization:** 268

**2022 Work RVU:** 17.40

**2022 NF PE RVU:** NA

**2022 Fac PE RVU:** 16.10

**RUC Recommendation:** 17.40

**Referred to CPT**

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Decrease

## Status Report: CMS Requests and Relativity Assessment Issues

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<b>67101</b>	Repair of retinal detachment, including drainage of subretinal fluid when performed; cryotherapy	<b>Global:</b> 010	<b>Issue:</b> Retinal Detachment Repair	<b>Screen:</b> 090-Day Global Post-Operative Visits	<b>Complete?</b> Yes
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<b>Most Recent RUC Meeting:</b> October 2015	<b>Tab:</b> 11	<b>Specialty Developing Recommendation:</b> AAO, ASRS	<b>First Identified:</b> April 2015	<b>2020 Medicare Utilization:</b> 254	<b>2022 Work RVU:</b> 3.50
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**2022 NF PE RVU:** 5.99

**2022 Fac PE RVU:** 4.45

**RUC Recommendation:** 3.50

**Referred to CPT** May 2015

**Result:** Decrease

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

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<b>67105</b>	Repair of retinal detachment, including drainage of subretinal fluid when performed; photocoagulation	<b>Global:</b> 010	<b>Issue:</b> Retinal Detachment Repair	<b>Screen:</b> 090-Day Global Post-Operative Visits	<b>Complete?</b> Yes
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<b>Most Recent RUC Meeting:</b> October 2015	<b>Tab:</b> 11	<b>Specialty Developing Recommendation:</b> AAO, ASRS	<b>First Identified:</b> April 2015	<b>2020 Medicare Utilization:</b> 2,811	<b>2022 Work RVU:</b> 3.39
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**2022 NF PE RVU:** 4.97

**2022 Fac PE RVU:** 4.30

**RUC Recommendation:** 3.84

**Referred to CPT** May 2015

**Result:** Decrease

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

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<b>67107</b>	Repair of retinal detachment; scleral buckling (such as lamellar scleral dissection, imbrication or encircling procedure), including, when performed, implant, cryotherapy, photocoagulation, and drainage of subretinal fluid	<b>Global:</b> 090	<b>Issue:</b> Retinal Detachment Repair	<b>Screen:</b> Site of Service Anomaly (99238-Only) / 090-Day Global Post-Operative Visits	<b>Complete?</b> Yes
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<b>Most Recent RUC Meeting:</b> April 2015	<b>Tab:</b> 12	<b>Specialty Developing Recommendation:</b> AAO	<b>First Identified:</b> September 2007	<b>2020 Medicare Utilization:</b> 452	<b>2022 Work RVU:</b> 16.00
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**2022 NF PE RVU:** NA

**2022 Fac PE RVU:** 15.24

**RUC Recommendation:** 16.00. Reduce 99238 to 0.5

**Referred to CPT** October 2014

**Result:** Decrease

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

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## Status Report: CMS Requests and Relativity Assessment Issues

**67108** Repair of retinal detachment; with vitrectomy, any method, including, when performed, air or gas tamponade, focal endolaser photocoagulation, cryotherapy, drainage of subretinal fluid, scleral buckling, and/or removal of lens by same technique **Global:** 090 **Issue:** Retinal Detachment Repair **Screen:** Site of Service Anomaly (99238-Only) / 090-Day Global Post-Operative Visits **Complete?** Yes

**Most Recent**  
**RUC Meeting:** April 2015 **Tab:** 12 **Specialty Developing Recommendation:** AAO

**First Identified:** September 2007 **2020 Medicare Utilization:** 14,871

**2022 Work RVU:** 17.13  
**2022 NF PE RVU:** NA  
**2022 Fac PE RVU:** 15.93

**RUC Recommendation:** 17.13

**Referred to CPT** October 2014  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Decrease

**67110** Repair of retinal detachment; by injection of air or other gas (eg, pneumatic retinopexy) **Global:** 090 **Issue:** Retinal Detachment Repair **Screen:** Site of Service Anomaly (99238-Only) / 090-Day Global Post-Operative Visits **Complete?** Yes

**Most Recent**  
**RUC Meeting:** April 2015 **Tab:** 12 **Specialty Developing Recommendation:** AAO

**First Identified:** September 2007 **2020 Medicare Utilization:** 2,101

**2022 Work RVU:** 10.25  
**2022 NF PE RVU:** 14.93  
**2022 Fac PE RVU:** 12.48

**RUC Recommendation:** 10.25. Remove 99238

**Referred to CPT** October 2014  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Maintain

**67112** Repair of retinal detachment; by scleral buckling or vitrectomy, on patient having previous ipsilateral retinal detachment repair(s) using scleral buckling or vitrectomy techniques **Global:** **Issue:** Retinal Detachment Repair **Screen:** 090-Day Global Post-Operative Visits **Complete?** Yes

**Most Recent**  
**RUC Meeting:** April 2015 **Tab:** 12 **Specialty Developing Recommendation:** AAO

**First Identified:** April 2014 **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** ☐ **Published in CPT Asst:**

**Result:** Deleted from CPT

## Status Report: CMS Requests and Relativity Assessment Issues

**67113** Repair of complex retinal detachment (eg, proliferative vitreoretinopathy, stage c-1 or greater, diabetic traction retinal detachment, retinopathy of prematurity, retinal tear of greater than 90 degrees), with vitrectomy and membrane peeling, including, when performed, air, gas, or silicone oil tamponade, cryotherapy, endolaser photocoagulation, drainage of subretinal fluid, scleral buckling, and/or removal of lens

**Global:** 090

**Issue:** Retinal Detachment Repair

**Screen:** 090-Day Global Post-Operative Visits

**Complete?** Yes

**Most Recent RUC Meeting:** April 2015

**Tab:** 12 **Specialty Developing Recommendation:** AAO

**First Identified:** January 2014

**2020 Medicare Utilization:** 11,077

**2022 Work RVU:** 19.00

**2022 NF PE RVU:** NA

**2022 Fac PE RVU:** 17.96

**RUC Recommendation:** 19.00

**Referred to CPT** October 2014

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Decrease

**67141** Prophylaxis of retinal detachment (eg, retinal break, lattice degeneration) without drainage; cryotherapy, diathermy

**Global:** 090

**Issue:** Retinal Detachment Prophylaxis

**Screen:** Harvard Valued - Utilization over 30,000-Part4

**Complete?** Yes

**Most Recent RUC Meeting:** October 2020

**Tab:** 08 **Specialty Developing Recommendation:** AAO, ASRS

**First Identified:** January 2020

**2020 Medicare Utilization:** 1,048

**2022 Work RVU:** 2.53

**2022 NF PE RVU:** 5.15

**2022 Fac PE RVU:** 3.54

**RUC Recommendation:** 2.53

**Referred to CPT** May 2020

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Decrease

**67145** Prophylaxis of retinal detachment (eg, retinal break, lattice degeneration) without drainage; photocoagulation

**Global:** 090

**Issue:** Retinal Detachment Prophylaxis

**Screen:** Harvard Valued - Utilization over 30,000-Part4

**Complete?** Yes

**Most Recent RUC Meeting:** October 2020

**Tab:** 08 **Specialty Developing Recommendation:** AAO, ASRS

**First Identified:** October 2019

**2020 Medicare Utilization:** 27,120

**2022 Work RVU:** 2.53

**2022 NF PE RVU:** 4.33

**2022 Fac PE RVU:** 3.54

**RUC Recommendation:** 2.53

**Referred to CPT** May 2020

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Decrease

# Status Report: CMS Requests and Relativity Assessment Issues

<b>67210</b>	<b>Destruction of localized lesion of retina (eg, macular edema, tumors), 1 or more sessions; photocoagulation</b>	<b>Global:</b> 090	<b>Issue:</b> Treatment of Retinal Lesion or Choroid	<b>Screen:</b> High IWPUT	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2010	<b>Tab:</b> 13 <b>Specialty Developing Recommendation:</b> AAO	<b>First Identified:</b> February 2008	<b>2020 Medicare Utilization:</b> 43,032	<b>2022 Work RVU:</b> 6.36 <b>2022 NF PE RVU:</b> 8.13 <b>2022 Fac PE RVU:</b> 7.55	
<b>RUC Recommendation:</b> 6.36		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b> Decrease	
<hr/>					
<b>67220</b>	<b>Destruction of localized lesion of choroid (eg, choroidal neovascularization); photocoagulation (eg, laser), 1 or more sessions</b>	<b>Global:</b> 090	<b>Issue:</b> Treatment of Retinal Lesion or Choroid	<b>Screen:</b> High IWPUT	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2010	<b>Tab:</b> 13 <b>Specialty Developing Recommendation:</b> AAO	<b>First Identified:</b> February 2008	<b>2020 Medicare Utilization:</b> 2,533	<b>2022 Work RVU:</b> 6.36 <b>2022 NF PE RVU:</b> 8.58 <b>2022 Fac PE RVU:</b> 7.55	
<b>RUC Recommendation:</b> 6.36		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b> Decrease	
<hr/>					
<b>67225</b>	<b>Destruction of localized lesion of choroid (eg, choroidal neovascularization); photodynamic therapy, second eye, at single session (list separately in addition to code for primary eye treatment)</b>	<b>Global:</b> ZZZ	<b>Issue:</b> Photodynamic Therapy of the Eye	<b>Screen:</b> New Technology	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> February 2008	<b>Tab:</b> P <b>Specialty Developing Recommendation:</b> AAO	<b>First Identified:</b> September 2007	<b>2020 Medicare Utilization:</b> 124	<b>2022 Work RVU:</b> 0.47 <b>2022 NF PE RVU:</b> 0.34 <b>2022 Fac PE RVU:</b> 0.29	
<b>RUC Recommendation:</b> 0.47		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b> Maintain	
<hr/>					
<b>67228</b>	<b>Treatment of extensive or progressive retinopathy (eg, diabetic retinopathy), photocoagulation</b>	<b>Global:</b> 010	<b>Issue:</b> Treatment of Retinal Lesion or Choroid	<b>Screen:</b> High IWPUT	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2009	<b>Tab:</b> 40 <b>Specialty Developing Recommendation:</b> AAO	<b>First Identified:</b> February 2008	<b>2020 Medicare Utilization:</b> 48,375	<b>2022 Work RVU:</b> 4.39 <b>2022 NF PE RVU:</b> 5.14 <b>2022 Fac PE RVU:</b> 4.04	
<b>RUC Recommendation:</b> Remove from screen		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b> Remove from Screen	
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# Status Report: CMS Requests and Relativity Assessment Issues

**67255** Scleral reinforcement (separate procedure); with graft

**Global:** 090

**Issue:** Aqueous Shunt

**Screen:** Harvard-Valued Annual Allowed Charges Greater than \$10 million

**Complete?** Yes

**Most Recent RUC Meeting:** January 2014

**Tab:** 12 **Specialty Developing Recommendation:** AAO

**First Identified:** January 2014

**2020 Medicare Utilization:** 703

**2022 Work RVU:** 8.38

**2022 NF PE RVU:** NA

**2022 Fac PE RVU:** 10.92

**RUC Recommendation:** 10.17

**Referred to CPT** October 2013

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Maintain

**67311** Strabismus surgery, recession or resection procedure; 1 horizontal muscle

**Global:** 090

**Issue:** Strabismus Surgery

**Screen:** ZZZ Global Post-Operative Visits

**Complete?** Yes

**Most Recent RUC Meeting:** October 2020

**Tab:** 18 **Specialty Developing Recommendation:** AAO, AAP

**First Identified:** April 2020

**2020 Medicare Utilization:** 3,593

**2022 Work RVU:** 5.93

**2022 NF PE RVU:** NA

**2022 Fac PE RVU:** 7.61

**RUC Recommendation:** 5.93

**Referred to CPT**

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Decrease

**67312** Strabismus surgery, recession or resection procedure; 2 horizontal muscles

**Global:** 090

**Issue:** Strabismus Surgery

**Screen:** ZZZ Global Post-Operative Visits

**Complete?** Yes

**Most Recent RUC Meeting:** October 2020

**Tab:** 18 **Specialty Developing Recommendation:** AAO, AAP

**First Identified:** April 2020

**2020 Medicare Utilization:** 1,095

**2022 Work RVU:** 9.50

**2022 NF PE RVU:** NA

**2022 Fac PE RVU:** 9.01

**RUC Recommendation:** 9.50

**Referred to CPT**

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Decrease

# Status Report: CMS Requests and Relativity Assessment Issues

<b>67314</b>	Strabismus surgery, recession or resection procedure; 1 vertical muscle (excluding superior oblique)	Global: 090	Issue: Strabismus Surgery	Screen: ZZZ Global Post-Operative Visits	Complete? Yes
Most Recent RUC Meeting:	October 2020	Tab: 18	Specialty Developing Recommendation: AAO, AAP	First Identified: April 2020	2020 Medicare Utilization: 1,882
RUC Recommendation:	5.93		Referred to CPT Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	2022 Work RVU: 5.93 2022 NF PE RVU: NA 2022 Fac PE RVU: 9.63 Result: Decrease
<b>67316</b>	Strabismus surgery, recession or resection procedure; 2 or more vertical muscles (excluding superior oblique)	Global: 090	Issue: Strabismus Surgery	Screen: ZZZ Global Post-Operative Visits	Complete? Yes
Most Recent RUC Meeting:	October 2020	Tab: 18	Specialty Developing Recommendation: AAO, AAP	First Identified: April 2020	2020 Medicare Utilization: 120
RUC Recommendation:	10.31		Referred to CPT Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	2022 Work RVU: 10.31 2022 NF PE RVU: NA 2022 Fac PE RVU: 9.48 Result: Decrease
<b>67318</b>	Strabismus surgery, any procedure, superior oblique muscle	Global: 090	Issue: Strabismus Surgery	Screen: ZZZ Global Post-Operative Visits	Complete? Yes
Most Recent RUC Meeting:	October 2020	Tab: 18	Specialty Developing Recommendation: AAO, AAP	First Identified: April 2020	2020 Medicare Utilization: 142
RUC Recommendation:	9.80		Referred to CPT Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	2022 Work RVU: 9.80 2022 NF PE RVU: NA 2022 Fac PE RVU: 9.36 Result: Decrease
<b>67320</b>	Transposition procedure (eg, for paretic extraocular muscle), any extraocular muscle (specify) (list separately in addition to code for primary procedure)	Global: ZZZ	Issue: Strabismus Surgery	Screen: ZZZ Global Post-Operative Visits	Complete? Yes
Most Recent RUC Meeting:	October 2020	Tab: 18	Specialty Developing Recommendation: AAO, AAP	First Identified: October 2019	2020 Medicare Utilization: 274
RUC Recommendation:	3.00		Referred to CPT Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	2022 Work RVU: 3.00 2022 NF PE RVU: NA 2022 Fac PE RVU: 4.16 Result: Decrease

## Status Report: CMS Requests and Relativity Assessment Issues

<b>67331</b>	Strabismus surgery on patient with previous eye surgery or injury that did not involve the extraocular muscles (list separately in addition to code for primary procedure)	<b>Global:</b> ZZZ	<b>Issue:</b> Strabismus Surgery	<b>Screen:</b> ZZZ Global Post-Operative Visits	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2020	<b>Tab:</b> 18 <b>Specialty Developing Recommendation:</b> AAO, AAP	<b>First Identified:</b> October 2019	<b>2020 Medicare Utilization:</b> 682	<b>2022 Work RVU:</b> 2.00 <b>2022 NF PE RVU:</b> NA <b>2022 Fac PE RVU:</b> 4.85	
<b>RUC Recommendation:</b> 2.00		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b> Decrease	
<hr/>					
<b>67332</b>	Strabismus surgery on patient with scarring of extraocular muscles (eg, prior ocular injury, strabismus or retinal detachment surgery) or restrictive myopathy (eg, dysthyroid ophthalmopathy) (list separately in addition to code for primary procedure)	<b>Global:</b> ZZZ	<b>Issue:</b> Strabismus Surgery	<b>Screen:</b> ZZZ Global Post-Operative Visits	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2020	<b>Tab:</b> 18 <b>Specialty Developing Recommendation:</b> AAO, AAP	<b>First Identified:</b> October 2019	<b>2020 Medicare Utilization:</b> 1,233	<b>2022 Work RVU:</b> 3.50 <b>2022 NF PE RVU:</b> NA <b>2022 Fac PE RVU:</b> 3.86	
<b>RUC Recommendation:</b> 3.50		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b> Decrease	
<hr/>					
<b>67334</b>	Strabismus surgery by posterior fixation suture technique, with or without muscle recession (list separately in addition to code for primary procedure)	<b>Global:</b> ZZZ	<b>Issue:</b> Strabismus Surgery	<b>Screen:</b> ZZZ Global Post-Operative Visits	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2020	<b>Tab:</b> 18 <b>Specialty Developing Recommendation:</b> AAO, AAP	<b>First Identified:</b> October 2019	<b>2020 Medicare Utilization:</b> 84	<b>2022 Work RVU:</b> 2.06 <b>2022 NF PE RVU:</b> NA <b>2022 Fac PE RVU:</b> 4.69	
<b>RUC Recommendation:</b> 2.06		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b> Decrease	

## Status Report: CMS Requests and Relativity Assessment Issues

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<b>67335</b>	Placement of adjustable suture(s) during strabismus surgery, including postoperative adjustment(s) of suture(s) (list separately in addition to code for specific strabismus surgery)	<b>Global:</b> ZZZ	<b>Issue:</b> Strabismus Surgery	<b>Screen:</b> ZZZ Global Post-Operative Visits	<b>Complete?</b> Yes
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<b>Most Recent RUC Meeting:</b> October 2020	<b>Tab:</b> 18	<b>Specialty Developing Recommendation:</b> AAO, AAP	<b>First Identified:</b> October 2019	<b>2020 Medicare Utilization:</b> 1,197	<b>2022 Work RVU:</b> 3.23 <b>2022 NF PE RVU:</b> NA <b>2022 Fac PE RVU:</b> 1.96
<b>RUC Recommendation:</b> 3.23	<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>			<b>Published in CPT Asst:</b>	<b>Result:</b> Increase

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<b>67340</b>	Strabismus surgery involving exploration and/or repair of detached extraocular muscle(s) (list separately in addition to code for primary procedure)	<b>Global:</b> ZZZ	<b>Issue:</b> Strabismus Surgery	<b>Screen:</b> ZZZ Global Post-Operative Visits	<b>Complete?</b> Yes
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<b>Most Recent RUC Meeting:</b> October 2020	<b>Tab:</b> 18	<b>Specialty Developing Recommendation:</b> AAO, AAP	<b>First Identified:</b> October 2019	<b>2020 Medicare Utilization:</b> 67	<b>2022 Work RVU:</b> 5.00 <b>2022 NF PE RVU:</b> NA <b>2022 Fac PE RVU:</b> 3.08
<b>RUC Recommendation:</b> 5.00	<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>			<b>Published in CPT Asst:</b>	<b>Result:</b> Decrease

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<b>67500</b>	Retrobulbar injection; medication (separate procedure, does not include supply of medication)	<b>Global:</b> 000	<b>Issue:</b> Injection – Eye	<b>Screen:</b> CMS 000-Day Global Typically Reported with an E/M	<b>Complete?</b> Yes
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<b>Most Recent RUC Meeting:</b> October 2017	<b>Tab:</b> 11	<b>Specialty Developing Recommendation:</b> AAO, ASRS	<b>First Identified:</b> October 2017	<b>2020 Medicare Utilization:</b> 7,335	<b>2022 Work RVU:</b> 1.18 <b>2022 NF PE RVU:</b> 0.95 <b>2022 Fac PE RVU:</b> 0.55
<b>RUC Recommendation:</b> 1.18	<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>			<b>Published in CPT Asst:</b>	<b>Result:</b> Decrease

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# Status Report: CMS Requests and Relativity Assessment Issues

**67505** Retrobulbar injection; alcohol

**Global:** 000

**Issue:** Injection – Eye

**Screen:** CMS 000-Day Global  
Typically Reported with  
an E/M

**Complete?** Yes

**Most Recent  
RUC Meeting:** October 2017

**Tab:** 11 **Specialty Developing  
Recommendation:** AAO, ASRS

**First  
Identified:** October 2017

**2020  
Medicare  
Utilization:** 102

**2022 Work RVU:** 1.18

**2022 NF PE RVU:** 1.26

**2022 Fac PE RVU:** 0.82

**RUC Recommendation:** 1.18

**Referred to CPT**

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Decrease

**67515** Injection of medication or other substance into tenon's capsule

**Global:** 000

**Issue:** Injection – Eye

**Screen:** CMS 000-Day Global  
Typically Reported with  
an E/M

**Complete?** Yes

**Most Recent  
RUC Meeting:** October 2017

**Tab:** 11 **Specialty Developing  
Recommendation:** AAO, ASRS

**First  
Identified:** July 2016

**2020  
Medicare  
Utilization:** 20,437

**2022 Work RVU:** 0.75

**2022 NF PE RVU:** 0.70

**2022 Fac PE RVU:** 0.55

**RUC Recommendation:** 0.84

**Referred to CPT**

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Decrease

**67820** Correction of trichiasis; epilation, by forceps only

**Global:** 000

**Issue:** Correction of Trichiasis

**Screen:** CMS High Expenditure  
Procedural Codes2

**Complete?** Yes

**Most Recent  
RUC Meeting:** April 2016

**Tab:** 29 **Specialty Developing  
Recommendation:** AOA, AOA  
(optometry)

**First  
Identified:** July 2015

**2020  
Medicare  
Utilization:** 172,505

**2022 Work RVU:** 0.32

**2022 NF PE RVU:** 0.22

**2022 Fac PE RVU:** 0.30

**RUC Recommendation:** 0.32

**Referred to CPT**

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Decrease



# Status Report: CMS Requests and Relativity Assessment Issues

<b>67914</b> Repair of ectropion; suture			<b>Global:</b> 090	<b>Issue:</b> Repair of Eyelid	<b>Screen:</b> Harvard-Valued Annual Allowed Charges Greater than \$10 million	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2013	<b>Tab:</b> 24	<b>Specialty Developing Recommendation:</b> AAO	<b>First Identified:</b> October 2012	<b>2020 Medicare Utilization:</b> 1,131	<b>2022 Work RVU:</b> 3.75 <b>2022 NF PE RVU:</b> 10.45 <b>2022 Fac PE RVU:</b> 5.42	
<b>RUC Recommendation:</b> 3.75			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>		<b>Published in CPT Asst:</b> <b>Result:</b> Maintain	
<hr/>						
<b>67915</b> Repair of ectropion; thermocauterization			<b>Global:</b> 090	<b>Issue:</b> Repair of Eyelid	<b>Screen:</b> Harvard-Valued Annual Allowed Charges Greater than \$10 million	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2013	<b>Tab:</b> 24	<b>Specialty Developing Recommendation:</b> AAO	<b>First Identified:</b> October 2012	<b>2020 Medicare Utilization:</b> 234	<b>2022 Work RVU:</b> 2.03 <b>2022 NF PE RVU:</b> 7.24 <b>2022 Fac PE RVU:</b> 3.55	
<b>RUC Recommendation:</b> 2.03			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>		<b>Published in CPT Asst:</b> <b>Result:</b> Decrease	
<hr/>						
<b>67916</b> Repair of ectropion; excision tarsal wedge			<b>Global:</b> 090	<b>Issue:</b> Repair of Eyelid	<b>Screen:</b> Harvard-Valued Annual Allowed Charges Greater than \$10 million	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2013	<b>Tab:</b> 24	<b>Specialty Developing Recommendation:</b> AAO	<b>First Identified:</b> October 2012	<b>2020 Medicare Utilization:</b> 1,129	<b>2022 Work RVU:</b> 5.48 <b>2022 NF PE RVU:</b> 12.18 <b>2022 Fac PE RVU:</b> 6.50	
<b>RUC Recommendation:</b> 5.48			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>		<b>Published in CPT Asst:</b> <b>Result:</b> Maintain	

# Status Report: CMS Requests and Relativity Assessment Issues

**67917** Repair of ectropion; extensive (eg, tarsal strip operations)

**Global:** 090

**Issue:** Repair of Eyelid

**Screen:** Harvard-Valued Annual Allowed Charges Greater than \$10 million

**Complete?** Yes

**Most Recent RUC Meeting:** April 2013

**Tab:** 24

**Specialty Developing Recommendation:** AAO

**First Identified:** October 2012

**2020 Medicare Utilization:** 16,879

**2022 Work RVU:** 5.93

**2022 NF PE RVU:** 12.06

**2022 Fac PE RVU:** 6.77

**RUC Recommendation:** 5.93

**Referred to CPT**

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Decrease

**67921** Repair of entropion; suture

**Global:** 090

**Issue:** Repair of Eyelid

**Screen:** Harvard-Valued Annual Allowed Charges Greater than \$10 million

**Complete?** Yes

**Most Recent RUC Meeting:** April 2013

**Tab:** 24

**Specialty Developing Recommendation:** AAO

**First Identified:** October 2012

**2020 Medicare Utilization:** 2,789

**2022 Work RVU:** 3.47

**2022 NF PE RVU:** 10.49

**2022 Fac PE RVU:** 5.27

**RUC Recommendation:** 3.47

**Referred to CPT**

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Maintain

**67922** Repair of entropion; thermocauterization

**Global:** 090

**Issue:** Repair of Eyelid

**Screen:** Harvard-Valued Annual Allowed Charges Greater than \$10 million

**Complete?** Yes

**Most Recent RUC Meeting:** April 2013

**Tab:** 24

**Specialty Developing Recommendation:** AAO

**First Identified:** October 2012

**2020 Medicare Utilization:** 74

**2022 Work RVU:** 2.03

**2022 NF PE RVU:** 6.94

**2022 Fac PE RVU:** 3.56

**RUC Recommendation:** 2.03

**Referred to CPT**

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Decrease

# Status Report: CMS Requests and Relativity Assessment Issues

**67923** Repair of entropion; excision tarsal wedge

**Global:** 090

**Issue:** Repair of Eyelid

**Screen:** Harvard-Valued Annual Allowed Charges Greater than \$10 million

**Complete?** Yes

**Most Recent RUC Meeting:** April 2013

**Tab:** 24 **Specialty Developing Recommendation:** AAO

**First Identified:** October 2012

**2020 Medicare Utilization:** 856

**2022 Work RVU:** 5.48

**2022 NF PE RVU:** 12.19

**2022 Fac PE RVU:** 6.51

**RUC Recommendation:** 5.48

**Referred to CPT**

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Decrease

**67924** Repair of entropion; extensive (eg, tarsal strip or capsulopalpebral fascia repairs operation)

**Global:** 090

**Issue:** Repair of Eyelid

**Screen:** Harvard-Valued Annual Allowed Charges Greater than \$10 million

**Complete?** Yes

**Most Recent RUC Meeting:** April 2013

**Tab:** 24 **Specialty Developing Recommendation:** AAO

**First Identified:** October 2012

**2020 Medicare Utilization:** 8,656

**2022 Work RVU:** 5.93

**2022 NF PE RVU:** 12.85

**2022 Fac PE RVU:** 6.78

**RUC Recommendation:** 5.93

**Referred to CPT**

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Maintain

**68040** Expression of conjunctival follicles (eg, for trachoma)

**Global:** 000

**Issue:** Treatment of Eyelid Lesions

**Screen:** High Volume Growth1

**Complete?** Yes

**Most Recent RUC Meeting:** September 2011

**Tab:** 51 **Specialty Developing Recommendation:** AAO

**First Identified:** February 2008

**2020 Medicare Utilization:** 5,295

**2022 Work RVU:** 0.85

**2022 NF PE RVU:** 0.92

**2022 Fac PE RVU:** 0.49

**RUC Recommendation:** Revised parenthetical

**Referred to CPT** February 2013

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Maintain

## Status Report: CMS Requests and Relativity Assessment Issues

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<b>68200</b>	Subconjunctival injection	<b>Global:</b> 000	<b>Issue:</b> Subconjunctival Injection	<b>Screen:</b> Harvard Valued - Utilization over 30,000	<b>Complete?</b> Yes
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<b>Most Recent RUC Meeting:</b> October 2013	<b>Tab:</b> 18	<b>Specialty Developing Recommendation:</b> AAO
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<b>First Identified:</b> April 2011
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<b>2020 Medicare Utilization:</b> 5,203
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<b>2022 Work RVU:</b> 0.49
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<b>2022 NF PE RVU:</b> 0.69
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<b>2022 Fac PE RVU:</b> 0.46
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<b>RUC Recommendation:</b> 0.49
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<b>Referred to CPT</b>
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<b>Referred to CPT Asst</b>
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<b>Published in CPT Asst:</b>
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<b>Result:</b> Maintain
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<b>68801</b>	Dilation of lacrimal punctum, with or without irrigation
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<b>Global:</b> 010
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<b>Issue:</b> Dilation and Probing of Lacrimal and Nasolacrimal Duct
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<b>Screen:</b> 010-Day Global Post-Operative Visits
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<b>Complete?</b> Yes
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<b>Most Recent RUC Meeting:</b> January 2015	<b>Tab:</b> 23	<b>Specialty Developing Recommendation:</b> AAO, AOA (optometry)
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<b>First Identified:</b> January 2014
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<b>2020 Medicare Utilization:</b> 20,489
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<b>2022 Work RVU:</b> 0.82
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<b>2022 NF PE RVU:</b> 1.96
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<b>2022 Fac PE RVU:</b> 1.40
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<b>RUC Recommendation:</b> 1.00
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<b>Referred to CPT</b>
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<b>Referred to CPT Asst</b>
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<b>Published in CPT Asst:</b>
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<b>Result:</b> Maintain
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<b>68810</b>	Probing of nasolacrimal duct, with or without irrigation;
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<b>Global:</b> 010
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<b>Issue:</b> Dilation and Probing of Lacrimal and Nasolacrimal Duct
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<b>Screen:</b> Site of Service Anomaly / 010-Day Global Post-Operative Visits
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<b>Complete?</b> Yes
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<b>Most Recent RUC Meeting:</b> January 2015	<b>Tab:</b> 23	<b>Specialty Developing Recommendation:</b> AAO, AOA (optometry)
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<b>First Identified:</b> September 2007
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<b>2020 Medicare Utilization:</b> 20,304
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<b>2022 Work RVU:</b> 1.54
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<b>2022 NF PE RVU:</b> 3.09
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<b>2022 Fac PE RVU:</b> 2.03
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<b>RUC Recommendation:</b> 1.54
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<b>Referred to CPT</b>
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<b>Referred to CPT Asst</b>
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<b>Published in CPT Asst:</b>
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<b>Result:</b> Decrease
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# Status Report: CMS Requests and Relativity Assessment Issues

**68811** Probing of nasolacrimal duct, with or without irrigation; requiring general anesthesia **Global:** 010 **Issue:** **Screen:** 010-Day Global Post-Operative Visits **Complete?** Yes

**Most Recent RUC Meeting:** January 2015 **Tab:** 23 **Specialty Developing Recommendation:** AAO, AOA (optometry) **First Identified:** September 2014 **2020 Medicare Utilization:** 338 **2022 Work RVU:** 1.74 **2022 NF PE RVU:** NA **2022 Fac PE RVU:** 2.02 **RUC Recommendation:** 2.03

**Referred to CPT**  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Decrease

**68815** Probing of nasolacrimal duct, with or without irrigation; with insertion of tube or stent **Global:** 010 **Issue:** Dilation and Probing of Lacrimal and Nasolacrimal Duct **Screen:** 010-Day Global Post-Operative Visits **Complete?** Yes

**Most Recent RUC Meeting:** January 2015 **Tab:** 23 **Specialty Developing Recommendation:** AAO, AOA (optometry) **First Identified:** January 2014 **2020 Medicare Utilization:** 5,830 **2022 Work RVU:** 2.70 **2022 NF PE RVU:** 8.30 **2022 Fac PE RVU:** 3.50 **RUC Recommendation:** 3.00

**Referred to CPT**  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Decrease

**68816** Probing of nasolacrimal duct, with or without irrigation; with transluminal balloon catheter dilation **Global:** 010 **Issue:** **Screen:** 010-Day Global Post-Operative Visits **Complete?** Yes

**Most Recent RUC Meeting:** January 2015 **Tab:** 23 **Specialty Developing Recommendation:** AAO, AOA (optometry) **First Identified:** September 2014 **2020 Medicare Utilization:** 180 **2022 Work RVU:** 2.10 **2022 NF PE RVU:** 23.97 **2022 Fac PE RVU:** 2.27 **RUC Recommendation:** 2.35

**Referred to CPT**  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Decrease

**69100** Biopsy external ear **Global:** 000 **Issue:** Biopsy of Ear **Screen:** CMS Fastest Growing **Complete?** Yes

**Most Recent RUC Meeting:** April 2009 **Tab:** 28 **Specialty Developing Recommendation:** AAD **First Identified:** October 2008 **2020 Medicare Utilization:** 144,999 **2022 Work RVU:** 0.81 **2022 NF PE RVU:** 1.98 **2022 Fac PE RVU:** 0.46 **RUC Recommendation:** 0.81

**Referred to CPT**  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Maintain

# Status Report: CMS Requests and Relativity Assessment Issues

<b>69200</b>	Removal foreign body from external auditory canal; without general anesthesia	<b>Global:</b> 000	<b>Issue:</b> Removal of Foreign Body	<b>Screen:</b> Harvard Valued - Utilization over 30,000	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> September 2011	<b>Tab:</b> 29 <b>Specialty Developing Recommendation:</b> AAO-HNS	<b>First Identified:</b> April 2011	<b>2020 Medicare Utilization:</b> 49,625	<b>2022 Work RVU:</b> 0.77 <b>2022 NF PE RVU:</b> 1.50 <b>2022 Fac PE RVU:</b> 0.51	
<b>RUC Recommendation:</b> 0.77		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b> Maintain	
<hr/>					
<b>69210</b>	Removal impacted cerumen requiring instrumentation, unilateral	<b>Global:</b> 000	<b>Issue:</b> Removal of Cerumen	<b>Screen:</b> CMS High Expenditure Procedural Codes1	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2015	<b>Tab:</b> 29 <b>Specialty Developing Recommendation:</b> AAFP, AAO-HNS	<b>First Identified:</b> September 2011	<b>2020 Medicare Utilization:</b> 1,236,622	<b>2022 Work RVU:</b> 0.61 <b>2022 NF PE RVU:</b> 0.70 <b>2022 Fac PE RVU:</b> 0.27	
<b>RUC Recommendation:</b> 0.58.		<b>Referred to CPT</b> October 2012 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b> Decrease	
<hr/>					
<b>69400</b>	Eustachian tube inflation, transnasal; with catheterization	<b>Global:</b>	<b>Issue:</b> Eustachian Tube Procedures	<b>Screen:</b> High Volume Growth2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2013	<b>Tab:</b> 18 <b>Specialty Developing Recommendation:</b> AAO-HNS	<b>First Identified:</b> October 2013	<b>2020 Medicare Utilization:</b>	<b>2022 Work RVU:</b> <b>2022 NF PE RVU:</b> <b>2022 Fac PE RVU:</b>	
<b>RUC Recommendation:</b> Deleted from CPT		<b>Referred to CPT</b> February 2014 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b> Deleted from CPT	
<hr/>					
<b>69401</b>	Eustachian tube inflation, transnasal; without catheterization	<b>Global:</b>	<b>Issue:</b> Eustachian Tube Procedures	<b>Screen:</b> High Volume Growth2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2013	<b>Tab:</b> 18 <b>Specialty Developing Recommendation:</b> AAO-HNS	<b>First Identified:</b> April 2013	<b>2020 Medicare Utilization:</b>	<b>2022 Work RVU:</b> <b>2022 NF PE RVU:</b> <b>2022 Fac PE RVU:</b>	
<b>RUC Recommendation:</b> Deleted from CPT		<b>Referred to CPT</b> February 2014 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b> Deleted from CPT	

## Status Report: CMS Requests and Relativity Assessment Issues

**69405** Eustachian tube catheterization, transtympanic **Global:** **Issue:** Eustachian Tube Procedures **Screen:** High Volume Growth2 **Complete?** Yes

**Most Recent** **Tab:** 18 **Specialty Developing** AAO-HNS  
**RUC Meeting:** October 2013 **Recommendation:**

**First**  
**Identified:** October 2013

**2020**  
**Medicare**  
**Utilization:**

**2022 Work RVU:**  
**2022 NF PE RVU:**  
**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:**

**69433** Tympanostomy (requiring insertion of ventilating tube), local or topical anesthesia **Global:** 010 **Issue:** Tympanostomy **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

**Most Recent** **Tab:** 30 **Specialty Developing** AAO-HNS  
**RUC Meeting:** September 2011 **Recommendation:**

**First**  
**Identified:** April 2011

**2020**  
**Medicare**  
**Utilization:** 34,666

**2022 Work RVU:** 1.57  
**2022 NF PE RVU:** 4.25  
**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 / Site of Service Anomaly (99238-Only) / CPT Assistant Analysis **Complete?** Yes

**Most Recent** **Tab:** 21 **Specialty Developing** AAO-HNS  
**RUC Meeting:** October 2015 **Recommendation:**

**First**  
**Identified:** September 2007

**2020**  
**Medicare**  
**Utilization:** 22,431

**2022 Work RVU:** 2.06  
**2022 NF PE RVU:** 4.49  
**2022 Fac PE RVU:** 1.31

**RUC Recommendation:** Review action plan at RAW Oct 2015. 2.06

**Referred to CPT** Feb 2010

**Result:** Decrease

**Referred to CPT Asst** ☒ **Published in CPT Asst:** May 2011

## Status Report: CMS Requests and Relativity Assessment Issues

**69802** Labyrinthotomy, with perfusion of vestibuloactive drug(s); with mastoidectomy      **Global:**      **Issue:** Labryinthotomy      **Screen:** CMS Fastest Growing / Site of Service Anomaly (99238-Only)      **Complete?** Yes

**Most Recent**  
**RUC Meeting:** April 2010      **Tab:** 16      **Specialty Developing Recommendation:** AAO-HNS

**First Identified:**      **2020 Medicare Utilization:**

**2022 Work RVU:**  
**2022 NF PE RVU:**  
**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:**

**69930** Cochlear device implantation, with or without mastoidectomy

**Global:** 090      **Issue:** Cochlear Device Implantation

**Screen:** Site of Service Anomaly      **Complete?** Yes

**Most Recent**  
**RUC Meeting:** February 2008      **Tab:** M      **Specialty Developing Recommendation:** AAO-HNS

**First Identified:** September 2007      **2020 Medicare Utilization:** 3,396

**2022 Work RVU:** 17.73  
**2022 NF PE RVU:** NA  
**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 over 20,000 Part1      **Complete?** Yes

**Most Recent**  
**RUC Meeting:** January 2020      **Tab:** 28      **Specialty Developing Recommendation:**

**First Identified:** January 2019      **2020 Medicare Utilization:** 19,577

**2022 Work RVU:** 0.18  
**2022 NF PE RVU:** 0.77  
**2022 Fac PE RVU:** NA

**RUC Recommendation:** 0.18

**Referred to CPT**

**Result:** Increase

**Referred to CPT Asst** ☐ **Published in CPT Asst:**



## Status Report: CMS Requests and Relativity Assessment Issues

**70100** Radiologic examination, mandible; partial, less than 4 views

**Global:** XXX **Issue:** RAW

**Screen:** High Volume Growth2

**Complete?** Yes

**Most Recent**  
**RUC Meeting:** October 2013

**Tab:** 18 **Specialty Developing**  
**Recommendation:**

**First**  
**Identified:** April 2013

**2020**  
**Medicare**  
**Utilization:** 17,628

**2022 Work RVU:** 0.18

**2022 NF PE RVU:** 0.95

**2022 Fac PE RVU:** NA

**RUC Recommendation:** RUC to submit letter to CMS specifying the inappropriate reporting of this service with the hand-held device in Texas.

**Referred to CPT**

**Result:** Maintain

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**70210** Radiologic examination, sinuses, paranasal, less than 3 views

**Global:** XXX **Issue:** X-Ray Exam - Sinuses

**Screen:** CMS-Other - Utilization over 30,000

**Complete?** Yes

**Most Recent**  
**RUC Meeting:** January 2019

**Tab:** 24 **Specialty Developing**  
**Recommendation:** AAFP, ACP, ACR, ASNR

**First**  
**Identified:** October 2017

**2020**  
**Medicare**  
**Utilization:** 17,688

**2022 Work RVU:** 0.17

**2022 NF PE RVU:** 0.78

**2022 Fac PE RVU:** NA

**RUC Recommendation:** 0.20

**Referred to CPT**

**Result:** Increase

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**70220** Radiologic examination, sinuses, paranasal, complete, minimum of 3 views

**Global:** XXX **Issue:** X-Ray Exam - Sinuses

**Screen:** CMS-Other - Utilization over 30,000

**Complete?** Yes

**Most Recent**  
**RUC Meeting:** January 2019

**Tab:** 24 **Specialty Developing**  
**Recommendation:** AAFP, ACP, ACR, ASNR

**First**  
**Identified:** October 2017

**2020**  
**Medicare**  
**Utilization:** 36,640

**2022 Work RVU:** 0.22

**2022 NF PE RVU:** 0.89

**2022 Fac PE RVU:** NA

**RUC Recommendation:** 0.22

**Referred to CPT**

**Result:** Decrease

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

## Status Report: CMS Requests and Relativity Assessment Issues

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**70250** Radiologic examination, skull; less than 4 views **Global:** XXX **Issue:** X-Ray Exam – Skull **Screen:** CMS-Other - Utilization over 30,000 **Complete?** Yes

**Most Recent** **Tab:** 25 **Specialty Developing** ACR, ASNR  
**RUC Meeting:** January 2019 **Recommendation:**

**First**  
**Identified:** October 2017

**2020**  
**Medicare**  
**Utilization:** 39,086

**2022 Work RVU:** 0.18

**2022 NF PE RVU:** 0.87

**2022 Fac PE RVU:** NA

**RUC Recommendation:** 0.20

**Referred to CPT**

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Decrease

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**70260** Radiologic examination, skull; complete, minimum of 4 views **Global:** XXX **Issue:** X-Ray Exam – Skull **Screen:** CMS-Other - Utilization over 30,000 **Complete?** Yes

**Most Recent** **Tab:** 25 **Specialty Developing** ACR, ASNR  
**RUC Meeting:** January 2019 **Recommendation:**

**First**  
**Identified:** October 2017

**2020**  
**Medicare**  
**Utilization:** 7,934

**2022 Work RVU:** 0.28

**2022 NF PE RVU:** 1.04

**2022 Fac PE RVU:** NA

**RUC Recommendation:** 0.29

**Referred to CPT**

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Decrease

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**70310** Radiologic examination, teeth; partial examination, less than full mouth **Global:** XXX **Issue:** RAW **Screen:** High Volume Growth2 **Complete?** Yes

**Most Recent** **Tab:** 18 **Specialty Developing**  
**RUC Meeting:** October 2013 **Recommendation:**

**First**  
**Identified:** April 2013

**2020**  
**Medicare**  
**Utilization:** 1,961

**2022 Work RVU:** 0.16

**2022 NF PE RVU:** 0.96

**2022 Fac PE RVU:** NA

**RUC Recommendation:** RUC to submit letter to CMS specifying the inappropriate reporting of this service with the hand-held device in Texas.

**Referred to CPT**

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Maintain

# Status Report: CMS Requests and Relativity Assessment Issues

**70360** Radiologic examination; neck, soft tissue **Global:** XXX **Issue:** X-Ray Exam – Neck **Screen:** CMS-Other - Utilization over 30,000 **Complete?** Yes

**Most Recent RUC Meeting:** January 2019 **Tab:** 26 **Specialty Developing Recommendation:** AAFP, ACP, ACR, ASNR **First Identified:** October 2017 **2020 Medicare Utilization:** 36,813 **2022 Work RVU:** 0.18 **2022 NF PE RVU:** 0.74 **2022 Fac PE RVU:** NA

**RUC Recommendation:** 0.20

**Referred to CPT**  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Increase

**70371** Complex dynamic pharyngeal and speech evaluation by cine or video recording **Global:** XXX **Issue:** Laryngography **Screen:** Codes Reported Together 75% or More-Part2 / CPT Assistant Analysis 2018 **Complete?** Yes

**Most Recent RUC Meeting:** January 2019 **Tab:** 37 **Specialty Developing Recommendation:** ACR, AAFP **First Identified:** October 2012 **2020 Medicare Utilization:** 1,348 **2022 Work RVU:** 0.84 **2022 NF PE RVU:** 2.24 **2022 Fac PE RVU:** NA

**RUC Recommendation:** CPT Assistant article published, addressed issues identified.

**Referred to CPT**  
**Referred to CPT Asst** ☒ **Published in CPT Asst:** July 2014

**Result:** Maintain

**70373** Laryngography, contrast, radiological supervision and interpretation **Global:** **Issue:** Laryngography **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

**Most Recent RUC Meeting:** October 2012 **Tab:** **Specialty Developing Recommendation:** ACR, AAFP **First Identified:** October 2012 **2020 Medicare Utilization:** **2022 Work RVU:** **2022 NF PE RVU:** **2022 Fac PE RVU:**

**RUC Recommendation:** CPT Assistant article published.

**Referred to CPT**  
**Referred to CPT Asst** ☒ **Published in CPT Asst:** July 2014

**Result:** Maintain

## Status Report: CMS Requests and Relativity Assessment Issues

<b>70450</b>	Computed tomography, head or brain; without contrast material	<b>Global:</b> XXX	<b>Issue:</b> CT Head/Brain	<b>Screen:</b> CMS-Other - Utilization over 500,000 / CMS High Expenditure Procedural Codes1 / CMS Request - Final Rule for 2019	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2019	<b>Tab:</b> 15 <b>Specialty Developing Recommendation:</b> ACR, ASNR	<b>First Identified:</b> April 2011	<b>2020 Medicare Utilization:</b> 4,813,481	<b>2022 Work RVU:</b> 0.85 <b>2022 NF PE RVU:</b> 2.37 <b>2022 Fac PE RVU:</b> NA	
<b>RUC Recommendation:</b> 0.85		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b> Maintain	
<hr/>					
<b>70460</b>	Computed tomography, head or brain; with contrast material(s)	<b>Global:</b> XXX	<b>Issue:</b> CT Head/Brain	<b>Screen:</b> CMS High Expenditure Procedural Codes1	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2019	<b>Tab:</b> 15 <b>Specialty Developing Recommendation:</b> ACR, ASNR	<b>First Identified:</b> April 2013	<b>2020 Medicare Utilization:</b> 21,365	<b>2022 Work RVU:</b> 1.13 <b>2022 NF PE RVU:</b> 3.41 <b>2022 Fac PE RVU:</b> NA	
<b>RUC Recommendation:</b> 1.13		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b> Maintain	
<hr/>					
<b>70470</b>	Computed tomography, head or brain; without contrast material, followed by contrast material(s) and further sections	<b>Global:</b> XXX	<b>Issue:</b> CT Head/Brain	<b>Screen:</b> Harvard Valued - Utilization over 100,000	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2019	<b>Tab:</b> 15 <b>Specialty Developing Recommendation:</b> ACR, ASNR	<b>First Identified:</b> October 2009	<b>2020 Medicare Utilization:</b> 70,900	<b>2022 Work RVU:</b> 1.27 <b>2022 NF PE RVU:</b> 4.06 <b>2022 Fac PE RVU:</b> NA	
<b>RUC Recommendation:</b> 1.27		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b> Maintain	

## Status Report: CMS Requests and Relativity Assessment Issues

**70480** Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; without contrast material **Global:** XXX **Issue:** CT – Orbit/Ear/Fossa **Screen:** CMS-Other - Utilization over 30,000 **Complete?** Yes

**Most Recent RUC Meeting:** October 2018

**Tab:** 16 **Specialty Developing Recommendation:** ACR, ASNR

**First Identified:** October 2017

**2020 Medicare Utilization:** 43,867

**2022 Work RVU:** 1.28

**2022 NF PE RVU:** 3.56

**2022 Fac PE RVU:** NA

**RUC Recommendation:** 1.28

**Referred to CPT**

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Maintain

**70481** Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; with contrast material(s) **Global:** XXX **Issue:** CT – Orbit/Ear/Fossa **Screen:** CMS-Other - Utilization over 30,000 **Complete?** Yes

**Most Recent RUC Meeting:** October 2018

**Tab:** 16 **Specialty Developing Recommendation:** ACR, ASNR

**First Identified:** October 2017

**2020 Medicare Utilization:** 8,890

**2022 Work RVU:** 1.13

**2022 NF PE RVU:** 4.43

**2022 Fac PE RVU:** NA

**RUC Recommendation:** 1.13

**Referred to CPT**

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Decrease

**70482** Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; without contrast material, followed by contrast material(s) and further sections **Global:** XXX **Issue:** CT – Orbit/Ear/Fossa **Screen:** CMS-Other - Utilization over 30,000 **Complete?** Yes

**Most Recent RUC Meeting:** October 2018

**Tab:** 16 **Specialty Developing Recommendation:** ACR, ASNR

**First Identified:** October 2017

**2020 Medicare Utilization:** 3,841

**2022 Work RVU:** 1.27

**2022 NF PE RVU:** 5.25

**2022 Fac PE RVU:** NA

**RUC Recommendation:** 1.27

**Referred to CPT**

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Decrease

# Status Report: CMS Requests and Relativity Assessment Issues

**70486** Computed tomography, maxillofacial area; without contrast material **Global:** XXX **Issue:** CT – Maxillofacial **Screen:** CMS-Other - Utilization over 250,000 **Complete?** Yes

**Most Recent RUC Meeting:** April 2014 **Tab:** 41 **Specialty Developing Recommendation:** ACR, ASNR

**First Identified:** April 2013

**2020 Medicare Utilization:** 425,050

**2022 Work RVU:** 0.85

**2022 NF PE RVU:** 3.06

**2022 Fac PE RVU:** NA

**RUC Recommendation:** 0.85

**Referred to CPT**

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Decrease

**70487** Computed tomography, maxillofacial area; with contrast material(s) **Global:** XXX **Issue:** CT – Maxillofacial **Screen:** CMS-Other - Utilization over 250,000 **Complete?** Yes

**Most Recent RUC Meeting:** April 2014 **Tab:** 41 **Specialty Developing Recommendation:** ACR, ASNR

**First Identified:** April 2014

**2020 Medicare Utilization:** 25,411

**2022 Work RVU:** 1.13

**2022 NF PE RVU:** 3.53

**2022 Fac PE RVU:** NA

**RUC Recommendation:** 1.17

**Referred to CPT**

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Decrease

**70488** Computed tomography, maxillofacial area; without contrast material, followed by contrast material(s) and further sections **Global:** XXX **Issue:** CT – Maxillofacial **Screen:** CMS-Other - Utilization over 250,000 **Complete?** Yes

**Most Recent RUC Meeting:** April 2014 **Tab:** 41 **Specialty Developing Recommendation:** ACR, ASNR

**First Identified:** April 2014

**2020 Medicare Utilization:** 3,020

**2022 Work RVU:** 1.27

**2022 NF PE RVU:** 4.42

**2022 Fac PE RVU:** NA

**RUC Recommendation:** 1.30

**Referred to CPT**

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Decrease

**70490** Computed tomography, soft tissue neck; without contrast material **Global:** XXX **Issue:** CT Soft Tissue Neck **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

**Most Recent RUC Meeting:** January 2017 **Tab:** 21 **Specialty Developing Recommendation:** ACR, ASNR

**First Identified:** July 2015

**2020 Medicare Utilization:** 56,374

**2022 Work RVU:** 1.28

**2022 NF PE RVU:** 3.30

**2022 Fac PE RVU:** NA

**RUC Recommendation:** 1.28

**Referred to CPT**

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Maintain

# Status Report: CMS Requests and Relativity Assessment Issues

**70491** Computed tomography, soft tissue neck; with contrast material(s) **Global:** XXX **Issue:** CT Soft Tissue Neck **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

**Most Recent RUC Meeting:** January 2017 **Tab:** 21 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** July 2015 **2020 Medicare Utilization:** 247,043 **2022 Work RVU:** 1.38 **2022 NF PE RVU:** 4.29 **2022 Fac PE RVU:** NA

**RUC Recommendation:** 1.38

**Referred to CPT**  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Maintain

**70492** Computed tomography, soft tissue neck; without contrast material followed by contrast material(s) and further sections **Global:** XXX **Issue:** CT Soft Tissue Neck **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

**Most Recent RUC Meeting:** January 2017 **Tab:** 21 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** July 2015 **2020 Medicare Utilization:** 20,210 **2022 Work RVU:** 1.62 **2022 NF PE RVU:** 5.19 **2022 Fac PE RVU:** NA

**RUC Recommendation:** 1.62

**Referred to CPT**  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Increase

**70496** Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing **Global:** XXX **Issue:** CT Angiography – Head & Neck **Screen:** High Volume Growth1 / CMS Fastest Growing / High Volume Growth2 / High Volume Growth5 / Codes Reported Together 75% or More-Part5 **Complete?** No

**Most Recent RUC Meeting:** September 2022 **Tab:** 13 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** February 2008 **2020 Medicare Utilization:** 509,547 **2022 Work RVU:** 1.75 **2022 NF PE RVU:** 6.70 **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** ☐ **Published in CPT Asst:**

**Result:** Maintain

## Status Report: CMS Requests and Relativity Assessment Issues

**70498** Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing **Global:** XXX **Issue:** CT Angiography – Head & Neck **Screen:** High Volume Growth1 / CMS Fastest Growing / High Volume Growth5 / Codes Reported Together 75% or More-Part5 **Complete?** No

**Most Recent RUC Meeting:** September 2022

**Tab:** 13 **Specialty Developing Recommendation:** ACR, ASNR

**First Identified:** February 2008

**2020 Medicare Utilization:** 529,852

**2022 Work RVU:** 1.75

**2022 NF PE RVU:** 6.69

**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** ☐ **Published in CPT Asst:**

**Result:** Maintain

**70540** Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)

**Global:** XXX

**Issue:** MRI Face and Neck

**Screen:** CMS High Expenditure Procedural Codes2

**Complete?** Yes

**Most Recent RUC Meeting:** January 2016

**Tab:** 39 **Specialty Developing Recommendation:** ACR, ASNR

**First Identified:** July 2015

**2020 Medicare Utilization:** 8,567

**2022 Work RVU:** 1.35

**2022 NF PE RVU:** 5.70

**2022 Fac PE RVU:** NA

**RUC Recommendation:** 1.35

**Referred to CPT**

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Maintain

**70542** Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; with contrast material(s)

**Global:** XXX

**Issue:** MRI Face and Neck

**Screen:** CMS High Expenditure Procedural Codes2

**Complete?** Yes

**Most Recent RUC Meeting:** January 2016

**Tab:** 39 **Specialty Developing Recommendation:** ACR, ASNR

**First Identified:** July 2015

**2020 Medicare Utilization:** 805

**2022 Work RVU:** 1.62

**2022 NF PE RVU:** 6.76

**2022 Fac PE RVU:** NA

**RUC Recommendation:** 1.62

**Referred to CPT**

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Maintain



## Status Report: CMS Requests and Relativity Assessment Issues

**70543** Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s), followed by contrast material(s) and further sequences **Global:** XXX **Issue:** MRI Face and Neck **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

**Most Recent RUC Meeting:** January 2016

**Tab:** 39 **Specialty Developing Recommendation:** ACR, ASNR

**First Identified:** July 2015

**2020 Medicare Utilization:** 55,029

**2022 Work RVU:** 2.15

**2022 NF PE RVU:** 8.41

**2022 Fac PE RVU:** NA

**RUC Recommendation:** 2.15

**Referred to CPT**

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Maintain

**70544** Magnetic resonance angiography, head; without contrast material(s)

**Global:** XXX

**Issue:** Magnetic Resonance Angiography (MR) Head/Neck

**Screen:** CMS High Expenditure Procedural Codes2

**Complete?** Yes

**Most Recent RUC Meeting:** September 2022

**Tab:** 22 **Specialty Developing Recommendation:** ACR, ASNR

**First Identified:** July 2015

**2020 Medicare Utilization:** 195,255

**2022 Work RVU:** 1.20

**2022 NF PE RVU:** 5.46

**2022 Fac PE RVU:** NA

**RUC Recommendation:** Review action plan. 1.20

**Referred to CPT**

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Maintain

**70545** Magnetic resonance angiography, head; with contrast material(s)

**Global:** XXX

**Issue:** Magnetic Resonance Angiography (MR) Head/Neck

**Screen:** CMS High Expenditure Procedural Codes2

**Complete?** Yes

**Most Recent RUC Meeting:** October 2016

**Tab:** 18 **Specialty Developing Recommendation:** ACR, ASNR

**First Identified:** July 2015

**2020 Medicare Utilization:** 2,796

**2022 Work RVU:** 1.20

**2022 NF PE RVU:** 5.83

**2022 Fac PE RVU:** NA

**RUC Recommendation:** 1.20

**Referred to CPT**

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Maintain

# Status Report: CMS Requests and Relativity Assessment Issues

<b>70546</b>	<b>Magnetic resonance angiography, head; without contrast material(s), followed by contrast material(s) and further sequences</b>	<b>Global:</b> XXX	<b>Issue:</b> Magnetic Resonance Angiography (MR) Head/Neck	<b>Screen:</b> CMS High Expenditure Procedural Codes2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2016	<b>Tab:</b> 18 <b>Specialty Developing Recommendation:</b> ACR, ASNR	<b>First Identified:</b> July 2015	<b>2020 Medicare Utilization:</b> 16,258	<b>2022 Work RVU:</b> 1.48 <b>2022 NF PE RVU:</b> 8.73 <b>2022 Fac PE RVU:</b> NA	
<b>RUC Recommendation:</b> 1.48		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b> Decrease	
<hr/>					
<b>70547</b>	<b>Magnetic resonance angiography, neck; without contrast material(s)</b>	<b>Global:</b> XXX	<b>Issue:</b> Magnetic Resonance Angiography (MR) Head/Neck	<b>Screen:</b> CMS High Expenditure Procedural Codes2 / Codes Reported Together 75% or More-Part5	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> September 2022	<b>Tab:</b> 13 <b>Specialty Developing Recommendation:</b> ACR, ASNR	<b>First Identified:</b> July 2015	<b>2020 Medicare Utilization:</b> 64,629	<b>2022 Work RVU:</b> 1.20 <b>2022 NF PE RVU:</b> 5.48 <b>2022 Fac PE RVU:</b> NA	
<b>RUC Recommendation:</b> Review action plan. 1.20		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b> Maintain	
<hr/>					
<b>70548</b>	<b>Magnetic resonance angiography, neck; with contrast material(s)</b>	<b>Global:</b> XXX	<b>Issue:</b> Magnetic Resonance Angiography (MR) Head/Neck	<b>Screen:</b> CMS High Expenditure Procedural Codes2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2016	<b>Tab:</b> 19 <b>Specialty Developing Recommendation:</b> ACR, ASNR	<b>First Identified:</b> July 2015	<b>2020 Medicare Utilization:</b> 13,439	<b>2022 Work RVU:</b> 1.50 <b>2022 NF PE RVU:</b> 6.11 <b>2022 Fac PE RVU:</b> NA	
<b>RUC Recommendation:</b> 1.50		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b> Increase	

## Status Report: CMS Requests and Relativity Assessment Issues

**70549** Magnetic resonance angiography, neck; without contrast material(s), followed by contrast material(s) and further sequences **Global:** XXX **Issue:** Magnetic Resonance Angiography (MR) Head/Neck **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

**Most Recent RUC Meeting:** October 2016

**Tab:** 19 **Specialty Developing Recommendation:** ACR, ASNR

**First Identified:** July 2015

**2020 Medicare Utilization:** 44,370

**2022 Work RVU:** 1.80

**2022 NF PE RVU:** 8.90

**2022 Fac PE RVU:** NA

**RUC Recommendation:** 1.80

**Referred to CPT**

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Maintain

**70551** Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material **Global:** XXX **Issue:** MRI-Brain **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

**Most Recent RUC Meeting:** January 2013

**Tab:** 26 **Specialty Developing Recommendation:** ACR, ASNR

**First Identified:** September 2011

**2020 Medicare Utilization:** 988,012

**2022 Work RVU:** 1.48

**2022 NF PE RVU:** 4.55

**2022 Fac PE RVU:** NA

**RUC Recommendation:** 1.48

**Referred to CPT**

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Maintain

**70552** Magnetic resonance (eg, proton) imaging, brain (including brain stem); with contrast material(s) **Global:** XXX **Issue:** MRI-Brain **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

**Most Recent RUC Meeting:** January 2013

**Tab:** 26 **Specialty Developing Recommendation:** ACR, ASNR

**First Identified:** September 2011

**2020 Medicare Utilization:** 18,020

**2022 Work RVU:** 1.78

**2022 NF PE RVU:** 6.59

**2022 Fac PE RVU:** NA

**RUC Recommendation:** 1.78

**Referred to CPT**

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Maintain

# Status Report: CMS Requests and Relativity Assessment Issues

**70553** Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material, followed by contrast material(s) and further sequences **Global:** XXX **Issue:** MRI-Brain **Screen:** CMS-Other - Utilization over 500,000 / CMS High Expenditure Procedural Codes1 **Complete?** Yes

**Most Recent RUC Meeting:** January 2013

**Tab:** 26 **Specialty Developing Recommendation:** ACR, ASNR

**First Identified:** April 2011

**2020 Medicare Utilization:** 868,451

**2022 Work RVU:** 2.29

**2022 NF PE RVU:** 7.57

**2022 Fac PE RVU:** NA

**RUC Recommendation:** 2.36

**Referred to CPT**

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Maintain

**71010** Radiologic examination, chest; single view, frontal

**Global:**

**Issue:** Chest X-Rays

**Screen:** Low Value-High Volume / CMS High Expenditure Procedural Codes2

**Complete?** Yes

**Most Recent RUC Meeting:** April 2016

**Tab:** 07 **Specialty Developing Recommendation:** ACR

**First Identified:** October 2010

**2020 Medicare Utilization:**

**2022 Work RVU:**

**2022 NF PE RVU:**

**2022 Fac PE RVU:**

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** February 2016

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Deleted from CPT

**71015** Radiologic examination, chest; stereo, frontal

**Global:**

**Issue:** Chest X-Rays

**Screen:** CMS High Expenditure Procedural Codes2

**Complete?** Yes

**Most Recent RUC Meeting:** April 2016

**Tab:** 07 **Specialty Developing Recommendation:** ACR

**First Identified:** July 2015

**2020 Medicare Utilization:**

**2022 Work RVU:**

**2022 NF PE RVU:**

**2022 Fac PE RVU:**

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** February 2016

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Deleted from CPT

## Status Report: CMS Requests and Relativity Assessment Issues

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<b>71020</b>	<b>Radiologic examination, chest, 2 views, frontal and lateral;</b>	<b>Global:</b>	<b>Issue:</b> Chest X-Rays	<b>Screen:</b> MPC List / CMS High Expenditure Procedural Codes2	<b>Complete?</b> Yes
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<b>Most Recent RUC Meeting:</b> April 2016	<b>Tab:</b> 07	<b>Specialty Developing Recommendation:</b> ACR
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<b>First Identified:</b> October 2010	<b>2020 Medicare Utilization:</b>
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**2022 Work RVU:**  
**2022 NF PE RVU:**  
**2022 Fac PE RVU:**

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** February 2016  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Deleted from CPT

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<b>71021</b>	<b>Radiologic examination, chest, 2 views, frontal and lateral; with apical lordotic procedure</b>	<b>Global:</b>	<b>Issue:</b> Chest X-Rays	<b>Screen:</b> CMS High Expenditure Procedural Codes2	<b>Complete?</b> Yes
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<b>Most Recent RUC Meeting:</b> April 2016	<b>Tab:</b> 07	<b>Specialty Developing Recommendation:</b> ACR
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<b>First Identified:</b> July 2015	<b>2020 Medicare Utilization:</b>
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**2022 Work RVU:**  
**2022 NF PE RVU:**  
**2022 Fac PE RVU:**

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** February 2016  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Deleted from CPT

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<b>71022</b>	<b>Radiologic examination, chest, 2 views, frontal and lateral; with oblique projections</b>	<b>Global:</b>	<b>Issue:</b> Chest X-Rays	<b>Screen:</b> CMS High Expenditure Procedural Codes2	<b>Complete?</b> Yes
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<b>Most Recent RUC Meeting:</b> April 2016	<b>Tab:</b> 07	<b>Specialty Developing Recommendation:</b> ACR
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<b>First Identified:</b> July 2015	<b>2020 Medicare Utilization:</b>
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**2022 Work RVU:**  
**2022 NF PE RVU:**  
**2022 Fac PE RVU:**

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** February 2016  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Deleted from CPT

# Status Report: CMS Requests and Relativity Assessment Issues

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<b>71023</b>	<b>Radiologic examination, chest, 2 views, frontal and lateral; with fluoroscopy</b>	<b>Global:</b>	<b>Issue:</b> Chest X-Ray	<b>Screen:</b> CMS High Expenditure Procedural Codes2	<b>Complete?</b> Yes
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<b>Most Recent</b> <b>RUC Meeting:</b> April 2016	<b>Tab:</b> 07	<b>Specialty Developing</b> <b>Recommendation:</b>	ACR
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<b>First</b> <b>Identified:</b> July 2015
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<b>2020</b> <b>Medicare</b> <b>Utilization:</b>
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<b>2022 Work RVU:</b>
<b>2022 NF PE RVU:</b>
<b>2022 Fac PE RVU:</b>

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** February 2016

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Deleted from CPT

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<b>71030</b>	<b>Radiologic examination, chest, complete, minimum of 4 views;</b>	<b>Global:</b>	<b>Issue:</b> Chest X-Rays	<b>Screen:</b> CMS High Expenditure Procedural Codes2	<b>Complete?</b> Yes
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<b>Most Recent</b> <b>RUC Meeting:</b> April 2016	<b>Tab:</b> 07	<b>Specialty Developing</b> <b>Recommendation:</b>	ACR
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<b>First</b> <b>Identified:</b> July 2015
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<b>2020</b> <b>Medicare</b> <b>Utilization:</b>
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<b>2022 Work RVU:</b>
<b>2022 NF PE RVU:</b>
<b>2022 Fac PE RVU:</b>

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** February 2016

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Deleted from CPT

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<b>71034</b>	<b>Radiologic examination, chest, complete, minimum of 4 views; with fluoroscopy</b>	<b>Global:</b>	<b>Issue:</b> Chest X-Rays	<b>Screen:</b> CMS High Expenditure Procedural Codes2	<b>Complete?</b> Yes
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<b>Most Recent</b> <b>RUC Meeting:</b> April 2016	<b>Tab:</b> 07	<b>Specialty Developing</b> <b>Recommendation:</b>	ACR
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<b>First</b> <b>Identified:</b> July 2015
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<b>2020</b> <b>Medicare</b> <b>Utilization:</b>
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<b>2022 Work RVU:</b>
<b>2022 NF PE RVU:</b>
<b>2022 Fac PE RVU:</b>

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** February 2016

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Deleted from CPT

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<b>71035</b>	<b>Radiologic examination, chest, special views (eg, lateral decubitus, Bucky studies)</b>	<b>Global:</b>	<b>Issue:</b> Chest X-Rays	<b>Screen:</b> CMS High Expenditure Procedural Codes2	<b>Complete?</b> Yes
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<b>Most Recent</b> <b>RUC Meeting:</b> April 2016	<b>Tab:</b> 07	<b>Specialty Developing</b> <b>Recommendation:</b>	ACR
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<b>First</b> <b>Identified:</b> July 2015
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<b>2020</b> <b>Medicare</b> <b>Utilization:</b>
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<b>2022 Work RVU:</b>
<b>2022 NF PE RVU:</b>
<b>2022 Fac PE RVU:</b>

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** February 2016

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Deleted from CPT

# Status Report: CMS Requests and Relativity Assessment Issues

**71045** Radiologic examination, chest; single view

**Global:** XXX **Issue:** Chest X-Ray

**Screen:** CMS High Expenditure  
Procedural Codes2

**Complete?** Yes

**Most Recent**  
**RUC Meeting:** April 2016

**Tab: 07** **Specialty Developing** ACR  
**Recommendation:**

**First**  
**Identified:** February 2016

**2020**  
**Medicare**  
**Utilization:** 15,258,006

**2022 Work RVU:** 0.18

**2022 NF PE RVU:** 0.57

**2022 Fac PE RVU:** NA

**RUC Recommendation:** 0.18

**Referred to CPT** February 2016

**Result:** Decrease

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**71046** Radiologic examination, chest; 2 views

**Global:** XXX **Issue:** Chest X-Ray

**Screen:** CMS High Expenditure  
Procedural Codes2

**Complete?** Yes

**Most Recent**  
**RUC Meeting:** April 2016

**Tab: 07** **Specialty Developing** ACR  
**Recommendation:**

**First**  
**Identified:** February 2016

**2020**  
**Medicare**  
**Utilization:** 6,588,226

**2022 Work RVU:** 0.22

**2022 NF PE RVU:** 0.76

**2022 Fac PE RVU:** NA

**RUC Recommendation:** 0.22

**Referred to CPT** February 2016

**Result:** Decrease

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**71047** Radiologic examination, chest; 3 views

**Global:** XXX **Issue:** Chest X-Ray

**Screen:** CMS High Expenditure  
Procedural Codes2

**Complete?** Yes

**Most Recent**  
**RUC Meeting:** April 2016

**Tab: 07** **Specialty Developing** ACR  
**Recommendation:**

**First**  
**Identified:** February 2016

**2020**  
**Medicare**  
**Utilization:** 12,357

**2022 Work RVU:** 0.27

**2022 NF PE RVU:** 0.97

**2022 Fac PE RVU:** NA

**RUC Recommendation:** 0.27

**Referred to CPT** February 2016

**Result:** Decrease

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**71048** Radiologic examination, chest; 4 or more views

**Global:** XXX **Issue:** Chest X-Ray

**Screen:** CMS High Expenditure  
Procedural Codes2

**Complete?** Yes

**Most Recent**  
**RUC Meeting:** April 2016

**Tab: 07** **Specialty Developing** ACR  
**Recommendation:**

**First**  
**Identified:** February 2016

**2020**  
**Medicare**  
**Utilization:** 8,226

**2022 Work RVU:** 0.31

**2022 NF PE RVU:** 1.05

**2022 Fac PE RVU:** NA

**RUC Recommendation:** 0.31

**Referred to CPT** February 2016

**Result:** Decrease

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

## Status Report: CMS Requests and Relativity Assessment Issues

**71090** Insertion pacemaker, fluoroscopy and radiography, radiological supervision and interpretation **Global:** **Issue:** Insertion/Removal of Pacemaker or Pacing Cardioverter-Defibrillator **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

**Most Recent**  
**RUC Meeting:** April 2011 **Tab:** 10 **Specialty Developing Recommendation:** ACC

**First Identified:** February 2010

**2020 Medicare Utilization:**

**2022 Work RVU:**  
**2022 NF PE RVU:**  
**2022 Fac PE RVU:**

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** February 2011

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Deleted from CPT

**71100** Radiologic examination, ribs, unilateral; 2 views

**Global:** XXX **Issue:** X-Ray of Ribs

**Screen:** CMS-Other - Utilization over 250,000 / CMS-Other - Utilization over 250,000-Part2

**Complete?** Yes

**Most Recent**  
**RUC Meeting:** April 2016 **Tab:** 30 **Specialty Developing Recommendation:** ACR

**First Identified:** April 2013

**2020 Medicare Utilization:** 131,612

**2022 Work RVU:** 0.22  
**2022 NF PE RVU:** 0.86  
**2022 Fac PE RVU:** NA

**RUC Recommendation:** 0.22

**Referred to CPT**

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Maintain

**71101** Radiologic examination, ribs, unilateral; including posteroanterior chest, minimum of 3 views

**Global:** XXX **Issue:** X-Ray of Ribs

**Screen:** CMS-Other - Utilization over 250,000-Part2

**Complete?** Yes

**Most Recent**  
**RUC Meeting:** April 2016 **Tab:** 30 **Specialty Developing Recommendation:** ACR

**First Identified:** October 2015

**2020 Medicare Utilization:** 228,061

**2022 Work RVU:** 0.27  
**2022 NF PE RVU:** 0.97  
**2022 Fac PE RVU:** NA

**RUC Recommendation:** 0.27

**Referred to CPT**

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Maintain



## Status Report: CMS Requests and Relativity Assessment Issues

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**71110** Radiologic examination, ribs, bilateral; 3 views      **Global:** XXX    **Issue:** X-Ray of Ribs      **Screen:** CMS-Other - Utilization over 250,000-Part2      **Complete?** Yes

**Most Recent**  
**RUC Meeting:** April 2016      **Tab:** 30    **Specialty Developing Recommendation:** ACR

**First Identified:** October 2015

**2020 Medicare Utilization:** 19,903

**2022 Work RVU:** 0.29

**2022 NF PE RVU:** 1.00

**2022 Fac PE RVU:** NA

**RUC Recommendation:** 0.29

**Referred to CPT**

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Maintain

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**71111** Radiologic examination, ribs, bilateral; including posteroanterior chest, minimum of 4 views

**Global:** XXX    **Issue:** X-Ray of Ribs

**Screen:** CMS-Other - Utilization over 250,000-Part2      **Complete?** Yes

**Most Recent**  
**RUC Meeting:** April 2016      **Tab:** 30    **Specialty Developing Recommendation:** ACR

**First Identified:** October 2015

**2020 Medicare Utilization:** 25,320

**2022 Work RVU:** 0.32

**2022 NF PE RVU:** 1.23

**2022 Fac PE RVU:** NA

**RUC Recommendation:** 0.32

**Referred to CPT**

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Maintain

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**71250** Computed tomography, thorax, diagnostic; without contrast material

**Global:** XXX    **Issue:** Screening CT of Thorax

**Screen:** CMS Fastest Growing / CMS High Expenditure Procedural Codes2      **Complete?** Yes

**Most Recent**  
**RUC Meeting:** October 2019      **Tab:** 07    **Specialty Developing Recommendation:** ACR

**First Identified:** October 2008

**2020 Medicare Utilization:** 2,090,446

**2022 Work RVU:** 1.08

**2022 NF PE RVU:** 2.97

**2022 Fac PE RVU:** NA

**RUC Recommendation:** 1.16

**Referred to CPT**

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Increase

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## Status Report: CMS Requests and Relativity Assessment Issues

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**71260** Computed tomography, thorax, diagnostic; with contrast material(s) **Global:** XXX **Issue:** Screening CT of Thorax **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

**Most Recent**  
**RUC Meeting:** October 2019 **Tab:** 07 **Specialty Developing Recommendation:** ACR

**First Identified:** July 2015

**2020 Medicare Utilization:** 1,677,657

**2022 Work RVU:** 1.16  
**2022 NF PE RVU:** 3.95  
**2022 Fac PE RVU:** NA

**RUC Recommendation:** 1.38

**Referred to CPT**  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Maintain

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**71270** Computed tomography, thorax, diagnostic; without contrast material, followed by contrast material(s) and further sections **Global:** XXX **Issue:** Screening CT of Thorax **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

**Most Recent**  
**RUC Meeting:** October 2019 **Tab:** 07 **Specialty Developing Recommendation:** ACR

**First Identified:** July 2015

**2020 Medicare Utilization:** 57,503

**2022 Work RVU:** 1.25  
**2022 NF PE RVU:** 4.81  
**2022 Fac PE RVU:** NA

**RUC Recommendation:** 1.24

**Referred to CPT**  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Maintain

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**71271** Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s) **Global:** XXX **Issue:** Screening CT of Thorax **Screen:** CMS-Other - Utilization over 30,000-Part2 **Complete?** Yes

**Most Recent**  
**RUC Meeting:** October 2019 **Tab:** 07 **Specialty Developing Recommendation:**

**First Identified:** May 2019

**2020 Medicare Utilization:**

**2022 Work RVU:** 1.08  
**2022 NF PE RVU:** 3.11  
**2022 Fac PE RVU:** NA

**RUC Recommendation:** 1.16

**Referred to CPT**  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Increase

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# Status Report: CMS Requests and Relativity Assessment Issues

**71275** Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing **Global:** XXX **Issue:** CT Angiography-Chest **Screen:** CMS Fastest Growing / MPC List **Complete?** Yes

**Most Recent RUC Meeting:** January 2014 **Tab:** 27 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** October 2008 **2020 Medicare Utilization:** 1,251,116 **2022 Work RVU:** 1.82 **2022 NF PE RVU:** 6.81 **2022 Fac PE RVU:** NA **RUC Recommendation:** 1.82

**Referred to CPT**  
**Referred to CPT Asst** ☒ **Published in CPT Asst:** Jun 2009 **Result:** Decrease

**72020** Radiologic examination, spine, single view, specify level **Global:** XXX **Issue:** X-Ray Spine **Screen:** CMS-Other - Utilization over 100,000 **Complete?** Yes

**Most Recent RUC Meeting:** January 2019 **Tab:** 27 **Specialty Developing Recommendation:** AAOS, ACR, ASNR **First Identified:** April 2016 **2020 Medicare Utilization:** 112,855 **2022 Work RVU:** 0.16 **2022 NF PE RVU:** 0.55 **2022 Fac PE RVU:** NA **RUC Recommendation:** 0.16

**Referred to CPT**  
**Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Increase

**72040** Radiologic examination, spine, cervical; 2 or 3 views **Global:** XXX **Issue:** X-Ray Spine **Screen:** Low Value-High Volume / CMS-Other - Utilization over 100,000 **Complete?** Yes

**Most Recent RUC Meeting:** January 2019 **Tab:** 27 **Specialty Developing Recommendation:** AAOS, ACR, ASNR **First Identified:** October 2010 **2020 Medicare Utilization:** 511,863 **2022 Work RVU:** 0.22 **2022 NF PE RVU:** 0.94 **2022 Fac PE RVU:** NA **RUC Recommendation:** 0.22

**Referred to CPT** October 2011  
**Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

# Status Report: CMS Requests and Relativity Assessment Issues

**72050** Radiologic examination, spine, cervical; 4 or 5 views

**Global:** XXX **Issue:** X-Ray Spine

**Screen:** Low Value-High Volume / CMS-Other - Utilization over 100,000

**Complete?** Yes

**Most Recent RUC Meeting:** January 2019

**Tab:** 27 **Specialty Developing Recommendation:** AAOS, ACR, ASNR

**First Identified:** October 2010

**2020 Medicare Utilization:** 288,978

**2022 Work RVU:** 0.27

**2022 NF PE RVU:** 1.30

**2022 Fac PE RVU:** NA

**RUC Recommendation:** 0.27

**Referred to CPT** October 2011

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Decrease

**72052** Radiologic examination, spine, cervical; 6 or more views

**Global:** XXX **Issue:** X-Ray Spine

**Screen:** Low Value-High Volume / CMS-Other - Utilization over 100,000

**Complete?** Yes

**Most Recent RUC Meeting:** January 2019

**Tab:** 27 **Specialty Developing Recommendation:** AAOS, ACR, ASNR

**First Identified:** October 2010

**2020 Medicare Utilization:** 60,768

**2022 Work RVU:** 0.30

**2022 NF PE RVU:** 1.53

**2022 Fac PE RVU:** NA

**RUC Recommendation:** 0.30

**Referred to CPT** October 2011

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Decrease

**72070** Radiologic examination, spine; thoracic, 2 views

**Global:** XXX **Issue:** X-Ray Spine

**Screen:** CMS-Other - Utilization over 250,000 / CMS-Other - Utilization over 100,000

**Complete?** Yes

**Most Recent RUC Meeting:** January 2019

**Tab:** 27 **Specialty Developing Recommendation:** AAOS, ACR, ASNR

**First Identified:** April 2013

**2020 Medicare Utilization:** 242,793

**2022 Work RVU:** 0.20

**2022 NF PE RVU:** 0.76

**2022 Fac PE RVU:** NA

**RUC Recommendation:** 0.20

**Referred to CPT**

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Decrease

## Status Report: CMS Requests and Relativity Assessment Issues

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**72072** Radiologic examination, spine; thoracic, 3 views      **Global:** XXX    **Issue:** X-Ray Spine      **Screen:** CMS-Other - Utilization over 100,000      **Complete?** Yes

**Most Recent**      **Tab:** 27    **Specialty Developing**    AAOS, ACR, ASNR    **First**      **2020**  
**RUC Meeting:** January 2019    **Recommendation:**    **Identified:** April 2016    **Medicare**

**Utilization:** 139,106

**2022 Work RVU:** 0.23

**2022 NF PE RVU:** 0.92

**2022 Fac PE RVU:** NA

**RUC Recommendation:** 0.23

**Referred to CPT**

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Increase

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**72074** Radiologic examination, spine; thoracic, minimum of 4 views      **Global:** XXX    **Issue:** X-Ray Spine      **Screen:** CMS-Other - Utilization over 100,000      **Complete?** Yes

**Most Recent**      **Tab:** 27    **Specialty Developing**    AAOS, ACR, ASNR    **First**      **2020**  
**RUC Meeting:** January 2019    **Recommendation:**    **Identified:** October 2016    **Medicare**

**Utilization:** 9,899

**2022 Work RVU:** 0.25

**2022 NF PE RVU:** 1.06

**2022 Fac PE RVU:** NA

**RUC Recommendation:** 0.25

**Referred to CPT**

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Increase

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**72080** Radiologic examination, spine; thoracolumbar junction, minimum of 2 views      **Global:** XXX    **Issue:** X-Ray Spine      **Screen:** CMS-Other - Utilization over 100,000      **Complete?** Yes

**Most Recent**      **Tab:** 27    **Specialty Developing**    AAOS, ACR, ASNR    **First**      **2020**  
**RUC Meeting:** January 2019    **Recommendation:**    **Identified:** October 2016    **Medicare**

**Utilization:** 38,221

**2022 Work RVU:** 0.21

**2022 NF PE RVU:** 0.81

**2022 Fac PE RVU:** NA

**RUC Recommendation:** 0.21

**Referred to CPT**

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Decrease

# Status Report: CMS Requests and Relativity Assessment Issues

**72100** Radiologic examination, spine, lumbosacral; 2 or 3 views

**Global:** XXX **Issue:** X-Ray Spine

**Screen:** Harvard Valued - Utilization over 100,000 / Low Value-High Volume / CMS-Other - Utilization over 100,000

**Complete?** Yes

**Most Recent RUC Meeting:** January 2019

**Tab:** 27 **Specialty Developing Recommendation:** AAOS, ACR, ASNR

**First Identified:** February 2010

**2020 Medicare Utilization:** 1,440,021

**2022 Work RVU:** 0.22  
**2022 NF PE RVU:** 0.95  
**2022 Fac PE RVU:** NA

**RUC Recommendation:** 0.22

**Referred to CPT** October 2010

**Result:** Maintain

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**72110** Radiologic examination, spine, lumbosacral; minimum of 4 views

**Global:** XXX **Issue:** X-Ray Spine

**Screen:** Harvard Valued - Utilization over 100,000 / CMS-Other - Utilization over 100,000

**Complete?** Yes

**Most Recent RUC Meeting:** January 2019

**Tab:** 27 **Specialty Developing Recommendation:** AAOS, ACR, ASNR

**First Identified:** October 2009

**2020 Medicare Utilization:** 650,097

**2022 Work RVU:** 0.26  
**2022 NF PE RVU:** 1.25  
**2022 Fac PE RVU:** NA

**RUC Recommendation:** 0.26

**Referred to CPT** October 2010

**Result:** Decrease

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**72114** Radiologic examination, spine, lumbosacral; complete, including bending views, minimum of 6 views

**Global:** XXX **Issue:** X-Ray Spine

**Screen:** Harvard Valued - Utilization over 100,000 / CMS-Other - Utilization over 100,000

**Complete?** Yes

**Most Recent RUC Meeting:** January 2019

**Tab:** 27 **Specialty Developing Recommendation:** AAOS, ACR, ASNR

**First Identified:** February 2010

**2020 Medicare Utilization:** 77,915

**2022 Work RVU:** 0.30  
**2022 NF PE RVU:** 1.53  
**2022 Fac PE RVU:** NA

**RUC Recommendation:** 0.30

**Referred to CPT** October 2010

**Result:** Decrease

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

# Status Report: CMS Requests and Relativity Assessment Issues

**72120** Radiologic examination, spine, lumbosacral; bending views only, 2 or 3 views      **Global:** XXX      **Issue:** X-Ray Spine      **Screen:** Harvard Valued - Utilization over 100,000 / CMS-Other - Utilization over 100,000      **Complete?** Yes

**Most Recent RUC Meeting:** January 2019

**Tab:** 27      **Specialty Developing Recommendation:** AAOS, ACR, ASNR

**First Identified:** February 2010

**2020 Medicare Utilization:** 41,713

**2022 Work RVU:** 0.22

**2022 NF PE RVU:** 0.98

**2022 Fac PE RVU:** NA

**RUC Recommendation:** 0.22

**Referred to CPT**      October 2010

**Referred to CPT Asst**      ☐      **Published in CPT Asst:**

**Result:** Maintain

**72125** Computed tomography, cervical spine; without contrast material

**Global:** XXX      **Issue:** CT Spine

**Screen:** CMS Fastest Growing

**Complete?** Yes

**Most Recent RUC Meeting:** April 2018

**Tab:** 18      **Specialty Developing Recommendation:** ACR, ASNR

**First Identified:** October 2008

**2020 Medicare Utilization:** 1,184,668

**2022 Work RVU:** 1.00

**2022 NF PE RVU:** 2.97

**2022 Fac PE RVU:** NA

**RUC Recommendation:** 1.07

**Referred to CPT**

**Referred to CPT Asst**      ☐      **Published in CPT Asst:**

**Result:** Maintain

**72126** Computed tomography, cervical spine; with contrast material

**Global:** XXX      **Issue:** CT Spine

**Screen:** CMS Fastest Growing

**Complete?** Yes

**Most Recent RUC Meeting:** April 2018

**Tab:** 18      **Specialty Developing Recommendation:** ACR, ASNR

**First Identified:** February 2009

**2020 Medicare Utilization:** 17,347

**2022 Work RVU:** 1.22

**2022 NF PE RVU:** 3.95

**2022 Fac PE RVU:** NA

**RUC Recommendation:** 1.22

**Referred to CPT**

**Referred to CPT Asst**      ☐      **Published in CPT Asst:**

**Result:** Maintain

**72127** Computed tomography, cervical spine; without contrast material, followed by contrast material(s) and further sections

**Global:** XXX      **Issue:** CT Spine

**Screen:** CMS Fastest Growing

**Complete?** Yes

**Most Recent RUC Meeting:** April 2018

**Tab:** 18      **Specialty Developing Recommendation:** ACR, ASNR

**First Identified:** February 2009

**2020 Medicare Utilization:** 1,538

**2022 Work RVU:** 1.27

**2022 NF PE RVU:** 4.81

**2022 Fac PE RVU:** NA

**RUC Recommendation:** 1.27

**Referred to CPT**

**Referred to CPT Asst**      ☐      **Published in CPT Asst:**

**Result:** Maintain

## Status Report: CMS Requests and Relativity Assessment Issues

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**72128** Computed tomography, thoracic spine; without contrast material      **Global:** XXX    **Issue:** CT Spine      **Screen:** CMS Fastest Growing    **Complete?** Yes

**Most Recent**      **Tab:** 18    **Specialty Developing**    ACR, ASNR      **First**      **2020**      **2022 Work RVU:** 1.00  
**RUC Meeting:** April 2018      **Recommendation:**      **Identified:** October 2008      **Medicare**      **2022 NF PE RVU:** 2.96  
                          **Utilization:** 181,393      **2022 Fac PE RVU:** NA  
**RUC Recommendation:** 1.00      **Referred to CPT**      **Result:** Maintain  
      **Referred to CPT Asst** ☐ **Published in CPT Asst:**

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**72129** Computed tomography, thoracic spine; with contrast material      **Global:** XXX    **Issue:** CT Spine      **Screen:** CMS Fastest Growing    **Complete?** Yes

**Most Recent**      **Tab:** 18    **Specialty Developing**    ACR, ASNR      **First**      **2020**      **2022 Work RVU:** 1.22  
**RUC Meeting:** April 2018      **Recommendation:**      **Identified:** February 2009      **Medicare**      **2022 NF PE RVU:** 3.99  
                          **Utilization:** 26,681      **2022 Fac PE RVU:** NA  
**RUC Recommendation:** 1.22      **Referred to CPT**      **Result:** Maintain  
      **Referred to CPT Asst** ☐ **Published in CPT Asst:**

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**72130** Computed tomography, thoracic spine; without contrast material, followed by contrast material(s) and further sections      **Global:** XXX    **Issue:** CT Spine      **Screen:** CMS Fastest Growing    **Complete?** Yes

**Most Recent**      **Tab:** 18    **Specialty Developing**    ACR, ASNR      **First**      **2020**      **2022 Work RVU:** 1.27  
**RUC Meeting:** April 2018      **Recommendation:**      **Identified:** February 2009      **Medicare**      **2022 NF PE RVU:** 4.84  
                          **Utilization:** 1,246      **2022 Fac PE RVU:** NA  
**RUC Recommendation:** 1.27      **Referred to CPT**      **Result:** Maintain  
      **Referred to CPT Asst** ☐ **Published in CPT Asst:**

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**72131** Computed tomography, lumbar spine; without contrast material      **Global:** XXX    **Issue:** CT Spine      **Screen:** CMS Fastest Growing / CMS-Other - Utilization over 30,000    **Complete?** Yes

**Most Recent**      **Tab:** 18    **Specialty Developing**    ACR, ASNR      **First**      **2020**      **2022 Work RVU:** 1.00  
**RUC Meeting:** April 2018      **Recommendation:**      **Identified:** February 2009      **Medicare**      **2022 NF PE RVU:** 2.95  
                          **Utilization:** 443,104      **2022 Fac PE RVU:** NA  
**RUC Recommendation:** 1.00      **Referred to CPT**      **Result:** Maintain  
      **Referred to CPT Asst** ☐ **Published in CPT Asst:**

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## Status Report: CMS Requests and Relativity Assessment Issues

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<b>72132</b>	Computed tomography, lumbar spine; with contrast material	<b>Global:</b> XXX	<b>Issue:</b> CT Spine	<b>Screen:</b> CMS Fastest Growing / CMS-Other - Utilization over 30,000	<b>Complete?</b> Yes
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<b>Most Recent RUC Meeting:</b> April 2018	<b>Tab:</b> 18	<b>Specialty Developing Recommendation:</b> ACR, ASNR	<b>First Identified:</b> February 2009	<b>2020 Medicare Utilization:</b> 53,885	<b>2022 Work RVU:</b> 1.22 <b>2022 NF PE RVU:</b> 3.95 <b>2022 Fac PE RVU:</b> NA
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<b>RUC Recommendation:</b> 1.22	<b>Referred to CPT</b>	<b>Result:</b> Maintain
	<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>

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<b>72133</b>	Computed tomography, lumbar spine; without contrast material, followed by contrast material(s) and further sections	<b>Global:</b> XXX	<b>Issue:</b> CT Spine	<b>Screen:</b> CMS Fastest Growing / CMS-Other - Utilization over 30,000	<b>Complete?</b> Yes
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<b>Most Recent RUC Meeting:</b> April 2018	<b>Tab:</b> 18	<b>Specialty Developing Recommendation:</b> ACR, ASNR	<b>First Identified:</b> February 2009	<b>2020 Medicare Utilization:</b> 3,482	<b>2022 Work RVU:</b> 1.27 <b>2022 NF PE RVU:</b> 4.80 <b>2022 Fac PE RVU:</b> NA
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<b>RUC Recommendation:</b> 1.27	<b>Referred to CPT</b>	<b>Result:</b> Maintain
	<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>

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<b>72141</b>	Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	<b>Global:</b> XXX	<b>Issue:</b> MRI Neck and Lumbar Spine	<b>Screen:</b> CMS High Expenditure Procedural Codes1	<b>Complete?</b> Yes
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<b>Most Recent RUC Meeting:</b> April 2013	<b>Tab:</b> 25	<b>Specialty Developing Recommendation:</b> ACR	<b>First Identified:</b> September 2011	<b>2020 Medicare Utilization:</b> 487,773	<b>2022 Work RVU:</b> 1.48 <b>2022 NF PE RVU:</b> 4.41 <b>2022 Fac PE RVU:</b> NA
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<b>RUC Recommendation:</b> 1.48	<b>Referred to CPT</b>	<b>Result:</b> Decrease
	<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>

## Status Report: CMS Requests and Relativity Assessment Issues

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**72142** Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; with contrast material(s)      **Global:** XXX      **Issue:** MRI Neck and Lumbar Spine      **Screen:** CMS High Expenditure Procedural Codes1      **Complete?** Yes

**Most Recent**  
**RUC Meeting:** April 2013      **Tab:** 25      **Specialty Developing Recommendation:** ACR

**First Identified:** April 2013

**2020 Medicare Utilization:** 2,683

**2022 Work RVU:** 1.78

**2022 NF PE RVU:** 6.79

**2022 Fac PE RVU:** NA

**RUC Recommendation:** 1.78

**Referred to CPT**

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Decrease

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**72146** Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material      **Global:** XXX      **Issue:** MRI Neck and Lumbar Spine      **Screen:** CMS High Expenditure Procedural Codes1      **Complete?** Yes

**Most Recent**  
**RUC Meeting:** April 2013      **Tab:** 25      **Specialty Developing Recommendation:** ACR

**First Identified:** April 2013

**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** ☐ **Published in CPT Asst:**

**Result:** Decrease

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**72147** Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; with contrast material(s)      **Global:** XXX      **Issue:** MRI Neck and Lumbar Spine      **Screen:** CMS High Expenditure Procedural Codes1      **Complete?** Yes

**Most Recent**  
**RUC Meeting:** April 2013      **Tab:** 25      **Specialty Developing Recommendation:** ACR

**First Identified:** April 2013

**2020 Medicare Utilization:** 2,667

**2022 Work RVU:** 1.78

**2022 NF PE RVU:** 6.70

**2022 Fac PE RVU:** NA

**RUC Recommendation:** 1.78

**Referred to CPT**

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Decrease

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## Status Report: CMS Requests and Relativity Assessment Issues

<b>72148</b>	Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	<b>Global:</b> XXX	<b>Issue:</b> MRI Neck and Lumbar Spine	<b>Screen:</b> CMS-Other - Utilization over 500,000 / CMS High Expenditure Procedural Codes <sup>1</sup>	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2013	<b>Tab:</b> 25	<b>Specialty Developing Recommendation:</b> AAOS, AUR, ACR, NASS, ASNR	<b>First Identified:</b> April 2011	<b>2020 Medicare Utilization:</b> 1,096,788	<b>2022 Work RVU:</b> 1.48 <b>2022 NF PE RVU:</b> 4.42 <b>2022 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> 1.48			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b> Maintain
<hr/>					
<b>72149</b>	Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; with contrast material(s)	<b>Global:</b> XXX	<b>Issue:</b> MRI Neck and Lumbar Spine	<b>Screen:</b> CMS High Expenditure Procedural Codes <sup>1</sup>	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2013	<b>Tab:</b> 25	<b>Specialty Developing Recommendation:</b>	<b>First Identified:</b> April 2013	<b>2020 Medicare Utilization:</b> 4,533	<b>2022 Work RVU:</b> 1.78 <b>2022 NF PE RVU:</b> 6.63 <b>2022 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> 1.78			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b> Maintain
<hr/>					
<b>72156</b>	Magnetic resonance (eg, proton) imaging, spinal canal and contents, without contrast material, followed by contrast material(s) and further sequences; cervical	<b>Global:</b> XXX	<b>Issue:</b> MRI Neck and Lumbar Spine	<b>Screen:</b> CMS High Expenditure Procedural Codes <sup>1</sup>	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2013	<b>Tab:</b> 25	<b>Specialty Developing Recommendation:</b>	<b>First Identified:</b> April 2013	<b>2020 Medicare Utilization:</b> 102,071	<b>2022 Work RVU:</b> 2.29 <b>2022 NF PE RVU:</b> 7.65 <b>2022 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> 2.29			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b> Decrease

## Status Report: CMS Requests and Relativity Assessment Issues

**72157** Magnetic resonance (eg, proton) imaging, spinal canal and contents, without contrast material, followed by contrast material(s) and further sequences; thoracic **Global:** XXX **Issue:** MRI Neck and Lumbar Spine **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

**Most Recent RUC Meeting:** April 2013

**Tab:** 25

**Specialty Developing Recommendation:**

**First Identified:** April 2013

**2020 Medicare Utilization:** 88,842

**2022 Work RVU:** 2.29

**2022 NF PE RVU:** 7.66

**2022 Fac PE RVU:** NA

**RUC Recommendation:** 2.29

**Referred to CPT**

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Decrease

**72158** Magnetic resonance (eg, proton) imaging, spinal canal and contents, without contrast material, followed by contrast material(s) and further sequences; lumbar **Global:** XXX **Issue:** MRI Neck and Lumbar Spine **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

**Most Recent RUC Meeting:** April 2013

**Tab:** 25

**Specialty Developing Recommendation:**

**First Identified:** April 2013

**2020 Medicare Utilization:** 203,972

**2022 Work RVU:** 2.29

**2022 NF PE RVU:** 7.62

**2022 Fac PE RVU:** NA

**RUC Recommendation:** 2.29

**Referred to CPT**

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Decrease

**72170** Radiologic examination, pelvis; 1 or 2 views **Global:** XXX **Issue:** X-Ray Exam – Pelvis **Screen:** Low Value-High Volume / Codes Reported Together 75% or More-Part2 / CMS-Other - Utilization over 30,000 **Complete?** Yes

**Most Recent RUC Meeting:** January 2019

**Tab:** 28

**Specialty Developing Recommendation:** AAOS, ACR

**First Identified:** October 2010

**2020 Medicare Utilization:** 671,286

**2022 Work RVU:** 0.17

**2022 NF PE RVU:** 0.64

**2022 Fac PE RVU:** NA

**RUC Recommendation:** 0.17

**Referred to CPT** October 2014

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Maintain

# Status Report: CMS Requests and Relativity Assessment Issues

**72190** Radiologic examination, pelvis; complete, minimum of 3 views

**Global:** XXX

**Issue:** X-Ray Exam – Pelvis

**Screen:** CMS-Other - Utilization over 30,000

**Complete?** Yes

**Most Recent RUC Meeting:** January 2019

**Tab:** 28 **Specialty Developing Recommendation:** AAOS, ACR

**First Identified:** October 2017

**2020 Medicare Utilization:** 49,156

**2022 Work RVU:** 0.25

**2022 NF PE RVU:** 0.99

**2022 Fac PE RVU:** NA

**RUC Recommendation:** 0.25

**Referred to CPT**

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Increase

**72191** Computed tomographic angiography, pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing

**Global:** XXX

**Issue:** CT Angiography

**Screen:** High Volume Growth1 / CMS Fastest Growing / Codes Reported Together 75% or More-Part1 / CMS Request to Re-Review Families of Recently Reviewed CPT Codes / CMS Request - Final Rule for 2013

**Complete?** Yes

**Most Recent RUC Meeting:** October 2013

**Tab:** 12 **Specialty Developing Recommendation:** ACR, SIR

**First Identified:** February 2008

**2020 Medicare Utilization:** 2,365

**2022 Work RVU:** 1.81

**2022 NF PE RVU:** 7.65

**2022 Fac PE RVU:** NA

**RUC Recommendation:** 1.81

**Referred to CPT** October 2010

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Maintain

**72192** Computed tomography, pelvis; without contrast material

**Global:** XXX

**Issue:** CT Pelvis

**Screen:** Codes Reported Together 95% or More / CMS Fastest Growing / CMS Request - Final Rule for 2012

**Complete?** Yes

**Most Recent RUC Meeting:** October 2008

**Tab:** 26 **Specialty Developing Recommendation:** ACR

**First Identified:** October 2008

**2020 Medicare Utilization:** 160,045

**2022 Work RVU:** 1.09

**2022 NF PE RVU:** 2.97

**2022 Fac PE RVU:** NA

**RUC Recommendation:** 1.09

**Referred to CPT** October 2009

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Maintain

## Status Report: CMS Requests and Relativity Assessment Issues

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<b>72193</b>	Computed tomography, pelvis; with contrast material(s)	<b>Global:</b> XXX	<b>Issue:</b> CT Pelvis	<b>Screen:</b> Codes Reported Together 95% or More / CMS Fastest Growing / CMS Request - Final Rule for 2012	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2008	<b>Tab:</b> 26	<b>Specialty Developing Recommendation:</b> ACR	<b>First Identified:</b> October 2008	<b>2020 Medicare Utilization:</b> 32,629	<b>2022 Work RVU:</b> 1.16 <b>2022 NF PE RVU:</b> 6.05 <b>2022 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> 1.16			<b>Referred to CPT</b> October 2009 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b> Maintain

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<b>72194</b>	Computed tomography, pelvis; without contrast material, followed by contrast material(s) and further sections	<b>Global:</b> XXX	<b>Issue:</b> CT Abdomen and Pelvis	<b>Screen:</b> Codes Reported Together 95% or More / CMS Fastest Growing / CMS Request - Final Rule for 2012 / CMS Request - Final Rule for 2014	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2014	<b>Tab:</b> 44	<b>Specialty Developing Recommendation:</b> ACR	<b>First Identified:</b> February 2008	<b>2020 Medicare Utilization:</b> 4,605	<b>2022 Work RVU:</b> 1.22 <b>2022 NF PE RVU:</b> 6.71 <b>2022 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> 1.22			<b>Referred to CPT</b> October 2009 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b> Maintain

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<b>72195</b>	Magnetic resonance (eg, proton) imaging, pelvis; without contrast material(s)	<b>Global:</b> XXX	<b>Issue:</b> MRI Pelvis	<b>Screen:</b> CMS High Expenditure Procedural Codes2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2016	<b>Tab:</b> 21	<b>Specialty Developing Recommendation:</b> ACR	<b>First Identified:</b> July 2015	<b>2020 Medicare Utilization:</b> 73,312	<b>2022 Work RVU:</b> 1.46 <b>2022 NF PE RVU:</b> 5.70 <b>2022 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> 1.46			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b> Maintain

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# Status Report: CMS Requests and Relativity Assessment Issues

**72196** Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)      **Global:** XXX    **Issue:** MRI Pelvis      **Screen:** CMS High Expenditure Procedural Codes2      **Complete?** Yes

**Most Recent**      **Tab:** 21    **Specialty Developing**    ACR  
**RUC Meeting:** October 2016    **Recommendation:**

**First**  
**Identified:** July 2015

**2020**  
**Medicare**  
**Utilization:** 2,001

**2022 Work RVU:** 1.73  
**2022 NF PE RVU:** 6.66  
**2022 Fac PE RVU:** NA

**RUC Recommendation:** 1.73

**Referred to CPT**  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Maintain

**72197** Magnetic resonance (eg, proton) imaging, pelvis; without contrast material(s), followed by contrast material(s) and further sequences      **Global:** XXX    **Issue:** MRI Pelvis      **Screen:** CMS High Expenditure Procedural Codes2      **Complete?** Yes

**Most Recent**      **Tab:** 21    **Specialty Developing**    ACR  
**RUC Meeting:** October 2016    **Recommendation:**

**First**  
**Identified:** July 2015

**2020**  
**Medicare**  
**Utilization:** 207,770

**2022 Work RVU:** 2.20  
**2022 NF PE RVU:** 8.34  
**2022 Fac PE RVU:** NA

**RUC Recommendation:** 2.20

**Referred to CPT**  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Decrease

**72200** Radiologic examination, sacroiliac joints; less than 3 views      **Global:** XXX    **Issue:** X-Ray Sacrum      **Screen:** CMS-Other - Utilization over 100,000      **Complete?** Yes

**Most Recent**      **Tab:** 29    **Specialty Developing**    AAOS, ACR  
**RUC Meeting:** January 2019    **Recommendation:**

**First**  
**Identified:** October 2016

**2020**  
**Medicare**  
**Utilization:** 12,099

**2022 Work RVU:** 0.17  
**2022 NF PE RVU:** 0.79  
**2022 Fac PE RVU:** NA

**RUC Recommendation:** 0.20

**Referred to CPT**  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Increase

**72202** Radiologic examination, sacroiliac joints; 3 or more views      **Global:** XXX    **Issue:** X-Ray Sacrum      **Screen:** CMS-Other - Utilization over 100,000      **Complete?** Yes

**Most Recent**      **Tab:** 29    **Specialty Developing**    AAOS, ACR  
**RUC Meeting:** January 2019    **Recommendation:**

**First**  
**Identified:** October 2016

**2020**  
**Medicare**  
**Utilization:** 31,483

**2022 Work RVU:** 0.23  
**2022 NF PE RVU:** 0.92  
**2022 Fac PE RVU:** NA

**RUC Recommendation:** 0.26

**Referred to CPT**  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Increase

## Status Report: CMS Requests and Relativity Assessment Issues

**72220** Radiologic examination, sacrum and coccyx, minimum of 2 views

**Global:** XXX

**Issue:** X-Ray Sacrum

**Screen:** CMS-Other - Utilization over 100,000

**Complete?** Yes

**Most Recent RUC Meeting:** January 2019

**Tab:** 29 **Specialty Developing Recommendation:** AAOS, ACR

**First Identified:** April 2016

**2020 Medicare Utilization:** 91,400

**2022 Work RVU:** 0.17

**2022 NF PE RVU:** 0.78

**2022 Fac PE RVU:** NA

**RUC Recommendation:** 0.20

**Referred to CPT**

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Increase

**72240** Myelography, cervical, radiological supervision and interpretation

**Global:** XXX

**Issue:** Myelography

**Screen:** Codes Reported Together 75% or More-Part2

**Complete?** Yes

**Most Recent RUC Meeting:** April 2014

**Tab:** 17 **Specialty Developing Recommendation:** ACR, ASNR

**First Identified:** October 2012

**2020 Medicare Utilization:** 430

**2022 Work RVU:** 0.91

**2022 NF PE RVU:** 2.49

**2022 Fac PE RVU:** NA

**RUC Recommendation:** 0.91

**Referred to CPT** October 2013

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Maintain

**72255** Myelography, thoracic, radiological supervision and interpretation

**Global:** XXX

**Issue:** Myelography

**Screen:** Codes Reported Together 75% or More-Part2

**Complete?** Yes

**Most Recent RUC Meeting:** April 2014

**Tab:** 17 **Specialty Developing Recommendation:** ACR, ASNR

**First Identified:** October 2013

**2020 Medicare Utilization:** 107

**2022 Work RVU:** 0.91

**2022 NF PE RVU:** 2.56

**2022 Fac PE RVU:** NA

**RUC Recommendation:** 0.91

**Referred to CPT** October 2013

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Maintain



## Status Report: CMS Requests and Relativity Assessment Issues

**72265** Myelography, lumbosacral, radiological supervision and interpretation

**Global:** XXX **Issue:** Myelography

**Screen:** Codes Reported Together 75% or More-Part2

**Complete?** Yes

**Most Recent RUC Meeting:** April 2014

**Tab:** 17 **Specialty Developing Recommendation:** ACR, ASNR

**First Identified:** October 2012

**2020 Medicare Utilization:** 2,317

**2022 Work RVU:** 0.83

**2022 NF PE RVU:** 2.40

**2022 Fac PE RVU:** NA

**RUC Recommendation:** 0.83

**Referred to CPT** October 2013

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Maintain

**72270** Myelography, 2 or more regions (eg, lumbar/thoracic, cervical/thoracic, lumbar/cervical, lumbar/thoracic/cervical), radiological supervision and interpretation

**Global:** XXX **Issue:** Myelography

**Screen:** Codes Reported Together 75% or More-Part2

**Complete?** Yes

**Most Recent RUC Meeting:** April 2014

**Tab:** 17 **Specialty Developing Recommendation:** ACR, ASNR

**First Identified:** October 2012

**2020 Medicare Utilization:** 456

**2022 Work RVU:** 1.33

**2022 NF PE RVU:** 3.58

**2022 Fac PE RVU:** NA

**RUC Recommendation:** 1.33

**Referred to CPT** October 2013

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Maintain

**72275** Epidurography, radiological supervision and interpretation

**Global:** XXX **Issue:** Epidurography

**Screen:** Different Performing Specialty from Survey3

**Complete?** Yes

**Most Recent RUC Meeting:** January 2020

**Tab:** 37 **Specialty Developing Recommendation:** ASA, AAPM, AAMPR, NASS

**First Identified:** October 2009

**2020 Medicare Utilization:** 54,891

**2022 Work RVU:**

**2022 NF PE RVU:**

**2022 Fac PE RVU:**

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** October 2020

**Referred to CPT Asst** ☒ **Published in CPT Asst:** Oct 2009 and Q&A - May 2010

**Result:** Deleted from CPT

## Status Report: CMS Requests and Relativity Assessment Issues

**72291** Radiological supervision and interpretation, percutaneous vertebroplasty, vertebral augmentation, or sacral augmentation (sacroplasty), including cavity creation, per vertebral body or sacrum; under fluoroscopic guidance **Global:** **Issue:** Percutaneous Vertebroplasty with Radiological S&I **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

**Most Recent RUC Meeting:** April 2014

**Tab:** 06 **Specialty Developing Recommendation:**

**First Identified:** October 2012

**2020 Medicare Utilization:**

**2022 Work RVU:**  
**2022 NF PE RVU:**  
**2022 Fac PE RVU:**

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** February 2014

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Deleted from CPT

**72292** Radiological supervision and interpretation, percutaneous vertebroplasty, vertebral augmentation, or sacral augmentation (sacroplasty), including cavity creation, per vertebral body or sacrum; under CT guidance **Global:** **Issue:** Percutaneous Vertebroplasty with Radiological S&I **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

**Most Recent RUC Meeting:** April 2014

**Tab:** 06 **Specialty Developing Recommendation:**

**First Identified:** October 2012

**2020 Medicare Utilization:**

**2022 Work RVU:**  
**2022 NF PE RVU:**  
**2022 Fac PE RVU:**

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** February 2014

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Deleted from CPT

**73000** Radiologic examination; clavicle, complete **Global:** XXX **Issue:** X-Ray – Clavicle/Shoulder **Screen:** CMS-Other - Utilization over 30,000 **Complete?** Yes

**Most Recent RUC Meeting:** October 2018

**Tab:** 17 **Specialty Developing Recommendation:** ACR, AAOS

**First Identified:** October 2017

**2020 Medicare Utilization:** 86,745

**2022 Work RVU:** 0.16  
**2022 NF PE RVU:** 0.78  
**2022 Fac PE RVU:** NA

**RUC Recommendation:** 0.16

**Referred to CPT**

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Maintain

## Status Report: CMS Requests and Relativity Assessment Issues

**73010** Radiologic examination; scapula, complete

**Global:** XXX

**Issue:** X-Ray – Clavicle/Shoulder

**Screen:** CMS-Other - Utilization  
over 30,000

**Complete?** Yes

**Most Recent  
RUC Meeting:** October 2018

**Tab:** 17 **Specialty Developing  
Recommendation:** ACR, AAOS

**First  
Identified:** October 2017

**2020  
Medicare  
Utilization:** 40,937

**2022 Work RVU:** 0.17

**2022 NF PE RVU:** 0.52

**2022 Fac PE RVU:** NA

**RUC Recommendation:** 0.17

**Referred to CPT**

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Maintain

**73020** Radiologic examination, shoulder; 1 view

**Global:** XXX

**Issue:** X-Ray – Clavicle/Shoulder

**Screen:** CMS-Other - Utilization  
over 30,000

**Complete?** Yes

**Most Recent  
RUC Meeting:** October 2018

**Tab:** 17 **Specialty Developing  
Recommendation:** ACR, AAOS

**First  
Identified:** October 2017

**2020  
Medicare  
Utilization:** 98,733

**2022 Work RVU:** 0.15

**2022 NF PE RVU:** 0.47

**2022 Fac PE RVU:** NA

**RUC Recommendation:** 0.15

**Referred to CPT**

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Maintain

**73030** Radiologic examination, shoulder; complete, minimum of 2 views

**Global:** XXX

**Issue:** X-Ray – Clavicle/Shoulder

**Screen:** Low Value-High Volume  
/ CMS-Other - Utilization  
over 30,000

**Complete?** Yes

**Most Recent  
RUC Meeting:** October 2018

**Tab:** 17 **Specialty Developing  
Recommendation:** ACR, AAOS

**First  
Identified:** October 2010

**2020  
Medicare  
Utilization:** 2,321,375

**2022 Work RVU:** 0.18

**2022 NF PE RVU:** 0.83

**2022 Fac PE RVU:** NA

**RUC Recommendation:** 0.18

**Referred to CPT**

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Maintain

## Status Report: CMS Requests and Relativity Assessment Issues

**73050** Radiologic examination; acromioclavicular joints, bilateral, with or without weighted distraction **Global:** XXX **Issue:** X-Ray – Clavicle/Shoulder **Screen:** CMS-Other - Utilization over 30,000 **Complete?** Yes

**Most Recent RUC Meeting:** October 2018

**Tab:** 17 **Specialty Developing Recommendation:** ACR, AAOS

**First Identified:** October 2017

**2020 Medicare Utilization:** 6,420

**2022 Work RVU:** 0.18

**2022 NF PE RVU:** 0.65

**2022 Fac PE RVU:** NA

**RUC Recommendation:** 0.18

**Referred to CPT**

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Decrease

**73060** Radiologic examination; humerus, minimum of 2 views

**Global:** XXX **Issue:** X-Ray Exams

**Screen:** CMS-Other - Utilization over 250,000

**Complete?** Yes

**Most Recent RUC Meeting:** September 2014

**Tab:** 17 **Specialty Developing Recommendation:** AAOS, ACR

**First Identified:** April 2013

**2020 Medicare Utilization:** 292,126

**2022 Work RVU:** 0.16

**2022 NF PE RVU:** 0.77

**2022 Fac PE RVU:** NA

**RUC Recommendation:** 0.16

**Referred to CPT**

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Decrease

**73070** Radiologic examination, elbow; 2 views

**Global:** XXX **Issue:** X-Ray Elbow/Forearm

**Screen:** CMS-Other - Utilization over 100,000

**Complete?** Yes

**Most Recent RUC Meeting:** January 2019

**Tab:** 30 **Specialty Developing Recommendation:** AAOS, ACR, ASSH

**First Identified:** April 2016

**2020 Medicare Utilization:** 186,583

**2022 Work RVU:** 0.16

**2022 NF PE RVU:** 0.69

**2022 Fac PE RVU:** NA

**RUC Recommendation:** 0.16

**Referred to CPT**

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Increase

## Status Report: CMS Requests and Relativity Assessment Issues

**73080** Radiologic examination, elbow; complete, minimum of 3 views

**Global:** XXX

**Issue:** X-Ray Elbow/Forearm

**Screen:** Harvard Valued -  
Utilization over 100,000 /  
CMS-Other - Utilization  
over 100,000

**Complete?** Yes

**Most Recent  
RUC Meeting:** January 2019

**Tab:** 30

**Specialty Developing  
Recommendation:**

AAOS, ACR, ASSH

**First  
Identified:** October 2009

**2020  
Medicare  
Utilization:** 339,612

**2022 Work RVU:** 0.17

**2022 NF PE RVU:** 0.78

**2022 Fac PE RVU:** NA

**RUC Recommendation:** 0.17

**Referred to CPT**

**Referred to CPT Asst**

☐

**Published in CPT Asst:**

**Result:** Maintain

**73090** Radiologic examination; forearm, 2 views

**Global:** XXX

**Issue:** X-Ray Elbow/Forearm

**Screen:** CMS-Other - Utilization  
over 100,000

**Complete?** Yes

**Most Recent  
RUC Meeting:** January 2019

**Tab:** 30

**Specialty Developing  
Recommendation:**

AAOS, ACR, ASSH

**First  
Identified:** April 2016

**2020  
Medicare  
Utilization:** 200,668

**2022 Work RVU:** 0.16

**2022 NF PE RVU:** 0.69

**2022 Fac PE RVU:** NA

**RUC Recommendation:** 0.16

**Referred to CPT**

**Referred to CPT Asst**

☐

**Published in CPT Asst:**

**Result:** Maintain

**73100** Radiologic examination, wrist; 2 views

**Global:** XXX

**Issue:** X-Ray Wrist

**Screen:** CMS High Expenditure  
Procedural Codes2

**Complete?** Yes

**Most Recent  
RUC Meeting:** April 2016

**Tab:** 32

**Specialty Developing  
Recommendation:**

ACR

**First  
Identified:** July 2015

**2020  
Medicare  
Utilization:** 231,579

**2022 Work RVU:** 0.16

**2022 NF PE RVU:** 0.83

**2022 Fac PE RVU:** NA

**RUC Recommendation:** 0.16

**Referred to CPT**

**Referred to CPT Asst**

☐

**Published in CPT Asst:**

**Result:** Maintain

# Status Report: CMS Requests and Relativity Assessment Issues

**73110** Radiologic examination, wrist; complete, minimum of 3 views

**Global:** XXX **Issue:** X-Ray Wrist

**Screen:** Low Value-High Volume / CMS High Expenditure Procedural Codes2

**Complete?** Yes

**Most Recent RUC Meeting:** April 2016

**Tab:** 32 **Specialty Developing Recommendation:** ACR

**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** ☐ **Published in CPT Asst:**

**Result:** Maintain

**73120** Radiologic examination, hand; 2 views

**Global:** XXX **Issue:** X-Ray of Hand/Fingers

**Screen:** CMS High Expenditure Procedural Codes2

**Complete?** Yes

**Most Recent RUC Meeting:** April 2016

**Tab:** 33 **Specialty Developing Recommendation:** ACR

**First Identified:** July 2015

**2020 Medicare Utilization:** 231,529

**2022 Work RVU:** 0.16

**2022 NF PE RVU:** 0.75

**2022 Fac PE RVU:** NA

**RUC Recommendation:** 0.16

**Referred to CPT**

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Maintain

**73130** Radiologic examination, hand; minimum of 3 views

**Global:** XXX **Issue:** X-Ray of Hand/Fingers

**Screen:** Low Value-High Volume / CMS High Expenditure Procedural Codes2

**Complete?** Yes

**Most Recent RUC Meeting:** April 2016

**Tab:** 33 **Specialty Developing Recommendation:** ACR

**First Identified:** October 2010

**2020 Medicare Utilization:** 1,097,585

**2022 Work RVU:** 0.17

**2022 NF PE RVU:** 0.90

**2022 Fac PE RVU:** NA

**RUC Recommendation:** 0.17

**Referred to CPT**

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Maintain

# Status Report: CMS Requests and Relativity Assessment Issues

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<b>73140</b>	<b>Radiologic examination, finger(s), minimum of 2 views</b>	<b>Global:</b> XXX	<b>Issue:</b> X-Ray of Hand/Fingers	<b>Screen:</b> CMS High Expenditure Procedural Codes2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2016	<b>Tab:</b> 33	<b>Specialty Developing Recommendation:</b> ACR	<b>First Identified:</b> July 2015	<b>2020 Medicare Utilization:</b> 316,609	<b>2022 Work RVU:</b> 0.13 <b>2022 NF PE RVU:</b> 0.97 <b>2022 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> 0.13			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b> Maintain

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<b>73200</b>	<b>Computed tomography, upper extremity; without contrast material</b>	<b>Global:</b> XXX	<b>Issue:</b> CT Upper Extremity	<b>Screen:</b> CMS Fastest Growing	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2009	<b>Tab:</b> 23	<b>Specialty Developing Recommendation:</b> ACR	<b>First Identified:</b> October 2008	<b>2020 Medicare Utilization:</b> 113,021	<b>2022 Work RVU:</b> 1.00 <b>2022 NF PE RVU:</b> 4.02 <b>2022 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> 1.09			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b> Maintain

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<b>73201</b>	<b>Computed tomography, upper extremity; with contrast material(s)</b>	<b>Global:</b> XXX	<b>Issue:</b> CT Upper Extremity	<b>Screen:</b> CMS Fastest Growing	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2009	<b>Tab:</b> 40	<b>Specialty Developing Recommendation:</b> ACR	<b>First Identified:</b> February 2009	<b>2020 Medicare Utilization:</b> 18,828	<b>2022 Work RVU:</b> 1.16 <b>2022 NF PE RVU:</b> 5.07 <b>2022 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> Remove from screen			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b> Remove from Screen

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<b>73202</b>	<b>Computed tomography, upper extremity; without contrast material, followed by contrast material(s) and further sections</b>	<b>Global:</b> XXX	<b>Issue:</b> CT Upper Extremity	<b>Screen:</b> CMS Fastest Growing	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2009	<b>Tab:</b> 40	<b>Specialty Developing Recommendation:</b> ACR	<b>First Identified:</b> February 2009	<b>2020 Medicare Utilization:</b> 1,767	<b>2022 Work RVU:</b> 1.22 <b>2022 NF PE RVU:</b> 6.58 <b>2022 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> Remove from screen			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b> Remove from Screen

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## Status Report: CMS Requests and Relativity Assessment Issues

**73206** Computed tomographic angiography, upper extremity, with contrast material(s), including noncontrast images, if performed, and image postprocessing **Global:** XXX **Issue:** CT Angiography **Screen:** CMS Request - Final Rule for 2013 **Complete?** Yes

**Most Recent RUC Meeting:** October 2013

**Tab:** 12 **Specialty Developing Recommendation:** ACR, SIR

**First Identified:** May 2013

**2020 Medicare Utilization:** 6,441

**2022 Work RVU:** 1.81

**2022 NF PE RVU:** 7.39

**2022 Fac PE RVU:** NA

**RUC Recommendation:** Survey with all CTA codes for October 2013.

**Referred to CPT**

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Remove from Screen

**73218** Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s) **Global:** XXX **Issue:** MRI **Screen:** CMS Fastest Growing **Complete?** Yes

**Most Recent RUC Meeting:** October 2013

**Tab:** 18 **Specialty Developing Recommendation:** ACR

**First Identified:** October 2008

**2020 Medicare Utilization:** 28,452

**2022 Work RVU:** 1.35

**2022 NF PE RVU:** 8.21

**2022 Fac PE RVU:** NA

**RUC Recommendation:** CPT Assistant published.

**Referred to CPT**

**Referred to CPT Asst** ☒ **Published in CPT Asst:** Feb 2011

**Result:** Maintain

**73221** Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s) **Global:** XXX **Issue:** MRI **Screen:** CMS Fastest Growing / CMS High Expenditure Procedural Codes1 **Complete?** Yes

**Most Recent RUC Meeting:** January 2012

**Tab:** 20 **Specialty Developing Recommendation:** ACR

**First Identified:** October 2008

**2020 Medicare Utilization:** 396,179

**2022 Work RVU:** 1.35

**2022 NF PE RVU:** 4.89

**2022 Fac PE RVU:** NA

**RUC Recommendation:** 1.35

**Referred to CPT**

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Maintain



# Status Report: CMS Requests and Relativity Assessment Issues

**73500** Radiologic examination, hip, unilateral; 1 view **Global:** **Issue:** Radiologic Exam-Hip and Pelvis **Screen:** CMS-Other - Utilization over 500,000 / Codes Reported Together 75% or More-Part2 **Complete?** Yes

**Most Recent RUC Meeting:** April 2015 **Tab:** 14 **Specialty Developing Recommendation:** AAOS, ACR

**First Identified:** April 2011

**2020 Medicare Utilization:**

**2022 Work RVU:**  
**2022 NF PE RVU:**  
**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:**

**73501** Radiologic examination, hip, unilateral, with pelvis when performed; 1 view **Global:** XXX **Issue:** Radiologic Exam-Hip and Pelvis **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

**Most Recent RUC Meeting:** April 2015 **Tab:** 14 **Specialty Developing Recommendation:** AAOS, ACR

**First Identified:** October 2014

**2020 Medicare Utilization:** 227,987

**2022 Work RVU:** 0.18  
**2022 NF PE RVU:** 0.77  
**2022 Fac PE RVU:** NA

**RUC Recommendation:** 0.17

**Referred to CPT** October 2014

**Result:** Decrease

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**73502** Radiologic examination, hip, unilateral, with pelvis when performed; 2-3 views **Global:** XXX **Issue:** Radiologic Exam-Hip and Pelvis **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

**Most Recent RUC Meeting:** April 2015 **Tab:** 14 **Specialty Developing Recommendation:** AAOS, ACR

**First Identified:** October 2014

**2020 Medicare Utilization:** 2,236,429

**2022 Work RVU:** 0.22  
**2022 NF PE RVU:** 1.16  
**2022 Fac PE RVU:** NA

**RUC Recommendation:** 0.22

**Referred to CPT** October 2014

**Result:** Decrease

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

## Status Report: CMS Requests and Relativity Assessment Issues

<b>73503</b>	Radiologic examination, hip, unilateral, with pelvis when performed; minimum of 4 views	<b>Global:</b> XXX	<b>Issue:</b> Radiologic Exam-Hip and Pelvis	<b>Screen:</b> Codes Reported Together 75% or More-Part2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2015	<b>Tab:</b> 14 <b>Specialty Developing Recommendation:</b> AAOS, ACR	<b>First Identified:</b> October 2014	<b>2020 Medicare Utilization:</b> 42,499	<b>2022 Work RVU:</b> 0.27 <b>2022 NF PE RVU:</b> 1.47 <b>2022 Fac PE RVU:</b> NA	
<b>RUC Recommendation:</b> 0.27		<b>Referred to CPT</b> October 2014 <b>Referred to CPT Asst</b> <input type="checkbox"/> <b>Published in CPT Asst:</b>		<b>Result:</b> Decrease	
<hr/>					
<b>73510</b>	Radiologic examination, hip, unilateral; complete, minimum of 2 views	<b>Global:</b>	<b>Issue:</b> Radiologic Exam-Hip and Pelvis	<b>Screen:</b> Havard Valued - Utilization over 1 Million / Low Value-High Volume	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2015	<b>Tab:</b> 14 <b>Specialty Developing Recommendation:</b> AAOS, ACR	<b>First Identified:</b> October 2008	<b>2020 Medicare Utilization:</b>	<b>2022 Work RVU:</b> <b>2022 NF PE RVU:</b> <b>2022 Fac PE RVU:</b>	
<b>RUC Recommendation:</b> Deleted from CPT		<b>Referred to CPT</b> October 2014 <b>Referred to CPT Asst</b> <input type="checkbox"/> <b>Published in CPT Asst:</b>		<b>Result:</b> Deleted from CPT	
<hr/>					
<b>73520</b>	Radiologic examination, hips, bilateral, minimum of 2 views of each hip, including anteroposterior view of pelvis	<b>Global:</b>	<b>Issue:</b> Radiologic Exam-Hip and Pelvis	<b>Screen:</b> CMS-Other - Utilization over 250,000	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2015	<b>Tab:</b> 14 <b>Specialty Developing Recommendation:</b> AAOS, ACR	<b>First Identified:</b> April 2013	<b>2020 Medicare Utilization:</b>	<b>2022 Work RVU:</b> <b>2022 NF PE RVU:</b> <b>2022 Fac PE RVU:</b>	
<b>RUC Recommendation:</b> Deleted from CPT		<b>Referred to CPT</b> October 2014 <b>Referred to CPT Asst</b> <input type="checkbox"/> <b>Published in CPT Asst:</b>		<b>Result:</b> Deleted from CPT	
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## Status Report: CMS Requests and Relativity Assessment Issues

<b>73521</b>	Radiologic examination, hips, bilateral, with pelvis when performed; 2 views	<b>Global:</b> XXX	<b>Issue:</b> Radiologic Exam-Hip and Pelvis	<b>Screen:</b> Codes Reported Together 75% or More-Part2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2015	<b>Tab:</b> 14	<b>Specialty Developing Recommendation:</b> AAOS, ACR	<b>First Identified:</b> October 2014	<b>2020 Medicare Utilization:</b> 125,940	<b>2022 Work RVU:</b> 0.22 <b>2022 NF PE RVU:</b> 0.99 <b>2022 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> 0.22			<b>Referred to CPT</b> October 2014 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b> Decrease
<hr/>					
<b>73522</b>	Radiologic examination, hips, bilateral, with pelvis when performed; 3-4 views	<b>Global:</b> XXX	<b>Issue:</b> Radiologic Exam-Hip and Pelvis	<b>Screen:</b> Codes Reported Together 75% or More-Part2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2015	<b>Tab:</b> 14	<b>Specialty Developing Recommendation:</b> AAOS, ACR	<b>First Identified:</b> October 2014	<b>2020 Medicare Utilization:</b> 148,965	<b>2022 Work RVU:</b> 0.29 <b>2022 NF PE RVU:</b> 1.29 <b>2022 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> 0.29			<b>Referred to CPT</b> October 2014 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b> Decrease
<hr/>					
<b>73523</b>	Radiologic examination, hips, bilateral, with pelvis when performed; minimum of 5 views	<b>Global:</b> XXX	<b>Issue:</b> Radiologic Exam-Hip and Pelvis	<b>Screen:</b> Codes Reported Together 75% or More-Part2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2015	<b>Tab:</b> 14	<b>Specialty Developing Recommendation:</b> AAOS, ACR	<b>First Identified:</b> October 2014	<b>2020 Medicare Utilization:</b> 90,087	<b>2022 Work RVU:</b> 0.31 <b>2022 NF PE RVU:</b> 1.50 <b>2022 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> 0.31			<b>Referred to CPT</b> October 2014 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b> Decrease

## Status Report: CMS Requests and Relativity Assessment Issues

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<b>73540</b>	<b>Radiologic examination, pelvis and hips, infant or child, minimum of 2 views</b>	<b>Global:</b>	<b>Issue:</b> Radiologic Exam-Hip and Pelvis	<b>Screen:</b> Codes Reported Together 75% or More-Part2	<b>Complete?</b> Yes
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**Most Recent RUC Meeting:** April 2015

**Tab:** 14

**Specialty Developing Recommendation:** AAOS, ACR

**First Identified:** October 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** ☐ **Published in CPT Asst:**

**Result:** Deleted from CPT

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<b>73542</b>	<b>Radiological examination, sacroiliac joint arthrography, radiological supervision and interpretation</b>	<b>Global:</b>	<b>Issue:</b> Sacroiliac Joint Arthrography	<b>Screen:</b> Different Performing Specialty from Survey	<b>Complete?</b> Yes
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**Most Recent RUC Meeting:** April 2010

**Tab:** 45

**Specialty Developing Recommendation:** ASA, AAPM, AAMPR, NASS, ACR, AUR, ISIS, ASNR

**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** February 2011

**Referred to CPT Asst** ☒ **Published in CPT Asst:** Deleted from CPT

**Result:** Deleted from CPT

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<b>73550</b>	<b>Radiologic examination, femur, 2 views</b>	<b>Global:</b>	<b>Issue:</b> Radiologic Exam-Hip and Pelvis	<b>Screen:</b> CMS-Other - Utilization over 500,000	<b>Complete?</b> Yes
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**Most Recent RUC Meeting:** April 2015

**Tab:** 14

**Specialty Developing Recommendation:** AAOS, ACR

**First Identified:** April 2011

**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** ☐ **Published in CPT Asst:**

**Result:** Deleted from CPT

# Status Report: CMS Requests and Relativity Assessment Issues

**73551** Radiologic examination, femur; 1 view

**Global:** XXX

**Issue:** Radiologic Exam-Hip and Pelvis

**Screen:** Codes Reported Together 75% or More-Part2

**Complete?** Yes

**Most Recent RUC Meeting:** April 2015

**Tab:** 14

**Specialty Developing Recommendation:** AAOS, ACR

**First Identified:** October 2014

**2020 Medicare Utilization:** 32,983

**2022 Work RVU:** 0.16

**2022 NF PE RVU:** 0.69

**2022 Fac PE RVU:** NA

**RUC Recommendation:** 0.16

**Referred to CPT** October 2014

**Result:** Decrease

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**73552** Radiologic examination, femur; minimum 2 views

**Global:** XXX

**Issue:** Radiologic Exam-Hip and Pelvis

**Screen:** Codes Reported Together 75% or More-Part2

**Complete?** Yes

**Most Recent RUC Meeting:** April 2015

**Tab:** 14

**Specialty Developing Recommendation:** AAOS, ACR

**First Identified:** October 2014

**2020 Medicare Utilization:** 482,114

**2022 Work RVU:** 0.18

**2022 NF PE RVU:** 0.85

**2022 Fac PE RVU:** NA

**RUC Recommendation:** 0.18

**Referred to CPT** October 2014

**Result:** Decrease

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**73560** Radiologic examination, knee; 1 or 2 views

**Global:** XXX

**Issue:** X-Ray Exams

**Screen:** Low Value-High Volume

**Complete?** Yes

**Most Recent RUC Meeting:** September 2014

**Tab:** 17

**Specialty Developing Recommendation:** AAOS, ACR

**First Identified:** October 2010

**2020 Medicare Utilization:** 1,367,423

**2022 Work RVU:** 0.16

**2022 NF PE RVU:** 0.84

**2022 Fac PE RVU:** NA

**RUC Recommendation:** 0.16

**Referred to CPT**

**Result:** Decrease

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**73562** Radiologic examination, knee; 3 views

**Global:** XXX

**Issue:** X-Ray Exams

**Screen:** Low Value-High Volume

**Complete?** Yes

**Most Recent RUC Meeting:** September 2014

**Tab:** 17

**Specialty Developing Recommendation:** AAOS, ACR

**First Identified:** October 2010

**2020 Medicare Utilization:** 1,967,688

**2022 Work RVU:** 0.18

**2022 NF PE RVU:** 1.02

**2022 Fac PE RVU:** NA

**RUC Recommendation:** 0.18

**Referred to CPT**

**Result:** Maintain

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

# Status Report: CMS Requests and Relativity Assessment Issues

**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** ☐ **Published in CPT Asst:**

**Result:** Maintain

**73565** Radiologic examination, knee; both knees, standing, anteroposterior

**Global:** XXX

**Issue:** X-Ray Exams

**Screen:** CMS-Other - Utilization  
over 250,000

**Complete?** Yes

**Most Recent**  
**RUC Meeting:** September 2014

**Tab:** 17 **Specialty Developing** AAOS, ACR  
**Recommendation:**

**First**  
**Identified:** April 2013

**2020**  
**Medicare**  
**Utilization:** 134,804

**2022 Work RVU:** 0.16  
**2022 NF PE RVU:** 1.03  
**2022 Fac PE RVU:** NA

**RUC Recommendation:** 0.16

**Referred to CPT**

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Decrease

**73580** Radiologic examination, knee, arthrography, radiological supervision and interpretation

**Global:** XXX

**Issue:** Contrast X-Ray of Knee  
Joint

**Screen:** High Volume Growth1 /  
CMS Fastest Growing /  
CPT Assistant Analysis /  
High Volume Growth3

**Complete?** Yes

**Most Recent**  
**RUC Meeting:** October 2021

**Tab:** 16 **Specialty Developing** ACR  
**Recommendation:**

**First**  
**Identified:** February 2008

**2020**  
**Medicare**  
**Utilization:** 18,114

**2022 Work RVU:** 0.54  
**2022 NF PE RVU:** 3.85  
**2022 Fac PE RVU:** NA

**RUC Recommendation:** 0.59

**Referred to CPT**

**Referred to CPT Asst** ☒ **Published in CPT Asst:** Jun 2012

**Result:** Increase

# Status Report: CMS Requests and Relativity Assessment Issues

**73590** Radiologic examination; tibia and fibula, 2 views **Global:** XXX **Issue:** X-Ray Exams **Screen:** CMS-Other - Utilization over 250,000 **Complete?** Yes

**Most Recent RUC Meeting:** September 2014 **Tab:** 17 **Specialty Developing Recommendation:** AAOS, ACR **First Identified:** April 2013 **2020 Medicare Utilization:** 418,045 **2022 Work RVU:** 0.16 **2022 NF PE RVU:** 0.76 **2022 Fac PE RVU:** NA

**RUC Recommendation:** 0.16

**Referred to CPT**  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Decrease

**73600** Radiologic examination, ankle; 2 views **Global:** XXX **Issue:** X-Ray Exams **Screen:** CMS-Other - Utilization over 250,000 **Complete?** Yes

**Most Recent RUC Meeting:** September 2014 **Tab:** 17 **Specialty Developing Recommendation:** AAOS, ACR, APMA **First Identified:** April 2013 **2020 Medicare Utilization:** 199,747 **2022 Work RVU:** 0.16 **2022 NF PE RVU:** 0.78 **2022 Fac PE RVU:** NA

**RUC Recommendation:** 0.16

**Referred to CPT**  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Maintain

**73610** Radiologic examination, ankle; complete, minimum of 3 views **Global:** XXX **Issue:** Radiologic Examination **Screen:** Havard Valued - Utilization over 1 Million / Low Value-High Volume **Complete?** Yes

**Most Recent RUC Meeting:** October 2009 **Tab:** 24 **Specialty Developing Recommendation:** ACR, AAOS, APMA, AOFAS **First Identified:** October 2008 **2020 Medicare Utilization:** 1,053,621 **2022 Work RVU:** 0.17 **2022 NF PE RVU:** 0.91 **2022 Fac PE RVU:** NA

**RUC Recommendation:** 0.17

**Referred to CPT**  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Maintain

**73620** Radiologic examination, foot; 2 views **Global:** XXX **Issue:** X-Ray Exam of Foot **Screen:** Low Value-High Volume **Complete?** Yes

**Most Recent RUC Meeting:** April 2011 **Tab:** 27 **Specialty Developing Recommendation:** ACR, AAOS, APMA **First Identified:** October 2010 **2020 Medicare Utilization:** 442,295 **2022 Work RVU:** 0.16 **2022 NF PE RVU:** 0.66 **2022 Fac PE RVU:** NA

**RUC Recommendation:** 0.16

**Referred to CPT**  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Maintain

# Status Report: CMS Requests and Relativity Assessment Issues

**73630** Radiologic examination, foot; complete, minimum of 3 views

**Global:** XXX

**Issue:** Radiologic Examination

**Screen:** Havard Valued -  
Utilization over 1 Million /  
Low Value-High Volume

**Complete?** Yes

**Most Recent  
RUC Meeting:** October 2009

**Tab:** 24

**Specialty Developing  
Recommendation:** ACR, AAOS,  
APMA, AOFAS

**First  
Identified:** October 2008

**2020  
Medicare  
Utilization:** 2,308,194

**2022 Work RVU:** 0.17

**2022 NF PE RVU:** 0.84

**2022 Fac PE RVU:** NA

**RUC Recommendation:** 0.17

**Referred to CPT**

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Maintain

**73650** Radiologic examination; calcaneus, minimum of 2 views

**Global:** XXX

**Issue:** X-Ray Heel

**Screen:** CMS-Other - Utilization  
over 100,000

**Complete?** Yes

**Most Recent  
RUC Meeting:** January 2019

**Tab:** 31

**Specialty Developing  
Recommendation:** AAOS, ACR,  
APMA, AOFAS

**First  
Identified:** April 2016

**2020  
Medicare  
Utilization:** 66,375

**2022 Work RVU:** 0.16

**2022 NF PE RVU:** 0.68

**2022 Fac PE RVU:** NA

**RUC Recommendation:** 0.16

**Referred to CPT**

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Maintain

**73660** Radiologic examination; toe(s), minimum of 2 views

**Global:** XXX

**Issue:** X-Ray Toe

**Screen:** CMS-Other - Utilization  
over 100,000

**Complete?** Yes

**Most Recent  
RUC Meeting:** January 2019

**Tab:** 32

**Specialty Developing  
Recommendation:** AAOS, ACR,  
APMA, AOFAS

**First  
Identified:** April 2016

**2020  
Medicare  
Utilization:** 90,504

**2022 Work RVU:** 0.13

**2022 NF PE RVU:** 0.72

**2022 Fac PE RVU:** NA

**RUC Recommendation:** 0.13

**Referred to CPT**

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Maintain

**73700** Computed tomography, lower extremity; without contrast material

**Global:** XXX

**Issue:** CT Lower Extremity

**Screen:** CMS Fastest Growing

**Complete?** Yes

**Most Recent  
RUC Meeting:** April 2018

**Tab:** 21

**Specialty Developing  
Recommendation:** ACR

**First  
Identified:** October 2008

**2020  
Medicare  
Utilization:** 301,802

**2022 Work RVU:** 1.00

**2022 NF PE RVU:** 2.95

**2022 Fac PE RVU:** NA

**RUC Recommendation:** 1.00

**Referred to CPT**

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Maintain



# Status Report: CMS Requests and Relativity Assessment Issues

**73701** Computed tomography, lower extremity; with contrast material(s) **Global:** XXX **Issue:** CT Lower Extremity **Screen:** High Volume Growth1 / CMS-Other - Utilization over 30,000 **Complete?** Yes

**Most Recent**  
**RUC Meeting:** April 2018 **Tab:** 21 **Specialty Developing Recommendation:** ACR

**First Identified:** February 2009 **2020 Medicare Utilization:** 45,725

**2022 Work RVU:** 1.16  
**2022 NF PE RVU:** 3.96  
**2022 Fac PE RVU:** NA

**RUC Recommendation:** 1.16

**Referred to CPT**  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Maintain

**73702** Computed tomography, lower extremity; without contrast material, followed by contrast material(s) and further sections **Global:** XXX **Issue:** CT Lower Extremity **Screen:** High Volume Growth1 **Complete?** Yes

**Most Recent**  
**RUC Meeting:** April 2018 **Tab:** 21 **Specialty Developing Recommendation:** ACR

**First Identified:** February 2009 **2020 Medicare Utilization:** 4,095

**2022 Work RVU:** 1.22  
**2022 NF PE RVU:** 4.77  
**2022 Fac PE RVU:** NA

**RUC Recommendation:** 1.22

**Referred to CPT**  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Maintain

**73706** Computed tomographic angiography, lower extremity, with contrast material(s), including noncontrast images, if performed, and image postprocessing **Global:** XXX **Issue:** CT Angiography **Screen:** High Volume Growth1 **Complete?** Yes

**Most Recent**  
**RUC Meeting:** October 2013 **Tab:** 12 **Specialty Developing Recommendation:** ACR, SIR

**First Identified:** February 2008 **2020 Medicare Utilization:** 16,505

**2022 Work RVU:** 1.90  
**2022 NF PE RVU:** 8.09  
**2022 Fac PE RVU:** NA

**RUC Recommendation:** Survey for October 2013. Remove from screen

**Referred to CPT**  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Remove from Screen

**73718** Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s) **Global:** XXX **Issue:** MRI Lower Extremity **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

**Most Recent**  
**RUC Meeting:** October 2016 **Tab:** 20 **Specialty Developing Recommendation:** ACR

**First Identified:** July 2015 **2020 Medicare Utilization:** 122,818

**2022 Work RVU:** 1.35  
**2022 NF PE RVU:** 5.61  
**2022 Fac PE RVU:** NA

**RUC Recommendation:** 1.35

**Referred to CPT**  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Maintain

## Status Report: CMS Requests and Relativity Assessment Issues

**73719** Magnetic resonance (eg, proton) imaging, lower extremity other than joint; with contrast material(s) **Global:** XXX **Issue:** MRI Lower Extremity **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

**Most Recent**  
**RUC Meeting:** October 2016 **Tab:** 20 **Specialty Developing Recommendation:** ACR

**First**  
**Identified:** July 2015

**2020**  
**Medicare**  
**Utilization:** 954

**2022 Work RVU:** 1.62  
**2022 NF PE RVU:** 6.57  
**2022 Fac PE RVU:** NA

**RUC Recommendation:** 1.62

**Referred to CPT**  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Maintain

**73720** Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences **Global:** XXX **Issue:** MRI Lower Extremity **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

**Most Recent**  
**RUC Meeting:** October 2016 **Tab:** 20 **Specialty Developing Recommendation:** ACR

**First**  
**Identified:** July 2015

**2020**  
**Medicare**  
**Utilization:** 55,927

**2022 Work RVU:** 2.15  
**2022 NF PE RVU:** 8.39  
**2022 Fac PE RVU:** NA

**RUC Recommendation:** 2.15

**Referred to CPT**  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Maintain

**73721** Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material **Global:** XXX **Issue:** MRI of Lower Extremity Joint **Screen:** MPC List **Complete?** Yes

**Most Recent**  
**RUC Meeting:** January 2012 **Tab:** 20 **Specialty Developing Recommendation:** ACR

**First**  
**Identified:** October 2010

**2020**  
**Medicare**  
**Utilization:** 537,072

**2022 Work RVU:** 1.35  
**2022 NF PE RVU:** 4.88  
**2022 Fac PE RVU:** NA

**RUC Recommendation:** 1.35

**Referred to CPT**  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Maintain

# Status Report: CMS Requests and Relativity Assessment Issues

**74000** Radiologic examination, abdomen; single anteroposterior view **Global:** **Issue:** Abdominal X-Ray **Screen:** Low Value-High Volume / CMS High Expenditure Procedural Codes2 **Complete?** Yes

**Most Recent**  
**RUC Meeting:** April 2016 **Tab:** 08 **Specialty Developing Recommendation:** ACR

**First Identified:** October 2010 **2020 Medicare Utilization:**

**2022 Work RVU:**  
**2022 NF PE RVU:**  
**2022 Fac PE RVU:**

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** February 2016  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Deleted from CPT

**74010** Radiologic examination, abdomen; anteroposterior and additional oblique and cone views **Global:** **Issue:** Abdominal X-Ray **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

**Most Recent**  
**RUC Meeting:** April 2016 **Tab:** 08 **Specialty Developing Recommendation:** ACR

**First Identified:** July 2015 **2020 Medicare Utilization:**

**2022 Work RVU:**  
**2022 NF PE RVU:**  
**2022 Fac PE RVU:**

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** February 2016  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Deleted from CPT

**74018** Radiologic examination, abdomen; 1 view **Global:** XXX **Issue:** Abdominal X-Ray **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

**Most Recent**  
**RUC Meeting:** April 2016 **Tab:** 08 **Specialty Developing Recommendation:** ACR

**First Identified:** February 2016 **2020 Medicare Utilization:** 1,924,615

**2022 Work RVU:** 0.18  
**2022 NF PE RVU:** 0.70  
**2022 Fac PE RVU:** NA

**RUC Recommendation:** 0.18

**Referred to CPT** February 2016  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Decrease

# Status Report: CMS Requests and Relativity Assessment Issues

**74019** Radiologic examination, abdomen; 2 views

**Global:** XXX **Issue:** Abdominal X-Ray

**Screen:** CMS High Expenditure  
Procedural Codes2

**Complete?** Yes

**Most Recent  
RUC Meeting:** April 2016

**Tab:** 08 **Specialty Developing  
Recommendation:** ACR

**First  
Identified:** February 2016

**2020  
Medicare  
Utilization:** 315,025

**2022 Work RVU:** 0.23

**2022 NF PE RVU:** 0.85

**2022 Fac PE RVU:** NA

**RUC Recommendation:** 0.23

**Referred to CPT** February 2016

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Decrease

**74020** Radiologic examination, abdomen; complete, including decubitus and/or erect views

**Global:** **Issue:** Abdominal X-Ray

**Screen:** CMS High Expenditure  
Procedural Codes2

**Complete?** Yes

**Most Recent  
RUC Meeting:** April 2016

**Tab:** 08 **Specialty Developing  
Recommendation:** ACR

**First  
Identified:** July 2015

**2020  
Medicare  
Utilization:**

**2022 Work RVU:**

**2022 NF PE RVU:**

**2022 Fac PE RVU:**

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** February 2016

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Deleted from CPT

**74021** Radiologic examination, abdomen; 3 or more views

**Global:** XXX **Issue:** Abdominal X-Ray

**Screen:** CMS High Expenditure  
Procedural Codes2

**Complete?** Yes

**Most Recent  
RUC Meeting:** April 2016

**Tab:** 08 **Specialty Developing  
Recommendation:** ACR

**First  
Identified:** February 2016

**2020  
Medicare  
Utilization:** 42,821

**2022 Work RVU:** 0.27

**2022 NF PE RVU:** 1.00

**2022 Fac PE RVU:** NA

**RUC Recommendation:** 0.27

**Referred to CPT** February 2016

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Decrease

**74022** Radiologic examination, complete acute abdomen series, including 2 or more views of the abdomen (eg, supine, erect, decubitus), and a single view chest

**Global:** XXX **Issue:** Abdominal X-Ray

**Screen:** CMS High Expenditure  
Procedural Codes2

**Complete?** Yes

**Most Recent  
RUC Meeting:** April 2016

**Tab:** 08 **Specialty Developing  
Recommendation:** ACR

**First  
Identified:** July 2015

**2020  
Medicare  
Utilization:** 182,235

**2022 Work RVU:** 0.32

**2022 NF PE RVU:** 1.15

**2022 Fac PE RVU:** NA

**RUC Recommendation:** 0.32

**Referred to CPT** February 2016

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Maintain

# Status Report: CMS Requests and Relativity Assessment Issues

**74150** Computed tomography, abdomen; without contrast material

**Global:** XXX **Issue:** CT Abdomen

**Screen:** Codes Reported Together 95% or More / CMS Request - Final Rule for 2012

**Complete?** Yes

**Most Recent RUC Meeting:** February 2008 **Tab:** S **Specialty Developing Recommendation:** ACR

**First Identified:** February 2008

**2020 Medicare Utilization:** 62,958

**2022 Work RVU:** 1.19

**2022 NF PE RVU:** 2.98

**2022 Fac PE RVU:** NA

**RUC Recommendation:** Review PE. 0.35

**Referred to CPT** October 2009

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Maintain

**74160** Computed tomography, abdomen; with contrast material(s)

**Global:** XXX **Issue:** CT Abdomen and Pelvis

**Screen:** Codes Reported Together 95% or More / MPC List / CMS Request - Final Rule for 2012 / CMS Request - Final Rule for 2014

**Complete?** Yes

**Most Recent RUC Meeting:** April 2014 **Tab:** 44 **Specialty Developing Recommendation:** ACR

**First Identified:** February 2008

**2020 Medicare Utilization:** 87,750

**2022 Work RVU:** 1.27

**2022 NF PE RVU:** 6.07

**2022 Fac PE RVU:** NA

**RUC Recommendation:** 0.42

**Referred to CPT** October 2009

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Maintain

**74170** Computed tomography, abdomen; without contrast material, followed by contrast material(s) and further sections

**Global:** XXX **Issue:** CT Abdomen

**Screen:** Codes Reported Together 95% or More / CMS-Other - Utilization over 500,000 / CMS Request - Final Rule for 2012

**Complete?** Yes

**Most Recent RUC Meeting:** April 2012 **Tab:** 34 **Specialty Developing Recommendation:** ACR

**First Identified:** February 2008

**2020 Medicare Utilization:** 92,433

**2022 Work RVU:** 1.40

**2022 NF PE RVU:** 6.81

**2022 Fac PE RVU:** NA

**RUC Recommendation:** 1.40

**Referred to CPT** October 2009

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Maintain

## Status Report: CMS Requests and Relativity Assessment Issues

<b>74174</b>	Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing	<b>Global:</b> XXX	<b>Issue:</b> CT Angiography	<b>Screen:</b> Codes Reported Together 75% or More-Part1 / CMS Request - Final Rule for 2013	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2013	<b>Tab:</b> 12 <b>Specialty Developing Recommendation:</b> ACR, SIR	<b>First Identified:</b>	<b>2020 Medicare Utilization:</b> 280,481	<b>2022 Work RVU:</b> 2.20 <b>2022 NF PE RVU:</b> 9.58 <b>2022 Fac PE RVU:</b> NA	
<b>RUC Recommendation:</b> 2.20		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b> Decrease	
<b>74175</b>	Computed tomographic angiography, abdomen, with contrast material(s), including noncontrast images, if performed, and image postprocessing	<b>Global:</b> XXX	<b>Issue:</b> CT Angiography	<b>Screen:</b> CMS Fastest Growing / Codes Reported Together 75% or More-Part1 / CMS Request to Re-Review Families of Recently Reviewed CPT Codes / CMS Request - Final Rule for 2013	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2013	<b>Tab:</b> 12 <b>Specialty Developing Recommendation:</b> ACR, SIR	<b>First Identified:</b> October 2008	<b>2020 Medicare Utilization:</b> 30,560	<b>2022 Work RVU:</b> 1.82 <b>2022 NF PE RVU:</b> 7.65 <b>2022 Fac PE RVU:</b> NA	
<b>RUC Recommendation:</b> 1.82		<b>Referred to CPT</b> October 2010 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b> Decrease	
<b>74176</b>	Computed tomography, abdomen and pelvis; without contrast material	<b>Global:</b> XXX	<b>Issue:</b> CT Abdomen/CT Pelvis	<b>Screen:</b> CMS Fastest Growing	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> February 2010	<b>Tab:</b> 16 <b>Specialty Developing Recommendation:</b> ACR	<b>First Identified:</b> October 2009	<b>2020 Medicare Utilization:</b> 1,952,320	<b>2022 Work RVU:</b> 1.74 <b>2022 NF PE RVU:</b> 3.82 <b>2022 Fac PE RVU:</b> NA	
<b>RUC Recommendation:</b> 1.74		<b>Referred to CPT</b> October 2009 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b> Decrease	

## Status Report: CMS Requests and Relativity Assessment Issues

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**74177** Computed tomography, abdomen and pelvis; with contrast material(s) **Global:** XXX **Issue:** CT Abdomen and Pelvis **Screen:** CMS Fastest Growing / CMS Request - Final Rule for 2014 **Complete?** Yes

**Most Recent RUC Meeting:** April 2014 **Tab:** 44 **Specialty Developing Recommendation:** ACR

**First Identified:** October 2009

**2020 Medicare Utilization:** 3,041,941

**2022 Work RVU:** 1.82  
**2022 NF PE RVU:** 7.70  
**2022 Fac PE RVU:** NA

**RUC Recommendation:** 1.82

**Referred to CPT** October 2009

**Result:** Decrease

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

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**74178** Computed tomography, abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions **Global:** XXX **Issue:** CT Abdomen/CT Pelvis **Screen:** CMS Fastest Growing **Complete?** Yes

**Most Recent RUC Meeting:** February 2010 **Tab:** 16 **Specialty Developing Recommendation:** ACR

**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

**Result:** Decrease

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

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**74181** Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s) **Global:** XXX **Issue:** MRI of Abdomen **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

**Most Recent RUC Meeting:** October 2016 **Tab:** 21 **Specialty Developing Recommendation:** ACR

**First Identified:** July 2015

**2020 Medicare Utilization:** 100,049

**2022 Work RVU:** 1.46  
**2022 NF PE RVU:** 4.60  
**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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## Status Report: CMS Requests and Relativity Assessment Issues

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**74182** Magnetic resonance (eg, proton) imaging, abdomen; with contrast material(s)      **Global:** XXX      **Issue:** MRI of Abdomen      **Screen:** CMS High Expenditure Procedural Codes2      **Complete?** Yes

**Most Recent**      **Tab:** 21      **Specialty Developing**      ACR  
**RUC Meeting:** October 2016      **Recommendation:**

**First**  
**Identified:** July 2015

**2020**  
**Medicare**  
**Utilization:** 3,561

**2022 Work RVU:** 1.73

**2022 NF PE RVU:** 7.73

**2022 Fac PE RVU:** NA

**RUC Recommendation:** 1.73

**Referred to CPT**

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Maintain

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**74183** Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s), followed by with contrast material(s) and further sequences

**Global:** XXX      **Issue:** MRI of Abdomen

**Screen:** CMS High Expenditure Procedural Codes2

**Complete?** Yes

**Most Recent**      **Tab:** 21      **Specialty Developing**      ACR  
**RUC Meeting:** October 2016      **Recommendation:**

**First**  
**Identified:** July 2015

**2020**  
**Medicare**  
**Utilization:** 334,598

**2022 Work RVU:** 2.20

**2022 NF PE RVU:** 8.36

**2022 Fac PE RVU:** NA

**RUC Recommendation:** 2.20

**Referred to CPT**

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Decrease

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**74210** Radiologic examination, pharynx and/or cervical esophagus, including scout neck radiograph(s) and delayed image(s), when performed, contrast (eg, barium) study

**Global:** XXX      **Issue:** X-Ray Exam – Upper GI

**Screen:** CMS-Other - Utilization over 100,000

**Complete?** Yes

**Most Recent**      **Tab:** 12      **Specialty Developing**      ACR  
**RUC Meeting:** January 2019      **Recommendation:**

**First**  
**Identified:** October 2016

**2020**  
**Medicare**  
**Utilization:** 1,111

**2022 Work RVU:** 0.59

**2022 NF PE RVU:** 2.34

**2022 Fac PE RVU:** NA

**RUC Recommendation:** 0.59

**Referred to CPT**

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Maintain

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## Status Report: CMS Requests and Relativity Assessment Issues

**74220** Radiologic examination, esophagus, including scout chest radiograph(s) and delayed image(s), when performed; single-contrast (eg, barium) study **Global:** XXX **Issue:** X-Ray Exam – Upper GI **Screen:** CMS-Other - Utilization over 100,000 **Complete?** Yes

**Most Recent**  
**RUC Meeting:** January 2019 **Tab:** 12 **Specialty Developing Recommendation:** ACR

**First Identified:** April 2016

**2020 Medicare Utilization:** 100,962

**2022 Work RVU:** 0.60

**2022 NF PE RVU:** 2.36

**2022 Fac PE RVU:** NA

**RUC Recommendation:** 0.60

**Referred to CPT**

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Decrease

**74221** Radiologic examination, esophagus, including scout chest radiograph(s) and delayed image(s), when performed; double-contrast (eg, high-density barium and effervescent agent) study **Global:** XXX **Issue:** X-Ray Exam – Upper GI **Screen:** CMS-Other - Utilization over 30,000-Part2 **Complete?** Yes

**Most Recent**  
**RUC Meeting:** January 2019 **Tab:** 12 **Specialty Developing Recommendation:**

**First Identified:** October 2018

**2020 Medicare Utilization:** 46,438

**2022 Work RVU:** 0.70

**2022 NF PE RVU:** 2.64

**2022 Fac PE RVU:** NA

**RUC Recommendation:** 0.70

**Referred to CPT**

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Increase

**74230** Radiologic examination, swallowing function, with cineradiography/videoradiography, including scout neck radiograph(s) and delayed image(s), when performed, contrast (eg, barium) study **Global:** XXX **Issue:** X-Ray Esophagus **Screen:** CMS-Other - Utilization over 250,000 / CMS-Other - Utilization over 100,000 **Complete?** Yes

**Most Recent**  
**RUC Meeting:** April 2017 **Tab:** 25 **Specialty Developing Recommendation:** ACR

**First Identified:** April 2013

**2020 Medicare Utilization:** 285,714

**2022 Work RVU:** 0.53

**2022 NF PE RVU:** 3.32

**2022 Fac PE RVU:** NA

**RUC Recommendation:** 0.53

**Referred to CPT**

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Maintain

# Status Report: CMS Requests and Relativity Assessment Issues

**74240** Radiologic examination, upper gastrointestinal tract, including scout abdominal radiograph(s) and delayed image(s), when performed; single-contrast (eg, barium) study **Global:** XXX **Issue:** X-Ray Exam – Upper GI **Screen:** CMS-Other - Utilization over 30,000 **Complete?** Yes

**Most Recent RUC Meeting:** January 2019

**Tab:** 12 **Specialty Developing Recommendation:** ACR

**First Identified:** October 2017

**2020 Medicare Utilization:** 68,915

**2022 Work RVU:** 0.80

**2022 NF PE RVU:** 2.92

**2022 Fac PE RVU:** NA

**RUC Recommendation:** 0.80

**Referred to CPT** May 2018

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Increase

**74241** Radiologic examination, gastrointestinal tract, upper; with or without delayed images, with KUB **Global:** **Issue:** X-Ray Exam – Upper GI **Screen:** CMS-Other - Utilization over 30,000 **Complete?** Yes

**Most Recent RUC Meeting:** January 2019

**Tab:** 12 **Specialty Developing Recommendation:** ACR

**First Identified:** October 2017

**2020 Medicare Utilization:**

**2022 Work RVU:**

**2022 NF PE RVU:**

**2022 Fac PE RVU:**

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** May 2018

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Deleted from CPT

**74245** Radiologic examination, gastrointestinal tract, upper; with small intestine, includes multiple serial images **Global:** **Issue:** X-Ray Exam – Upper GI **Screen:** CMS-Other - Utilization over 30,000 **Complete?** Yes

**Most Recent RUC Meeting:** January 2019

**Tab:** 12 **Specialty Developing Recommendation:** ACR

**First Identified:** October 2017

**2020 Medicare Utilization:**

**2022 Work RVU:**

**2022 NF PE RVU:**

**2022 Fac PE RVU:**

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** May 2018

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Deleted from CPT

# Status Report: CMS Requests and Relativity Assessment Issues

**74246** Radiologic examination, upper gastrointestinal tract, including scout abdominal radiograph(s) and delayed image(s), when performed; double-contrast (eg, high-density barium and effervescent agent) study, including glucagon, when administered **Global:** XXX **Issue:** X-Ray Exam – Upper GI **Screen:** CMS-Other - Utilization over 30,000 **Complete?** Yes

**Most Recent RUC Meeting:** January 2019 **Tab:** 12 **Specialty Developing Recommendation:** ACR

**First Identified:** October 2017

**2020 Medicare Utilization:** 50,036

**2022 Work RVU:** 0.90

**2022 NF PE RVU:** 3.35

**2022 Fac PE RVU:** NA

**RUC Recommendation:** 0.90

**Referred to CPT** May 2018

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Increase

**74247** Radiological examination, gastrointestinal tract, upper, air contrast, with specific high density barium, effervescent agent, with or without glucagon; with or without delayed images, with KUB **Global:** **Issue:** X-Ray Exam – Upper GI **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

**Most Recent RUC Meeting:** January 2019 **Tab:** 12 **Specialty Developing Recommendation:** ACR

**First Identified:** April 2011

**2020 Medicare Utilization:**

**2022 Work RVU:**

**2022 NF PE RVU:**

**2022 Fac PE RVU:**

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** May 2018

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Deleted from CPT

**74248** Radiologic small intestine follow-through study, including multiple serial images (list separately in addition to code for primary procedure for upper gi radiologic examination) **Global:** ZZZ **Issue:** X-Ray Exam – Upper GI **Screen:** CMS-Other - Utilization over 30,000-Part2 **Complete?** Yes

**Most Recent RUC Meeting:** January 2019 **Tab:** 12 **Specialty Developing Recommendation:**

**First Identified:** October 2018

**2020 Medicare Utilization:** 16,146

**2022 Work RVU:** 0.70

**2022 NF PE RVU:** 1.79

**2022 Fac PE RVU:** NA

**RUC Recommendation:** 0.70

**Referred to CPT** February 2019-EC

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Increase

## Status Report: CMS Requests and Relativity Assessment Issues

**74249** Radiological examination, gastrointestinal tract, upper, air contrast, with specific high density barium, effervescent agent, with or without glucagon; with small intestine follow-through **Global:** **Issue:** X-Ray Exam – Upper GI **Screen:** CMS-Other - Utilization over 30,000 **Complete?** Yes

**Most Recent** **Tab:** 12 **Specialty Developing** ACR  
**RUC Meeting:** January 2019 **Recommendation:**

**First**  
**Identified:** October 2017

**2020**  
**Medicare**  
**Utilization:**

**2022 Work RVU:**  
**2022 NF PE RVU:**  
**2022 Fac PE RVU:**

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** May 2018

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Deleted from CPT

**74250** Radiologic examination, small intestine, including multiple serial images and scout abdominal radiograph(s), when performed; single-contrast (eg, barium) study **Global:** XXX **Issue:** Lower Gastrointestinal Tract Imaging **Screen:** CMS-Other - Utilization over 30,000 **Complete?** Yes

**Most Recent** **Tab:** 11 **Specialty Developing** ACR  
**RUC Meeting:** October 2018 **Recommendation:**

**First**  
**Identified:** October 2017

**2020**  
**Medicare**  
**Utilization:** 42,993

**2022 Work RVU:** 0.81  
**2022 NF PE RVU:** 2.90  
**2022 Fac PE RVU:** NA

**RUC Recommendation:** 0.81

**Referred to CPT** May 2018

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Increase

**74251** Radiologic examination, small intestine, including multiple serial images and scout abdominal radiograph(s), when performed; double-contrast (eg, high-density barium and air via enteroclysis tube) study, including glucagon, when administered **Global:** XXX **Issue:** Lower Gastrointestinal Tract Imaging **Screen:** CMS-Other - Utilization over 30,000 **Complete?** Yes

**Most Recent** **Tab:** 11 **Specialty Developing** ACR  
**RUC Meeting:** October 2018 **Recommendation:**

**First**  
**Identified:** October 2017

**2020**  
**Medicare**  
**Utilization:** 410

**2022 Work RVU:** 1.17  
**2022 NF PE RVU:** 10.28  
**2022 Fac PE RVU:** NA

**RUC Recommendation:** 1.17

**Referred to CPT** May 2018

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Increase

## Status Report: CMS Requests and Relativity Assessment Issues

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<b>74260</b> Duodenography, hypotonic	<b>Global:</b>	<b>Issue:</b> X-Ray Exam – Small Intestine/Colon	<b>Screen:</b> CMS-Other - Utilization over 30,000	<b>Complete?</b> Yes
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<b>Most Recent RUC Meeting:</b> October 2018	<b>Tab:</b> 11	<b>Specialty Developing Recommendation:</b> ACR
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<b>First Identified:</b> October 2017
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<b>2020 Medicare Utilization:</b>
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<b>2022 Work RVU:</b>
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<b>2022 NF PE RVU:</b>
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<b>2022 Fac PE RVU:</b>
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<b>RUC Recommendation:</b> Deleted from CPT
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<b>Referred to CPT</b> May 2018
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<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>
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<b>Result:</b> Deleted from CPT
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<b>74270</b> Radiologic examination, colon, including scout abdominal radiograph(s) and delayed image(s), when performed; single-contrast (eg, barium) study	<b>Global:</b> XXX	<b>Issue:</b> Lower Gastrointestinal Tract Imaging	<b>Screen:</b> CMS-Other - Utilization over 30,000	<b>Complete?</b> Yes
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<b>Most Recent RUC Meeting:</b> October 2018	<b>Tab:</b> 11	<b>Specialty Developing Recommendation:</b> ACR
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<b>First Identified:</b> October 2017
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<b>2020 Medicare Utilization:</b> 21,625
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<b>2022 Work RVU:</b> 1.04
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<b>2022 NF PE RVU:</b> 3.63
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<b>2022 Fac PE RVU:</b> NA
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<b>RUC Recommendation:</b> 1.04
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<b>Referred to CPT</b> May 2018
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<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>
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<b>Result:</b> Increase
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<b>74280</b> Radiologic examination, colon, including scout abdominal radiograph(s) and delayed image(s), when performed; double-contrast (eg, high density barium and air) study, including glucagon, when administered	<b>Global:</b> XXX	<b>Issue:</b> Lower Gastrointestinal Tract Imaging	<b>Screen:</b> Harvard Valued - Utilization over 30,000	<b>Complete?</b> Yes
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<b>Most Recent RUC Meeting:</b> October 2018	<b>Tab:</b> 11	<b>Specialty Developing Recommendation:</b> ACR
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<b>First Identified:</b> April 2011
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<b>2020 Medicare Utilization:</b> 5,683
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<b>2022 Work RVU:</b> 1.26
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<b>2022 NF PE RVU:</b> 5.48
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<b>2022 Fac PE RVU:</b> NA
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<b>RUC Recommendation:</b> 1.26
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<b>Referred to CPT</b> May 2018
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<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>
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<b>Result:</b> Increase
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# Status Report: CMS Requests and Relativity Assessment Issues

**74300** Cholangiography and/or pancreatography; intraoperative, radiological supervision and interpretation

**Global:** XXX

**Issue:** X-Rays at Surgery Add-On

**Screen:** CMS-Other - Utilization over 30,000-Part2

**Complete?** Yes

**Most Recent RUC Meeting:** April 2019

**Tab:** 19

**Specialty Developing Recommendation:** ACR, SAGES

**First Identified:** October 2018

**2020 Medicare Utilization:** 23,965

**2022 Work RVU:** 0.00

**2022 NF PE RVU:** 0.00

**2022 Fac PE RVU:** NA

**RUC Recommendation:** 0.32

**Referred to CPT**

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Decrease

**74301** Cholangiography and/or pancreatography; additional set intraoperative, radiological supervision and interpretation (list separately in addition to code for primary procedure)

**Global:** ZZZ

**Issue:** X-Rays at Surgery Add-On

**Screen:** CMS-Other - Utilization over 30,000-Part2

**Complete?** Yes

**Most Recent RUC Meeting:** October 2020

**Tab:** 19

**Specialty Developing Recommendation:** ACR, ACS, SAGES, SIR

**First Identified:** October 2018

**2020 Medicare Utilization:** 77

**2022 Work RVU:** 0.00

**2022 NF PE RVU:** 0.00

**2022 Fac PE RVU:** NA

**RUC Recommendation:** 0.21

**Referred to CPT**

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Maintain

**74305** Deleted from CPT

**Global:**

**Issue:** Percutaneous Biliary Procedures Bundling

**Screen:** Codes Reported Together 75% or More-Part2

**Complete?** Yes

**Most Recent RUC Meeting:** October 2015

**Tab:** 06

**Specialty Developing Recommendation:** ACR, SIR

**First Identified:** October 2012

**2020 Medicare Utilization:**

**2022 Work RVU:**

**2022 NF PE RVU:**

**2022 Fac PE RVU:**

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** February 2015

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Deleted from CPT

## Status Report: CMS Requests and Relativity Assessment Issues

**74320** Cholangiography, percutaneous, transhepatic, radiological supervision and interpretation **Global:** **Issue:** Percutaneous Biliary Procedures Bundling **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

**Most Recent RUC Meeting:** October 2015

**Tab:** 06 **Specialty Developing Recommendation:** ACR, SIR

**First Identified:** October 2012

**2020 Medicare Utilization:**

**2022 Work RVU:**  
**2022 NF PE RVU:**  
**2022 Fac PE RVU:**

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** February 2015

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Deleted from CPT

**74327** Postoperative biliary duct calculus removal, percutaneous via T-tube tract, basket, or snare (eg, Burhenne technique), radiological supervision and interpretation

**Global:** **Issue:** Percutaneous Biliary Procedures Bundling

**Screen:** Codes Reported Together 75% or More-Part2

**Complete?** Yes

**Most Recent RUC Meeting:** October 2015

**Tab:** 06 **Specialty Developing Recommendation:** ACR, SIR

**First Identified:** February 2015

**2020 Medicare Utilization:**

**2022 Work RVU:**  
**2022 NF PE RVU:**  
**2022 Fac PE RVU:**

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** February 2015

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Deleted from CPT

**74328** Endoscopic catheterization of the biliary ductal system, radiological supervision and interpretation

**Global:** XXX **Issue:** X-Rays at Surgery Add-On

**Screen:** CMS-Other - Utilization over 30,000-Part2

**Complete?** Yes

**Most Recent RUC Meeting:** April 2019

**Tab:** 19 **Specialty Developing Recommendation:** ACR, SAGES

**First Identified:** October 2018

**2020 Medicare Utilization:** 60,029

**2022 Work RVU:** 0.00  
**2022 NF PE RVU:** 0.00  
**2022 Fac PE RVU:** NA

**RUC Recommendation:** 0.47

**Referred to CPT**

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Decrease

# Status Report: CMS Requests and Relativity Assessment Issues

**74329** Endoscopic catheterization of the pancreatic ductal system, radiological supervision and interpretation

**Global:** XXX

**Issue:** X-Rays at Surgery Add-On

**Screen:** CMS-Other - Utilization over 30,000-Part2

**Complete?** Yes

**Most Recent RUC Meeting:** April 2019

**Tab:** 19

**Specialty Developing Recommendation:** ACR, SAGES

**First Identified:** October 2018

**2020 Medicare Utilization:** 2,548

**2022 Work RVU:** 0.00

**2022 NF PE RVU:** 0.00

**2022 Fac PE RVU:** NA

**RUC Recommendation:** 0.50

**Referred to CPT**

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

**Result:** Decrease

**74330** Combined endoscopic catheterization of the biliary and pancreatic ductal systems, radiological supervision and interpretation

**Global:** XXX

**Issue:** X-Rays at Surgery Add-On

**Screen:** CMS-Other - Utilization over 30,000-Part2

**Complete?** Yes

**Most Recent RUC Meeting:** April 2019

**Tab:** 19

**Specialty Developing Recommendation:** ACR, SAGES

**First Identified:** October 2018

**2020 Medicare Utilization:** 11,873

**2022 Work RVU:** 0.00

**2022 NF PE RVU:** 0.00

**2022 Fac PE RVU:** NA

**RUC Recommendation:** 0.70

**Referred to CPT**

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

**Result:** Decrease

**74400** Urography (pyelography), intravenous, with or without kub, with or without tomography

**Global:** XXX

**Issue:** Contrast X-Ray Exams

**Screen:** Harvard Valued - Utilization over 30,000

**Complete?** Yes

**Most Recent RUC Meeting:** September 2011

**Tab:** 31

**Specialty Developing Recommendation:** ACR

**First Identified:** April 2011

**2020 Medicare Utilization:** 3,849

**2022 Work RVU:** 0.49

**2022 NF PE RVU:** 3.61

**2022 Fac PE RVU:** NA

**RUC Recommendation:** 0.49

**Referred to CPT**

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

**Result:** Maintain

**74420** Urography, retrograde, with or without kub

**Global:** XXX

**Issue:** X-Ray Urinary Tract

**Screen:** CMS-Other - Utilization over 100,000

**Complete?** Yes

**Most Recent RUC Meeting:** April 2017

**Tab:** 26

**Specialty Developing Recommendation:** ACR, AUA

**First Identified:** April 2016

**2020 Medicare Utilization:** 144,313

**2022 Work RVU:** 0.52

**2022 NF PE RVU:** 1.74

**2022 Fac PE RVU:** NA

**RUC Recommendation:** 0.52

**Referred to CPT**

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

**Result:** Increase



# Status Report: CMS Requests and Relativity Assessment Issues

**74425** Urography, antegrade, radiological supervision and interpretation

**Global:** XXX **Issue:** Urography

**Screen:** Codes Reported Together 75% or More-Part2

**Complete?** Yes

**Most Recent RUC Meeting:** October 2018

**Tab:** 18 **Specialty Developing Recommendation:** ACR, AUA, SIR

**First Identified:** October 2012

**2020 Medicare Utilization:** 2,959

**2022 Work RVU:** 0.51

**2022 NF PE RVU:** 3.62

**2022 Fac PE RVU:** NA

**RUC Recommendation:** 0.51, editorially revised

**Referred to CPT** September 2019

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Increase

**74475** Introduction of intracatheter or catheter into renal pelvis for drainage and/or injection, percutaneous, radiological supervision and interpretation

**Global:** **Issue:** Genitourinary Catheter Procedures

**Screen:** Codes Reported Together 75% or More-Part2

**Complete?** Yes

**Most Recent RUC Meeting:** January 2015

**Tab:** 09 **Specialty Developing Recommendation:** ACR, SIR

**First Identified:** October 2012

**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** ☐ **Published in CPT Asst:**

**Result:** Deleted from CPT

**74480** Introduction of ureteral catheter or stent into ureter through renal pelvis for drainage and/or injection, percutaneous, radiological supervision and interpretation

**Global:** **Issue:** Genitourinary Catheter Procedures

**Screen:** Codes Reported Together 75% or More-Part2

**Complete?** Yes

**Most Recent RUC Meeting:** January 2015

**Tab:** 09 **Specialty Developing Recommendation:** ACR, SIR

**First Identified:** October 2012

**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** ☐ **Published in CPT Asst:**

**Result:** Deleted from CPT

# Status Report: CMS Requests and Relativity Assessment Issues

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**74485** Dilation of ureter(s) or urethra, radiological supervision and interpretation      **Global:** XXX    **Issue:** Dilation of Urinary Tract    **Screen:** Codes Reported Together 75% or More-Part2    **Complete?** Yes

**Most Recent RUC Meeting:** January 2018

**Tab:** 12    **Specialty Developing Recommendation:**

**First Identified:** September 2017

**2020 Medicare Utilization:** 1,239

**2022 Work RVU:** 0.83  
**2022 NF PE RVU:** 2.72  
**2022 Fac PE RVU:** NA

**RUC Recommendation:** 0.83

**Referred to CPT**  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Increase

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**75561** Cardiac magnetic resonance imaging for morphology and function without contrast material(s), followed by contrast material(s) and further sequences;      **Global:** XXX    **Issue:**    **Screen:** High Volume Growth7    **Complete?** Yes

**Most Recent RUC Meeting:** January 2021

**Tab:** 29    **Specialty Developing Recommendation:**

**First Identified:** October 2020

**2020 Medicare Utilization:** 27,884

**2022 Work RVU:** 2.60  
**2022 NF PE RVU:** 8.87  
**2022 Fac PE RVU:** NA

**RUC Recommendation:** Maintain

**Referred to CPT**  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Remove from Screen

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**75571** Computed tomography, heart, without contrast material, with quantitative evaluation of coronary calcium      **Global:** XXX    **Issue:** RAW    **Screen:** High Volume Growth8    **Complete?** Yes

**Most Recent RUC Meeting:** September 2022

**Tab:** 13    **Specialty Developing Recommendation:** ACC, ACR, SCCT

**First Identified:** April 2022

**2020 Medicare Utilization:** 32,465

**2022 Work RVU:** 0.58  
**2022 NF PE RVU:** 2.43  
**2022 Fac PE RVU:** NA

**RUC Recommendation:** Maintain

**Referred to CPT**  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Maintain

# Status Report: CMS Requests and Relativity Assessment Issues

**75572** Computed tomography, heart, with contrast material, for evaluation of cardiac structure and morphology (including 3d image postprocessing, assessment of cardiac function, and evaluation of venous structures, if performed) **Global:** XXX **Issue:** **Screen:** High Volume Growth7 **Complete?** Yes

**Most Recent RUC Meeting:** January 2021 **Tab:** 29 **Specialty Developing Recommendation:** **First Identified:** October 2020 **2020 Medicare Utilization:** 29,193 **2022 Work RVU:** 1.75 **2022 NF PE RVU:** 5.17 **2022 Fac PE RVU:** NA **RUC Recommendation:** Maintain **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Remove from Screen

**75574** Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3d image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed) **Global:** XXX **Issue:** **Screen:** CMS Request - Final Rule for 2013 / High Volume Growth7 **Complete?** Yes

**Most Recent RUC Meeting:** January 2021 **Tab:** 29 **Specialty Developing Recommendation:** ACR, SIR, ACC **First Identified:** May 2013 **2020 Medicare Utilization:** 83,373 **2022 Work RVU:** 2.40 **2022 NF PE RVU:** 7.51 **2022 Fac PE RVU:** NA **RUC Recommendation:** Maintain **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Remove from Screen

**75625** Aortography, abdominal, by serialography, radiological supervision and interpretation **Global:** XXX **Issue:** Abdominal Aortography **Screen:** CMS-Other - Utilization over 30,000 **Complete?** Yes

**Most Recent RUC Meeting:** October 2018 **Tab:** 19 **Specialty Developing Recommendation:** ACC, SCAI, SIR, SVS **First Identified:** October 2017 **2020 Medicare Utilization:** 81,691 **2022 Work RVU:** 1.44 **2022 NF PE RVU:** 2.17 **2022 Fac PE RVU:** NA **RUC Recommendation:** 1.75 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Increase

## Status Report: CMS Requests and Relativity Assessment Issues

**75630** Aortography, abdominal plus bilateral iliofemoral lower extremity, catheter, by serialography, radiological supervision and interpretation **Global:** XXX **Issue:** Abdominal Aortography **Screen:** CMS-Other - Utilization over 30,000 **Complete?** Yes

**Most Recent RUC Meeting:** October 2018

**Tab:** 19 **Specialty Developing Recommendation:** ACC, SCAI, SIR, SVS

**First Identified:** October 2017

**2020 Medicare Utilization:** 21,287

**2022 Work RVU:** 2.00

**2022 NF PE RVU:** 2.51

**2022 Fac PE RVU:** NA

**RUC Recommendation:** 2.00

**Referred to CPT**

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Increase

**75635** Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s), including noncontrast images, if performed, and image postprocessing

**Global:** XXX

**Issue:** CT Angiography of Abdominal Arteries

**Screen:** High Volume Growth1 / CMS High Expenditure Procedural Codes2

**Complete?** Yes

**Most Recent RUC Meeting:** April 2016

**Tab:** 34 **Specialty Developing Recommendation:** ACR

**First Identified:** February 2008

**2020 Medicare Utilization:** 98,794

**2022 Work RVU:** 2.40

**2022 NF PE RVU:** 10.20

**2022 Fac PE RVU:** NA

**RUC Recommendation:** 2.40

**Referred to CPT**

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Maintain

**75650** Angiography, carotid, cervical, bilateral, radiological supervision and interpretation

**Global:**

**Issue:** Carotid Angiography

**Screen:** Codes Reported Together 75% or More-Part1

**Complete?** Yes

**Most Recent RUC Meeting:** April 2010

**Tab:** 45 **Specialty Developing Recommendation:** ACC, ACR, ASNR, AUR, SIR, SVS

**First Identified:** February 2010

**2020 Medicare Utilization:**

**2022 Work RVU:**

**2022 NF PE RVU:**

**2022 Fac PE RVU:**

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** February 2012

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Deleted from CPT

# Status Report: CMS Requests and Relativity Assessment Issues

**75671** Angiography, carotid, cerebral, bilateral, radiological supervision and interpretation **Global:** **Issue:** Carotid Angiography **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

**Most Recent RUC Meeting:** April 2010

**Tab:** 45

**Specialty Developing Recommendation:** AANS/CNS, ACC, ACR, ASNR, AUR, SIR, SVS

**First Identified:** February 2010

**2020 Medicare Utilization:**

**2022 Work RVU:**

**2022 NF PE RVU:**

**2022 Fac PE RVU:**

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** February 2012

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Deleted from CPT

**75680** Angiography, carotid, cervical, bilateral, radiological supervision and interpretation **Global:** **Issue:** Carotid Angiography **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

**Most Recent RUC Meeting:** April 2010

**Tab:** 45

**Specialty Developing Recommendation:** AANS/CNS, ACC, ACR, ASNR, AUR, SIR, SVS

**First Identified:** February 2010

**2020 Medicare Utilization:**

**2022 Work RVU:**

**2022 NF PE RVU:**

**2022 Fac PE RVU:**

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** February 2012

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Deleted from CPT

**75710** Angiography, extremity, unilateral, radiological supervision and interpretation **Global:** XXX **Issue:** Angiography of Extremities **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** No

**Most Recent RUC Meeting:** January 2021

**Tab:** 29

**Specialty Developing Recommendation:** ACR, ACC, RPA, SCAI, SIR, SVS

**First Identified:** July 2015

**2020 Medicare Utilization:** 145,898

**2022 Work RVU:** 1.75

**2022 NF PE RVU:** 2.54

**2022 Fac PE RVU:** NA

**RUC Recommendation:** Refer to CPT Assistant and review after 2 years of data after publication available. 1.75

**Referred to CPT**

**Result:** Increase

**Referred to CPT Asst** ☒ **Published in CPT Asst:** July 2021

# Status Report: CMS Requests and Relativity Assessment Issues

**75716** Angiography, extremity, bilateral, radiological supervision and interpretation **Global:** XXX **Issue:** Angiography of Extremities **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

**Most Recent RUC Meeting:** October 2016

**Tab:** 22

**Specialty Developing Recommendation:** ACR, ACC, RPA, SCAI, SIR, SVS

**First Identified:** July 2015

**2020 Medicare Utilization:** 60,864

**2022 Work RVU:** 1.97

**2022 NF PE RVU:** 2.68

**2022 Fac PE RVU:** NA

**RUC Recommendation:** 1.97

**Referred to CPT**

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Increase

**75722** Angiography, renal, unilateral, selective (including flush aortogram), radiological supervision and interpretation **Global:** **Issue:** Renal Angiography **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

**Most Recent RUC Meeting:** April 2010

**Tab:** 45

**Specialty Developing Recommendation:** ACC, ACR, ASNR, AUR, SIR, SVS

**First Identified:** February 2010

**2020 Medicare Utilization:**

**2022 Work RVU:**

**2022 NF PE RVU:**

**2022 Fac PE RVU:**

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** February 2011

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Deleted from CPT

**75724** Angiography, renal, bilateral, selective (including flush aortogram), radiological supervision and interpretation **Global:** **Issue:** Renal Angiography **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

**Most Recent RUC Meeting:** April 2010

**Tab:** 45

**Specialty Developing Recommendation:** ACC, ACR, ASNR, AUR, SIR, SVS

**First Identified:** February 2010

**2020 Medicare Utilization:**

**2022 Work RVU:**

**2022 NF PE RVU:**

**2022 Fac PE RVU:**

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** February 2011

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Deleted from CPT

## Status Report: CMS Requests and Relativity Assessment Issues

**75726** Angiography, visceral, selective or supraselective (with or without flush aortogram), radiological supervision and interpretation **Global:** XXX **Issue:** Angiography **Screen:** CMS-Other - Utilization over 30,000 **Complete?** Yes

**Most Recent RUC Meeting:** October 2018

**Tab:** 20 **Specialty Developing Recommendation:** SCAI, SIR, SVS

**First Identified:** October 2017

**2020 Medicare Utilization:** 39,798

**2022 Work RVU:** 2.05

**2022 NF PE RVU:** 2.88

**2022 Fac PE RVU:** NA

**RUC Recommendation:** 2.05

**Referred to CPT**

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Increase

**75774** Angiography, selective, each additional vessel studied after basic examination, radiological supervision and interpretation (list separately in addition to code for primary procedure) **Global:** ZZZ **Issue:** Angiography **Screen:** CMS-Other - Utilization over 30,000 **Complete?** Yes

**Most Recent RUC Meeting:** October 2018

**Tab:** 20 **Specialty Developing Recommendation:** SCAI, SIR, SVS

**First Identified:** October 2017

**2020 Medicare Utilization:** 75,593

**2022 Work RVU:** 1.01

**2022 NF PE RVU:** 1.80

**2022 Fac PE RVU:** NA

**RUC Recommendation:** 1.01

**Referred to CPT**

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Increase

**75790** Deleted from CPT **Global:** **Issue:** Arteriovenous Shunt Imaging **Screen:** Codes Reported Together 95% or More **Complete?** Yes

**Most Recent RUC Meeting:** April 2009

**Tab:** 9 **Specialty Developing Recommendation:** SVS, SIR, ACR

**First Identified:** February 2008

**2020 Medicare Utilization:**

**2022 Work RVU:**

**2022 NF PE RVU:**

**2022 Fac PE RVU:**

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** February 2009

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Deleted from CPT

## Status Report: CMS Requests and Relativity Assessment Issues

**75791** Angiography, arteriovenous shunt (eg, dialysis patient fistula/graft), complete evaluation of dialysis access, including fluoroscopy, image documentation and report (includes injections of contrast and all necessary imaging from the arterial anastomosis and adjacent artery through entire venous outflow including the inferior or superior vena cava), radiological supervision and interpretation

**Global:** **Issue:** Dialysis Circuit -1 **Screen:** Codes Reported Together 95% or More **Complete?** Yes

**Most Recent RUC Meeting:** January 2016

**Tab:** 14 **Specialty Developing Recommendation:** ACR, RPA, SIR, SVS

**First Identified:**

**2020 Medicare Utilization:**

**2022 Work RVU:**  
**2022 NF PE RVU:**  
**2022 Fac PE RVU:**

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** October 2015

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Deleted from CPT

**75820** Venography, extremity, unilateral, radiological supervision and interpretation **Global:** XXX **Issue:** Venography **Screen:** CMS-Other - Utilization over 20,000 Part1 **Complete?** Yes

**Most Recent RUC Meeting:** January 2020

**Tab:** 29 **Specialty Developing Recommendation:**

**First Identified:** January 2019

**2020 Medicare Utilization:** 21,767

**2022 Work RVU:** 1.05  
**2022 NF PE RVU:** 2.15  
**2022 Fac PE RVU:** NA

**RUC Recommendation:** 1.05

**Referred to CPT**

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Increase

**75822** Venography, extremity, bilateral, radiological supervision and interpretation **Global:** XXX **Issue:** Venography **Screen:** CMS-Other - Utilization over 20,000 Part1 **Complete?** Yes

**Most Recent RUC Meeting:** January 2020

**Tab:** 29 **Specialty Developing Recommendation:**

**First Identified:** October 2019

**2020 Medicare Utilization:** 9,822

**2022 Work RVU:** 1.48  
**2022 NF PE RVU:** 2.39  
**2022 Fac PE RVU:** NA

**RUC Recommendation:** 1.48

**Referred to CPT**

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Increase



## Status Report: CMS Requests and Relativity Assessment Issues

**75885** Percutaneous transhepatic portography with hemodynamic evaluation, radiological supervision and interpretation **Global:** XXX **Issue:** Interventional Radiology Procedures **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

**Most Recent** **Tab:** 21 **Specialty Developing** ACR, SIR **First** **2020**  
**RUC Meeting:** February 2009 **Recommendation:** **Identified:** NA **Medicare**  
**Utilization:** 297 **2022 Work RVU:** 1.44  
**2022 NF PE RVU:** 2.50  
**2022 Fac PE RVU:** NA

**RUC Recommendation:** New PE inputs

**Referred to CPT**  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** PE Only

**75887** Percutaneous transhepatic portography without hemodynamic evaluation, radiological supervision and interpretation **Global:** XXX **Issue:** Interventional Radiology Procedures **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

**Most Recent** **Tab:** 21 **Specialty Developing** ACR, SIR **First** **2020**  
**RUC Meeting:** February 2009 **Recommendation:** **Identified:** NA **Medicare**  
**Utilization:** 586 **2022 Work RVU:** 1.44  
**2022 NF PE RVU:** 2.57  
**2022 Fac PE RVU:** NA

**RUC Recommendation:** New PE inputs

**Referred to CPT**  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** PE Only

**75894** Transcatheter therapy, embolization, any method, radiological supervision and interpretation **Global:** XXX **Issue:** Transcatheter Procedures **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** No

**Most Recent** **Tab:** 13 **Specialty Developing** AANS, ACR, CNS **First** **2020**  
**RUC Meeting:** September 2022 **Recommendation:** **Identified:** February 2010 **Medicare**  
**Utilization:** 8,773 **2022 Work RVU:** 0.00  
**2022 NF PE RVU:** 0.00  
**2022 Fac PE RVU:** NA

**RUC Recommendation:** Refer to CPT to create a code bundling solution.

**Referred to CPT** May 2023  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Maintain

## Status Report: CMS Requests and Relativity Assessment Issues

**75896** Transcatheter therapy, infusion, other than for thrombolysis, radiological supervision and interpretation **Global:** **Issue:** Intracranial Endovascular Intervention **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

**Most Recent RUC Meeting:** April 2015

**Tab:** 09

**Specialty Developing Recommendation:** AANS/CNS, ACR, ASNR, SCAI, SIR

**First Identified:** February 2010

**2020 Medicare Utilization:**

**2022 Work RVU:**

**2022 NF PE RVU:**

**2022 Fac PE RVU:**

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** February 2014 February 2015 May 2015

**Result:** Deleted from CPT

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**75898** Angiography through existing catheter for follow-up study for transcatheter therapy, embolization or infusion, other than for thrombolysis

**Global:** XXX

**Issue:** Intracranial Endovascular Intervention

**Screen:** Codes Reported Together 75% or More-Part1 / CPT Assistant Analysis / Code Reported Together 75% or More-Part5

**Complete?** No

**Most Recent RUC Meeting:** September 2022

**Tab:** 13

**Specialty Developing Recommendation:** AANS, ACR, CNS

**First Identified:** February 2010

**2020 Medicare Utilization:** 11,852

**2022 Work RVU:** 0.00

**2022 NF PE RVU:** 0.00

**2022 Fac PE RVU:** NA

**RUC Recommendation:** Refer to CPT for code bundling solution

**Referred to CPT** May 2023 February 2014 February 2015

**Result:** Contractor Price

**Referred to CPT Asst** ☒ **Published in CPT Asst:** September 2019

**75940** Percutaneous placement of IVC filter, radiological supervision and interpretation

**Global:**

**Issue:** Major Vein Revision

**Screen:** Codes Reported Together 75% or More-Part1

**Complete?** Yes

**Most Recent RUC Meeting:** April 2010

**Tab:** 45

**Specialty Developing Recommendation:** ACR, SIR, SVS

**First Identified:** February 2010

**2020 Medicare Utilization:**

**2022 Work RVU:**

**2022 NF PE RVU:**

**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:**

## Status Report: CMS Requests and Relativity Assessment Issues

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<b>75945</b>	Intravascular ultrasound (non-coronary vessel), radiological supervision and interpretation; initial vessel	<b>Global:</b>	<b>Issue:</b> Intravascular Ultrasound	<b>Screen:</b> Final Rule for 2015	<b>Complete?</b> Yes
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**Most Recent RUC Meeting:** January 2015

**Tab:** 07

**Specialty Developing Recommendation:** ACC,SCAI, SIR, SVS

**First Identified:** July 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** ☐ **Published in CPT Asst:**

**Result:** Deleted from CPT

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<b>75946</b>	Intravascular ultrasound (non-coronary vessel), radiological supervision and interpretation; each additional non-coronary vessel (List separately in addition to code for primary procedure)	<b>Global:</b>	<b>Issue:</b> Intravascular Ultrasound	<b>Screen:</b> Final Rule for 2015	<b>Complete?</b> Yes
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**Most Recent RUC Meeting:** January 2015

**Tab:** 07

**Specialty Developing Recommendation:** ACC,SCAI, SIR, SVS

**First Identified:** July 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** ☐ **Published in CPT Asst:**

**Result:** Deleted from CPT

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<b>75952</b>	Endovascular repair of infrarenal abdominal aortic aneurysm or dissection, radiological supervision and interpretation	<b>Global:</b>	<b>Issue:</b> Endovascular Repair Procedures (EVAR)	<b>Screen:</b> Codes Reported Together 75%or More-Part3	<b>Complete?</b> Yes
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**Most Recent RUC Meeting:** January 2017

**Tab:** 10

**Specialty Developing Recommendation:** SVS, SIR, STS, AATS

**First Identified:** October 2015

**2020 Medicare Utilization:**

**2022 Work RVU:**

**2022 NF PE RVU:**

**2022 Fac PE RVU:**

**RUC Recommendation:** Deleted from CPT

**Referred to CPT**

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Deleted from CPT

## Status Report: CMS Requests and Relativity Assessment Issues

**75953** Placement of proximal or distal extension prosthesis for endovascular repair of infrarenal aortic or iliac artery aneurysm, pseudoaneurysm, or dissection, radiological supervision and interpretation **Global:** **Issue:** Endovascular Repair Procedures (EVAR) **Screen:** Codes Reported Together 75%or More-Part3 **Complete?** Yes

**Most Recent RUC Meeting:** January 2017

**Tab:** 10

**Specialty Developing Recommendation:** SVS, SIR, STS, AATS

**First Identified:** October 2015

**2020 Medicare Utilization:**

**2022 Work RVU:**

**2022 NF PE RVU:**

**2022 Fac PE RVU:**

**RUC Recommendation:** Deleted from CPT

**Referred to CPT**

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Deleted from CPT

**75954** Endovascular repair of iliac artery aneurysm, pseudoaneurysm, arteriovenous malformation, or trauma, using ilio-iliac tube endoprosthesis, radiological supervision and interpretation **Global:** **Issue:** Endovascular Repair Procedures (EVAR) **Screen:** Codes Reported Together 75%or More-Part3 **Complete?** Yes

**Most Recent RUC Meeting:** January 2017

**Tab:** 10

**Specialty Developing Recommendation:** SVS, SIR, STS, AATS

**First Identified:** January 2017

**2020 Medicare Utilization:**

**2022 Work RVU:**

**2022 NF PE RVU:**

**2022 Fac PE RVU:**

**RUC Recommendation:** Deleted from CPT

**Referred to CPT**

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Deleted from CPT

**75960** Transcatheter introduction of intravascular stent(s) (except coronary, carotid, vertebral, iliac, and lower extremity artery), percutaneous and/or open, radiological supervision and interpretation, each vessel **Global:** **Issue:** RAW **Screen:** High Volume Growth1 / Codes Reported Together 75% or More-Part1 **Complete?** Yes

**Most Recent RUC Meeting:** October 2012

**Tab:** 27

**Specialty Developing Recommendation:** ACC, ACR, SIR, SVS

**First Identified:**

**2020 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 Asst:**

**Result:** Deleted from CPT

## Status Report: CMS Requests and Relativity Assessment Issues

**75961** Transcatheter retrieval, percutaneous, of intravascular foreign body (eg, fractured venous or arterial catheter), radiological supervision and interpretation **Global:** **Issue:** Transcatheter Procedures **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

**Most Recent RUC Meeting:** April 2010

**Tab:** 45 **Specialty Developing Recommendation:** ACC, ACR, SIR, SVS

**First Identified:** February 2010

**2020 Medicare Utilization:**

**2022 Work RVU:**

**2022 NF PE RVU:**

**2022 Fac PE RVU:**

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** June 2011

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Deleted from CPT

**75962** Transluminal balloon angioplasty, peripheral artery other than renal, or other visceral artery, iliac or lower extremity, radiological supervision and interpretation **Global:** **Issue:** Open and Percutaneous Transluminal Angioplasty **Screen:** High Volume Growth1 / Codes Reported Together 75% or More-Part3 **Complete?** Yes

**Most Recent RUC Meeting:** January 2016

**Tab:** 15 **Specialty Developing Recommendation:** ACR, SIR, SVS

**First Identified:** April 2010

**2020 Medicare Utilization:**

**2022 Work RVU:**

**2022 NF PE RVU:**

**2022 Fac PE RVU:**

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** October 2015

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Deleted from CPT

**75964** Transluminal balloon angioplasty, each additional peripheral artery other than renal or other visceral artery, iliac or lower extremity, radiological supervision and interpretation (List separately in addition to code for primary procedure) **Global:** **Issue:** Open and Percutaneous Transluminal Angioplasty **Screen:** High Volume Growth1 **Complete?** Yes

**Most Recent RUC Meeting:** January 2016

**Tab:** 15 **Specialty Developing Recommendation:** ACR, SIR, SVS

**First Identified:**

**2020 Medicare Utilization:**

**2022 Work RVU:**

**2022 NF PE RVU:**

**2022 Fac PE RVU:**

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** October 2015

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Deleted from CPT

## Status Report: CMS Requests and Relativity Assessment Issues

**75966** Transluminal balloon angioplasty, renal or other visceral artery, radiological supervision and interpretation **Global:** **Issue:** Open and Percutaneous Transluminal Angioplasty **Screen:** Codes Reported Together 75% or More-Part3 **Complete?** Yes

**Most Recent RUC Meeting:** January 2016

**Tab:** 15 **Specialty Developing Recommendation:** ACR, SIR, SVS

**First Identified:** January 2015

**2020 Medicare Utilization:**

**2022 Work RVU:**

**2022 NF PE RVU:**

**2022 Fac PE RVU:**

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** October 2015

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Deleted from CPT

**75968** Transluminal balloon angioplasty, each additional visceral artery, radiological supervision and interpretation (List separately in addition to code for primary procedure)

**Global:**

**Issue:** Open and Percutaneous Transluminal Angioplasty

**Screen:** Codes Reported Together 75% or More-Part3

**Complete?** Yes

**Most Recent RUC Meeting:** January 2016

**Tab:** 15 **Specialty Developing Recommendation:** ACR, SIR, SVS

**First Identified:** January 2015

**2020 Medicare Utilization:**

**2022 Work RVU:**

**2022 NF PE RVU:**

**2022 Fac PE RVU:**

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** October 2015

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Deleted from CPT

**75978** Transluminal balloon angioplasty, venous (eg, subclavian stenosis), radiological supervision and interpretation

**Global:**

**Issue:** Open and Percutaneous Transluminal Angioplasty

**Screen:** CMS-Other - Utilization over 250,000 / CMS High Expenditure Procedural Codes1 / Codes Reported Together 75% or More-Part3 / CMS High Expenditure Procedural Codes2

**Complete?** Yes

**Most Recent RUC Meeting:** January 2016

**Tab:** 15 **Specialty Developing Recommendation:** ACR, SIR, SVS

**First Identified:** April 2013

**2020 Medicare Utilization:**

**2022 Work RVU:**

**2022 NF PE RVU:**

**2022 Fac PE RVU:**

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** October 2015

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Deleted from CPT

## Status Report: CMS Requests and Relativity Assessment Issues

**75980** Percutaneous transhepatic biliary drainage with contrast monitoring, radiological supervision and interpretation **Global:** **Issue:** Percutaneous Biliary Procedures Bundling **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

**Most Recent** **Tab: 06** **Specialty Developing** ACR, SIR  
**RUC Meeting:** October 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** February 2015

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Deleted from CPT

**75982** Percutaneous placement of drainage catheter for combined internal and external biliary drainage or of a drainage stent for internal biliary drainage in patients with an inoperable mechanical biliary obstruction, radiological supervision and interpretation **Global:** **Issue:** Percutaneous Biliary Procedures Bundling **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

**Most Recent** **Tab: 06** **Specialty Developing** ACR, SIR  
**RUC Meeting:** October 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** February 2015

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Deleted from CPT

**75984** Change of percutaneous tube or drainage catheter with contrast monitoring (eg, genitourinary system, abscess), radiological supervision and interpretation **Global:** XXX **Issue:** Introduction of Catheter or Stent **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

**Most Recent** **Tab: 17** **Specialty Developing** ACR, SIR  
**RUC Meeting:** April 2019 **Recommendation:**

**First Identified:** October 2012

**2020 Medicare Utilization:** 19,707

**2022 Work RVU:** 0.83  
**2022 NF PE RVU:** 2.03  
**2022 Fac PE RVU:** NA

**RUC Recommendation:** 0.83

**Referred to CPT** RAW will assess Oct 2018

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Increase

# Status Report: CMS Requests and Relativity Assessment Issues

**75992 Deleted from CPT**

**Global:**

**Issue:** Transluminal Arthrectomy

**Screen:** High Volume Growth1

**Complete?** Yes

**Most Recent**

**Tab:** 57

**Specialty Developing**

SIR, ACR, SVS

**First**

**Identified:** February 2008

**2020**

**Medicare**

**Utilization:**

**2022 Work RVU:**

**2022 NF PE RVU:**

**2022 Fac PE RVU:**

**RUC Meeting:** April 2008

**Recommendation:**

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** February 2010

**Result:** Deleted from CPT

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**75993 Deleted from CPT**

**Global:**

**Issue:** Transluminal Arthrectomy

**Screen:** High Volume Growth1

**Complete?** Yes

**Most Recent**

**Tab:** 57

**Specialty Developing**

SIR, ACR, SVS

**First**

**Identified:** February 2008

**2020**

**Medicare**

**Utilization:**

**2022 Work RVU:**

**2022 NF PE RVU:**

**2022 Fac PE RVU:**

**RUC Meeting:** April 2008

**Recommendation:**

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** February 2010

**Result:** Deleted from CPT

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**75994 Revised to Category III**

**Global:**

**Issue:** Transluminal Arthrectomy

**Screen:** High Volume Growth1

**Complete?** Yes

**Most Recent**

**Tab:** 57

**Specialty Developing**

SIR, ACR, SVS

**First**

**Identified:** April 2008

**2020**

**Medicare**

**Utilization:**

**2022 Work RVU:**

**2022 NF PE RVU:**

**2022 Fac PE RVU:**

**RUC Meeting:** April 2008

**Recommendation:**

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** February 2010

**Result:** Deleted from CPT

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**75995 Revised to Category III**

**Global:**

**Issue:** Transluminal Arthrectomy

**Screen:** High Volume Growth1

**Complete?** Yes

**Most Recent**

**Tab:** 57

**Specialty Developing**

SIR, ACR, SVS

**First**

**Identified:** April 2008

**2020**

**Medicare**

**Utilization:**

**2022 Work RVU:**

**2022 NF PE RVU:**

**2022 Fac PE RVU:**

**RUC Meeting:** April 2008

**Recommendation:**

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** February 2010

**Result:** Deleted from CPT

**Referred to CPT Asst** ☐ **Published in CPT Asst:**



## Status Report: CMS Requests and Relativity Assessment Issues

**75996** Revised to Category III

**Global:**

**Issue:** Transluminal Arthroctomy

**Screen:** High Volume Growth1

**Complete?** Yes

**Most Recent  
RUC Meeting:** April 2008

**Tab:** 57 **Specialty Developing  
Recommendation:** SIR, ACR, SVS

**First  
Identified:** April 2008

**2020  
Medicare  
Utilization:**

**2022 Work RVU:**

**2022 NF PE RVU:**

**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:**

**76000** Fluoroscopy (separate procedure), up to 1 hour physician or other qualified health care professional time

**Global:** XXX

**Issue:** Fluoroscopy

**Screen:** Low Value-Billed in Multiple Units / CMS-Other - Utilization over 100,000

**Complete?** Yes

**Most Recent  
RUC Meeting:** April 2017

**Tab:** 27 **Specialty Developing  
Recommendation:** ACR, APMA

**First  
Identified:** October 2010

**2020  
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**

**Result:** Increase

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**76001** Fluoroscopy, physician or other qualified health care professional time more than 1 hour, assisting a nonradiologic physician or other qualified health care professional (eg, nephrostolithotomy, ERCP, bronchoscopy, transbronchial biopsy)

**Global:**

**Issue:** Fluoroscopy

**Screen:** CMS-Other - Utilization over 100,000

**Complete?** Yes

**Most Recent  
RUC Meeting:** April 2017

**Tab:** 27 **Specialty Developing  
Recommendation:** ACR

**First  
Identified:** October 2016

**2020  
Medicare  
Utilization:**

**2022 Work RVU:**

**2022 NF PE RVU:**

**2022 Fac PE RVU:**

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** September 2017

**Result:** Deleted from CPT

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

# Status Report: CMS Requests and Relativity Assessment Issues

**76098** Radiological examination, surgical specimen **Global:** XXX **Issue:** X-Ray Exam Specimen **Screen:** CMS-Other - Utilization over 30,000 **Complete?** Yes

**Most Recent** **Tab:** 21 **Specialty Developing** ACR  
**RUC Meeting:** October 2018 **Recommendation:**

**First**  
**Identified:** October 2017

**2020**  
**Medicare**  
**Utilization:** 61,461

**2022 Work RVU:** 0.31

**2022 NF PE RVU:** 0.87

**2022 Fac PE RVU:** NA

**RUC Recommendation:** 0.31

**Referred to CPT**

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Increase

**76100** Radiologic examination, single plane body section (eg, tomography), other than with urography **Global:** XXX **Issue:** Fluroscopy **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

**Most Recent** **Tab:** 27 **Specialty Developing** ACR, ISIS  
**RUC Meeting:** April 2009 **Recommendation:**

**First**  
**Identified:** April 2009

**2020**  
**Medicare**  
**Utilization:** 6,499

**2022 Work RVU:** 0.58

**2022 NF PE RVU:** 2.06

**2022 Fac PE RVU:** NA

**RUC Recommendation:** New PE inputs

**Referred to CPT**

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** PE Only

**76101** Radiologic examination, complex motion (ie, hypercycloidal) body section (eg, mastoid polytomography), other than with urography; unilateral **Global:** XXX **Issue:** Fluroscopy **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

**Most Recent** **Tab:** 27 **Specialty Developing** ACR, ISIS  
**RUC Meeting:** April 2009 **Recommendation:**

**First**  
**Identified:** April 2009

**2020**  
**Medicare**  
**Utilization:** 1

**2022 Work RVU:**

**2022 NF PE RVU:**

**2022 Fac PE RVU:**

**RUC Recommendation:** New PE inputs

**Referred to CPT**

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** PE Only

**76102** Radiologic examination, complex motion (ie, hypercycloidal) body section (eg, mastoid polytomography), other than with urography; bilateral **Global:** XXX **Issue:** Fluroscopy **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

**Most Recent** **Tab:** 27 **Specialty Developing** ACR, ISIS  
**RUC Meeting:** April 2009 **Recommendation:**

**First**  
**Identified:** April 2009

**2020**  
**Medicare**  
**Utilization:** 2,071

**2022 Work RVU:**

**2022 NF PE RVU:**

**2022 Fac PE RVU:**

**RUC Recommendation:** New PE inputs

**Referred to CPT**

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** PE Only

## Status Report: CMS Requests and Relativity Assessment Issues

<b>76376</b>	3d rendering with interpretation and reporting of computed tomography, magnetic resonance imaging, ultrasound, or other tomographic modality with image postprocessing under concurrent supervision; not requiring image postprocessing on an independent workstation	<b>Global:</b> XXX	<b>Issue:</b> 3D Rendering	<b>Screen:</b> Negative IWPUT	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2018	<b>Tab:</b> 23 <b>Specialty Developing Recommendation:</b> ACR, ASNR	<b>First Identified:</b> April 2017	<b>2020 Medicare Utilization:</b> 247,990	<b>2022 Work RVU:</b> 0.20 <b>2022 NF PE RVU:</b> 0.46 <b>2022 Fac PE RVU:</b> NA	
<b>RUC Recommendation:</b> 0.20		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b> Maintain	
<hr/>					
<b>76377</b>	3d rendering with interpretation and reporting of computed tomography, magnetic resonance imaging, ultrasound, or other tomographic modality with image postprocessing under concurrent supervision; requiring image postprocessing on an independent workstation	<b>Global:</b> XXX	<b>Issue:</b> 3D Rendering with Interpretation and Report	<b>Screen:</b> CMS Request - Final Rule for 2020	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2021	<b>Tab:</b> 17 <b>Specialty Developing Recommendation:</b> ACR, ASNR	<b>First Identified:</b> July 2019	<b>2020 Medicare Utilization:</b> 155,353	<b>2022 Work RVU:</b> 0.79 <b>2022 NF PE RVU:</b> 1.30 <b>2022 Fac PE RVU:</b> NA	
<b>RUC Recommendation:</b> 0.79		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b> Maintain	
<hr/>					
<b>76510</b>	Ophthalmic ultrasound, diagnostic; b-scan and quantitative a-scan performed during the same patient encounter	<b>Global:</b> XXX	<b>Issue:</b> Ophthalmic Ultrasound	<b>Screen:</b> CMS High Expenditure Procedural Codes2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2016	<b>Tab:</b> 23 <b>Specialty Developing Recommendation:</b> AAO, ASRS, AOA (optometry)	<b>First Identified:</b> April 2016	<b>2020 Medicare Utilization:</b> 11,064	<b>2022 Work RVU:</b> 0.70 <b>2022 NF PE RVU:</b> 1.33 <b>2022 Fac PE RVU:</b> NA	
<b>RUC Recommendation:</b> 0.70		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b> Decrease	

# Status Report: CMS Requests and Relativity Assessment Issues

**76511** Ophthalmic ultrasound, diagnostic; quantitative a-scan only **Global:** XXX **Issue:** Ophthalmic Ultrasound **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

**Most Recent RUC Meeting:** October 2016 **Tab:** 23 **Specialty Developing Recommendation:** AAO, ASRS, AOA (optometry) **First Identified:** April 2016 **2020 Medicare Utilization:** 3,275 **2022 Work RVU:** 0.64 **2022 NF PE RVU:** 1.01 **2022 Fac PE RVU:** NA

**RUC Recommendation:** 0.64

**Referred to CPT**  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Decrease

**76512** Ophthalmic ultrasound, diagnostic; b-scan (with or without superimposed non-quantitative a-scan) **Global:** XXX **Issue:** Ophthalmic Ultrasound **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

**Most Recent RUC Meeting:** October 2016 **Tab:** 23 **Specialty Developing Recommendation:** AAO, ASRS, AOA (optometry) **First Identified:** July 2015 **2020 Medicare Utilization:** 186,858 **2022 Work RVU:** 0.56 **2022 NF PE RVU:** 0.83 **2022 Fac PE RVU:** NA

**RUC Recommendation:** 0.56

**Referred to CPT**  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Decrease

**76513** Ophthalmic ultrasound, diagnostic; anterior segment ultrasound, immersion (water bath) b-scan or high resolution biomicroscopy, unilateral or bilateral **Global:** XXX **Issue:** Ophthalmic Ultrasound Anterior Segment **Screen:** High Volume Growth1 / CPT Assistant Analysis 2018 **Complete?** Yes

**Most Recent RUC Meeting:** January 2020 **Tab:** 17 **Specialty Developing Recommendation:** AAO, AOA (optometric), ASCRS **First Identified:** February 2008 **2020 Medicare Utilization:** 20,686 **2022 Work RVU:** 0.60 **2022 NF PE RVU:** 1.62 **2022 Fac PE RVU:** NA

**RUC Recommendation:** 0.60 and CPT Assistant article published

**Referred to CPT** September 2019  
**Referred to CPT Asst** ☒ **Published in CPT Asst:** Apr 2013

**Result:** Decrease

# Status Report: CMS Requests and Relativity Assessment Issues

<b>76514</b>	Ophthalmic ultrasound, diagnostic; corneal pachymetry, unilateral or bilateral (determination of corneal thickness)	<b>Global:</b> XXX	<b>Issue:</b> Echo Exam of Eye Thickness	<b>Screen:</b> Negative IWPUT	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2017	<b>Tab:</b> 12	<b>Specialty Developing Recommendation:</b> AAO, AOA (optometric)	<b>First Identified:</b> April 2017	<b>2020 Medicare Utilization:</b> 370,154	<b>2022 Work RVU:</b> 0.14 <b>2022 NF PE RVU:</b> 0.18 <b>2022 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> 0.17			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b> Maintain
<b>76516</b>	Ophthalmic biometry by ultrasound echography, a-scan;	<b>Global:</b> XXX	<b>Issue:</b> Ophthalmic Biometry	<b>Screen:</b> CMS High Expenditure Procedural Codes2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2016	<b>Tab:</b> 36	<b>Specialty Developing Recommendation:</b> AAO, AOA (optometry)	<b>First Identified:</b> April 2016	<b>2020 Medicare Utilization:</b> 1,806	<b>2022 Work RVU:</b> 0.40 <b>2022 NF PE RVU:</b> 0.95 <b>2022 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> 0.40			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b> Decrease
<b>76519</b>	Ophthalmic biometry by ultrasound echography, a-scan; with intraocular lens power calculation	<b>Global:</b> XXX	<b>Issue:</b> Ophthalmic Biometry	<b>Screen:</b> CMS High Expenditure Procedural Codes2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2016	<b>Tab:</b> 36	<b>Specialty Developing Recommendation:</b> AAO, AOA (optometry)	<b>First Identified:</b> July 2015	<b>2020 Medicare Utilization:</b> 126,280	<b>2022 Work RVU:</b> 0.54 <b>2022 NF PE RVU:</b> 1.42 <b>2022 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> 0.54			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b> Maintain
<b>76536</b>	Ultrasound, soft tissues of head and neck (eg, thyroid, parathyroid, parotid), real time with image documentation	<b>Global:</b> XXX	<b>Issue:</b> Soft Tissue Ultrasound	<b>Screen:</b> CMS Fastest Growing	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2009	<b>Tab:</b> 29	<b>Specialty Developing Recommendation:</b> ACR, ASNR, TES, AACE	<b>First Identified:</b> October 2008	<b>2020 Medicare Utilization:</b> 783,204	<b>2022 Work RVU:</b> 0.56 <b>2022 NF PE RVU:</b> 2.76 <b>2022 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> 0.56			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b> Maintain

# Status Report: CMS Requests and Relativity Assessment Issues

<b>76604</b>	Ultrasound, chest (includes mediastinum), real time with image documentation	<b>Global:</b> XXX	<b>Issue:</b> Ultrasound Exam - Chest	<b>Screen:</b> CMS-Other - Utilization over 30,000	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2018	<b>Tab:</b> 24	<b>Specialty Developing Recommendation:</b> ACR	<b>First Identified:</b> October 2017	<b>2020 Medicare Utilization:</b> 96,497	<b>2022 Work RVU:</b> 0.59 <b>2022 NF PE RVU:</b> 1.10 <b>2022 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> 0.59			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b> Increase
<hr/>					
<b>76641</b>	Ultrasound, breast, unilateral, real time with image documentation, including axilla when performed; complete	<b>Global:</b> XXX	<b>Issue:</b> Breast Ultrasound	<b>Screen:</b> CMS-Other - Utilization over 500,000	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2014	<b>Tab:</b> 13	<b>Specialty Developing Recommendation:</b> ACR	<b>First Identified:</b> January 2014	<b>2020 Medicare Utilization:</b> 598,115	<b>2022 Work RVU:</b> 0.73 <b>2022 NF PE RVU:</b> 2.32 <b>2022 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> 0.73			<b>Referred to CPT</b> October 2013 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b> Increase
<hr/>					
<b>76642</b>	Ultrasound, breast, unilateral, real time with image documentation, including axilla when performed; limited	<b>Global:</b> XXX	<b>Issue:</b> Breast Ultrasound	<b>Screen:</b> CMS-Other - Utilization over 500,000	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2014	<b>Tab:</b> 13	<b>Specialty Developing Recommendation:</b> ACR	<b>First Identified:</b> January 2014	<b>2020 Medicare Utilization:</b> 680,621	<b>2022 Work RVU:</b> 0.68 <b>2022 NF PE RVU:</b> 1.81 <b>2022 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> 0.68			<b>Referred to CPT</b> October 2013 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b> Increase
<hr/>					
<b>76645</b>	Ultrasound, breast(s) (unilateral or bilateral), real time with image documentation	<b>Global:</b>	<b>Issue:</b> Breast Ultrasound	<b>Screen:</b> CMS-Other - Utilization over 500,000	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2014	<b>Tab:</b> 13	<b>Specialty Developing Recommendation:</b> ACR	<b>First Identified:</b> April 2011	<b>2020 Medicare Utilization:</b>	<b>2022 Work RVU:</b> <b>2022 NF PE RVU:</b> <b>2022 Fac PE RVU:</b>
<b>RUC Recommendation:</b> Deleted from CPT			<b>Referred to CPT</b> October 2013 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b> Deleted from CPT
<hr/>					

# Status Report: CMS Requests and Relativity Assessment Issues

**76700** Ultrasound, abdominal, real time with image documentation; complete **Global:** XXX **Issue:** Ultrasound **Screen:** MPC List **Complete?** Yes

**Most Recent** **Tab:** 13 **Specialty Developing** ACR **First** **2020** **2022 Work RVU:** 0.81  
**RUC Meeting:** October 2013 **Recommendation:** **Identified:** October 2010 **Medicare** **2022 NF PE RVU:** 2.67  
**Utilization:** 731,528 **2022 Fac PE RVU:** NA  
**RUC Recommendation:** 0.81 **Referred to CPT** **Result:** Maintain  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**76705** Ultrasound, abdominal, real time with image documentation; limited (eg, single organ, quadrant, follow-up) **Global:** XXX **Issue:** Ultrasound **Screen:** CMS-Other - Utilization over 500,000 **Complete?** Yes

**Most Recent** **Tab:** 13 **Specialty Developing** ACR, ASBS **First** **2020** **2022 Work RVU:** 0.59  
**RUC Meeting:** October 2013 **Recommendation:** **Identified:** April 2011 **Medicare** **2022 NF PE RVU:** 2.00  
**Utilization:** 934,222 **2022 Fac PE RVU:** NA  
**RUC Recommendation:** 0.59 **Referred to CPT** **Result:** Maintain  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**76706** Ultrasound, abdominal aorta, real time with image documentation, screening study for abdominal aortic aneurysm (aaa) **Global:** XXX **Issue:** Abdominal Aorta Ultrasound Screening **Screen:** Final Rule for 2015 **Complete?** Yes

**Most Recent** **Tab:** 12 **Specialty Developing** ACR, SIR, SVS **First** **2020** **2022 Work RVU:** 0.55  
**RUC Meeting:** October 2015 **Recommendation:** **Identified:** May 2015 **Medicare** **2022 NF PE RVU:** 2.61  
**Utilization:** 122,567 **2022 Fac PE RVU:** NA  
**RUC Recommendation:** 0.55 **Referred to CPT** May 2015 **Result:** Decrease  
**Referred to CPT Asst** ☒ **Published in CPT Asst:** Jan 2017

**76770** Ultrasound, retroperitoneal (eg, renal, aorta, nodes), real time with image documentation; complete **Global:** XXX **Issue:** Ultrasound **Screen:** CMS-Other - Utilization over 500,000 **Complete?** Yes

**Most Recent** **Tab:** 13 **Specialty Developing** ACR **First** **2020** **2022 Work RVU:** 0.74  
**RUC Meeting:** October 2013 **Recommendation:** **Identified:** April 2011 **Medicare** **2022 NF PE RVU:** 2.48  
**Utilization:** 1,144,777 **2022 Fac PE RVU:** NA  
**RUC Recommendation:** 0.74 **Referred to CPT** **Result:** Maintain  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

# Status Report: CMS Requests and Relativity Assessment Issues

<b>76775</b>	Ultrasound, retroperitoneal (eg, renal, aorta, nodes), real time with image documentation; limited	<b>Global:</b> XXX	<b>Issue:</b> Ultrasound	<b>Screen:</b> CMS-Other - Utilization over 500,000	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2013	<b>Tab:</b> 13 <b>Specialty Developing Recommendation:</b> ACR	<b>First Identified:</b> April 2011	<b>2020 Medicare Utilization:</b> 427,811	<b>2022 Work RVU:</b> 0.58 <b>2022 NF PE RVU:</b> 1.10 <b>2022 Fac PE RVU:</b> NA	
<b>RUC Recommendation:</b> 0.58		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b> Maintain	
<hr/>					
<b>76819</b>	Fetal biophysical profile; without non-stress testing	<b>Global:</b> XXX	<b>Issue:</b> RAW	<b>Screen:</b> High Volume Growth2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2013	<b>Tab:</b> 18 <b>Specialty Developing Recommendation:</b>	<b>First Identified:</b> April 2013	<b>2020 Medicare Utilization:</b> 11,226	<b>2022 Work RVU:</b> 0.77 <b>2022 NF PE RVU:</b> 1.68 <b>2022 Fac PE RVU:</b> NA	
<b>RUC Recommendation:</b> Remove from screen		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b> Remove from Screen	
<hr/>					
<b>76830</b>	Ultrasound, transvaginal	<b>Global:</b> XXX	<b>Issue:</b> Transvaginal and Transrectal Ultrasound	<b>Screen:</b> CMS High Expenditure Procedural Codes1	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2012	<b>Tab:</b> 44 <b>Specialty Developing Recommendation:</b> ACOG, ACR, AUA	<b>First Identified:</b> September 2011	<b>2020 Medicare Utilization:</b> 354,483	<b>2022 Work RVU:</b> 0.69 <b>2022 NF PE RVU:</b> 2.87 <b>2022 Fac PE RVU:</b> NA	
<b>RUC Recommendation:</b> 0.69		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b> Maintain	
<hr/>					
<b>76856</b>	Ultrasound, pelvic (nonobstetric), real time with image documentation; complete	<b>Global:</b> XXX	<b>Issue:</b> Ultrasound	<b>Screen:</b> CMS-Other - Utilization over 500,000	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2013	<b>Tab:</b> 13 <b>Specialty Developing Recommendation:</b> ACR	<b>First Identified:</b> April 2011	<b>2020 Medicare Utilization:</b> 335,800	<b>2022 Work RVU:</b> 0.69 <b>2022 NF PE RVU:</b> 2.45 <b>2022 Fac PE RVU:</b> NA	
<b>RUC Recommendation:</b> 0.69		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b> Maintain	



# Status Report: CMS Requests and Relativity Assessment Issues

**76857** Ultrasound, pelvic (nonobstetric), real time with image documentation; limited or follow-up (eg, for follicles) **Global:** XXX **Issue:** Ultrasound **Screen:** CMS-Other - Utilization over 250,000 **Complete?** Yes

**Most Recent RUC Meeting:** October 2013 **Tab:** 13 **Specialty Developing Recommendation:** ACR

**First Identified:** April 2013

**2020 Medicare Utilization:** 170,089

**2022 Work RVU:** 0.50

**2022 NF PE RVU:** 0.89

**2022 Fac PE RVU:** NA

**RUC Recommendation:** 0.50

**Referred to CPT**

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Decrease

**76870** Ultrasound, scrotum and contents

**Global:** XXX

**Issue:** Ultrasound Exam - Scrotum

**Screen:** CMS-Other - Utilization over 100,000

**Complete?** Yes

**Most Recent RUC Meeting:** April 2017 **Tab:** 28 **Specialty Developing Recommendation:** ACR, AUA

**First Identified:** April 2016

**2020 Medicare Utilization:** 124,259

**2022 Work RVU:** 0.64

**2022 NF PE RVU:** 2.35

**2022 Fac PE RVU:** NA

**RUC Recommendation:** 0.64

**Referred to CPT**

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Maintain

**76872** Ultrasound, transrectal;

**Global:** XXX

**Issue:** Transvaginal and Transrectal Ultrasound

**Screen:** CMS High Expenditure Procedural Codes1 / Codes Reported Together 75% or More-Part5

**Complete?** No

**Most Recent RUC Meeting:** September 2022 **Tab:** 13 **Specialty Developing Recommendation:** ACOG, ACR, AUA

**First Identified:** September 2011

**2020 Medicare Utilization:** 185,018

**2022 Work RVU:** 0.69

**2022 NF PE RVU:** 5.38

**2022 Fac PE RVU:** NA

**RUC Recommendation:** Refer to CPT. 0.69

**Referred to CPT** May 2023

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Maintain

# Status Report: CMS Requests and Relativity Assessment Issues

**76880 Deleted from CPT** **Global:** **Issue:** Lower Extremity Ultrasound **Screen:** CMS Fastest Growing **Complete?** Yes

**Most Recent RUC Meeting:** October 2009 **Tab:** 26 **Specialty Developing Recommendation:** APMA, ACR **First Identified:** October 2008 **2020 Medicare Utilization:** **2022 Work RVU:** **2022 NF PE RVU:** **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:**

**76881 Ultrasound, complete joint (ie, joint space and peri-articular soft-tissue structures), real-time with image documentation** **Global:** XXX **Issue:** Neuromuscular Ultrasound **Screen:** CMS Fastest Growing / New Technology/New Services **Complete?** Yes

**Most Recent RUC Meeting:** January 2022 **Tab:** 11 **Specialty Developing Recommendation:** AAN, AANEM, AAPM&R, ACR, ACRh, APMA **First Identified:** April 2010 **2020 Medicare Utilization:** 170,257 **2022 Work RVU:** 0.63 **2022 NF PE RVU:** 1.08 **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 structure(s) (eg, joint space, peri-articular tendon[s], muscle[s], nerve[s], other soft-tissue structure[s], or soft-tissue mass[es]), real-time with image documentation** **Global:** XXX **Issue:** Neuromuscular Ultrasound **Screen:** CMS Fastest Growing / New Technology/New Services **Complete?** Yes

**Most Recent RUC Meeting:** January 2022 **Tab:** 11 **Specialty Developing Recommendation:** AAN, AANEM, AAPM&R, ACR, ACRh, APMA **First Identified:** April 2010 **2020 Medicare Utilization:** 243,066 **2022 Work RVU:** 0.49 **2022 NF PE RVU:** 1.15 **2022 Fac PE RVU:** NA

**RUC Recommendation:** 0.69 **Referred to CPT** June 2017 **Result:** Decrease  
**Referred to CPT Asst** ☒ **Published in CPT Asst:** Clinical Examples of Radiology Summer and Winter 2011; Apr 2016

## Status Report: CMS Requests and Relativity Assessment Issues

<b>76883</b>	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	<b>Global:</b>	<b>Issue:</b> Neuromuscular Ultrasound	<b>Screen:</b> New Technology/New Services	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2022	<b>Tab:</b> 11 <b>Specialty Developing Recommendation:</b> AAN, AANEM, AAPM&R, ACR, ACRh, APMA	<b>First Identified:</b> October 2021	<b>2020 Medicare Utilization:</b>	<b>2022 Work RVU:</b> <b>2022 NF PE RVU:</b> <b>2022 Fac PE RVU:</b>	
<b>RUC Recommendation:</b> 1.21		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b> Increase	
<hr/>					
<b>76930</b>	Ultrasonic guidance for pericardiocentesis, imaging supervision and interpretation	<b>Global:</b>	<b>Issue:</b> Pericardiocentesis and Pericardial Drainage	<b>Screen:</b> CMS Request - Final Rule for 2014	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2019	<b>Tab:</b> 04 <b>Specialty Developing Recommendation:</b> ACC	<b>First Identified:</b> July 2013	<b>2020 Medicare Utilization:</b>	<b>2022 Work RVU:</b> <b>2022 NF PE RVU:</b> <b>2022 Fac PE RVU:</b>	
<b>RUC Recommendation:</b> Deleted from CPT		<b>Referred to CPT</b> September 2018 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b> Deleted from CPT	
<hr/>					
<b>76932</b>	Ultrasonic guidance for endomyocardial biopsy, imaging supervision and interpretation	<b>Global:</b> YYY	<b>Issue:</b> Ultrasound Guidance	<b>Screen:</b> CMS Request - Final Rule for 2014	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2014	<b>Tab:</b> 34 <b>Specialty Developing Recommendation:</b> ACC	<b>First Identified:</b> July 2013	<b>2020 Medicare Utilization:</b> 1,148	<b>2022 Work RVU:</b> 0.00 <b>2022 NF PE RVU:</b> 0.00 <b>2022 Fac PE RVU:</b> NA	
<b>RUC Recommendation:</b> 0.67		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b> Maintain	

# Status Report: CMS Requests and Relativity Assessment Issues

**76936** Ultrasound guided compression repair of arterial pseudoaneurysm or arteriovenous fistulae (includes diagnostic ultrasound evaluation, compression of lesion and imaging) **Global:** XXX **Issue:** RAW **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

**Most Recent RUC Meeting:** October 2013 **Tab:** 18 **Specialty Developing Recommendation:** **First Identified:** July 2013 **2020 Medicare Utilization:** 675 **2022 Work RVU:** 1.99 **2022 NF PE RVU:** 5.59 **2022 Fac PE RVU:** NA

**RUC Recommendation:** Maintain

**Referred to CPT**  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Maintain

**76937** Ultrasound guidance for vascular access requiring ultrasound evaluation of potential access sites, documentation of selected vessel patency, concurrent realtime ultrasound visualization of vascular needle entry, with permanent recording and reporting (list separately in addition to code for primary procedure) **Global:** ZZZ **Issue:** Ultrasound Guidance for Vascular Access **Screen:** Identified in RUC review of other services **Complete?** Yes

**Most Recent RUC Meeting:** September 2022 **Tab:** 07 **Specialty Developing Recommendation:** ACR, SIR, SVS **First Identified:** January 2018 **2020 Medicare Utilization:** 638,180 **2022 Work RVU:** 0.30 **2022 NF PE RVU:** 0.85 **2022 Fac PE RVU:** NA

**RUC Recommendation:** 0.30

**Referred to CPT**  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Maintain

**76940** Ultrasound guidance for, and monitoring of, parenchymal tissue ablation **Global:** YYY **Issue:** Ultrasound Guidance **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

**Most Recent RUC Meeting:** January 2015 **Tab:** 29 **Specialty Developing Recommendation:** ACS, ACR, SIR **First Identified:** July 2013 **2020 Medicare Utilization:** 1,176 **2022 Work RVU:** 0.00 **2022 NF PE RVU:** 0.00 **2022 Fac PE RVU:** NA

**RUC Recommendation:** 2.00

**Referred to CPT**  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Maintain

## Status Report: CMS Requests and Relativity Assessment Issues

**76942** Ultrasonic guidance for needle placement (eg, biopsy, aspiration, injection, localization device), imaging supervision and interpretation **Global:** XXX **Issue:** Somatic Nerve Injections **Screen:** CMS-Other - Utilization over 500,000 / CMS Request - Final Rule for 2014 / High Volume Growth3 **Complete?** Yes

**Most Recent RUC Meeting:** October 2021

**Tab:** 05

**Specialty Developing Recommendation:** AAPM, AAPM&R, ACR, SIR, SIS

**First Identified:** April 2011

**2020 Medicare Utilization:** 1,039,361

**2022 Work RVU:** 0.67

**2022 NF PE RVU:** 1.00

**2022 Fac PE RVU:** NA

**RUC Recommendation:** 0.67

**Referred to CPT** May 2021

**Result:** Maintain

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**76948** Ultrasonic guidance for aspiration of ova, imaging supervision and interpretation **Global:** XXX **Issue:** Echo Guidance for Ova Aspiration **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

**Most Recent RUC Meeting:** January 2015

**Tab:** 25

**Specialty Developing Recommendation:** ACOG

**First Identified:** July 2013

**2020 Medicare Utilization:** 10

**2022 Work RVU:** 0.67

**2022 NF PE RVU:** 1.69

**2022 Fac PE RVU:** NA

**RUC Recommendation:** 0.85

**Referred to CPT**

**Result:** Increase

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**76950** Ultrasonic guidance for placement of radiation therapy fields **Global:** **Issue:** Ultrasound Guidance **Screen:** Codes Reported Together 75% or More-Part1 / CMS Request - Final Rule for 2014 **Complete?** Yes

**Most Recent RUC Meeting:** April 2014

**Tab:** 34

**Specialty Developing Recommendation:**

**First Identified:** February 2010

**2020 Medicare Utilization:**

**2022 Work RVU:**

**2022 NF PE RVU:**

**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:**

## Status Report: CMS Requests and Relativity Assessment Issues

**76965** Ultrasonic guidance for interstitial radioelement application **Global:** XXX **Issue:** Ultrasound Guidance **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

**Most Recent** **Tab:** 21 **Specialty Developing** NO INTERESET **First** **2020**  
**RUC Meeting:** September 2014 **Recommendation:** **Identified:** July 2013 **Medicare**  
**Utilization:** 5,396 **2022 Work RVU:** 1.34  
**2022 NF PE RVU:** 1.34  
**2022 Fac PE RVU:** NA

**RUC Recommendation:** Maintain **Referred to CPT**  
**Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

**76970** Ultrasound study follow-up (specify) **Global:** **Issue:** IMRT with Ultrasound Guidance **Screen:** High Volume Growth1 / CMS-Other - Utilization over 20,000 Part1 **Complete?** Yes

**Most Recent** **Tab:** 17 **Specialty Developing** ACS, ACR, AACE **First** **2020**  
**RUC Meeting:** October 2019 **Recommendation:** **Identified:** February 2008 **Medicare**  
**Utilization:** 20,100 **2022 Work RVU:**  
**2022 NF PE RVU:**  
**2022 Fac PE RVU:**

**RUC Recommendation:** Deleted from CPT **Referred to CPT** February 2020 **Result:** Deleted from CPT  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**76998** Ultrasonic guidance, intraoperative **Global:** XXX **Issue:** Intraoperative Ultrasound Services **Screen:** CMS-Other - Utilization over 20,000 Part1 **Complete?** Yes

**Most Recent** **Tab:** 05 **Specialty Developing** AATS, ACC, ACS, **First** **2020**  
**RUC Meeting:** September 2022 **Recommendation:** ASBrS, STS **Identified:** January 2019 **Medicare**  
**Utilization:** 26,174 **2022 Work RVU:** 0.00  
**2022 NF PE RVU:** 0.00  
**2022 Fac PE RVU:** NA

**RUC Recommendation:** 1.20 **Referred to CPT** May 2022 **Result:** Maintain  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

# Status Report: CMS Requests and Relativity Assessment Issues

**77001** Fluoroscopic guidance for central venous access device placement, replacement (catheter only or complete), or removal (includes fluoroscopic guidance for vascular access and catheter manipulation, any necessary contrast injections through access site or catheter with related venography radiologic supervision and interpretation, and radiographic documentation of final catheter position) (list separately in addition to code for primary procedure) **Global:** ZZZ **Issue:** PICC Line Procedures **Screen:** MPC List / CMS Request - Final Rule for 2013 / Final Rule for 2015 **Complete?** Yes

**Most Recent RUC Meeting:** January 2018 **Tab:** 09 **Specialty Developing Recommendation:** AANS, AANEM, AAPM, AAPM&R, ACR, ASIPP, ASA, ASNR, CNS, ISIS, NASS **First Identified:** January 2012 **2020 Medicare Utilization:** 286,956 **2022 Work RVU:** 0.38 **2022 NF PE RVU:** 2.65 **2022 Fac PE RVU:** NA

**RUC Recommendation:** 0.38 **Referred to CPT** October 2015 **Result:** Maintain **Referred to CPT Asst** ☐ **Published in CPT Asst:**

**77002** Fluoroscopic guidance for needle placement (eg, biopsy, aspiration, injection, localization device) (list separately in addition to code for primary procedure) **Global:** ZZZ **Issue:** Somatic Nerve Injections **Screen:** MPC List / CMS Request - Final Rule for 2013 / CMS Request - Final Rule for 2015 / High Volume Growth3 **Complete?** Yes

**Most Recent RUC Meeting:** October 2021 **Tab:** 05 **Specialty Developing Recommendation:** AAPM, AAPM&R, ACR, SIR, SIS **First Identified:** January 2012 **2020 Medicare Utilization:** 466,846 **2022 Work RVU:** 0.54 **2022 NF PE RVU:** 2.90 **2022 Fac PE RVU:** NA

**RUC Recommendation:** 0.54 **Referred to CPT** October 2015 **Result:** Maintain **Referred to CPT Asst** ☐ **Published in CPT Asst:**

**77003** Fluoroscopic guidance and localization of needle or catheter tip for spine or paraspinal diagnostic or therapeutic injection procedures (epidural or subarachnoid) (list separately in addition to code for primary procedure) **Global:** ZZZ **Issue:** Somatic Nerve Injections **Screen:** MPC List / CMS Request - Final Rule for 2013 / Final Rule for 2015 **Complete?** Yes

**Most Recent RUC Meeting:** October 2021 **Tab:** 05 **Specialty Developing Recommendation:** AAPM, AAPM&R, ACR, SIR, SIS **First Identified:** October 2010 **2020 Medicare Utilization:** 26,632 **2022 Work RVU:** 0.60 **2022 NF PE RVU:** 2.51 **2022 Fac PE RVU:** NA

**RUC Recommendation:** 0.60 **Referred to CPT** October 2015 **Result:** Maintain **Referred to CPT Asst** ☐ **Published in CPT Asst:**

# Status Report: CMS Requests and Relativity Assessment Issues

## 77011 Computed tomography guidance for stereotactic localization

Global: XXX

Issue: IMRT with CT Guidance

Screen: CMS Request - Practice Expense Review

Complete? Yes

Most Recent  
RUC Meeting: October 2010

Tab: 15

Specialty Developing  
Recommendation: ASTRO, ACRO

First  
Identified:

2020  
Medicare  
Utilization: 3,549

2022 Work RVU: 1.21

2022 NF PE RVU: 5.46

2022 Fac PE RVU: NA

RUC Recommendation: New PE inputs

Referred to CPT

Referred to CPT Asst ☐

Published in CPT Asst:

Result: PE Only

## 77012 Computed tomography guidance for needle placement (eg, biopsy, aspiration, injection, localization device), radiological supervision and interpretation

Global: XXX

Issue: Lung Biopsy-CT Guidance Bundle

Screen: CMS-Other - Utilization over 100,000 / Codes Reported Together 75%or More-Part4

Complete? Yes

Most Recent  
RUC Meeting: April 2019

Tab: 05

Specialty Developing  
Recommendation: ACR, SIR

First  
Identified: April 2016

2020  
Medicare  
Utilization: 185,999

2022 Work RVU: 1.50

2022 NF PE RVU: 2.65

2022 Fac PE RVU: NA

RUC Recommendation: Bundled 32405 and 77012. 1.50

Referred to CPT February 2019

Referred to CPT Asst ☐

Published in CPT Asst:

Result: Increase

## 77014 Computed tomography guidance for placement of radiation therapy fields

Global: XXX

Issue: IMRT with CT Guidance

Screen: CMS Request - Practice Expense Review / CMS-Other - Utilization over 500,000 / CMS High Expenditure Procedural Codes1 / High Volume Growth3

Complete? Yes

Most Recent  
RUC Meeting: October 2021

Tab: 20

Specialty Developing  
Recommendation: ASTRO, ACR

First  
Identified: October 2010

2020  
Medicare  
Utilization: 2,333,203

2022 Work RVU: 0.85

2022 NF PE RVU: 2.68

2022 Fac PE RVU: NA

RUC Recommendation: Remove from screen

Referred to CPT

Referred to CPT Asst ☐

Published in CPT Asst:

Result: Maintain



## Status Report: CMS Requests and Relativity Assessment Issues

**77031** Stereotactic localization guidance for breast biopsy or needle placement (eg, for wire localization or for injection), each lesion, radiological supervision and interpretation **Global:** **Issue:** Breast Biopsy **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

**Most Recent**  
**RUC Meeting:** April 2013 **Tab: 04** **Specialty Developing Recommendation:**

**First Identified:** January 2012 **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** ☐ **Published in CPT Asst:**

**Result:** Deleted from CPT

**77032** Mammographic guidance for needle placement, breast (eg, for wire localization or for injection), each lesion, radiological supervision and interpretation **Global:** **Issue:** Breast Biopsy **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

**Most Recent**  
**RUC Meeting:** April 2013 **Tab: 04** **Specialty Developing Recommendation:**

**First Identified:** January 2012 **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** ☐ **Published in CPT Asst:**

**Result:** Deleted from CPT

**77046** Magnetic resonance imaging, breast, without contrast material; unilateral **Global:** XXX **Issue:** Breast MRI with Computer-Aided Detection **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

**Most Recent**  
**RUC Meeting:** October 2017 **Tab: 06** **Specialty Developing Recommendation:** ACR

**First Identified:** June 2017 **2020 Medicare Utilization:** 270

**2022 Work RVU:** 1.45  
**2022 NF PE RVU:** 5.16  
**2022 Fac PE RVU:** NA

**RUC Recommendation:** 1.45

**Referred to CPT** June 2017  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Decrease

## Status Report: CMS Requests and Relativity Assessment Issues

**77047** Magnetic resonance imaging, breast, without contrast material; bilateral **Global:** XXX **Issue:** Breast MRI with Computer-Aided Detection **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

**Most Recent**  
**RUC Meeting:** October 2017 **Tab:** 06 **Specialty Developing** ACR  
**Recommendation:**

**First**  
**Identified:** June 2017

**2020**  
**Medicare**  
**Utilization:** 2,712

**2022 Work RVU:** 1.60  
**2022 NF PE RVU:** 5.19  
**2022 Fac PE RVU:** NA

**RUC Recommendation:** 1.60

**Referred to CPT** June 2017

**Result:** Decrease

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**77048** Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (cad real-time lesion detection, characterization and pharmacokinetic analysis), when performed; unilateral **Global:** XXX **Issue:** Breast MRI with Computer-Aided Detection **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

**Most Recent**  
**RUC Meeting:** October 2017 **Tab:** 06 **Specialty Developing** ACR  
**Recommendation:**

**First**  
**Identified:** June 2017

**2020**  
**Medicare**  
**Utilization:** 983

**2022 Work RVU:** 2.10  
**2022 NF PE RVU:** 8.40  
**2022 Fac PE RVU:** NA

**RUC Recommendation:** 2.10

**Referred to CPT** June 2017

**Result:** Increase

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**77049** Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (cad real-time lesion detection, characterization and pharmacokinetic analysis), when performed; bilateral **Global:** XXX **Issue:** Breast MRI with Computer-Aided Detection **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

**Most Recent**  
**RUC Meeting:** October 2017 **Tab:** 06 **Specialty Developing** ACR  
**Recommendation:**

**First**  
**Identified:** June 2017

**2020**  
**Medicare**  
**Utilization:** 85,897

**2022 Work RVU:** 2.30  
**2022 NF PE RVU:** 8.41  
**2022 Fac PE RVU:** NA

**RUC Recommendation:** 2.30

**Referred to CPT** June 2017

**Result:** Increase

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

# Status Report: CMS Requests and Relativity Assessment Issues

<b>77051</b>	Computer-aided detection (computer algorithm analysis of digital image data for lesion detection) with further review for interpretation, with or without digitization of film radiographic images; diagnostic mammography (List separately in addition to code for primary procedure)	<b>Global:</b>	<b>Issue:</b> Mammography-Computer Aided Detection Bundling	<b>Screen:</b> CMS-Other - Utilization over 250,000 / Final Rule for 2015	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2016	<b>Tab:</b> 20 <b>Specialty Developing Recommendation:</b> ACR	<b>First Identified:</b>	<b>2020 Medicare Utilization:</b>	<b>2022 Work RVU:</b> <b>2022 NF PE RVU:</b> <b>2022 Fac PE RVU:</b>	
<b>RUC Recommendation:</b> Deleted from CPT		<b>Referred to CPT</b> October 2015 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b> Deleted from CPT	
<hr/>					
<b>77052</b>	Computer-aided detection (computer algorithm analysis of digital image data for lesion detection) with further review for interpretation, with or without digitization of film radiographic images; screening mammography (List separately in addition to code for primary procedure)	<b>Global:</b>	<b>Issue:</b> Mammography-Computer Aided Detection Bundling	<b>Screen:</b> Low Value-High Volume	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2016	<b>Tab:</b> 20 <b>Specialty Developing Recommendation:</b> ACR	<b>First Identified:</b> October 2010	<b>2020 Medicare Utilization:</b>	<b>2022 Work RVU:</b> <b>2022 NF PE RVU:</b> <b>2022 Fac PE RVU:</b>	
<b>RUC Recommendation:</b> Deleted from CPT		<b>Referred to CPT</b> October 2015 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b> Deleted from CPT	
<hr/>					
<b>77055</b>	Mammography; unilateral	<b>Global:</b>	<b>Issue:</b> Mammography-Computer Aided Detection Bundling	<b>Screen:</b> CMS-Other - Utilization over 250,000 / Final Rule for 2015	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2016	<b>Tab:</b> 20 <b>Specialty Developing Recommendation:</b> ACR	<b>First Identified:</b> January 2014	<b>2020 Medicare Utilization:</b>	<b>2022 Work RVU:</b> <b>2022 NF PE RVU:</b> <b>2022 Fac PE RVU:</b>	
<b>RUC Recommendation:</b> Deleted from CPT		<b>Referred to CPT</b> October 2015 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b> Deleted from CPT	
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## Status Report: CMS Requests and Relativity Assessment Issues

**77056** Mammography; bilateral

**Global:**

**Issue:** Mammography-Computer Aided Detection Bundling

**Screen:** CMS-Other - Utilization over 250,000 / Final Rule for 2015

**Complete?** Yes

**Most Recent RUC Meeting:** January 2016

**Tab:** 20

**Specialty Developing Recommendation:** ACR

**First Identified:** January 2014

**2020 Medicare Utilization:**

**2022 Work RVU:**

**2022 NF PE RVU:**

**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 Aided Detection Bundling

**Screen:** CMS-Other - Utilization over 250,000 / Final Rule for 2015

**Complete?** Yes

**Most Recent RUC Meeting:** January 2016

**Tab:** 20

**Specialty Developing Recommendation:** ACR

**First Identified:** January 2014

**2020 Medicare Utilization:**

**2022 Work RVU:**

**2022 NF PE RVU:**

**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:**

**77058** Magnetic resonance imaging, breast, without and/or with contrast material(s); unilateral

**Global:**

**Issue:** Breast MRI with Computer-Aided Detection

**Screen:** CMS High Expenditure Procedural Codes2

**Complete?** Yes

**Most Recent RUC Meeting:** October 2017

**Tab:** 06

**Specialty Developing Recommendation:** ACR

**First Identified:** July 2015

**2020 Medicare Utilization:**

**2022 Work RVU:**

**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:**

# Status Report: CMS Requests and Relativity Assessment Issues

**77059** Magnetic resonance imaging, breast, without and/or with contrast material(s); bilateral **Global:** **Issue:** Breast MRI with Computer-Aided Detection **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

**Most Recent** **Tab:** 06 **Specialty Developing** ACR  
**RUC Meeting:** October 2017 **Recommendation:**

**First**  
**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

**Result:** Deleted from CPT

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**77065** Diagnostic mammography, including computer-aided detection (cad) when performed; unilateral **Global:** XXX **Issue:** Mammography-Computer Aided Detection Bundling **Screen:** Final Rule for 2015 **Complete?** Yes

**Most Recent** **Tab:** 20 **Specialty Developing** ACR  
**RUC Meeting:** January 2016 **Recommendation:**

**First**  
**Identified:** October 2015

**2020**  
**Medicare**  
**Utilization:** 642,500

**2022 Work RVU:** 0.81  
**2022 NF PE RVU:** 2.90  
**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 performed; bilateral **Global:** XXX **Issue:** Mammography-Computer Aided Detection Bundling **Screen:** Final Rule for 2015 **Complete?** Yes

**Most Recent** **Tab:** 20 **Specialty Developing** ACR  
**RUC Meeting:** January 2016 **Recommendation:**

**First**  
**Identified:** October 2015

**2020**  
**Medicare**  
**Utilization:** 557,163

**2022 Work RVU:** 1.00  
**2022 NF PE RVU:** 3.69  
**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 computer-aided detection (cad) when performed **Global:** XXX **Issue:** Mammography-Computer Aided Detection Bundling **Screen:** Final Rule for 2015 **Complete?** Yes

**Most Recent** **Tab:** 20 **Specialty Developing** ACR  
**RUC Meeting:** January 2016 **Recommendation:**

**First**  
**Identified:** October 2015

**2020**  
**Medicare**  
**Utilization:** 5,112,752

**2022 Work RVU:** 0.76  
**2022 NF PE RVU:** 3.02  
**2022 Fac PE RVU:** NA

**RUC Recommendation:** 0.76

**Referred to CPT** October 2015

**Result:** Maintain

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

# Status Report: CMS Requests and Relativity Assessment Issues

**77073** Bone length studies (orthoroentgenogram, scanogram) **Global:** XXX **Issue:** X-Ray Exam - Bone **Screen:** CMS-Other - Utilization over 30,000 **Complete?** Yes

**Most Recent** **Tab:** 25 **Specialty Developing** AAOS, ACR  
**RUC Meeting:** April 2018 **Recommendation:**

**First**  
**Identified:** October 2017

**2020**  
**Medicare**  
**Utilization:** 46,209

**2022 Work RVU:** 0.26

**2022 NF PE RVU:** 1.06

**2022 Fac PE RVU:** NA

**RUC Recommendation:** 0.26

**Referred to CPT**  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Decrease

**77074** Radiologic examination, osseous survey; limited (eg, for metastases) **Global:** XXX **Issue:** X-Ray Exam - Bone **Screen:** CMS-Other - Utilization over 30,000 **Complete?** Yes

**Most Recent** **Tab:** 25 **Specialty Developing** ACR  
**RUC Meeting:** April 2018 **Recommendation:**

**First**  
**Identified:** October 2017

**2020**  
**Medicare**  
**Utilization:** 3,237

**2022 Work RVU:** 0.44

**2022 NF PE RVU:** 1.48

**2022 Fac PE RVU:** NA

**RUC Recommendation:** 0.44

**Referred to CPT**  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Decrease

**77075** Radiologic examination, osseous survey; complete (axial and appendicular skeleton) **Global:** XXX **Issue:** X-Ray Exam - Bone **Screen:** CMS-Other - Utilization over 30,000 **Complete?** Yes

**Most Recent** **Tab:** 25 **Specialty Developing** ACR  
**RUC Meeting:** April 2018 **Recommendation:**

**First**  
**Identified:** October 2017

**2020**  
**Medicare**  
**Utilization:** 33,273

**2022 Work RVU:** 0.55

**2022 NF PE RVU:** 2.38

**2022 Fac PE RVU:** NA

**RUC Recommendation:** 0.55

**Referred to CPT**  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Increase

**77076** Radiologic examination, osseous survey, infant **Global:** XXX **Issue:** X-Ray Exam - Bone **Screen:** CMS-Other - Utilization over 30,000 **Complete?** Yes

**Most Recent** **Tab:** 25 **Specialty Developing** ACR  
**RUC Meeting:** April 2018 **Recommendation:**

**First**  
**Identified:** October 2017

**2020**  
**Medicare**  
**Utilization:** 30

**2022 Work RVU:** 0.70

**2022 NF PE RVU:** 2.45

**2022 Fac PE RVU:** NA

**RUC Recommendation:** 0.70

**Referred to CPT**  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Maintain

## Status Report: CMS Requests and Relativity Assessment Issues

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**77077** Joint survey, single view, 2 or more joints (specify) **Global:** XXX **Issue:** X-Ray Exam - Bone **Screen:** CMS-Other - Utilization over 30,000 **Complete?** Yes

**Most Recent**  
**RUC Meeting:** April 2018 **Tab:** 25 **Specialty Developing Recommendation:** ACR

**First Identified:** October 2017

**2020 Medicare Utilization:** 30,468

**2022 Work RVU:** 0.33

**2022 NF PE RVU:** 1.04

**2022 Fac PE RVU:** NA

**RUC Recommendation:** 0.33

**Referred to CPT**

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Increase

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**77079** Computed tomography, bone mineral density study, 1 or more sites; appendicular skeleton (peripheral) (eg, radius, wrist, heel) **Global:** **Issue:** CT Bone Density Study **Screen:** Different Performing Specialty from Survey **Complete?** Yes

**Most Recent**  
**RUC Meeting:** February 2010 **Tab:** 31 **Specialty Developing Recommendation:** ACR, AAFP, ACP

**First Identified:** October 2009

**2020 Medicare Utilization:**

**2022 Work RVU:**

**2022 NF PE RVU:**

**2022 Fac PE RVU:**

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** October 2010

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Deleted from CPT

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**77080** Dual-energy x-ray absorptiometry (dxa), bone density study, 1 or more sites; axial skeleton (eg, hips, pelvis, spine) **Global:** XXX **Issue:** Dual Energy X-Ray **Screen:** CMS Request - Final Rule for 2012 / Codes Reported Together 75% or More-Part2 **Complete?** Yes

**Most Recent**  
**RUC Meeting:** October 2013 **Tab:** 07 **Specialty Developing Recommendation:** AACE, ACNM, ACR, ACRh, SNMMI, TES

**First Identified:** September 2011

**2020 Medicare Utilization:** 2,091,832

**2022 Work RVU:** 0.20

**2022 NF PE RVU:** 0.88

**2022 Fac PE RVU:** NA

**RUC Recommendation:** 0.20

**Referred to CPT** May 2013

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Maintain

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## Status Report: CMS Requests and Relativity Assessment Issues

**77081** Dual-energy x-ray absorptiometry (dxa), bone density study, 1 or more sites; appendicular skeleton (peripheral) (eg, radius, wrist, heel) **Global:** XXX **Issue:** Dual-energy X-Ray Absorptiometry (DXA) **Screen:** Negative IWPUT **Complete?** Yes

**Most Recent RUC Meeting:** January 2018

**Tab:** 25

**Specialty Developing Recommendation:**

**First Identified:** April 2017

**2020 Medicare Utilization:** 30,986

**2022 Work RVU:** 0.20

**2022 NF PE RVU:** 0.70

**2022 Fac PE RVU:** NA

**RUC Recommendation:** 0.20

**Referred to CPT**

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Decrease

**77082** Dual-energy X-ray absorptiometry (DXA), bone density study, 1 or more sites; vertebral fracture assessment **Global:** **Issue:** Dual Energy X-Ray **Screen:** CMS Request - Final Rule for 2012 / Codes Reported Together 75% or More-Part2 **Complete?** Yes

**Most Recent RUC Meeting:** October 2013

**Tab:** 07

**Specialty Developing Recommendation:** AACE, ACNM, ACR, ACRh, SNMMI, TES

**First Identified:** September 2011

**2020 Medicare Utilization:**

**2022 Work RVU:**

**2022 NF PE RVU:**

**2022 Fac PE RVU:**

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** May 2013

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Deleted from CPT

**77083** Radiographic absorptiometry (eg, photodensitometry, radiogrammetry), 1 or more sites **Global:** **Issue:** Radiographic Absorptiometry **Screen:** Different Performing Specialty from Survey **Complete?** Yes

**Most Recent RUC Meeting:** February 2010

**Tab:** 31

**Specialty Developing Recommendation:** ACR, ACP

**First Identified:** October 2009

**2020 Medicare Utilization:**

**2022 Work RVU:**

**2022 NF PE RVU:**

**2022 Fac PE RVU:**

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** October 2010

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Deleted from CPT



## Status Report: CMS Requests and Relativity Assessment Issues

**77085** Dual-energy x-ray absorptiometry (dxa), bone density study, 1 or more sites; axial skeleton (eg, hips, pelvis, spine), including vertebral fracture assessment **Global:** XXX **Issue:** Dual Energy X-Ray **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

**Most Recent RUC Meeting:** October 2013

**Tab:** 07

**Specialty Developing Recommendation:** AACE, ACNM, ACR, ACRh, SNMMI, TES

**First Identified:**

**2020 Medicare Utilization:** 84,850

**2022 Work RVU:** 0.30

**2022 NF PE RVU:** 1.19

**2022 Fac PE RVU:** NA

**RUC Recommendation:** 0.30

**Referred to CPT** May 2013

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Decrease

**77086** Vertebral fracture assessment via dual-energy x-ray absorptiometry (dxa) **Global:** XXX **Issue:** Dual Energy X-Ray **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

**Most Recent RUC Meeting:** October 2013

**Tab:** 07

**Specialty Developing Recommendation:** AACE, ACNM, ACR, ACRh, SNMMI, TES

**First Identified:**

**2020 Medicare Utilization:** 1,781

**2022 Work RVU:** 0.17

**2022 NF PE RVU:** 0.78

**2022 Fac PE RVU:** NA

**RUC Recommendation:** 0.17

**Referred to CPT** May 2013

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Maintain

**77261** Therapeutic radiology treatment planning; simple **Global:** XXX **Issue:** Radiation Therapy Planning **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

**Most Recent RUC Meeting:** April 2016

**Tab:** 37

**Specialty Developing Recommendation:** ASTRO

**First Identified:** July 2015

**2020 Medicare Utilization:** 8,505

**2022 Work RVU:** 1.30

**2022 NF PE RVU:** 0.69

**2022 Fac PE RVU:** 0.69

**RUC Recommendation:** 1.30

**Referred to CPT**

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Decrease

# Status Report: CMS Requests and Relativity Assessment Issues

**77262** Therapeutic radiology treatment planning; intermediate

**Global:** XXX

**Issue:** Radiation Therapy Planning

**Screen:** CMS High Expenditure  
Procedural Codes2

**Complete?** Yes

**Most Recent  
RUC Meeting:** April 2016

**Tab:** 37 **Specialty Developing  
Recommendation:** ASTRO

**First  
Identified:** July 2015

**2020  
Medicare  
Utilization:** 2,829

**2022 Work RVU:** 2.00

**2022 NF PE RVU:** 1.03

**2022 Fac PE RVU:** 1.03

**RUC Recommendation:** 2.00

**Referred to CPT**

**Referred to CPT Asst**

☐

**Published in CPT Asst:**

**Result:** Decrease

**77263** Therapeutic radiology treatment planning; complex

**Global:** XXX

**Issue:** Radiation Therapy Planning

**Screen:** CMS High Expenditure  
Procedural Codes2

**Complete?** Yes

**Most Recent  
RUC Meeting:** April 2016

**Tab:** 37 **Specialty Developing  
Recommendation:** ASTRO

**First  
Identified:** July 2015

**2020  
Medicare  
Utilization:** 280,220

**2022 Work RVU:** 3.14

**2022 NF PE RVU:** 1.55

**2022 Fac PE RVU:** 1.55

**RUC Recommendation:** 3.14

**Referred to CPT**

**Referred to CPT Asst**

☐

**Published in CPT Asst:**

**Result:** Maintain

**77280** Therapeutic radiology simulation-aided field setting; simple

**Global:** XXX

**Issue:** Set Radiation Therapy Field

**Screen:** Harvard Valued -  
Utilization over 30,000 /  
Services with Stand-  
Alone PE Procedure  
Time

**Complete?** Yes

**Most Recent  
RUC Meeting:** January 2013

**Tab:** 14 **Specialty Developing  
Recommendation:** ASTRO

**First  
Identified:** April 2011

**2020  
Medicare  
Utilization:** 351,456

**2022 Work RVU:** 0.70

**2022 NF PE RVU:** 7.21

**2022 Fac PE RVU:** NA

**RUC Recommendation:** 0.70

**Referred to CPT** October 2012

**Referred to CPT Asst**

☐

**Published in CPT Asst:**

**Result:** Maintain

## Status Report: CMS Requests and Relativity Assessment Issues

**77285** Therapeutic radiology simulation-aided field setting; intermediate

**Global:** XXX **Issue:** Respiratory Motion Management Simulation

**Screen:** Harvard Valued - Utilization over 30,000 / Services with Stand-Alone PE Procedure Time

**Complete?** Yes

**Most Recent RUC Meeting:** January 2013 **Tab:** 14 **Specialty Developing Recommendation:** ASTRO

**First Identified:** September 2011

**2020 Medicare Utilization:** 4,671

**2022 Work RVU:** 1.05  
**2022 NF PE RVU:** 12.05  
**2022 Fac PE RVU:** NA

**RUC Recommendation:** 1.05

**Referred to CPT** October 2012

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Maintain

**77290** Therapeutic radiology simulation-aided field setting; complex

**Global:** XXX **Issue:** Respiratory Motion Management Simulation

**Screen:** MPC List / Harvard Valued - Utilization over 30,000 / Services with Stand-Alone PE Procedure Time

**Complete?** Yes

**Most Recent RUC Meeting:** January 2013 **Tab:** 14 **Specialty Developing Recommendation:** ASTRO

**First Identified:** October 2010

**2020 Medicare Utilization:** 185,187

**2022 Work RVU:** 1.56  
**2022 NF PE RVU:** 11.91  
**2022 Fac PE RVU:** NA

**RUC Recommendation:** 1.56

**Referred to CPT** October 2012

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Maintain

**77293** Respiratory motion management simulation (list separately in addition to code for primary procedure)

**Global:** ZZZ **Issue:** Respiratory Motion Management Simulation

**Screen:** Harvard Valued - Utilization over 30,000

**Complete?** Yes

**Most Recent RUC Meeting:** January 2013 **Tab:** 14 **Specialty Developing Recommendation:** ASTRO

**First Identified:**

**2020 Medicare Utilization:** 31,435

**2022 Work RVU:** 2.00  
**2022 NF PE RVU:** 10.24  
**2022 Fac PE RVU:** NA

**RUC Recommendation:** 2.00

**Referred to CPT** October 2012

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Decrease

# Status Report: CMS Requests and Relativity Assessment Issues

**77295** 3-dimensional radiotherapy plan, including dose-volume histograms **Global:** XXX **Issue:** Surface Radionuclide High Does Rate Brachytherapy **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

**Most Recent RUC Meeting:** January 2013 **Tab:** 14 **Specialty Developing Recommendation:** ASTRO

**First Identified:** September 2011

**2020 Medicare Utilization:** 127,409

**2022 Work RVU:** 4.29

**2022 NF PE RVU:** 9.42

**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, nsd, gap calculation, off axis factor, tissue inhomogeneity factors, calculation of non-ionizing radiation surface and depth dose, as required during course of treatment, only when prescribed by the treating physician

**Global:** XXX

**Issue:** Surface Radionuclide High Does Rate Brachytherapy

**Screen:** MPC List / Codes Reported Together 75% or More-Part2

**Complete?** Yes

**Most Recent RUC Meeting:** April 2014 **Tab:** 20 **Specialty Developing Recommendation:** ASTRO

**First Identified:** October 2010

**2020 Medicare Utilization:** 1,231,378

**2022 Work RVU:** 0.62

**2022 NF PE RVU:** 1.26

**2022 Fac PE RVU:** NA

**RUC Recommendation:** 0.62

**Referred to CPT** February 2014, October 2014

**Result:** Maintain

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**77301** Intensity modulated radiotherapy plan, including dose-volume histograms for target and critical structure partial tolerance specifications

**Global:** XXX

**Issue:** IMRT - PE Only

**Screen:** CMS Fastest Growing / CMS Request - Practice Expense Review / CMS High Expenditure Procedural Codes1 / Services with Stand-Alone PE Procedure Time

**Complete?** Yes

**Most Recent RUC Meeting:** April 2013 **Tab:** 28 **Specialty Developing Recommendation:** ASTRO

**First Identified:** October 2008

**2020 Medicare Utilization:** 144,178

**2022 Work RVU:** 7.99

**2022 NF PE RVU:** 45.27

**2022 Fac PE RVU:** NA

**RUC Recommendation:** New PE Inputs. 7.99. CPT Assistant article published.

**Referred to CPT**

**Result:** Maintain

**Referred to CPT Asst** ☒ **Published in CPT Asst:** Nov 2009

## Status Report: CMS Requests and Relativity Assessment Issues

**77305** Teletherapy, isodose plan (whether hand or computer calculated); simple (1 or 2 parallel opposed unmodified ports directed to a single area of interest) **Global:** **Issue:** Isodose Calculation with Isodose Planning Bundle **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

**Most Recent** **Tab:** 20 **Specialty Developing Recommendation:** ASTRO  
**RUC Meeting:** April 2014

**First Identified:** October 2010

**2020 Medicare Utilization:**

**2022 Work RVU:**  
**2022 NF PE RVU:**  
**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 area of interest), includes basic dosimetry calculation(s) **Global:** XXX **Issue:** Isodose Calculation with Isodose Planning Bundle **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

**Most Recent** **Tab:** 20 **Specialty Developing Recommendation:**  
**RUC Meeting:** April 2014

**First Identified:** October 2010

**2020 Medicare Utilization:** 1,550

**2022 Work RVU:** 1.40  
**2022 NF PE RVU:** 2.81  
**2022 Fac PE RVU:** NA

**RUC Recommendation:** 1.40

**Referred to CPT**

**Result:** Decrease

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**77307** Teletherapy isodose plan; complex (multiple treatment areas, tangential ports, the use of wedges, blocking, rotational beam, or special beam considerations), includes basic dosimetry calculation(s) **Global:** XXX **Issue:** Isodose Calculation with Isodose Planning Bundle **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

**Most Recent** **Tab:** 20 **Specialty Developing Recommendation:**  
**RUC Meeting:** April 2014

**First Identified:** October 2010

**2020 Medicare Utilization:** 34,096

**2022 Work RVU:** 2.90  
**2022 NF PE RVU:** 5.27  
**2022 Fac PE RVU:** NA

**RUC Recommendation:** 2.90

**Referred to CPT**

**Result:** Decrease

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

## Status Report: CMS Requests and Relativity Assessment Issues

**77310** Teletherapy, isodose plan (whether hand or computer calculated); intermediate (3 or more treatment ports directed to a single area of interest) **Global:** **Issue:** Isodose Calculation with Isodose Planning Bundle **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

**Most Recent**  
**RUC Meeting:** April 2014 **Tab:** 20 **Specialty Developing Recommendation:** ASTRO

**First Identified:** October 2010

**2020 Medicare Utilization:**

**2022 Work RVU:**  
**2022 NF PE RVU:**  
**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 (mantle or inverted Y, tangential ports, the use of wedges, compensators, complex blocking, rotational beam, or special beam considerations) **Global:** **Issue:** Isodose Calculation with Isodose Planning Bundle **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

**Most Recent**  
**RUC Meeting:** April 2014 **Tab:** 20 **Specialty Developing Recommendation:** ASTRO

**First Identified:** October 2010

**2020 Medicare Utilization:**

**2022 Work RVU:**  
**2022 NF PE RVU:**  
**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 remote afterloading brachytherapy, 1 channel), includes basic dosimetry calculation(s) **Global:** XXX **Issue:** Isodose Calculation with Isodose Planning Bundle **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

**Most Recent**  
**RUC Meeting:** April 2014 **Tab:** 20 **Specialty Developing Recommendation:**

**First Identified:** October 2012

**2020 Medicare Utilization:** 4,061

**2022 Work RVU:** 1.40  
**2022 NF PE RVU:** 5.62  
**2022 Fac PE RVU:** NA

**RUC Recommendation:** 1.50

**Referred to CPT**

**Result:** Decrease

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

## Status Report: CMS Requests and Relativity Assessment Issues

**77317** Brachytherapy isodose plan; intermediate (calculation[s] made from 5 to 10 sources, or remote afterloading brachytherapy, 2-12 channels), includes basic dosimetry calculation(s) **Global:** XXX **Issue:** Isodose Calculation with Isodose Planning Bundle **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

**Most Recent RUC Meeting:** April 2014

**Tab:** 20

**Specialty Developing Recommendation:**

**First Identified:** October 2012

**2020 Medicare Utilization:** 2,411

**2022 Work RVU:** 1.83

**2022 NF PE RVU:** 7.42

**2022 Fac PE RVU:** NA

**RUC Recommendation:** 1.83

**Referred to CPT**

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Decrease

**77318** Brachytherapy isodose plan; complex (calculation[s] made from over 10 sources, or remote afterloading brachytherapy, over 12 channels), includes basic dosimetry calculation(s) **Global:** XXX **Issue:** Isodose Calculation with Isodose Planning Bundle **Screen:** Codes Reported Together 75% or More-Part2 / RUC Request **Complete?** Yes

**Most Recent RUC Meeting:** October 2015

**Tab:** 21

**Specialty Developing Recommendation:**

**First Identified:** October 2012

**2020 Medicare Utilization:** 5,224

**2022 Work RVU:** 2.90

**2022 NF PE RVU:** 10.23

**2022 Fac PE RVU:** NA

**RUC Recommendation:** 2.90

**Referred to CPT** February 2014

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Decrease

**77326** Brachytherapy isodose plan; simple (calculation made from single plane, 1 to 4 sources/ribbon application, remote afterloading brachytherapy, 1 to 8 sources) **Global:** **Issue:** Isodose Calculation with Isodose Planning Bundle **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

**Most Recent RUC Meeting:** April 2014

**Tab:** 20

**Specialty Developing Recommendation:**

**First Identified:** October 2012

**2020 Medicare Utilization:**

**2022 Work RVU:**

**2022 NF PE RVU:**

**2022 Fac PE RVU:**

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** February 2014

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Deleted from CPT

## Status Report: CMS Requests and Relativity Assessment Issues

**77327** Brachytherapy isodose plan; intermediate (multiplane dosage calculations, application involving 5 to 10 sources/ribbons, remote afterloading brachytherapy, 9 to 12 sources) **Global:** **Issue:** Isodose Calculation with Isodose Planning Bundle **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

**Most Recent**  
**RUC Meeting:** April 2014 **Tab:** 20 **Specialty Developing Recommendation:** ASTRO

**First Identified:** October 2010

**2020 Medicare Utilization:**

**2022 Work RVU:**  
**2022 NF PE RVU:**  
**2022 Fac PE RVU:**

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** February 2014

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Deleted from CPT

**77328** Brachytherapy isodose plan; complex (multiplane isodose plan, volume implant calculations, over 10 sources/ribbons used, special spatial reconstruction, remote afterloading brachytherapy, over 12 sources) **Global:** **Issue:** Isodose Calculation with Isodose Planning Bundle **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

**Most Recent**  
**RUC Meeting:** April 2014 **Tab:** 20 **Specialty Developing Recommendation:**

**First Identified:** October 2012

**2020 Medicare Utilization:**

**2022 Work RVU:**  
**2022 NF PE RVU:**  
**2022 Fac PE RVU:**

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** February 2014

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Deleted from CPT

**77332** Treatment devices, design and construction; simple (simple block, simple bolus) **Global:** XXX **Issue:** RAW **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

**Most Recent**  
**RUC Meeting:** January 2016 **Tab:** 40 **Specialty Developing Recommendation:** ASTRO

**First Identified:** April 2015

**2020 Medicare Utilization:** 78,627

**2022 Work RVU:** 0.45  
**2022 NF PE RVU:** 0.65  
**2022 Fac PE RVU:** NA

**RUC Recommendation:** 0.54

**Referred to CPT**

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Maintain



## Status Report: CMS Requests and Relativity Assessment Issues

**77333** Treatment devices, design and construction; intermediate (multiple blocks, stents, bite blocks, special bolus) **Global:** XXX **Issue:** RAW **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

**Most Recent** **Tab:** 40 **Specialty Developing** ASTRO  
**RUC Meeting:** January 2016 **Recommendation:**

**First**  
**Identified:** April 2015

**2020**  
**Medicare**  
**Utilization:** 10,325

**2022 Work RVU:** 0.75

**2022 NF PE RVU:** 3.31

**2022 Fac PE RVU:** NA

**RUC Recommendation:** 0.84

**Referred to CPT**

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Maintain

**77334** Treatment devices, design and construction; complex (irregular blocks, special shields, compensators, wedges, molds or casts) **Global:** XXX **Issue:** **Screen:** MPC List / RUC request / CMS High Expenditure Procedural Codes2 **Complete?** Yes

**Most Recent** **Tab:** 40 **Specialty Developing** ASTRO  
**RUC Meeting:** January 2016 **Recommendation:**

**First**  
**Identified:** October 2010

**2020**  
**Medicare**  
**Utilization:** 776,080

**2022 Work RVU:** 1.15

**2022 NF PE RVU:** 2.44

**2022 Fac PE RVU:** NA

**RUC Recommendation:** 1.24

**Referred to CPT**

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Maintain

**77336** Continuing medical physics consultation, including assessment of treatment parameters, quality assurance of dose delivery, and review of patient treatment documentation in support of the radiation oncologist, reported per week of therapy **Global:** XXX **Issue:** Continuing Medical Physics Consultation-PE Only **Screen:** CMS Request - Final Rule for 2013 **Complete?** Yes

**Most Recent** **Tab:** 31 **Specialty Developing** ASTRO  
**RUC Meeting:** April 2013 **Recommendation:**

**First**  
**Identified:** October 2012

**2020**  
**Medicare**  
**Utilization:** 376,051

**2022 Work RVU:** 0.00

**2022 NF PE RVU:** 2.35

**2022 Fac PE RVU:** NA

**RUC Recommendation:** New PE Inputs

**Referred to CPT**

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** PE Only

## Status Report: CMS Requests and Relativity Assessment Issues

**77338** Multi-leaf collimator (mlc) device(s) for intensity modulated radiation therapy (imrt), design and construction per imrt plan **Global:** XXX **Issue:** IMRT - PE Only **Screen:** Services with Stand-Alone PE Procedure Time **Complete?** Yes

**Most Recent RUC Meeting:** April 2013

**Tab:** 28

**Specialty Developing Recommendation:**

**First Identified:** October 2012

**2020 Medicare Utilization:** 163,112

**2022 Work RVU:** 4.29

**2022 NF PE RVU:** 8.92

**2022 Fac PE RVU:** NA

**RUC Recommendation:** New PE Inputs

**Referred to CPT**

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** PE Only

**77371** Radiation treatment delivery, stereotactic radiosurgery (srs), complete course of treatment of cranial lesion(s) consisting of 1 session; multi-source cobalt 60 based **Global:** XXX **Issue:** Radiation Treatment Delivery, Stereotactic Radiosurgery **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

**Most Recent RUC Meeting:** April 2009

**Tab:** 30

**Specialty Developing Recommendation:** ASTRO

**First Identified:** NA

**2020 Medicare Utilization:** 122

**2022 Work RVU:** 0.00

**2022 NF PE RVU:** 0.00

**2022 Fac PE RVU:** 0.00

**RUC Recommendation:** New PE inputs

**Referred to CPT**

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** PE Only

**77372** Radiation treatment delivery, stereotactic radiosurgery (srs), complete course of treatment of cranial lesion(s) consisting of 1 session; linear accelerator based **Global:** XXX **Issue:** Radiation Treatment Delivery - PE Only **Screen:** Services with Stand-Alone PE Procedure Time **Complete?** Yes

**Most Recent RUC Meeting:** October 2013

**Tab:** 18

**Specialty Developing Recommendation:**

**First Identified:** October 2012

**2020 Medicare Utilization:** 721

**2022 Work RVU:** 0.00

**2022 NF PE RVU:** 28.91

**2022 Fac PE RVU:** NA

**RUC Recommendation:** New PE Inputs

**Referred to CPT**

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** PE Only

# Status Report: CMS Requests and Relativity Assessment Issues

**77373** Stereotactic body radiation therapy, treatment delivery, per fraction to 1 or more lesions, including image guidance, entire course not to exceed 5 fractions **Global:** XXX **Issue:** Radiation Treatment Delivery - PE Only **Screen:** Services with Stand-Alone PE Procedure Time **Complete?** Yes

**Most Recent RUC Meeting:** October 2013

**Tab:** 18

**Specialty Developing Recommendation:** ACR, ASTRO, ACRO

**First Identified:** July 2012

**2020 Medicare Utilization:** 33,311

**2022 Work RVU:** 0.00  
**2022 NF PE RVU:** 29.84  
**2022 Fac PE RVU:** NA

**RUC Recommendation:** New PE inputs

**Referred to CPT**

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** PE Only

**77385** Intensity modulated radiation treatment delivery (imrt), includes guidance and tracking, when performed; simple **Global:** XXX **Issue:** Radiation Treatment Delivery - PE Only **Screen:** Services with Stand-Alone PE Procedure Time **Complete?** Yes

**Most Recent RUC Meeting:** January 2014

**Tab:** 14

**Specialty Developing Recommendation:** ACRO, ASTRO

**First Identified:** January 2014

**2020 Medicare Utilization:**

**2022 Work RVU:** 0.00  
**2022 NF PE RVU:** 0.00  
**2022 Fac PE RVU:** 0.00

**RUC Recommendation:** PE Only, revised introductory guidelines

**Referred to CPT** October 2013

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** PE Only

**77386** Intensity modulated radiation treatment delivery (imrt), includes guidance and tracking, when performed; complex **Global:** XXX **Issue:** Radiation Treatment Delivery - PE Only **Screen:** Services with Stand-Alone PE Procedure Time **Complete?** Yes

**Most Recent RUC Meeting:** January 2014

**Tab:** 14

**Specialty Developing Recommendation:** ACRO, ASTRO

**First Identified:** January 2014

**2020 Medicare Utilization:**

**2022 Work RVU:** 0.00  
**2022 NF PE RVU:** 0.00  
**2022 Fac PE RVU:** 0.00

**RUC Recommendation:** PE Only, revised introductory guidelines

**Referred to CPT** October 2013

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** PE Only

## Status Report: CMS Requests and Relativity Assessment Issues

**77387** Guidance for localization of target volume for delivery of radiation treatment, includes intrafraction tracking, when performed      **Global:** XXX      **Issue:** Radiation Treatment Delivery - PE Only      **Screen:** Services with Stand-Alone PE Procedure Time      **Complete?** Yes

**Most Recent RUC Meeting:** January 2014

**Tab:** 14      **Specialty Developing Recommendation:** ACRO, ASTRO

**First Identified:** January 2014

**2020 Medicare Utilization:**

**2022 Work RVU:** 0.00

**2022 NF PE RVU:** 0.00

**2022 Fac PE RVU:** 0.00

**RUC Recommendation:** 0.58

**Referred to CPT**      October 2013

**Referred to CPT Asst**      ☐      **Published in CPT Asst:**

**Result:** Decrease

**77401** Radiation treatment delivery, superficial and/or ortho voltage, per day

**Global:** XXX      **Issue:** Radiation Treatment Delivery (PE Only)

**Screen:** High Volume Growth5

**Complete?** Yes

**Most Recent RUC Meeting:** January 2020

**Tab:** 31      **Specialty Developing Recommendation:**

**First Identified:** October 2018

**2020 Medicare Utilization:** 212,288

**2022 Work RVU:** 0.00

**2022 NF PE RVU:** 1.21

**2022 Fac PE RVU:** NA

**RUC Recommendation:** New PE Inputs

**Referred to CPT**      May 2019

**Referred to CPT Asst**      ☐      **Published in CPT Asst:**

**Result:** PE Only

**77402** Radiation treatment delivery, >=1 mev; simple

**Global:** XXX      **Issue:** Radiation Treatment Delivery - PE Only

**Screen:** Services with Stand-Alone PE Procedure Time

**Complete?** Yes

**Most Recent RUC Meeting:** January 2014

**Tab:** 14      **Specialty Developing Recommendation:** ACRO, ASTRO

**First Identified:** October 2012

**2020 Medicare Utilization:**

**2022 Work RVU:** 0.00

**2022 NF PE RVU:** 0.00

**2022 Fac PE RVU:** 0.00

**RUC Recommendation:** PE Only, revised introductory guidelines

**Referred to CPT**      October 2013 and February 2014

**Referred to CPT Asst**      ☐      **Published in CPT Asst:**

**Result:** PE Only

## Status Report: CMS Requests and Relativity Assessment Issues

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<b>77403</b>	Radiation treatment delivery, single treatment area, single port or parallel opposed ports, simple blocks or no blocks; 6-10 MeV	<b>Global:</b>	<b>Issue:</b> Radiation Treatment Delivery - PE Only	<b>Screen:</b> Services with Stand-Alone PE Procedure Time	<b>Complete?</b> Yes
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**Most Recent RUC Meeting:** January 2014

**Tab:** 14 **Specialty Developing Recommendation:** ACRO, ASTRO

**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 2013

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Deleted from CPT

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<b>77404</b>	Radiation treatment delivery, single treatment area, single port or parallel opposed ports, simple blocks or no blocks; 11-19 MeV	<b>Global:</b>	<b>Issue:</b> Radiation Treatment Delivery - PE Only	<b>Screen:</b> Services with Stand-Alone PE Procedure Time	<b>Complete?</b> Yes
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**Most Recent RUC Meeting:** January 2014

**Tab:** 14 **Specialty Developing Recommendation:** ACRO, ASTRO

**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 2013

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Deleted from CPT

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<b>77406</b>	Radiation treatment delivery, single treatment area, single port or parallel opposed ports, simple blocks or no blocks; 20 MeV or greater	<b>Global:</b>	<b>Issue:</b> Radiation Treatment Delivery - PE Only	<b>Screen:</b> Services with Stand-Alone PE Procedure Time	<b>Complete?</b> Yes
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**Most Recent RUC Meeting:** January 2014

**Tab:** 14 **Specialty Developing Recommendation:** ACRO, ASTRO

**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 2013

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Deleted from CPT

# Status Report: CMS Requests and Relativity Assessment Issues

**77407** Radiation treatment delivery, >=1 mev; intermediate

**Global:** XXX

**Issue:** Radiation Treatment Delivery - PE Only

**Screen:** Services with Stand-Alone PE Procedure Time

**Complete?** Yes

**Most Recent RUC Meeting:** January 2014

**Tab:** 14

**Specialty Developing Recommendation:** ACRO, ASTRO

**First Identified:** October 2012

**2020 Medicare Utilization:**

**2022 Work RVU:** 0.00

**2022 NF PE RVU:** 0.00

**2022 Fac PE RVU:** 0.00

**RUC Recommendation:** PE Only, revised introductory guidelines

**Referred to CPT** October 2013

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** PE Only

**77408** Radiation treatment delivery, 2 separate treatment areas, 3 or more ports on a single treatment area, use of multiple blocks; 6-10 MeV

**Global:**

**Issue:** Radiation Treatment Delivery - PE Only

**Screen:** Services with Stand-Alone PE Procedure Time

**Complete?** Yes

**Most Recent RUC Meeting:** January 2014

**Tab:** 14

**Specialty Developing Recommendation:** ACRO, ASTRO

**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 2013

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Deleted from CPT

**77409** Radiation treatment delivery, 2 separate treatment areas, 3 or more ports on a single treatment area, use of multiple blocks; 11-19 MeV

**Global:**

**Issue:** Radiation Treatment Delivery - PE Only

**Screen:** Services with Stand-Alone PE Procedure Time

**Complete?** Yes

**Most Recent RUC Meeting:** January 2014

**Tab:** 14

**Specialty Developing Recommendation:** ACRO, ASTRO

**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 2013

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Deleted from CPT

# Status Report: CMS Requests and Relativity Assessment Issues

**77411** Radiation treatment delivery, 2 separate treatment areas, 3 or more ports on a single treatment area, use of multiple blocks; 20 MeV or greater      **Global:**      **Issue:** Radiation Treatment Delivery - PE Only      **Screen:** Services with Stand-Alone PE Procedure Time      **Complete?** Yes

**Most Recent RUC Meeting:** January 2014

**Tab:** 14      **Specialty Developing Recommendation:** ACRO, ASTRO

**First Identified:** October 2012

**2020 Medicare Utilization:**

**2022 Work RVU:**  
**2022 NF PE RVU:**  
**2022 Fac PE RVU:**

**RUC Recommendation:** Deleted from CPT

**Referred to CPT**      October 2013

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Deleted from CPT

**77412** Radiation treatment delivery, >=1 mev; complex

**Global:** XXX      **Issue:** Radiation Treatment Delivery - PE Only

**Screen:** Services with Stand-Alone PE Procedure Time

**Complete?** Yes

**Most Recent RUC Meeting:** January 2014

**Tab:** 14      **Specialty Developing Recommendation:** ACRO, ASTRO

**First Identified:** October 2012

**2020 Medicare Utilization:**

**2022 Work RVU:** 0.00  
**2022 NF PE RVU:** 0.00  
**2022 Fac PE RVU:** 0.00

**RUC Recommendation:** PE Only, revised introductory guidelines

**Referred to CPT**      October 2013

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** PE Only

**77413** Radiation treatment delivery, 3 or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; 6-10 MeV

**Global:**      **Issue:** Radiation Treatment Delivery - PE Only

**Screen:** Services with Stand-Alone PE Procedure Time

**Complete?** Yes

**Most Recent RUC Meeting:** January 2014

**Tab:** 14      **Specialty Developing Recommendation:** ACRO, ASTRO

**First Identified:** October 2012

**2020 Medicare Utilization:**

**2022 Work RVU:**  
**2022 NF PE RVU:**  
**2022 Fac PE RVU:**

**RUC Recommendation:** Deleted from CPT

**Referred to CPT**      October 2013

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Deleted from CPT

## Status Report: CMS Requests and Relativity Assessment Issues

**77414** Radiation treatment delivery, 3 or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; 11-19 MeV **Global:** **Issue:** Radiation Treatment Delivery - PE Only **Screen:** Services with Stand-Alone PE Procedure Time **Complete?** Yes

**Most Recent RUC Meeting:** January 2014

**Tab:** 14 **Specialty Developing Recommendation:** ACRO, ASTRO

**First Identified:** October 2012

**2020 Medicare Utilization:**

**2022 Work RVU:**  
**2022 NF PE RVU:**  
**2022 Fac PE RVU:**

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** October 2013

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Deleted from CPT

**77416** Radiation treatment delivery, 3 or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; 20 MeV or greater **Global:** **Issue:** Radiation Treatment Delivery - PE Only **Screen:** Services with Stand-Alone PE Procedure Time **Complete?** Yes

**Most Recent RUC Meeting:** January 2014

**Tab:** 14 **Specialty Developing Recommendation:** ACRO, ASTRO

**First Identified:** October 2012

**2020 Medicare Utilization:**

**2022 Work RVU:**  
**2022 NF PE RVU:**  
**2022 Fac PE RVU:**

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** October 2013

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Deleted from CPT

**77418** Intensity modulated treatment delivery, single or multiple fields/arcs, via narrow spatially and temporally modulated beams, binary, dynamic MLC, per treatment session **Global:** **Issue:** Radiation Treatment Delivery - PE Only **Screen:** CMS Fastest Growing / Services with Stand-Alone PE Procedure Time / Codes Reported Together 75% or More-Part1 **Complete?** Yes

**Most Recent RUC Meeting:** January 2014

**Tab:** 14 **Specialty Developing Recommendation:** ACRO, ASTRO

**First Identified:** October 2008

**2020 Medicare Utilization:**

**2022 Work RVU:**  
**2022 NF PE RVU:**  
**2022 Fac PE RVU:**

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** October 2013

**Referred to CPT Asst** ☒ **Published in CPT Asst:**

**Result:** Deleted from CPT  
Nov 2009 and Q&A - Mar 2010



## Status Report: CMS Requests and Relativity Assessment Issues

**77421** Stereoscopic X-ray guidance for localization of target volume for the delivery of radiation therapy **Global:** **Issue:** Radiation Treatment Delivery - PE Only **Screen:** Codes Reported Together 75% or More-Part1 / CMS High Expenditure Procedural Codes1 / High Volume Growth2 **Complete?** Yes

**Most Recent RUC Meeting:** January 2014

**Tab:** 14 **Specialty Developing Recommendation:** ACRO, ASTRO

**First Identified:** February 2010

**2020 Medicare Utilization:**

**2022 Work RVU:**

**2022 NF PE RVU:**

**2022 Fac PE RVU:**

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** October 2013

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Deleted from CPT

**77422** High energy neutron radiation treatment delivery; single treatment area using a single port or parallel-opposed ports with no blocks or simple blocking **Global:** **Issue:** High Energy Neutron Radiation Treatment **Screen:** CMS Request - Final Rule for 2015 **Complete?** Yes

**Most Recent RUC Meeting:** April 2015

**Tab:** 35 **Specialty Developing Recommendation:** AAOS, ASPS, ASSH

**First Identified:** November 2014

**2020 Medicare Utilization:**

**2022 Work RVU:**

**2022 NF PE RVU:**

**2022 Fac PE RVU:**

**RUC Recommendation:** Contractor Price

**Referred to CPT**

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Maintain

**77423** High energy neutron radiation treatment delivery, 1 or more isocenter(s) with coplanar or non-coplanar geometry with blocking and/or wedge, and/or compensator(s) **Global:** XXX **Issue:** High Energy Neutron Radiation Treatment **Screen:** CMS Request - Final Rule for 2015 **Complete?** Yes

**Most Recent RUC Meeting:** April 2015

**Tab:** 35 **Specialty Developing Recommendation:** AAOS, ASPS, ASSH

**First Identified:** November 2014

**2020 Medicare Utilization:**

**2022 Work RVU:** 0.00

**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:** Maintain

# Status Report: CMS Requests and Relativity Assessment Issues

**77427** Radiation treatment management, 5 treatments

**Global:** XXX

**Issue:** Radiation Treatment Management

**Screen:** Site of Service Anomaly / High Level E/M in Global Period

**Complete?** Yes

**Most Recent RUC Meeting:** January 2016

**Tab:** 54 **Specialty Developing Recommendation:** ASTRO

**First Identified:** September 2007

**2020 Medicare Utilization:** 959,196

**2022 Work RVU:** 3.37

**2022 NF PE RVU:** 1.95

**2022 Fac PE RVU:** 1.95

**RUC Recommendation:** 3.45. Remove from high E/M screen.

**Referred to CPT** June 2009

**Result:** Decrease

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**77435** Stereotactic body radiation therapy, treatment management, per treatment course, to 1 or more lesions, including image guidance, entire course not to exceed 5 fractions

**Global:** XXX

**Issue:** RAW

**Screen:** High Volume Growth4

**Complete?** Yes

**Most Recent RUC Meeting:** January 2017

**Tab:** 30 **Specialty Developing Recommendation:**

**First Identified:** October 2016

**2020 Medicare Utilization:** 38,736

**2022 Work RVU:** 11.87

**2022 NF PE RVU:** 5.99

**2022 Fac PE RVU:** 5.99

**RUC Recommendation:** Remove from screen

**Referred to CPT**

**Result:** Remove from Screen

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**77470** Special treatment procedure (eg, total body irradiation, hemibody radiation, per oral or endocavitary irradiation)

**Global:** XXX

**Issue:** Special Radiation Treatment

**Screen:** CMS High Expenditure Procedural Codes2

**Complete?** Yes

**Most Recent RUC Meeting:** January 2016

**Tab:** 41 **Specialty Developing Recommendation:** ASTRO

**First Identified:** July 2015

**2020 Medicare Utilization:** 85,083

**2022 Work RVU:** 2.03

**2022 NF PE RVU:** 1.85

**2022 Fac PE RVU:** NA

**RUC Recommendation:** 2.03

**Referred to CPT**

**Result:** Decrease

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

# Status Report: CMS Requests and Relativity Assessment Issues

**77520** Proton treatment delivery; simple, without compensation

**Global:** XXX

**Issue:** Proton Beam Treatment Delivery (PE Only)

**Screen:** Contractor Priced High Volume1

**Complete?** Yes

**Most Recent RUC Meeting:** April 2019

**Tab:** 19

**Specialty Developing Recommendation:** ASTRO

**First Identified:** October 2018

**2020 Medicare Utilization:** 157

**2022 Work RVU:** 0.00

**2022 NF PE RVU:** 0.00

**2022 Fac PE RVU:** 0.00

**RUC Recommendation:** New PE Inputs

**Referred to CPT**

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** PE Only

**77522** Proton treatment delivery; simple, with compensation

**Global:** XXX

**Issue:** Proton Beam Treatment Delivery (PE Only)

**Screen:** Contractor Priced High Volume1

**Complete?** Yes

**Most Recent RUC Meeting:** April 2019

**Tab:** 19

**Specialty Developing Recommendation:** ASTRO

**First Identified:** January 2018

**2020 Medicare Utilization:** 10,315

**2022 Work RVU:** 0.00

**2022 NF PE RVU:** 0.00

**2022 Fac PE RVU:** 0.00

**RUC Recommendation:** New PE Inputs

**Referred to CPT**

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** PE Only

**77523** Proton treatment delivery; intermediate

**Global:** XXX

**Issue:** Proton Beam Treatment Delivery (PE Only)

**Screen:** High Volume Growth4 / Contractor Priced High Volume1

**Complete?** Yes

**Most Recent RUC Meeting:** April 2019

**Tab:** 19

**Specialty Developing Recommendation:** ASTRO

**First Identified:** October 2016

**2020 Medicare Utilization:** 62,151

**2022 Work RVU:** 0.00

**2022 NF PE RVU:** 0.00

**2022 Fac PE RVU:** 0.00

**RUC Recommendation:** New PE Inputs

**Referred to CPT**

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** PE Only

# Status Report: CMS Requests and Relativity Assessment Issues

**77525** Proton treatment delivery; complex

**Global:** XXX

**Issue:** Proton Beam Treatment Delivery (PE Only)

**Screen:** Contractor Priced High Volume1

**Complete?** Yes

**Most Recent RUC Meeting:** April 2019

**Tab:** 19

**Specialty Developing Recommendation:** ASTRO

**First Identified:** October 2018

**2020 Medicare Utilization:** 19,665

**2022 Work RVU:** 0.00

**2022 NF PE RVU:** 0.00

**2022 Fac PE RVU:** 0.00

**RUC Recommendation:** New PE Inputs

**Referred to CPT**

**Referred to CPT Asst**

☐

**Published in CPT Asst:**

**Result:** PE Only

**77600** Hyperthermia, externally generated; superficial (ie, heating to a depth of 4 cm or less)

**Global:** XXX

**Issue:** Hyperthermia - PE Only

**Screen:** Services with Stand-Alone PE Procedure Time

**Complete?** Yes

**Most Recent RUC Meeting:** April 2013

**Tab:** 30

**Specialty Developing Recommendation:**

**First Identified:** October 2012

**2020 Medicare Utilization:** 8,601

**2022 Work RVU:** 1.31

**2022 NF PE RVU:** 13.68

**2022 Fac PE RVU:** NA

**RUC Recommendation:** New PE Inputs

**Referred to CPT**

**Referred to CPT Asst**

☐

**Published in CPT Asst:**

**Result:** PE Only

**77767** Remote afterloading high dose rate radionuclide skin surface brachytherapy, includes basic dosimetry, when performed; lesion diameter up to 2.0 cm or 1 channel

**Global:** XXX

**Issue:** Surface Radionuclide High Dose Rate Brachytherapy

**Screen:** Codes Reported Together 75% or More-Part2

**Complete?** Yes

**Most Recent RUC Meeting:** January 2015

**Tab:** 16

**Specialty Developing Recommendation:** ASTRO, ACRO

**First Identified:** October 2014

**2020 Medicare Utilization:** 4,232

**2022 Work RVU:** 1.05

**2022 NF PE RVU:** 6.16

**2022 Fac PE RVU:** NA

**RUC Recommendation:** 1.05

**Referred to CPT** October 2014

**Referred to CPT Asst**

☐

**Published in CPT Asst:**

**Result:** Decrease

## Status Report: CMS Requests and Relativity Assessment Issues

<b>77768</b>	Remote afterloading high dose rate radionuclide skin surface brachytherapy, includes basic dosimetry, when performed; lesion diameter over 2.0 cm and 2 or more channels, or multiple lesions	<b>Global:</b> XXX	<b>Issue:</b> Surface Radionuclide High Does Rate Brachytherapy	<b>Screen:</b> Codes Reported Together 75% or More-Part2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2015	<b>Tab:</b> 16	<b>Specialty Developing Recommendation:</b> ASTRO, ACRO	<b>First Identified:</b> October 2014	<b>2020 Medicare Utilization:</b> 5,646	<b>2022 Work RVU:</b> 1.40 <b>2022 NF PE RVU:</b> 9.11 <b>2022 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> 1.40			<b>Referred to CPT</b> October 2014 <b>Referred to CPT Asst</b> <input type="checkbox"/> <b>Published in CPT Asst:</b>	<b>Result:</b> Decrease	
<hr/>					
<b>77770</b>	Remote afterloading high dose rate radionuclide interstitial or intracavitary brachytherapy, includes basic dosimetry, when performed; 1 channel	<b>Global:</b> XXX	<b>Issue:</b> Surface Radionuclide High Does Rate Brachytherapy	<b>Screen:</b> Codes Reported Together 75% or More-Part2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2015	<b>Tab:</b> 16	<b>Specialty Developing Recommendation:</b> ASTRO, ACRO	<b>First Identified:</b> October 2014	<b>2020 Medicare Utilization:</b> 15,568	<b>2022 Work RVU:</b> 1.95 <b>2022 NF PE RVU:</b> 8.09 <b>2022 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> 1.95			<b>Referred to CPT</b> October 2014 <b>Referred to CPT Asst</b> <input type="checkbox"/> <b>Published in CPT Asst:</b>	<b>Result:</b> Decrease	
<hr/>					
<b>77771</b>	Remote afterloading high dose rate radionuclide interstitial or intracavitary brachytherapy, includes basic dosimetry, when performed; 2-12 channels	<b>Global:</b> XXX	<b>Issue:</b> Surface Radionuclide High Does Rate Brachytherapy	<b>Screen:</b> Codes Reported Together 75% or More-Part2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2015	<b>Tab:</b> 16	<b>Specialty Developing Recommendation:</b> ASTRO, ACRO	<b>First Identified:</b> October 2014	<b>2020 Medicare Utilization:</b> 14,598	<b>2022 Work RVU:</b> 3.80 <b>2022 NF PE RVU:</b> 13.48 <b>2022 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> 3.80			<b>Referred to CPT</b> October 2014 <b>Referred to CPT Asst</b> <input type="checkbox"/> <b>Published in CPT Asst:</b>	<b>Result:</b> Decrease	

# Status Report: CMS Requests and Relativity Assessment Issues

**77772** Remote afterloading high dose rate radionuclide interstitial or intracavitary brachytherapy, includes basic dosimetry, when performed; over 12 channels

**Global:** XXX

**Issue:** Surface Radionuclide High Does Rate Brachytherapy

**Screen:** Codes Reported Together 75% or More-Part2

**Complete?** Yes

**Most Recent RUC Meeting:** January 2015

**Tab:** 16 **Specialty Developing Recommendation:** ASTRO, ACRO

**First Identified:** October 2014

**2020 Medicare Utilization:** 3,869

**2022 Work RVU:** 5.40

**2022 NF PE RVU:** 20.27

**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 Codes

**Screen:** Codes Reported Together 75% or More-Part2

**Complete?** Yes

**Most Recent RUC Meeting:** April 2015

**Tab:** 17 **Specialty Developing Recommendation:** ACR, ASTRO

**First Identified:** February 2015

**2020 Medicare Utilization:**

**2022 Work RVU:**

**2022 NF PE RVU:**

**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 Codes

**Screen:** Codes Reported Together 75% or More-Part2

**Complete?** Yes

**Most Recent RUC Meeting:** April 2015

**Tab:** 17 **Specialty Developing Recommendation:** ACR, ASTRO

**First Identified:** February 2015

**2020 Medicare Utilization:**

**2022 Work RVU:**

**2022 NF PE RVU:**

**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:**

# Status Report: CMS Requests and Relativity Assessment Issues

**77778** Interstitial radiation source application, complex, includes supervision, handling, loading of radiation source, when performed

**Global:** 000

**Issue:** Interstitial Radiation Source Codes

**Screen:** Codes Reported Together 75% or More-Part2

**Complete?** Yes

**Most Recent RUC Meeting:** October 2015

**Tab:** 21

**Specialty Developing Recommendation:** ACR, ASTRO

**First Identified:** October 2012

**2020 Medicare Utilization:** 3,881

**2022 Work RVU:** 8.78

**2022 NF PE RVU:** 17.18

**2022 Fac PE RVU:** NA

**RUC Recommendation:** 8.78

**Referred to CPT** February 2015

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Decrease

**77781** Deleted from CPT

**Global:**

**Issue:** Brachytherapy

**Screen:** CMS Fastest Growing

**Complete?** Yes

**Most Recent RUC Meeting:** October 2008

**Tab:** 26

**Specialty Developing Recommendation:** ASTRO

**First Identified:** October 2008

**2020 Medicare Utilization:**

**2022 Work RVU:**

**2022 NF PE RVU:**

**2022 Fac PE RVU:**

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** February 2008

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Deleted from CPT

**77782** Deleted from CPT

**Global:**

**Issue:** Brachytherapy

**Screen:** High Volume Growth1 / CMS Fastest Growing

**Complete?** Yes

**Most Recent RUC Meeting:** February 2008

**Tab:** S

**Specialty Developing Recommendation:** ASTRO

**First Identified:** February 2008

**2020 Medicare Utilization:**

**2022 Work RVU:**

**2022 NF PE RVU:**

**2022 Fac PE RVU:**

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** February 2008

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Deleted from CPT

**77784** Deleted from CPT

**Global:**

**Issue:** Brachytherapy

**Screen:** CMS Fastest Growing

**Complete?** Yes

**Most Recent RUC Meeting:** February 2008

**Tab:** S

**Specialty Developing Recommendation:** ASTRO

**First Identified:** February 2008

**2020 Medicare Utilization:**

**2022 Work RVU:**

**2022 NF PE RVU:**

**2022 Fac PE RVU:**

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** February 2008

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Deleted from CPT

## Status Report: CMS Requests and Relativity Assessment Issues

**77785** Remote afterloading high dose rate radionuclide brachytherapy; 1 channel

**Global:**

**Issue:** Surface Radionuclide High Does Rate Brachytherapy

**Screen:** High Volume Growth1 / CMS Fastest Growing/CMS Request - Practice Expense / Services with Stand-Alone PE Procedure Time

**Complete?** Yes

**Most Recent RUC Meeting:** January 2015

**Tab:** 16 **Specialty Developing Recommendation:** ASTRO

**First Identified:**

**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** ☐ **Published in CPT Asst:**

**Result:** Deleted from CPT

**77786** Remote afterloading high dose rate radionuclide brachytherapy; 2-12 channels

**Global:**

**Issue:** Surface Radionuclide High Does Rate Brachytherapy

**Screen:** High Volume Growth1 / CMS Fastest Growing/CMS Request - Practice Expense / Services with Stand-Alone PE Procedure Time

**Complete?** Yes

**Most Recent RUC Meeting:** January 2015

**Tab:** 16 **Specialty Developing Recommendation:** ASTRO

**First Identified:**

**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** ☐ **Published in CPT Asst:**

**Result:** Deleted from CPT



## Status Report: CMS Requests and Relativity Assessment Issues

**77787** Remote afterloading high dose rate radionuclide brachytherapy; over 12 channels **Global:** **Issue:** Surface Radionuclide High Does Rate Brachytherapy **Screen:** High Volume Growth1 / CMS Fastest Growing/CMS Request - Practice Expense / Services with Stand-Alone PE Procedure Time / Codes Reported Together 75% or More-Part2 **Complete?** Yes

**Most Recent RUC Meeting:** January 2015 **Tab:** 16 **Specialty Developing Recommendation:** ASTRO

**First Identified:** October 2012

**2020 Medicare Utilization:**

**2022 Work RVU:**

**2022 NF PE RVU:**

**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:**

**77790** Supervision, handling, loading of radiation source

**Global:** XXX

**Issue:** Interstitial Radiation Source Codes

**Screen:** Codes Reported Together 75% or More-Part2

**Complete?** Yes

**Most Recent RUC Meeting:** October 2015 **Tab:** 21 **Specialty Developing Recommendation:** ACR, ASTRO, SIR

**First Identified:** October 2012

**2020 Medicare Utilization:** 28

**2022 Work RVU:** 0.00

**2022 NF PE RVU:** 0.46

**2022 Fac PE RVU:** NA

**RUC Recommendation:** 0.00

**Referred to CPT** February 2015

**Result:** Decrease

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**78000** Thyroid uptake; single determination

**Global:**

**Issue:** Thyroid Uptake/Imaging

**Screen:** Harvard Valued - Utilization over 30,000

**Complete?** Yes

**Most Recent RUC Meeting:** April 2012 **Tab:** 22 **Specialty Developing Recommendation:** ACR, ACNM, SNM

**First Identified:**

**2020 Medicare Utilization:**

**2022 Work RVU:**

**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:**

# Status Report: CMS Requests and Relativity Assessment Issues

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<b>78001</b>	Thyroid uptake; multiple determinations	<b>Global:</b>	<b>Issue:</b> Thyroid Uptake/Imaging	<b>Screen:</b> Harvard Valued - Utilization over 30,000	<b>Complete?</b> Yes
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<b>Most Recent RUC Meeting:</b> April 2012	<b>Tab:</b> 22	<b>Specialty Developing Recommendation:</b> ACR, ACNM, SNM	<b>First Identified:</b>	<b>2020 Medicare Utilization:</b>	<b>2022 Work RVU:</b>
					<b>2022 NF PE RVU:</b>
					<b>2022 Fac PE RVU:</b>

<b>RUC Recommendation:</b> Deleted from CPT	<b>Referred to CPT</b> February 2012	<b>Result:</b> Deleted from CPT
	<b>Referred to CPT Asst</b> <input type="checkbox"/> <b>Published in CPT Asst:</b>	

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<b>78003</b>	Thyroid uptake; stimulation, suppression or discharge (not including initial uptake studies)	<b>Global:</b>	<b>Issue:</b> Thyroid Uptake/Imaging	<b>Screen:</b> Harvard Valued - Utilization over 30,000	<b>Complete?</b> Yes
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<b>Most Recent RUC Meeting:</b> April 2012	<b>Tab:</b> 22	<b>Specialty Developing Recommendation:</b> ACR, ACNM, SNM	<b>First Identified:</b>	<b>2020 Medicare Utilization:</b>	<b>2022 Work RVU:</b>
					<b>2022 NF PE RVU:</b>
					<b>2022 Fac PE RVU:</b>

<b>RUC Recommendation:</b> Deleted from CPT	<b>Referred to CPT</b> February 2012	<b>Result:</b> Deleted from CPT
	<b>Referred to CPT Asst</b> <input type="checkbox"/> <b>Published in CPT Asst:</b>	

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<b>78006</b>	Thyroid imaging, with uptake; single determination	<b>Global:</b>	<b>Issue:</b> Thyroid Uptake/Imaging	<b>Screen:</b> Harvard Valued - Utilization over 30,000	<b>Complete?</b> Yes
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<b>Most Recent RUC Meeting:</b> April 2012	<b>Tab:</b> 22	<b>Specialty Developing Recommendation:</b> ACR, ACNM, SNM	<b>First Identified:</b>	<b>2020 Medicare Utilization:</b>	<b>2022 Work RVU:</b>
					<b>2022 NF PE RVU:</b>
					<b>2022 Fac PE RVU:</b>

<b>RUC Recommendation:</b> Deleted from CPT	<b>Referred to CPT</b> February 2012	<b>Result:</b> Deleted from CPT
	<b>Referred to CPT Asst</b> <input type="checkbox"/> <b>Published in CPT Asst:</b>	

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<b>78007</b>	Thyroid imaging, with uptake; multiple determinations	<b>Global:</b>	<b>Issue:</b> Thyroid Uptake/Imaging	<b>Screen:</b> Harvard Valued - Utilization over 30,000	<b>Complete?</b> Yes
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<b>Most Recent RUC Meeting:</b> April 2012	<b>Tab:</b> 22	<b>Specialty Developing Recommendation:</b> ACR, ACNM, SNM	<b>First Identified:</b> April 2011	<b>2020 Medicare Utilization:</b>	<b>2022 Work RVU:</b>
					<b>2022 NF PE RVU:</b>
					<b>2022 Fac PE RVU:</b>

<b>RUC Recommendation:</b> Deleted from CPT	<b>Referred to CPT</b> February 2012	<b>Result:</b> Deleted from CPT
	<b>Referred to CPT Asst</b> <input type="checkbox"/> <b>Published in CPT Asst:</b>	

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# Status Report: CMS Requests and Relativity Assessment Issues

**78010** Thyroid imaging; only **Global:** **Issue:** Thyroid Uptake/Imaging **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

**Most Recent RUC Meeting:** April 2012 **Tab:** 22 **Specialty Developing Recommendation:** ACR, ACNM, SNM **First Identified:** **2020 Medicare Utilization:** **2022 Work RVU:** **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:**

**78011** Thyroid imaging; with vascular flow **Global:** **Issue:** Thyroid Uptake/Imaging **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

**Most Recent RUC Meeting:** April 2012 **Tab:** 22 **Specialty Developing Recommendation:** ACR, ACNM, SNM **First Identified:** **2020 Medicare Utilization:** **2022 Work RVU:** **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:**

**78012** Thyroid uptake, single or multiple quantitative measurement(s) (including stimulation, suppression, or discharge, when performed) **Global:** XXX **Issue:** Thyroid Uptake/Imaging **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

**Most Recent RUC Meeting:** April 2012 **Tab:** 22 **Specialty Developing Recommendation:** ACR, ACNM, SNM **First Identified:** **2020 Medicare Utilization:** 1,175 **2022 Work RVU:** 0.19 **2022 NF PE RVU:** 2.15 **2022 Fac PE RVU:** NA

**RUC Recommendation:** 0.19 **Referred to CPT** February 2012 **Result:** Decrease  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**78013** Thyroid imaging (including vascular flow, when performed); **Global:** XXX **Issue:** Thyroid Uptake/Imaging **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

**Most Recent RUC Meeting:** April 2012 **Tab:** 22 **Specialty Developing Recommendation:** ACR, ACNM, SNM **First Identified:** **2020 Medicare Utilization:** 894 **2022 Work RVU:** 0.37 **2022 NF PE RVU:** 5.08 **2022 Fac PE RVU:** NA

**RUC Recommendation:** 0.37 **Referred to CPT** February 2012 **Result:** Decrease  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

# Status Report: CMS Requests and Relativity Assessment Issues

**78014** Thyroid imaging (including vascular flow, when performed); with single or multiple uptake(s) quantitative measurement(s) (including stimulation, suppression, or discharge, when performed) **Global:** XXX **Issue:** Thyroid Uptake/Imaging **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

**Most Recent RUC Meeting:** April 2012 **Tab:** 22 **Specialty Developing Recommendation:** ACR, ACNM, SNM **First Identified:** **2020 Medicare Utilization:** 12,835 **2022 Work RVU:** 0.50 **2022 NF PE RVU:** 6.19 **2022 Fac PE RVU:** NA **RUC Recommendation:** 0.50 **Referred to CPT** February 2012 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

**78070** Parathyroid planar imaging (including subtraction, when performed); **Global:** XXX **Issue:** Parathyroid Imaging **Screen:** Harvard Valued - Utilization over 30,000 / CPT 2013 Utilization Review **Complete?** Yes

**Most Recent RUC Meeting:** January 2016 **Tab:** 54 **Specialty Developing Recommendation:** ACR, ACNM, SNM **First Identified:** April 2011 **2020 Medicare Utilization:** 9,388 **2022 Work RVU:** 0.80 **2022 NF PE RVU:** 7.41 **2022 Fac PE RVU:** NA **RUC Recommendation:** 0.80 **Referred to CPT** **Referred to CPT Asst** ☒ **Published in CPT Asst:** Dec 2016 **Result:** Maintain

**78071** Parathyroid planar imaging (including subtraction, when performed); with tomographic (spect) **Global:** XXX **Issue:** Parathyroid Imaging **Screen:** Harvard Valued - Utilization over 30,000 / CPT 2013 Utilization Review **Complete?** Yes

**Most Recent RUC Meeting:** January 2016 **Tab:** 54 **Specialty Developing Recommendation:** ACR, ACNM, SNM **First Identified:** April 2011 **2020 Medicare Utilization:** 6,158 **2022 Work RVU:** 1.20 **2022 NF PE RVU:** 8.61 **2022 Fac PE RVU:** NA **RUC Recommendation:** 1.20 **Referred to CPT** **Referred to CPT Asst** ☒ **Published in CPT Asst:** Dec 2016 **Result:** Maintain

# Status Report: CMS Requests and Relativity Assessment Issues

<b>78072</b>	<b>Parathyroid planar imaging (including subtraction, when performed); with tomographic (spect), and concurrently acquired computed tomography (ct) for anatomical localization</b>	<b>Global:</b> XXX	<b>Issue:</b> Parathyroid Imaging	<b>Screen:</b> Harvard Valued - Utilization over 30,000 / CPT 2013 Utilization Review	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2016	<b>Tab:</b> 54	<b>Specialty Developing Recommendation:</b> ACR, ACNM, SNM	<b>First Identified:</b> April 2011	<b>2020 Medicare Utilization:</b> 9,045	<b>2022 Work RVU:</b> 1.60 <b>2022 NF PE RVU:</b> 10.74 <b>2022 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> 1.60			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input checked="" type="checkbox"/>	<b>Published in CPT Asst:</b> Dec 2016	<b>Result:</b> Maintain
<hr/>					
<b>78223</b>	<b>Hepatobiliary ductal system imaging, including gallbladder, with or without pharmacologic intervention, with or without quantitative measurement of gallbladder function</b>	<b>Global:</b>	<b>Issue:</b> Hepatobiliary Ductal System Imaging	<b>Screen:</b> Harvard Valued - Utilization over 100,000	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> February 2011	<b>Tab:</b> 12	<b>Specialty Developing Recommendation:</b> ACR, SNM	<b>First Identified:</b> October 2009	<b>2020 Medicare Utilization:</b>	<b>2022 Work RVU:</b> <b>2022 NF PE RVU:</b> <b>2022 Fac PE RVU:</b>
<b>RUC Recommendation:</b> Deleted from CPT			<b>Referred to CPT</b> October 2010 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b> Deleted from CPT
<hr/>					
<b>78226</b>	<b>Hepatobiliary system imaging, including gallbladder when present;</b>	<b>Global:</b> XXX	<b>Issue:</b> Hepatobiliary System Imaging	<b>Screen:</b> Harvard Valued - Utilization over 100,000	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> February 2011	<b>Tab:</b> 12	<b>Specialty Developing Recommendation:</b> ACR, SNM, ACNM	<b>First Identified:</b>	<b>2020 Medicare Utilization:</b> 45,261	<b>2022 Work RVU:</b> 0.74 <b>2022 NF PE RVU:</b> 8.38 <b>2022 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> 0.74			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b> Decrease
<hr/>					

# Status Report: CMS Requests and Relativity Assessment Issues

**78227** Hepatobiliary system imaging, including gallbladder when present; with pharmacologic intervention, including quantitative measurement(s) when performed **Global:** XXX **Issue:** Hepatobiliary System Imaging **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

**Most Recent RUC Meeting:** February 2011 **Tab:** 12 **Specialty Developing Recommendation:** ACR, SNM, ACNM **First Identified:** **2020 Medicare Utilization:** 52,391 **2022 Work RVU:** 0.90 **2022 NF PE RVU:** 11.38 **2022 Fac PE RVU:** NA **RUC Recommendation:** 0.90 **Result:** Decrease

**Referred to CPT**  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**78265** Gastric emptying imaging study (eg, solid, liquid, or both); with small bowel transit **Global:** XXX **Issue:** Colon Transit Imaging **Screen:** New code for CPT 2016. **Complete?** Yes

**Most Recent RUC Meeting:** April 2015 **Tab:** 18 **Specialty Developing Recommendation:** ACNM, ACR, SNMMI **First Identified:** April 2015 **2020 Medicare Utilization:** 752 **2022 Work RVU:** 0.98 **2022 NF PE RVU:** 9.99 **2022 Fac PE RVU:** NA

**RUC Recommendation:** CPT Assistant article published

**Referred to CPT**  
**Referred to CPT Asst** ☒ **Published in CPT Asst:** Dec 2015

**Result:** Not Part of RAW

**78266** Gastric emptying imaging study (eg, solid, liquid, or both); with small bowel and colon transit, multiple days **Global:** XXX **Issue:** Colon Transit Imaging **Screen:** New code for CPT 2016. **Complete?** Yes

**Most Recent RUC Meeting:** April 2015 **Tab:** 18 **Specialty Developing Recommendation:** ACNM, ACR, SNMMI **First Identified:** April 2015 **2020 Medicare Utilization:** 228 **2022 Work RVU:** 1.08 **2022 NF PE RVU:** 11.23 **2022 Fac PE RVU:** NA

**RUC Recommendation:** CPT Assistant article published

**Referred to CPT**  
**Referred to CPT Asst** ☒ **Published in CPT Asst:** Dec 2015

**Result:** Not Part of RAW

**78278** Acute gastrointestinal blood loss imaging **Global:** XXX **Issue:** Acute GI Blood Loss Imaging **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

**Most Recent RUC Meeting:** September 2011 **Tab:** 34 **Specialty Developing Recommendation:** ACR, SNM, ACNM **First Identified:** April 2011 **2020 Medicare Utilization:** 21,405 **2022 Work RVU:** 0.99 **2022 NF PE RVU:** 8.78 **2022 Fac PE RVU:** NA

**RUC Recommendation:** 0.99

**Referred to CPT**  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Maintain

# Status Report: CMS Requests and Relativity Assessment Issues

**78300** Bone and/or joint imaging; limited area

**Global:** XXX

**Issue:** Bone Imaging

**Screen:** CMS High Expenditure  
Procedural Codes2

**Complete?** Yes

**Most Recent  
RUC Meeting:** April 2016

**Tab:** 38

**Specialty Developing  
Recommendation:**

ACNM, ACR,  
SNMMI

**First  
Identified:** July 2015

**2020  
Medicare  
Utilization:** 5,238

**2022 Work RVU:** 0.62

**2022 NF PE RVU:** 5.77

**2022 Fac PE RVU:** NA

**RUC Recommendation:** 0.62

**Referred to CPT**

**Referred to CPT Asst**

☐

**Published in CPT Asst:**

**Result:** Maintain

**78305** Bone and/or joint imaging; multiple areas

**Global:** XXX

**Issue:** Bone Imaging

**Screen:** CMS High Expenditure  
Procedural Codes2

**Complete?** Yes

**Most Recent  
RUC Meeting:** April 2016

**Tab:** 38

**Specialty Developing  
Recommendation:**

ACNM, ACR,  
SNMMI

**First  
Identified:** July 2015

**2020  
Medicare  
Utilization:** 1,047

**2022 Work RVU:** 0.83

**2022 NF PE RVU:** 6.89

**2022 Fac PE RVU:** NA

**RUC Recommendation:** 0.83

**Referred to CPT**

**Referred to CPT Asst**

☐

**Published in CPT Asst:**

**Result:** Maintain

**78306** Bone and/or joint imaging; whole body

**Global:** XXX

**Issue:** Bone Imaging

**Screen:** CMS High Expenditure  
Procedural Codes2

**Complete?** Yes

**Most Recent  
RUC Meeting:** April 2016

**Tab:** 38

**Specialty Developing  
Recommendation:**

ACNM, ACR,  
SNMMI

**First  
Identified:** July 2015

**2020  
Medicare  
Utilization:** 223,016

**2022 Work RVU:** 0.86

**2022 NF PE RVU:** 7.45

**2022 Fac PE RVU:** NA

**RUC Recommendation:** 0.86

**Referred to CPT**

**Referred to CPT Asst**

☐

**Published in CPT Asst:**

**Result:** Maintain

## Status Report: CMS Requests and Relativity Assessment Issues

**78429** Myocardial imaging, positron emission tomography (pet), metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), single study; with concurrently acquired computed tomography transmission scan **Global:** XXX **Issue:** Myocardial PET **Screen:** High Volume Growth4 **Complete?** Yes

**Most Recent RUC Meeting:** January 2019

**Tab:** 13 **Specialty Developing Recommendation:** ACC, ACR, ACNM, SNMMI

**First Identified:** May 2018

**2020 Medicare Utilization:** 765

**2022 Work RVU:** 0.00

**2022 NF PE RVU:** 0.00

**2022 Fac PE RVU:** NA

**RUC Recommendation:** 1.76

**Referred to CPT**

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Increase

**78430** Myocardial imaging, positron emission tomography (pet), perfusion study (including ventricular wall motion[s] and/or ejection fraction[s], when performed); single study, at rest or stress (exercise or pharmacologic), with concurrently acquired computed tomography transmission scan **Global:** XXX **Issue:** Myocardial PET **Screen:** High Volume Growth4 **Complete?** Yes

**Most Recent RUC Meeting:** January 2019

**Tab:** 13 **Specialty Developing Recommendation:** ACC, ACR, ACNM, SNMMI

**First Identified:** May 2018

**2020 Medicare Utilization:** 361

**2022 Work RVU:** 0.00

**2022 NF PE RVU:** 0.00

**2022 Fac PE RVU:** NA

**RUC Recommendation:** 1.67

**Referred to CPT**

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Increase

**78431** Myocardial imaging, positron emission tomography (pet), perfusion study (including ventricular wall motion[s] and/or ejection fraction[s], when performed); multiple studies at rest and stress (exercise or pharmacologic), with concurrently acquired computed tomography transmission scan **Global:** XXX **Issue:** Myocardial PET **Screen:** High Volume Growth4 **Complete?** Yes

**Most Recent RUC Meeting:** January 2019

**Tab:** 13 **Specialty Developing Recommendation:** ACC, ACR, ACNM, SNMMI

**First Identified:** May 2018

**2020 Medicare Utilization:** 33,533

**2022 Work RVU:** 0.00

**2022 NF PE RVU:** 0.00

**2022 Fac PE RVU:** NA

**RUC Recommendation:** 1.90

**Referred to CPT**

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Increase



## Status Report: CMS Requests and Relativity Assessment Issues

**78432** Myocardial imaging, positron emission tomography (pet), combined perfusion with metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), dual radiotracer (eg, myocardial viability); **Global:** XXX **Issue:** Myocardial PET **Screen:** High Volume Growth4 **Complete?** Yes

**Most Recent**  
**RUC Meeting:** January 2019

**Tab:** 13 **Specialty Developing**  
**Recommendation:** ACC, ACR, ACNM, SNMMI

**First**  
**Identified:** May 2018

**2020**  
**Medicare**  
**Utilization:** 61

**2022 Work RVU:** 0.00  
**2022 NF PE RVU:** 0.00  
**2022 Fac PE RVU:** NA

**RUC Recommendation:** 2.07

**Referred to CPT**  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Increase

**78433** Myocardial imaging, positron emission tomography (pet), combined perfusion with metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), dual radiotracer (eg, myocardial viability); with concurrently acquired computed tomography transmission scan **Global:** XXX **Issue:** Myocardial PET **Screen:** High Volume Growth4 **Complete?** Yes

**Most Recent**  
**RUC Meeting:** January 2019

**Tab:** 13 **Specialty Developing**  
**Recommendation:** ACC, ACR, ACNM, SNMMI

**First**  
**Identified:** May 2018

**2020**  
**Medicare**  
**Utilization:** 1,120

**2022 Work RVU:** 0.00  
**2022 NF PE RVU:** 0.00  
**2022 Fac PE RVU:** NA

**RUC Recommendation:** 2.26

**Referred to CPT**  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Increase

**78434** Absolute quantitation of myocardial blood flow (aqmbf), positron emission tomography (pet), rest and pharmacologic stress (list separately in addition to code for primary procedure) **Global:** ZZZ **Issue:** Myocardial PET **Screen:** High Volume Growth4 **Complete?** Yes

**Most Recent**  
**RUC Meeting:** January 2019

**Tab:** 13 **Specialty Developing**  
**Recommendation:** ACC, ACR, ACNM, SNMMI

**First**  
**Identified:** May 2018

**2020**  
**Medicare**  
**Utilization:** 34,085

**2022 Work RVU:** 0.00  
**2022 NF PE RVU:** 0.00  
**2022 Fac PE RVU:** NA

**RUC Recommendation:** 0.63

**Referred to CPT**  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Increase

# Status Report: CMS Requests and Relativity Assessment Issues

**78451** Myocardial perfusion imaging, tomographic (spect) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic) **Global:** XXX **Issue:** Myocardial Perfusion Imaging **Screen:** Codes Reported Together 95% or More **Complete?** Yes

**Most Recent RUC Meeting:** February 2009 **Tab:** 16 **Specialty Developing Recommendation:** SNM, ACR, ASNC, ACC **First Identified:** NA **2020 Medicare Utilization:** 26,107 **2022 Work RVU:** 1.38 **2022 NF PE RVU:** 8.15 **2022 Fac PE RVU:** NA

**RUC Recommendation:** 1.40 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Increase

**78452** Myocardial perfusion imaging, tomographic (spect) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or stress (exercise or pharmacologic) and/or redistribution and/or rest reinjection **Global:** XXX **Issue:** Myocardial Perfusion Imaging **Screen:** Codes Reported Together 95% or More **Complete?** Yes

**Most Recent RUC Meeting:** February 2009 **Tab:** 16 **Specialty Developing Recommendation:** SNM, ACR, ASNC, ACC **First Identified:** NA **2020 Medicare Utilization:** 1,369,821 **2022 Work RVU:** 1.62 **2022 NF PE RVU:** 11.65 **2022 Fac PE RVU:** NA

**RUC Recommendation:** 1.75 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

**78453** Myocardial perfusion imaging, planar (including qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic) **Global:** XXX **Issue:** Myocardial Perfusion Imaging **Screen:** Codes Reported Together 95% or More **Complete?** Yes

**Most Recent RUC Meeting:** February 2009 **Tab:** 16 **Specialty Developing Recommendation:** SNM, ACR, ASNC, ACC **First Identified:** NA **2020 Medicare Utilization:** 1,308 **2022 Work RVU:** 1.00 **2022 NF PE RVU:** 7.28 **2022 Fac PE RVU:** NA

**RUC Recommendation:** 1.00 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

## Status Report: CMS Requests and Relativity Assessment Issues

**78454** Myocardial perfusion imaging, planar (including qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or stress (exercise or pharmacologic) and/or redistribution and/or rest reinjection **Global:** XXX **Issue:** Myocardial Perfusion Imaging **Screen:** Codes Reported Together 95% or More **Complete?** Yes

**Most Recent RUC Meeting:** February 2009

**Tab:** 16

**Specialty Developing Recommendation:** SNM, ACR, ASNC, ACC

**First Identified:** NA

**2020 Medicare Utilization:** 6,551

**2022 Work RVU:** 1.34  
**2022 NF PE RVU:** 10.81  
**2022 Fac PE RVU:** NA

**RUC Recommendation:** 1.34

**Referred to CPT**

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Decrease

**78459** Myocardial imaging, positron emission tomography (pet), metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), single study; **Global:** XXX **Issue:** Myocardial PET **Screen:** High Volume Growth4 **Complete?** Yes

**Most Recent RUC Meeting:** January 2019

**Tab:** 13

**Specialty Developing Recommendation:** ACC, ACR, ACNM, SNMMI

**First Identified:** May 2018

**2020 Medicare Utilization:** 998

**2022 Work RVU:** 0.00  
**2022 NF PE RVU:** 0.00  
**2022 Fac PE RVU:** NA

**RUC Recommendation:** 1.61

**Referred to CPT**

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Increase

**78460** Deleted from CPT **Global:** **Issue:** Myocardial Perfusion Imaging **Screen:** Codes Reported Together 95% or More **Complete?** Yes

**Most Recent RUC Meeting:** February 2009

**Tab:** 16

**Specialty Developing Recommendation:** SNM, ACR, ASNC, ACC

**First Identified:**

**2020 Medicare Utilization:**

**2022 Work RVU:**  
**2022 NF PE RVU:**  
**2022 Fac PE RVU:**

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** October 2008

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Deleted from CPT

## Status Report: CMS Requests and Relativity Assessment Issues

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<b>78461</b>	Deleted from CPT	<b>Global:</b>	<b>Issue:</b> Myocardial Perfusion Imaging	<b>Screen:</b> Codes Reported Together 95% or More	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> February 2009	<b>Tab:</b> 16	<b>Specialty Developing Recommendation:</b> SNM, ACR, ASNC, ACC	<b>First Identified:</b>	<b>2020 Medicare Utilization:</b>	<b>2022 Work RVU:</b> <b>2022 NF PE RVU:</b> <b>2022 Fac PE RVU:</b>
<b>RUC Recommendation:</b> Deleted from CPT		<b>Referred to CPT</b> October 2008	<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b> Deleted from CPT

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<b>78464</b>	Deleted from CPT	<b>Global:</b>	<b>Issue:</b> Myocardial Perfusion Imaging	<b>Screen:</b> Codes Reported Together 95% or More	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> February 2009	<b>Tab:</b> 16	<b>Specialty Developing Recommendation:</b> SNM, ACR, ASNC, ACC	<b>First Identified:</b>	<b>2020 Medicare Utilization:</b>	<b>2022 Work RVU:</b> <b>2022 NF PE RVU:</b> <b>2022 Fac PE RVU:</b>
<b>RUC Recommendation:</b> Deleted from CPT		<b>Referred to CPT</b> October 2008	<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b> Deleted from CPT

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<b>78465</b>	Deleted from CPT	<b>Global:</b>	<b>Issue:</b> Myocardial Perfusion Imaging	<b>Screen:</b> Codes Reported Together 95% or More	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> February 2009	<b>Tab:</b> 16	<b>Specialty Developing Recommendation:</b> SNM, ACR, ASNC, ACC	<b>First Identified:</b> February 2008	<b>2020 Medicare Utilization:</b>	<b>2022 Work RVU:</b> <b>2022 NF PE RVU:</b> <b>2022 Fac PE RVU:</b>
<b>RUC Recommendation:</b> Deleted from CPT		<b>Referred to CPT</b> October 2008	<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b> Deleted from CPT

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# Status Report: CMS Requests and Relativity Assessment Issues

**78472** Cardiac blood pool imaging, gated equilibrium; planar, single study at rest or stress (exercise and/or pharmacologic), wall motion study plus ejection fraction, with or without additional quantitative processing **Global:** XXX **Issue:** Cardiac Blood Pool Imaging **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

**Most Recent RUC Meeting:** September 2011 **Tab:** 35 **Specialty Developing Recommendation:** ACC, ACR, SNM, ACNM **First Identified:** April 2011 **2020 Medicare Utilization:** 13,479 **2022 Work RVU:** 0.98 **2022 NF PE RVU:** 5.42 **2022 Fac PE RVU:** NA **RUC Recommendation:** 0.98 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

**78478** Deleted from CPT **Global:** **Issue:** Myocardial Perfusion Imaging **Screen:** Codes Reported Together 95% or More **Complete?** Yes

**Most Recent RUC Meeting:** February 2009 **Tab:** 16 **Specialty Developing Recommendation:** SNM, ACR, ASNC, ACC **First Identified:** February 2008 **2020 Medicare Utilization:** **2022 Work RVU:** **2022 NF PE RVU:** **2022 Fac PE RVU:** **RUC Recommendation:** Deleted from CPT **Referred to CPT** October 2008 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Deleted from CPT

**78480** Deleted from CPT **Global:** **Issue:** Myocardial Perfusion Imaging **Screen:** Codes Reported Together 95% or More **Complete?** Yes

**Most Recent RUC Meeting:** February 2009 **Tab:** 16 **Specialty Developing Recommendation:** SNM, ACR, ASNC, ACC **First Identified:** February 2008 **2020 Medicare Utilization:** **2022 Work RVU:** **2022 NF PE RVU:** **2022 Fac PE RVU:** **RUC Recommendation:** Deleted from CPT **Referred to CPT** October 2008 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Deleted from CPT

## Status Report: CMS Requests and Relativity Assessment Issues

**78491** Myocardial imaging, positron emission tomography (pet), perfusion study (including ventricular wall motion[s] and/or ejection fraction[s], when performed); single study, at rest or stress (exercise or pharmacologic) **Global:** XXX **Issue:** Myocardial PET **Screen:** High Volume Growth4 **Complete?** Yes

**Most Recent**  
**RUC Meeting:** January 2019

**Tab:** 13 **Specialty Developing Recommendation:** ACC, ACR, ACNM, SNMMI

**First Identified:** May 2018

**2020 Medicare Utilization:** 501

**2022 Work RVU:** 0.00

**2022 NF PE RVU:** 0.00

**2022 Fac PE RVU:** NA

**RUC Recommendation:** 1.56

**Referred to CPT**

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Increase

**78492** Myocardial imaging, positron emission tomography (pet), perfusion study (including ventricular wall motion[s] and/or ejection fraction[s], when performed); multiple studies at rest and stress (exercise or pharmacologic) **Global:** XXX **Issue:** Myocardial PET **Screen:** High Volume Growth4 **Complete?** Yes

**Most Recent**  
**RUC Meeting:** January 2019

**Tab:** 13 **Specialty Developing Recommendation:** ACC, ACR, ACNM, SNMMI

**First Identified:** October 2016

**2020 Medicare Utilization:** 137,725

**2022 Work RVU:** 0.00

**2022 NF PE RVU:** 0.00

**2022 Fac PE RVU:** NA

**RUC Recommendation:** 1.80

**Referred to CPT** May 2018

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Increase

**78579** Pulmonary ventilation imaging (eg, aerosol or gas) **Global:** XXX **Issue:** Pulmonary Imaging **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

**Most Recent**  
**RUC Meeting:** February 2011

**Tab:** 13 **Specialty Developing Recommendation:** ACR, SNM

**First Identified:** February 2010

**2020 Medicare Utilization:** 294

**2022 Work RVU:** 0.49

**2022 NF PE RVU:** 4.75

**2022 Fac PE RVU:** NA

**RUC Recommendation:** 0.49

**Referred to CPT** October 2010

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Decrease

# Status Report: CMS Requests and Relativity Assessment Issues

**78580 Pulmonary perfusion imaging (eg, particulate)** **Global:** XXX **Issue:** Pulmonary Imaging **Screen:** Harvard Valued - Utilization over 100,000 / High Volume Growth8 **Complete?** No

**Most Recent**  
**RUC Meeting:** September 2022 **Tab:** 13 **Specialty Developing Recommendation:** SNM, ACR

**First Identified:** February 2010 **2020 Medicare Utilization:** 60,193

**2022 Work RVU:** 0.74  
**2022 NF PE RVU:** 5.88  
**2022 Fac PE RVU:** NA

**RUC Recommendation:** Review action plan. 0.74

**Referred to CPT** October 2010  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Maintain

**78582 Pulmonary ventilation (eg, aerosol or gas) and perfusion imaging** **Global:** XXX **Issue:** Pulmonary Imaging **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

**Most Recent**  
**RUC Meeting:** February 2011 **Tab:** 13 **Specialty Developing Recommendation:** ACR, SNM

**First Identified:** February 2010 **2020 Medicare Utilization:** 64,152

**2022 Work RVU:** 1.07  
**2022 NF PE RVU:** 8.25  
**2022 Fac PE RVU:** NA

**RUC Recommendation:** 1.07

**Referred to CPT** October 2010  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Decrease

**78584 Pulmonary perfusion imaging, particulate, with ventilation; single breath** **Global:** **Issue:** Pulmonary Perfusion Imaging **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

**Most Recent**  
**RUC Meeting:** February 2010 **Tab:** 31 **Specialty Developing Recommendation:** SNM, ACR

**First Identified:** February 2010 **2020 Medicare Utilization:**

**2022 Work RVU:**  
**2022 NF PE RVU:**  
**2022 Fac PE RVU:**

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** October 2010  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Deleted from CPT

## Status Report: CMS Requests and Relativity Assessment Issues

**78585** Pulmonary perfusion imaging, particulate, with ventilation; rebreathing and washout, with or without single breath **Global:** **Issue:** Pulmonary Perfusion Imaging **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

**Most Recent** **Tab:** 31 **Specialty Developing** SNM, ACR  
**RUC Meeting:** February 2010 **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** October 2010

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Deleted from CPT

**78586** Pulmonary ventilation imaging, aerosol; single projection

**Global:** **Issue:** Pulmonary Perfusion Imaging

**Screen:** Harvard Valued - Utilization over 100,000

**Complete?** Yes

**Most Recent** **Tab:** 31 **Specialty Developing** SNM, ACR  
**RUC Meeting:** February 2010 **Recommendation:**

**First**  
**Identified:** February 2010

**2020**  
**Medicare**  
**Utilization:**

**2022 Work RVU:**

**2022 NF PE RVU:**

**2022 Fac PE RVU:**

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** October 2010

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Deleted from CPT

**78587** Deleted from CPT

**Global:** **Issue:** Pulmonary Perfusion Imaging

**Screen:** Harvard Valued - Utilization over 100,000

**Complete?** Yes

**Most Recent** **Tab:** 31 **Specialty Developing** SNM, ACR  
**RUC Meeting:** February 2010 **Recommendation:**

**First**  
**Identified:** February 2010

**2020**  
**Medicare**  
**Utilization:**

**2022 Work RVU:**

**2022 NF PE RVU:**

**2022 Fac PE RVU:**

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** October 2010

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Deleted from CPT

**78588** Deleted from CPT

**Global:** **Issue:** Pulmonary Perfusion Imaging

**Screen:** Harvard Valued - Utilization over 100,000

**Complete?** Yes

**Most Recent** **Tab:** 31 **Specialty Developing** SNM, ACR  
**RUC Meeting:** February 2010 **Recommendation:**

**First**  
**Identified:** February 2010

**2020**  
**Medicare**  
**Utilization:**

**2022 Work RVU:**

**2022 NF PE RVU:**

**2022 Fac PE RVU:**

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** October 2010

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Deleted from CPT



# Status Report: CMS Requests and Relativity Assessment Issues

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<b>78591</b> Deleted from CPT	<b>Global:</b>	<b>Issue:</b> Pulmonary Perfusion Imaging	<b>Screen:</b> Harvard Valued - Utilization over 100,000	<b>Complete?</b> Yes
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<b>Most Recent RUC Meeting:</b> February 2010	<b>Tab:</b> 31	<b>Specialty Developing Recommendation:</b> SNM, ACR
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<b>First Identified:</b> February 2010
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<b>2020 Medicare Utilization:</b>
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<b>2022 Work RVU:</b>
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<b>2022 NF PE RVU:</b>
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<b>2022 Fac PE RVU:</b>
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<b>RUC Recommendation:</b> Deleted from CPT
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<b>Referred to CPT</b> October 2010
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<b>Referred to CPT Asst</b> <input type="checkbox"/> <b>Published in CPT Asst:</b>
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<b>Result:</b> Deleted from CPT
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<b>78593</b> Deleted from CPT	<b>Global:</b>	<b>Issue:</b> Pulmonary Perfusion Imaging	<b>Screen:</b> Harvard Valued - Utilization over 100,000	<b>Complete?</b> Yes
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<b>Most Recent RUC Meeting:</b> February 2010	<b>Tab:</b> 31	<b>Specialty Developing Recommendation:</b> SNM, ACR
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<b>First Identified:</b> February 2010
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<b>2020 Medicare Utilization:</b>
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<b>2022 Work RVU:</b>
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<b>2022 NF PE RVU:</b>
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<b>2022 Fac PE RVU:</b>
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<b>RUC Recommendation:</b> Deleted from CPT
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<b>Referred to CPT</b> October 2010
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<b>Referred to CPT Asst</b> <input type="checkbox"/> <b>Published in CPT Asst:</b>
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<b>Result:</b> Deleted from CPT
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<b>78594</b> Deleted from CPT	<b>Global:</b>	<b>Issue:</b> Pulmonary Perfusion Imaging	<b>Screen:</b> Harvard Valued - Utilization over 100,000	<b>Complete?</b> Yes
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<b>Most Recent RUC Meeting:</b> February 2010	<b>Tab:</b> 31	<b>Specialty Developing Recommendation:</b> SNM, ACR
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<b>First Identified:</b> February 2010
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<b>2020 Medicare Utilization:</b>
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<b>2022 Work RVU:</b>
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<b>2022 NF PE RVU:</b>
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<b>2022 Fac PE RVU:</b>
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<b>RUC Recommendation:</b> Deleted from CPT
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<b>Referred to CPT</b> October 2010
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<b>Referred to CPT Asst</b> <input type="checkbox"/> <b>Published in CPT Asst:</b>
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<b>Result:</b> Deleted from CPT
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<b>78596</b> Deleted from CPT	<b>Global:</b>	<b>Issue:</b> Pulmonary Perfusion Imaging	<b>Screen:</b> Harvard Valued - Utilization over 100,000	<b>Complete?</b> Yes
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<b>Most Recent RUC Meeting:</b> February 2010	<b>Tab:</b> 31	<b>Specialty Developing Recommendation:</b> SNM, ACR
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<b>First Identified:</b> February 2010
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<b>2020 Medicare Utilization:</b>
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<b>2022 Work RVU:</b>
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<b>2022 NF PE RVU:</b>
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<b>2022 Fac PE RVU:</b>
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<b>RUC Recommendation:</b> Deleted from CPT
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<b>Referred to CPT</b> October 2010
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<b>Referred to CPT Asst</b> <input type="checkbox"/> <b>Published in CPT Asst:</b>
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<b>Result:</b> Deleted from CPT
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# Status Report: CMS Requests and Relativity Assessment Issues

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<b>78597</b>	Quantitative differential pulmonary perfusion, including imaging when performed	<b>Global:</b> XXX	<b>Issue:</b> Pulmonary Imaging	<b>Screen:</b> Harvard Valued - Utilization over 100,000	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> February 2011	<b>Tab:</b> 13	<b>Specialty Developing Recommendation:</b> ACR, SNM	<b>First Identified:</b> February 2010	<b>2020 Medicare Utilization:</b> 2,258	<b>2022 Work RVU:</b> 0.75 <b>2022 NF PE RVU:</b> 4.90 <b>2022 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> 0.75			<b>Referred to CPT</b> October 2010 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b> Decrease

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<b>78598</b>	Quantitative differential pulmonary perfusion and ventilation (eg, aerosol or gas), including imaging when performed	<b>Global:</b> XXX	<b>Issue:</b> Pulmonary Imaging	<b>Screen:</b> Harvard Valued - Utilization over 100,000	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> February 2011	<b>Tab:</b> 13	<b>Specialty Developing Recommendation:</b> ACR, SNM	<b>First Identified:</b> February 2010	<b>2020 Medicare Utilization:</b> 1,446	<b>2022 Work RVU:</b> 0.85 <b>2022 NF PE RVU:</b> 7.67 <b>2022 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> 0.85			<b>Referred to CPT</b> October 2010 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b> Decrease

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<b>78803</b>	Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed); tomographic (spect), single area (eg, head, neck, chest, pelvis) or acquisition, single day imaging	<b>Global:</b> XXX	<b>Issue:</b> RAW	<b>Screen:</b> Harvard Valued - Utilization over 30,000	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2019	<b>Tab:</b> 14	<b>Specialty Developing Recommendation:</b> ACR, ACNM, SNM	<b>First Identified:</b> January 2016	<b>2020 Medicare Utilization:</b> 32,628	<b>2022 Work RVU:</b> 1.09 <b>2022 NF PE RVU:</b> 9.68 <b>2022 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> 1.20			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input checked="" type="checkbox"/>	<b>Published in CPT Asst:</b> Dec 2016	<b>Result:</b> Increase

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## Status Report: CMS Requests and Relativity Assessment Issues

**78815** Positron emission tomography (pet) with concurrently acquired computed tomography (ct) for attenuation correction and anatomical localization imaging; skull base to mid-thigh **Global:** XXX **Issue:** **Screen:** MPC List **Complete?** Yes

**Most Recent RUC Meeting:** February 2011 **Tab:** 41 **Specialty Developing Recommendation:** ACR, SNM **First Identified:** October 2010 **2020 Medicare Utilization:** 573,750 **2022 Work RVU:** 0.00 **2022 NF PE RVU:** 0.00 **2022 Fac PE RVU:** NA

**RUC Recommendation:** Reaffirmed RUC recommendation

**Referred to CPT**

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Maintain

**79101** Radiopharmaceutical therapy, by intravenous administration **Global:** XXX **Issue:** Radiopharmaceutical Therapy **Screen:** Different Performing Specialty from Survey **Complete?** Yes

**Most Recent RUC Meeting:** February 2010 **Tab:** 31 **Specialty Developing Recommendation:** SNM, ACR **First Identified:** October 2009 **2020 Medicare Utilization:** 9,835 **2022 Work RVU:** 1.96 **2022 NF PE RVU:** 2.28 **2022 Fac PE RVU:** NA

**RUC Recommendation:** Article published Feb 2012

**Referred to CPT**

**Referred to CPT Asst** ☒ **Published in CPT Asst:** Feb 2012

**Result:** Maintain

**7X000** **Global:** **Issue:** Intraoperative Ultrasound Services **Screen:** CMS-Other - Utilization over 20,000 Part1 **Complete?** Yes

**Most Recent RUC Meeting:** September 2022 **Tab:** 05 **Specialty Developing Recommendation:** AATS, ACC, STS **First Identified:** May 2022 **2020 Medicare Utilization:** **2022 Work RVU:** **2022 NF PE RVU:** **2022 Fac PE RVU:**

**RUC Recommendation:** 0.60

**Referred to CPT**

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Decrease

# Status Report: CMS Requests and Relativity Assessment Issues

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<b>7X001</b>	<b>Global:</b>	<b>Issue:</b> Intraoperative Ultrasound Services	<b>Screen:</b> CMS-Other - Utilization over 20,000 Part1	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> September 2022	<b>Tab:</b> 05	<b>Specialty Developing Recommendation:</b> AATS, ACC, STS	<b>First Identified:</b> May 2022	<b>2020 Medicare Utilization:</b>
<b>RUC Recommendation:</b> 1.90		<b>Referred to CPT</b>	<b>Result:</b> Decrease	
		<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	

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<b>7X002</b>	<b>Global:</b>	<b>Issue:</b> Intraoperative Ultrasound Services	<b>Screen:</b> CMS-Other - Utilization over 20,000 Part1	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> September 2022	<b>Tab:</b> 05	<b>Specialty Developing Recommendation:</b> AATS, ACC, STS	<b>First Identified:</b> May 2022	<b>2020 Medicare Utilization:</b>
<b>RUC Recommendation:</b> 1.20		<b>Referred to CPT</b>	<b>Result:</b> Decrease	
		<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	

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<b>7X003</b>	<b>Global:</b>	<b>Issue:</b> Intraoperative Ultrasound Services	<b>Screen:</b> CMS-Other - Utilization over 20,000 Part1	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> September 2022	<b>Tab:</b> 05	<b>Specialty Developing Recommendation:</b> AATS, ACC, STS	<b>First Identified:</b> May 2022	<b>2020 Medicare Utilization:</b>
<b>RUC Recommendation:</b> 1.55		<b>Referred to CPT</b>	<b>Result:</b> Decrease	
		<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	

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<b>80500</b> Clinical pathology consultation; limited, without review of patient's history and medical records	<b>Global:</b> XXX	<b>Issue:</b> Pathology Clinical Consult	<b>Screen:</b> CMS-Other - Utilization over 20,000 Part1	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2021	<b>Tab:</b> 20	<b>Specialty Developing Recommendation:</b> CAP	<b>First Identified:</b> January 2019	<b>2020 Medicare Utilization:</b> 18,871
<b>RUC Recommendation:</b> Deleted from CPT		<b>Referred to CPT</b> October 2020	<b>Result:</b> Deleted from CPT	
		<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	

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## Status Report: CMS Requests and Relativity Assessment Issues

**80502** Clinical pathology consultation; comprehensive, for a complex diagnostic problem, with review of patient's history and medical records **Global:** XXX **Issue:** Pathology Clinical Consult **Screen:** CMS-Other - Utilization over 20,000 Part1 **Complete?** Yes

**Most Recent** **Tab:** 20 **Specialty Developing** CAP  
**RUC Meeting:** January 2021 **Recommendation:**

**First**  
**Identified:** January 2021

**2020**  
**Medicare**  
**Utilization:** 10,733

**2022 Work RVU:**  
**2022 NF PE RVU:**  
**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 patient's history and medical records and straightforward medical decision making when using time for code selection, 5-20 minutes of total time is spent on the date of the consultation. **Global:** XXX **Issue:** Pathology Clinical Consult **Screen:** CMS-Other - Utilization over 20,000 Part1 **Complete?** Yes

**Most Recent** **Tab:** 20 **Specialty Developing** CAP  
**RUC Meeting:** January 2021 **Recommendation:**

**First**  
**Identified:** January 2021

**2020**  
**Medicare**  
**Utilization:**

**2022 Work RVU:** 0.43  
**2022 NF PE RVU:** 0.32  
**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 review of patient's history and medical records and moderate level of medical decision making when using time for code selection, 21-40 minutes of total time is spent on the date of the consultation. **Global:** XXX **Issue:** Pathology Clinical Consult **Screen:** CMS-Other - Utilization over 20,000 Part1 **Complete?** Yes

**Most Recent** **Tab:** 20 **Specialty Developing** CAP  
**RUC Meeting:** January 2021 **Recommendation:**

**First**  
**Identified:** January 2021

**2020**  
**Medicare**  
**Utilization:**

**2022 Work RVU:** 0.91  
**2022 NF PE RVU:** 0.58  
**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:**

## Status Report: CMS Requests and Relativity Assessment Issues

**80505** Pathology clinical consultation; for a highly complex clinical problem, with comprehensive review of patient's history and medical records and high level of medical decision making when using time for code selection, 41-60 minutes of total time is spent on the date of the consultation. **Global:** XXX **Issue:** Pathology Clinical Consult **Screen:** CMS-Other - Utilization over 20,000 Part1 **Complete?** Yes

**Most Recent**  
**RUC Meeting:** January 2021 **Tab:** 20 **Specialty Developing Recommendation:** CAP

**First Identified:** January 2021

**2020 Medicare Utilization:**

**2022 Work RVU:** 1.71

**2022 NF PE RVU:** 0.98

**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 (list separately in addition to code for primary procedure) **Global:** XXX **Issue:** Pathology Clinical Consult **Screen:** CMS-Other - Utilization over 20,000 Part1 **Complete?** Yes

**Most Recent**  
**RUC Meeting:** January 2021 **Tab:** 20 **Specialty Developing Recommendation:** CAP

**First Identified:** January 2021

**2020 Medicare Utilization:**

**2022 Work RVU:** 0.80

**2022 NF PE RVU:** 0.41

**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 over 100,000 **Complete?** Yes

**Most Recent**  
**RUC Meeting:** April 2017 **Tab:** 30 **Specialty Developing Recommendation:** CAP

**First Identified:** April 2016

**2020 Medicare Utilization:** 186,871

**2022 Work RVU:** 0.45

**2022 NF PE RVU:** NA

**2022 Fac PE RVU:** 0.22

**RUC Recommendation:** 0.45

**Referred to CPT**

**Result:** Maintain

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

# Status Report: CMS Requests and Relativity Assessment Issues

**85097** Bone marrow, smear interpretation

Global: XXX

Issue: Bone Marrow Interpretation

Screen: CMS-Other - Utilization over 100,000

Complete? Yes

Most Recent  
RUC Meeting: April 2017

Tab: 31  
Specialty Developing  
Recommendation: CAP

First  
Identified: April 2016

2020  
Medicare  
Utilization: 127,831

2022 Work RVU: 0.94

2022 NF PE RVU: 1.02

2022 Fac PE RVU: 0.41

RUC Recommendation: 1.00

Referred to CPT

Referred to CPT Asst

☐

Published in CPT Asst:

Result: Increase

**85390** Fibrinolysins or coagulopathy screen, interpretation and report

Global: XXX

Issue: Fibrinolysins Screen

Screen: Negative IWPUT

Complete? Yes

Most Recent  
RUC Meeting: January 2018

Tab: 26  
Specialty Developing  
Recommendation:

First  
Identified: April 2017

2020  
Medicare  
Utilization: 43,456

2022 Work RVU: 0.00

2022 NF PE RVU: 0.00

2022 Fac PE RVU: 0.00

RUC Recommendation: 0.75

Referred to CPT

Referred to CPT Asst

☐

Published in CPT Asst:

Result: Increase

**88104** Cytopathology, fluids, washings or brushings, except cervical or vaginal; smears with interpretation

Global: XXX

Issue: Cytopathology

Screen: Harvard Valued - Utilization over 100,000 / Final Rule for 2015

Complete? Yes

Most Recent  
RUC Meeting: April 2015

Tab: 36  
Specialty Developing  
Recommendation: AUR, ASC, CAP

First  
Identified: October 2009

2020  
Medicare  
Utilization: 50,461

2022 Work RVU: 0.56

2022 NF PE RVU: 1.39

2022 Fac PE RVU: NA

RUC Recommendation: New PE Inputs. 0.56

Referred to CPT

Referred to CPT Asst

☐

Published in CPT Asst:

Result: Maintain

## Status Report: CMS Requests and Relativity Assessment Issues

**88106** Cytopathology, fluids, washings or brushings, except cervical or vaginal; simple filter method with interpretation **Global:** XXX **Issue:** Cytopathology **Screen:** Harvard Valued - Utilization over 100,000 / Final Rule for 2015 **Complete?** Yes

**Most Recent RUC Meeting:** April 2015

**Tab:** 36 **Specialty Developing Recommendation:** AUR, ASC, CAP

**First Identified:** February 2010

**2020 Medicare Utilization:** 3,149

**2022 Work RVU:** 0.37

**2022 NF PE RVU:** 1.58

**2022 Fac PE RVU:** NA

**RUC Recommendation:** New PE Inputs. 0.56

**Referred to CPT**

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Maintain

**88107** Deleted from CPT

**Global:** **Issue:** Cytopathology

**Screen:** Harvard Valued - Utilization over 100,000

**Complete?** Yes

**Most Recent RUC Meeting:** October 2010

**Tab:** 17 **Specialty Developing Recommendation:** AUR, ASC, CAP

**First Identified:** February 2010

**2020 Medicare Utilization:**

**2022 Work RVU:**

**2022 NF PE RVU:**

**2022 Fac PE RVU:**

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** October 2010

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Deleted from CPT

**88108** Cytopathology, concentration technique, smears and interpretation (eg, saccomanno technique)

**Global:** XXX **Issue:** Cytopathology Concentration Technique-PE Only

**Screen:** Harvard Valued - Utilization over 100,000 / Final Rule for 2015

**Complete?** Yes

**Most Recent RUC Meeting:** April 2015

**Tab:** 36 **Specialty Developing Recommendation:** ACR, CAP

**First Identified:** February 2010

**2020 Medicare Utilization:** 192,504

**2022 Work RVU:** 0.44

**2022 NF PE RVU:** 1.43

**2022 Fac PE RVU:** NA

**RUC Recommendation:** New PE Inputs. 0.56

**Referred to CPT**

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Maintain



## Status Report: CMS Requests and Relativity Assessment Issues

**88112** Cytopathology, selective cellular enhancement technique with interpretation (eg, Global: XXX **Issue:** Cytopathology Concentration Technique-PE Only **Screen:** CMS High Expenditure Procedural Codes1 / Final Rule for 2015 **Complete?** Yes  
liquid based slide preparation method), except cervical or vaginal

**Most Recent** **Tab:** 36 **Specialty Developing** ACR, CAP  
**RUC Meeting:** April 2015 **Recommendation:**

**First** **2020**  
**Identified:** September 2011 **Medicare**  
**Utilization:** 742,220

**2022 Work RVU:** 0.56  
**2022 NF PE RVU:** 1.37  
**2022 Fac PE RVU:** NA

**RUC Recommendation:** New PE Inputs. 0.56

**Referred to CPT**  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Decrease

**88120** Cytopathology, in situ hybridization (eg, fish), urinary tract specimen with morphometric analysis, 3-5 molecular probes, each specimen; manual

**Global:** XXX **Issue:** RAW review

**Screen:** CMS Request - Final Rule for 2013 **Complete?** Yes

**Most Recent** **Tab:** 19 **Specialty Developing**  
**RUC Meeting:** October 2017 **Recommendation:**

**First** **2020**  
**Identified:** November 2012 **Medicare**  
**Utilization:** 39,508

**2022 Work RVU:** 1.20  
**2022 NF PE RVU:** 16.96  
**2022 Fac PE RVU:** NA

**RUC Recommendation:** Utilization shift is appropriate.

**Referred to CPT**  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Maintain

**88121** Cytopathology, in situ hybridization (eg, fish), urinary tract specimen with morphometric analysis, 3-5 molecular probes, each specimen; using computer-assisted technology

**Global:** XXX **Issue:** RAW review

**Screen:** CMS Request - Final Rule for 2013 **Complete?** Yes

**Most Recent** **Tab:** 19 **Specialty Developing**  
**RUC Meeting:** October 2017 **Recommendation:**

**First** **2020**  
**Identified:** November 2012 **Medicare**  
**Utilization:** 26,633

**2022 Work RVU:** 1.00  
**2022 NF PE RVU:** 11.80  
**2022 Fac PE RVU:** NA

**RUC Recommendation:** Utilization shift is appropriate.

**Referred to CPT**  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Maintain

## Status Report: CMS Requests and Relativity Assessment Issues

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<b>88141</b>	Cytopathology, cervical or vaginal (any reporting system), requiring interpretation by physician	<b>Global:</b> XXX	<b>Issue:</b> Cytopathology Cervical/Vaginal	<b>Screen:</b> CMS-Other - Utilization over 30,000	<b>Complete?</b> Yes
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<b>Most Recent RUC Meeting:</b> April 2018	<b>Tab:</b> 26	<b>Specialty Developing Recommendation:</b> CAP
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<b>First Identified:</b> October 2017
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<b>2020 Medicare Utilization:</b> 45,239
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<b>2022 Work RVU:</b> 0.26
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<b>2022 NF PE RVU:</b> 0.38
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<b>2022 Fac PE RVU:</b> 0.38
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<b>RUC Recommendation:</b> 0.42
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<b>Referred to CPT</b>
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<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>
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<b>Result:</b> Maintain
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<b>88160</b>	Cytopathology, smears, any other source; screening and interpretation
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<b>Global:</b> XXX
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<b>Issue:</b> Cytopathology Concentration Technique - PE Only
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<b>Screen:</b> CMS Request - Final Rule for 2015
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<b>Complete?</b> Yes
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<b>Most Recent RUC Meeting:</b> April 2015	<b>Tab:</b> 36	<b>Specialty Developing Recommendation:</b>
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<b>First Identified:</b> April 2015
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<b>2020 Medicare Utilization:</b> 6,189
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<b>2022 Work RVU:</b> 0.50
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<b>2022 NF PE RVU:</b> 1.58
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<b>2022 Fac PE RVU:</b> NA
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<b>RUC Recommendation:</b> New PE Inputs
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<b>Referred to CPT</b>
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<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>
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<b>Result:</b> PE Only
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<b>88161</b>	Cytopathology, smears, any other source; preparation, screening and interpretation
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<b>Global:</b> XXX
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<b>Issue:</b> Cytopathology Concentration Technique - PE Only
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<b>Screen:</b> CMS Request - Final Rule for 2015
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<b>Complete?</b> Yes
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<b>Most Recent RUC Meeting:</b> April 2015	<b>Tab:</b> 36	<b>Specialty Developing Recommendation:</b>
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<b>First Identified:</b> April 2015
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<b>2020 Medicare Utilization:</b> 4,129
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<b>2022 Work RVU:</b> 0.50
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<b>2022 NF PE RVU:</b> 1.64
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<b>2022 Fac PE RVU:</b> NA
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<b>RUC Recommendation:</b> New PE Inputs
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<b>Referred to CPT</b>
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<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>
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<b>Result:</b> PE Only
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## Status Report: CMS Requests and Relativity Assessment Issues

**88162** Cytopathology, smears, any other source; extended study involving over 5 slides and/or multiple stains **Global:** XXX **Issue:** Cytopathology Concentration Technique - PE Only **Screen:** CMS Request - Final Rule for 2015 **Complete?** Yes

**Most Recent RUC Meeting:** April 2015

**Tab:** 36

**Specialty Developing Recommendation:**

**First Identified:** April 2015

**2020 Medicare Utilization:** 1,315

**2022 Work RVU:** 0.76

**2022 NF PE RVU:** 2.54

**2022 Fac PE RVU:** NA

**RUC Recommendation:** New PE Inputs

**Referred to CPT**

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** PE Only

**88184** Flow cytometry, cell surface, cytoplasmic, or nuclear marker, technical component only; first marker

**Global:** XXX

**Issue:** Flow Cytometry

**Screen:** CMS High Expenditure Procedural Codes2 / CMS Request - Final Rule for 2018

**Complete?** Yes

**Most Recent RUC Meeting:** January 2016

**Tab:**

**Specialty Developing Recommendation:** CAP

**First Identified:** July 2015

**2020 Medicare Utilization:** 98,149

**2022 Work RVU:** 0.00

**2022 NF PE RVU:** 1.98

**2022 Fac PE RVU:** NA

**RUC Recommendation:** New PE Inputs. Removed from FR 2018 as misvalued.

**Referred to CPT**

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** PE Only

**88185** Flow cytometry, cell surface, cytoplasmic, or nuclear marker, technical component only; each additional marker (list separately in addition to code for first marker)

**Global:** ZZZ

**Issue:** Flow Cytometry

**Screen:** CMS High Expenditure Procedural Codes2 / CMS Request - Final Rule for 2018

**Complete?** Yes

**Most Recent RUC Meeting:** January 2016

**Tab:**

**Specialty Developing Recommendation:** CAP

**First Identified:** July 2015

**2020 Medicare Utilization:** 1,818,730

**2022 Work RVU:** 0.00

**2022 NF PE RVU:** 0.64

**2022 Fac PE RVU:** NA

**RUC Recommendation:** New PE Inputs. Removed from FR 2018 as misvalued.

**Referred to CPT**

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** PE Only

## Status Report: CMS Requests and Relativity Assessment Issues

### 88187 Flow cytometry, interpretation; 2 to 8 markers

Global: XXX

Issue: Flow Cytometry Interpretation

Screen: CMS High Expenditure Procedural Codes2

Complete? Yes

Most Recent  
RUC Meeting: January 2016

Tab: 42 Specialty Developing  
Recommendation: CAP

First  
Identified: July 2015

2020  
Medicare  
Utilization: 37,046

2022 Work RVU: 0.74

2022 NF PE RVU: 0.26

2022 Fac PE RVU: 0.26

RUC Recommendation: 0.74

Referred to CPT

Referred to CPT Asst ☐ Published in CPT Asst:

Result: Decrease

### 88188 Flow cytometry, interpretation; 9 to 15 markers

Global: XXX

Issue: Flow Cytometry Interpretation

Screen: CMS High Expenditure Procedural Codes2

Complete? Yes

Most Recent  
RUC Meeting: January 2016

Tab: 42 Specialty Developing  
Recommendation: CAP

First  
Identified: July 2015

2020  
Medicare  
Utilization: 36,578

2022 Work RVU: 1.20

2022 NF PE RVU: 0.54

2022 Fac PE RVU: 0.54

RUC Recommendation: 1.40

Referred to CPT

Referred to CPT Asst ☐ Published in CPT Asst:

Result: Decrease

### 88189 Flow cytometry, interpretation; 16 or more markers

Global: XXX

Issue: Flow Cytometry Interpretation

Screen: CMS High Expenditure Procedural Codes2

Complete? Yes

Most Recent  
RUC Meeting: January 2016

Tab: 42 Specialty Developing  
Recommendation: CAP

First  
Identified: July 2015

2020  
Medicare  
Utilization: 217,514

2022 Work RVU: 1.70

2022 NF PE RVU: 0.65

2022 Fac PE RVU: 0.65

RUC Recommendation: 1.70

Referred to CPT

Referred to CPT Asst ☐ Published in CPT Asst:

Result: Decrease

## Status Report: CMS Requests and Relativity Assessment Issues

**88300** Level i - surgical pathology, gross examination only

**Global:** XXX

**Issue:** Pathology Consultations

**Screen:** Havard Valued -  
Utilization over 1 Million /  
Low Value-Billed in  
Multiple Units / CMS  
Request - Final Rule for  
2012

**Complete?** Yes

**Most Recent  
RUC Meeting:** January 2012

**Tab:** 24

**Specialty Developing  
Recommendation:** AAD, AGA, CAP,  
ASGE

**First  
Identified:** February 2009

**2020  
Medicare  
Utilization:** 171,012

**2022 Work RVU:** 0.08

**2022 NF PE RVU:** 0.35

**2022 Fac PE RVU:** NA

**RUC Recommendation:** 0.08 and new PE inputs

**Referred to CPT**

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Maintain

**88302** Level ii - surgical pathology, gross and microscopic examination appendix, incidental fallopian tube, sterilization fingers/toes, amputation, traumatic foreskin, newborn hernia sac, any location hydrocele sac nerve skin, plastic repair sympathetic ganglion testis, castration vaginal mucosa, incidental vas deferens, sterilization

**Global:** XXX

**Issue:** Pathology Consultations

**Screen:** Havard Valued -  
Utilization over 1 Million /  
CMS Request - Final  
Rule for 2012

**Complete?** Yes

**Most Recent  
RUC Meeting:** January 2012

**Tab:** 24

**Specialty Developing  
Recommendation:** AAD, AGA, CAP,  
ASGE

**First  
Identified:** February 2009

**2020  
Medicare  
Utilization:** 59,362

**2022 Work RVU:** 0.13

**2022 NF PE RVU:** 0.78

**2022 Fac PE RVU:** NA

**RUC Recommendation:** 0.13 and new PE inputs

**Referred to CPT**

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Maintain

Status Report: CMS Requests and Relativity Assessment Issues

88304	Level iii - surgical pathology, gross and microscopic examination abortion, induced abscess aneurysm - arterial/ventricular anus, tag appendix, other than incidental artery, atheromatous plaque bartholin's gland cyst bone fragment(s), other than pathologic fracture bursa/synovial cyst carpal tunnel tissue cartilage, shavings cholesteatoma colon, colostomy stoma conjunctiva - biopsy/pterygium cornea diverticulum - esophagus/small intestine dupuytren's contracture tissue femoral head, other than fracture fissure/fistula foreskin, other than newborn gallbladder ganglion cyst hematoma hemorrhoids hydatid of morgagni intervertebral disc joint, loose body meniscus mucocele, salivary neuroma - morton's/traumatic pilonidal cyst/sinus polyps, inflammatory - nasal/sinusoidal skin - cyst/tag/debridement soft tissue, debridement soft tissue, lipoma spermatocoele tendon/tendon sheath testicular appendage thrombus or embolus tonsil and/or adenoids varicocele vas deferens, other than sterilization vein, varicosity			Global: XXX	Issue: Pathology Consultations	Screen: Havard Valued - Utilization over 1 Million / Low Value-High Volume / CMS Request - Final Rule for 2012	Complete? Yes
	Most Recent	Tab: 24	Specialty Developing	AAD, AGA, CAP,	First	2020	2022 Work RVU: 0.22
	RUC Meeting: January 2012		Recommendation:	ASGE	Identified: October 2008	Medicare Utilization: 772,276	2022 NF PE RVU: 0.98
							2022 Fac PE RVU:NA
	RUC Recommendation: 0.22 and new PE inputs				Referred to CPT	Result: Maintain	
					Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	

## Status Report: CMS Requests and Relativity Assessment Issues

<b>88305</b>	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	<b>Global:</b> XXX	<b>Issue:</b> Pathology Consultations	<b>Screen:</b> Havard Valued - Utilization over 1 Million / CMS Request - Final Rule for 2012	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2012	<b>Tab:</b> 24	<b>Specialty Developing Recommendation:</b> AAD, AGA, CAP, ASGE	<b>First Identified:</b> October 2008	<b>2020 Medicare Utilization:</b> 14,541,874	<b>2022 Work RVU:</b> 0.75 <b>2022 NF PE RVU:</b> 1.31 <b>2022 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> 0.75 and new PE inputs		<b>Referred to CPT</b>	<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b> Maintain

# Status Report: CMS Requests and Relativity Assessment Issues

**88307** Level v - surgical pathology, gross and microscopic examination adrenal, resection bone - biopsy/curettings bone fragment(s), pathologic fracture brain, biopsy brain/meninges, tumor resection breast, excision of lesion, requiring microscopic evaluation of surgical margins breast, mastectomy - partial/simple cervix, conization colon, segmental resection, other than for tumor extremity, amputation, non-traumatic eye, enucleation kidney, partial/total nephrectomy larynx, partial/total resection liver, biopsy - needle/wedge liver, partial resection lung, wedge biopsy lymph nodes, regional resection mediastinum, mass myocardium, biopsy odontogenic tumor ovary with or without tube, neoplastic pancreas, biopsy placenta, third trimester prostate, except radical resection salivary gland sentinel lymph node small intestine, resection, other than for tumor soft tissue mass (except lipoma) - biopsy/simple excision stomach - subtotal/total resection, other than for tumor testis, biopsy thymus, tumor thyroid, total/lobe ureter, resection urinary bladder, tur uterus, with or without tubes and ovaries, other than neoplastic/prolapse

**Global:** XXX **Issue:** Pathology Consultations

**Screen:** Havard Valued - Utilization over 1 Million / CMS Request- Final Rule for 2012

**Complete?** Yes

**Most Recent RUC Meeting:** January 2012

**Tab:** 24

**Specialty Developing Recommendation:**

AAD, AGA, CAP, ASGE

**First Identified:** February 2009

**2020 Medicare Utilization:** 891,815

**2022 Work RVU:** 1.59

**2022 NF PE RVU:** 6.73

**2022 Fac PE RVU:** NA

**RUC Recommendation:** 1.59 and new PE inputs

**Referred to CPT**

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Maintain

**88309** Level vi - surgical pathology, gross and microscopic examination bone resection breast, mastectomy - with regional lymph nodes colon, segmental resection for tumor colon, total resection esophagus, partial/total resection extremity, disarticulation fetus, with dissection larynx, partial/total resection - with regional lymph nodes lung - total/lobe/segment resection pancreas, total/subtotal resection prostate, radical resection small intestine, resection for tumor soft tissue tumor, extensive resection stomach - subtotal/total resection for tumor testis, tumor tongue/tonsil -resection for tumor urinary bladder, partial/total resection uterus, with or without tubes and ovaries, neoplastic vulva, total/subtotal resection

**Global:** XXX **Issue:** Pathology Services

**Screen:** Havard Valued - Utilization over 1 Million / CMS Request- Final Rule for 2012

**Complete?** Yes

**Most Recent RUC Meeting:** January 2012

**Tab:** 24

**Specialty Developing Recommendation:**

AAD, AGA, CAP, ASGE

**First Identified:** February 2009

**2020 Medicare Utilization:** 135,905

**2022 Work RVU:** 2.80

**2022 NF PE RVU:** 9.87

**2022 Fac PE RVU:** NA

**RUC Recommendation:** 2.80 and new PE inputs

**Referred to CPT**

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Maintain



## Status Report: CMS Requests and Relativity Assessment Issues

**88312** Special stain including interpretation and report; group i for microorganisms (eg, acid fast, methenamine silver) **Global:** XXX **Issue:** Special Stains **Screen:** Havard Valued - Utilization over 1 Million / CMS High Expenditure Procedural Codes1 **Complete?** Yes

**Most Recent RUC Meeting:** January 2012

**Tab:** 33 **Specialty Developing Recommendation:** CAP

**First Identified:** October 2008

**2020 Medicare Utilization:** 1,147,300

**2022 Work RVU:** 0.54  
**2022 NF PE RVU:** 2.75  
**2022 Fac PE RVU:** NA

**RUC Recommendation:** 0.54

**Referred to CPT** June 2010

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Maintain

**88313** Special stain including interpretation and report; group ii, all other (eg, iron, trichrome), except stain for microorganisms, stains for enzyme constituents, or immunocytochemistry and immunohistochemistry

**Global:** XXX **Issue:** Special Stains

**Screen:** Havard Valued - Utilization over 1 Million / Low Value-High Volume

**Complete?** Yes

**Most Recent RUC Meeting:** February 2011

**Tab:** 33 **Specialty Developing Recommendation:** CAP

**First Identified:** October 2008

**2020 Medicare Utilization:** 1,182,080

**2022 Work RVU:** 0.24  
**2022 NF PE RVU:** 2.12  
**2022 Fac PE RVU:** NA

**RUC Recommendation:** 0.24

**Referred to CPT** June 2010

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Maintain

**88314** Special stain including interpretation and report; histochemical stain on frozen tissue block (list separately in addition to code for primary procedure)

**Global:** XXX **Issue:** Special Stains

**Screen:** Havard Valued - Utilization over 1 Million

**Complete?** Yes

**Most Recent RUC Meeting:** February 2011

**Tab:** 33 **Specialty Developing Recommendation:** CAP

**First Identified:** February 2009

**2020 Medicare Utilization:** 24,592

**2022 Work RVU:** 0.45  
**2022 NF PE RVU:** 2.43  
**2022 Fac PE RVU:** NA

**RUC Recommendation:** 0.45

**Referred to CPT** June 2010

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Maintain

# Status Report: CMS Requests and Relativity Assessment Issues

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<b>88318</b>	Deleted from CPT	<b>Global:</b>	<b>Issue:</b> Special Stains	<b>Screen:</b> Havard Valued - Utilization over 1 Million	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> February 2010	<b>Tab:</b> 22	<b>Specialty Developing Recommendation:</b> CAP, AAD	<b>First Identified:</b>	<b>2020 Medicare Utilization:</b>	<b>2022 Work RVU:</b> <b>2022 NF PE RVU:</b> <b>2022 Fac PE RVU:</b>
<b>RUC Recommendation:</b> Deleted from CPT			<b>Referred to CPT</b> June 2010 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b> Deleted from CPT

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<b>88319</b>	Special stain including interpretation and report; group iii, for enzyme constituents	<b>Global:</b> XXX	<b>Issue:</b> Special Stains	<b>Screen:</b> Havard Valued - Utilization over 1 Million	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> February 2011	<b>Tab:</b> 33	<b>Specialty Developing Recommendation:</b> CAP	<b>First Identified:</b>	<b>2020 Medicare Utilization:</b> 14,530	<b>2022 Work RVU:</b> 0.53 <b>2022 NF PE RVU:</b> 3.55 <b>2022 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> 0.53			<b>Referred to CPT</b> June 2010 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b> Maintain

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<b>88321</b>	Consultation and report on referred slides prepared elsewhere	<b>Global:</b> XXX	<b>Issue:</b> Microslide Consultation	<b>Screen:</b> CMS High Expenditure Procedural Codes2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2016	<b>Tab:</b> 43	<b>Specialty Developing Recommendation:</b> CAP, ASC	<b>First Identified:</b> July 2015	<b>2020 Medicare Utilization:</b> 151,719	<b>2022 Work RVU:</b> 1.63 <b>2022 NF PE RVU:</b> 1.11 <b>2022 Fac PE RVU:</b> 0.71
<b>RUC Recommendation:</b> 1.63			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b> Maintain

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<b>88323</b>	Consultation and report on referred material requiring preparation of slides	<b>Global:</b> XXX	<b>Issue:</b> Microslide Consultation	<b>Screen:</b> CMS High Expenditure Procedural Codes2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2016	<b>Tab:</b> 43	<b>Specialty Developing Recommendation:</b> CAP, ASC	<b>First Identified:</b> July 2015	<b>2020 Medicare Utilization:</b> 32,600	<b>2022 Work RVU:</b> 1.83 <b>2022 NF PE RVU:</b> 1.44 <b>2022 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> 1.83			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b> Maintain

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# Status Report: CMS Requests and Relativity Assessment Issues

<b>88325</b>	Consultation, comprehensive, with review of records and specimens, with report on referred material	<b>Global:</b> XXX	<b>Issue:</b> Microslide Consultation	<b>Screen:</b> CMS High Expenditure Procedural Codes2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2016	<b>Tab:</b> 43 <b>Specialty Developing Recommendation:</b> CAP, ASC	<b>First Identified:</b> July 2015	<b>2020 Medicare Utilization:</b> 11,119	<b>2022 Work RVU:</b> 2.85 <b>2022 NF PE RVU:</b> 1.62 <b>2022 Fac PE RVU:</b> 0.95	
<b>RUC Recommendation:</b> 2.85		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b> Increase	
<hr/>					
<b>88329</b>	Pathology consultation during surgery;	<b>Global:</b> XXX	<b>Issue:</b> Pathology Consultation During Surgery	<b>Screen:</b> Harvard Valued - Utilization over 100,000	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2010	<b>Tab:</b> 18 <b>Specialty Developing Recommendation:</b> CAP	<b>First Identified:</b> February 2010	<b>2020 Medicare Utilization:</b> 24,272	<b>2022 Work RVU:</b> 0.67 <b>2022 NF PE RVU:</b> 0.97 <b>2022 Fac PE RVU:</b> 0.32	
<b>RUC Recommendation:</b> 0.67		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b> Maintain	
<hr/>					
<b>88331</b>	Pathology consultation during surgery; first tissue block, with frozen section(s), single specimen	<b>Global:</b> XXX	<b>Issue:</b> Pathology Consultation During Surgery	<b>Screen:</b> Harvard Valued - Utilization over 100,000	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2010	<b>Tab:</b> 18 <b>Specialty Developing Recommendation:</b> CAP	<b>First Identified:</b> October 2009	<b>2020 Medicare Utilization:</b> 375,991	<b>2022 Work RVU:</b> 1.19 <b>2022 NF PE RVU:</b> 1.77 <b>2022 Fac PE RVU:</b> NA	
<b>RUC Recommendation:</b> 1.19		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b> Maintain	
<hr/>					
<b>88332</b>	Pathology consultation during surgery; each additional tissue block with frozen section(s) (list separately in addition to code for primary procedure)	<b>Global:</b> XXX	<b>Issue:</b> Pathology Consultation During Surgery	<b>Screen:</b> Harvard Valued - Utilization over 100,000	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2010	<b>Tab:</b> 18 <b>Specialty Developing Recommendation:</b> CAP	<b>First Identified:</b> October 2009	<b>2020 Medicare Utilization:</b> 138,570	<b>2022 Work RVU:</b> 0.59 <b>2022 NF PE RVU:</b> 0.98 <b>2022 Fac PE RVU:</b> NA	
<b>RUC Recommendation:</b> 0.59		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b> Maintain	
<hr/>					

## Status Report: CMS Requests and Relativity Assessment Issues

**88333** Pathology consultation during surgery; cytologic examination (eg, touch prep, squash prep), initial site **Global:** XXX **Issue:** Pathology Consultation During Surgery **Screen:** CMS Request - Final Rule for 2016 **Complete?** Yes

**Most Recent RUC Meeting:** April 2016

**Tab:** 39 **Specialty Developing Recommendation:** ASC, CAP

**First Identified:** July 2015

**2020 Medicare Utilization:** 62,352

**2022 Work RVU:** 1.20

**2022 NF PE RVU:** 1.50

**2022 Fac PE RVU:** NA

**RUC Recommendation:** 1.20

**Referred to CPT**

**Referred to CPT Asst**

☐

**Published in CPT Asst:**

**Result:** Maintain

**88334** Pathology consultation during surgery; cytologic examination (eg, touch prep, squash prep), each additional site (list separately in addition to code for primary procedure) **Global:** ZZZ **Issue:** Pathology Consultation During Surgery **Screen:** CMS Request - Final Rule for 2016 **Complete?** Yes

**Most Recent RUC Meeting:** April 2016

**Tab:** 39 **Specialty Developing Recommendation:** ASC, CAP

**First Identified:** July 2015

**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**

☐

**Published in CPT Asst:**

**Result:** Maintain

**88341** Immunohistochemistry or immunocytochemistry, per specimen; each additional single antibody stain procedure (list separately in addition to code for primary procedure) **Global:** ZZZ **Issue:** Morphometric Analysis In Situ Hybridization for Gene Rearrangement(s) **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

**Most Recent RUC Meeting:** April 2014

**Tab:** 21 **Specialty Developing Recommendation:** CAP

**First Identified:** November 2013

**2020 Medicare Utilization:** 2,978,970

**2022 Work RVU:** 0.56

**2022 NF PE RVU:** 2.02

**2022 Fac PE RVU:** NA

**RUC Recommendation:** 0.65

**Referred to CPT**

**Referred to CPT Asst**

☐

**Published in CPT Asst:**

**Result:** Decrease

## Status Report: CMS Requests and Relativity Assessment Issues

**88342** Immunohistochemistry or immunocytochemistry, per specimen; initial single antibody stain procedure **Global:** XXX **Issue:** Morphometric Analysis In Situ Hybridization for Gene Rearrangement(s) **Screen:** CMS-Other - Utilization over 500,000 / CMS High Expenditure Procedural Codes1 / CMS Request - Final Rule for 2014 **Complete?** Yes

**Most Recent**  
**RUC Meeting:** April 2014 **Tab:** 21 **Specialty Developing Recommendation:** CAP

**First Identified:** April 2011

**2020 Medicare Utilization:** 1,882,442

**2022 Work RVU:** 0.70  
**2022 NF PE RVU:** 2.24  
**2022 Fac PE RVU:** NA

**RUC Recommendation:** 0.70

**Referred to CPT** May 2012

**Result:** Decrease

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**88343** Immunohistochemistry or immunocytochemistry, each separately identifiable antibody per block, cytologic preparation, or hematologic smear; each additional separately identifiable antibody per slide (List separately in addition to code for primary procedure) **Global:** **Issue:** Morphometric Analysis In Situ Hybridization for Gene Rearrangement(s) **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

**Most Recent**  
**RUC Meeting:** April 2014 **Tab:** 21 **Specialty Developing Recommendation:** CAP

**First Identified:** November 2013

**2020 Medicare Utilization:**

**2022 Work RVU:**  
**2022 NF PE RVU:**  
**2022 Fac PE RVU:**

**RUC Recommendation:** Deleted from CPT

**Referred to CPT**

**Result:** Deleted from CPT

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**88344** Immunohistochemistry or immunocytochemistry, per specimen; each multiplex antibody stain procedure **Global:** XXX **Issue:** Morphometric Analysis In Situ Hybridization for Gene Rearrangement(s) **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

**Most Recent**  
**RUC Meeting:** April 2014 **Tab:** 21 **Specialty Developing Recommendation:** CAP

**First Identified:** November 2013

**2020 Medicare Utilization:** 126,400

**2022 Work RVU:** 0.77  
**2022 NF PE RVU:** 4.21  
**2022 Fac PE RVU:** NA

**RUC Recommendation:** 0.77

**Referred to CPT**

**Result:** Decrease

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

# Status Report: CMS Requests and Relativity Assessment Issues

**88346** Immunofluorescence, per specimen; initial single antibody stain procedure      **Global:** XXX    **Issue:** Immunofluorescent Studies    **Screen:** CMS-Other - Utilization over 250,000    **Complete?** Yes

**Most Recent**      **Tab:** 17    **Specialty Developing**    CAP, ASC  
**RUC Meeting:** January 2015    **Recommendation:**

**First**  
**Identified:** April 2013

**2020**  
**Medicare**  
**Utilization:** 54,989

**2022 Work RVU:** 0.74

**2022 NF PE RVU:** 3.74

**2022 Fac PE RVU:** NA

**RUC Recommendation:** 0.74

**Referred to CPT**    October 2014

**Result:** Decrease

**Referred to CPT Asst**    ☐    **Published in CPT Asst:**

**88347** Immunofluorescent study, each antibody; indirect method

**Global:**    **Issue:** Immunofluorescent Studies    **Screen:** CMS-Other - Utilization over 250,000    **Complete?** Yes

**Most Recent**      **Tab:** 17    **Specialty Developing**    CAP, ASC  
**RUC Meeting:** January 2015    **Recommendation:**

**First**  
**Identified:** October 2013

**2020**  
**Medicare**  
**Utilization:**

**2022 Work RVU:**

**2022 NF PE RVU:**

**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:**

**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 Developing**    CAP  
**RUC Meeting:** October 2013    **Recommendation:**

**First**  
**Identified:** October 2012

**2020**  
**Medicare**  
**Utilization:** 15,300

**2022 Work RVU:** 1.51

**2022 NF PE RVU:** 11.76

**2022 Fac PE RVU:** NA

**RUC Recommendation:** New PE Inputs

**Referred to CPT**

**Result:** PE Only

**Referred to CPT Asst**    ☐    **Published in CPT Asst:**

## Status Report: CMS Requests and Relativity Assessment Issues

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<b>88349</b> Electron microscopy; scanning	<b>Global:</b>	<b>Issue:</b> Electron Microscopy-PE Only	<b>Screen:</b> Services with Stand-Alone PE Procedure Time	<b>Complete?</b> Yes
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<b>Most Recent RUC Meeting:</b> October 2013	<b>Tab:</b> 14	<b>Specialty Developing Recommendation:</b> CAP
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<b>First Identified:</b> October 2012
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<b>2020 Medicare Utilization:</b>
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<b>2022 Work RVU:</b>
<b>2022 NF PE RVU:</b>
<b>2022 Fac PE RVU:</b>

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** Oct 2013

**Result:** Deleted from CPT

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

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<b>88350</b> Immunofluorescence, per specimen; each additional single antibody stain procedure (list separately in addition to code for primary procedure)
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**Global:** ZZZ

**Issue:** Immunofluorescent Studies

**Screen:** CMS-Other - Utilization over 250,000

**Complete?** Yes

<b>Most Recent RUC Meeting:</b> January 2015	<b>Tab:</b> 17	<b>Specialty Developing Recommendation:</b> CAP, ASC
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<b>First Identified:</b> October 2014
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<b>2020 Medicare Utilization:</b>
235,065

<b>2022 Work RVU:</b> 0.59
<b>2022 NF PE RVU:</b> 2.86
<b>2022 Fac PE RVU:</b> NA

**RUC Recommendation:** 0.70

**Referred to CPT** October 2014

**Result:** Decrease

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

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<b>88356</b> Morphometric analysis; nerve
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**Global:** XXX

**Issue:** RAW

**Screen:** High Volume Growth2

**Complete?** Yes

<b>Most Recent RUC Meeting:</b> April 2014	<b>Tab:</b> 37	<b>Specialty Developing Recommendation:</b> ASCP, CAP
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<b>First Identified:</b> April 2013
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<b>2020 Medicare Utilization:</b>
20,695

<b>2022 Work RVU:</b> 2.80
<b>2022 NF PE RVU:</b> 4.31
<b>2022 Fac PE RVU:</b> NA

**RUC Recommendation:** 2.80

**Referred to CPT**

**Result:** Decrease

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

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# Status Report: CMS Requests and Relativity Assessment Issues

**88360** Morphometric analysis, tumor immunohistochemistry (eg, her-2/neu, estrogen receptor/progesterone receptor), quantitative or semiquantitative, per specimen, each single antibody stain procedure; manual **Global:** XXX **Issue:** Tumor Immunohistochemistry **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

**Most Recent RUC Meeting:** April 2016 **Tab:** 40 **Specialty Developing Recommendation:** ASC, CAP **First Identified:** July 2015 **2020 Medicare Utilization:** 529,191 **2022 Work RVU:** 0.85 **2022 NF PE RVU:** 2.67 **2022 Fac PE RVU:** NA **RUC Recommendation:** 0.85 **Result:** Decrease

**Referred to CPT**  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**88361** Morphometric analysis, tumor immunohistochemistry (eg, her-2/neu, estrogen receptor/progesterone receptor), quantitative or semiquantitative, per specimen, each single antibody stain procedure; using computer-assisted technology **Global:** XXX **Issue:** Tumor Immunohistochemistry **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

**Most Recent RUC Meeting:** April 2016 **Tab:** 40 **Specialty Developing Recommendation:** ASC, CAP **First Identified:** July 2015 **2020 Medicare Utilization:** 149,962 **2022 Work RVU:** 0.95 **2022 NF PE RVU:** 2.56 **2022 Fac PE RVU:** NA **RUC Recommendation:** 0.95 **Result:** Decrease

**Referred to CPT**  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**88364** In situ hybridization (eg, fish), per specimen; each additional single probe stain procedure (list separately in addition to code for primary procedure) **Global:** ZZZ **Issue:** Morphometric Analysis In Situ Hybridization for Gene Rearrangement(s) **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

**Most Recent RUC Meeting:** April 2014 **Tab:** 21 **Specialty Developing Recommendation:** CAP, ASCP, ASC **First Identified:** November 2013 **2020 Medicare Utilization:** 30,654 **2022 Work RVU:** 0.70 **2022 NF PE RVU:** 3.33 **2022 Fac PE RVU:** NA **RUC Recommendation:** 0.88 **Result:** Decrease

**Referred to CPT**  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**



# Status Report: CMS Requests and Relativity Assessment Issues

<b>88365</b>	In situ hybridization (eg, fish), per specimen; initial single probe stain procedure	<b>Global:</b> XXX	<b>Issue:</b> Morphometric Analysis In Situ Hybridization for Gene Rearrangement(s)	<b>Screen:</b> CMS Request - Final Rule for 2012 / CMS Request - Final Rule for 2013 / CMS Request Final Rule for 2014	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2014	<b>Tab:</b> 21	<b>Specialty Developing Recommendation:</b> CAP	<b>First Identified:</b> September 2011	<b>2020 Medicare Utilization:</b> 49,961	<b>2022 Work RVU:</b> 0.88 <b>2022 NF PE RVU:</b> 4.36 <b>2022 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> 0.88			<b>Referred to CPT</b> May 2013 <b>Referred to CPT Asst</b> <input checked="" type="checkbox"/>	<b>Published in CPT Asst:</b> Dec 2011 & May 2012	<b>Result:</b> Decrease
<b>88366</b>	In situ hybridization (eg, fish), per specimen; each multiplex probe stain procedure	<b>Global:</b> XXX	<b>Issue:</b> Morphometric Analysis In Situ Hybridization for Gene Rearrangement(s)	<b>Screen:</b> CMS Request - Final Rule for 2012 / CMS Request - Final Rule for 2013	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2014	<b>Tab:</b> 21	<b>Specialty Developing Recommendation:</b> CAP, ASCP, ASC	<b>First Identified:</b> May 2013	<b>2020 Medicare Utilization:</b> 2,141	<b>2022 Work RVU:</b> 1.24 <b>2022 NF PE RVU:</b> 7.09 <b>2022 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> 1.24			<b>Referred to CPT</b> May 2013 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b> Decrease
<b>88367</b>	Morphometric analysis, in situ hybridization (quantitative or semi-quantitative), using computer-assisted technology, per specimen; initial single probe stain procedure	<b>Global:</b> XXX	<b>Issue:</b> Morphometric Analysis In Situ Hybridization for Gene Rearrangement(s)	<b>Screen:</b> CMS Request - Final Rule for 2012 / CMS Request - Final Rule for 2013 / CMS Request - Final Rule for 2014	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> September 2014	<b>Tab:</b> 18	<b>Specialty Developing Recommendation:</b> CAP, ASCP, ASC	<b>First Identified:</b> September 2011	<b>2020 Medicare Utilization:</b> 4,387	<b>2022 Work RVU:</b> 0.73 <b>2022 NF PE RVU:</b> 2.57 <b>2022 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> 0.86			<b>Referred to CPT</b> May 2013 <b>Referred to CPT Asst</b> <input checked="" type="checkbox"/>	<b>Published in CPT Asst:</b> Dec 2011 & May 2012	<b>Result:</b> Decrease

## Status Report: CMS Requests and Relativity Assessment Issues

**88368** Morphometric analysis, in situ hybridization (quantitative or semi-quantitative), manual, per specimen; initial single probe stain procedure **Global:** XXX **Issue:** Morphometric Analysis In Situ Hybridization for Gene Rearrangement(s) **Screen:** CMS Request - Final Rule for 2012 / CMS Request - Final Rule for 2013 / CMS Request - Final Rule for 2014 **Complete?** Yes

**Most Recent RUC Meeting:** September 2014

**Tab:** 18 **Specialty Developing Recommendation:** CAP, ASCP, ASC

**First Identified:** September 2011

**2020 Medicare Utilization:** 17,558

**2022 Work RVU:** 0.88  
**2022 NF PE RVU:** 3.08  
**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), using computer-assisted technology, per specimen; each additional single probe stain procedure (list separately in addition to code for primary procedure) **Global:** ZZZ **Issue:** Morphometric Analysis In Situ Hybridization for Gene Rearrangement(s) **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

**Most Recent RUC Meeting:** April 2014

**Tab:** 21 **Specialty Developing Recommendation:** CAP, ASCP, ASC

**First Identified:** November 2013

**2020 Medicare Utilization:** 5,451

**2022 Work RVU:** 0.58  
**2022 NF PE RVU:** 1.44  
**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), using computer-assisted technology, per specimen; each multiplex probe stain procedure **Global:** XXX **Issue:** Morphometric Analysis In Situ Hybridization for Gene Rearrangement(s) **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

**Most Recent RUC Meeting:** April 2014

**Tab:** 21 **Specialty Developing Recommendation:** CAP, ASCP, ASC

**First Identified:**

**2020 Medicare Utilization:** 125,957

**2022 Work RVU:** 0.93  
**2022 NF PE RVU:** 8.64  
**2022 Fac PE RVU:** NA

**RUC Recommendation:** 1.04

**Referred to CPT**

**Result:** Decrease

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

## Status Report: CMS Requests and Relativity Assessment Issues

**88377** Morphometric analysis, in situ hybridization (quantitative or semi-quantitative), manual, per specimen; each multiplex probe stain procedure **Global:** XXX **Issue:** Morphometric Analysis In Situ Hybridization for Gene Rearrangement(s) **Screen:** CMS Request - Final Rule for 2012 / CMS Request - Final Rule for 2013 / PE Units Screen **Complete?** Yes

**Most Recent RUC Meeting:** October 2020

**Tab:** 24 **Specialty Developing Recommendation:** CAP, ASCP, ASC

**First Identified:** May 2013

**2020 Medicare Utilization:** 137,903

**2022 Work RVU:** 1.40  
**2022 NF PE RVU:** 10.46  
**2022 Fac PE RVU:** NA

**RUC Recommendation:** 1.40

**Referred to CPT** May 2013

**Result:** Decrease

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**88381** Microdissection (ie, sample preparation of microscopically identified target); manual **Global:** XXX **Issue:** RAW **Screen:** High Volume Growth8 **Complete?** No

**Most Recent RUC Meeting:** September 2022

**Tab:** 13 **Specialty Developing Recommendation:** ASC, AP

**First Identified:** April 2022

**2020 Medicare Utilization:** 38,136

**2022 Work RVU:** 0.53  
**2022 NF PE RVU:** 5.60  
**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 administration, with counseling by physician or other qualified health care professional; first or only component of each vaccine or toxoid administered **Global:** XXX **Issue:** Immunization Administration **Screen:** CMS Request-Final Rule for 2021 **Complete?** Yes

**Most Recent RUC Meeting:** April 2021

**Tab:** 19 **Specialty Developing Recommendation:** AAFP, AAP, ACOG, ACP, ANA

**First Identified:** July 2020

**2020 Medicare Utilization:** 216

**2022 Work RVU:** 0.17  
**2022 NF PE RVU:** 0.31  
**2022 Fac PE RVU:** NA

**RUC Recommendation:** 0.24

**Referred to CPT**

**Result:** Increase

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

## Status Report: CMS Requests and Relativity Assessment Issues

**90461** Immunization administration through 18 years of age via any route of administration, with counseling by physician or other qualified health care professional; each additional vaccine or toxoid component administered (list separately in addition to code for primary procedure) **Global:** ZZZ **Issue:** Immunization Administration **Screen:** CMS Request-Final Rule for 2021 **Complete?** Yes

**Most Recent RUC Meeting:** April 2021 **Tab:** 19 **Specialty Developing Recommendation:** AAFP, AAP, ACOG, ACP, ANA **First Identified:** July 2020 **2020 Medicare Utilization:** 50 **2022 Work RVU:** 0.15 **2022 NF PE RVU:** 0.21 **2022 Fac PE RVU:** NA

**RUC Recommendation:** 0.18 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Increase

**90465** Deleted from CPT **Global:** **Issue:** Immunization Administration **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

**Most Recent RUC Meeting:** February 2008 **Tab:** R **Specialty Developing Recommendation:** AAP **First Identified:** NA **2020 Medicare Utilization:** **2022 Work RVU:** **2022 NF PE RVU:** **2022 Fac PE RVU:**

**RUC Recommendation:** New PE inputs **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Deleted from CPT

**90467** Deleted from CPT **Global:** **Issue:** Immunization Administration **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

**Most Recent RUC Meeting:** February 2008 **Tab:** R **Specialty Developing Recommendation:** AAP **First Identified:** NA **2020 Medicare Utilization:** **2022 Work RVU:** **2022 NF PE RVU:** **2022 Fac PE RVU:**

**RUC Recommendation:** New PE inputs **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Deleted from CPT

## Status Report: CMS Requests and Relativity Assessment Issues

**90471** Immunization administration (includes percutaneous, intradermal, subcutaneous, or intramuscular injections); 1 vaccine (single or combination vaccine/toxoid) **Global:** XXX **Issue:** Immunization Administration **Screen:** CMS Request - Practice Expense Review / CMS Fastest Growing / CMS Request-Final Rule for 2021 **Complete?** Yes

**Most Recent RUC Meeting:** April 2021

**Tab:** 19 **Specialty Developing Recommendation:** AAFP, AAP, ACOG, ACP, ANA

**First Identified:** February 2008

**2020 Medicare Utilization:** 222,599

**2022 Work RVU:** 0.17  
**2022 NF PE RVU:** 0.31  
**2022 Fac PE RVU:** NA

**RUC Recommendation:** 0.17

**Referred to CPT**  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Maintain

**90472** Immunization administration (includes percutaneous, intradermal, subcutaneous, or intramuscular injections); each additional vaccine (single or combination vaccine/toxoid) (list separately in addition to code for primary procedure) **Global:** ZZZ **Issue:** Immunization Administration **Screen:** CMS Request - Practice Expense Review / CMS Request – Final Rule for 2021 **Complete?** Yes

**Most Recent RUC Meeting:** April 2021

**Tab:** 19 **Specialty Developing Recommendation:** AAFP, AAP, ACOG, ACP, ANA

**First Identified:** February 2008

**2020 Medicare Utilization:** 17,322

**2022 Work RVU:** 0.15  
**2022 NF PE RVU:** 0.21  
**2022 Fac PE RVU:** NA

**RUC Recommendation:** 0.15

**Referred to CPT**  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Maintain

**90473** Immunization administration by intranasal or oral route; 1 vaccine (single or combination vaccine/toxoid) **Global:** XXX **Issue:** Immunization Administration **Screen:** CMS Request - Practice Expense Review / CMS Request-Final Rule for 2021 **Complete?** Yes

**Most Recent RUC Meeting:** April 2021

**Tab:** 19 **Specialty Developing Recommendation:** AAFP, AAP, ACOG, ACP, ANA

**First Identified:** NA

**2020 Medicare Utilization:** 1

**2022 Work RVU:** 0.17  
**2022 NF PE RVU:** 0.31  
**2022 Fac PE RVU:** NA

**RUC Recommendation:** 0.17

**Referred to CPT**  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Maintain

# Status Report: CMS Requests and Relativity Assessment Issues

**90474** Immunization administration by intranasal or oral route; each additional vaccine (single or combination vaccine/toxoid) (list separately in addition to code for primary procedure) **Global:** ZZZ **Issue:** Immunization Administration **Screen:** CMS Request - Practice Expense Review / CMS Request-Final Rule for 2021 **Complete?** Yes

**Most Recent RUC Meeting:** April 2021 **Tab:** 19 **Specialty Developing Recommendation:** AAFP, AAP, ACOG, ACP, ANA **First Identified:** NA **2020 Medicare Utilization:** **2022 Work RVU:** 0.15 **2022 NF PE RVU:** 0.21 **2022 Fac PE RVU:** NA

**RUC Recommendation:** 0.15 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

**90785** Interactive complexity (list separately in addition to the code for primary procedure) **Global:** ZZZ **Issue:** Psychotherapy for Crisis and Interactive Complexity **Screen:** CMS High Expenditure Procedural Codes1 / High Volume Growth6 **Complete?** No

**Most Recent RUC Meeting:** January 2020 **Tab:** 37 **Specialty Developing Recommendation:** APA, APA (HCPAC), NASW **First Identified:** April 2013 **2020 Medicare Utilization:** 356,184 **2022 Work RVU:** 0.33 **2022 NF PE RVU:** 0.09 **2022 Fac PE RVU:** 0.04

**RUC Recommendation:** Refer to CPT Review in 3 years (Sept 2023). 0.33 **Referred to CPT** October 2020 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Increase

**90791** Psychiatric diagnostic evaluation **Global:** XXX **Issue:** Psychotherapy **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

**Most Recent RUC Meeting:** April 2012 **Tab:** 26 **Specialty Developing Recommendation:** APA, APA (HCPAC), NASW **First Identified:** April 2013 **2020 Medicare Utilization:** 706,157 **2022 Work RVU:** 3.84 **2022 NF PE RVU:** 1.21 **2022 Fac PE RVU:** 0.49

**RUC Recommendation:** 3.00 **Referred to CPT** February 2012 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Increase

## Status Report: CMS Requests and Relativity Assessment Issues

**90792** Psychiatric diagnostic evaluation with medical services

**Global:** XXX

**Issue:** Psychotherapy

**Screen:** CMS High Expenditure  
Procedural Codes1

**Complete?** Yes

**Most Recent  
RUC Meeting:** April 2012

**Tab:** 26

**Specialty Developing  
Recommendation:** APA, APA  
(HCPAC), NASW

**First  
Identified:** April 2013

**2020  
Medicare  
Utilization:** 493,665

**2022 Work RVU:** 4.16

**2022 NF PE RVU:** 1.46

**2022 Fac PE RVU:** 0.75

**RUC Recommendation:** 3.25

**Referred to CPT** February 2012

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Increase

**90801** Psychiatric diagnostic interview examination

**Global:**

**Issue:** RAW review

**Screen:** CMS High Expenditure  
Procedural Codes1

**Complete?** Yes

**Most Recent  
RUC Meeting:** January 2012

**Tab:** 30

**Specialty Developing  
Recommendation:**

**First  
Identified:** September 2011

**2020  
Medicare  
Utilization:**

**2022 Work RVU:**

**2022 NF PE RVU:**

**2022 Fac PE RVU:**

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** February 2012

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Deleted from CPT

**90805** Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an office or outpatient facility, approximately 20 to 30 minutes face-to-face with the patient; with medical evaluation and management services

**Global:**

**Issue:** RAW review

**Screen:** CMS High Expenditure  
Procedural Codes1

**Complete?** Yes

**Most Recent  
RUC Meeting:** January 2012

**Tab:** 30

**Specialty Developing  
Recommendation:**

**First  
Identified:** September 2011

**2020  
Medicare  
Utilization:**

**2022 Work RVU:**

**2022 NF PE RVU:**

**2022 Fac PE RVU:**

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** February 2012

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Deleted from CPT

## Status Report: CMS Requests and Relativity Assessment Issues

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<b>90806</b>	Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an office or outpatient facility, approximately 45 to 50 minutes face-to-face with the patient;	<b>Global:</b>	<b>Issue:</b> RAW review	<b>Screen:</b> CMS High Expenditure Procedural Codes1	<b>Complete?</b> Yes
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**Most Recent RUC Meeting:** January 2012

**Tab:** 30 **Specialty Developing Recommendation:**

**First Identified:** September 2011

**2020 Medicare Utilization:**

**2022 Work RVU:**

**2022 NF PE RVU:**

**2022 Fac PE RVU:**

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** February 2012

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Deleted from CPT

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<b>90808</b>	Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an office or outpatient facility, approximately 75 to 80 minutes face-to-face with the patient;	<b>Global:</b>	<b>Issue:</b> RAW review	<b>Screen:</b> CMS High Expenditure Procedural Codes1	<b>Complete?</b> Yes
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**Most Recent RUC Meeting:** January 2012

**Tab:** 30 **Specialty Developing Recommendation:**

**First Identified:** September 2011

**2020 Medicare Utilization:**

**2022 Work RVU:**

**2022 NF PE RVU:**

**2022 Fac PE RVU:**

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** February 2012

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Deleted from CPT

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<b>90818</b>	Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an inpatient hospital, partial hospital or residential care setting, approximately 45 to 50 minutes face-to-face with the patient;	<b>Global:</b>	<b>Issue:</b> RAW review	<b>Screen:</b> CMS High Expenditure Procedural Codes1	<b>Complete?</b> Yes
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**Most Recent RUC Meeting:** January 2012

**Tab:** 30 **Specialty Developing Recommendation:**

**First Identified:** September 2011

**2020 Medicare Utilization:**

**2022 Work RVU:**

**2022 NF PE RVU:**

**2022 Fac PE RVU:**

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** February 2012

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Deleted from CPT



# Status Report: CMS Requests and Relativity Assessment Issues

## 90832 Psychotherapy, 30 minutes with patient

Global: XXX Issue: Psychotherapy

Screen: CMS High Expenditure  
Procedural Codes1

Complete? Yes

Most Recent  
RUC Meeting: April 2012

Tab: 26

Specialty Developing  
Recommendation: APA, APA  
(HCPAC), NASW

First  
Identified: April 2013

2020  
Medicare  
Utilization: 2,253,931

2022 Work RVU: 1.70

2022 NF PE RVU: 0.48

2022 Fac PE RVU: 0.22

RUC Recommendation: 1.50

Referred to CPT February 2012

Referred to CPT Asst ☐ Published in CPT Asst:

Result: Increase

## 90833 Psychotherapy, 30 minutes with patient when performed with an evaluation and management service (list separately in addition to the code for primary procedure)

Global: ZZZ Issue: Psychotherapy

Screen: CMS High Expenditure  
Procedural Codes1

Complete? Yes

Most Recent  
RUC Meeting: April 2012

Tab: 26

Specialty Developing  
Recommendation: APA, APA  
(HCPAC), NASW

First  
Identified: April 2013

2020  
Medicare  
Utilization: 1,363,088

2022 Work RVU: 1.50

2022 NF PE RVU: 0.49

2022 Fac PE RVU: 0.27

RUC Recommendation: 1.50

Referred to CPT February 2012

Referred to CPT Asst ☐ Published in CPT Asst:

Result: Increase

## 90834 Psychotherapy, 45 minutes with patient

Global: XXX Issue: Psychotherapy

Screen: CMS High Expenditure  
Procedural Codes1

Complete? Yes

Most Recent  
RUC Meeting: April 2012

Tab: 26

Specialty Developing  
Recommendation: APA, APA  
(HCPAC), NASW

First  
Identified: April 2013

2020  
Medicare  
Utilization: 4,442,413

2022 Work RVU: 2.24

2022 NF PE RVU: 0.64

2022 Fac PE RVU: 0.29

RUC Recommendation: 2.00

Referred to CPT February 2012

Referred to CPT Asst ☐ Published in CPT Asst:

Result: Increase

## Status Report: CMS Requests and Relativity Assessment Issues

**90836** Psychotherapy, 45 minutes with patient when performed with an evaluation and management service (list separately in addition to the code for primary procedure) **Global:** ZZZ **Issue:** Psychotherapy **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

**Most Recent RUC Meeting:** April 2012 **Tab:** 26 **Specialty Developing Recommendation:** APA, APA (HCPAC), NASW **First Identified:** April 2013 **2020 Medicare Utilization:** 483,506 **2022 Work RVU:** 1.90 **2022 NF PE RVU:** 0.62 **2022 Fac PE RVU:** 0.34 **RUC Recommendation:** 1.90 **Referred to CPT** February 2012 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Increase

**90837** Psychotherapy, 60 minutes with patient **Global:** XXX **Issue:** Psychotherapy **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

**Most Recent RUC Meeting:** April 2012 **Tab:** 26 **Specialty Developing Recommendation:** APA, APA (HCPAC), NASW **First Identified:** April 2013 **2020 Medicare Utilization:** 6,129,662 **2022 Work RVU:** 3.31 **2022 NF PE RVU:** 0.94 **2022 Fac PE RVU:** 0.42 **RUC Recommendation:** 3.00 **Referred to CPT** February 2012 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Increase

**90838** Psychotherapy, 60 minutes with patient when performed with an evaluation and management service (list separately in addition to the code for primary procedure) **Global:** ZZZ **Issue:** Psychotherapy **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

**Most Recent RUC Meeting:** April 2012 **Tab:** 26 **Specialty Developing Recommendation:** APA, APA (HCPAC), NASW **First Identified:** April 2013 **2020 Medicare Utilization:** 100,291 **2022 Work RVU:** 2.50 **2022 NF PE RVU:** 0.82 **2022 Fac PE RVU:** 0.47 **RUC Recommendation:** 2.50 **Referred to CPT** February 2012 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Increase

# Status Report: CMS Requests and Relativity Assessment Issues

## 90839 Psychotherapy for crisis; first 60 minutes

Global: XXX

Issue: Psychotherapy for Crisis and Interactive Complexity

Screen: CMS High Expenditure Procedural Codes1

Complete? Yes

Most Recent  
RUC Meeting: April 2013

Tab: 35

Specialty Developing  
Recommendation: APA, APA (HCPAC), NASW

First  
Identified: April 2013

2020  
Medicare  
Utilization: 25,447

2022 Work RVU: 3.13

2022 NF PE RVU: 0.92

2022 Fac PE RVU: 0.44

RUC Recommendation: 3.13

Referred to CPT February 2012

Referred to CPT Asst ☐ Published in CPT Asst:

Result: Increase

## 90840 Psychotherapy for crisis; each additional 30 minutes (list separately in addition to code for primary service)

Global: ZZZ

Issue: Psychotherapy for Crisis and Interactive Complexity

Screen: CMS High Expenditure Procedural Codes1

Complete? Yes

Most Recent  
RUC Meeting: April 2013

Tab: 35

Specialty Developing  
Recommendation: APA, APA (HCPAC), NASW

First  
Identified: April 2013

2020  
Medicare  
Utilization: 16,948

2022 Work RVU: 1.50

2022 NF PE RVU: 0.47

2022 Fac PE RVU: 0.25

RUC Recommendation: 1.50

Referred to CPT February 2012

Referred to CPT Asst ☐ Published in CPT Asst:

Result: Increase

## 90845 Psychoanalysis

Global: XXX

Issue: Psychotherapy

Screen: CMS High Expenditure Procedural Codes1

Complete? Yes

Most Recent  
RUC Meeting: October 2011

Tab:

Specialty Developing  
Recommendation:

First  
Identified: April 2013

2020  
Medicare  
Utilization: 9,732

2022 Work RVU: 2.10

2022 NF PE RVU: 0.62

2022 Fac PE RVU: 0.31

RUC Recommendation: 2.10

Referred to CPT

Referred to CPT Asst ☐ Published in CPT Asst:

Result: Increase

## 90846 Family psychotherapy (without the patient present), 50 minutes

Global: XXX

Issue: Psychotherapy

Screen: CMS High Expenditure Procedural Codes1

Complete? Yes

Most Recent  
RUC Meeting: April 2012

Tab: 26

Specialty Developing  
Recommendation: APA, APA (HCPAC), NASW

First  
Identified: April 2013

2020  
Medicare  
Utilization: 25,927

2022 Work RVU: 2.40

2022 NF PE RVU: 0.35

2022 Fac PE RVU: 0.33

RUC Recommendation: 2.40

Referred to CPT February 2012

Referred to CPT Asst ☐ Published in CPT Asst:

Result: Increase

## Status Report: CMS Requests and Relativity Assessment Issues

**90847** Family psychotherapy (conjoint psychotherapy) (with patient present), 50 minutes **Global:** XXX **Issue:** Psychotherapy **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

**Most Recent RUC Meeting:** April 2012

**Tab:** 26

**Specialty Developing Recommendation:** APA, APA (HCPAC), NASW

**First Identified:** April 2013

**2020 Medicare Utilization:** 147,608

**2022 Work RVU:** 2.50

**2022 NF PE RVU:** 0.35

**2022 Fac PE RVU:** 0.34

**RUC Recommendation:** 2.50

**Referred to CPT** February 2012

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Increase

**90853** Group psychotherapy (other than of a multiple-family group)

**Global:** XXX

**Issue:** Psychotherapy

**Screen:** CMS High Expenditure Procedural Codes1

**Complete?** Yes

**Most Recent RUC Meeting:** April 2012

**Tab:** 26

**Specialty Developing Recommendation:** APA, APA (HCPAC), NASW

**First Identified:** April 2013

**2020 Medicare Utilization:** 458,068

**2022 Work RVU:** 0.59

**2022 NF PE RVU:** 0.18

**2022 Fac PE RVU:** 0.08

**RUC Recommendation:** 0.59

**Referred to CPT** February 2012

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Maintain

**90862** Pharmacologic management, including prescription, use, and review of medication with no more than minimal medical psychotherapy

**Global:**

**Issue:** RAW review

**Screen:** CMS High Expenditure Procedural Codes1

**Complete?** Yes

**Most Recent RUC Meeting:** January 2012

**Tab:** 30

**Specialty Developing Recommendation:**

**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** February 2012

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Deleted from CPT

## Status Report: CMS Requests and Relativity Assessment Issues

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<b>90863</b>	Pharmacologic management, including prescription and review of medication, when performed with psychotherapy services (list separately in addition to the code for primary procedure)	<b>Global:</b> XXX	<b>Issue:</b> Pharmacologic Management with Psychotherapy	<b>Screen:</b> CMS High Expenditure Procedural Codes1	<b>Complete?</b> Yes
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<b>Most Recent RUC Meeting:</b> April 2013	<b>Tab:</b> 40	<b>Specialty Developing Recommendation:</b> APA (HCPAC)	<b>First Identified:</b> April 2013	<b>2020 Medicare Utilization:</b>	<b>2022 Work RVU:</b> 0.48
<b>RUC Recommendation:</b> 0.48			<b>Referred to CPT</b> February 2012		<b>2022 NF PE RVU:</b> 0.23
			<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>2022 Fac PE RVU:</b> 0.19

**Result:** Increase

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<b>90868</b>	Therapeutic repetitive transcranial magnetic stimulation (tms) treatment; subsequent delivery and management, per session	<b>Global:</b> 000	<b>Issue:</b> RAW	<b>Screen:</b> Contractor Priced High Volume / Contractor Priced High Volume2	<b>Complete?</b> Yes
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<b>Most Recent RUC Meeting:</b> September 2022	<b>Tab:</b> 13	<b>Specialty Developing Recommendation:</b> APA (psychiatry)	<b>First Identified:</b> January 2018	<b>2020 Medicare Utilization:</b> 195,379	<b>2022 Work RVU:</b> 0.00
<b>RUC Recommendation:</b> Maintain			<b>Referred to CPT</b>		<b>2022 NF PE RVU:</b> 0.00
			<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>2022 Fac PE RVU:</b> 0.00

**Result:** Maintain

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<b>90870</b>	Electroconvulsive therapy (includes necessary monitoring)	<b>Global:</b> 000	<b>Issue:</b> Electroconvulsive Therapy	<b>Screen:</b> Harvard Valued - Utilization over 100,000	<b>Complete?</b> Yes
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<b>Most Recent RUC Meeting:</b> April 2010	<b>Tab:</b> 41	<b>Specialty Developing Recommendation:</b> APA	<b>First Identified:</b> October 2009	<b>2020 Medicare Utilization:</b> 96,127	<b>2022 Work RVU:</b> 2.50
<b>RUC Recommendation:</b> 2.50			<b>Referred to CPT</b>		<b>2022 NF PE RVU:</b> 2.52
			<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>2022 Fac PE RVU:</b> 0.51

**Result:** Increase

## Status Report: CMS Requests and Relativity Assessment Issues

**90911** Biofeedback training, perineal muscles, anorectal or urethral sphincter, including EMG and/or manometry

**Global:**

**Issue:** Biofeedback Training

**Screen:** Negative IWPUT

**Complete?** Yes

**Most Recent RUC Meeting:** January 2019

**Tab:** 15 **Specialty Developing Recommendation:** ACOG, AUA

**First Identified:** April 2017

**2020 Medicare Utilization:**

**2022 Work RVU:**

**2022 NF PE RVU:**

**2022 Fac PE RVU:**

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** September 2018

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Deleted from CPT

**90912** Biofeedback training, perineal muscles, anorectal or urethral sphincter, including emg and/or manometry, when performed; initial 15 minutes of one-on-one physician or other qualified health care professional contact with the patient

**Global:** 000

**Issue:** Biofeedback Training

**Screen:** Negative IWPUT

**Complete?** Yes

**Most Recent RUC Meeting:** January 2019

**Tab:** 15 **Specialty Developing Recommendation:**

**First Identified:** September 2018

**2020 Medicare Utilization:** 19,155

**2022 Work RVU:** 0.90

**2022 NF PE RVU:** 1.44

**2022 Fac PE RVU:** 0.31

**RUC Recommendation:** 0.90

**Referred to CPT** February 2019-EC

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Increase

**90913** Biofeedback training, perineal muscles, anorectal or urethral sphincter, including emg and/or manometry, when performed; each additional 15 minutes of one-on-one physician or other qualified health care professional contact with the patient (list separately in addition to code for primary procedure)

**Global:** ZZZ

**Issue:** Biofeedback Training

**Screen:** Negative IWPUT

**Complete?** Yes

**Most Recent RUC Meeting:** January 2019

**Tab:** 15 **Specialty Developing Recommendation:**

**First Identified:** September 2018

**2020 Medicare Utilization:** 10,692

**2022 Work RVU:** 0.50

**2022 NF PE RVU:** 0.40

**2022 Fac PE RVU:** 0.17

**RUC Recommendation:** 0.50

**Referred to CPT** February 2019-EC

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Increase

## Status Report: CMS Requests and Relativity Assessment Issues

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<b>90935</b>	Hemodialysis procedure with single evaluation by a physician or other qualified health care professional	<b>Global:</b> 000	<b>Issue:</b> Hemodialysis-Dialysis Services	<b>Screen:</b> Havard Valued - Utilization over 1 Million	<b>Complete?</b> Yes
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<b>Most Recent RUC Meeting:</b> October 2009	<b>Tab:</b> 30	<b>Specialty Developing Recommendation:</b> RPA
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<b>First Identified:</b> October 2008
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<b>2020 Medicare Utilization:</b> 955,376
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<b>2022 Work RVU:</b> 1.48
<b>2022 NF PE RVU:</b> NA
<b>2022 Fac PE RVU:</b> 0.54

**RUC Recommendation:** 1.48

<b>Referred to CPT</b>
<b>Referred to CPT Asst</b> <input type="checkbox"/> <b>Published in CPT Asst:</b>

**Result:** Increase

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<b>90937</b>	Hemodialysis procedure requiring repeated evaluation(s) with or without substantial revision of dialysis prescription	<b>Global:</b> 000	<b>Issue:</b> Hemodialysis-Dialysis Services	<b>Screen:</b> Havard Valued - Utilization over 1 Million	<b>Complete?</b> Yes
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<b>Most Recent RUC Meeting:</b> October 2009	<b>Tab:</b> 30	<b>Specialty Developing Recommendation:</b> RPA
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<b>First Identified:</b> February 2009
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<b>2020 Medicare Utilization:</b> 45,670
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<b>2022 Work RVU:</b> 2.11
<b>2022 NF PE RVU:</b> NA
<b>2022 Fac PE RVU:</b> 0.79

**RUC Recommendation:** 2.11

<b>Referred to CPT</b>
<b>Referred to CPT Asst</b> <input type="checkbox"/> <b>Published in CPT Asst:</b>

**Result:** Maintain

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<b>90945</b>	Dialysis procedure other than hemodialysis (eg, peritoneal dialysis, hemofiltration, or other continuous renal replacement therapies), with single evaluation by a physician or other qualified health care professional	<b>Global:</b> 000	<b>Issue:</b> Hemodialysis-Dialysis Services	<b>Screen:</b> Havard Valued - Utilization over 1 Million	<b>Complete?</b> Yes
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<b>Most Recent RUC Meeting:</b> October 2009	<b>Tab:</b> 30	<b>Specialty Developing Recommendation:</b> RPA
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<b>First Identified:</b> February 2009
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<b>2020 Medicare Utilization:</b> 159,473
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<b>2022 Work RVU:</b> 1.56
<b>2022 NF PE RVU:</b> NA
<b>2022 Fac PE RVU:</b> 0.85

**RUC Recommendation:** 1.56

<b>Referred to CPT</b>
<b>Referred to CPT Asst</b> <input type="checkbox"/> <b>Published in CPT Asst:</b>

**Result:** Increase

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# Status Report: CMS Requests and Relativity Assessment Issues

**90947** Dialysis procedure other than hemodialysis (eg, peritoneal dialysis, hemofiltration, or other continuous renal replacement therapies) requiring repeated evaluations by a physician or other qualified health care professional, with or without substantial revision of dialysis prescription **Global:** 000 **Issue:** Hemodialysis-Dialysis Services **Screen:** Havard Valued - Utilization over 1 Million **Complete?** Yes

**Most Recent RUC Meeting:** October 2009 **Tab:** 30 **Specialty Developing Recommendation:** RPA **First Identified:** February 2009 **2020 Medicare Utilization:** 13,348 **2022 Work RVU:** 2.52 **2022 NF PE RVU:** NA **2022 Fac PE RVU:** 0.93

**RUC Recommendation:** 2.52 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Increase

**90951** End-stage renal disease (esrd) related services monthly, for patients younger than 2 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 4 or more face-to-face visits by a physician or other qualified health care professional per month **Global:** XXX **Issue:** End-Stage Renal Disease **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

**Most Recent RUC Meeting:** April 2009 **Tab:** 29 **Specialty Developing Recommendation:** RPA **First Identified:** February 2009 **2020 Medicare Utilization:** 14 **2022 Work RVU:** 23.92 **2022 NF PE RVU:** 9.21 **2022 Fac PE RVU:** 9.21

**RUC Recommendation:** RUC Recommended revised clinical staff time **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** PE Only

**90952** End-stage renal disease (esrd) related services monthly, for patients younger than 2 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 2-3 face-to-face visits by a physician or other qualified health care professional per month **Global:** XXX **Issue:** End-Stage Renal Disease **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

**Most Recent RUC Meeting:** April 2009 **Tab:** 29 **Specialty Developing Recommendation:** RPA **First Identified:** February 2009 **2020 Medicare Utilization:** 5 **2022 Work RVU:** 0.00 **2022 NF PE RVU:** 0.00 **2022 Fac PE RVU:** 0.00

**RUC Recommendation:** RUC Recommended revised clinical staff time **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** PE Only



## Status Report: CMS Requests and Relativity Assessment Issues

**90953** End-stage renal disease (esrd) related services monthly, for patients younger than 2 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 1 face-to-face visit by a physician or other qualified health care professional per month **Global:** XXX **Issue:** End-Stage Renal Disease **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

**Most Recent RUC Meeting:** April 2009

**Tab:** 29 **Specialty Developing Recommendation:** RPA

**First Identified:** February 2009

**2020 Medicare Utilization:** 2

**2022 Work RVU:** 0.00

**2022 NF PE RVU:** 0.00

**2022 Fac PE RVU:** 0.00

**RUC Recommendation:** RUC Recommended revised clinical staff time

**Referred to CPT**

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** PE Only

**90954** End-stage renal disease (esrd) related services monthly, for patients 2-11 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 4 or more face-to-face visits by a physician or other qualified health care professional per month **Global:** XXX **Issue:** End-Stage Renal Disease **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

**Most Recent RUC Meeting:** April 2009

**Tab:** 29 **Specialty Developing Recommendation:** RPA

**First Identified:** February 2009

**2020 Medicare Utilization:** 580

**2022 Work RVU:** 20.86

**2022 NF PE RVU:** 7.62

**2022 Fac PE RVU:** 7.62

**RUC Recommendation:** RUC Recommended revised clinical staff time

**Referred to CPT**

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** PE Only

**90955** End-stage renal disease (esrd) related services monthly, for patients 2-11 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 2-3 face-to-face visits by a physician or other qualified health care professional per month **Global:** XXX **Issue:** End-Stage Renal Disease **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

**Most Recent RUC Meeting:** April 2009

**Tab:** 29 **Specialty Developing Recommendation:** RPA

**First Identified:** February 2009

**2020 Medicare Utilization:** 129

**2022 Work RVU:** 10.32

**2022 NF PE RVU:** 4.46

**2022 Fac PE RVU:** 4.46

**RUC Recommendation:** RUC Recommended revised clinical staff time

**Referred to CPT**

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** PE Only

## Status Report: CMS Requests and Relativity Assessment Issues

**90956** End-stage renal disease (esrd) related services monthly, for patients 2-11 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 1 face-to-face visit by a physician or other qualified health care professional per month **Global:** XXX **Issue:** End-Stage Renal Disease **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

**Most Recent**  
**RUC Meeting:** April 2009 **Tab:** 29 **Specialty Developing Recommendation:** RPA

**First Identified:** February 2009

**2020 Medicare Utilization:** 94

**2022 Work RVU:** 6.64

**2022 NF PE RVU:** 3.16

**2022 Fac PE RVU:** 3.16

**RUC Recommendation:** RUC Recommended revised clinical staff time

**Referred to CPT**

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** PE Only

**90957** End-stage renal disease (esrd) related services monthly, for patients 12-19 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 4 or more face-to-face visits by a physician or other qualified health care professional per month **Global:** XXX **Issue:** End-Stage Renal Disease **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

**Most Recent**  
**RUC Meeting:** April 2009 **Tab:** 29 **Specialty Developing Recommendation:** RPA

**First Identified:** February 2009

**2020 Medicare Utilization:** 1,717

**2022 Work RVU:** 15.46

**2022 NF PE RVU:** 6.35

**2022 Fac PE RVU:** 6.35

**RUC Recommendation:** RUC Recommended revised clinical staff time

**Referred to CPT**

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** PE Only

**90958** End-stage renal disease (esrd) related services monthly, for patients 12-19 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 2-3 face-to-face visits by a physician or other qualified health care professional per month **Global:** XXX **Issue:** End-Stage Renal Disease **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

**Most Recent**  
**RUC Meeting:** April 2009 **Tab:** 29 **Specialty Developing Recommendation:** RPA

**First Identified:** February 2009

**2020 Medicare Utilization:** 455

**2022 Work RVU:** 9.87

**2022 NF PE RVU:** 4.35

**2022 Fac PE RVU:** 4.35

**RUC Recommendation:** RUC Recommended revised clinical staff time

**Referred to CPT**

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** PE Only

## Status Report: CMS Requests and Relativity Assessment Issues

**90959** End-stage renal disease (esrd) related services monthly, for patients 12-19 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 1 face-to-face visit by a physician or other qualified health care professional per month **Global:** XXX **Issue:** End-Stage Renal Disease **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

**Most Recent**  
**RUC Meeting:** April 2009 **Tab:** 29 **Specialty Developing Recommendation:** RPA

**First Identified:** February 2009

**2020 Medicare Utilization:** 296

**2022 Work RVU:** 6.19  
**2022 NF PE RVU:** 3.01  
**2022 Fac PE RVU:** 3.01

**RUC Recommendation:** RUC Recommended revised clinical staff time

**Referred to CPT**  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** PE Only

**90960** End-stage renal disease (esrd) related services monthly, for patients 20 years of age and older; with 4 or more face-to-face visits by a physician or other qualified health care professional per month **Global:** XXX **Issue:** End-Stage Renal Disease **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

**Most Recent**  
**RUC Meeting:** April 2009 **Tab:** 29 **Specialty Developing Recommendation:** RPA

**First Identified:** February 2009

**2020 Medicare Utilization:** 2,174,715

**2022 Work RVU:** 6.77  
**2022 NF PE RVU:** 3.26  
**2022 Fac PE RVU:** 3.26

**RUC Recommendation:** RUC Recommended revised physician and clinical staff time

**Referred to CPT**  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** PE Only

**90961** End-stage renal disease (esrd) related services monthly, for patients 20 years of age and older; with 2-3 face-to-face visits by a physician or other qualified health care professional per month **Global:** XXX **Issue:** End-Stage Renal Disease **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

**Most Recent**  
**RUC Meeting:** April 2009 **Tab:** 29 **Specialty Developing Recommendation:** RPA

**First Identified:** February 2009

**2020 Medicare Utilization:** 667,595

**2022 Work RVU:** 5.52  
**2022 NF PE RVU:** 2.80  
**2022 Fac PE RVU:** 2.80

**RUC Recommendation:** RUC Recommended revised physician and clinical staff time

**Referred to CPT**  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** PE Only

## Status Report: CMS Requests and Relativity Assessment Issues

**90962** End-stage renal disease (esrd) related services monthly, for patients 20 years of age and older; with 1 face-to-face visit by a physician or other qualified health care professional per month **Global:** XXX **Issue:** End-Stage Renal Disease **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

**Most Recent**  
**RUC Meeting:** April 2009 **Tab:** 29 **Specialty Developing Recommendation:** RPA

**First Identified:** February 2009

**2020 Medicare Utilization:** 198,834

**2022 Work RVU:** 3.57  
**2022 NF PE RVU:** 2.16  
**2022 Fac PE RVU:** 2.16

**RUC Recommendation:** RUC Recommended revised clinical staff time

**Referred to CPT**

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** PE Only

**90963** End-stage renal disease (esrd) related services for home dialysis per full month, for patients younger than 2 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents **Global:** XXX **Issue:** End-Stage Renal Disease **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

**Most Recent**  
**RUC Meeting:** April 2009 **Tab:** 29 **Specialty Developing Recommendation:** RPA

**First Identified:** February 2009

**2020 Medicare Utilization:** 189

**2022 Work RVU:** 12.09  
**2022 NF PE RVU:** 5.06  
**2022 Fac PE RVU:** 5.06

**RUC Recommendation:** RUC Recommended revised clinical staff time

**Referred to CPT**

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** PE Only

**90964** End-stage renal disease (esrd) related services for home dialysis per full month, for patients 2-11 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents **Global:** XXX **Issue:** End-Stage Renal Disease **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

**Most Recent**  
**RUC Meeting:** April 2009 **Tab:** 29 **Specialty Developing Recommendation:** RPA

**First Identified:** February 2009

**2020 Medicare Utilization:** 960

**2022 Work RVU:** 10.25  
**2022 NF PE RVU:** 4.47  
**2022 Fac PE RVU:** 4.47

**RUC Recommendation:** RUC Recommended revised clinical staff time

**Referred to CPT**

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** PE Only

## Status Report: CMS Requests and Relativity Assessment Issues

**90965** End-stage renal disease (esrd) related services for home dialysis per full month, for patients 12-19 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents **Global:** XXX **Issue:** End-Stage Renal Disease **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

**Most Recent RUC Meeting:** April 2009

**Tab:** 29 **Specialty Developing Recommendation:** RPA

**First Identified:** February 2009

**2020 Medicare Utilization:** 1,411

**2022 Work RVU:** 9.80

**2022 NF PE RVU:** 4.35

**2022 Fac PE RVU:** 4.35

**RUC Recommendation:** RUC Recommended revised clinical staff time

**Referred to CPT**

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** PE Only

**90966** End-stage renal disease (esrd) related services for home dialysis per full month, for patients 20 years of age and older **Global:** XXX **Issue:** End-Stage Renal Disease **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

**Most Recent RUC Meeting:** April 2009

**Tab:** 29 **Specialty Developing Recommendation:** RPA

**First Identified:** February 2009

**2020 Medicare Utilization:** 393,883

**2022 Work RVU:** 5.52

**2022 NF PE RVU:** 2.80

**2022 Fac PE RVU:** 2.80

**RUC Recommendation:** RUC Recommended revised clinical staff time

**Referred to CPT**

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** PE Only

**91038** Esophageal function test, gastroesophageal reflux test with nasal catheter intraluminal impedance electrode(s) placement, recording, analysis and interpretation; prolonged (greater than 1 hour, up to 24 hours) **Global:** 000 **Issue:** Gastroenterological Tests **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

**Most Recent RUC Meeting:** February 2010

**Tab:** 23 **Specialty Developing Recommendation:** AGA, ASGE

**First Identified:** February 2010

**2020 Medicare Utilization:** 3,535

**2022 Work RVU:** 1.10

**2022 NF PE RVU:** 11.55

**2022 Fac PE RVU:** NA

**RUC Recommendation:** New PE Inputs

**Referred to CPT**

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** PE Only

# Status Report: CMS Requests and Relativity Assessment Issues

**91110** Gastrointestinal tract imaging, intraluminal (eg, capsule endoscopy), esophagus through ileum, with interpretation and report **Global:** XXX **Issue:** Gastrointestinal Tract Imaging **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

**Most Recent RUC Meeting:** January 2016

**Tab:** 44

**Specialty Developing Recommendation:** ACG, AGA, ASGE

**First Identified:** July 2015

**2020 Medicare Utilization:** 44,397

**2022 Work RVU:** 2.24  
**2022 NF PE RVU:** 20.99  
**2022 Fac PE RVU:** NA

**RUC Recommendation:** 2.49

**Referred to CPT**

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

**Result:** Decrease

**91111** Gastrointestinal tract imaging, intraluminal (eg, capsule endoscopy), esophagus with interpretation and report **Global:** XXX **Issue:** Gastrointestinal Tract Imaging **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

**Most Recent RUC Meeting:** January 2016

**Tab:** 44

**Specialty Developing Recommendation:** ACG, AGA, ASGE

**First Identified:** July 2015

**2020 Medicare Utilization:** 160

**2022 Work RVU:** 0.90  
**2022 NF PE RVU:** 27.13  
**2022 Fac PE RVU:** NA

**RUC Recommendation:** 1.00

**Referred to CPT**

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

**Result:** Maintain

**91132** Electrogastrography, diagnostic, transcutaneous; **Global:** XXX **Issue:** Electrogastrography **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

**Most Recent RUC Meeting:** February 2010

**Tab:** 24

**Specialty Developing Recommendation:** AGA, ACG, ASGE

**First Identified:**

**2020 Medicare Utilization:** 74

**2022 Work RVU:** 0.52  
**2022 NF PE RVU:** 13.49  
**2022 Fac PE RVU:** NA

**RUC Recommendation:** New PE Inputs

**Referred to CPT**

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

**Result:** PE Only

**91133** Electrogastrography, diagnostic, transcutaneous; with provocative testing **Global:** XXX **Issue:** Electrogastrography **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

**Most Recent RUC Meeting:** February 2010

**Tab:** 24

**Specialty Developing Recommendation:** AGA, ACG, ASGE

**First Identified:**

**2020 Medicare Utilization:** 45

**2022 Work RVU:** 0.66  
**2022 NF PE RVU:** 13.99  
**2022 Fac PE RVU:** NA

**RUC Recommendation:** New PE Inputs

**Referred to CPT**

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

**Result:** PE Only

## Status Report: CMS Requests and Relativity Assessment Issues

<b>92065</b>	Orthoptic training; performed by a physician or other qualified health care professional	<b>Global:</b> XXX	<b>Issue:</b> Orthoptic Training	<b>Screen:</b> Harvard Valued - Utilization over 30,000-Part4	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2021	<b>Tab:</b> 10	<b>Specialty Developing Recommendation:</b> AAO, AOA (optometry)	<b>First Identified:</b> October 2019	<b>2020 Medicare Utilization:</b> 21,846	<b>2022 Work RVU:</b> 0.37 <b>2022 NF PE RVU:</b> 1.16 <b>2022 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> 0.71			<b>Referred to CPT</b> February 2021 May 2020-Tab 37	<b>Result:</b> Increase	
			<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	
<hr/>					
<b>92066</b>	Orthoptic training; under supervision of a physician or other qualified health care professional	<b>Global:</b>	<b>Issue:</b> Orthoptic Training	<b>Screen:</b> Harvard Valued - Utilization over 30,000-Part4	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2021	<b>Tab:</b> 10	<b>Specialty Developing Recommendation:</b> AAO, AOA (optometry)	<b>First Identified:</b> February 2021	<b>2020 Medicare Utilization:</b>	<b>2022 Work RVU:</b> <b>2022 NF PE RVU:</b> <b>2022 Fac PE RVU:</b>
<b>RUC Recommendation:</b> New PE Inputs			<b>Referred to CPT</b>	<b>Result:</b> PE Only	
			<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	
<hr/>					
<b>92081</b>	Visual field examination, unilateral or bilateral, with interpretation and report; limited examination (eg, tangent screen, autoplot, arc perimeter, or single stimulus level automated test, such as octopus 3 or 7 equivalent)	<b>Global:</b> XXX	<b>Issue:</b> Visual Field Examination	<b>Screen:</b> Harvard Valued - Utilization over 100,000	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2010	<b>Tab:</b> 42	<b>Specialty Developing Recommendation:</b> AAO, AOA (optometric)	<b>First Identified:</b> October 2009	<b>2020 Medicare Utilization:</b> 67,895	<b>2022 Work RVU:</b> 0.30 <b>2022 NF PE RVU:</b> 0.65 <b>2022 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> 0.30			<b>Referred to CPT</b>	<b>Result:</b> Decrease	
			<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	

## Status Report: CMS Requests and Relativity Assessment Issues

<b>92082</b>	Visual field examination, unilateral or bilateral, with interpretation and report; intermediate examination (eg, at least 2 isopters on goldmann perimeter, or semiquantitative, automated suprathreshold screening program, humphrey suprathreshold automatic diagnostic test, octopus program 33)	<b>Global:</b> XXX	<b>Issue:</b> Visual Field Examination	<b>Screen:</b> Harvard Valued - Utilization over 100,000	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2010	<b>Tab:</b> 42	<b>Specialty Developing Recommendation:</b> AAO, AOA (optometric)	<b>First Identified:</b> October 2009	<b>2020 Medicare Utilization:</b> 90,923	<b>2022 Work RVU:</b> 0.40 <b>2022 NF PE RVU:</b> 0.94 <b>2022 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> 0.40			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b> Decrease
<hr/>					
<b>92083</b>	Visual field examination, unilateral or bilateral, with interpretation and report; extended examination (eg, goldmann visual fields with at least 3 isopters plotted and static determination within the central 30 deg, or quantitative, automated threshold perimetry, octopus program g-1, 32 or 42, humphrey visual field analyzer full threshold programs 30-2, 24-2, or 30/60-2)	<b>Global:</b> XXX	<b>Issue:</b> Visual Field Examination	<b>Screen:</b> MPC List / CMS High Expenditure Procedural Codes <sup>1</sup>	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2012	<b>Tab:</b> 46	<b>Specialty Developing Recommendation:</b> AAO, AOA (optometric)	<b>First Identified:</b> October 2010	<b>2020 Medicare Utilization:</b> 2,336,097	<b>2022 Work RVU:</b> 0.50 <b>2022 NF PE RVU:</b> 1.32 <b>2022 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> 0.50			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b> Maintain
<hr/>					
<b>92100</b>	Serial tonometry (separate procedure) with multiple measurements of intraocular pressure over an extended time period with interpretation and report, same day (eg, diurnal curve or medical treatment of acute elevation of intraocular pressure)	<b>Global:</b> XXX	<b>Issue:</b> Serial Tonometry	<b>Screen:</b> Harvard Valued - Utilization over 30,000	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> September 2011	<b>Tab:</b> 36	<b>Specialty Developing Recommendation:</b> AAO, AOA (optometric)	<b>First Identified:</b> April 2011	<b>2020 Medicare Utilization:</b> 22,903	<b>2022 Work RVU:</b> 0.61 <b>2022 NF PE RVU:</b> 1.87 <b>2022 Fac PE RVU:</b> 0.31
<b>RUC Recommendation:</b> 0.61			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b> Decrease



## Status Report: CMS Requests and Relativity Assessment Issues

**92133** Scanning computerized ophthalmic diagnostic imaging, posterior segment, with interpretation and report, unilateral or bilateral; optic nerve **Global:** XXX **Issue:** Computerized Scanning Ophthalmology Diagnostic Imaging **Screen:** CMS Fastest Growing **Complete?** Yes

**Most Recent RUC Meeting:** April 2010

**Tab:** 23 **Specialty Developing Recommendation:** AAO, AOA (eye)

**First Identified:** October 2009

**2020 Medicare Utilization:** 2,297,798

**2022 Work RVU:** 0.40  
**2022 NF PE RVU:** 0.66  
**2022 Fac PE RVU:** NA

**RUC Recommendation:** 0.50

**Referred to CPT** October 2009

**Result:** Decrease

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**92134** Scanning computerized ophthalmic diagnostic imaging, posterior segment, with interpretation and report, unilateral or bilateral; retina **Global:** XXX **Issue:** Computerized Scanning Ophthalmology Diagnostic Imaging **Screen:** CMS Fastest Growing / Codes Reported Together 75% or More-Part5 **Complete?** Yes

**Most Recent RUC Meeting:** September 2022

**Tab:** 13 **Specialty Developing Recommendation:** AAO, AOA (eye)

**First Identified:** October 2008

**2020 Medicare Utilization:** 6,490,708

**2022 Work RVU:** 0.45  
**2022 NF PE RVU:** 0.72  
**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 Imaging **Screen:** CMS Fastest Growing **Complete?** Yes

**Most Recent RUC Meeting:** October 2009

**Tab:** 31 **Specialty Developing Recommendation:** AAO, AOA

**First Identified:** October 2008

**2020 Medicare Utilization:**

**2022 Work RVU:**  
**2022 NF PE RVU:**  
**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:**

## Status Report: CMS Requests and Relativity Assessment Issues

<b>92136</b>	<b>Ophthalmic biometry by partial coherence interferometry with intraocular lens power calculation</b>	<b>Global:</b> XXX	<b>Issue:</b> Ophthalmic Biometry	<b>Screen:</b> CMS Fastest Growing / CMS High Expenditure Procedural Codes2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2016	<b>Tab:</b> 36 <b>Specialty Developing Recommendation:</b> AAO	<b>First Identified:</b> October 2008	<b>2020 Medicare Utilization:</b> 1,310,440	<b>2022 Work RVU:</b> 0.54 <b>2022 NF PE RVU:</b> 0.90 <b>2022 Fac PE RVU:</b> NA	
<b>RUC Recommendation:</b> 0.54		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b> Maintain	
<hr/>					
<b>92140</b>	<b>Provocative tests for glaucoma, with interpretation and report, without tonography</b>	<b>Global:</b>	<b>Issue:</b> Glaucoma Provacative Tests	<b>Screen:</b> Harvard Valued - Utilization over 30,000-Part2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2016	<b>Tab:</b> 41 <b>Specialty Developing Recommendation:</b> AAO, AOA (optometry)	<b>First Identified:</b> October 2015	<b>2020 Medicare Utilization:</b>	<b>2022 Work RVU:</b> <b>2022 NF PE RVU:</b> <b>2022 Fac PE RVU:</b>	
<b>RUC Recommendation:</b> Deleted from CPT		<b>Referred to CPT</b> May 2016 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b> Deleted from CPT	
<hr/>					
<b>92201</b>	<b>Ophthalmoscopy, extended; with retinal drawing and scleral depression of peripheral retinal disease (eg, for retinal tear, retinal detachment, retinal tumor) with interpretation and report, unilateral or bilateral</b>	<b>Global:</b> XXX	<b>Issue:</b> Ophthalmoscopy	<b>Screen:</b> Negative IWPUT	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2018	<b>Tab:</b> 05 <b>Specialty Developing Recommendation:</b> AAO, AOA (Optometry), ASRS	<b>First Identified:</b> February 2018	<b>2020 Medicare Utilization:</b> 410,263	<b>2022 Work RVU:</b> 0.40 <b>2022 NF PE RVU:</b> 0.30 <b>2022 Fac PE RVU:</b> 0.24	
<b>RUC Recommendation:</b> 0.40		<b>Referred to CPT</b> February 2018 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b> Decrease	
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## Status Report: CMS Requests and Relativity Assessment Issues

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<b>92202</b>	Ophthalmoscopy, extended; with drawing of optic nerve or macula (eg, for glaucoma, macular pathology, tumor) with interpretation and report, unilateral or bilateral	<b>Global:</b> XXX	<b>Issue:</b> Ophthalmoscopy	<b>Screen:</b> Negative IWPUT	<b>Complete?</b> Yes
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<b>Most Recent RUC Meeting:</b> April 2018	<b>Tab:</b> 05	<b>Specialty Developing Recommendation:</b> AAO, AOA (Optometry), ASRS	<b>First Identified:</b> February 2018	<b>2020 Medicare Utilization:</b> 670,751	<b>2022 Work RVU:</b> 0.26 <b>2022 NF PE RVU:</b> 0.19 <b>2022 Fac PE RVU:</b> 0.15
<b>RUC Recommendation:</b> 0.26			<b>Referred to CPT</b> February 2018 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b> Decrease

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<b>92225</b>	Ophthalmoscopy, extended, with retinal drawing (eg, for retinal detachment, melanoma), with interpretation and report; initial	<b>Global:</b>	<b>Issue:</b> Ophthalmoscopy	<b>Screen:</b> Negative IWPUT	<b>Complete?</b> Yes
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<b>Most Recent RUC Meeting:</b> April 2018	<b>Tab:</b> 05	<b>Specialty Developing Recommendation:</b> AAO, AOA (Optometry), ASRS	<b>First Identified:</b> April 2017	<b>2020 Medicare Utilization:</b>	<b>2022 Work RVU:</b> <b>2022 NF PE RVU:</b> <b>2022 Fac PE RVU:</b>
<b>RUC Recommendation:</b> Deleted from CPT			<b>Referred to CPT</b> February 2018 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b> Deleted from CPT

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<b>92226</b>	Ophthalmoscopy, extended, with retinal drawing (eg, for retinal detachment, melanoma), with interpretation and report; subsequent	<b>Global:</b>	<b>Issue:</b> Ophthalmoscopy	<b>Screen:</b> Negative IWPUT	<b>Complete?</b> Yes
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<b>Most Recent RUC Meeting:</b> April 2018	<b>Tab:</b> 05	<b>Specialty Developing Recommendation:</b> AAO, AOA (Optometry), ASRS	<b>First Identified:</b> February 2018	<b>2020 Medicare Utilization:</b>	<b>2022 Work RVU:</b> <b>2022 NF PE RVU:</b> <b>2022 Fac PE RVU:</b>
<b>RUC Recommendation:</b> Deleted from CPT			<b>Referred to CPT</b> February 2018 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b> Deleted from CPT

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# Status Report: CMS Requests and Relativity Assessment Issues

**92235** Fluorescein angiography (includes multiframe imaging) with interpretation and report, unilateral or bilateral **Global:** XXX **Issue:** Ophthalmoscopic Angiography **Screen:** Harvard Valued - Utilization over 30,000 / CMS High Expenditure Procedural Codes1 / Codes Reported Together 75% or More-Part3 **Complete?** Yes

**Most Recent RUC Meeting:** January 2016

**Tab:** 21 **Specialty Developing Recommendation:** AAO, ASRS

**First Identified:** April 2011

**2020 Medicare Utilization:** 327,141

**2022 Work RVU:** 0.75

**2022 NF PE RVU:** 2.92

**2022 Fac PE RVU:** NA

**RUC Recommendation:** 0.75

**Referred to CPT** October 2015

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Decrease

**92240** Indocyanine-green angiography (includes multiframe imaging) with interpretation and report, unilateral or bilateral

**Global:** XXX **Issue:** Ophthalmoscopic Angiography

**Screen:** Codes Reported Together 75% or More-Part3 / CMS High Expenditure Procedural Codes2

**Complete?** Yes

**Most Recent RUC Meeting:** January 2016

**Tab:** 21 **Specialty Developing Recommendation:** AAO, ASRS

**First Identified:** January 2015

**2020 Medicare Utilization:** 8,502

**2022 Work RVU:** 0.80

**2022 NF PE RVU:** 4.82

**2022 Fac PE RVU:** NA

**RUC Recommendation:** 0.80

**Referred to CPT** October 2015

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Decrease

**92242** Fluorescein angiography and indocyanine-green angiography (includes multiframe imaging) performed at the same patient encounter with interpretation and report, unilateral or bilateral

**Global:** XXX **Issue:** Ophthalmoscopic Angiography

**Screen:** Codes Reported Together 75% or More-Part3

**Complete?** Yes

**Most Recent RUC Meeting:** January 2016

**Tab:** 21 **Specialty Developing Recommendation:** AAO, ASRS

**First Identified:** October 2015

**2020 Medicare Utilization:** 31,617

**2022 Work RVU:** 0.95

**2022 NF PE RVU:** 6.38

**2022 Fac PE RVU:** NA

**RUC Recommendation:** 0.95

**Referred to CPT** October 2015

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Decrease

# Status Report: CMS Requests and Relativity Assessment Issues

## 92250 Fundus photography with interpretation and report

Global: XXX

Issue: Fundus Photography

Screen: MPC List / CMS High Expenditure Procedural Codes2

Complete? Yes

Most Recent  
RUC Meeting: January 2016

Tab: 45

Specialty Developing  
Recommendation: AAO, ASRS, AOA (optometry)

First  
Identified: October 2010

2020  
Medicare  
Utilization: 2,952,367

2022 Work RVU: 0.40

2022 NF PE RVU: 0.67

2022 Fac PE RVU: NA

RUC Recommendation: 0.40

Referred to CPT

Referred to CPT Asst ☐ Published in CPT Asst:

Result: Decrease

## 92270 Electro-oculography with interpretation and report

Global: XXX

Issue: Electro-oculography

Screen: High Volume Growth1 / High Volume Growth3

Complete? Yes

Most Recent  
RUC Meeting: October 2017

Tab: 19

Specialty Developing  
Recommendation: AAO-HNS

First  
Identified: February 2008

2020  
Medicare  
Utilization: 1,420

2022 Work RVU: 0.81

2022 NF PE RVU: 2.36

2022 Fac PE RVU: NA

RUC Recommendation: CPT Assistant article published.

Referred to CPT February 2014

Referred to CPT Asst ☒ Published in CPT Asst: Aug 2008 and Q&A Jun 2009

Result: Maintain

## 92273 Electroretinography (erg), with interpretation and report; full field (ie, fferg, flash erg, ganzfeld erg)

Global: XXX

Issue: Electroretinography

Screen: CMS High Expenditure Procedural Codes2 / Work Neutrality 2019

Complete? Yes

Most Recent  
RUC Meeting: January 2021

Tab: 29

Specialty Developing  
Recommendation:

First  
Identified: September 2017

2020  
Medicare  
Utilization: 72,856

2022 Work RVU: 0.69

2022 NF PE RVU: 3.01

2022 Fac PE RVU: NA

RUC Recommendation: Review action plan. 0.80

Referred to CPT

Referred to CPT Asst ☐ Published in CPT Asst:

Result: Decrease

## Status Report: CMS Requests and Relativity Assessment Issues

**92274** Electoretinography (erg), with interpretation and report; multifocal (mferg) **Global:** XXX **Issue:** Electoretinography **Screen:** CMS High Expenditure Procedural Codes2 / Work Neutrality 2019 **Complete?** Yes

**Most Recent RUC Meeting:** January 2021

**Tab:** 29

**Specialty Developing Recommendation:**

**First Identified:** September 2017

**2020 Medicare Utilization:** 5,242

**2022 Work RVU:** 0.61

**2022 NF PE RVU:** 1.92

**2022 Fac PE RVU:** NA

**RUC Recommendation:** Review action plan. 0.72

**Referred to CPT**

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Decrease

**92275** Electoretinography with interpretation and report

**Global:**

**Issue:** Electoretinography

**Screen:** CMS High Expenditure Procedural Codes2

**Complete?** Yes

**Most Recent RUC Meeting:** January 2018

**Tab:** 17

**Specialty Developing Recommendation:** AAO, ASRS, AOA (optometry)

**First Identified:** July 2015

**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** ☐ **Published in CPT Asst:**

**Result:** Deleted from CPT

**92284** Diagnostic dark adaptation examination with interpretation and report

**Global:** XXX

**Issue:** Dark Adaption Eye Exam

**Screen:** Harvard Valued - Utilization over 30,000-Part5

**Complete?** Yes

**Most Recent RUC Meeting:** April 2021

**Tab:** 20

**Specialty Developing Recommendation:** AAO, AOA (optometry), ASRS

**First Identified:** October 2020

**2020 Medicare Utilization:** 28,131

**2022 Work RVU:** 0.24

**2022 NF PE RVU:** 1.43

**2022 Fac PE RVU:** NA

**RUC Recommendation:** 0.14. Review Technology

**Referred to CPT** May 2021

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Decrease

# Status Report: CMS Requests and Relativity Assessment Issues

<b>92285</b>	External ocular photography with interpretation and report for documentation of medical progress (eg, close-up photography, slit lamp photography, gonioscopy, stereo-photography)	<b>Global:</b> XXX	<b>Issue:</b> Ocular Photography	<b>Screen:</b> CMS Fastest Growing, Harvard Valued - Utilization over 100,000	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2009	<b>Tab:</b> 32	<b>Specialty Developing Recommendation:</b> AAO, AOA	<b>First Identified:</b> October 2008	<b>2020 Medicare Utilization:</b> 329,781	<b>2022 Work RVU:</b> 0.05 <b>2022 NF PE RVU:</b> 0.61 <b>2022 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> 0.05 and new PE inputs			<b>Referred to CPT</b> February 2010 <b>Referred to CPT Asst</b> <input type="checkbox"/> <b>Published in CPT Asst:</b>	<b>Result:</b> Decrease	
<hr/>					
<b>92286</b>	Anterior segment imaging with interpretation and report; with specular microscopy and endothelial cell analysis	<b>Global:</b> XXX	<b>Issue:</b> Anterior Segment Imaging	<b>Screen:</b> Harvard Valued - Utilization over 30,000 / Harvard-Valued Annual Allowed Charges Greater than \$10 million	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2012	<b>Tab:</b> 28	<b>Specialty Developing Recommendation:</b> AAO, AOA (optometric)	<b>First Identified:</b> April 2011	<b>2020 Medicare Utilization:</b> 88,824	<b>2022 Work RVU:</b> 0.40 <b>2022 NF PE RVU:</b> 0.73 <b>2022 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> 0.40			<b>Referred to CPT</b> October 2011 <b>Referred to CPT Asst</b> <input type="checkbox"/> <b>Published in CPT Asst:</b>	<b>Result:</b> Decrease	
<hr/>					
<b>92287</b>	Anterior segment imaging with interpretation and report; with fluorescein angiography	<b>Global:</b> XXX	<b>Issue:</b> Anterior Segment Imaging	<b>Screen:</b> Harvard Valued - Utilization over 30,000 / CPT Assistant Analysis 2018	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2021	<b>Tab:</b> 21	<b>Specialty Developing Recommendation:</b> AAO, ASRS	<b>First Identified:</b>	<b>2020 Medicare Utilization:</b> 4,885	<b>2022 Work RVU:</b> 0.81 <b>2022 NF PE RVU:</b> 4.48 <b>2022 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> 0.40			<b>Referred to CPT</b> October 2011 <b>Referred to CPT Asst</b> <input checked="" type="checkbox"/> <b>Published in CPT Asst:</b> Mar 2013	<b>Result:</b> Decrease	

## Status Report: CMS Requests and Relativity Assessment Issues

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<b>92504</b> Binocular microscopy (separate diagnostic procedure)	<b>Global:</b> XXX	<b>Issue:</b> Binocular Microscopy	<b>Screen:</b> Harvard Valued - Utilization over 100,000	<b>Complete?</b> Yes
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<b>Most Recent RUC Meeting:</b> April 2010	<b>Tab:</b> 43	<b>Specialty Developing Recommendation:</b> AAO-HNS
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<b>First Identified:</b> October 2009
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<b>2020 Medicare Utilization:</b> 193,751
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<b>2022 Work RVU:</b> 0.18
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<b>2022 NF PE RVU:</b> 0.67
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<b>2022 Fac PE RVU:</b> 0.08
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<b>RUC Recommendation:</b> 0.18
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<b>Referred to CPT</b>
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<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>
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<b>Result:</b> Maintain
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<b>92506</b> Evaluation of speech, language, voice, communication, and/or auditory processing
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<b>Global:</b>
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<b>Issue:</b> Speech Language Pathology Services
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<b>Screen:</b> CMS Request/Speech Language Pathology Request
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<b>Complete?</b> Yes
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<b>Most Recent RUC Meeting:</b> February 2010	<b>Tab:</b> 28	<b>Specialty Developing Recommendation:</b> ASHA
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<b>First Identified:</b>
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<b>2020 Medicare Utilization:</b>
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<b>2022 Work RVU:</b>
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<b>2022 NF PE RVU:</b>
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<b>2022 Fac PE RVU:</b>
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<b>RUC Recommendation:</b> Deleted from CPT
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<b>Referred to CPT</b> October 2012
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<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>
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<b>Result:</b> Deleted from CPT
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<b>92507</b> Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual
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<b>Global:</b> XXX
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<b>Issue:</b> Speech Language Pathology Services
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<b>Screen:</b> CMS Request/Speech Language Pathology Request / High Volume Growth 3
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<b>Complete?</b> Yes
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<b>Most Recent RUC Meeting:</b> January 2016	<b>Tab:</b> 54	<b>Specialty Developing Recommendation:</b> ASHA
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<b>First Identified:</b> October 2015
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<b>2020 Medicare Utilization:</b> 324,893
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<b>2022 Work RVU:</b> 1.30
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<b>2022 NF PE RVU:</b> 0.91
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<b>2022 Fac PE RVU:</b> NA
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<b>RUC Recommendation:</b> 1.30 work RVU and clinical staff time removed. Remove from High Volume screen.
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<b>Referred to CPT</b>
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<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>
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<b>Result:</b> Decrease
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## Status Report: CMS Requests and Relativity Assessment Issues

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<b>92508</b>	Treatment of speech, language, voice, communication, and/or auditory processing disorder; group, 2 or more individuals	<b>Global:</b> XXX	<b>Issue:</b> Speech Language Pathology Services	<b>Screen:</b> CMS Request/Speech Language Pathology Request	<b>Complete?</b> Yes
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<b>Most Recent RUC Meeting:</b> February 2010	<b>Tab:</b> 28	<b>Specialty Developing Recommendation:</b> ASHA
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<b>First Identified:</b>	<b>2020 Medicare Utilization:</b> 1,932
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<b>2022 Work RVU:</b> 0.33
<b>2022 NF PE RVU:</b> 0.36
<b>2022 Fac PE RVU:</b> NA

**RUC Recommendation:** 0.43 work RVU and clinical staff time removed

**Referred to CPT**  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Decrease

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<b>92521</b>	Evaluation of speech fluency (eg, stuttering, cluttering)
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<b>Global:</b> XXX	<b>Issue:</b> Speech Evaluation
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<b>Screen:</b> CMS Request/Speech Language Pathology Request	<b>Complete?</b> Yes
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<b>Most Recent RUC Meeting:</b> January 2013	<b>Tab:</b> 32	<b>Specialty Developing Recommendation:</b> ASHA
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<b>First Identified:</b>	<b>2020 Medicare Utilization:</b> 202
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<b>2022 Work RVU:</b> 2.24
<b>2022 NF PE RVU:</b> 1.59
<b>2022 Fac PE RVU:</b> NA

**RUC Recommendation:** 1.75

**Referred to CPT** October 2012  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Increase

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<b>92522</b>	Evaluation of speech sound production (eg, articulation, phonological process, apraxia, dysarthria);
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<b>Global:</b> XXX	<b>Issue:</b> Speech Evaluation
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<b>Screen:</b> CMS Request/Speech Language Pathology Request	<b>Complete?</b> Yes
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<b>Most Recent RUC Meeting:</b> January 2013	<b>Tab:</b> 32	<b>Specialty Developing Recommendation:</b> ASHA
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<b>First Identified:</b>	<b>2020 Medicare Utilization:</b> 2,960
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<b>2022 Work RVU:</b> 1.92
<b>2022 NF PE RVU:</b> 1.28
<b>2022 Fac PE RVU:</b> NA

**RUC Recommendation:** 1.50

**Referred to CPT** October 2012  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Increase

## Status Report: CMS Requests and Relativity Assessment Issues

**92523** Evaluation of speech sound production (eg, articulation, phonological process, apraxia, dysarthria); with evaluation of language comprehension and expression (eg, receptive and expressive language) **Global:** XXX **Issue:** Speech Evaluation **Screen:** CMS Request/Speech Language Pathology Request **Complete?** Yes

**Most Recent RUC Meeting:** January 2013

**Tab:** 32 **Specialty Developing Recommendation:** ASHA

**First Identified:**

**2020 Medicare Utilization:** 19,046

**2022 Work RVU:** 3.84

**2022 NF PE RVU:** 2.73

**2022 Fac PE RVU:** NA

**RUC Recommendation:** 3.36

**Referred to CPT** October 2012

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Increase

**92524** Behavioral and qualitative analysis of voice and resonance

**Global:** XXX

**Issue:** Speech Evaluation

**Screen:** CMS Request/Speech Language Pathology Request

**Complete?** Yes

**Most Recent RUC Meeting:** January 2013

**Tab:** 32 **Specialty Developing Recommendation:** ASHA

**First Identified:**

**2020 Medicare Utilization:** 13,510

**2022 Work RVU:** 1.92

**2022 NF PE RVU:** 1.23

**2022 Fac PE RVU:** NA

**RUC Recommendation:** 1.75

**Referred to CPT** October 2012

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Increase

**92526** Treatment of swallowing dysfunction and/or oral function for feeding

**Global:** XXX

**Issue:** Speech Language Pathology Services (HCPAC)

**Screen:** CMS Request/Speech Language Pathology Request / High Volume Growth2

**Complete?** Yes

**Most Recent RUC Meeting:** October 2020

**Tab:** 23 **Specialty Developing Recommendation:** ASHA, AAO-HNS

**First Identified:** NA

**2020 Medicare Utilization:** 121,719

**2022 Work RVU:** 1.34

**2022 NF PE RVU:** 1.12

**2022 Fac PE RVU:** NA

**RUC Recommendation:** Maintain

**Referred to CPT**

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Decrease

## Status Report: CMS Requests and Relativity Assessment Issues

**92537** Caloric vestibular test with recording, bilateral; bithermal (ie, one warm and one cool irrigation in each ear for a total of four irrigations) **Global:** XXX **Issue:** Vestibular Caloric Irrigation **Screen:** CMS-Other - Utilization over 250,000 **Complete?** Yes

**Most Recent RUC Meeting:** January 2015

**Tab:** 18 **Specialty Developing Recommendation:** AAA, AAN, AAO-HNS, ASHA

**First Identified:** October 2014

**2020 Medicare Utilization:** 49,240

**2022 Work RVU:** 0.60

**2022 NF PE RVU:** 0.59

**2022 Fac PE RVU:** NA

**RUC Recommendation:** 0.80

**Referred to CPT** October 2014

**Result:** Increase

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**92538** Caloric vestibular test with recording, bilateral; monothermal (ie, one irrigation in each ear for a total of two irrigations) **Global:** XXX **Issue:** Vestibular Caloric Irrigation **Screen:** CMS-Other - Utilization over 250,000 **Complete?** Yes

**Most Recent RUC Meeting:** January 2015

**Tab:** 18 **Specialty Developing Recommendation:** AAA, AAN, AAO-HNS, ASHA

**First Identified:** October 2014

**2020 Medicare Utilization:** 4,805

**2022 Work RVU:** 0.30

**2022 NF PE RVU:** 0.35

**2022 Fac PE RVU:** NA

**RUC Recommendation:** 0.55

**Referred to CPT** October 2014

**Result:** Increase

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**92540** Basic vestibular evaluation, includes spontaneous nystagmus test with eccentric gaze fixation nystagmus, with recording, positional nystagmus test, minimum of 4 positions, with recording, optokinetic nystagmus test, bidirectional foveal and peripheral stimulation, with recording, and oscillating tracking test, with recording **Global:** XXX **Issue:** EOG VNG **Screen:** Codes Reported Together 95% or More **Complete?** Yes

**Most Recent RUC Meeting:** April 2014

**Tab:** 24 **Specialty Developing Recommendation:** AAN, ASHA, AAO-HNS, AAA

**First Identified:**

**2020 Medicare Utilization:** 63,471

**2022 Work RVU:** 1.50

**2022 NF PE RVU:** 1.72

**2022 Fac PE RVU:** NA

**RUC Recommendation:** 1.50

**Referred to CPT**

**Result:** Decrease

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

## Status Report: CMS Requests and Relativity Assessment Issues

<b>92541</b>	Spontaneous nystagmus test, including gaze and fixation nystagmus, with recording	<b>Global:</b> XXX	<b>Issue:</b> EOG VNG	<b>Screen:</b> Codes Reported Together 95% or More / Harvard Valued - Utilization over 100,000 / CMS-Other Source – Utilization over 250,000	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2014	<b>Tab:</b> 24	<b>Specialty Developing Recommendation:</b> AAN, ASHA, AAO-HNS, AAA	<b>First Identified:</b> February 2008	<b>2020 Medicare Utilization:</b> 10,417	<b>2022 Work RVU:</b> 0.40 <b>2022 NF PE RVU:</b> 0.33 <b>2022 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> 0.40			<b>Referred to CPT</b> February 2009 <b>Referred to CPT Asst</b> <input type="checkbox"/> <b>Published in CPT Asst:</b>	<b>Result:</b> Maintain	
<hr/>					
<b>92542</b>	Positional nystagmus test, minimum of 4 positions, with recording	<b>Global:</b> XXX	<b>Issue:</b> EOG VNG	<b>Screen:</b> Codes Reported Together 95% or More / CMS-Other Source – Utilization over 250,000	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2014	<b>Tab:</b> 24	<b>Specialty Developing Recommendation:</b> AAN, ASHA, AAO-HNS, AAA	<b>First Identified:</b> February 2008	<b>2020 Medicare Utilization:</b> 14,257	<b>2022 Work RVU:</b> 0.48 <b>2022 NF PE RVU:</b> 0.36 <b>2022 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> 0.48			<b>Referred to CPT</b> February 2009 <b>Referred to CPT Asst</b> <input type="checkbox"/> <b>Published in CPT Asst:</b>	<b>Result:</b> Increase	
<hr/>					
<b>92543</b>	Caloric vestibular test, each irrigation (binaural, bithermal stimulation constitutes 4 tests), with recording	<b>Global:</b>	<b>Issue:</b> Vestibular Caloric Irrigation	<b>Screen:</b> Codes Reported Together 95% or More / Low Value-High Volume / CMS-Other - Utilization over 250,000	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2015	<b>Tab:</b> 18	<b>Specialty Developing Recommendation:</b> AAA, AAN, AAO-HNS, ASHA	<b>First Identified:</b> February 2008	<b>2020 Medicare Utilization:</b>	<b>2022 Work RVU:</b> <b>2022 NF PE RVU:</b> <b>2022 Fac PE RVU:</b>
<b>RUC Recommendation:</b> Deleted from CPT			<b>Referred to CPT</b> October 2014 <b>Referred to CPT Asst</b> <input type="checkbox"/> <b>Published in CPT Asst:</b>	<b>Result:</b> Deleted from CPT	

# Status Report: CMS Requests and Relativity Assessment Issues

<b>92544</b>	Optokinetic nystagmus test, bidirectional, foveal or peripheral stimulation, with recording	<b>Global:</b> XXX	<b>Issue:</b> EOG VNG	<b>Screen:</b> Codes Reported Together 95% or More / CMS-Other Source – Utilization over 250,000	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2014	<b>Tab:</b> 24	<b>Specialty Developing Recommendation:</b> AAN, ASHA, AAO-HNS, AAA	<b>First Identified:</b> February 2008	<b>2020 Medicare Utilization:</b> 2,100	<b>2022 Work RVU:</b> 0.27 <b>2022 NF PE RVU:</b> 0.24 <b>2022 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> 0.27			<b>Referred to CPT</b> February 2009 <b>Referred to CPT Asst</b> <input type="checkbox"/> <b>Published in CPT Asst:</b>	<b>Result:</b> Increase	
<hr/>					
<b>92545</b>	Oscillating tracking test, with recording	<b>Global:</b> XXX	<b>Issue:</b> EOG VNG	<b>Screen:</b> Codes Reported Together 95% or More / CMS-Other Source – Utilization over 250,000	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2014	<b>Tab:</b> 24	<b>Specialty Developing Recommendation:</b> AAN, ASHA, AAO-HNS, AAA	<b>First Identified:</b> February 2008	<b>2020 Medicare Utilization:</b> 3,176	<b>2022 Work RVU:</b> 0.25 <b>2022 NF PE RVU:</b> 0.23 <b>2022 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> 0.25			<b>Referred to CPT</b> February 2009 <b>Referred to CPT Asst</b> <input type="checkbox"/> <b>Published in CPT Asst:</b>	<b>Result:</b> Increase	
<hr/>					
<b>92546</b>	Sinusoidal vertical axis rotational testing	<b>Global:</b> XXX	<b>Issue:</b> EOG VNG	<b>Screen:</b> CMS-Other - Utilization over 250,000	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2014	<b>Tab:</b> 24	<b>Specialty Developing Recommendation:</b>	<b>First Identified:</b> February 2014	<b>2020 Medicare Utilization:</b> 30,767	<b>2022 Work RVU:</b> 0.29 <b>2022 NF PE RVU:</b> 3.38 <b>2022 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> Editorial change only			<b>Referred to CPT</b> February 2014 <b>Referred to CPT Asst</b> <input type="checkbox"/> <b>Published in CPT Asst:</b>	<b>Result:</b> Maintain	

# Status Report: CMS Requests and Relativity Assessment Issues

**92547** Use of vertical electrodes (list separately in addition to code for primary procedure) **Global:** ZZZ **Issue:** EOG VNG **Screen:** CMS-Other - Utilization over 250,000 **Complete?** Yes

**Most Recent RUC Meeting:** April 2014

**Tab:** 24 **Specialty Developing Recommendation:**

**First Identified:** February 2014

**2020 Medicare Utilization:** 18,829

**2022 Work RVU:** 0.00

**2022 NF PE RVU:** 0.31

**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 conditions (ie, eyes open, eyes closed, visual sway, platform sway, eyes closed platform sway, platform and visual sway), including interpretation and report;

**Global:** XXX

**Issue:** Computerized Dynamic Posturography

**Screen:** CMS-Other - Utilization over 250,000 / Negative IWPUT / Different Performing Specialty from Survey

**Complete?** Yes

**Most Recent RUC Meeting:** January 2019

**Tab:** 16 **Specialty Developing Recommendation:** AAA, AAN, ASHA

**First Identified:** February 2014

**2020 Medicare Utilization:** 34,199

**2022 Work RVU:** 0.67

**2022 NF PE RVU:** 0.74

**2022 Fac PE RVU:** NA

**RUC Recommendation:** 0.76

**Referred to CPT** September 2018 / February 2014

**Result:** Increase

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**92549** Computerized dynamic posturography sensory organization test (cdp-sot), 6 conditions (ie, eyes open, eyes closed, visual sway, platform sway, eyes closed platform sway, platform and visual sway), including interpretation and report; with motor control test (mct) and adaptation test (adt)

**Global:** XXX

**Issue:** Computerized Dynamic Posturography

**Screen:** CMS-Other - Utilization over 250,000 / Negative IWPUT / Different Performing Specialty from Survey

**Complete?** Yes

**Most Recent RUC Meeting:** January 2019

**Tab:** 16 **Specialty Developing Recommendation:**

**First Identified:** September 2018

**2020 Medicare Utilization:** 3,573

**2022 Work RVU:** 0.87

**2022 NF PE RVU:** 0.99

**2022 Fac PE RVU:** NA

**RUC Recommendation:** 0.96

**Referred to CPT** September 2018

**Result:** Increase

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

## Status Report: CMS Requests and Relativity Assessment Issues

### 92550 Tympanometry and reflex threshold measurements

Global: XXX

Issue: Bundled Audiology Tests

Screen: Codes Reported  
Together 95% or More

Complete? Yes

Most Recent  
RUC Meeting: April 2009

Tab: 22

Specialty Developing  
Recommendation: ASHA, AAO-HNS,  
AAA

First  
Identified:

2020  
Medicare  
Utilization: 163,237

2022 Work RVU: 0.35

2022 NF PE RVU: 0.29

2022 Fac PE RVU: NA

RUC Recommendation: 0.35

Referred to CPT

Referred to CPT Asst

☐

Published in CPT Asst:

Result: Decrease

### 92557 Comprehensive audiometry threshold evaluation and speech recognition (92553 and 92556 combined)

Global: XXX

Issue: Bundled Audiology Tests

Screen: Codes Reported  
Together 95% or More

Complete? Yes

Most Recent  
RUC Meeting: April 2009

Tab: 22

Specialty Developing  
Recommendation: ASHA, AAO-HNS,  
AAN

First  
Identified: February 2008

2020  
Medicare  
Utilization: 954,548

2022 Work RVU: 0.60

2022 NF PE RVU: 0.47

2022 Fac PE RVU: 0.31

RUC Recommendation: 0.60 work RVU and clinical staff time removed

Referred to CPT February 2009

Referred to CPT Asst

☐

Published in CPT Asst:

Result: Decrease

### 92558 Evoked otoacoustic emissions, screening (qualitative measurement of distortion product or transient evoked otoacoustic emissions), automated analysis

Global: XXX

Issue: Otoacoustic Emissions  
Measurement

Screen: CMS Fastest Growing

Complete? Yes

Most Recent  
RUC Meeting: April 2011

Tab: 35

Specialty Developing  
Recommendation: ASHA

First  
Identified: February 2011

2020  
Medicare  
Utilization:

2022 Work RVU: 0.17

2022 NF PE RVU: 0.10

2022 Fac PE RVU: 0.07

RUC Recommendation: 0.17

Referred to CPT February 2011

Referred to CPT Asst

☐

Published in CPT Asst:

Result: Increase

# Status Report: CMS Requests and Relativity Assessment Issues

**92567** Tympanometry (impedance testing)

**Global:** XXX

**Issue:** Bundled Audiology Tests

**Screen:** Codes Reported Together 95% or More / Low Value-High Volume

**Complete?** Yes

**Most Recent RUC Meeting:** April 2009

**Tab:** 22

**Specialty Developing Recommendation:** ASHA, AAO-HNS, AAN

**First Identified:** February 2008

**2020 Medicare Utilization:** 705,218

**2022 Work RVU:** 0.20

**2022 NF PE RVU:** 0.28

**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 Together 95% or More

**Complete?** Yes

**Most Recent RUC Meeting:** April 2009

**Tab:** 22

**Specialty Developing Recommendation:** ASHA, AAO-HNS, AAN

**First Identified:** February 2008

**2020 Medicare Utilization:** 3,217

**2022 Work RVU:** 0.29

**2022 NF PE RVU:** 0.15

**2022 Fac PE RVU:** 0.14

**RUC Recommendation:** 0.29 work RVU and clinical staff time removed

**Referred to CPT** February 2009

**Result:** Decrease

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**92569** Deleted from CPT

**Global:**

**Issue:** Bundled Audiology Tests

**Screen:** Codes Reported Together 95% or More

**Complete?** Yes

**Most Recent RUC Meeting:** April 2009

**Tab:** 22

**Specialty Developing Recommendation:** ASHA, AAO-HNS, AAN

**First Identified:** February 2008

**2020 Medicare Utilization:**

**2022 Work RVU:**

**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:**



# Status Report: CMS Requests and Relativity Assessment Issues

**92570** Acoustic immittance testing, includes tympanometry (impedance testing), acoustic reflex threshold testing, and acoustic reflex decay testing **Global:** XXX **Issue:** Bundled Audiology Tests **Screen:** Codes Reported Together 95% or More **Complete?** Yes

**Most Recent RUC Meeting:** October 2015 **Tab:** 21 **Specialty Developing Recommendation:** ASHA, AAO-HNS, AAA **First Identified:** **2020 Medicare Utilization:** 27,717 **2022 Work RVU:** 0.55 **2022 NF PE RVU:** 0.38 **2022 Fac PE RVU:** 0.28 **RUC Recommendation:** 0.55 **Result:** Decrease

**Referred to CPT**  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**92584** Electrocochleography **Global:** XXX **Issue:** Auditory Evoked Potentials **Screen:** CMS-Other - Utilization over 30,000 **Complete?** Yes

**Most Recent RUC Meeting:** April 2019 **Tab:** 06 **Specialty Developing Recommendation:** AAA, AAO-HNS, ASHA **First Identified:** February 2019 **2020 Medicare Utilization:** 8,218 **2022 Work RVU:** 1.00 **2022 NF PE RVU:** 2.35 **2022 Fac PE RVU:** NA **RUC Recommendation:** 1.00 **Result:** Increase

**Referred to CPT**  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**92585** Auditory evoked potentials for evoked response audiometry and/or testing of the central nervous system; comprehensive **Global:** **Issue:** Auditory Evoked Potentials **Screen:** CMS-Other - Utilization over 30,000 **Complete?** Yes

**Most Recent RUC Meeting:** April 2019 **Tab:** 06 **Specialty Developing Recommendation:** AAA, AAO-HNS, ASHA **First Identified:** October 2017 **2020 Medicare Utilization:** 29,858 **2022 Work RVU:** **2022 NF PE RVU:** **2022 Fac PE RVU:** **RUC Recommendation:** Deleted from CPT **Result:** Deleted from CPT

**Referred to CPT** February 2019  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**92586** Auditory evoked potentials for evoked response audiometry and/or testing of the central nervous system; limited **Global:** **Issue:** Auditory Evoked Potentials **Screen:** CMS-Other - Utilization over 30,000 **Complete?** Yes

**Most Recent RUC Meeting:** April 2019 **Tab:** 06 **Specialty Developing Recommendation:** AAA, AAO-HNS, ASHA **First Identified:** February 2019 **2020 Medicare Utilization:** 1,476 **2022 Work RVU:** **2022 NF PE RVU:** **2022 Fac PE RVU:** **RUC Recommendation:** Deleted from CPT **Result:** Deleted from CPT

**Referred to CPT** February 2019  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

## Status Report: CMS Requests and Relativity Assessment Issues

**92587** Distortion product evoked otoacoustic emissions; limited evaluation (to confirm the presence or absence of hearing disorder, 3-6 frequencies) or transient evoked otoacoustic emissions, with interpretation and report **Global:** XXX **Issue:** Otoacoustic Emissions Measurement **Screen:** CMS Fastest Growing **Complete?** Yes

**Most Recent RUC Meeting:** April 2011

**Tab:** 35 **Specialty Developing Recommendation:** ASHA

**First Identified:** October 2008

**2020 Medicare Utilization:** 39,376

**2022 Work RVU:** 0.35

**2022 NF PE RVU:** 0.28

**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 evaluation (quantitative analysis of outer hair cell function by cochlear mapping, minimum of 12 frequencies), with interpretation and report **Global:** XXX **Issue:** Otoacoustic Emissions Measurement **Screen:** CMS Fastest Growing **Complete?** Yes

**Most Recent RUC Meeting:** April 2011

**Tab:** 35 **Specialty Developing Recommendation:** ASHA

**First Identified:**

**2020 Medicare Utilization:** 66,621

**2022 Work RVU:** 0.55

**2022 NF PE RVU:** 0.43

**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 **Global:** XXX **Issue:** Speech Language Pathology Services (RUC) **Screen:** CMS Request/Speech Language Pathology Request **Complete?** Yes

**Most Recent RUC Meeting:** February 2009

**Tab:** 30 **Specialty Developing Recommendation:** ASHA

**First Identified:** NA

**2020 Medicare Utilization:** 2,068

**2022 Work RVU:** 1.26

**2022 NF PE RVU:** 0.80

**2022 Fac PE RVU:** 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:**

## Status Report: CMS Requests and Relativity Assessment Issues

<b>92605</b>	<b>Evaluation for prescription of non-speech-generating augmentative and alternative communication device, face-to-face with the patient; first hour</b>	<b>Global:</b> XXX	<b>Issue:</b> Eval of Rx for Non-Speech Generating Device	<b>Screen:</b> CMS Request/Speech Language Pathology Request	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2011	<b>Tab:</b> 35 <b>Specialty Developing Recommendation:</b> ASHA	<b>First Identified:</b>	<b>2020 Medicare Utilization:</b>	<b>2022 Work RVU:</b> 1.75 <b>2022 NF PE RVU:</b> 0.86 <b>2022 Fac PE RVU:</b> 0.68	
<b>RUC Recommendation:</b> 1.75		<b>Referred to CPT</b> February 2011 <b>Referred to CPT Asst</b> <input type="checkbox"/> <b>Published in CPT Asst:</b>		<b>Result:</b> Increase	
<hr/>					
<b>92606</b>	<b>Therapeutic service(s) for the use of non-speech-generating device, including programming and modification</b>	<b>Global:</b> XXX	<b>Issue:</b> Speech Language Pathology Services	<b>Screen:</b> CMS Request/Speech Language Pathology Request	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> February 2010	<b>Tab:</b> 28 <b>Specialty Developing Recommendation:</b> ASHA	<b>First Identified:</b>	<b>2020 Medicare Utilization:</b>	<b>2022 Work RVU:</b> 1.40 <b>2022 NF PE RVU:</b> 0.90 <b>2022 Fac PE RVU:</b> 0.54	
<b>RUC Recommendation:</b> 1.40 work RVU and clinical staff time removed		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/> <b>Published in CPT Asst:</b>		<b>Result:</b> Decrease	
<hr/>					
<b>92607</b>	<b>Evaluation for prescription for speech-generating augmentative and alternative communication device, face-to-face with the patient; first hour</b>	<b>Global:</b> XXX	<b>Issue:</b> Speech Language Pathology Services	<b>Screen:</b> CMS Request/Speech Language Pathology Request	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> February 2010	<b>Tab:</b> 28 <b>Specialty Developing Recommendation:</b> ASHA	<b>First Identified:</b>	<b>2020 Medicare Utilization:</b> 430	<b>2022 Work RVU:</b> 1.85 <b>2022 NF PE RVU:</b> 1.73 <b>2022 Fac PE RVU:</b> NA	
<b>RUC Recommendation:</b> 1.85 work RVU and clinical staff time removed		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/> <b>Published in CPT Asst:</b>		<b>Result:</b> Decrease	

## Status Report: CMS Requests and Relativity Assessment Issues

**92608** Evaluation for prescription for speech-generating augmentative and alternative communication device, face-to-face with the patient; each additional 30 minutes (list separately in addition to code for primary procedure) **Global:** ZZZ **Issue:** Speech Language Pathology Services **Screen:** CMS Request/Speech Language Pathology Request **Complete?** Yes

**Most Recent** **Tab:** 28 **Specialty Developing** ASHA  
**RUC Meeting:** February 2010 **Recommendation:**

**First** **2020**  
**Identified:** **Medicare**  
**Utilization:** 222

**2022 Work RVU:** 0.70  
**2022 NF PE RVU:** 0.71  
**2022 Fac PE RVU:** NA

**RUC Recommendation:** 0.70 work RVU and clinical staff time removed

**Referred to CPT**  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Decrease

**92609** Therapeutic services for the use of speech-generating device, including programming and modification **Global:** XXX **Issue:** Speech Language Pathology Services **Screen:** CMS Request/Speech Language Pathology Request **Complete?** Yes

**Most Recent** **Tab:** 28 **Specialty Developing** ASHA  
**RUC Meeting:** February 2010 **Recommendation:**

**First** **2020**  
**Identified:** **Medicare**  
**Utilization:** 11,259

**2022 Work RVU:** 1.50  
**2022 NF PE RVU:** 1.50  
**2022 Fac PE RVU:** NA

**RUC Recommendation:** 1.50 work RVU and clinical staff time removed

**Referred to CPT**  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Decrease

**92610** Evaluation of oral and pharyngeal swallowing function **Global:** XXX **Issue:** Speech Language Pathology Services (RUC) **Screen:** CMS Request/Speech Language Pathology Request / High Volume Growth2 **Complete?** Yes

**Most Recent** **Tab:** 23 **Specialty Developing** ASHA, AAO-HNS  
**RUC Meeting:** October 2020 **Recommendation:**

**First** **2020**  
**Identified:** NA **Medicare**  
**Utilization:** 19,233

**2022 Work RVU:** 1.30  
**2022 NF PE RVU:** 1.15  
**2022 Fac PE RVU:** 0.69

**RUC Recommendation:** Maintain

**Referred to CPT**  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Decrease

# Status Report: CMS Requests and Relativity Assessment Issues

**92611** Motion fluoroscopic evaluation of swallowing function by cine or video recording **Global:** XXX **Issue:** Speech Language Pathology Services (HCPAC) **Screen:** CMS Request/Speech Language Pathology Request **Complete?** Yes

**Most Recent RUC Meeting:** April 2009

**Tab:** 39 **Specialty Developing Recommendation:** ASHA

**First Identified:** NA

**2020 Medicare Utilization:** 8,655

**2022 Work RVU:** 1.34  
**2022 NF PE RVU:** 1.28  
**2022 Fac PE RVU:** NA

**RUC Recommendation:** 1.34 work RVU and clinical staff time removed

**Referred to CPT**

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Decrease

**92618** Evaluation for prescription of non-speech-generating augmentative and alternative communication device, face-to-face with the patient; each additional 30 minutes (list separately in addition to code for primary procedure)

**Global:** ZZZ

**Issue:** Eval of Rx for Non-Speech Generating Device

**Screen:** CMS Request/Speech Language Pathology Request

**Complete?** Yes

**Most Recent RUC Meeting:** April 2011

**Tab:** 35 **Specialty Developing Recommendation:** ASHA

**First Identified:**

**2020 Medicare Utilization:**

**2022 Work RVU:** 0.65  
**2022 NF PE RVU:** 0.26  
**2022 Fac PE RVU:** 0.25

**RUC Recommendation:** 0.65

**Referred to CPT** February 2011

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Increase

**92620** Evaluation of central auditory function, with report; initial 60 minutes

**Global:** XXX

**Issue:** Audiology Services

**Screen:** CMS Request - Audiology Services

**Complete?** Yes

**Most Recent RUC Meeting:** October 2008

**Tab:** 17 **Specialty Developing Recommendation:** ASHA, AAO-HNS

**First Identified:** NA

**2020 Medicare Utilization:** 773

**2022 Work RVU:** 1.50  
**2022 NF PE RVU:** 1.11  
**2022 Fac PE RVU:** 0.78

**RUC Recommendation:** 1.50

**Referred to CPT**

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Decrease

# Status Report: CMS Requests and Relativity Assessment Issues

**92621** Evaluation of central auditory function, with report; each additional 15 minutes (list separately in addition to code for primary procedure) **Global:** ZZZ **Issue:** Audiology Services **Screen:** CMS Request - Audiology Services **Complete?** Yes

**Most Recent RUC Meeting:** October 2008

**Tab:** 17 **Specialty Developing Recommendation:** ASHA, AAO-HNS

**First Identified:** NA

**2020 Medicare Utilization:** 10

**2022 Work RVU:** 0.35

**2022 NF PE RVU:** 0.29

**2022 Fac PE RVU:** 0.19

**RUC Recommendation:** 0.35

**Referred to CPT**

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Decrease

**92625** Assessment of tinnitus (includes pitch, loudness matching, and masking) **Global:** XXX **Issue:** Audiology Services **Screen:** CMS Request - Audiology Services **Complete?** Yes

**Most Recent RUC Meeting:** October 2008

**Tab:** 17 **Specialty Developing Recommendation:** ASHA, AAO-HNS

**First Identified:** NA

**2020 Medicare Utilization:** 7,029

**2022 Work RVU:** 1.15

**2022 NF PE RVU:** 0.82

**2022 Fac PE RVU:** 0.60

**RUC Recommendation:** 1.15

**Referred to CPT**

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Decrease

**92626** Evaluation of auditory function for surgically implanted device(s) candidacy or postoperative status of a surgically implanted device(s); first hour **Global:** XXX **Issue:** Audiology Services **Screen:** CMS Request - Audiology Services / High Volume Growth2 **Complete?** Yes

**Most Recent RUC Meeting:** October 2018

**Tab:** 30 **Specialty Developing Recommendation:** AAA, ASHA

**First Identified:** NA

**2020 Medicare Utilization:** 17,801

**2022 Work RVU:** 1.40

**2022 NF PE RVU:** 1.15

**2022 Fac PE RVU:** 0.74

**RUC Recommendation:** 1.40

**Referred to CPT** May 2018

**Referred to CPT Asst** ☒ **Published in CPT Asst:** July 2014

**Result:** Decrease

## Status Report: CMS Requests and Relativity Assessment Issues

<b>92627</b>	Evaluation of auditory function for surgically implanted device(s) candidacy or postoperative status of a surgically implanted device(s); each additional 15 minutes (list separately in addition to code for primary procedure)	<b>Global:</b> ZZZ	<b>Issue:</b> Audiology Services	<b>Screen:</b> CMS Request - Audiology Services	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2018	<b>Tab:</b> 30	<b>Specialty Developing Recommendation:</b> ASHA, AAO-HNS	<b>First Identified:</b> NA	<b>2020 Medicare Utilization:</b> 4,603	<b>2022 Work RVU:</b> 0.33 <b>2022 NF PE RVU:</b> 0.27 <b>2022 Fac PE RVU:</b> 0.18
<b>RUC Recommendation:</b> 0.33			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b> Decrease
<hr/>					
<b>92640</b>	Diagnostic analysis with programming of auditory brainstem implant, per hour	<b>Global:</b> XXX	<b>Issue:</b> Audiology Services	<b>Screen:</b> CMS Request - Audiology Services	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2008	<b>Tab:</b> 17	<b>Specialty Developing Recommendation:</b> ASHA, AAO-HNS	<b>First Identified:</b> NA	<b>2020 Medicare Utilization:</b> 12	<b>2022 Work RVU:</b> 1.76 <b>2022 NF PE RVU:</b> 1.45 <b>2022 Fac PE RVU:</b> 0.95
<b>RUC Recommendation:</b> 1.76			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b> Decrease
<hr/>					
<b>92650</b>	Auditory evoked potentials; screening of auditory potential with broadband stimuli, automated analysis	<b>Global:</b> XXX	<b>Issue:</b> Auditory Evoked Potentials	<b>Screen:</b> CMS-Other - Utilization over 30,000	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2019	<b>Tab:</b> 06	<b>Specialty Developing Recommendation:</b> AAA, AAO-HNS, ASHA	<b>First Identified:</b> February 2019	<b>2020 Medicare Utilization:</b>	<b>2022 Work RVU:</b> 0.25 <b>2022 NF PE RVU:</b> 0.58 <b>2022 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> 0.25			<b>Referred to CPT</b> February 2019 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b> Decrease

# Status Report: CMS Requests and Relativity Assessment Issues

**92651** Auditory evoked potentials; for hearing status determination, broadband stimuli, with interpretation and report **Global:** XXX **Issue:** Auditory Evoked Potentials **Screen:** CMS-Other - Utilization over 30,000 **Complete?** Yes

**Most Recent RUC Meeting:** April 2019

**Tab:** 06

**Specialty Developing Recommendation:** AAA, AAO-HNS, ASHA

**First Identified:** February 2019

**2020 Medicare Utilization:**

**2022 Work RVU:** 1.00

**2022 NF PE RVU:** 1.56

**2022 Fac PE RVU:** NA

**RUC Recommendation:** 1.00

**Referred to CPT** February 2019

**Result:** Increase

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**92652** Auditory evoked potentials; for threshold estimation at multiple frequencies, with interpretation and report **Global:** XXX **Issue:** Auditory Evoked Potentials **Screen:** CMS-Other - Utilization over 30,000 **Complete?** Yes

**Most Recent RUC Meeting:** April 2019

**Tab:** 06

**Specialty Developing Recommendation:** AAA, AAO-HNS, ASHA

**First Identified:** February 2019

**2020 Medicare Utilization:**

**2022 Work RVU:** 1.50

**2022 NF PE RVU:** 1.83

**2022 Fac PE RVU:** NA

**RUC Recommendation:** 1.50

**Referred to CPT** February 2019

**Result:** Increase

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**92653** Auditory evoked potentials; neurodiagnostic, with interpretation and report **Global:** XXX **Issue:** Auditory Evoked Potentials **Screen:** CMS-Other - Utilization over 30,000 **Complete?** Yes

**Most Recent RUC Meeting:** April 2019

**Tab:** 06

**Specialty Developing Recommendation:** AAA, AAN, AAO-HNS, ACNS, ASHA

**First Identified:** February 2019

**2020 Medicare Utilization:**

**2022 Work RVU:** 1.05

**2022 NF PE RVU:** 1.42

**2022 Fac PE RVU:** NA

**RUC Recommendation:** 1.05

**Referred to CPT** February 2019

**Result:** Increase

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**92920** Percutaneous transluminal coronary angioplasty; single major coronary artery or branch **Global:** 000 **Issue:** Percutaneous Coronary Intervention **Screen:** MPC List **Complete?** Yes

**Most Recent RUC Meeting:** January 2012

**Tab:** 10

**Specialty Developing Recommendation:** ACC

**First Identified:** October 2010

**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

**Referred to CPT** October 2011

**Result:** Decrease

**Referred to CPT Asst** ☐ **Published in CPT Asst:**



# Status Report: CMS Requests and Relativity Assessment Issues

**92921** Percutaneous transluminal coronary angioplasty; each additional branch of a major coronary artery (list separately in addition to code for primary procedure) **Global:** ZZZ **Issue:** Percutaneous Coronary Intervention **Screen:** MPC List **Complete?** Yes

**Most Recent RUC Meeting:** January 2012 **Tab:** 10 **Specialty Developing Recommendation:** ACC **First Identified:** October 2010 **2020 Medicare Utilization:** **2022 Work RVU:** 0.00 **2022 NF PE RVU:** 0.00 **2022 Fac PE RVU:** 0.00  
**RUC Recommendation:** 4.00 **Referred to CPT** October 2011 **Result:** Decrease  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**92924** Percutaneous transluminal coronary atherectomy, with coronary angioplasty when performed; single major coronary artery or branch **Global:** 000 **Issue:** Percutaneous Coronary Intervention **Screen:** MPC List **Complete?** Yes

**Most Recent RUC Meeting:** January 2012 **Tab:** 10 **Specialty Developing Recommendation:** ACC **First Identified:** October 2010 **2020 Medicare Utilization:** 2,004 **2022 Work RVU:** 11.74 **2022 NF PE RVU:** NA **2022 Fac PE RVU:** 4.08  
**RUC Recommendation:** 11.00 **Referred to CPT** October 2011 **Result:** Decrease  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**92925** Percutaneous transluminal coronary atherectomy, with coronary angioplasty when performed; each additional branch of a major coronary artery (list separately in addition to code for primary procedure) **Global:** ZZZ **Issue:** Percutaneous Coronary Intervention **Screen:** MPC List **Complete?** Yes

**Most Recent RUC Meeting:** January 2012 **Tab:** 10 **Specialty Developing Recommendation:** ACC **First Identified:** October 2010 **2020 Medicare Utilization:** **2022 Work RVU:** 0.00 **2022 NF PE RVU:** 0.00 **2022 Fac PE RVU:** 0.00  
**RUC Recommendation:** 5.00 **Referred to CPT** October 2011 **Result:** Decrease  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**92928** Percutaneous transcatheter placement of intracoronary stent(s), with coronary angioplasty when performed; single major coronary artery or branch **Global:** 000 **Issue:** Percutaneous Coronary Intervention **Screen:** MPC List **Complete?** Yes

**Most Recent RUC Meeting:** January 2012 **Tab:** 10 **Specialty Developing Recommendation:** ACC **First Identified:** October 2010 **2020 Medicare Utilization:** 206,070 **2022 Work RVU:** 10.96 **2022 NF PE RVU:** NA **2022 Fac PE RVU:** 3.81  
**RUC Recommendation:** 10.49 **Referred to CPT** October 2011 **Result:** Decrease  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

## Status Report: CMS Requests and Relativity Assessment Issues

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<b>92929</b>	Percutaneous transcatheter placement of intracoronary stent(s), with coronary angioplasty when performed; each additional branch of a major coronary artery (list separately in addition to code for primary procedure)	<b>Global:</b> ZZZ	<b>Issue:</b> Percutaneous Coronary Intervention	<b>Screen:</b> MPC List	<b>Complete?</b> Yes
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<b>Most Recent RUC Meeting:</b> January 2012	<b>Tab:</b> 10	<b>Specialty Developing Recommendation:</b> ACC	<b>First Identified:</b> October 2010	<b>2020 Medicare Utilization:</b>	<b>2022 Work RVU:</b> 0.00 <b>2022 NF PE RVU:</b> 0.00 <b>2022 Fac PE RVU:</b> 0.00
<b>RUC Recommendation:</b> 4.44			<b>Referred to CPT</b> October 2011 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b> Decrease

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<b>92933</b>	Percutaneous transluminal coronary atherectomy, with intracoronary stent, with coronary angioplasty when performed; single major coronary artery or branch	<b>Global:</b> 000	<b>Issue:</b> Percutaneous Coronary Intervention	<b>Screen:</b> MPC List	<b>Complete?</b> Yes
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<b>Most Recent RUC Meeting:</b> January 2012	<b>Tab:</b> 10	<b>Specialty Developing Recommendation:</b> ACC	<b>First Identified:</b> October 2010	<b>2020 Medicare Utilization:</b> 17,056	<b>2022 Work RVU:</b> 12.29 <b>2022 NF PE RVU:</b> NA <b>2022 Fac PE RVU:</b> 4.26
<b>RUC Recommendation:</b> 12.32			<b>Referred to CPT</b> October 2011 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b> Decrease

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<b>92934</b>	Percutaneous transluminal coronary atherectomy, with intracoronary stent, with coronary angioplasty when performed; each additional branch of a major coronary artery (list separately in addition to code for primary procedure)	<b>Global:</b> ZZZ	<b>Issue:</b> Percutaneous Coronary Intervention	<b>Screen:</b> MPC List	<b>Complete?</b> Yes
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<b>Most Recent RUC Meeting:</b> January 2012	<b>Tab:</b> 10	<b>Specialty Developing Recommendation:</b> ACC	<b>First Identified:</b> October 2010	<b>2020 Medicare Utilization:</b>	<b>2022 Work RVU:</b> 0.00 <b>2022 NF PE RVU:</b> 0.00 <b>2022 Fac PE RVU:</b> 0.00
<b>RUC Recommendation:</b> 5.50			<b>Referred to CPT</b> October 2011 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b> Decrease

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## Status Report: CMS Requests and Relativity Assessment Issues

**92937** Percutaneous transluminal revascularization of or through coronary artery bypass graft (internal mammary, free arterial, venous), any combination of intracoronary stent, atherectomy and angioplasty, including distal protection when performed; single vessel      **Global:** 000      **Issue:** Percutaneous Coronary Intervention      **Screen:** MPC List      **Complete?** Yes

**Most Recent**      **Tab:** 10      **Specialty Developing**      ACC  
**RUC Meeting:** January 2012      **Recommendation:**

**First**  
**Identified:** October 2010

**2020**  
**Medicare**  
**Utilization:** 15,072

**2022 Work RVU:** 10.95  
**2022 NF PE RVU:** NA  
**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 bypass graft (internal mammary, free arterial, venous), any combination of intracoronary stent, atherectomy and angioplasty, including distal protection when performed; each additional branch subtended by the bypass graft (list separately in addition to code for primary procedure)      **Global:** ZZZ      **Issue:** Percutaneous Coronary Intervention      **Screen:** MPC List      **Complete?** Yes

**Most Recent**      **Tab:** 10      **Specialty Developing**      ACC  
**RUC Meeting:** January 2012      **Recommendation:**

**First**  
**Identified:** October 2010

**2020**  
**Medicare**  
**Utilization:**

**2022 Work RVU:** 0.00  
**2022 NF PE RVU:** 0.00  
**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 during acute myocardial infarction, coronary artery or coronary artery bypass graft, any combination of intracoronary stent, atherectomy and angioplasty, including aspiration thrombectomy when performed, single vessel      **Global:** 000      **Issue:** Percutaneous Coronary Intervention      **Screen:** MPC List      **Complete?** Yes

**Most Recent**      **Tab:** 10      **Specialty Developing**      ACC  
**RUC Meeting:** January 2012      **Recommendation:**

**First**  
**Identified:** October 2010

**2020**  
**Medicare**  
**Utilization:** 36,067

**2022 Work RVU:** 12.31  
**2022 NF PE RVU:** NA  
**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:**

## Status Report: CMS Requests and Relativity Assessment Issues

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<b>92943</b>	Percutaneous transluminal revascularization of chronic total occlusion, coronary artery, coronary artery branch, or coronary artery bypass graft, any combination of intracoronary stent, atherectomy and angioplasty; single vessel	<b>Global:</b> 000	<b>Issue:</b> Percutaneous Coronary Intervention	<b>Screen:</b> MPC List	<b>Complete?</b> Yes
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<b>Most Recent RUC Meeting:</b> January 2012	<b>Tab:</b> 10	<b>Specialty Developing Recommendation:</b> ACC	<b>First Identified:</b> October 2010	<b>2020 Medicare Utilization:</b> 7,498	<b>2022 Work RVU:</b> 12.31 <b>2022 NF PE RVU:</b> NA <b>2022 Fac PE RVU:</b> 4.27
<b>RUC Recommendation:</b> 12.32			<b>Referred to CPT</b> October 2011 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b> Decrease

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<b>92944</b>	Percutaneous transluminal revascularization of chronic total occlusion, coronary artery, coronary artery branch, or coronary artery bypass graft, any combination of intracoronary stent, atherectomy and angioplasty; each additional coronary artery, coronary artery branch, or bypass graft (list separately in addition to code for primary procedure)	<b>Global:</b> ZZZ	<b>Issue:</b> Percutaneous Coronary Intervention	<b>Screen:</b> MPC List	<b>Complete?</b> Yes
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<b>Most Recent RUC Meeting:</b> January 2012	<b>Tab:</b> 10	<b>Specialty Developing Recommendation:</b> ACC	<b>First Identified:</b> October 2010	<b>2020 Medicare Utilization:</b>	<b>2022 Work RVU:</b> 0.00 <b>2022 NF PE RVU:</b> 0.00 <b>2022 Fac PE RVU:</b> 0.00
<b>RUC Recommendation:</b> 6.00			<b>Referred to CPT</b> October 2011 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b> Decrease

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<b>92960</b>	Cardioversion, elective, electrical conversion of arrhythmia; external	<b>Global:</b> 000	<b>Issue:</b> Cardioversion	<b>Screen:</b> Harvard Valued - Utilization over 100,000	<b>Complete?</b> Yes
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<b>Most Recent RUC Meeting:</b> October 2010	<b>Tab:</b> 19	<b>Specialty Developing Recommendation:</b> ACC	<b>First Identified:</b> October 2009	<b>2020 Medicare Utilization:</b> 172,353	<b>2022 Work RVU:</b> 2.00 <b>2022 NF PE RVU:</b> 2.46 <b>2022 Fac PE RVU:</b> 1.02
<b>RUC Recommendation:</b> 2.25			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b> Maintain

## Status Report: CMS Requests and Relativity Assessment Issues

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**92973** Percutaneous transluminal coronary thrombectomy mechanical (list separately in addition to code for primary procedure) **Global:** ZZZ **Issue:** RAW **Screen:** High Volume Growth2 **Complete?** Yes

**Most Recent** **Tab:** 19 **Specialty Developing**  
**RUC Meeting:** October 2017 **Recommendation:**

**First**  
**Identified:** April 2013

**2020**  
**Medicare**  
**Utilization:** 2,271

**2022 Work RVU:** 3.28

**2022 NF PE RVU:** NA

**2022 Fac PE RVU:** 1.15

**RUC Recommendation:** Remove from screen

**Referred to CPT**

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Maintain

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**92980** Transcatheter placement of an intracoronary stent(s), percutaneous, with or without other therapeutic intervention, any method; single vessel **Global:** **Issue:** Percutaneous Coronary Intervention **Screen:** MPC List **Complete?** Yes

**Most Recent** **Tab:** 10 **Specialty Developing** ACC  
**RUC Meeting:** January 2012 **Recommendation:**

**First**  
**Identified:** October 2010

**2020**  
**Medicare**  
**Utilization:**

**2022 Work RVU:**

**2022 NF PE RVU:**

**2022 Fac PE RVU:**

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** October 2011

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Deleted from CPT

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**92981** Transcatheter placement of an intracoronary stent(s), percutaneous, with or without other therapeutic intervention, any method; each additional vessel (List separately in addition to code for primary procedure) **Global:** **Issue:** Percutaneous Coronary Intervention **Screen:** MPC List **Complete?** Yes

**Most Recent** **Tab:** 10 **Specialty Developing** ACC  
**RUC Meeting:** January 2012 **Recommendation:**

**First**  
**Identified:** October 2010

**2020**  
**Medicare**  
**Utilization:**

**2022 Work RVU:**

**2022 NF PE RVU:**

**2022 Fac PE RVU:**

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** October 2011

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Deleted from CPT

# Status Report: CMS Requests and Relativity Assessment Issues

**92982** Percutaneous transluminal coronary balloon angioplasty; single vessel

**Global:**

**Issue:** Percutaneous Coronary Intervention

**Screen:** MPC List / Harvard-Valued Annual Allowed Charges Greater than \$10 million

**Complete?** Yes

**Most Recent RUC Meeting:** January 2012

**Tab:** 10

**Specialty Developing Recommendation:** ACC

**First Identified:** October 2010

**2020 Medicare Utilization:**

**2022 Work RVU:**

**2022 NF PE RVU:**

**2022 Fac PE RVU:**

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** October 2011

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Deleted from CPT

**92984** Percutaneous transluminal coronary balloon angioplasty; each additional vessel (List separately in addition to code for primary procedure)

**Global:**

**Issue:** Percutaneous Coronary Intervention

**Screen:** MPC List

**Complete?** Yes

**Most Recent RUC Meeting:** January 2012

**Tab:** 10

**Specialty Developing Recommendation:** ACC

**First Identified:** October 2010

**2020 Medicare Utilization:**

**2022 Work RVU:**

**2022 NF PE RVU:**

**2022 Fac PE RVU:**

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** October 2011

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Deleted from CPT

**92986** Percutaneous balloon valvuloplasty; aortic valve

**Global:** 090

**Issue:** Valvuloplasty

**Screen:** CMS Fastest Growing

**Complete?** Yes

**Most Recent RUC Meeting:** October 2008

**Tab:** 26

**Specialty Developing Recommendation:** ACC

**First Identified:** October 2008

**2020 Medicare Utilization:** 2,239

**2022 Work RVU:** 22.60

**2022 NF PE RVU:** NA

**2022 Fac PE RVU:** 11.06

**RUC Recommendation:** Deleted from CPT

**Referred to CPT**

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Remove from Screen

# Status Report: CMS Requests and Relativity Assessment Issues

**92992** Atrial septectomy or septostomy; transvenous method, balloon (eg, Rashkind type) (includes cardiac catheterization) **Global:** **Issue:** Atrial Septostomy **Screen:** CMS Request - Final Rule for 2019 **Complete?** Yes

**Most Recent RUC Meeting:** January 2020

**Tab:** 13 **Specialty Developing Recommendation:**

**First Identified:** October 2018

**2020 Medicare Utilization:** 65

**2022 Work RVU:**

**2022 NF PE RVU:**

**2022 Fac PE RVU:**

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** September 2019

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Deleted from CPT

**92993** Atrial septectomy or septostomy; blade method (Park septostomy) (includes cardiac catheterization) **Global:** **Issue:** Atrial Septostomy **Screen:** CMS Request - Final Rule for 2019 **Complete?** Yes

**Most Recent RUC Meeting:** January 2020

**Tab:** 13 **Specialty Developing Recommendation:**

**First Identified:** October 2018

**2020 Medicare Utilization:** 1

**2022 Work RVU:**

**2022 NF PE RVU:**

**2022 Fac PE RVU:**

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** September 2019

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Deleted from CPT

**92995** Percutaneous transluminal coronary atherectomy, by mechanical or other method, with or without balloon angioplasty; single vessel **Global:** **Issue:** Percutaneous Coronary Intervention **Screen:** MPC List **Complete?** Yes

**Most Recent RUC Meeting:** January 2012

**Tab:** 10 **Specialty Developing Recommendation:** ACC

**First Identified:** October 2010

**2020 Medicare Utilization:**

**2022 Work RVU:**

**2022 NF PE RVU:**

**2022 Fac PE RVU:**

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** October 2011

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Deleted from CPT

**92996** Percutaneous transluminal coronary atherectomy, by mechanical or other method, with or without balloon angioplasty; each additional vessel (List separately in addition to code for primary procedure) **Global:** **Issue:** Percutaneous Coronary Intervention **Screen:** MPC List **Complete?** Yes

**Most Recent RUC Meeting:** January 2012

**Tab:** 10 **Specialty Developing Recommendation:** ACC

**First Identified:** October 2010

**2020 Medicare Utilization:**

**2022 Work RVU:**

**2022 NF PE RVU:**

**2022 Fac PE RVU:**

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** October 2011

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Deleted from CPT

# Status Report: CMS Requests and Relativity Assessment Issues

<b>93000</b>	Electrocardiogram, routine ecg with at least 12 leads; with interpretation and report	<b>Global:</b> XXX	<b>Issue:</b> Complete Electrocardiogram	<b>Screen:</b> CMS High Expenditure Procedural Codes1 / CMS Request - Final Rule for 2019	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2019	<b>Tab:</b> 20 <b>Specialty Developing Recommendation:</b> ACC	<b>First Identified:</b> September 2011	<b>2020 Medicare Utilization:</b> 9,114,128	<b>2022 Work RVU:</b> 0.17 <b>2022 NF PE RVU:</b> 0.23 <b>2022 Fac PE RVU:</b> NA	
<b>RUC Recommendation:</b> 0.17		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b> Maintain	
<hr/>					
<b>93005</b>	Electrocardiogram, routine ecg with at least 12 leads; tracing only, without interpretation and report	<b>Global:</b> XXX	<b>Issue:</b> Complete Electrocardiogram	<b>Screen:</b> High Volume Growth1 / CMS High Expenditure Procedural Codes1	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2019	<b>Tab:</b> 20 <b>Specialty Developing Recommendation:</b> ACC	<b>First Identified:</b> February 2008	<b>2020 Medicare Utilization:</b> 382,226	<b>2022 Work RVU:</b> 0.00 <b>2022 NF PE RVU:</b> 0.17 <b>2022 Fac PE RVU:</b> NA	
<b>RUC Recommendation:</b> 0.00		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b> PE Only	
<hr/>					
<b>93010</b>	Electrocardiogram, routine ecg with at least 12 leads; interpretation and report only	<b>Global:</b> XXX	<b>Issue:</b> Complete Electrocardiogram	<b>Screen:</b> MPC List / CMS High Expenditure Procedural Codes1	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2019	<b>Tab:</b> 20 <b>Specialty Developing Recommendation:</b> ACC	<b>First Identified:</b> October 2010	<b>2020 Medicare Utilization:</b> 15,897,234	<b>2022 Work RVU:</b> 0.17 <b>2022 NF PE RVU:</b> 0.06 <b>2022 Fac PE RVU:</b> 0.06	
<b>RUC Recommendation:</b> 0.17		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b> Maintain	



## Status Report: CMS Requests and Relativity Assessment Issues

**93012** Deleted from CPT

**Global:**

**Issue:** External Cardiovascular Device Monitoring

**Screen:** Harvard Valued - Utilization over 100,000

**Complete?** Yes

**Most Recent RUC Meeting:** April 2010

**Tab:** 25

**Specialty Developing Recommendation:** ACC

**First Identified:** October 2009

**2020 Medicare Utilization:**

**2022 Work RVU:**

**2022 NF PE RVU:**

**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:**

**93014** Deleted from CPT

**Global:**

**Issue:** External Cardiovascular Device Monitoring

**Screen:** Harvard Valued - Utilization over 100,000

**Complete?** Yes

**Most Recent RUC Meeting:** April 2010

**Tab:** 25

**Specialty Developing Recommendation:** ACC

**First Identified:** October 2009

**2020 Medicare Utilization:**

**2022 Work RVU:**

**2022 NF PE RVU:**

**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 exercise, continuous electrocardiographic monitoring, and/or pharmacological stress; with supervision, interpretation and report

**Global:** XXX

**Issue:** Cardiovascular Stress Tests

**Screen:** Codes Reported Together 75% or More-Part1 / CMS High Expenditure Procedural Codes1

**Complete?** Yes

**Most Recent RUC Meeting:** April 2012

**Tab:** 47

**Specialty Developing Recommendation:** ACC

**First Identified:** February 2010

**2020 Medicare Utilization:** 797,036

**2022 Work RVU:** 0.75

**2022 NF PE RVU:** 1.29

**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

# Status Report: CMS Requests and Relativity Assessment Issues

<b>93016</b>	Cardiovascular stress test using maximal or submaximal treadmill or bicycle exercise, continuous electrocardiographic monitoring, and/or pharmacological stress; supervision only, without interpretation and report	<b>Global:</b> XXX	<b>Issue:</b> Cardiovascular Stress Tests	<b>Screen:</b> Codes Reported Together 75% or More-Part1 / CMS High Expenditure Procedural Codes1	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2012	<b>Tab:</b> 47 <b>Specialty Developing Recommendation:</b> ACC	<b>First Identified:</b> February 2010	<b>2020 Medicare Utilization:</b> 782,311	<b>2022 Work RVU:</b> 0.45 <b>2022 NF PE RVU:</b> 0.16 <b>2022 Fac PE RVU:</b> 0.16	
<b>RUC Recommendation:</b> 0.45		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b> Maintain	
<hr/>					
<b>93017</b>	Cardiovascular stress test using maximal or submaximal treadmill or bicycle exercise, continuous electrocardiographic monitoring, and/or pharmacological stress; tracing only, without interpretation and report	<b>Global:</b> XXX	<b>Issue:</b> Cardiovascular Stress Tests	<b>Screen:</b> High Volume Growth1 / CMS Request - Practice Expense Review / Codes Reported Together 75% or More-Part1 / CMS High Expenditure Procedural Codes1	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2010	<b>Tab:</b> 45 <b>Specialty Developing Recommendation:</b> ACC	<b>First Identified:</b> February 2008	<b>2020 Medicare Utilization:</b> 77,084	<b>2022 Work RVU:</b> 0.00 <b>2022 NF PE RVU:</b> 1.02 <b>2022 Fac PE RVU:</b> NA	
<b>RUC Recommendation:</b> New PE inputs		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b> PE Only	
<hr/>					
<b>93018</b>	Cardiovascular stress test using maximal or submaximal treadmill or bicycle exercise, continuous electrocardiographic monitoring, and/or pharmacological stress; interpretation and report only	<b>Global:</b> XXX	<b>Issue:</b> Cardiovascular Stress Tests and Echocardiography	<b>Screen:</b> Codes Reported Together 75% or More-Part1 / CMS High Expenditure Procedural Codes1	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2012	<b>Tab:</b> 47 <b>Specialty Developing Recommendation:</b> ACC	<b>First Identified:</b> February 2010	<b>2020 Medicare Utilization:</b> 939,343	<b>2022 Work RVU:</b> 0.30 <b>2022 NF PE RVU:</b> 0.11 <b>2022 Fac PE RVU:</b> 0.11	
<b>RUC Recommendation:</b> 0.30		<b>Referred to CPT</b> October 2010 <b>Referred to CPT Asst</b> <input checked="" type="checkbox"/>	<b>Published in CPT Asst:</b> Jan 2010	<b>Result:</b> Maintain	

# Status Report: CMS Requests and Relativity Assessment Issues

**93025** Microvolt t-wave alternans for assessment of ventricular arrhythmias **Global:** XXX **Issue:** Microvolt T-Wave Assessment **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

**Most Recent** **Tab:** 18 **Specialty Developing** ACC  
**RUC Meeting:** October 2008 **Recommendation:**

**First**  
**Identified:** NA

**2020**  
**Medicare**  
**Utilization:** 154

**2022 Work RVU:** 0.75

**2022 NF PE RVU:** 2.77

**2022 Fac PE RVU:** NA

**RUC Recommendation:** New PE Inputs

**Referred to CPT**

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** PE Only

**93040** Rhythm ecg, 1-3 leads; with interpretation and report

**Global:** XXX

**Issue:** Rhythm EKG

**Screen:** Havard Valued - Utilization over 1 Million

**Complete?** Yes

**Most Recent** **Tab:** 34 **Specialty Developing** ACC  
**RUC Meeting:** October 2009 **Recommendation:**

**First**  
**Identified:** February 2009

**2020**  
**Medicare**  
**Utilization:** 78,637

**2022 Work RVU:** 0.15

**2022 NF PE RVU:** 0.20

**2022 Fac PE RVU:** NA

**RUC Recommendation:** 0.15

**Referred to CPT**

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Decrease

**93041** Rhythm ecg, 1-3 leads; tracing only without interpretation and report

**Global:** XXX

**Issue:** Rhythm EKG

**Screen:** Havard Valued - Utilization over 1 Million

**Complete?** Yes

**Most Recent** **Tab:** 34 **Specialty Developing** ACC  
**RUC Meeting:** October 2009 **Recommendation:**

**First**  
**Identified:** February 2009

**2020**  
**Medicare**  
**Utilization:** 12,166

**2022 Work RVU:** 0.00

**2022 NF PE RVU:** 0.16

**2022 Fac PE RVU:** NA

**RUC Recommendation:** 0.00 (PE only)

**Referred to CPT**

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Maintain

**93042** Rhythm ecg, 1-3 leads; interpretation and report only

**Global:** XXX

**Issue:** Rhythm EKG

**Screen:** Havard Valued - Utilization over 1 Million

**Complete?** Yes

**Most Recent** **Tab:** 34 **Specialty Developing** ACC, ACEP  
**RUC Meeting:** October 2009 **Recommendation:**

**First**  
**Identified:** October 2008

**2020**  
**Medicare**  
**Utilization:** 294,197

**2022 Work RVU:** 0.15

**2022 NF PE RVU:** 0.04

**2022 Fac PE RVU:** 0.04

**RUC Recommendation:** 0.15

**Referred to CPT**

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Decrease

## Status Report: CMS Requests and Relativity Assessment Issues

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<b>93224</b>	External electrocardiographic recording up to 48 hours by continuous rhythm recording and storage; includes recording, scanning analysis with report, review and interpretation by a physician or other qualified health care professional	<b>Global:</b> XXX	<b>Issue:</b> External Cardiovascular Device Monitoring	<b>Screen:</b> Harvard Valued - Utilization over 100,000	<b>Complete?</b> Yes
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<b>Most Recent RUC Meeting:</b> April 2010	<b>Tab:</b> 25	<b>Specialty Developing Recommendation:</b> ACC	<b>First Identified:</b> October 2009	<b>2020 Medicare Utilization:</b> 198,394	<b>2022 Work RVU:</b> 0.39 <b>2022 NF PE RVU:</b> 1.81 <b>2022 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> 0.52			<b>Referred to CPT</b> February 2010 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b> Maintain

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<b>93225</b>	External electrocardiographic recording up to 48 hours by continuous rhythm recording and storage; recording (includes connection, recording, and disconnection)	<b>Global:</b> XXX	<b>Issue:</b> External Cardiovascular Device Monitoring	<b>Screen:</b> Harvard Valued - Utilization over 100,000	<b>Complete?</b> Yes
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<b>Most Recent RUC Meeting:</b> April 2010	<b>Tab:</b> 25	<b>Specialty Developing Recommendation:</b> ACC	<b>First Identified:</b> October 2009	<b>2020 Medicare Utilization:</b> 85,777	<b>2022 Work RVU:</b> 0.00 <b>2022 NF PE RVU:</b> 0.56 <b>2022 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> N/A no physician work			<b>Referred to CPT</b> February 2010 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b> Maintain

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<b>93226</b>	External electrocardiographic recording up to 48 hours by continuous rhythm recording and storage; scanning analysis with report	<b>Global:</b> XXX	<b>Issue:</b> External Cardiovascular Device Monitoring	<b>Screen:</b> Harvard Valued - Utilization over 100,000	<b>Complete?</b> Yes
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<b>Most Recent RUC Meeting:</b> April 2010	<b>Tab:</b> 25	<b>Specialty Developing Recommendation:</b> ACC	<b>First Identified:</b> October 2009	<b>2020 Medicare Utilization:</b> 130,156	<b>2022 Work RVU:</b> 0.00 <b>2022 NF PE RVU:</b> 1.11 <b>2022 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> N/A no physician work			<b>Referred to CPT</b> February 2010 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b> Maintain

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## Status Report: CMS Requests and Relativity Assessment Issues

**93227** External electrocardiographic recording up to 48 hours by continuous rhythm recording and storage; review and interpretation by a physician or other qualified health care professional **Global:** XXX **Issue:** External Cardiovascular Device Monitoring **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

**Most Recent**  
**RUC Meeting:** April 2010 **Tab:** 25 **Specialty Developing Recommendation:** ACC

**First Identified:** October 2009

**2020 Medicare Utilization:** 258,641

**2022 Work RVU:** 0.39  
**2022 NF PE RVU:** 0.14  
**2022 Fac PE RVU:** 0.14

**RUC Recommendation:** 0.52

**Referred to CPT** February 2010

**Result:** Maintain

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**93228** External mobile cardiovascular telemetry with electrocardiographic recording, concurrent computerized real time data analysis and greater than 24 hours of accessible ecg data storage (retrievable with query) with ecg triggered and patient selected events transmitted to a remote attended surveillance center for up to 30 days; review and interpretation with report by a physician or other qualified health care professional **Global:** XXX **Issue:** External Cardiovascular Device Monitoring **Screen:** Harvard Valued - Utilization over 100,000 / High Volume Growth6 **Complete?** Yes

**Most Recent**  
**RUC Meeting:** October 2020 **Tab:** 20 **Specialty Developing Recommendation:** ACC, HRS

**First Identified:** October 2009

**2020 Medicare Utilization:** 198,640

**2022 Work RVU:** 0.48  
**2022 NF PE RVU:** 0.23  
**2022 Fac PE RVU:** 0.23

**RUC Recommendation:** 0.52

**Referred to CPT**

**Result:** Maintain

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**93229** External mobile cardiovascular telemetry with electrocardiographic recording, concurrent computerized real time data analysis and greater than 24 hours of accessible ecg data storage (retrievable with query) with ecg triggered and patient selected events transmitted to a remote attended surveillance center for up to 30 days; technical support for connection and patient instructions for use, attended surveillance, analysis and transmission of daily and emergent data reports as prescribed by a physician or other qualified health care professional **Global:** XXX **Issue:** External Cardiovascular Device Monitoring **Screen:** Harvard Valued - Utilization over 100,000 / High Volume Growth6 **Complete?** Yes

**Most Recent**  
**RUC Meeting:** October 2020 **Tab:** 20 **Specialty Developing Recommendation:** ACC, HRS

**First Identified:** October 2009

**2020 Medicare Utilization:** 281,682

**2022 Work RVU:** 0.00  
**2022 NF PE RVU:** 26.25  
**2022 Fac PE RVU:** NA

**RUC Recommendation:** PE Only

**Referred to CPT**

**Result:** PE Only

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

## Status Report: CMS Requests and Relativity Assessment Issues

**93230** Deleted from CPT

**Global:**

**Issue:** Cardiac Device Monitoring

**Screen:** CMS Request - 2009  
Final Rule, Harvard  
Valued - Utilization over  
100,000

**Complete?** Yes

**Most Recent  
RUC Meeting:** April 2009

**Tab:** 31

**Specialty Developing  
Recommendation:** ACC

**First  
Identified:** NA

**2020  
Medicare  
Utilization:**

**2022 Work RVU:**

**2022 NF PE RVU:**

**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:**

**93231** Deleted from CPT

**Global:**

**Issue:** External Cardiovascular  
Device Monitoring

**Screen:** Harvard Valued -  
Utilization over 100,000

**Complete?** Yes

**Most Recent  
RUC Meeting:** April 2010

**Tab:** 25

**Specialty Developing  
Recommendation:**

**First  
Identified:** October 2009

**2020  
Medicare  
Utilization:**

**2022 Work RVU:**

**2022 NF PE RVU:**

**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:**

**93232** Deleted from CPT

**Global:**

**Issue:** External Cardiovascular  
Device Monitoring

**Screen:** Harvard Valued -  
Utilization over 100,000

**Complete?** Yes

**Most Recent  
RUC Meeting:** April 2010

**Tab:** 25

**Specialty Developing  
Recommendation:**

**First  
Identified:** October 2009

**2020  
Medicare  
Utilization:**

**2022 Work RVU:**

**2022 NF PE RVU:**

**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:**

## Status Report: CMS Requests and Relativity Assessment Issues

**93233** Deleted from CPT

**Global:**

**Issue:** Cardiac Device Monitoring

**Screen:** CMS Request - 2009  
Final Rule, Harvard  
Valued - Utilization over  
100,000

**Complete?** Yes

**Most Recent  
RUC Meeting:** April 2009

**Tab:** 31

**Specialty Developing  
Recommendation:** ACC

**First  
Identified:** NA

**2020  
Medicare  
Utilization:**

**2022 Work RVU:**

**2022 NF PE RVU:**

**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:**

**93235** Deleted from CPT

**Global:**

**Issue:** External Cardiovascular  
Device Monitoring

**Screen:** Harvard Valued -  
Utilization over 100,000

**Complete?** Yes

**Most Recent  
RUC Meeting:** April 2010

**Tab:** 25

**Specialty Developing  
Recommendation:**

**First  
Identified:** October 2009

**2020  
Medicare  
Utilization:**

**2022 Work RVU:**

**2022 NF PE RVU:**

**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:**

**93236** Deleted from CPT

**Global:**

**Issue:** Cardiovascular Stress Test

**Screen:** Harvard Valued -  
Utilization over 100,000

**Complete?** Yes

**Most Recent  
RUC Meeting:** April 2009

**Tab:** 38

**Specialty Developing  
Recommendation:** ACC

**First  
Identified:** February 2008

**2020  
Medicare  
Utilization:**

**2022 Work RVU:**

**2022 NF PE RVU:**

**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:**

## Status Report: CMS Requests and Relativity Assessment Issues

<b>93237</b>	Deleted from CPT			<b>Global:</b>	<b>Issue:</b> Wearable Cardiac Device Monitoring	<b>Screen:</b> Harvard Valued - Utilization over 100,000	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b>	February 2010	<b>Tab:</b> 31	<b>Specialty Developing Recommendation:</b> ACC	<b>First Identified:</b> October 2009	<b>2020 Medicare Utilization:</b>	<b>2022 Work RVU:</b> <b>2022 NF PE RVU:</b> <b>2022 Fac PE RVU:</b>	
<b>RUC Recommendation:</b>	Deleted from CPT			<b>Referred to CPT</b> February 2010 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b> Deleted from CPT	
<hr/>							
<b>93268</b>	External patient and, when performed, auto activated electrocardiographic rhythm derived event recording with symptom-related memory loop with remote download capability up to 30 days, 24-hour attended monitoring; includes transmission, review and interpretation by a physician or other qualified health care professional			<b>Global:</b> XXX	<b>Issue:</b> External Cardiovascular Device Monitoring	<b>Screen:</b> Harvard Valued - Utilization over 100,000	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b>	April 2010	<b>Tab:</b> 25	<b>Specialty Developing Recommendation:</b> ACC	<b>First Identified:</b> October 2009	<b>2020 Medicare Utilization:</b> 10,346	<b>2022 Work RVU:</b> 0.52 <b>2022 NF PE RVU:</b> 4.91 <b>2022 Fac PE RVU:</b> NA	
<b>RUC Recommendation:</b>	0.52			<b>Referred to CPT</b> February 2010 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b> Maintain	
<hr/>							
<b>93270</b>	External patient and, when performed, auto activated electrocardiographic rhythm derived event recording with symptom-related memory loop with remote download capability up to 30 days, 24-hour attended monitoring; recording (includes connection, recording, and disconnection)			<b>Global:</b> XXX	<b>Issue:</b> External Cardiovascular Device Monitoring	<b>Screen:</b> Harvard Valued - Utilization over 100,000	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b>	April 2010	<b>Tab:</b> 25	<b>Specialty Developing Recommendation:</b> ACC	<b>First Identified:</b> October 2009	<b>2020 Medicare Utilization:</b> 33,495	<b>2022 Work RVU:</b> 0.00 <b>2022 NF PE RVU:</b> 0.24 <b>2022 Fac PE RVU:</b> NA	
<b>RUC Recommendation:</b>	New PE inputs			<b>Referred to CPT</b> February 2010 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b> PE Only	



## Status Report: CMS Requests and Relativity Assessment Issues

**93271** External patient and, when performed, auto activated electrocardiographic rhythm derived event recording with symptom-related memory loop with remote download capability up to 30 days, 24-hour attended monitoring; transmission and analysis **Global:** XXX **Issue:** External Cardiovascular Device Monitoring **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

**Most Recent**  
**RUC Meeting:** April 2010 **Tab:** 25 **Specialty Developing Recommendation:** ACC

**First Identified:** October 2009

**2020 Medicare Utilization:** 45,016

**2022 Work RVU:** 0.00  
**2022 NF PE RVU:** 4.49  
**2022 Fac PE RVU:** NA

**RUC Recommendation:** New PE inputs

**Referred to CPT** February 2010

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** PE Only

**93272** External patient and, when performed, auto activated electrocardiographic rhythm derived event recording with symptom-related memory loop with remote download capability up to 30 days, 24-hour attended monitoring; review and interpretation by a physician or other qualified health care professional **Global:** XXX **Issue:** External Cardiovascular Device Monitoring **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

**Most Recent**  
**RUC Meeting:** April 2010 **Tab:** 25 **Specialty Developing Recommendation:** ACC

**First Identified:** October 2009

**2020 Medicare Utilization:** 92,987

**2022 Work RVU:** 0.52  
**2022 NF PE RVU:** 0.18  
**2022 Fac PE RVU:** 0.18

**RUC Recommendation:** 0.52

**Referred to CPT** February 2010

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Maintain

**93279** Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; single lead pacemaker system or leadless pacemaker system in one cardiac chamber **Global:** XXX **Issue:** Cardiac Electrophysiology Device Monitoring Services **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

**Most Recent**  
**RUC Meeting:** October 2016 **Tab:** 25 **Specialty Developing Recommendation:** ACC, HRS

**First Identified:** July 2015

**2020 Medicare Utilization:** 107,697

**2022 Work RVU:** 0.65  
**2022 NF PE RVU:** 1.37  
**2022 Fac PE RVU:** NA

**RUC Recommendation:** 0.65

**Referred to CPT** February 2017

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Maintain

## Status Report: CMS Requests and Relativity Assessment Issues

**93280** Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; dual lead pacemaker system **Global:** XXX **Issue:** Cardiac Electrophysiology Device Monitoring Services **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

**Most Recent RUC Meeting:** October 2016

**Tab:** 25 **Specialty Developing Recommendation:** ACC, HRS

**First Identified:** July 2015

**2020 Medicare Utilization:** 732,353

**2022 Work RVU:** 0.77

**2022 NF PE RVU:** 1.61

**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 implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; multiple lead pacemaker system **Global:** XXX **Issue:** Cardiac Electrophysiology Device Monitoring Services **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

**Most Recent RUC Meeting:** October 2016

**Tab:** 25 **Specialty Developing Recommendation:** ACC, HRS

**First Identified:** July 2015

**2020 Medicare Utilization:** 60,251

**2022 Work RVU:** 0.85

**2022 NF PE RVU:** 1.67

**2022 Fac PE RVU:** NA

**RUC Recommendation:** 0.85

**Referred to CPT** February 2017

**Result:** Decrease

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**93282** Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; single lead transvenous implantable defibrillator system **Global:** XXX **Issue:** Cardiac Electrophysiology Device Monitoring Services **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

**Most Recent RUC Meeting:** October 2016

**Tab:** 25 **Specialty Developing Recommendation:** ACC, HRS

**First Identified:** July 2015

**2020 Medicare Utilization:** 79,726

**2022 Work RVU:** 0.85

**2022 NF PE RVU:** 1.55

**2022 Fac PE RVU:** NA

**RUC Recommendation:** 0.85

**Referred to CPT** February 2017

**Result:** Maintain

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

## Status Report: CMS Requests and Relativity Assessment Issues

**93283** Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; dual lead transvenous implantable defibrillator system **Global:** XXX **Issue:** Cardiac Electrophysiology Device Monitoring Services **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

**Most Recent**  
**RUC Meeting:** October 2016

**Tab:** 25 **Specialty Developing** ACC, HRS  
**Recommendation:**

**First**  
**Identified:** July 2015

**2020**  
**Medicare**  
**Utilization:** 155,222

**2022 Work RVU:** 1.15  
**2022 NF PE RVU:** 1.78  
**2022 Fac PE RVU:** NA

**RUC Recommendation:** 1.15

**Referred to CPT** February 2017

**Result:** Maintain

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**93284** Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; multiple lead transvenous implantable defibrillator system **Global:** XXX **Issue:** Cardiac Electrophysiology Device Monitoring Services **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

**Most Recent**  
**RUC Meeting:** October 2016

**Tab:** 25 **Specialty Developing** ACC, HRS  
**Recommendation:**

**First**  
**Identified:** July 2015

**2020**  
**Medicare**  
**Utilization:** 184,356

**2022 Work RVU:** 1.25  
**2022 NF PE RVU:** 1.91  
**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 implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; subcutaneous cardiac rhythm monitor system **Global:** XXX **Issue:** Cardiac Electrophysiology Device Monitoring Services **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

**Most Recent**  
**RUC Meeting:** October 2016

**Tab:** 25 **Specialty Developing** ACC, HRS  
**Recommendation:**

**First**  
**Identified:** July 2015

**2020**  
**Medicare**  
**Utilization:** 31,578

**2022 Work RVU:** 0.52  
**2022 NF PE RVU:** 1.30  
**2022 Fac PE RVU:** NA

**RUC Recommendation:** 0.52

**Referred to CPT** February 2017

**Result:** Maintain

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

## Status Report: CMS Requests and Relativity Assessment Issues

**93286** Peri-procedural device evaluation (in person) and programming of device system parameters before or after a surgery, procedure, or test with analysis, review and report by a physician or other qualified health care professional; single, dual, or multiple lead pacemaker system, or leadless pacemaker system **Global:** XXX **Issue:** Cardiac Electrophysiology Device Monitoring Services **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

**Most Recent RUC Meeting:** October 2016

**Tab:** 25 **Specialty Developing Recommendation:** ACC, HRS

**First Identified:** July 2015

**2020 Medicare Utilization:** 20,521

**2022 Work RVU:** 0.30

**2022 NF PE RVU:** 1.10

**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 system parameters before or after a surgery, procedure, or test with analysis, review and report by a physician or other qualified health care professional; single, dual, or multiple lead implantable defibrillator system **Global:** XXX **Issue:** Cardiac Electrophysiology Device Monitoring Services **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

**Most Recent RUC Meeting:** October 2016

**Tab:** 25 **Specialty Developing Recommendation:** ACC, HRS

**First Identified:** July 2015

**2020 Medicare Utilization:** 11,501

**2022 Work RVU:** 0.45

**2022 NF PE RVU:** 1.16

**2022 Fac PE RVU:** NA

**RUC Recommendation:** 0.45

**Referred to CPT** February 2017

**Result:** Maintain

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**93288** Interrogation device evaluation (in person) with analysis, review and report by a physician or other qualified health care professional, includes connection, recording and disconnection per patient encounter; single, dual, or multiple lead pacemaker system, or leadless pacemaker system **Global:** XXX **Issue:** Cardiac Electrophysiology Device Monitoring Services **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

**Most Recent RUC Meeting:** October 2016

**Tab:** 25 **Specialty Developing Recommendation:** ACC, HRS

**First Identified:** July 2015

**2020 Medicare Utilization:** 179,035

**2022 Work RVU:** 0.43

**2022 NF PE RVU:** 1.27

**2022 Fac PE RVU:** NA

**RUC Recommendation:** 0.43

**Referred to CPT** February 2017

**Result:** Maintain

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

## Status Report: CMS Requests and Relativity Assessment Issues

**93289** Interrogation device evaluation (in person) with analysis, review and report by a physician or other qualified health care professional, includes connection, recording and disconnection per patient encounter; single, dual, or multiple lead transvenous implantable defibrillator system, including analysis of heart rhythm derived data elements **Global:** XXX **Issue:** Cardiac Electrophysiology Device Monitoring Services **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

**Most Recent RUC Meeting:** October 2016

**Tab:** 25 **Specialty Developing Recommendation:** ACC, HRS

**First Identified:** July 2015

**2020 Medicare Utilization:** 71,124

**2022 Work RVU:** 0.75  
**2022 NF PE RVU:** 1.41  
**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 physician or other qualified health care professional, includes connection, recording and disconnection per patient encounter; implantable cardiovascular physiologic monitor system, including analysis of 1 or more recorded physiologic cardiovascular data elements from all internal and external sensors **Global:** XXX **Issue:** Cardiac Electrophysiology Device Monitoring Services **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

**Most Recent RUC Meeting:** October 2016

**Tab:** 25 **Specialty Developing Recommendation:** ACC, HRS

**First Identified:** July 2015

**2020 Medicare Utilization:** 81,381

**2022 Work RVU:** 0.43  
**2022 NF PE RVU:** 1.19  
**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 physician or other qualified health care professional, includes connection, recording and disconnection per patient encounter; subcutaneous cardiac rhythm monitor system, including heart rhythm derived data analysis **Global:** XXX **Issue:** Cardiac Electrophysiology Device Monitoring Services **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

**Most Recent RUC Meeting:** October 2016

**Tab:** 25 **Specialty Developing Recommendation:** ACC, HRS

**First Identified:** July 2015

**2020 Medicare Utilization:** 51,779

**2022 Work RVU:** 0.37  
**2022 NF PE RVU:** 1.13  
**2022 Fac PE RVU:** NA

**RUC Recommendation:** 0.37

**Referred to CPT** February 2017

**Result:** Decrease

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

## Status Report: CMS Requests and Relativity Assessment Issues

**93292** Interrogation device evaluation (in person) with analysis, review and report by a physician or other qualified health care professional, includes connection, recording and disconnection per patient encounter; wearable defibrillator system **Global:** XXX **Issue:** Cardiac Electrophysiology Device Monitoring Services **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

**Most Recent RUC Meeting:** October 2016 **Tab:** 25 **Specialty Developing Recommendation:** ACC, HRS **First Identified:** July 2015 **2020 Medicare Utilization:** 1,054 **2022 Work RVU:** 0.43 **2022 NF PE RVU:** 1.08 **2022 Fac PE RVU:** NA  
**RUC Recommendation:** 0.43 **Referred to CPT** February 2017 **Result:** Maintain  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**93293** Transtelephonic rhythm strip pacemaker evaluation(s) single, dual, or multiple lead pacemaker system, includes recording with and without magnet application with analysis, review and report(s) by a physician or other qualified health care professional, up to 90 days **Global:** XXX **Issue:** Cardiac Electrophysiology Device Monitoring Services **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

**Most Recent RUC Meeting:** January 2017 **Tab:** 23 **Specialty Developing Recommendation:** ACC, HRS **First Identified:** July 2015 **2020 Medicare Utilization:** 32,414 **2022 Work RVU:** 0.31 **2022 NF PE RVU:** 1.08 **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 multiple lead pacemaker system, or leadless pacemaker system with interim analysis, review(s) and report(s) by a physician or other qualified health care professional **Global:** XXX **Issue:** Cardiac Electrophysiology Device Monitoring Services **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

**Most Recent RUC Meeting:** January 2017 **Tab:** 23 **Specialty Developing Recommendation:** ACC, HRS **First Identified:** July 2015 **2020 Medicare Utilization:** 1,454,135 **2022 Work RVU:** 0.60 **2022 NF PE RVU:** 0.24 **2022 Fac PE RVU:** 0.24  
**RUC Recommendation:** 0.60 **Referred to CPT** **Result:** Decrease  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

## Status Report: CMS Requests and Relativity Assessment Issues

**93295** Interrogation device evaluation(s) (remote), up to 90 days; single, dual, or multiple lead implantable defibrillator system with interim analysis, review(s) and report(s) by a physician or other qualified health care professional **Global:** XXX **Issue:** Cardiac Electrophysiology Device Monitoring Services **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

**Most Recent RUC Meeting:** January 2017 **Tab:** 23 **Specialty Developing Recommendation:** ACC, HRS **First Identified:** July 2015 **2020 Medicare Utilization:** 722,096 **2022 Work RVU:** 0.74 **2022 NF PE RVU:** 0.30 **2022 Fac PE RVU:** 0.30 **RUC Recommendation:** 0.74 **Result:** Decrease

**Referred to CPT**  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**93296** Interrogation device evaluation(s) (remote), up to 90 days; single, dual, or multiple lead pacemaker system, leadless pacemaker system, or implantable defibrillator system, remote data acquisition(s), receipt of transmissions and technician review, technical support and distribution of results **Global:** XXX **Issue:** Cardiac Electrophysiology Device Monitoring Services **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

**Most Recent RUC Meeting:** October 2016 **Tab:** 25 **Specialty Developing Recommendation:** ACC, HRS **First Identified:** July 2015 **2020 Medicare Utilization:** 1,556,454 **2022 Work RVU:** 0.00 **2022 NF PE RVU:** 0.68 **2022 Fac PE RVU:** NA **RUC Recommendation:** New PE inputs and Refer to CPT **Result:** PE Only

**Referred to CPT** February 2017  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**93297** Interrogation device evaluation(s), (remote) up to 30 days; implantable cardiovascular physiologic monitor system, including analysis of 1 or more recorded physiologic cardiovascular data elements from all internal and external sensors, analysis, review(s) and report(s) by a physician or other qualified health care professional **Global:** XXX **Issue:** Cardiac Electrophysiology Device Monitoring Services **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

**Most Recent RUC Meeting:** January 2017 **Tab:** 23 **Specialty Developing Recommendation:** ACC, HRS **First Identified:** July 2015 **2020 Medicare Utilization:** 436,620 **2022 Work RVU:** 0.52 **2022 NF PE RVU:** 0.21 **2022 Fac PE RVU:** 0.21 **RUC Recommendation:** 0.52 **Result:** Maintain

**Referred to CPT**  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

# Status Report: CMS Requests and Relativity Assessment Issues

**93298** Interrogation device evaluation(s), (remote) up to 30 days; subcutaneous cardiac rhythm monitor system, including analysis of recorded heart rhythm data, analysis, review(s) and report(s) by a physician or other qualified health care professional **Global:** XXX **Issue:** Cardiac Electrophysiology Device Monitoring Services **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

**Most Recent RUC Meeting:** January 2017

**Tab:** 23 **Specialty Developing Recommendation:** ACC, HRS

**First Identified:** July 2015

**2020 Medicare Utilization:** 884,510

**2022 Work RVU:** 0.52

**2022 NF PE RVU:** 0.21

**2022 Fac PE RVU:** 0.21

**RUC Recommendation:** 0.52

**Referred to CPT**

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Maintain

**93299** Interrogation device evaluation(s), (remote) up to 30 days; implantable cardiovascular physiologic monitor system or subcutaneous cardiac rhythm monitor system, remote data acquisition(s), receipt of transmissions and technician review, technical support and distribution of results **Global:** **Issue:** Cardiac Electrophysiology Device Monitoring Services **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

**Most Recent RUC Meeting:** October 2018

**Tab:** 22 **Specialty Developing Recommendation:** ACC, HRS

**First Identified:** July 2015

**2020 Medicare Utilization:**

**2022 Work RVU:**

**2022 NF PE RVU:**

**2022 Fac PE RVU:**

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** February 2019

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Deleted from CPT

**93306** Echocardiography, transthoracic, real-time with image documentation (2d), includes m-mode recording, when performed, complete, with spectral doppler echocardiography, and with color flow doppler echocardiography **Global:** XXX **Issue:** Complete Transthoracic Echocardiography (TTE) with Doppler **Screen:** CMS High Expenditure Procedural Codes2 / CMS Request - Final Rule for 2019 **Complete?** Yes

**Most Recent RUC Meeting:** April 2019

**Tab:** 21 **Specialty Developing Recommendation:** ACC, ASE

**First Identified:** July 2015

**2020 Medicare Utilization:** 6,273,165

**2022 Work RVU:** 1.46

**2022 NF PE RVU:** 4.39

**2022 Fac PE RVU:** NA

**RUC Recommendation:** 1.46

**Referred to CPT**

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Decrease



## Status Report: CMS Requests and Relativity Assessment Issues

**93307** Echocardiography, transthoracic, real-time with image documentation (2d), includes m-mode recording, when performed, complete, without spectral or color doppler echocardiography **Global:** XXX **Issue:** Transthoracic Echocardiography (TTE) **Screen:** CMS Request - Practice Expense Review / CMS High Expenditure Procedural Codes2 **Complete?** Yes

**Most Recent RUC Meeting:** April 2016 **Tab:** 42 **Specialty Developing Recommendation:** ACC

**First Identified:** NA

**2020 Medicare Utilization:** 23,577

**2022 Work RVU:** 0.92  
**2022 NF PE RVU:** 3.17  
**2022 Fac PE RVU:** NA

**RUC Recommendation:** 0.92

**Referred to CPT**  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Maintain

**93308** Echocardiography, transthoracic, real-time with image documentation (2d), includes m-mode recording, when performed, follow-up or limited study **Global:** XXX **Issue:** Transthoracic Echocardiography (TTE) **Screen:** CMS Fastest Growing, Harvard Valued - Utilization over 100,000 / CMS High Expenditure Procedural Codes2 **Complete?** Yes

**Most Recent RUC Meeting:** April 2016 **Tab:** 42 **Specialty Developing Recommendation:** ACC

**First Identified:** October 2008

**2020 Medicare Utilization:** 437,576

**2022 Work RVU:** 0.53  
**2022 NF PE RVU:** 2.38  
**2022 Fac PE RVU:** NA

**RUC Recommendation:** 0.53

**Referred to CPT**  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Maintain

**93320** Doppler echocardiography, pulsed wave and/or continuous wave with spectral display (list separately in addition to codes for echocardiographic imaging); complete **Global:** ZZZ **Issue:** Doppler Echocardiography **Screen:** CMS Request - Practice Expense Review / CMS-Other - Utilization over 250,000 **Complete?** Yes

**Most Recent RUC Meeting:** January 2014 **Tab:** 30 **Specialty Developing Recommendation:** ACC

**First Identified:** February 2009

**2020 Medicare Utilization:** 289,973

**2022 Work RVU:** 0.38  
**2022 NF PE RVU:** 1.13  
**2022 Fac PE RVU:** NA

**RUC Recommendation:** 0.38

**Referred to CPT**  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Maintain

# Status Report: CMS Requests and Relativity Assessment Issues

**93321** Doppler echocardiography, pulsed wave and/or continuous wave with spectral display (list separately in addition to codes for echocardiographic imaging); follow-up or limited study (list separately in addition to codes for echocardiographic imaging) **Global:** ZZZ **Issue:** Doppler Echocardiography **Screen:** CMS-Other - Utilization over 250,000 **Complete?** Yes

**Most Recent** **Tab:** 30 **Specialty Developing** ACC  
**RUC Meeting:** January 2014 **Recommendation:**

**First**  
**Identified:** October 2013

**2020**  
**Medicare**  
**Utilization:** 232,010

**2022 Work RVU:** 0.15  
**2022 NF PE RVU:** 0.60  
**2022 Fac PE RVU:** NA

**RUC Recommendation:** 0.15

**Referred to CPT**  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Maintain

**93325** Doppler echocardiography color flow velocity mapping (list separately in addition to codes for echocardiography) **Global:** ZZZ **Issue:** Doppler Echocardiography **Screen:** CMS Request - Practice Expense Review / CMS-Other - Utilization over 250,000 **Complete?** Yes

**Most Recent** **Tab:** 30 **Specialty Developing** ACC  
**RUC Meeting:** January 2014 **Recommendation:**

**First**  
**Identified:** February 2009

**2020**  
**Medicare**  
**Utilization:** 522,631

**2022 Work RVU:** 0.07  
**2022 NF PE RVU:** 0.64  
**2022 Fac PE RVU:** NA

**RUC Recommendation:** 0.07

**Referred to CPT**  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Maintain

**93350** Echocardiography, transthoracic, real-time with image documentation (2d), includes m-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report; **Global:** XXX **Issue:** Stress Transthoracic Echocardiography (TTE) Complete **Screen:** Other - Identified by RUC / Codes Reported Together 75% or More-Part1 **Complete?** Yes

**Most Recent** **Tab:** 26 **Specialty Developing** ACC, ASE  
**RUC Meeting:** October 2016 **Recommendation:**

**First**  
**Identified:** April 2008

**2020**  
**Medicare**  
**Utilization:** 69,260

**2022 Work RVU:** 1.46  
**2022 NF PE RVU:** 4.09  
**2022 Fac PE RVU:** NA

**RUC Recommendation:** 1.46; CPT Assistant article published

**Referred to CPT** October 2010  
**Referred to CPT Asst** ☒ **Published in CPT Asst:** Jan 2010

**Result:** Decrease

## Status Report: CMS Requests and Relativity Assessment Issues

**93351** Echocardiography, transthoracic, real-time with image documentation (2d), includes m-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report; including performance of continuous electrocardiographic monitoring, with supervision by a physician or other qualified health care professional

**Global:** XXX **Issue:** Stress Transthoracic Echocardiography (TTE) Complete **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

**Most Recent RUC Meeting:** October 2016 **Tab:** 26 **Specialty Developing Recommendation:** ACC, ASE **First Identified:** July 2015 **2020 Medicare Utilization:** 174,967 **2022 Work RVU:** 1.75 **2022 NF PE RVU:** 5.12 **2022 Fac PE RVU:** NA

**RUC Recommendation:** 1.75 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

**93451** Right heart catheterization including measurement(s) of oxygen saturation and cardiac output, when performed

**Global:** 000 **Issue:** Diagnostic Cardiac Catheterization **Screen:** Codes Reported Together 95% or More / Modifier -51 Exempt **Complete?** Yes

**Most Recent RUC Meeting:** April 2018 **Tab:** 33 **Specialty Developing Recommendation:** ACC **First Identified:** **2020 Medicare 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** October 2009 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

**93452** Left heart catheterization including intraprocedural injection(s) for left ventriculography, imaging supervision and interpretation, when performed

**Global:** 000 **Issue:** Diagnostic Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

**Most Recent RUC Meeting:** April 2011 **Tab:** 28 **Specialty Developing Recommendation:** ACC **First Identified:** **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

## Status Report: CMS Requests and Relativity Assessment Issues

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<b>93453</b>	Combined right and left heart catheterization including intraprocedural injection(s) for left ventriculography, imaging supervision and interpretation, when performed	<b>Global:</b> 000	<b>Issue:</b> Diagnostic Cardiac Catheterization	<b>Screen:</b> Codes Reported Together 95% or More	<b>Complete?</b> Yes
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<b>Most Recent RUC Meeting:</b> April 2011	<b>Tab:</b> 28	<b>Specialty Developing Recommendation:</b> ACC
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<b>First Identified:</b>	<b>2020 Medicare Utilization:</b> 2,065
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<b>2022 Work RVU:</b> 5.99
<b>2022 NF PE RVU:</b> 28.28
<b>2022 Fac PE RVU:</b> NA

**RUC Recommendation:** 5.98

<b>Referred to CPT</b> October 2009
<b>Referred to CPT Asst</b> <input type="checkbox"/> <b>Published in CPT Asst:</b>

**Result:** Decrease

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<b>93454</b>	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation;	<b>Global:</b> 000	<b>Issue:</b> Diagnostic Cardiac Catheterization	<b>Screen:</b> Codes Reported Together 95% or More	<b>Complete?</b> Yes
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<b>Most Recent RUC Meeting:</b> April 2011	<b>Tab:</b> 28	<b>Specialty Developing Recommendation:</b> ACC
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<b>First Identified:</b>	<b>2020 Medicare Utilization:</b> 99,930
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<b>2022 Work RVU:</b> 4.54
<b>2022 NF PE RVU:</b> 22.55
<b>2022 Fac PE RVU:</b> NA

**RUC Recommendation:** 4.95

<b>Referred to CPT</b> October 2009
<b>Referred to CPT Asst</b> <input type="checkbox"/> <b>Published in CPT Asst:</b>

**Result:** Decrease

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<b>93455</b>	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) including intraprocedural injection(s) for bypass graft angiography	<b>Global:</b> 000	<b>Issue:</b> Diagnostic Cardiac Catheterization	<b>Screen:</b> Codes Reported Together 95% or More	<b>Complete?</b> Yes
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<b>Most Recent RUC Meeting:</b> April 2011	<b>Tab:</b> 28	<b>Specialty Developing Recommendation:</b> ACC
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<b>First Identified:</b>	<b>2020 Medicare Utilization:</b> 20,911
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<b>2022 Work RVU:</b> 5.29
<b>2022 NF PE RVU:</b> 24.81
<b>2022 Fac PE RVU:</b> NA

**RUC Recommendation:** 6.15

<b>Referred to CPT</b> October 2009
<b>Referred to CPT Asst</b> <input type="checkbox"/> <b>Published in CPT Asst:</b>

**Result:** Decrease

## Status Report: CMS Requests and Relativity Assessment Issues

<b>93456</b>	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with right heart catheterization	<b>Global:</b> 000	<b>Issue:</b> Diagnostic Cardiac Catheterization	<b>Screen:</b> Codes Reported Together 95% or More / Modifier -51 Exempt	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2018	<b>Tab:</b> 33 <b>Specialty Developing Recommendation:</b> ACC	<b>First Identified:</b>	<b>2020 Medicare Utilization:</b> 17,270	<b>2022 Work RVU:</b> 5.90 <b>2022 NF PE RVU:</b> 27.76 <b>2022 Fac PE RVU:</b> NA	
<b>RUC Recommendation:</b> Remove from Modifier -51 Exempt List. 6.00		<b>Referred to CPT</b> October 2009 <b>Referred to CPT Asst</b> <input type="checkbox"/> <b>Published in CPT Asst:</b>		<b>Result:</b> Decrease	
<hr/>					
<b>93457</b>	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) including intraprocedural injection(s) for bypass graft angiography and right heart catheterization	<b>Global:</b> 000	<b>Issue:</b> Diagnostic Cardiac Catheterization	<b>Screen:</b> Codes Reported Together 95% or More	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2011	<b>Tab:</b> 28 <b>Specialty Developing Recommendation:</b> ACC	<b>First Identified:</b>	<b>2020 Medicare Utilization:</b> 2,984	<b>2022 Work RVU:</b> 6.64 <b>2022 NF PE RVU:</b> 30.00 <b>2022 Fac PE RVU:</b> NA	
<b>RUC Recommendation:</b> 7.66		<b>Referred to CPT</b> October 2009 <b>Referred to CPT Asst</b> <input type="checkbox"/> <b>Published in CPT Asst:</b>		<b>Result:</b> Decrease	
<hr/>					
<b>93458</b>	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed	<b>Global:</b> 000	<b>Issue:</b> Diagnostic Cardiac Catheterization	<b>Screen:</b> Codes Reported Together 95% or More	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2011	<b>Tab:</b> 28 <b>Specialty Developing Recommendation:</b> ACC	<b>First Identified:</b>	<b>2020 Medicare Utilization:</b> 407,727	<b>2022 Work RVU:</b> 5.60 <b>2022 NF PE RVU:</b> 25.40 <b>2022 Fac PE RVU:</b> NA	
<b>RUC Recommendation:</b> 6.51		<b>Referred to CPT</b> October 2009 <b>Referred to CPT Asst</b> <input type="checkbox"/> <b>Published in CPT Asst:</b>		<b>Result:</b> Decrease	

# Status Report: CMS Requests and Relativity Assessment Issues

**93459** Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed, catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) with bypass graft angiography

**Global:** 000

**Issue:** Diagnostic Cardiac Catheterization

**Screen:** Codes Reported Together 95% or More

**Complete?** Yes

**Most Recent RUC Meeting:** April 2011

**Tab:** 28 **Specialty Developing Recommendation:** ACC

**First Identified:**

**2020 Medicare Utilization:** 70,410

**2022 Work RVU:** 6.35  
**2022 NF PE RVU:** 26.92  
**2022 Fac PE RVU:** NA

**RUC Recommendation:** 7.34

**Referred to CPT** October 2009

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Decrease

**93460** Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with right and left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed

**Global:** 000

**Issue:** Diagnostic Cardiac Catheterization

**Screen:** Codes Reported Together 95% or More

**Complete?** Yes

**Most Recent RUC Meeting:** April 2011

**Tab:** 28 **Specialty Developing Recommendation:** ACC

**First Identified:**

**2020 Medicare Utilization:** 74,971

**2022 Work RVU:** 7.10  
**2022 NF PE RVU:** 29.86  
**2022 Fac PE RVU:** NA

**RUC Recommendation:** 7.88

**Referred to CPT** October 2009

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Decrease

**93461** Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with right and left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed, catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) with bypass graft angiography

**Global:** 000

**Issue:** Diagnostic Cardiac Catheterization

**Screen:** Codes Reported Together 95% or More

**Complete?** Yes

**Most Recent RUC Meeting:** April 2011

**Tab:** 28 **Specialty Developing Recommendation:** ACC

**First Identified:**

**2020 Medicare Utilization:** 11,613

**2022 Work RVU:** 7.85  
**2022 NF PE RVU:** 32.88  
**2022 Fac PE RVU:** NA

**RUC Recommendation:** 9.00

**Referred to CPT** October 2009

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Decrease

## Status Report: CMS Requests and Relativity Assessment Issues

**93462** Left heart catheterization by transseptal puncture through intact septum or by transapical puncture (list separately in addition to code for primary procedure) **Global:** ZZZ **Issue:** Diagnostic Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

**Most Recent RUC Meeting:** April 2011

**Tab:** 28 **Specialty Developing Recommendation:** ACC

**First Identified:**

**2020 Medicare Utilization:** 6,201

**2022 Work RVU:** 3.73

**2022 NF PE RVU:** 1.57

**2022 Fac PE RVU:** 1.57

**RUC Recommendation:** 3.73

**Referred to CPT** October 2009

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Decrease

**93463** Pharmacologic agent administration (eg, inhaled nitric oxide, intravenous infusion of nitroprusside, dobutamine, milrinone, or other agent) including assessing hemodynamic measurements before, during, after and repeat pharmacologic agent administration, when performed (list separately in addition to code for primary procedure) **Global:** ZZZ **Issue:** Diagnostic Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

**Most Recent RUC Meeting:** April 2011

**Tab:** 28 **Specialty Developing Recommendation:** ACC

**First Identified:**

**2020 Medicare Utilization:** 4,851

**2022 Work RVU:** 2.00

**2022 NF PE RVU:** 0.71

**2022 Fac PE RVU:** 0.71

**RUC Recommendation:** 2.00

**Referred to CPT** October 2009

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Decrease

**93464** Physiologic exercise study (eg, bicycle or arm ergometry) including assessing hemodynamic measurements before and after (list separately in addition to code for primary procedure) **Global:** ZZZ **Issue:** Diagnostic Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

**Most Recent RUC Meeting:** April 2011

**Tab:** 28 **Specialty Developing Recommendation:** ACC

**First Identified:**

**2020 Medicare Utilization:** 1,108

**2022 Work RVU:** 1.80

**2022 NF PE RVU:** 4.75

**2022 Fac PE RVU:** NA

**RUC Recommendation:** 1.80

**Referred to CPT** October 2009

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Decrease

# Status Report: CMS Requests and Relativity Assessment Issues

**93501** Deleted from CPT

**Global:**

**Issue:** Cardiac Catheterization

**Screen:** Codes Reported Together 95% or More

**Complete?** Yes

**Most Recent RUC Meeting:** April 2010

**Tab:** 26

**Specialty Developing Recommendation:** ACC

**First Identified:** February 2008

**2020 Medicare Utilization:**

**2022 Work RVU:**

**2022 NF PE RVU:**

**2022 Fac PE RVU:**

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** October 2009

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Deleted from CPT

**93503** Insertion and placement of flow directed catheter (eg, swan-ganz) for monitoring purposes

**Global:** 000

**Issue:** Insertion of Catheter

**Screen:** CMS High Expenditure Procedural Codes2 / Codes Reported Together 75%or More-Part4 / Modifier -51 Exempt

**Complete?** Yes

**Most Recent RUC Meeting:** April 2018

**Tab:** 33

**Specialty Developing Recommendation:** ACR, ASA

**First Identified:** July 2015

**2020 Medicare Utilization:** 55,707

**2022 Work RVU:** 2.00

**2022 NF PE RVU:** NA

**2022 Fac PE RVU:**0.39

**RUC Recommendation:** 2.00

**Referred to CPT**

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Decrease

**93508** Deleted from CPT

**Global:**

**Issue:** Cardiac Catheterization

**Screen:** Codes Reported Together 95% or More

**Complete?** Yes

**Most Recent RUC Meeting:** April 2010

**Tab:** 26

**Specialty Developing Recommendation:** ACC

**First Identified:** February 2008

**2020 Medicare Utilization:**

**2022 Work RVU:**

**2022 NF PE RVU:**

**2022 Fac PE RVU:**

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** October 2009

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Deleted from CPT



## Status Report: CMS Requests and Relativity Assessment Issues

**93510** Deleted from CPT

**Global:**

**Issue:** Cardiac Catheterization

**Screen:** Codes Reported Together 95% or More/  
CMS Request - Practice Expense Review, Harvard Valued - Utilization over 100,000

**Complete?** Yes

**Most Recent RUC Meeting:** February 2009

**Tab:** 31

**Specialty Developing Recommendation:** ACC

**First Identified:** February 2008

**2020 Medicare Utilization:**

**2022 Work RVU:**

**2022 NF PE RVU:**

**2022 Fac PE RVU:**

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** October 2009

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Deleted from CPT

**93511** Deleted from CPT

**Global:**

**Issue:** Cardiac Catheterization

**Screen:** Codes Reported Together 95% or More

**Complete?** Yes

**Most Recent RUC Meeting:** April 2010

**Tab:** 26

**Specialty Developing Recommendation:** ACC

**First Identified:** February 2008

**2020 Medicare Utilization:**

**2022 Work RVU:**

**2022 NF PE RVU:**

**2022 Fac PE RVU:**

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** October 2009

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Deleted from CPT

**93514** Deleted from CPT

**Global:**

**Issue:** Cardiac Catheterization

**Screen:** Codes Reported Together 95% or More

**Complete?** Yes

**Most Recent RUC Meeting:** April 2010

**Tab:** 26

**Specialty Developing Recommendation:** ACC

**First Identified:** February 2008

**2020 Medicare Utilization:**

**2022 Work RVU:**

**2022 NF PE RVU:**

**2022 Fac PE RVU:**

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** October 2009

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Deleted from CPT

## Status Report: CMS Requests and Relativity Assessment Issues

**93524** Deleted from CPT

**Global:**

**Issue:** Cardiac Catheterization

**Screen:** Codes Reported  
Together 95% or More

**Complete?** Yes

**Most Recent  
RUC Meeting:** April 2010

**Tab:** 26

**Specialty Developing  
Recommendation:** ACC

**First  
Identified:** February 2008

**2020  
Medicare  
Utilization:**

**2022 Work RVU:**

**2022 NF PE RVU:**

**2022 Fac PE RVU:**

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** October 2009

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Deleted from CPT

**93526** Deleted from CPT

**Global:**

**Issue:** Cardiac Catheterization

**Screen:** Codes Reported  
Together 95% or More /  
Harvard Valued -  
Utilization over 100,000

**Complete?** Yes

**Most Recent  
RUC Meeting:** February 2008

**Tab:** S

**Specialty Developing  
Recommendation:** ACC

**First  
Identified:** February 2008

**2020  
Medicare  
Utilization:**

**2022 Work RVU:**

**2022 NF PE RVU:**

**2022 Fac PE RVU:**

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** October 2009

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Deleted from CPT

**93527** Deleted from CPT

**Global:**

**Issue:** Cardiac Catheterization

**Screen:** Codes Reported  
Together 95% or More

**Complete?** Yes

**Most Recent  
RUC Meeting:** April 2010

**Tab:** 26

**Specialty Developing  
Recommendation:** ACC

**First  
Identified:** February 2008

**2020  
Medicare  
Utilization:**

**2022 Work RVU:**

**2022 NF PE RVU:**

**2022 Fac PE RVU:**

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** October 2009

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Deleted from CPT

# Status Report: CMS Requests and Relativity Assessment Issues

**93528** Deleted from CPT

**Global:**

**Issue:** Cardiac Catheterization

**Screen:** Codes Reported Together 95% or More

**Complete?** Yes

**Most Recent RUC Meeting:** April 2010

**Tab:** 26

**Specialty Developing Recommendation:** ACC

**First Identified:** February 2008

**2020 Medicare Utilization:**

**2022 Work RVU:**

**2022 NF PE RVU:**

**2022 Fac PE RVU:**

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** October 2009

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Deleted from CPT

**93529** Deleted from CPT

**Global:**

**Issue:** Cardiac Catheterization

**Screen:** Codes Reported Together 95% or More

**Complete?** Yes

**Most Recent RUC Meeting:** April 2010

**Tab:** 26

**Specialty Developing Recommendation:** ACC

**First Identified:** February 2008

**2020 Medicare Utilization:**

**2022 Work RVU:**

**2022 NF PE RVU:**

**2022 Fac PE RVU:**

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** October 2009

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Deleted from CPT

**93539** Deleted from CPT

**Global:**

**Issue:** Cardiac Catheterization

**Screen:** Codes Reported Together 95% or More

**Complete?** Yes

**Most Recent RUC Meeting:** February 2008

**Tab:** S

**Specialty Developing Recommendation:** ACC

**First Identified:** February 2008

**2020 Medicare Utilization:**

**2022 Work RVU:**

**2022 NF PE RVU:**

**2022 Fac PE RVU:**

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** October 2009

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Deleted from CPT

**93540** Deleted from CPT

**Global:**

**Issue:** Cardiac Catheterization

**Screen:** Codes Reported Together 95% or More

**Complete?** Yes

**Most Recent RUC Meeting:** February 2008

**Tab:** S

**Specialty Developing Recommendation:** ACC

**First Identified:** February 2008

**2020 Medicare Utilization:**

**2022 Work RVU:**

**2022 NF PE RVU:**

**2022 Fac PE RVU:**

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** October 2009

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Deleted from CPT

## Status Report: CMS Requests and Relativity Assessment Issues

**93541** Deleted from CPT

**Global:**

**Issue:** Cardiac Catheterization

**Screen:** Codes Reported  
Together 95% or More

**Complete?** Yes

**Most Recent  
RUC Meeting:** April 2010

**Tab:** 26

**Specialty Developing  
Recommendation:** ACC

**First  
Identified:** February 2008

**2020  
Medicare  
Utilization:**

**2022 Work RVU:**

**2022 NF PE RVU:**

**2022 Fac PE RVU:**

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** October 2009

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Deleted from CPT

**93542** Deleted from CPT

**Global:**

**Issue:** Cardiac Catheterization

**Screen:** Codes Reported  
Together 95% or More

**Complete?** Yes

**Most Recent  
RUC Meeting:** April 2010

**Tab:** 26

**Specialty Developing  
Recommendation:** ACC

**First  
Identified:** February 2008

**2020  
Medicare  
Utilization:**

**2022 Work RVU:**

**2022 NF PE RVU:**

**2022 Fac PE RVU:**

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** October 2009

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Deleted from CPT

**93543** Deleted from CPT

**Global:**

**Issue:** Cardiac Catheterization

**Screen:** Codes Reported  
Together 95% or More /  
CMS Request - Practice  
Expense Review,  
Harvard Valued -  
Utilization over 100,000

**Complete?** Yes

**Most Recent  
RUC Meeting:** February 2009

**Tab:** 31

**Specialty Developing  
Recommendation:** ACC

**First  
Identified:** February 2008

**2020  
Medicare  
Utilization:**

**2022 Work RVU:**

**2022 NF PE RVU:**

**2022 Fac PE RVU:**

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** October 2009

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Deleted from CPT

## Status Report: CMS Requests and Relativity Assessment Issues

**93544** Deleted from CPT

**Global:**

**Issue:** Cardiac Catheterization

**Screen:** Codes Reported  
Together 95% or More

**Complete?** Yes

**Most Recent  
RUC Meeting:** February 2008

**Tab:** S

**Specialty Developing  
Recommendation:** ACC

**First  
Identified:** February 2008

**2020  
Medicare  
Utilization:**

**2022 Work RVU:**

**2022 NF PE RVU:**

**2022 Fac PE RVU:**

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** October 2009

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Deleted from CPT

**93545** Deleted from CPT

**Global:**

**Issue:** Cardiac Catheterization

**Screen:** Codes Reported  
Together 95% or More /  
CMS Request - Practice  
Expense Review

**Complete?** Yes

**Most Recent  
RUC Meeting:** February 2009

**Tab:** 31

**Specialty Developing  
Recommendation:** ACC

**First  
Identified:** February 2008

**2020  
Medicare  
Utilization:**

**2022 Work RVU:**

**2022 NF PE RVU:**

**2022 Fac PE RVU:**

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** October 2009

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Deleted from CPT

**93555** Deleted from CPT

**Global:**

**Issue:** Cardiac Catheterization

**Screen:** Codes Reported  
Together 95% or More /  
CMS Request - Practice  
Expense Review

**Complete?** Yes

**Most Recent  
RUC Meeting:** February 2009

**Tab:** 31

**Specialty Developing  
Recommendation:** ACC

**First  
Identified:** February 2008

**2020  
Medicare  
Utilization:**

**2022 Work RVU:**

**2022 NF PE RVU:**

**2022 Fac PE RVU:**

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** October 2009

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Deleted from CPT

## Status Report: CMS Requests and Relativity Assessment Issues

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<b>93556</b> Deleted from CPT	<b>Global:</b>	<b>Issue:</b> Cardiac Catheterization	<b>Screen:</b> Codes Reported Together 95% or More / CMS Request - Practice Expense Review	<b>Complete?</b> Yes
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<b>Most Recent RUC Meeting:</b> February 2009	<b>Tab:</b> 31	<b>Specialty Developing Recommendation:</b> ACC
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<b>First Identified:</b> February 2008
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<b>2020 Medicare Utilization:</b>
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<b>2022 Work RVU:</b>
<b>2022 NF PE RVU:</b>
<b>2022 Fac PE RVU:</b>

<b>RUC Recommendation:</b> Deleted from CPT
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<b>Referred to CPT</b> October 2009
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<b>Referred to CPT Asst</b> <input type="checkbox"/> <b>Published in CPT Asst:</b>
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<b>Result:</b> Deleted from CPT
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<b>93561</b> Indicator dilution studies such as dye or thermodilution, including arterial and/or venous catheterization; with cardiac output measurement (separate procedure)	<b>Global:</b> ZZZ	<b>Issue:</b> Cardiac Output Measurement	<b>Screen:</b> Negative IWPUT	<b>Complete?</b> Yes
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<b>Most Recent RUC Meeting:</b> January 2018	<b>Tab:</b> 27	<b>Specialty Developing Recommendation:</b>
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<b>First Identified:</b> October 2017
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<b>2020 Medicare Utilization:</b> 4
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<b>2022 Work RVU:</b>
<b>2022 NF PE RVU:</b>
<b>2022 Fac PE RVU:</b>

<b>RUC Recommendation:</b> 0.77
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<b>Referred to CPT</b>
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<b>Referred to CPT Asst</b> <input type="checkbox"/> <b>Published in CPT Asst:</b>
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<b>Result:</b> Increase
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<b>93562</b> Indicator dilution studies such as dye or thermodilution, including arterial and/or venous catheterization; subsequent measurement of cardiac output	<b>Global:</b> ZZZ	<b>Issue:</b> Cardiac Output Measurement	<b>Screen:</b> Negative IWPUT	<b>Complete?</b> Yes
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<b>Most Recent RUC Meeting:</b> January 2018	<b>Tab:</b> 27	<b>Specialty Developing Recommendation:</b>
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<b>First Identified:</b> October 2017
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<b>2020 Medicare Utilization:</b> 10
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<b>2022 Work RVU:</b>
<b>2022 NF PE RVU:</b>
<b>2022 Fac PE RVU:</b>

<b>RUC Recommendation:</b> 0.95
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<b>Referred to CPT</b>
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<b>Referred to CPT Asst</b> <input type="checkbox"/> <b>Published in CPT Asst:</b>
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<b>Result:</b> Increase
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## Status Report: CMS Requests and Relativity Assessment Issues

<b>93563</b>	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)	<b>Global:</b> ZZZ	<b>Issue:</b> Diagnostic Cardiac Catheterization	<b>Screen:</b> Codes Reported Together 95% or More	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2011	<b>Tab:</b> 28 <b>Specialty Developing Recommendation:</b> ACC	<b>First Identified:</b>	<b>2020 Medicare Utilization:</b> 127	<b>2022 Work RVU:</b> 1.11 <b>2022 NF PE RVU:</b> 0.40 <b>2022 Fac PE RVU:</b> 0.40	
<b>RUC Recommendation:</b> 2.00		<b>Referred to CPT</b> October 2009 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b> Decrease	

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<b>93564</b>	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)	<b>Global:</b> ZZZ	<b>Issue:</b> Diagnostic Cardiac Catheterization	<b>Screen:</b> Codes Reported Together 95% or More	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2011	<b>Tab:</b> 28 <b>Specialty Developing Recommendation:</b> ACC	<b>First Identified:</b>	<b>2020 Medicare Utilization:</b> 5	<b>2022 Work RVU:</b> 1.13 <b>2022 NF PE RVU:</b> 0.39 <b>2022 Fac PE RVU:</b> 0.39	
<b>RUC Recommendation:</b> 2.10		<b>Referred to CPT</b> October 2009 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b> Decrease	

## Status Report: CMS Requests and Relativity Assessment Issues

**93564** Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for selective opacification of aortocoronary venous or arterial bypass graft(s) (eg, aortocoronary saphenous vein, free radial artery, or free mammary artery graft) to one or more coronary arteries and in situ arterial conduits (eg, internal mammary), whether native or used for bypass to one or more coronary arteries during congenital heart catheterization, when performed (list separately in addition to code for primary procedure)

**Global:** ZZZ **Issue:** Pulmonary Angiography **Screen:** Survey Below 30 Threshold **Complete?** No

**Most Recent RUC Meeting:** October 2021 **Tab:** 08 **Specialty Developing Recommendation:** ACC, SCAI **First Identified:** October 2021 **2020 Medicare Utilization:** 5 **2022 Work RVU:** 1.13 **2022 NF PE RVU:** 0.39 **2022 Fac PE RVU:** 0.39

**RUC Recommendation:** Review action plan **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:**

**93565** Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for selective left ventricular or left atrial angiography (list separately in addition to code for primary procedure)

**Global:** ZZZ **Issue:** Diagnostic Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

**Most Recent RUC Meeting:** April 2011 **Tab:** 28 **Specialty Developing Recommendation:** ACC **First Identified:** **2020 Medicare Utilization:** 73 **2022 Work RVU:** 0.86 **2022 NF PE RVU:** 0.30 **2022 Fac PE RVU:** 0.30

**RUC Recommendation:** 1.90 **Referred to CPT** October 2009 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

**93566** Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for selective right ventricular or right atrial angiography (list separately in addition to code for primary procedure)

**Global:** ZZZ **Issue:** Diagnostic Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

**Most Recent RUC Meeting:** April 2011 **Tab:** 28 **Specialty Developing Recommendation:** ACC **First Identified:** **2020 Medicare Utilization:** 236 **2022 Work RVU:** 0.86 **2022 NF PE RVU:** 2.85 **2022 Fac PE RVU:** 0.31

**RUC Recommendation:** 0.96 **Referred to CPT** October 2009 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease



## Status Report: CMS Requests and Relativity Assessment Issues

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<b>93567</b>	Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for supralvalvular aortography (list separately in addition to code for primary procedure)	<b>Global:</b> ZZZ	<b>Issue:</b> Diagnostic Cardiac Catheterization	<b>Screen:</b> Codes Reported Together 95% or More	<b>Complete?</b> Yes
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<b>Most Recent RUC Meeting:</b> April 2011	<b>Tab:</b> 28	<b>Specialty Developing Recommendation:</b> ACC
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<b>First Identified:</b>	<b>2020 Medicare Utilization:</b> 21,505
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<b>2022 Work RVU:</b> 0.97
<b>2022 NF PE RVU:</b> 2.10
<b>2022 Fac PE RVU:</b> 0.34

**RUC Recommendation:** 0.97

<b>Referred to CPT</b> October 2009
<b>Referred to CPT Asst</b> <input type="checkbox"/> <b>Published in CPT Asst:</b>

**Result:** Decrease

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<b>93568</b>	Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for nonselective pulmonary arterial angiography (list separately in addition to code for primary procedure)	<b>Global:</b> ZZZ	<b>Issue:</b> Diagnostic Cardiac Catheterization	<b>Screen:</b> Codes Reported Together 95% or More	<b>Complete?</b> Yes
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<b>Most Recent RUC Meeting:</b> April 2011	<b>Tab:</b> 28	<b>Specialty Developing Recommendation:</b> ACC
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<b>First Identified:</b>	<b>2020 Medicare Utilization:</b> 1,132
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<b>2022 Work RVU:</b> 0.88
<b>2022 NF PE RVU:</b> 2.60
<b>2022 Fac PE RVU:</b> 0.32

**RUC Recommendation:** 0.98

<b>Referred to CPT</b> October 2009
<b>Referred to CPT Asst</b> <input type="checkbox"/> <b>Published in CPT Asst:</b>

**Result:** Decrease

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<b>93571</b>	Intravascular doppler velocity and/or pressure derived coronary flow reserve measurement (coronary vessel or graft) during coronary angiography including pharmacologically induced stress; initial vessel (list separately in addition to code for primary procedure)	<b>Global:</b> ZZZ	<b>Issue:</b> Coronary Flow Reserve Measurement	<b>Screen:</b> High Volume Growth4	<b>Complete?</b> Yes
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<b>Most Recent RUC Meeting:</b> October 2017	<b>Tab:</b> 13	<b>Specialty Developing Recommendation:</b> ACC, SCAI
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<b>First Identified:</b> October 2016	<b>2020 Medicare Utilization:</b> 62,062
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<b>2022 Work RVU:</b> 0.00
<b>2022 NF PE RVU:</b> NA
<b>2022 Fac PE RVU:</b> NA

**RUC Recommendation:** 1.50

<b>Referred to CPT</b>
<b>Referred to CPT Asst</b> <input type="checkbox"/> <b>Published in CPT Asst:</b>

**Result:** Decrease

# Status Report: CMS Requests and Relativity Assessment Issues

**93572** Intravascular doppler velocity and/or pressure derived coronary flow reserve measurement (coronary vessel or graft) during coronary angiography including pharmacologically induced stress; each additional vessel (list separately in addition to code for primary procedure) **Global:** ZZZ **Issue:** Coronary Flow Reserve Measurement **Screen:** High Volume Growth4 **Complete?** Yes

**Most Recent RUC Meeting:** October 2017 **Tab:** 13 **Specialty Developing Recommendation:** ACC, SCAI **First Identified:** October 2017 **2020 Medicare Utilization:** 11,561 **2022 Work RVU:** 0.00 **2022 NF PE RVU:** NA **2022 Fac PE RVU:** NA

**RUC Recommendation:** 1.00 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

**93613** Intracardiac electrophysiologic 3-dimensional mapping (list separately in addition to code for primary procedure) **Global:** ZZZ **Issue:** Cardiac Ablation Services Bundling **Screen:** CMS Fastest Growing / High Volume Growth2 / CMS High Expenditure Procedural Codes2 **Complete?** Yes

**Most Recent RUC Meeting:** April 2021 **Tab:** 07 **Specialty Developing Recommendation:** ACC, HRS **First Identified:** October 2008 **2020 Medicare Utilization:** 73,995 **2022 Work RVU:** 5.23 **2022 NF PE RVU:** NA **2022 Fac PE RVU:** 2.25

**RUC Recommendation:** 5.23 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

**93620** Comprehensive electrophysiologic evaluation including insertion and repositioning of multiple electrode catheters with induction or attempted induction of arrhythmia; with right atrial pacing and recording, right ventricular pacing and recording, his bundle recording **Global:** 000 **Issue:** Intracardiac Catheter Ablation **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

**Most Recent RUC Meeting:** April 2010 **Tab:** 45 **Specialty Developing Recommendation:** ACC **First Identified:** February 2010 **2020 Medicare Utilization:** 7,030 **2022 Work RVU:** 0.00 **2022 NF PE RVU:** 0.00 **2022 Fac PE RVU:** NA

**RUC Recommendation:** 11.57 **Referred to CPT** October 2011 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

# Status Report: CMS Requests and Relativity Assessment Issues

**93621** Comprehensive electrophysiologic evaluation including insertion and repositioning of multiple electrode catheters with induction or attempted induction of arrhythmia; with left atrial pacing and recording from coronary sinus or left atrium (list separately in addition to code for primary procedure) **Global:** ZZZ **Issue:** Cardiac Ablation Services Bundling **Screen:** High Volume Growth6 **Complete?** Yes

**Most Recent RUC Meeting:** April 2021 **Tab:** 07 **Specialty Developing Recommendation:** ACC, HRS **First Identified:** October 2019 **2020 Medicare Utilization:** 24,799 **2022 Work RVU:** 0.00 **2022 NF PE RVU:** 0.00 **2022 Fac PE RVU:** NA

**RUC Recommendation:** 1.75 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

**93623** Programmed stimulation and pacing after intravenous drug infusion (list separately in addition to code for primary procedure) **Global:** ZZZ **Issue:** Pacing Heart Stimulation **Screen:** CMS-Other - Utilization over 30,000-Part2 **Complete?** Yes

**Most Recent RUC Meeting:** April 2019 **Tab:** 22 **Specialty Developing Recommendation:** ACC, HRS **First Identified:** October 2018 **2020 Medicare Utilization:** 34,636 **2022 Work RVU:** 0.00 **2022 NF PE RVU:** 0.00 **2022 Fac PE RVU:** NA

**RUC Recommendation:** Referral to CPT for parenthetical. 2.04 **Referred to CPT** May 2019 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

**93641** Electrophysiologic evaluation of single or dual chamber pacing cardioverter-defibrillator leads including defibrillation threshold evaluation (induction of arrhythmia, evaluation of sensing and pacing for arrhythmia termination) at time of initial implantation or replacement; with testing of single or dual chamber pacing cardioverter-defibrillator pulse generator **Global:** 000 **Issue:** Insertion/Removal of Pacemaker or Pacing Cardioverter-Defibrillator **Screen:** Codes Reported Together 75% or More-Part1 / Pre-Time Analysis **Complete?** Yes

**Most Recent RUC Meeting:** September 2014 **Tab:** 21 **Specialty Developing Recommendation:** ACC **First Identified:** February 2010 **2020 Medicare Utilization:** 10,622 **2022 Work RVU:** 0.00 **2022 NF PE RVU:** 0.00 **2022 Fac PE RVU:** NA

**RUC Recommendation:** Maintain work RVU and adjust the times from pre-time package 2B. **Referred to CPT** February 2011 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

# Status Report: CMS Requests and Relativity Assessment Issues

<b>93651</b>	Intracardiac catheter ablation of arrhythmogenic focus; for treatment of supraventricular tachycardia by ablation of fast or slow atrioventricular pathways, accessory atrioventricular connections or other atrial foci, singly or in combination	<b>Global:</b>	<b>Issue:</b> Bundling EPS with Transcatheter Ablation	<b>Screen:</b> Codes Reported Together 75% or More-Part1	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2012	<b>Tab:</b> 11 <b>Specialty Developing Recommendation:</b> ACC, HRS	<b>First Identified:</b> February 2010	<b>2020 Medicare Utilization:</b>	<b>2022 Work RVU:</b> <b>2022 NF PE RVU:</b> <b>2022 Fac PE RVU:</b>	
<b>RUC Recommendation:</b> Deleted from CPT		<b>Referred to CPT</b> October 2011 <b>Referred to CPT Asst</b> <input type="checkbox"/> <b>Published in CPT Asst:</b>		<b>Result:</b> Deleted from CPT	
<b>93652</b>	Intracardiac catheter ablation of arrhythmogenic focus; for treatment of ventricular tachycardia	<b>Global:</b>	<b>Issue:</b> Bundling EPS with Transcatheter Ablation	<b>Screen:</b> CMS Fastest Growing/Codes Reported Together 75% or More-Part1	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2012	<b>Tab:</b> 11 <b>Specialty Developing Recommendation:</b> ACC, HRS	<b>First Identified:</b> October 2008	<b>2020 Medicare Utilization:</b>	<b>2022 Work RVU:</b> <b>2022 NF PE RVU:</b> <b>2022 Fac PE RVU:</b>	
<b>RUC Recommendation:</b> Deleted from CPT		<b>Referred to CPT</b> October 2011 <b>Referred to CPT Asst</b> <input type="checkbox"/> <b>Published in CPT Asst:</b>		<b>Result:</b> Deleted from CPT	
<b>93653</b>	Comprehensive electrophysiologic evaluation with insertion and repositioning of multiple electrode catheters, induction or attempted induction of an arrhythmia with right atrial pacing and recording and catheter ablation of arrhythmogenic focus, including intracardiac electrophysiologic 3-dimensional mapping, right ventricular pacing and recording, left atrial pacing and recording from coronary sinus or left atrium, and his bundle recording, when performed; with treatment of supraventricular tachycardia by ablation of fast or slow atrioventricular pathway, accessory atrioventricular connection, cavo-tricuspid isthmus or other single atrial focus or source of atrial re-entry	<b>Global:</b> 000	<b>Issue:</b> Cardiac Ablation Services Bundling	<b>Screen:</b> Codes Reported Together 75% or More-Part1	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2021	<b>Tab:</b> 07 <b>Specialty Developing Recommendation:</b> ACC, HRS	<b>First Identified:</b> October 2011	<b>2020 Medicare Utilization:</b> 26,463	<b>2022 Work RVU:</b> 14.75 <b>2022 NF PE RVU:</b> NA <b>2022 Fac PE RVU:</b> 6.33	
<b>RUC Recommendation:</b> 15.00		<b>Referred to CPT</b> October 2011 <b>Referred to CPT Asst</b> <input type="checkbox"/> <b>Published in CPT Asst:</b>		<b>Result:</b> Decrease	

## Status Report: CMS Requests and Relativity Assessment Issues

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<b>93654</b>	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	<b>Global:</b> 000	<b>Issue:</b> Cardiac Ablation Services Bundling	<b>Screen:</b> Codes Reported Together 75% or More-Part1	<b>Complete?</b> Yes
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<b>Most Recent RUC Meeting:</b> April 2021	<b>Tab:</b> 07	<b>Specialty Developing Recommendation:</b> ACC, HRS	<b>First Identified:</b> October 2011	<b>2020 Medicare Utilization:</b> 6,998	<b>2022 Work RVU:</b> 19.75 <b>2022 NF PE RVU:</b> NA <b>2022 Fac PE RVU:</b> 8.44
<b>RUC Recommendation:</b> 18.10			<b>Referred to CPT</b> October 2011 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b> Decrease

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<b>93655</b>	Intracardiac catheter ablation of a discrete mechanism of arrhythmia which is distinct from the primary ablated mechanism, including repeat diagnostic maneuvers, to treat a spontaneous or induced arrhythmia (list separately in addition to code for primary procedure)	<b>Global:</b> ZZZ	<b>Issue:</b> Cardiac Ablation Services Bundling	<b>Screen:</b> Codes Reported Together 75% or More-Part1 /High Volume Growth7	<b>Complete?</b> Yes
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<b>Most Recent RUC Meeting:</b> April 2021	<b>Tab:</b> 07	<b>Specialty Developing Recommendation:</b> ACC, HRS	<b>First Identified:</b> October 2011	<b>2020 Medicare Utilization:</b> 32,821	<b>2022 Work RVU:</b> 5.50 <b>2022 NF PE RVU:</b> NA <b>2022 Fac PE RVU:</b> 2.37
<b>RUC Recommendation:</b> 7.00			<b>Referred to CPT</b> October 2011 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b> Decrease

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## Status Report: CMS Requests and Relativity Assessment Issues

<b>93656</b> Comprehensive electrophysiologic evaluation including transseptal catheterizations, insertion and repositioning of multiple electrode catheters with intracardiac catheter ablation of atrial fibrillation by pulmonary vein isolation, including intracardiac electrophysiologic 3-dimensional mapping, intracardiac echocardiography including imaging supervision and interpretation, induction or attempted induction of an arrhythmia including left or right atrial pacing/recording, right ventricular pacing/recording, and his bundle recording, when performed	Global: 000	Issue: Cardiac Ablation Services Bundling	Screen: Codes Reported Together 75% or More-Part1 / High Volume Growth6	Complete? Yes
<b>Most Recent RUC Meeting:</b> April 2021	<b>Tab: 07 Specialty Developing Recommendation:</b> ACC, HRS	<b>First Identified:</b> October 2011	<b>2020 Medicare Utilization:</b> 50,165	<b>2022 Work RVU:</b> 19.77 <b>2022 NF PE RVU:</b> NA <b>2022 Fac PE RVU:</b> 8.51
<b>RUC Recommendation:</b> 17.00	<b>Referred to CPT</b> October 2020	<b>Result:</b> Decrease	<b>Referred to CPT Asst</b> <input type="checkbox"/> <b>Published in CPT Asst:</b>	
<b>93657</b> Additional linear or focal intracardiac catheter ablation of the left or right atrium for treatment of atrial fibrillation remaining after completion of pulmonary vein isolation (list separately in addition to code for primary procedure)	Global: ZZZ	Issue: Cardiac Ablation Services Bundling	Screen: Codes Reported Together 75% or More-Part1	Complete? Yes
<b>Most Recent RUC Meeting:</b> April 2021	<b>Tab: 07 Specialty Developing Recommendation:</b> ACC, HRS	<b>First Identified:</b> October 2011	<b>2020 Medicare Utilization:</b> 23,509	<b>2022 Work RVU:</b> 5.50 <b>2022 NF PE RVU:</b> NA <b>2022 Fac PE RVU:</b> 2.36
<b>RUC Recommendation:</b> 7.00	<b>Referred to CPT</b> October 2011	<b>Result:</b> Decrease	<b>Referred to CPT Asst</b> <input type="checkbox"/> <b>Published in CPT Asst:</b>	
<b>93662</b> Intracardiac echocardiography during therapeutic/diagnostic intervention, including imaging supervision and interpretation (list separately in addition to code for primary procedure)	Global: ZZZ	Issue: Cardiac Ablation Services Bundling	Screen: High Volume Growth1 / High Volume Growth5	Complete? Yes
<b>Most Recent RUC Meeting:</b> April 2021	<b>Tab: 07 Specialty Developing Recommendation:</b> ACC, HRS	<b>First Identified:</b> February 2008	<b>2020 Medicare Utilization:</b> 60,838	<b>2022 Work RVU:</b> 0.00 <b>2022 NF PE RVU:</b> 0.00 <b>2022 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> 2.53	<b>Referred to CPT</b>	<b>Result:</b> Decrease	<b>Referred to CPT Asst</b> <input type="checkbox"/> <b>Published in CPT Asst:</b>	

# Status Report: CMS Requests and Relativity Assessment Issues

**93668** Peripheral arterial disease (pad) rehabilitation, per session

**Global:** XXX

**Issue:** Peripheral Artery Disease (PAD) Rehabilitation (PE Only)

**Screen:** CMS Request - Final Rule for 2018

**Complete?** Yes

**Most Recent RUC Meeting:** January 2018

**Tab:** 28

**Specialty Developing Recommendation:**

**First Identified:** July 2017

**2020 Medicare Utilization:** 1,257

**2022 Work RVU:** 0.00

**2022 NF PE RVU:** 0.40

**2022 Fac PE RVU:** NA

**RUC Recommendation:** New PE Inputs

**Referred to CPT**

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** PE Only

**93701** Bioimpedance-derived physiologic cardiovascular analysis

**Global:** XXX

**Issue:**

**Screen:** Low Value-High Volume

**Complete?** Yes

**Most Recent RUC Meeting:** February 2011

**Tab:** 41

**Specialty Developing Recommendation:**

**First Identified:** October 2010

**2020 Medicare Utilization:** 6,330

**2022 Work RVU:** 0.00

**2022 NF PE RVU:** 0.80

**2022 Fac PE RVU:** NA

**RUC Recommendation:** Remove from screen

**Referred to CPT**

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Remove from Screen

**93731** Deleted from CPT

**Global:**

**Issue:** Cardiology Services

**Screen:** CMS Fastest Growing

**Complete?** Yes

**Most Recent RUC Meeting:** October 2008

**Tab:** 26

**Specialty Developing Recommendation:** ACC

**First Identified:** October 2008

**2020 Medicare Utilization:**

**2022 Work RVU:**

**2022 NF PE RVU:**

**2022 Fac PE RVU:**

**RUC Recommendation:** Deleted from CPT

**Referred to CPT**

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Deleted from CPT

**93732** Deleted from CPT

**Global:**

**Issue:** Cardiology Services

**Screen:** CMS Fastest Growing

**Complete?** Yes

**Most Recent RUC Meeting:** October 2008

**Tab:** 26

**Specialty Developing Recommendation:** ACC

**First Identified:** October 2008

**2020 Medicare Utilization:**

**2022 Work RVU:**

**2022 NF PE RVU:**

**2022 Fac PE RVU:**

**RUC Recommendation:** Deleted from CPT

**Referred to CPT**

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Deleted from CPT

# Status Report: CMS Requests and Relativity Assessment Issues

**93733 Deleted from CPT**

**Global:**

**Issue:** Cardiology Services

**Screen:** CMS Fastest Growing

**Complete?** Yes

**Most Recent RUC Meeting:** October 2008

**Tab:** 26

**Specialty Developing Recommendation:** ACC

**First Identified:** October 2008

**2020 Medicare Utilization:**

**2022 Work RVU:**

**2022 NF PE RVU:**

**2022 Fac PE RVU:**

**RUC Recommendation:** Deleted from CPT

**Referred to CPT**

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Deleted from CPT

**93743 Deleted from CPT**

**Global:**

**Issue:** Cardiology Services

**Screen:** CMS Fastest Growing

**Complete?** Yes

**Most Recent RUC Meeting:** October 2008

**Tab:** 26

**Specialty Developing Recommendation:** ACC

**First Identified:** October 2008

**2020 Medicare Utilization:**

**2022 Work RVU:**

**2022 NF PE RVU:**

**2022 Fac PE RVU:**

**RUC Recommendation:** Deleted from CPT

**Referred to CPT**

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Deleted from CPT

**93744 Deleted from CPT**

**Global:**

**Issue:** Cardiology Services

**Screen:** CMS Fastest Growing

**Complete?** Yes

**Most Recent RUC Meeting:** October 2008

**Tab:** 26

**Specialty Developing Recommendation:** ACC

**First Identified:** October 2008

**2020 Medicare Utilization:**

**2022 Work RVU:**

**2022 NF PE RVU:**

**2022 Fac PE RVU:**

**RUC Recommendation:** Deleted from CPT

**Referred to CPT**

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Deleted from CPT

**93750 Interrogation of ventricular assist device (vad), in person, with physician or other qualified health care professional analysis of device parameters (eg, drivelines, alarms, power surges), review of device function (eg, flow and volume status, septum status, recovery), with programming, if performed, and report**

**Global:** XXX

**Issue:** Ventricular Assist Device (VAD) Interrogation

**Screen:** High Volume Growth5

**Complete?** Yes

**Most Recent RUC Meeting:** April 2019

**Tab:** 24

**Specialty Developing Recommendation:** AATS, ACC, STS

**First Identified:** October 2018

**2020 Medicare Utilization:** 87,483

**2022 Work RVU:** 0.75

**2022 NF PE RVU:** 0.62

**2022 Fac PE RVU:** 0.31

**RUC Recommendation:** 0.85

**Referred to CPT**

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Decrease



# Status Report: CMS Requests and Relativity Assessment Issues

93792	Patient/caregiver training for initiation of home international normalized ratio (inr) monitoring under the direction of a physician or other qualified health care professional, face-to-face, including use and care of the inr monitor, obtaining blood sample, instructions for reporting home inr test results, and documentation of patient's/caregiver's ability to perform testing and report results	Global: XXX	Issue: Home INR Monitoring	Screen: High Volume Growth3 / Work Neutrality 2018	Complete? Yes			
Most Recent RUC Meeting:	January 2022	Tab: 20	Specialty Developing Recommendation:	First Identified: September 2016	2020 Medicare Utilization: 1,673	2022 Work RVU: 0.00	2022 NF PE RVU: 1.84	2022 Fac PE RVU: NA
RUC Recommendation:	Review in 3 years. 0.00 PE Only			Referred to CPT September 2016	Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	Result: PE Only	
93793	Anticoagulant management for a patient taking warfarin, must include review and interpretation of a new home, office, or lab international normalized ratio (inr) test result, patient instructions, dosage adjustment (as needed), and scheduling of additional test(s), when performed	Global: XXX	Issue: Home INR Monitoring	Screen: High Volume Growth3 / Work Neutrality 2018	Complete? Yes			
Most Recent RUC Meeting:	January 2022	Tab: 20	Specialty Developing Recommendation:	First Identified: September 2016	2020 Medicare Utilization: 1,710,558	2022 Work RVU: 0.18	2022 NF PE RVU: 0.14	2022 Fac PE RVU: NA
RUC Recommendation:	Review in 3 years. 0.18			Referred to CPT September 2016	Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	Result: Maintain	
93875	Deleted from CPT	Global:	Issue: Noninvasive Vascular Diagnostic Studies	Screen: Codes Reported Together 75% or More-Part1	Complete? Yes			
Most Recent RUC Meeting:	April 2010	Tab: 45	Specialty Developing Recommendation: AAN, ACC, ACR, SIR, SVS	First Identified: February 2010	2020 Medicare Utilization:	2022 Work RVU:	2022 NF PE RVU:	2022 Fac PE RVU:
RUC Recommendation:	Deleted from CPT			Referred to CPT October 2010	Referred to CPT Asst <input checked="" type="checkbox"/>	Published in CPT Asst:	Result: Deleted from CPT	SS in process of developing draft of CPT Asst article (Aug 2011). Code was deleted

# Status Report: CMS Requests and Relativity Assessment Issues

<b>93880</b> Duplex scan of extracranial arteries; complete bilateral study			<b>Global:</b> XXX	<b>Issue:</b> Duplex Scans	<b>Screen:</b> Codes Reported Together 75% or More-Part1 / CMS High Expenditure Procedural Codes1 / CMS Request - Final Rule for 2014	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2014	<b>Tab:</b> 33	<b>Specialty Developing Recommendation:</b> ACR, ACC, SVS	<b>First Identified:</b> February 2010	<b>2020 Medicare Utilization:</b> 1,741,221	<b>2022 Work RVU:</b> 0.80 <b>2022 NF PE RVU:</b> 4.86 <b>2022 Fac PE RVU:</b> NA	
<b>RUC Recommendation:</b> 0.80			<b>Referred to CPT</b> October 2010	<b>Referred to CPT Asst</b> <input checked="" type="checkbox"/>	<b>Published in CPT Asst:</b> Addressed in CPT Coding Changes	<b>Result:</b> Increase
<b>93882</b> Duplex scan of extracranial arteries; unilateral or limited study			<b>Global:</b> XXX	<b>Issue:</b> Duplex Scans	<b>Screen:</b> CMS High Expenditure Procedural Codes1 / CMS Request - Final Rule for 2014	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2014	<b>Tab:</b> 33	<b>Specialty Developing Recommendation:</b> ACC, ACR, SVS	<b>First Identified:</b> January 2012	<b>2020 Medicare Utilization:</b> 26,394	<b>2022 Work RVU:</b> 0.50 <b>2022 NF PE RVU:</b> 3.17 <b>2022 Fac PE RVU:</b> NA	
<b>RUC Recommendation:</b> 0.50			<b>Referred to CPT</b>	<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b> Increase
<b>93886</b> Transcranial doppler study of the intracranial arteries; complete study			<b>Global:</b> XXX	<b>Issue:</b> Duplex Scans	<b>Screen:</b> Codes Reported Together 75% or More-Part1 / CMS Request - Final Rule for 2014 / Codes Reported Together 75% or More-Part5	<b>Complete?</b> No
<b>Most Recent RUC Meeting:</b> September 2022	<b>Tab:</b> 13	<b>Specialty Developing Recommendation:</b> AAN, ACC, ACR, SVS	<b>First Identified:</b> February 2010	<b>2020 Medicare Utilization:</b> 91,514	<b>2022 Work RVU:</b> 0.91 <b>2022 NF PE RVU:</b> 7.09 <b>2022 Fac PE RVU:</b> NA	
<b>RUC Recommendation:</b> Refer to CPT for code bundling solution			<b>Referred to CPT</b> May 2023	<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b> Increase

# Status Report: CMS Requests and Relativity Assessment Issues

<b>93888</b> Transcranial doppler study of the intracranial arteries; limited study				<b>Global:</b> XXX	<b>Issue:</b> Duplex Scans	<b>Screen:</b> Codes Reported Together 75% or More-Part1 / CMS Request - Final Rule for 2014	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2014	<b>Tab:</b> 33	<b>Specialty Developing Recommendation:</b>	AAN, ACC, ACR, SVS	<b>First Identified:</b> February 2010	<b>2020 Medicare Utilization:</b> 8,867	<b>2022 Work RVU:</b> 0.50 <b>2022 NF PE RVU:</b> 4.26 <b>2022 Fac PE RVU:</b> NA	
<b>RUC Recommendation:</b> 0.70				<b>Referred to CPT</b> October 2010	<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b> Increase
<b>93890</b> Transcranial doppler study of the intracranial arteries; vasoreactivity study				<b>Global:</b> XXX	<b>Issue:</b>	<b>Screen:</b> High Volume Growth6 / Codes Reported Together 75% or More-Part5	<b>Complete?</b> No
<b>Most Recent RUC Meeting:</b> September 2022	<b>Tab:</b> 13	<b>Specialty Developing Recommendation:</b>	AAN, ACR, ASNR	<b>First Identified:</b> October 2019	<b>2020 Medicare Utilization:</b> 49,307	<b>2022 Work RVU:</b> 1.00 <b>2022 NF PE RVU:</b> 7.17 <b>2022 Fac PE RVU:</b> NA	
<b>RUC Recommendation:</b> Refer to CPT for code bundling solution.				<b>Referred to CPT</b> May 2023	<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b>
<b>93892</b> Transcranial doppler study of the intracranial arteries; emboli detection without intravenous microbubble injection				<b>Global:</b> XXX	<b>Issue:</b>	<b>Screen:</b> High Volume Growth6 / Codes Reported Together 75% or More-Part5	<b>Complete?</b> No
<b>Most Recent RUC Meeting:</b> September 2022	<b>Tab:</b> 13	<b>Specialty Developing Recommendation:</b>	AAN, ACR, ASNR	<b>First Identified:</b> October 2019	<b>2020 Medicare Utilization:</b> 51,633	<b>2022 Work RVU:</b> 1.15 <b>2022 NF PE RVU:</b> 8.17 <b>2022 Fac PE RVU:</b> NA	
<b>RUC Recommendation:</b> Refer to CPT for code bundling solution.				<b>Referred to CPT</b> May 2023	<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b>

## Status Report: CMS Requests and Relativity Assessment Issues

<b>93895</b>	Quantitative carotid intima media thickness and carotid atheroma evaluation, bilateral	<b>Global:</b> XXX	<b>Issue:</b> Carotid Intima-Media Thickness Ultrasound	<b>Screen:</b> New Code in CPT 2015	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2015	<b>Tab:</b> 37	<b>Specialty Developing Recommendation:</b> No Interest	<b>First Identified:</b> April 2014	<b>2020 Medicare Utilization:</b>	<b>2022 Work RVU:</b> 0.00 <b>2022 NF PE RVU:</b> 0.00 <b>2022 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> Rescind April 2014 recommendation, contractor price.		<b>Referred to CPT</b>	<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b> Not Part of RAW
<hr/>					
<b>93922</b>	Limited bilateral noninvasive physiologic studies of upper or lower extremity arteries, (eg, for lower extremity: ankle/brachial indices at distal posterior tibial and anterior tibial/dorsalis pedis arteries plus bidirectional, doppler waveform recording and analysis at 1-2 levels, or ankle/brachial indices at distal posterior tibial and anterior tibial/dorsalis pedis arteries plus volume plethysmography at 1-2 levels, or ankle/brachial indices at distal posterior tibial and anterior tibial/dorsalis pedis arteries with, transcutaneous oxygen tension measurement at 1-2 levels)	<b>Global:</b> XXX	<b>Issue:</b> Extremity Non-Invasive Arterial Physiologic Studies	<b>Screen:</b> CMS Fastest Growing	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2010	<b>Tab:</b> 27	<b>Specialty Developing Recommendation:</b> SVS, ACR, ACC	<b>First Identified:</b> October 2008	<b>2020 Medicare Utilization:</b> 575,223	<b>2022 Work RVU:</b> 0.25 <b>2022 NF PE RVU:</b> 2.15 <b>2022 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> 0.25		<b>Referred to CPT</b> February 2010	<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b> Maintain

## Status Report: CMS Requests and Relativity Assessment Issues

**93923** Complete bilateral noninvasive physiologic studies of upper or lower extremity arteries, 3 or more levels (eg, for lower extremity: ankle/brachial indices at distal posterior tibial and anterior tibial/dorsalis pedis arteries plus segmental blood pressure measurements with bidirectional doppler waveform recording and analysis, at 3 or more levels, or ankle/brachial indices at distal posterior tibial and anterior tibial/dorsalis pedis arteries plus segmental volume plethysmography at 3 or more levels, or ankle/brachial indices at distal posterior tibial and anterior tibial/dorsalis pedis arteries plus segmental transcutaneous oxygen tension measurements at 3 or more levels), or single level study with provocative functional maneuvers (eg, measurements with postural provocative tests, or measurements with reactive hyperemia)

**Global:** XXX **Issue:** Extremity Non-Invasive Arterial Physiologic Studies **Screen:** CMS Fastest Growing **Complete?** Yes

**Most Recent RUC Meeting:** April 2010

**Tab:** 27 **Specialty Developing Recommendation:** SVS, ACR, ACC

**First Identified:** February 2009

**2020 Medicare Utilization:** 347,656

**2022 Work RVU:** 0.45

**2022 NF PE RVU:** 3.30

**2022 Fac PE RVU:** NA

**RUC Recommendation:** 0.45

**Referred to CPT** February 2010

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Maintain

**93924** Noninvasive physiologic studies of lower extremity arteries, at rest and following treadmill stress testing, (ie, bidirectional doppler waveform or volume plethysmography recording and analysis at rest with ankle/brachial indices immediately after and at timed intervals following performance of a standardized protocol on a motorized treadmill plus recording of time of onset of claudication or other symptoms, maximal walking time, and time to recovery) complete bilateral study

**Global:** XXX **Issue:** Extremity Non-Invasive Arterial Physiologic Studies **Screen:** CMS Fastest Growing **Complete?** Yes

**Most Recent RUC Meeting:** April 2010

**Tab:** 27 **Specialty Developing Recommendation:** SVS, ACR, ACC

**First Identified:** February 2009

**2020 Medicare Utilization:** 44,449

**2022 Work RVU:** 0.50

**2022 NF PE RVU:** 4.13

**2022 Fac PE RVU:** NA

**RUC Recommendation:** 0.50

**Referred to CPT** February 2010

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Maintain

# Status Report: CMS Requests and Relativity Assessment Issues

**93925** Duplex scan of lower extremity arteries or arterial bypass grafts; complete bilateral study      **Global:** XXX    **Issue:** Duplex Scans      **Screen:** CMS-Other - Utilization over 500,000 / CMS Request - Final Rule for 2014      **Complete?** Yes

**Most Recent RUC Meeting:** April 2014

**Tab:** 33    **Specialty Developing Recommendation:** ACC, ACR, SVS

**First Identified:** April 2011

**2020 Medicare Utilization:** 569,977

**2022 Work RVU:** 0.80

**2022 NF PE RVU:** 6.38

**2022 Fac PE RVU:** NA

**RUC Recommendation:** 0.80

**Referred to CPT**

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Maintain

**93926** Duplex scan of lower extremity arteries or arterial bypass grafts; unilateral or limited study      **Global:** XXX    **Issue:** Duplex Scans      **Screen:** CMS-Other - Utilization over 500,000 / CMS Request - Final Rule for 2014      **Complete?** Yes

**Most Recent RUC Meeting:** April 2014

**Tab:** 33    **Specialty Developing Recommendation:** ACC, ACR, SVS

**First Identified:** April 2011

**2020 Medicare Utilization:** 228,453

**2022 Work RVU:** 0.50

**2022 NF PE RVU:** 3.74

**2022 Fac PE RVU:** NA

**RUC Recommendation:** 0.60

**Referred to CPT**

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Increase

**93930** Duplex scan of upper extremity arteries or arterial bypass grafts; complete bilateral study      **Global:** XXX    **Issue:** Duplex Scans      **Screen:** CMS Request - Final Rule for 2014      **Complete?** Yes

**Most Recent RUC Meeting:** April 2014

**Tab:** 33    **Specialty Developing Recommendation:** AAN, ACC, ACR, SIR, SVS

**First Identified:** November 2013

**2020 Medicare Utilization:** 20,159

**2022 Work RVU:** 0.80

**2022 NF PE RVU:** 4.98

**2022 Fac PE RVU:** NA

**RUC Recommendation:** 0.80

**Referred to CPT**

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Increase

# Status Report: CMS Requests and Relativity Assessment Issues

**93931** Duplex scan of upper extremity arteries or arterial bypass grafts; unilateral or limited study **Global:** XXX **Issue:** Duplex Scans **Screen:** Codes Reported Together 75% or More- Part1 / CMS Request - Final Rule for 2014 **Complete?** Yes

**Most Recent RUC Meeting:** April 2014

**Tab:** 33 **Specialty Developing Recommendation:** AAN, ACC, ACR, SIR, SVS

**First Identified:** February 2010

**2020 Medicare Utilization:** 42,036

**2022 Work RVU:** 0.50  
**2022 NF PE RVU:** 3.17  
**2022 Fac PE RVU:** NA

**RUC Recommendation:** 0.50

**Referred to CPT** October 2010

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Increase

**93965** Noninvasive physiologic studies of extremity veins, complete bilateral study (eg, Doppler waveform analysis with responses to compression and other maneuvers, phleborheography, impedance plethysmography) **Global:** **Issue:** Non-invasive Physiologic Studies of Extremity Veins **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

**Most Recent RUC Meeting:** January 2016

**Tab:** 47 **Specialty Developing Recommendation:** ACC, ACR, SCAI, SVS

**First Identified:** July 2015

**2020 Medicare Utilization:**

**2022 Work RVU:**  
**2022 NF PE RVU:**  
**2022 Fac PE RVU:**

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** May 2016

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Deleted from CPT

**93970** Duplex scan of extremity veins including responses to compression and other maneuvers; complete bilateral study **Global:** XXX **Issue:** Duplex Scans **Screen:** CMS-Other - Utilization over 500,000 / CMS Request - Final Rule for 2014 **Complete?** Yes

**Most Recent RUC Meeting:** April 2014

**Tab:** 33 **Specialty Developing Recommendation:** ACC, ACR, SVS

**First Identified:** April 2011

**2020 Medicare Utilization:** 1,390,491

**2022 Work RVU:** 0.70  
**2022 NF PE RVU:** 4.87  
**2022 Fac PE RVU:** NA

**RUC Recommendation:** 0.70

**Referred to CPT**

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Maintain

# Status Report: CMS Requests and Relativity Assessment Issues

**93971** Duplex scan of extremity veins including responses to compression and other maneuvers; unilateral or limited study **Global:** XXX **Issue:** Duplex Scans **Screen:** Low Value-High Volume / CMS Request - Final Rule for 2014 **Complete?** Yes

**Most Recent RUC Meeting:** April 2014

**Tab:** 33 **Specialty Developing Recommendation:** ACR, SVS, ACC

**First Identified:** October 2010

**2020 Medicare Utilization:** 1,420,556

**2022 Work RVU:** 0.45

**2022 NF PE RVU:** 3.08

**2022 Fac PE RVU:** NA

**RUC Recommendation:** 0.45

**Referred to CPT**

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Maintain

**93975** Duplex scan of arterial inflow and venous outflow of abdominal, pelvic, scrotal contents and/or retroperitoneal organs; complete study **Global:** XXX **Issue:** Duplex Scans **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

**Most Recent RUC Meeting:** April 2014

**Tab:** 33 **Specialty Developing Recommendation:** ACR, SVS, ACC

**First Identified:** November 2013

**2020 Medicare Utilization:** 190,604

**2022 Work RVU:** 1.16

**2022 NF PE RVU:** 6.71

**2022 Fac PE RVU:** NA

**RUC Recommendation:** 1.30

**Referred to CPT**

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Decrease

**93976** Duplex scan of arterial inflow and venous outflow of abdominal, pelvic, scrotal contents and/or retroperitoneal organs; limited study **Global:** XXX **Issue:** Duplex Scans **Screen:** CMS Fastest Growing / CMS Request - Final Rule for 2014 **Complete?** Yes

**Most Recent RUC Meeting:** April 2014

**Tab:** 33 **Specialty Developing Recommendation:** ACR

**First Identified:** October 2008

**2020 Medicare Utilization:** 144,445

**2022 Work RVU:** 0.80

**2022 NF PE RVU:** 3.89

**2022 Fac PE RVU:** NA

**RUC Recommendation:** 1.00

**Referred to CPT**

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Decrease



## Status Report: CMS Requests and Relativity Assessment Issues

**93978** Duplex scan of aorta, inferior vena cava, iliac vasculature, or bypass grafts; complete study      **Global:** XXX      **Issue:** Duplex Scans      **Screen:** CMS-Other - Utilization over 250,000 / CMS Request - Final Rule for 2014      **Complete?** Yes

**Most Recent RUC Meeting:** April 2014

**Tab:** 33

**Specialty Developing Recommendation:**

**First Identified:** April 2013

**2020 Medicare Utilization:** 240,410

**2022 Work RVU:** 0.80

**2022 NF PE RVU:** 4.51

**2022 Fac PE RVU:** NA

**RUC Recommendation:** 0.97

**Referred to CPT**

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Increase

**93979** Duplex scan of aorta, inferior vena cava, iliac vasculature, or bypass grafts; unilateral or limited study      **Global:** XXX      **Issue:** Duplex Scans      **Screen:** CMS-Other - Utilization over 250,000 / CMS Request - Final Rule for 2014      **Complete?** Yes

**Most Recent RUC Meeting:** April 2014

**Tab:** 33

**Specialty Developing Recommendation:**

**First Identified:** October 2013

**2020 Medicare Utilization:** 56,070

**2022 Work RVU:** 0.50

**2022 NF PE RVU:** 2.96

**2022 Fac PE RVU:** NA

**RUC Recommendation:** 0.70

**Referred to CPT**

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Increase

**93982** Noninvasive physiologic study of implanted wireless pressure sensor in aneurysmal sac following endovascular repair, complete study including recording, analysis of pressure and waveform tracings, interpretation and report      **Global:**      **Issue:** Endovascular Repair Procedures (EVAR)      **Screen:** Codes Reported Together 75%or More-Part3      **Complete?** Yes

**Most Recent RUC Meeting:** January 2017

**Tab:** 10

**Specialty Developing Recommendation:** SVS, SIR, STS, AATS

**First Identified:** January 2017

**2020 Medicare Utilization:**

**2022 Work RVU:**

**2022 NF PE RVU:**

**2022 Fac PE RVU:**

**RUC Recommendation:** Deleted from CPT

**Referred to CPT**

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Deleted from CPT

## Status Report: CMS Requests and Relativity Assessment Issues

**93985** Duplex scan of arterial inflow and venous outflow for preoperative vessel assessment prior to creation of hemodialysis access; complete bilateral study **Global:** XXX **Issue:** Duplex Scan Arterial Inflow-Venous Outflow Upper Extremity **Screen:** CMS-Other - Utilization over 30,000-Part2 **Complete?** Yes

**Most Recent RUC Meeting:** January 2019

**Tab:** 17 **Specialty Developing Recommendation:**

**First Identified:** October 2018

**2020 Medicare Utilization:** 20,345

**2022 Work RVU:** 0.80

**2022 NF PE RVU:** 6.60

**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 assessment prior to creation of hemodialysis access; complete unilateral study **Global:** XXX **Issue:** Duplex Scan Arterial Inflow-Venous Outflow Upper Extremity **Screen:** CMS-Other - Utilization over 30,000-Part2 **Complete?** Yes

**Most Recent RUC Meeting:** January 2019

**Tab:** 17 **Specialty Developing Recommendation:**

**First Identified:** October 2018

**2020 Medicare Utilization:** 8,253

**2022 Work RVU:** 0.50

**2022 NF PE RVU:** 3.89

**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 and venous outflow) **Global:** XXX **Issue:** Doppler Flow Testing **Screen:** CMS Fastest Growing / High Volume Growth2 **Complete?** Yes

**Most Recent RUC Meeting:** April 2014

**Tab:** 40 **Specialty Developing Recommendation:** ACR, SVS

**First Identified:** October 2008

**2020 Medicare Utilization:** 119,874

**2022 Work RVU:** 0.50

**2022 NF PE RVU:** 3.83

**2022 Fac PE RVU:** NA

**RUC Recommendation:** 0.60

**Referred to CPT**

**Result:** Increase

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

## Status Report: CMS Requests and Relativity Assessment Issues

<b>94010</b>	<b>Spirometry, including graphic record, total and timed vital capacity, expiratory flow rate measurement(s), with or without maximal voluntary ventilation</b>	<b>Global:</b> XXX	<b>Issue:</b> Spirometry	<b>Screen:</b> Low Value-High Volume	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2019	<b>Tab:</b> 12 <b>Specialty Developing Recommendation:</b> ATS, CHEST	<b>First Identified:</b> October 2010	<b>2020 Medicare Utilization:</b> 732,785	<b>2022 Work RVU:</b> 0.17 <b>2022 NF PE RVU:</b> 0.60 <b>2022 Fac PE RVU:</b> NA	
<b>RUC Recommendation:</b> 0.17		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b> Maintain	
<hr/>					
<b>94014</b>	<b>Patient-initiated spirometric recording per 30-day period of time; includes reinforced education, transmission of spirometric tracing, data capture, analysis of transmitted data, periodic recalibration and review and interpretation by a physician or other qualified health care professional</b>	<b>Global:</b> XXX	<b>Issue:</b> Pulmonary Tests	<b>Screen:</b> High Volume Growth1	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> February 2009	<b>Tab:</b> 38 <b>Specialty Developing Recommendation:</b> ACCP/ATS	<b>First Identified:</b> February 2008	<b>2020 Medicare Utilization:</b> 142	<b>2022 Work RVU:</b> 0.52 <b>2022 NF PE RVU:</b> 1.07 <b>2022 Fac PE RVU:</b> NA	
<b>RUC Recommendation:</b> Remove from screen - RUC articulated concerns regarding claims reporting to CMS		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b> Remove from Screen	
<hr/>					
<b>94015</b>	<b>Patient-initiated spirometric recording per 30-day period of time; recording (includes hook-up, reinforced education, data transmission, data capture, trend analysis, and periodic recalibration)</b>	<b>Global:</b> XXX	<b>Issue:</b> Pulmonary Tests	<b>Screen:</b> High Volume Growth1	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> February 2009	<b>Tab:</b> 38 <b>Specialty Developing Recommendation:</b> ACCP/ATS	<b>First Identified:</b> February 2008	<b>2020 Medicare Utilization:</b> 24	<b>2022 Work RVU:</b> 0.00 <b>2022 NF PE RVU:</b> 0.89 <b>2022 Fac PE RVU:</b> NA	
<b>RUC Recommendation:</b> Remove from screen - RUC articulated concerns regarding claims reporting to CMS		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b> Remove from Screen	
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## Status Report: CMS Requests and Relativity Assessment Issues

**94016** Patient-initiated spirometric recording per 30-day period of time; review and interpretation only by a physician or other qualified health care professional **Global:** XXX **Issue:** Pulmonary Tests **Screen:** High Volume Growth1 **Complete?** Yes

**Most Recent** **Tab:** 38 **Specialty Developing** ACCP/ATS  
**RUC Meeting:** February 2009 **Recommendation:**

**First**  
**Identified:** April 2008

**2020**  
**Medicare**  
**Utilization:** 4,393

**2022 Work RVU:** 0.52

**2022 NF PE RVU:** 0.18

**2022 Fac PE RVU:** 0.18

**RUC Recommendation:** Remove from screen - RUC articulated concerns regarding claims reporting to CMS

**Referred to CPT**

**Result:** Remove from Screen

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**94060** Bronchodilation responsiveness, spirometry as in 94010, pre- and post-bronchodilator administration

**Global:** XXX **Issue:** Spirometry

**Screen:** MPC List / CPT Assistant Analysis 2018 **Complete?** Yes

**Most Recent** **Tab:** 12 **Specialty Developing** ATS, CHEST  
**RUC Meeting:** October 2019 **Recommendation:**

**First**  
**Identified:** October 2010

**2020**  
**Medicare**  
**Utilization:** 712,384

**2022 Work RVU:** 0.22

**2022 NF PE RVU:** 0.91

**2022 Fac PE RVU:** NA

**RUC Recommendation:** 0.22

**Referred to CPT**

**Result:** Decrease

**Referred to CPT Asst** ☒ **Published in CPT Asst:** Mar 2014

**94200** Maximum breathing capacity, maximal voluntary ventilation

**Global:** XXX **Issue:** Lung Function Test

**Screen:** CMS-Other - Utilization over 30,000 **Complete?** Yes

**Most Recent** **Tab:** 28 **Specialty Developing** ATS, CHEST  
**RUC Meeting:** April 2018 **Recommendation:**

**First**  
**Identified:** October 2017

**2020**  
**Medicare**  
**Utilization:** 48,919

**2022 Work RVU:** 0.05

**2022 NF PE RVU:** 0.38

**2022 Fac PE RVU:** NA

**RUC Recommendation:** 0.05

**Referred to CPT**

**Result:** Decrease

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

## Status Report: CMS Requests and Relativity Assessment Issues

**94240** Deleted from CPT

**Global:**

**Issue:** Pulmonary Tests

**Screen:** Codes Reported Together 75% or More-Part1

**Complete?** Yes

**Most Recent RUC Meeting:** April 2010

**Tab:** 45

**Specialty Developing Recommendation:** ACCP, ATS

**First Identified:** February 2010

**2020 Medicare Utilization:**

**2022 Work RVU:**

**2022 NF PE RVU:**

**2022 Fac PE RVU:**

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** October 2010

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Deleted from CPT

**94250** Expired gas collection, quantitative, single procedure (separate procedure)

**Global:**

**Issue:** RAW

**Screen:** CMS-Other - Utilization over 20,000 Part1

**Complete?** Yes

**Most Recent RUC Meeting:** October 2019

**Tab:** 17

**Specialty Developing Recommendation:**

**First Identified:** January 2019

**2020 Medicare Utilization:** 14,545

**2022 Work RVU:**

**2022 NF PE RVU:**

**2022 Fac PE RVU:**

**RUC Recommendation:** Deleted from CPT

**Referred to CPT**

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Deleted from CPT

**94260** Deleted from CPT

**Global:**

**Issue:** Pulmonary Tests

**Screen:** Codes Reported Together 75% or More-Part1 /

**Complete?** Yes

**Most Recent RUC Meeting:** April 2010

**Tab:** 45

**Specialty Developing Recommendation:** ACCP, ATS

**First Identified:** February 2010

**2020 Medicare Utilization:**

**2022 Work RVU:**

**2022 NF PE RVU:**

**2022 Fac PE RVU:**

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** October 2010

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Deleted from CPT

# Status Report: CMS Requests and Relativity Assessment Issues

**94350** Deleted from CPT

**Global:**

**Issue:** Pulmonary Tests

**Screen:** Codes Reported Together 75% or More-Part1

**Complete?** Yes

**Most Recent RUC Meeting:** April 2010

**Tab:** 45

**Specialty Developing Recommendation:** ACCP, ATS

**First Identified:** February 2010

**2020 Medicare Utilization:**

**2022 Work RVU:**

**2022 NF PE RVU:**

**2022 Fac PE RVU:**

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** October 2010

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Deleted from CPT

**94360** Deleted from CPT

**Global:**

**Issue:** Pulmonary Tests

**Screen:** Codes Reported Together 75% or More-Part1

**Complete?** Yes

**Most Recent RUC Meeting:** April 2010

**Tab:** 45

**Specialty Developing Recommendation:** ACCP, ATS

**First Identified:** February 2010

**2020 Medicare Utilization:**

**2022 Work RVU:**

**2022 NF PE RVU:**

**2022 Fac PE RVU:**

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** October 2010

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Deleted from CPT

**94370** Determination of airway closing volume, single breath tests

**Global:**

**Issue:** Pulmonary Tests

**Screen:** Codes Reported Together 75% or More-Part1

**Complete?** Yes

**Most Recent RUC Meeting:** April 2010

**Tab:** 45

**Specialty Developing Recommendation:** ACCP, ATS

**First Identified:** February 2010

**2020 Medicare Utilization:**

**2022 Work RVU:**

**2022 NF PE RVU:**

**2022 Fac PE RVU:**

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** October 2010

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Deleted from CPT

# Status Report: CMS Requests and Relativity Assessment Issues

**94400 Breathing response to CO2 (CO2 response curve)**      **Global:**      **Issue:** Evaluation of Wheezing      **Screen:** Codes Reported Together 75% or More-Part2 / CPT Assistant Analysis 2018      **Complete?** Yes

**Most Recent RUC Meeting:** April 2019      **Tab:** 25      **Specialty Developing Recommendation:** ATS, CHEST      **First Identified:**      **2020 Medicare Utilization:** 1,104      **2022 Work RVU:**      **2022 NF PE RVU:**      **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

**94450 Breathing response to hypoxia (hypoxia response curve)**      **Global:** XXX      **Issue:** Pulmonary Tests      **Screen:** High Volume Growth1      **Complete?** Yes

**Most Recent RUC Meeting:** February 2009      **Tab:** 38      **Specialty Developing Recommendation:** ACCP/ATS      **First Identified:** February 2008      **2020 Medicare Utilization:** 25      **2022 Work RVU:** 0.40      **2022 NF PE RVU:** 1.46      **2022 Fac PE RVU:** NA

**RUC Recommendation:** Remove from screen - RUC articulated concerns regarding claims reporting to CMS      **Referred to CPT**      **Result:** Remove from Screen  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**94617 Exercise test for bronchospasm, including pre- and post-spirometry and pulse oximetry; with electrocardiographic recording(s)**      **Global:** XXX      **Issue:** Pulmonary Diagnostic Tests      **Screen:** CMS High Expenditure Procedural Codes2      **Complete?** Yes

**Most Recent RUC Meeting:** October 2016      **Tab:** 05      **Specialty Developing Recommendation:** ATS, CHEST      **First Identified:** February 2016      **2020 Medicare Utilization:** 8,870      **2022 Work RVU:** 0.70      **2022 NF PE RVU:** 1.87      **2022 Fac PE RVU:** NA

**RUC Recommendation:** 0.70      **Referred to CPT** February 2016      **Result:** Decrease  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

## Status Report: CMS Requests and Relativity Assessment Issues

**94618** Pulmonary stress testing (eg, 6-minute walk test), including measurement of heart rate, oximetry, and oxygen titration, when performed **Global:** XXX **Issue:** Pulmonary Diagnostic Tests **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

**Most Recent RUC Meeting:** October 2016

**Tab:** 05 **Specialty Developing Recommendation:** ATS, CHEST

**First Identified:** February 2016

**2020 Medicare Utilization:** 203,523

**2022 Work RVU:** 0.48

**2022 NF PE RVU:** 0.47

**2022 Fac PE RVU:** NA

**RUC Recommendation:** 0.48

**Referred to CPT** February 2016

**Result:** Decrease

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**94620** Pulmonary stress testing; simple (eg, 6-minute walk test, prolonged exercise test for bronchospasm with pre- and post-spirometry and oximetry) **Global:** **Issue:** Pulmonary Diagnostic Tests **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

**Most Recent RUC Meeting:** October 2016

**Tab:** 05 **Specialty Developing Recommendation:** ATS, CHEST

**First Identified:** July 2015

**2020 Medicare Utilization:**

**2022 Work RVU:**

**2022 NF PE RVU:**

**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:**

**94621** Cardiopulmonary exercise testing, including measurements of minute ventilation, co2 production, o2 uptake, and electrocardiographic recordings **Global:** XXX **Issue:** Pulmonary Diagnostic Tests **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

**Most Recent RUC Meeting:** October 2016

**Tab:** 05 **Specialty Developing Recommendation:** ATS, CHEST

**First Identified:** January 2016

**2020 Medicare Utilization:** 14,385

**2022 Work RVU:** 1.42

**2022 NF PE RVU:** 3.03

**2022 Fac PE RVU:** NA

**RUC Recommendation:** 1.42

**Referred to CPT** February 2016

**Result:** Maintain

**Referred to CPT Asst** ☐ **Published in CPT Asst:**



# Status Report: CMS Requests and Relativity Assessment Issues

**94640** Pressurized or nonpressurized inhalation treatment for acute airway obstruction for therapeutic purposes and/or for diagnostic purposes such as sputum induction with an aerosol generator, nebulizer, metered dose inhaler or intermittent positive pressure breathing (ippb) device **Global:** XXX **Issue:** Evaluation of Wheezing **Screen:** Codes Reported Together 75% or More-Part2 /CPT Assistant Analysis 2018 **Complete?** Yes

**Most Recent RUC Meeting:** April 2019 **Tab:** 25 **Specialty Developing Recommendation:** AAFP, ATS, CHEST, **First Identified:** **2020 Medicare Utilization:** 234,550 **2022 Work RVU:** 0.00 **2022 NF PE RVU:** 0.32 **2022 Fac PE RVU:** NA

**RUC Recommendation:** New PE Inputs **Referred to CPT** **Referred to CPT Asst** ☒ **Published in CPT Asst:** Mar 2014 **Result:** PE Only

**94667** Manipulation chest wall, such as cupping, percussing, and vibration to facilitate lung function; initial demonstration and/or evaluation **Global:** XXX **Issue:** Evaluation of Wheezing **Screen:** CPT Assistant Analysis 2018 **Complete?** Yes

**Most Recent RUC Meeting:** April 2019 **Tab:** 25 **Specialty Developing Recommendation:** ATS, CHEST **First Identified:** April 2019 **2020 Medicare Utilization:** 2,593 **2022 Work RVU:** 0.00 **2022 NF PE RVU:** 0.65 **2022 Fac PE RVU:** NA

**RUC Recommendation:** New PE Inputs **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** PE Only

**94668** Manipulation chest wall, such as cupping, percussing, and vibration to facilitate lung function; subsequent **Global:** XXX **Issue:** Evaluation of Wheezing **Screen:** Codes Reported Together 75% or More-Part2 / CPT Assistant Analysis 2018 **Complete?** Yes

**Most Recent RUC Meeting:** April 2019 **Tab:** 25 **Specialty Developing Recommendation:** AAFP, ATS, CHEST, **First Identified:** **2020 Medicare Utilization:** 4,363 **2022 Work RVU:** 0.00 **2022 NF PE RVU:** 1.02 **2022 Fac PE RVU:** NA

**RUC Recommendation:** New PE Inputs CPT Assistant article published **Referred to CPT** **Referred to CPT Asst** ☒ **Published in CPT Asst:** Mar 2014 **Result:** PE Only

## Status Report: CMS Requests and Relativity Assessment Issues

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**94669** Mechanical chest wall oscillation to facilitate lung function, per session      **Global:** XXX    **Issue:** Evaluation of Wheezing    **Screen:** CPT Assistant Analysis 2018    **Complete?** Yes

**Most Recent**      **Tab:** 25    **Specialty Developing**    ATS, CHEST    **First**      **2020**  
**RUC Meeting:** April 2019    **Recommendation:**    **Identified:** April 2019    **Medicare**  
                          **Utilization:** 197      **2022 Work RVU:** 0.00  
                               **2022 NF PE RVU:** 0.53  
                               **2022 Fac PE RVU:** NA

**RUC Recommendation:** New PE Inputs

**Referred to CPT**  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** PE Only

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**94681** Oxygen uptake, expired gas analysis; including co2 output, percentage oxygen extracted      **Global:** XXX    **Issue:** Pulmonary Tests    **Screen:** High Volume Growth1 / CMS Fastest Growing    **Complete?** Yes

**Most Recent**      **Tab:** 51    **Specialty Developing**    AACE, TES,    **First**      **2020**  
**RUC Meeting:** September 2011    **Recommendation:**    ACCP/ATS    **Identified:** February 2008    **Medicare**  
                          **Utilization:** 3,835      **2022 Work RVU:** 0.20  
                               **2022 NF PE RVU:** 1.21  
                               **2022 Fac PE RVU:** NA

**RUC Recommendation:** Remove from screen

**Referred to CPT**  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Remove from Screen

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**94720** Carbon monoxide diffusing capacity (eg, single breath, steady state)      **Global:**    **Issue:** Pulmonary Tests    **Screen:** Codes Reported Together 75% or More-Part1    **Complete?** Yes

**Most Recent**      **Tab:** 45    **Specialty Developing**    ACCP, ATS    **First**      **2020**  
**RUC Meeting:** April 2010    **Recommendation:**       **Identified:** February 2010    **Medicare**  
                          **Utilization:**      **2022 Work RVU:**  
                               **2022 NF PE RVU:**  
                               **2022 Fac PE RVU:**

**RUC Recommendation:** Deleted from CPT

**Referred to CPT**    October 2010  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Deleted from CPT

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# Status Report: CMS Requests and Relativity Assessment Issues

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<b>94725</b>	<b>Membrane diffusion capacity</b>	<b>Global:</b>	<b>Issue:</b> Pulmonary Tests	<b>Screen:</b> Codes Reported Together 75% or More-Part1	<b>Complete?</b> Yes
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<b>Most Recent RUC Meeting:</b> April 2010	<b>Tab:</b> 45	<b>Specialty Developing Recommendation:</b> ACCP, ATS
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<b>First Identified:</b> February 2010	<b>2020 Medicare Utilization:</b>
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<b>2022 Work RVU:</b>
<b>2022 NF PE RVU:</b>
<b>2022 Fac PE RVU:</b>

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** October 2010

**Result:** Deleted from CPT

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

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<b>94726</b>	<b>Plethysmography for determination of lung volumes and, when performed, airway resistance</b>	<b>Global:</b> XXX	<b>Issue:</b> Pulmonary Function Testing	<b>Screen:</b> Codes Reported Together 75% or More-Part1	<b>Complete?</b> Yes
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<b>Most Recent RUC Meeting:</b> April 2011	<b>Tab:</b> 19	<b>Specialty Developing Recommendation:</b> ACCP, ATS
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<b>First Identified:</b> February 2010	<b>2020 Medicare Utilization:</b> 491,869
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<b>2022 Work RVU:</b> 0.26
<b>2022 NF PE RVU:</b> 1.32
<b>2022 Fac PE RVU:</b> NA

**RUC Recommendation:** 0.31

**Referred to CPT** February 2011

**Result:** Decrease

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

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<b>94727</b>	<b>Gas dilution or washout for determination of lung volumes and, when performed, distribution of ventilation and closing volumes</b>	<b>Global:</b> XXX	<b>Issue:</b> Pulmonary Function Testing	<b>Screen:</b> Codes Reported Together 75% or More-Part1	<b>Complete?</b> Yes
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<b>Most Recent RUC Meeting:</b> April 2011	<b>Tab:</b> 19	<b>Specialty Developing Recommendation:</b> ACCP, ATS
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<b>First Identified:</b> February 2010	<b>2020 Medicare Utilization:</b> 231,939
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<b>2022 Work RVU:</b> 0.26
<b>2022 NF PE RVU:</b> 1.01
<b>2022 Fac PE RVU:</b> NA

**RUC Recommendation:** 0.31

**Referred to CPT** February 2011

**Result:** Decrease

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

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# Status Report: CMS Requests and Relativity Assessment Issues

**94728** Airway resistance by oscillometry **Global:** XXX **Issue:** Pulmonary Function Testing **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

**Most Recent RUC Meeting:** April 2011

**Tab:** 19 **Specialty Developing Recommendation:** ACCP, ATS

**First Identified:** February 2010

**2020 Medicare Utilization:** 4,090

**2022 Work RVU:** 0.26

**2022 NF PE RVU:** 0.89

**2022 Fac PE RVU:** NA

**RUC Recommendation:** 0.31

**Referred to CPT** February 2011

**Result:** Decrease

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**94729** Diffusing capacity (eg, carbon monoxide, membrane) (list separately in addition to code for primary procedure) **Global:** ZZZ **Issue:** Pulmonary Function Testing **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

**Most Recent RUC Meeting:** April 2011

**Tab:** 19 **Specialty Developing Recommendation:** ACCP, ATS

**First Identified:** February 2010

**2020 Medicare Utilization:** 788,850

**2022 Work RVU:** 0.19

**2022 NF PE RVU:** 1.52

**2022 Fac PE RVU:** NA

**RUC Recommendation:** 0.19

**Referred to CPT** February 2011

**Result:** Decrease

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**94750** Pulmonary compliance study (eg, plethysmography, volume and pressure measurements) **Global:** **Issue:** RAW **Screen:** CMS-Other - Utilization over 20,000 Part1 **Complete?** Yes

**Most Recent RUC Meeting:** October 2019

**Tab:** 17 **Specialty Developing Recommendation:**

**First Identified:** January 2019

**2020 Medicare Utilization:** 16,674

**2022 Work RVU:**

**2022 NF PE RVU:**

**2022 Fac PE RVU:**

**RUC Recommendation:** Deleted from CPT

**Referred to CPT**

**Result:** Deleted from CPT

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

## Status Report: CMS Requests and Relativity Assessment Issues

**94760** Noninvasive ear or pulse oximetry for oxygen saturation; single determination      **Global:** XXX      **Issue:** Measure Blood Oxygen Level      **Screen:** CMS Request - Practice Expense Review      **Complete?** Yes

**Most Recent RUC Meeting:** February 2009      **Tab:** 32      **Specialty Developing Recommendation:** ACCP, ATS      **First Identified:** NA      **2020 Medicare Utilization:** 17,819      **2022 Work RVU:** 0.00  
**2022 NF PE RVU:** 0.06  
**2022 Fac PE RVU:** NA

**RUC Recommendation:** New PE inputs      **Referred to CPT**      **Result:** PE Only  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**94761** Noninvasive ear or pulse oximetry for oxygen saturation; multiple determinations (eg, during exercise)      **Global:** XXX      **Issue:** Measure Blood Oxygen Level      **Screen:** CMS Request - Practice Expense Review      **Complete?** Yes

**Most Recent RUC Meeting:** February 2009      **Tab:** 32      **Specialty Developing Recommendation:** ACCP, ATS      **First Identified:** NA      **2020 Medicare Utilization:** 12,350      **2022 Work RVU:** 0.00  
**2022 NF PE RVU:** 0.09  
**2022 Fac PE RVU:** NA

**RUC Recommendation:** New PE inputs      **Referred to CPT**      **Result:** PE Only  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**94762** Noninvasive ear or pulse oximetry for oxygen saturation; by continuous overnight monitoring (separate procedure)      **Global:** XXX      **Issue:** Measure Blood Oxygen Level      **Screen:** CMS Fastest Growing, CMS Request - Practice Expense Review      **Complete?** Yes

**Most Recent RUC Meeting:** February 2009      **Tab:** 32      **Specialty Developing Recommendation:** ACCP, ATS      **First Identified:** October 2008      **2020 Medicare Utilization:** 165,622      **2022 Work RVU:** 0.00  
**2022 NF PE RVU:** 0.77  
**2022 Fac PE RVU:** NA

**RUC Recommendation:** New PE inputs      **Referred to CPT**      **Result:** PE Only  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

# Status Report: CMS Requests and Relativity Assessment Issues

**94770** Carbon dioxide, expired gas determination by infrared analyzer **Global:** **Issue:** Evaluation of Wheezing **Screen:** High Volume Growth1 / Codes Reported Together 75% or More-Part2 / CPT Assistant Analysis 2018 **Complete?** Yes

**Most Recent RUC Meeting:** April 2019

**Tab:** 25 **Specialty Developing Recommendation:** ATS, CHEST

**First Identified:** February 2008

**2020 Medicare Utilization:** 2,651

**2022 Work RVU:**  
**2022 NF PE RVU:**  
**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

**95004** Percutaneous tests (scratch, puncture, prick) with allergenic extracts, immediate type reaction, including test interpretation and report, specify number of tests **Global:** XXX **Issue:** Percutaneous Allergy Tests **Screen:** Low Value-Billed in Multiple Units / CMS High Expenditure Procedural Codes2 **Complete?** Yes

**Most Recent RUC Meeting:** October 2016

**Tab:** 27 **Specialty Developing Recommendation:** AAAAI, AAOA, ACAAI

**First Identified:** October 2010

**2020 Medicare Utilization:** 7,781,153

**2022 Work RVU:** 0.01  
**2022 NF PE RVU:** 0.10  
**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 drugs, biologicals or venoms, immediate type reaction, including test interpretation and report by a physician, specify number of tests **Global:** **Issue:** Percutaneous Allergy Tests **Screen:** Low Value-Billed in Multiple Units **Complete?** Yes

**Most Recent RUC Meeting:** April 2011

**Tab:** 31 **Specialty Developing Recommendation:** JCAAI, ACAAI, AAAAI

**First Identified:** October 2010

**2020 Medicare Utilization:**

**2022 Work RVU:**  
**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:**

## Status Report: CMS Requests and Relativity Assessment Issues

**95012** Nitric oxide expired gas determination

**Global:** XXX

**Issue:** Exhaled Nitric Oxide Measurement (PE Only)

**Screen:** High Volume Growth5

**Complete?** Yes

**Most Recent RUC Meeting:** April 2019

**Tab:** 26

**Specialty Developing Recommendation:** AAAAI, ACAAI, ATS, CHEST

**First Identified:** October 2018

**2020 Medicare Utilization:** 73,690

**2022 Work RVU:** 0.00

**2022 NF PE RVU:** 0.55

**2022 Fac PE RVU:** NA

**RUC Recommendation:** New PE Inputs

**Referred to CPT**

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** PE Only

**95015** Intracutaneous (intra dermal) tests, sequential and incremental, with drugs, biologicals, or venoms, immediate type reaction, including test interpretation and report by a physician, specify number of tests

**Global:**

**Issue:** Intracutaneous Allergy Tests

**Screen:** Low Value-Billed in Multiple Units

**Complete?** Yes

**Most Recent RUC Meeting:** April 2011

**Tab:** 31

**Specialty Developing Recommendation:** JCAAI, ACAAI, AAAAI

**First Identified:** October 2010

**2020 Medicare Utilization:**

**2022 Work RVU:**

**2022 NF PE RVU:**

**2022 Fac PE RVU:**

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** February 2012

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Deleted from CPT

**95017** Allergy testing, any combination of percutaneous (scratch, puncture, prick) and intracutaneous (intra dermal), sequential and incremental, with venoms, immediate type reaction, including test interpretation and report, specify number of tests

**Global:** XXX

**Issue:** Percutaneous Allergy Testing

**Screen:** Low Value-Billed in Multiple Units

**Complete?** Yes

**Most Recent RUC Meeting:** April 2012

**Tab:** 29

**Specialty Developing Recommendation:** JCAAI

**First Identified:** October 2010

**2020 Medicare Utilization:** 22,762

**2022 Work RVU:** 0.07

**2022 NF PE RVU:** 0.18

**2022 Fac PE RVU:** 0.03

**RUC Recommendation:** 0.07

**Referred to CPT** February 2012

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Decrease

## Status Report: CMS Requests and Relativity Assessment Issues

<b>95018</b>	Allergy testing, any combination of percutaneous (scratch, puncture, prick) and intracutaneous (intradermal), sequential and incremental, with drugs or biologicals, immediate type reaction, including test interpretation and report, specify number of tests	<b>Global:</b> XXX	<b>Issue:</b> Percutaneous Allergy Testing	<b>Screen:</b> Low Value-Billed in Multiple Units	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2012	<b>Tab:</b> 29 <b>Specialty Developing Recommendation:</b> JCAAI	<b>First Identified:</b> October 2010	<b>2020 Medicare Utilization:</b> 84,296	<b>2022 Work RVU:</b> 0.14 <b>2022 NF PE RVU:</b> 0.46 <b>2022 Fac PE RVU:</b> 0.06	
<b>RUC Recommendation:</b> 0.14		<b>Referred to CPT</b> February 2012 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b> Decrease	
<hr/>					
<b>95024</b>	Intracutaneous (intradermal) tests with allergenic extracts, immediate type reaction, including test interpretation and report, specify number of tests	<b>Global:</b> XXX	<b>Issue:</b> Intracutaneous Allergy Tests	<b>Screen:</b> Low Value-Billed in Multiple Units / Negative IWPUT	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2017	<b>Tab:</b> 19 <b>Specialty Developing Recommendation:</b> JCAAI, ACAAI, AAAAI, AAOA	<b>First Identified:</b> October 2010	<b>2020 Medicare Utilization:</b> 1,368,744	<b>2022 Work RVU:</b> 0.01 <b>2022 NF PE RVU:</b> 0.23 <b>2022 Fac PE RVU:</b> 0.01	
<b>RUC Recommendation:</b> New PE Inputs.		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b> PE Only	
<hr/>					
<b>95027</b>	Intracutaneous (intradermal) tests, sequential and incremental, with allergenic extracts for airborne allergens, immediate type reaction, including test interpretation and report, specify number of tests	<b>Global:</b> XXX	<b>Issue:</b> Intracutaneous Allergy Tests	<b>Screen:</b> Low Value-Billed in Multiple Units	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> February 2011	<b>Tab:</b> 41 <b>Specialty Developing Recommendation:</b> JCAAI, ACAAI, AAAAI	<b>First Identified:</b> October 2010	<b>2020 Medicare Utilization:</b> 116,742	<b>2022 Work RVU:</b> 0.01 <b>2022 NF PE RVU:</b> 0.13 <b>2022 Fac PE RVU:</b> NA	
<b>RUC Recommendation:</b> 0.01		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b> Maintain	



## Status Report: CMS Requests and Relativity Assessment Issues

**95115** Professional services for allergen immunotherapy not including provision of allergenic extracts; single injection **Global:** XXX **Issue:** Immunotherapy Injections **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

**Most Recent RUC Meeting:** April 2012

**Tab:** 48

**Specialty Developing Recommendation:** JCAAI, AAOA

**First Identified:** January 2012

**2020 Medicare Utilization:** 859,372

**2022 Work RVU:** 0.00

**2022 NF PE RVU:** 0.27

**2022 Fac PE RVU:** NA

**RUC Recommendation:** New PE Inputs

**Referred to CPT**

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** PE Only

**95117** Professional services for allergen immunotherapy not including provision of allergenic extracts; 2 or more injections **Global:** XXX **Issue:** Immunotherapy Injections **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

**Most Recent RUC Meeting:** April 2012

**Tab:** 48

**Specialty Developing Recommendation:** JCAAI, AAOA

**First Identified:** September 2011

**2020 Medicare Utilization:** 2,434,986

**2022 Work RVU:** 0.00

**2022 NF PE RVU:** 0.33

**2022 Fac PE RVU:** NA

**RUC Recommendation:** New PE Inputs

**Referred to CPT**

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** PE Only

**95144** Professional services for the supervision of preparation and provision of antigens for allergen immunotherapy, single dose vial(s) (specify number of vials) **Global:** XXX **Issue:** Antigen Therapy Services **Screen:** Low Value-Billed in Multiple Units / CMS High Expenditure Procedural Codes2 **Complete?** Yes

**Most Recent RUC Meeting:** January 2016

**Tab:** 49

**Specialty Developing Recommendation:** AAOHNS, AAOA, ACAAI

**First Identified:** October 2010

**2020 Medicare Utilization:** 155,016

**2022 Work RVU:** 0.06

**2022 NF PE RVU:** 0.43

**2022 Fac PE RVU:** 0.02

**RUC Recommendation:** 0.06

**Referred to CPT**

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Maintain

## Status Report: CMS Requests and Relativity Assessment Issues

<b>95148</b>	Professional services for the supervision of preparation and provision of antigens for allergen immunotherapy (specify number of doses); 4 single stinging insect venoms	<b>Global:</b> XXX	<b>Issue:</b>	<b>Screen:</b> Low Value-Billed in Multiple Units	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2010	<b>Tab:</b> 73 <b>Specialty Developing Recommendation:</b>	<b>First Identified:</b> October 2010	<b>2020 Medicare Utilization:</b> 18,559	<b>2022 Work RVU:</b> 0.06 <b>2022 NF PE RVU:</b> 2.60 <b>2022 Fac PE RVU:</b> 0.02	
<b>RUC Recommendation:</b> 0.06		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b> Maintain	
<hr/>					
<b>95165</b>	Professional services for the supervision of preparation and provision of antigens for allergen immunotherapy; single or multiple antigens (specify number of doses)	<b>Global:</b> XXX	<b>Issue:</b> Antigen Therapy Services	<b>Screen:</b> MPC List / CMS High Expenditure Procedural Codes2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2016	<b>Tab:</b> 49 <b>Specialty Developing Recommendation:</b> AAOHNS, AAOA, ACAAI	<b>First Identified:</b> October 2010	<b>2020 Medicare Utilization:</b> 6,673,468	<b>2022 Work RVU:</b> 0.06 <b>2022 NF PE RVU:</b> 0.39 <b>2022 Fac PE RVU:</b> 0.02	
<b>RUC Recommendation:</b> 0.06		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b> Maintain	
<hr/>					
<b>95249</b>	Ambulatory continuous glucose monitoring of interstitial tissue fluid via a subcutaneous sensor for a minimum of 72 hours; patient-provided equipment, sensor placement, hook-up, calibration of monitor, patient training, and printout of recording	<b>Global:</b> XXX	<b>Issue:</b> Continuous Glucose Monitoring	<b>Screen:</b> High Volume Growth2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2017	<b>Tab:</b> 08 <b>Specialty Developing Recommendation:</b> AACE, ES, ACP	<b>First Identified:</b>	<b>2020 Medicare Utilization:</b> 10,344	<b>2022 Work RVU:</b> 0.00 <b>2022 NF PE RVU:</b> 1.69 <b>2022 Fac PE RVU:</b> NA	
<b>RUC Recommendation:</b> Re-review at RAW. PE Only.		<b>Referred to CPT</b> June 2017 <b>Referred to CPT Asst</b> <input checked="" type="checkbox"/>	<b>Published in CPT Asst:</b> June 2018	<b>Result:</b> PE Only	

## Status Report: CMS Requests and Relativity Assessment Issues

<b>95250</b>	Ambulatory continuous glucose monitoring of interstitial tissue fluid via a subcutaneous sensor for a minimum of 72 hours; physician or other qualified health care professional (office) provided equipment, sensor placement, hook-up, calibration of monitor, patient training, removal of sensor, and printout of recording	<b>Global:</b> XXX	<b>Issue:</b> Continuous Glucose Monitoring	<b>Screen:</b> High Volume Growth2 / Work Neutrality 2018	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2020	<b>Tab:</b> 37 <b>Specialty Developing Recommendation:</b> AACE, ES	<b>First Identified:</b> October 2013	<b>2020 Medicare Utilization:</b> 48,697	<b>2022 Work RVU:</b> 0.00 <b>2022 NF PE RVU:</b> 4.34 <b>2022 Fac PE RVU:</b> NA	
<b>RUC Recommendation:</b> Re-review at RAW. New PE inputs.		<b>Referred to CPT</b> October 2015 & February 2017 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b> PE Only	
<hr/>					
<b>95251</b>	Ambulatory continuous glucose monitoring of interstitial tissue fluid via a subcutaneous sensor for a minimum of 72 hours; analysis, interpretation and report	<b>Global:</b> XXX	<b>Issue:</b> Continuous Glucose Monitoring	<b>Screen:</b> High Volume Growth / Work Neutrality 2018	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2020	<b>Tab:</b> 37 <b>Specialty Developing Recommendation:</b> AACE, ES	<b>First Identified:</b> April 2013	<b>2020 Medicare Utilization:</b> 296,345	<b>2022 Work RVU:</b> 0.70 <b>2022 NF PE RVU:</b> 0.28 <b>2022 Fac PE RVU:</b> 0.28	
<b>RUC Recommendation:</b> Re-review at RAW. 0.70.		<b>Referred to CPT</b> February 2017 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b> Decrease	
<hr/>					
<b>95700</b>	Electroencephalogram (eeg) continuous recording, with video when performed, setup, patient education, and takedown when performed, administered in person by eeg technologist, minimum of 8 channels	<b>Global:</b> XXX	<b>Issue:</b> Long-Term EEG Monitoring	<b>Screen:</b> High Volume Growth4 / Contractor Priced High Volume2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> September 2022	<b>Tab:</b> 13 <b>Specialty Developing Recommendation:</b> AAN, ACNS	<b>First Identified:</b> May 2018	<b>2020 Medicare Utilization:</b> 13,701	<b>2022 Work RVU:</b> 0.00 <b>2022 NF PE RVU:</b> 0.00 <b>2022 Fac PE RVU:</b> 0.00	
<b>RUC Recommendation:</b> Review action plan. PE Only		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b> PE Only	
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# Status Report: CMS Requests and Relativity Assessment Issues

**95705** Electroencephalogram (eeg), without video, review of data, technical description by eeg technologist, 2-12 hours; unmonitored **Global:** XXX **Issue:** Long-Term EEG Monitoring **Screen:** High Volume Growth4 **Complete?** Yes

**Most Recent RUC Meeting:** October 2018 **Tab:** 13 **Specialty Developing Recommendation:** AAN, ACNS **First Identified:** May 2018 **2020 Medicare Utilization:** 1,248 **2022 Work RVU:** 0.00 **2022 NF PE RVU:** 0.00 **2022 Fac PE RVU:** 0.00  
**RUC Recommendation:** PE Only **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** PE Only

**95706** Electroencephalogram (eeg), without video, review of data, technical description by eeg technologist, 2-12 hours; with intermittent monitoring and maintenance **Global:** XXX **Issue:** Long-Term EEG Monitoring **Screen:** High Volume Growth4 **Complete?** Yes

**Most Recent RUC Meeting:** October 2018 **Tab:** 13 **Specialty Developing Recommendation:** AAN, ACNS **First Identified:** May 2018 **2020 Medicare Utilization:** 217 **2022 Work RVU:** 0.00 **2022 NF PE RVU:** 0.00 **2022 Fac PE RVU:** 0.00  
**RUC Recommendation:** PE Only **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** PE Only

**95707** Electroencephalogram (eeg), without video, review of data, technical description by eeg technologist, 2-12 hours; with continuous, real-time monitoring and maintenance **Global:** XXX **Issue:** Long-Term EEG Monitoring **Screen:** High Volume Growth4 **Complete?** Yes

**Most Recent RUC Meeting:** October 2018 **Tab:** 13 **Specialty Developing Recommendation:** AAN, ACNS **First Identified:** May 2018 **2020 Medicare Utilization:** 83 **2022 Work RVU:** 0.00 **2022 NF PE RVU:** 0.00 **2022 Fac PE RVU:** 0.00  
**RUC Recommendation:** PE Only **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** PE Only

**95708** Electroencephalogram (eeg), without video, review of data, technical description by eeg technologist, each increment of 12-26 hours; unmonitored **Global:** XXX **Issue:** Long-Term EEG Monitoring **Screen:** High Volume Growth4 **Complete?** Yes

**Most Recent RUC Meeting:** October 2018 **Tab:** 13 **Specialty Developing Recommendation:** AAN, ACNS **First Identified:** May 2018 **2020 Medicare Utilization:** 8,127 **2022 Work RVU:** 0.00 **2022 NF PE RVU:** 0.00 **2022 Fac PE RVU:** 0.00  
**RUC Recommendation:** PE Only **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** PE Only

## Status Report: CMS Requests and Relativity Assessment Issues

**95709** Electroencephalogram (eeg), without video, review of data, technical description by eeg technologist, each increment of 12-26 hours; with intermittent monitoring and maintenance **Global:** XXX **Issue:** Long-Term EEG Monitoring **Screen:** High Volume Growth4 **Complete?** Yes

**Most Recent RUC Meeting:** October 2018 **Tab:** 13 **Specialty Developing Recommendation:** AAN, ACNS **First Identified:** May 2018 **2020 Medicare Utilization:** 1,361 **2022 Work RVU:** 0.00 **2022 NF PE RVU:** 0.00 **2022 Fac PE RVU:** 0.00

**RUC Recommendation:** PE Only **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** PE Only

**95710** Electroencephalogram (eeg), without video, review of data, technical description by eeg technologist, each increment of 12-26 hours; with continuous, real-time monitoring and maintenance **Global:** XXX **Issue:** Long-Term EEG Monitoring **Screen:** High Volume Growth4 **Complete?** Yes

**Most Recent RUC Meeting:** October 2018 **Tab:** 13 **Specialty Developing Recommendation:** AAN, ACNS **First Identified:** May 2018 **2020 Medicare Utilization:** 146 **2022 Work RVU:** 0.00 **2022 NF PE RVU:** 0.00 **2022 Fac PE RVU:** 0.00

**RUC Recommendation:** PE Only **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** PE Only

**95711** Electroencephalogram with video (veeg), review of data, technical description by eeg technologist, 2-12 hours; unmonitored **Global:** XXX **Issue:** Long-Term EEG Monitoring **Screen:** High Volume Growth4 **Complete?** Yes

**Most Recent RUC Meeting:** October 2018 **Tab:** 13 **Specialty Developing Recommendation:** AAN, ACNS **First Identified:** May 2018 **2020 Medicare Utilization:** 356 **2022 Work RVU:** 0.00 **2022 NF PE RVU:** 0.00 **2022 Fac PE RVU:** 0.00

**RUC Recommendation:** PE Only **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** PE Only

## Status Report: CMS Requests and Relativity Assessment Issues

**95712** Electroencephalogram with video (veeg), review of data, technical description by eeg technologist, 2-12 hours; with intermittent monitoring and maintenance **Global:** XXX **Issue:** Long-Term EEG Monitoring **Screen:** High Volume Growth4 **Complete?** Yes

**Most Recent**  
**RUC Meeting:** October 2018

**Tab:** 13 **Specialty Developing** AAN, ACNS  
**Recommendation:**

**First**  
**Identified:** May 2018

**2020**  
**Medicare**  
**Utilization:** 744

**2022 Work RVU:** 0.00

**2022 NF PE RVU:** 0.00

**2022 Fac PE RVU:** 0.00

**RUC Recommendation:** PE Only

**Referred to CPT**

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** PE Only

**95713** Electroencephalogram with video (veeg), review of data, technical description by eeg technologist, 2-12 hours; with continuous, real-time monitoring and maintenance **Global:** XXX **Issue:** Long-Term EEG Monitoring **Screen:** High Volume Growth4 **Complete?** Yes

**Most Recent**  
**RUC Meeting:** October 2018

**Tab:** 13 **Specialty Developing** AAN, ACNS  
**Recommendation:**

**First**  
**Identified:** May 2018

**2020**  
**Medicare**  
**Utilization:** 1,555

**2022 Work RVU:** 0.00

**2022 NF PE RVU:** 0.00

**2022 Fac PE RVU:** 0.00

**RUC Recommendation:** PE Only

**Referred to CPT**

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** PE Only

**95714** Electroencephalogram with video (veeg), review of data, technical description by eeg technologist, each increment of 12-26 hours; unmonitored **Global:** XXX **Issue:** Long-Term EEG Monitoring **Screen:** High Volume Growth4 **Complete?** Yes

**Most Recent**  
**RUC Meeting:** October 2018

**Tab:** 13 **Specialty Developing** AAN, ACNS  
**Recommendation:**

**First**  
**Identified:** May 2018

**2020**  
**Medicare**  
**Utilization:** 6,404

**2022 Work RVU:** 0.00

**2022 NF PE RVU:** 0.00

**2022 Fac PE RVU:** 0.00

**RUC Recommendation:** PE Only

**Referred to CPT**

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** PE Only

## Status Report: CMS Requests and Relativity Assessment Issues

**95715** Electroencephalogram with video (veeg), review of data, technical description by eeg technologist, each increment of 12-26 hours; with intermittent monitoring and maintenance **Global:** XXX **Issue:** Long-Term EEG Monitoring **Screen:** High Volume Growth4 / Contractor Priced High Volume2 **Complete?** Yes

**Most Recent RUC Meeting:** September 2022

**Tab:** 13 **Specialty Developing Recommendation:** AAN, ACNS

**First Identified:** May 2018

**2020 Medicare Utilization:** 14,730

**2022 Work RVU:** 0.00

**2022 NF PE RVU:** 0.00

**2022 Fac PE RVU:** 0.00

**RUC Recommendation:** Review action plan. PE Only

**Referred to CPT**

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** PE Only

**95716** Electroencephalogram with video (veeg), review of data, technical description by eeg technologist, each increment of 12-26 hours; with continuous, real-time monitoring and maintenance **Global:** XXX **Issue:** Long-Term EEG Monitoring **Screen:** High Volume Growth4 **Complete?** Yes

**Most Recent RUC Meeting:** October 2018

**Tab:** 13 **Specialty Developing Recommendation:** AAN, ACNS

**First Identified:** May 2018

**2020 Medicare Utilization:** 2,549

**2022 Work RVU:** 0.00

**2022 NF PE RVU:** 0.00

**2022 Fac PE RVU:** 0.00

**RUC Recommendation:** PE Only

**Referred to CPT**

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** PE Only

**95717** Electroencephalogram (eeg), continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, interpretation and report, 2-12 hours of eeg recording; without video **Global:** XXX **Issue:** Long-Term EEG Monitoring **Screen:** High Volume Growth4 **Complete?** Yes

**Most Recent RUC Meeting:** October 2018

**Tab:** 13 **Specialty Developing Recommendation:** AAN, ACNS

**First Identified:** May 2018

**2020 Medicare Utilization:** 3,137

**2022 Work RVU:** 2.00

**2022 NF PE RVU:** 0.85

**2022 Fac PE RVU:** 0.82

**RUC Recommendation:** 2.00

**Referred to CPT**

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Decrease

## Status Report: CMS Requests and Relativity Assessment Issues

**95718** Electroencephalogram (eeg), continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, interpretation and report, 2-12 hours of eeg recording; with video (veeg) **Global:** XXX **Issue:** Long-Term EEG Monitoring **Screen:** High Volume Growth4 **Complete?** Yes

**Most Recent RUC Meeting:** October 2018

**Tab:** 13 **Specialty Developing Recommendation:** AAN, ACNS

**First Identified:** May 2018

**2020 Medicare Utilization:** 29,737

**2022 Work RVU:** 2.50

**2022 NF PE RVU:** 1.28

**2022 Fac PE RVU:** 1.22

**RUC Recommendation:** 2.50

**Referred to CPT**

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Decrease

**95719** Electroencephalogram (eeg), continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, each increment of greater than 12 hours, up to 26 hours of eeg recording, interpretation and report after each 24-hour period; without video **Global:** XXX **Issue:** Long-Term EEG Monitoring **Screen:** High Volume Growth4 **Complete?** Yes

**Most Recent RUC Meeting:** October 2018

**Tab:** 13 **Specialty Developing Recommendation:** AAN, ACNS

**First Identified:** May 2018

**2020 Medicare Utilization:** 5,966

**2022 Work RVU:** 3.00

**2022 NF PE RVU:** 1.39

**2022 Fac PE RVU:** 1.35

**RUC Recommendation:** 3.00

**Referred to CPT**

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Decrease

**95720** Electroencephalogram (eeg), continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, each increment of greater than 12 hours, up to 26 hours of eeg recording, interpretation and report after each 24-hour period; with video (veeg) **Global:** XXX **Issue:** Long-Term EEG Monitoring **Screen:** High Volume Growth4 **Complete?** Yes

**Most Recent RUC Meeting:** October 2018

**Tab:** 13 **Specialty Developing Recommendation:** AAN, ACNS

**First Identified:** May 2018

**2020 Medicare Utilization:** 123,778

**2022 Work RVU:** 3.86

**2022 NF PE RVU:** 1.96

**2022 Fac PE RVU:** 1.86

**RUC Recommendation:** 3.86

**Referred to CPT**

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Decrease



## Status Report: CMS Requests and Relativity Assessment Issues

**95721** Electroencephalogram (eeg), continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, interpretation, and summary report, complete study; greater than 36 hours, up to 60 hours of eeg recording, without video **Global:** XXX **Issue:** Long-Term EEG Monitoring **Screen:** High Volume Growth4 **Complete?** Yes

**Most Recent RUC Meeting:** October 2018

**Tab:** 13 **Specialty Developing Recommendation:** AAN, ACNS

**First Identified:** May 2018

**2020 Medicare Utilization:** 2,378

**2022 Work RVU:** 3.86

**2022 NF PE RVU:** 1.97

**2022 Fac PE RVU:** 1.85

**RUC Recommendation:** 3.86

**Referred to CPT**

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Decrease

**95722** Electroencephalogram (eeg), continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, interpretation, and summary report, complete study; greater than 36 hours, up to 60 hours of eeg recording, with video (veeg) **Global:** XXX **Issue:** Long-Term EEG Monitoring **Screen:** High Volume Growth4 **Complete?** Yes

**Most Recent RUC Meeting:** October 2018

**Tab:** 13 **Specialty Developing Recommendation:** AAN, ACNS

**First Identified:** May 2018

**2020 Medicare Utilization:** 2,167

**2022 Work RVU:** 4.70

**2022 NF PE RVU:** 2.39

**2022 Fac PE RVU:** 2.25

**RUC Recommendation:** 4.70

**Referred to CPT**

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Decrease

**95723** Electroencephalogram (eeg), continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, interpretation, and summary report, complete study; greater than 60 hours, up to 84 hours of eeg recording, without video **Global:** XXX **Issue:** Long-Term EEG Monitoring **Screen:** High Volume Growth4 **Complete?** Yes

**Most Recent RUC Meeting:** October 2018

**Tab:** 13 **Specialty Developing Recommendation:** AAN, ACNS

**First Identified:** May 2018

**2020 Medicare Utilization:** 2,904

**2022 Work RVU:** 4.75

**2022 NF PE RVU:** 2.40

**2022 Fac PE RVU:** 2.25

**RUC Recommendation:** 4.75

**Referred to CPT**

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Decrease

## Status Report: CMS Requests and Relativity Assessment Issues

<b>95724</b>	Electroencephalogram (eeg), continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, interpretation, and summary report, complete study; greater than 60 hours, up to 84 hours of eeg recording, with video (veeg)	<b>Global:</b> XXX	<b>Issue:</b> Long-Term EEG Monitoring	<b>Screen:</b> High Volume Growth4	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2018	<b>Tab:</b> 13 <b>Specialty Developing Recommendation:</b> AAN, ACNS	<b>First Identified:</b> May 2018	<b>2020 Medicare Utilization:</b> 4,668	<b>2022 Work RVU:</b> 6.00 <b>2022 NF PE RVU:</b> 3.02 <b>2022 Fac PE RVU:</b> 2.85	
<b>RUC Recommendation:</b> 6.00		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b> Decrease	
<hr/>					
<b>95725</b>	Electroencephalogram (eeg), continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, interpretation, and summary report, complete study; greater than 84 hours of eeg recording, without video	<b>Global:</b> XXX	<b>Issue:</b> Long-Term EEG Monitoring	<b>Screen:</b> High Volume Growth4	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2018	<b>Tab:</b> 13 <b>Specialty Developing Recommendation:</b> AAN, ACNS	<b>First Identified:</b> May 2018	<b>2020 Medicare Utilization:</b> 181	<b>2022 Work RVU:</b> 5.40 <b>2022 NF PE RVU:</b> 2.82 <b>2022 Fac PE RVU:</b> 2.63	
<b>RUC Recommendation:</b> 5.40		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b> Decrease	
<hr/>					
<b>95726</b>	Electroencephalogram (eeg), continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, interpretation, and summary report, complete study; greater than 84 hours of eeg recording, with video (veeg)	<b>Global:</b> XXX	<b>Issue:</b> Long-Term EEG Monitoring	<b>Screen:</b> High Volume Growth4	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2018	<b>Tab:</b> 13 <b>Specialty Developing Recommendation:</b> AAN, ACNS	<b>First Identified:</b> May 2018	<b>2020 Medicare Utilization:</b> 583	<b>2022 Work RVU:</b> 7.58 <b>2022 NF PE RVU:</b> 3.85 <b>2022 Fac PE RVU:</b> 3.63	
<b>RUC Recommendation:</b> 7.58		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b> Decrease	

## Status Report: CMS Requests and Relativity Assessment Issues

**95800** Sleep study, unattended, simultaneous recording; heart rate, oxygen saturation, respiratory analysis (eg, by airflow or peripheral arterial tone), and sleep time **Global:** XXX **Issue:** Sleep Testing **Screen:** CMS Fastest Growing **Complete?** Yes

**Most Recent**  
**RUC Meeting:** April 2010

**Tab:** 28 **Specialty Developing**  
**Recommendation:** ACNS, AAN,  
ACCP/ATS, AASM

**First**  
**Identified:** October 2009

**2020**  
**Medicare**  
**Utilization:** 26,905

**2022 Work RVU:** 0.85

**2022 NF PE RVU:** 3.84

**2022 Fac PE RVU:** NA

**RUC Recommendation:** 1.05

**Referred to CPT** October 2009

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Decrease

**95801** Sleep study, unattended, simultaneous recording; minimum of heart rate, oxygen saturation, and respiratory analysis (eg, by airflow or peripheral arterial tone) **Global:** XXX **Issue:** Sleep Testing **Screen:** CMS Fastest Growing **Complete?** Yes

**Most Recent**  
**RUC Meeting:** April 2010

**Tab:** 28 **Specialty Developing**  
**Recommendation:** ACNS, AAN,  
ACCP/ATS, AASM

**First**  
**Identified:** October 2009

**2020**  
**Medicare**  
**Utilization:** 273

**2022 Work RVU:** 0.85

**2022 NF PE RVU:** 1.78

**2022 Fac PE RVU:** NA

**RUC Recommendation:** 1.00

**Referred to CPT** October 2009

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Decrease

**95803** Actigraphy testing, recording, analysis, interpretation, and report (minimum of 72 hours to 14 consecutive days of recording) **Global:** XXX **Issue:** Sleep Testing **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

**Most Recent**  
**RUC Meeting:** April 2010

**Tab:** 28 **Specialty Developing**  
**Recommendation:** ACNS, AAN,  
ACCP/ATS, AASM

**First**  
**Identified:** NA

**2020**  
**Medicare**  
**Utilization:** 192

**2022 Work RVU:** 0.90

**2022 NF PE RVU:** 3.40

**2022 Fac PE RVU:** NA

**RUC Recommendation:** 0.90 and New PE inputs

**Referred to CPT**

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Decrease

## Status Report: CMS Requests and Relativity Assessment Issues

**95805** Multiple sleep latency or maintenance of wakefulness testing, recording, analysis and interpretation of physiological measurements of sleep during multiple trials to assess sleepiness **Global:** XXX **Issue:** Sleep Testing **Screen:** CMS Fastest Growing **Complete?** Yes

**Most Recent RUC Meeting:** April 2010 **Tab:** 28 **Specialty Developing Recommendation:** ACNS, AAN, ACCP/ATS, AASM **First Identified:** October 2009 **2020 Medicare Utilization:** 1,976 **2022 Work RVU:** 1.20 **2022 NF PE RVU:** 11.00 **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 saturation, respiratory airflow, and respiratory effort (eg, thoracoabdominal movement) **Global:** XXX **Issue:** Sleep Testing **Screen:** CMS Fastest Growing **Complete?** Yes

**Most Recent RUC Meeting:** April 2010 **Tab:** 28 **Specialty Developing Recommendation:** ACNS, AAN, ACCP/ATS, AASM **First Identified:** October 2009 **2020 Medicare Utilization:** 78,847 **2022 Work RVU:** 0.93 **2022 NF PE RVU:** 1.71 **2022 Fac PE RVU:** NA  
**RUC Recommendation:** 1.28 **Referred to CPT** October 2009 **Result:** Decrease  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**95807** Sleep study, simultaneous recording of ventilation, respiratory effort, ecg or heart rate, and oxygen saturation, attended by a technologist **Global:** XXX **Issue:** Sleep Testing **Screen:** CMS Fastest Growing **Complete?** Yes

**Most Recent RUC Meeting:** April 2010 **Tab:** 28 **Specialty Developing Recommendation:** ACNS, AAN, ACCP/ATS, AASM **First Identified:** October 2009 **2020 Medicare Utilization:** 1,584 **2022 Work RVU:** 1.28 **2022 NF PE RVU:** 9.79 **2022 Fac PE RVU:** NA  
**RUC Recommendation:** 1.25 **Referred to CPT** October 2009 **Result:** Decrease  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

# Status Report: CMS Requests and Relativity Assessment Issues

**95808** Polysomnography; any age, sleep staging with 1-3 additional parameters of sleep, attended by a technologist **Global:** XXX **Issue:** Sleep Testing **Screen:** CMS Fastest Growing **Complete?** Yes

**Most Recent**  
**RUC Meeting:** April 2010

**Tab:** 28 **Specialty Developing Recommendation:** ACNS, AAN, ACCP/ATS, AASM

**First Identified:** October 2009

**2020 Medicare Utilization:** 537

**2022 Work RVU:** 1.74  
**2022 NF PE RVU:** 17.89  
**2022 Fac PE RVU:** NA

**RUC Recommendation:** 1.74

**Referred to CPT** October 2009

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Decrease

**95810** Polysomnography; age 6 years or older, sleep staging with 4 or more additional parameters of sleep, attended by a technologist **Global:** XXX **Issue:** Sleep Testing **Screen:** CMS Fastest Growing / MPC List **Complete?** Yes

**Most Recent**  
**RUC Meeting:** April 2010

**Tab:** 28 **Specialty Developing Recommendation:** ACNS, AAN, ACCP/ATS, AASM

**First Identified:** February 2010

**2020 Medicare Utilization:** 172,583

**2022 Work RVU:** 2.50  
**2022 NF PE RVU:** 15.27  
**2022 Fac PE RVU:** NA

**RUC Recommendation:** 2.50

**Referred to CPT** October 2009

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Decrease

**95811** Polysomnography; age 6 years or older, sleep staging with 4 or more additional parameters of sleep, with initiation of continuous positive airway pressure therapy or bilevel ventilation, attended by a technologist **Global:** XXX **Issue:** Sleep Testing **Screen:** CMS Fastest Growing **Complete?** Yes

**Most Recent**  
**RUC Meeting:** April 2010

**Tab:** 28 **Specialty Developing Recommendation:** ACNS, AAN, ACCP/ATS, AASM

**First Identified:** October 2009

**2020 Medicare Utilization:** 187,980

**2022 Work RVU:** 2.60  
**2022 NF PE RVU:** 15.95  
**2022 Fac PE RVU:** NA

**RUC Recommendation:** 2.60

**Referred to CPT** October 2009

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Decrease

**95812** Electroencephalogram (eeg) extended monitoring; 41-60 minutes **Global:** XXX **Issue:** Long-Term EEG Monitoring **Screen:** CMS Request - Final Rule for 2016 **Complete?** Yes

**Most Recent**  
**RUC Meeting:** October 2018

**Tab:** 13 **Specialty Developing Recommendation:** AAN, ACNS

**First Identified:** July 2015

**2020 Medicare Utilization:** 19,920

**2022 Work RVU:** 1.08  
**2022 NF PE RVU:** 9.11  
**2022 Fac PE RVU:** NA

**RUC Recommendation:** 1.08

**Referred to CPT**

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Maintain

# Status Report: CMS Requests and Relativity Assessment Issues

**95813** Electroencephalogram (eeg) extended monitoring; 61-119 minutes **Global:** XXX **Issue:** Long-Term EEG Monitoring **Screen:** CMS Request - Final Rule for 2016 **Complete?** Yes

**Most Recent RUC Meeting:** October 2018 **Tab:** 13 **Specialty Developing Recommendation:** AAN, ACNS

**First Identified:** July 2015

**2020 Medicare Utilization:** 20,770

**2022 Work RVU:** 1.63  
**2022 NF PE RVU:** 10.96  
**2022 Fac PE RVU:** NA

**RUC Recommendation:** 1.63

**Referred to CPT**  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Decrease

**95816** Electroencephalogram (eeg); including recording awake and drowsy

**Global:** XXX **Issue:** Electroencephalogram

**Screen:** CMS High Expenditure Procedural Codes1

**Complete?** Yes

**Most Recent RUC Meeting:** October 2012 **Tab:** 22 **Specialty Developing Recommendation:**

**First Identified:** January 2012

**2020 Medicare Utilization:** 227,325

**2022 Work RVU:** 1.08  
**2022 NF PE RVU:** 10.17  
**2022 Fac PE RVU:** NA

**RUC Recommendation:** 1.08

**Referred to CPT**  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Maintain

**95819** Electroencephalogram (eeg); including recording awake and asleep

**Global:** XXX **Issue:** Electroencephalogram

**Screen:** CMS High Expenditure Procedural Codes1

**Complete?** Yes

**Most Recent RUC Meeting:** October 2012 **Tab:** 22 **Specialty Developing Recommendation:** AAN, ACNS

**First Identified:** September 2011

**2020 Medicare Utilization:** 162,443

**2022 Work RVU:** 1.08  
**2022 NF PE RVU:** 12.13  
**2022 Fac PE RVU:** NA

**RUC Recommendation:** 1.08

**Referred to CPT**  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Maintain

**95822** Electroencephalogram (eeg); recording in coma or sleep only

**Global:** XXX **Issue:** Electroencephalogram

**Screen:** CMS High Expenditure Procedural Codes1

**Complete?** Yes

**Most Recent RUC Meeting:** October 2012 **Tab:** 22 **Specialty Developing Recommendation:** AAN, ACNS

**First Identified:** January 2012

**2020 Medicare Utilization:** 23,964

**2022 Work RVU:** 1.08  
**2022 NF PE RVU:** 11.19  
**2022 Fac PE RVU:** NA

**RUC Recommendation:** 1.08

**Referred to CPT**  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Maintain

## Status Report: CMS Requests and Relativity Assessment Issues

**95827** Electroencephalogram (EEG); all night recording **Global:** **Issue:** Long-Term EEG Monitoring **Screen:** High Volume Growth4 **Complete?** Yes

**Most Recent**  
**RUC Meeting:** October 2018 **Tab:** 13 **Specialty Developing Recommendation:** AAN, ACNS

**First Identified:** May 2018

**2020 Medicare Utilization:**

**2022 Work RVU:**  
**2022 NF PE RVU:**  
**2022 Fac PE RVU:**

**RUC Recommendation:** Deleted from CPT

**Referred to CPT**

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Deleted from CPT

**95831** Muscle testing, manual (separate procedure) with report; extremity (excluding hand) or trunk **Global:** **Issue:** Muscle Testing **Screen:** High Volume Growth3 / CMS-Other - Utilization over 30,000 **Complete?** Yes

**Most Recent**  
**RUC Meeting:** April 2018 **Tab:** 33 **Specialty Developing Recommendation:** AAN, AANEM, AAPM, AAPMR, ACP, APTA

**First Identified:** October 2015

**2020 Medicare Utilization:**

**2022 Work RVU:**  
**2022 NF PE RVU:**  
**2022 Fac PE RVU:**

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** September 2018

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Deleted from CPT

**95832** Muscle testing, manual (separate procedure) with report; hand, with or without comparison with normal side **Global:** **Issue:** Muscle Testing **Screen:** High Volume Growth3 / CMS-Other - Utilization over 30,000 **Complete?** Yes

**Most Recent**  
**RUC Meeting:** April 2018 **Tab:** 33 **Specialty Developing Recommendation:** AAN, AANEM, AAPM, AAPMR, ACP, APTA

**First Identified:** October 2017

**2020 Medicare Utilization:**

**2022 Work RVU:**  
**2022 NF PE RVU:**  
**2022 Fac PE RVU:**

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** September 2018

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Deleted from CPT

## Status Report: CMS Requests and Relativity Assessment Issues

**95833** Muscle testing, manual (separate procedure) with report; total evaluation of body, excluding hands **Global:** **Issue:** Muscle Testing **Screen:** High Volume Growth3 / CMS-Other - Utilization over 30,000 **Complete?** Yes

**Most Recent RUC Meeting:** April 2018

**Tab:** 33

**Specialty Developing Recommendation:** AAN, AANEM, AAPM, AAPMR, ACP, APTA

**First Identified:** October 2017

**2020 Medicare Utilization:**

**2022 Work RVU:**

**2022 NF PE RVU:**

**2022 Fac PE RVU:**

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** September 2018

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Deleted from CPT

**95834** Muscle testing, manual (separate procedure) with report; total evaluation of body, including hands **Global:** **Issue:** Muscle Testing **Screen:** High Volume Growth3 / CMS-Other - Utilization over 30,000 **Complete?** Yes

**Most Recent RUC Meeting:** April 2018

**Tab:** 33

**Specialty Developing Recommendation:** AAN, AANEM, AAPM, AAPMR, ACP, APTA

**First Identified:** October 2017

**2020 Medicare Utilization:**

**2022 Work RVU:**

**2022 NF PE RVU:**

**2022 Fac PE RVU:**

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** September 2018

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Deleted from CPT

**95851** Range of motion measurements and report (separate procedure); each extremity (excluding hand) or each trunk section (spine) **Global:** XXX **Issue:** RAW **Screen:** CMS-Other - Utilization over 20,000-Part3 **Complete?** Yes

**Most Recent RUC Meeting:** September 2022

**Tab:** 13

**Specialty Developing Recommendation:** APTA

**First Identified:** April 2022

**2020 Medicare Utilization:** 27,252

**2022 Work RVU:** 0.16

**2022 NF PE RVU:** 0.44

**2022 Fac PE RVU:** 0.06

**RUC Recommendation:** Maintain

**Referred to CPT**

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Maintain



# Status Report: CMS Requests and Relativity Assessment Issues

<b>95860</b>	<b>Needle electromyography; 1 extremity with or without related paraspinal areas</b>	<b>Global:</b> XXX	<b>Issue:</b> EMG in Conjunction with Nerve Testing	<b>Screen:</b> Harvard Valued - Utilization over 100,000 / Codes Reported Together 75% or More-Part1 / Harvard-Valued Annual Allowed Charges over \$10 million	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2012	<b>Tab:</b> 32	<b>Specialty Developing Recommendation:</b> AAN, AAPMR, AANEM, APTA	<b>First Identified:</b> October 2009	<b>2020 Medicare Utilization:</b> 1,867	<b>2022 Work RVU:</b> 0.96 <b>2022 NF PE RVU:</b> 2.38 <b>2022 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> 0.96			<b>Referred to CPT</b> February 2011 & October 2011 <b>Referred to CPT Asst</b> <input type="checkbox"/> <b>Published in CPT Asst:</b>	<b>Result:</b> Maintain	
<hr/>					
<b>95861</b>	<b>Needle electromyography; 2 extremities with or without related paraspinal areas</b>	<b>Global:</b> XXX	<b>Issue:</b> EMG in Conjunction with Nerve Testing	<b>Screen:</b> Codes Reported Together 75% or More-Part1 / CMS High Expenditure Procedural Codes1	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2012	<b>Tab:</b> 32	<b>Specialty Developing Recommendation:</b> AAN, AAPMR, AANEM, APTA	<b>First Identified:</b> February 2010	<b>2020 Medicare Utilization:</b> 44,130	<b>2022 Work RVU:</b> 1.54 <b>2022 NF PE RVU:</b> 3.27 <b>2022 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> 1.54			<b>Referred to CPT</b> February 2011 & October 2011 & February 2012 <b>Referred to CPT Asst</b> <input type="checkbox"/> <b>Published in CPT Asst:</b>	<b>Result:</b> Maintain	
<hr/>					
<b>95863</b>	<b>Needle electromyography; 3 extremities with or without related paraspinal areas</b>	<b>Global:</b> XXX	<b>Issue:</b> EMG in Conjunction with Nerve Testing	<b>Screen:</b> Codes Reported Together 75% or More-Part1	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2012	<b>Tab:</b> 32	<b>Specialty Developing Recommendation:</b> AAN, AAPMR, AANEM, APTA	<b>First Identified:</b> February 2010	<b>2020 Medicare Utilization:</b> 106	<b>2022 Work RVU:</b> 1.87 <b>2022 NF PE RVU:</b> 4.44 <b>2022 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> 1.87			<b>Referred to CPT</b> February 2011 & October 2011 <b>Referred to CPT Asst</b> <input type="checkbox"/> <b>Published in CPT Asst:</b>	<b>Result:</b> Maintain	
<hr/>					

## Status Report: CMS Requests and Relativity Assessment Issues

**95864** Needle electromyography; 4 extremities with or without related paraspinal areas **Global:** XXX **Issue:** EMG in Conjunction with Nerve Testing **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

**Most Recent RUC Meeting:** April 2012

**Tab:** 32 **Specialty Developing Recommendation:** AAN, AAPMR, AANEM, APTA

**First Identified:** February 2010

**2020 Medicare Utilization:** 2,015

**2022 Work RVU:** 1.99  
**2022 NF PE RVU:** 5.05  
**2022 Fac PE RVU:** NA

**RUC Recommendation:** 1.99

**Referred to CPT** February 2011 & October 2011

**Result:** Maintain

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**95867** Needle electromyography; cranial nerve supplied muscle(s), unilateral

**Global:** XXX **Issue:** EMG in Conjunction with Nerve Testing

**Screen:** Codes Reported Together 75% or More-Part1

**Complete?** Yes

**Most Recent RUC Meeting:** April 2012

**Tab:** 32 **Specialty Developing Recommendation:** AAN, AAPMR, AANEM, APTA

**First Identified:**

**2020 Medicare Utilization:** 1,124

**2022 Work RVU:** 0.79  
**2022 NF PE RVU:** 2.39  
**2022 Fac PE RVU:** NA

**RUC Recommendation:** 0.79

**Referred to CPT** October 2011

**Result:** Maintain

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**95868** Needle electromyography; cranial nerve supplied muscles, bilateral

**Global:** XXX **Issue:** EMG in Conjunction with Nerve Testing

**Screen:** Codes Reported Together 75% or More-Part1

**Complete?** Yes

**Most Recent RUC Meeting:** April 2012

**Tab:** 32 **Specialty Developing Recommendation:** AAN, AAPMR, AANEM, APTA

**First Identified:**

**2020 Medicare Utilization:** 3,767

**2022 Work RVU:** 1.18  
**2022 NF PE RVU:** 3.04  
**2022 Fac PE RVU:** NA

**RUC Recommendation:** 1.18

**Referred to CPT** October 2011

**Result:** Maintain

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

# Status Report: CMS Requests and Relativity Assessment Issues

**95869** Needle electromyography; thoracic paraspinal muscles (excluding t1 or t12) **Global:** XXX **Issue:** EMG in Conjunction with Nerve Testing **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

**Most Recent RUC Meeting:** April 2012

**Tab:** 32 **Specialty Developing Recommendation:** AAN, AAPMR, AANEM, APTA

**First Identified:** October 2011

**2020 Medicare Utilization:** 564

**2022 Work RVU:** 0.37  
**2022 NF PE RVU:** 2.57  
**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 (axial) muscles (unilateral or bilateral), other than thoracic paraspinal, cranial nerve supplied muscles, or sphincters **Global:** XXX **Issue:** EMG in Conjunction with Nerve Testing **Screen:** Codes Reported Together 75% or More-Part1 / Negative IWPUT **Complete?** Yes

**Most Recent RUC Meeting:** October 2017

**Tab:** 19 **Specialty Developing Recommendation:** AAN, AAPMR, AANEM, APTA

**First Identified:** October 2011

**2020 Medicare Utilization:** 52,768

**2022 Work RVU:** 0.37  
**2022 NF PE RVU:** 2.17  
**2022 Fac PE RVU:** NA

**RUC Recommendation:** 0.37

**Referred to CPT** October 2011

**Result:** Maintain

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**95885** Needle electromyography, each extremity, with related paraspinal areas, when performed, done with nerve conduction, amplitude and latency/velocity study; limited (list separately in addition to code for primary procedure) **Global:** ZZZ **Issue:** EMG in Conjunction with Nerve Testing **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

**Most Recent RUC Meeting:** April 2011

**Tab:** 20 **Specialty Developing Recommendation:** AAN, AAPMR, AANEM, ACNS, APTA

**First Identified:** February 2010

**2020 Medicare Utilization:** 113,196

**2022 Work RVU:** 0.35  
**2022 NF PE RVU:** 1.56  
**2022 Fac PE RVU:** NA

**RUC Recommendation:** 0.35

**Referred to CPT** February 2011 and October 2011

**Result:** Decrease

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

# Status Report: CMS Requests and Relativity Assessment Issues

<b>95886</b>	Needle electromyography, each extremity, with related paraspinal areas, when performed, done with nerve conduction, amplitude and latency/velocity study; complete, five or more muscles studied, innervated by three or more nerves or four or more spinal levels (list separately in addition to code for primary procedure)	<b>Global:</b> ZZZ	<b>Issue:</b> EMG in Conjunction with Nerve Testing	<b>Screen:</b> Codes Reported Together 75% or More-Part1	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2011	<b>Tab:</b> 20	<b>Specialty Developing Recommendation:</b> AAN, AAPMR, AANEM, ACNS, APTA	<b>First Identified:</b> February 2010	<b>2020 Medicare Utilization:</b> 784,971	<b>2022 Work RVU:</b> 0.86 <b>2022 NF PE RVU:</b> 2.08 <b>2022 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> 0.92			<b>Referred to CPT</b> February 2011 and October 2011 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b> Decrease
<b>95887</b>	Needle electromyography, non-extremity (cranial nerve supplied or axial) muscle(s) done with nerve conduction, amplitude and latency/velocity study (list separately in addition to code for primary procedure)	<b>Global:</b> ZZZ	<b>Issue:</b> EMG in Conjunction with Nerve Testing	<b>Screen:</b> Codes Reported Together 75% or More-Part1	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2011	<b>Tab:</b> 20	<b>Specialty Developing Recommendation:</b> AAN, AAPMR, AANEM, ACNS, APTA	<b>First Identified:</b> February 2010	<b>2020 Medicare Utilization:</b> 13,124	<b>2022 Work RVU:</b> 0.71 <b>2022 NF PE RVU:</b> 1.82 <b>2022 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> 0.73			<b>Referred to CPT</b> February 2011 and October 2011 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b> Decrease
<b>95900</b>	Nerve conduction, amplitude and latency/velocity study, each nerve; motor, without F-wave study	<b>Global:</b>	<b>Issue:</b> EMG in Conjunction with Nerve Testing	<b>Screen:</b> MPC List / Codes Reported Together 75% or More-Part1	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2012	<b>Tab:</b> 32	<b>Specialty Developing Recommendation:</b> AAN, AAPMR, AANEM, APTA	<b>First Identified:</b> October 2010	<b>2020 Medicare Utilization:</b>	<b>2022 Work RVU:</b> <b>2022 NF PE RVU:</b> <b>2022 Fac PE RVU:</b>
<b>RUC Recommendation:</b> Deleted from CPT			<b>Referred to CPT</b> October 2011& February 2012 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b> Deleted from CPT

## Status Report: CMS Requests and Relativity Assessment Issues

<b>95903</b>	Nerve conduction, amplitude and latency/velocity study, each nerve; motor, with F-wave study	<b>Global:</b>	<b>Issue:</b> EMG in Conjunction with Nerve Testing	<b>Screen:</b> CMS High Expenditure Procedural Codes1 / Codes Reported Together 75% or More-Part1	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2012	<b>Tab:</b> 32	<b>Specialty Developing Recommendation:</b> AAN, AAPMR, AANEM, APTA	<b>First Identified:</b> September 2011	<b>2020 Medicare Utilization:</b>	<b>2022 Work RVU:</b> <b>2022 NF PE RVU:</b> <b>2022 Fac PE RVU:</b>
<b>RUC Recommendation:</b> Deleted from CPT			<b>Referred to CPT</b> October 2011 and February 2012 & February 2012	<b>Result:</b> Deleted from CPT	
			<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	
<hr/>					
<b>95904</b>	Nerve conduction, amplitude and latency/velocity study, each nerve; sensory	<b>Global:</b>	<b>Issue:</b> EMG in Conjunction with Nerve Testing	<b>Screen:</b> Codes Reported Together 75% or More-Part1 / Low Value-Billed in Multiple Units	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2012	<b>Tab:</b> 32	<b>Specialty Developing Recommendation:</b> AAN, AAPMR, AANEM, APTA	<b>First Identified:</b> February 2010	<b>2020 Medicare Utilization:</b>	<b>2022 Work RVU:</b> <b>2022 NF PE RVU:</b> <b>2022 Fac PE RVU:</b>
<b>RUC Recommendation:</b> Deleted from CPT			<b>Referred to CPT</b> February 2011 & October 2011 & February 2012	<b>Result:</b> Deleted from CPT	
			<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	
<hr/>					
<b>95907</b>	Nerve conduction studies; 1-2 studies	<b>Global:</b> XXX	<b>Issue:</b> EMG in Conjunction with Nerve Testing	<b>Screen:</b> Codes Reported Together 75% or More-Part1	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2012	<b>Tab:</b> 32	<b>Specialty Developing Recommendation:</b> AAN, AAPMR, AANEM, APTA	<b>First Identified:</b>	<b>2020 Medicare Utilization:</b> 4,952	<b>2022 Work RVU:</b> 1.00 <b>2022 NF PE RVU:</b> 1.67 <b>2022 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> 1.00			<b>Referred to CPT</b> February 2012	<b>Result:</b> Decrease	
			<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	

## Status Report: CMS Requests and Relativity Assessment Issues

**95908** Nerve conduction studies; 3-4 studies

**Global:** XXX

**Issue:** EMG in Conjunction with Nerve Testing

**Screen:** Codes Reported Together 75% or More-Part1

**Complete?** Yes

**Most Recent RUC Meeting:** April 2012

**Tab:** 32

**Specialty Developing Recommendation:** AAN, AAPMR, AANEM, APTA

**First Identified:**

**2020 Medicare Utilization:** 44,418

**2022 Work RVU:** 1.25

**2022 NF PE RVU:** 2.08

**2022 Fac PE RVU:** NA

**RUC Recommendation:** 1.37

**Referred to CPT** February 2012

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Decrease

**95909** Nerve conduction studies; 5-6 studies

**Global:** XXX

**Issue:** EMG in Conjunction with Nerve Testing

**Screen:** Codes Reported Together 75% or More-Part1

**Complete?** Yes

**Most Recent RUC Meeting:** April 2012

**Tab:** 32

**Specialty Developing Recommendation:** AAN, AAPMR, AANEM, APTA

**First Identified:**

**2020 Medicare Utilization:** 104,301

**2022 Work RVU:** 1.50

**2022 NF PE RVU:** 2.49

**2022 Fac PE RVU:** NA

**RUC Recommendation:** 1.77

**Referred to CPT** February 2012

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Decrease

**95910** Nerve conduction studies; 7-8 studies

**Global:** XXX

**Issue:** EMG in Conjunction with Nerve Testing

**Screen:** Codes Reported Together 75% or More-Part1

**Complete?** Yes

**Most Recent RUC Meeting:** April 2012

**Tab:** 32

**Specialty Developing Recommendation:** AAN, AAPMR, AANEM, APTA

**First Identified:**

**2020 Medicare Utilization:** 123,612

**2022 Work RVU:** 2.00

**2022 NF PE RVU:** 3.22

**2022 Fac PE RVU:** NA

**RUC Recommendation:** 2.80

**Referred to CPT** February 2012

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Decrease

## Status Report: CMS Requests and Relativity Assessment Issues

**95911** Nerve conduction studies; 9-10 studies

**Global:** XXX

**Issue:** EMG in Conjunction with Nerve Testing

**Screen:** Codes Reported Together 75% or More-Part1

**Complete?** Yes

**Most Recent RUC Meeting:** April 2012

**Tab:** 32

**Specialty Developing Recommendation:** AAN, AAPMR, AANEM, APTA

**First Identified:**

**2020 Medicare Utilization:** 143,752

**2022 Work RVU:** 2.50

**2022 NF PE RVU:** 3.79

**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 Nerve Testing

**Screen:** Codes Reported Together 75% or More-Part1

**Complete?** Yes

**Most Recent RUC Meeting:** April 2012

**Tab:** 32

**Specialty Developing Recommendation:** AAN, AAPMR, AANEM, APTA

**First Identified:**

**2020 Medicare Utilization:** 63,156

**2022 Work RVU:** 3.00

**2022 NF PE RVU:** 4.32

**2022 Fac PE RVU:** NA

**RUC Recommendation:** 4.00

**Referred to CPT** February 2012

**Result:** Decrease

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**95913** Nerve conduction studies; 13 or more studies

**Global:** XXX

**Issue:** EMG in Conjunction with Nerve Testing

**Screen:** Codes Reported Together 75% or More-Part1

**Complete?** Yes

**Most Recent RUC Meeting:** April 2012

**Tab:** 32

**Specialty Developing Recommendation:** AAN, AAPMR, AANEM, APTA

**First Identified:**

**2020 Medicare Utilization:** 69,761

**2022 Work RVU:** 3.56

**2022 NF PE RVU:** 4.90

**2022 Fac PE RVU:** NA

**RUC Recommendation:** 4.20

**Referred to CPT** February 2012

**Result:** Decrease

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

# Status Report: CMS Requests and Relativity Assessment Issues

**95921** Testing of autonomic nervous system function; cardiovagal innervation (parasympathetic function), including 2 or more of the following: heart rate response to deep breathing with recorded r-r interval, valsalva ratio, and 30:15 ratio **Global:** XXX **Issue:** Autonomic Function Testing **Screen:** Different Performing Specialty from Survey / Codes Reported Together 75% or More-Part1 / Different Performing Specialty from Survey3 **Complete?** Yes

**Most Recent RUC Meeting:** January 2020

**Tab:** 37

**Specialty Developing Recommendation:**

AAFP, AAN, AANEM, ACNS, ACP

**First Identified:** October 2009

**2020 Medicare Utilization:** 42,319

**2022 Work RVU:** 0.90

**2022 NF PE RVU:** 1.69

**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 innervation (sympathetic adrenergic function), including beat-to-beat blood pressure and r-r interval changes during valsalva maneuver and at least 5 minutes of passive tilt **Global:** XXX **Issue:** Autonomic Function Testing **Screen:** High Volume Growth1 / CMS Fastest Growing / Different Performing Specialty from Survey / Codes Reported Together 75% or More-Part1 **Complete?** Yes

**Most Recent RUC Meeting:** January 2020

**Tab:** 37

**Specialty Developing Recommendation:**

AAFP, AAN, AANEM, ACNS, ACP

**First Identified:** February 2008

**2020 Medicare Utilization:** 1,937

**2022 Work RVU:** 0.96

**2022 NF PE RVU:** 1.99

**2022 Fac PE RVU:** NA

**RUC Recommendation:** Refer to CPT Assistant. 0.96

**Referred to CPT** February 2012

**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 of the following: quantitative sudomotor axon reflex test (qsart), silastic sweat imprint, thermoregulatory sweat test, and changes in sympathetic skin potential **Global:** XXX **Issue:** Autonomic Function Testing **Screen:** Codes Reported Together 75% or More-Part1 / High Volume Growth6 **Complete?** No

**Most Recent RUC Meeting:** January 2020

**Tab:** 37

**Specialty Developing Recommendation:**

AAFP, AAN, AANEM, ACNS, ACP

**First Identified:** October 2019

**2020 Medicare Utilization:** 88,442

**2022 Work RVU:** 0.90

**2022 NF PE RVU:** 2.80

**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



# Status Report: CMS Requests and Relativity Assessment Issues

**95924** Testing of autonomic nervous system function; combined parasympathetic and sympathetic adrenergic function testing with at least 5 minutes of passive tilt **Global:** XXX **Issue:** Autonomic Function Testing **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

**Most Recent RUC Meeting:** January 2020

**Tab:** 37

**Specialty Developing Recommendation:** AAFP, AAN, AANEM, ACNS, ACP

**First Identified:**

**2020 Medicare Utilization:** 15,254

**2022 Work RVU:** 1.73

**2022 NF PE RVU:** 2.62

**2022 Fac PE RVU:** NA

**RUC Recommendation:** Refer to CPT Assistant. 1.73

**Referred to CPT** February 2012

**Result:** Decrease

**Referred to CPT Asst** ☒ **Published in CPT Asst:** Sep 2020

**95925** Short-latency somatosensory evoked potential study, stimulation of any/all peripheral nerves or skin sites, recording from the central nervous system; in upper limbs **Global:** XXX **Issue:** Evoked Potentials and Reflex Studies **Screen:** Codes Reported Together 75% or More-Part1 / CMS Request to Re-Review Families of Recently Reviewed CPT Codes / CMS Request - Final Rule for 2013 **Complete?** Yes

**Most Recent RUC Meeting:** January 2013

**Tab:** 34

**Specialty Developing Recommendation:** AAN, AANEM, ACNS, AAPMR

**First Identified:** February 2010

**2020 Medicare Utilization:** 4,511

**2022 Work RVU:** 0.54

**2022 NF PE RVU:** 4.87

**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:**

**95926** Short-latency somatosensory evoked potential study, stimulation of any/all peripheral nerves or skin sites, recording from the central nervous system; in lower limbs **Global:** XXX **Issue:** Evoked Potentials and Reflex Studies **Screen:** Codes Reported Together 75% or More-Part1/ CMS Request to Re-Review Families of Recently Reviewed CPT Codes / CMS Request - Final Rule for 2013 **Complete?** Yes

**Most Recent RUC Meeting:** January 2013

**Tab:** 34

**Specialty Developing Recommendation:** AAN, AANEM, ACNS, AAPMR

**First Identified:** February 2010

**2020 Medicare Utilization:** 3,888

**2022 Work RVU:** 0.54

**2022 NF PE RVU:** 4.15

**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:**

# Status Report: CMS Requests and Relativity Assessment Issues

<b>95928</b>	Central motor evoked potential study (transcranial motor stimulation); upper limbs	<b>Global:</b> XXX	<b>Issue:</b> Evoked Potentials and Reflex Studies	<b>Screen:</b> Codes Reported Together 75% or More-Part1 / CMS Request to Re-Review Families of Recently Reviewed CPT Codes / CMS Request - Final Rule for 2013	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2013	<b>Tab:</b> 36	<b>Specialty Developing Recommendation:</b> AAN, AANEM, AAPMR, ACNS	<b>First Identified:</b> February 2010	<b>2020 Medicare Utilization:</b> 306	<b>2022 Work RVU:</b> 1.50 <b>2022 NF PE RVU:</b> 5.45 <b>2022 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> 1.50			<b>Referred to CPT</b> October 2010 <b>Referred to CPT Asst</b> <input type="checkbox"/> <b>Published in CPT Asst:</b>	<b>Result:</b> Maintain	
<b>95929</b>	Central motor evoked potential study (transcranial motor stimulation); lower limbs	<b>Global:</b> XXX	<b>Issue:</b> Evoked Potentials and Reflex Studies	<b>Screen:</b> Codes Reported Together 75% or More-Part1 / CMS Request to Re-Review Families of Recently Reviewed CPT Codes / CMS Request - Final Rule for 2013	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2013	<b>Tab:</b> 36	<b>Specialty Developing Recommendation:</b> AAN, AANEM, AAPMR, ACNS	<b>First Identified:</b> February 2010	<b>2020 Medicare Utilization:</b> 1,340	<b>2022 Work RVU:</b> 1.50 <b>2022 NF PE RVU:</b> 5.66 <b>2022 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> 1.50			<b>Referred to CPT</b> October 2010 <b>Referred to CPT Asst</b> <input type="checkbox"/> <b>Published in CPT Asst:</b>	<b>Result:</b> Maintain	
<b>95930</b>	Visual evoked potential (vep) checkerboard or flash testing, central nervous system except glaucoma, with interpretation and report	<b>Global:</b> XXX	<b>Issue:</b> Visual Evoked Potential Testing	<b>Screen:</b> High Volume Growth3	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2016	<b>Tab:</b> 11	<b>Specialty Developing Recommendation:</b> AAO, AOA (optometry), ACNS	<b>First Identified:</b> October 2015	<b>2020 Medicare Utilization:</b> 38,305	<b>2022 Work RVU:</b> 0.35 <b>2022 NF PE RVU:</b> 1.57 <b>2022 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> 0.35			<b>Referred to CPT</b> May 2016 <b>Referred to CPT Asst</b> <input type="checkbox"/> <b>Published in CPT Asst:</b>	<b>Result:</b> Maintain	

## Status Report: CMS Requests and Relativity Assessment Issues

<b>95934</b>	H-reflex, amplitude and latency study; record gastrocnemius/soleus muscle	<b>Global:</b>	<b>Issue:</b> EMG in Conjunction with Nerve Testing	<b>Screen:</b> Codes Reported Together 75% or More-Part1	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2012	<b>Tab:</b> 32	<b>Specialty Developing Recommendation:</b>	<b>First Identified:</b>	<b>2020 Medicare Utilization:</b>	<b>2022 Work RVU:</b> <b>2022 NF PE RVU:</b> <b>2022 Fac PE RVU:</b>
<b>RUC Recommendation:</b> Deleted from CPT			<b>Referred to CPT</b> October 2011 & February 2012	<b>Result:</b> Deleted from CPT	
			<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	
<hr/>					
<b>95936</b>	H-reflex, amplitude and latency study; record muscle other than gastrocnemius/soleus muscle	<b>Global:</b>	<b>Issue:</b> EMG in Conjunction with Nerve Testing	<b>Screen:</b> Codes Reported Together 75% or More-Part1	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2012	<b>Tab:</b> 32	<b>Specialty Developing Recommendation:</b>	<b>First Identified:</b>	<b>2020 Medicare Utilization:</b>	<b>2022 Work RVU:</b> <b>2022 NF PE RVU:</b> <b>2022 Fac PE RVU:</b>
<b>RUC Recommendation:</b> Deleted from CPT			<b>Referred to CPT</b> October 2011 & February 2012	<b>Result:</b> Deleted from CPT	
			<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	
<hr/>					
<b>95938</b>	Short-latency somatosensory evoked potential study, stimulation of any/all peripheral nerves or skin sites, recording from the central nervous system; in upper and lower limbs	<b>Global:</b> XXX	<b>Issue:</b> Evoked Potentials and Reflex Studies	<b>Screen:</b> Codes Reported Together 75% or More-Part1 / CMS Request - Final Rule for 2013	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2013	<b>Tab:</b> 34	<b>Specialty Developing Recommendation:</b> AAN, AANEM, AAPMR, ACNS	<b>First Identified:</b> January 2013	<b>2020 Medicare Utilization:</b> 90,197	<b>2022 Work RVU:</b> 0.86 <b>2022 NF PE RVU:</b> 9.84 <b>2022 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> 0.86 and new PE inputs			<b>Referred to CPT</b> October 2010	<b>Result:</b> Decrease	
			<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	
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# Status Report: CMS Requests and Relativity Assessment Issues

**95939** Central motor evoked potential study (transcranial motor stimulation); in upper and lower limbs **Global:** XXX **Issue:** Evoked Potentials and Reflex Studies **Screen:** Codes Reported Together 75% or More-Part1 / CMS Request - Final Rule for 2013 **Complete?** Yes

**Most Recent RUC Meeting:** January 2013

**Tab:** 34

**Specialty Developing Recommendation:** AAN, AANEM, AAPMR, ACNS

**First Identified:** January 2013

**2020 Medicare Utilization:** 42,469

**2022 Work RVU:** 2.25  
**2022 NF PE RVU:** 13.89  
**2022 Fac PE RVU:** NA

**RUC Recommendation:** 2.25 and new PE inputs

**Referred to CPT** October 2010

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Decrease

**95940** Continuous intraoperative neurophysiology monitoring in the operating room, one on one monitoring requiring personal attendance, each 15 minutes (list separately in addition to code for primary procedure)

**Global:** XXX

**Issue:** Intraoperative Neurophysiology Monitoring

**Screen:** Codes Reported Together 75% or More-Part1

**Complete?** Yes

**Most Recent RUC Meeting:** January 2012

**Tab:** 12

**Specialty Developing Recommendation:**

**First Identified:** January 2012

**2020 Medicare Utilization:** 25,219

**2022 Work RVU:** 0.60  
**2022 NF PE RVU:** NA  
**2022 Fac PE RVU:** 0.31

**RUC Recommendation:** 0.60

**Referred to CPT** February 2012

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Decrease

**95941** Continuous intraoperative neurophysiology monitoring, from outside the operating room (remote or nearby) or for monitoring of more than one case while in the operating room, per hour (list separately in addition to code for primary procedure)

**Global:** XXX

**Issue:** Intraoperative Neurophysiology Monitoring

**Screen:** Codes Reported Together 75% or More-Part1

**Complete?** Yes

**Most Recent RUC Meeting:** January 2012

**Tab:** 12

**Specialty Developing Recommendation:**

**First Identified:** January 2012

**2020 Medicare Utilization:**

**2022 Work RVU:** 0.00  
**2022 NF PE RVU:** 0.00  
**2022 Fac PE RVU:** 0.00

**RUC Recommendation:** 2.00

**Referred to CPT** February 2012

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Decrease

## Status Report: CMS Requests and Relativity Assessment Issues

**95943** Simultaneous, independent, quantitative measures of both parasympathetic function and sympathetic function, based on time-frequency analysis of heart rate variability concurrent with time-frequency analysis of continuous respiratory activity, with mean heart rate and blood pressure measures, during rest, paced (deep) breathing, Valsalva maneuvers, and head-up postural change **Global:** XXX **Issue:** Autonomic Function Testing **Screen:** Codes Reported Together 75% or More-Part1 / Contractor Priced High Volume1 **Complete?** Yes

**Most Recent RUC Meeting:** January 2020

**Tab:** 37 **Specialty Developing Recommendation:** AAN, AANEM

**First Identified:** January 2018

**2020 Medicare Utilization:** 15,809

**2022 Work RVU:**  
**2022 NF PE RVU:**  
**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:**

**95950** Monitoring for identification and lateralization of cerebral seizure focus, electroencephalographic (eg, 8 channel EEG) recording and interpretation, each 24 hours **Global:** **Issue:** Long-Term EEG Monitoring **Screen:** CMS Fastest Growing **Complete?** Yes

**Most Recent RUC Meeting:** October 2018

**Tab:** 13 **Specialty Developing Recommendation:** AAN, ACNS

**First Identified:** February 2009

**2020 Medicare Utilization:**

**2022 Work RVU:**  
**2022 NF PE RVU:**  
**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 more channel telemetry, combined electroencephalographic (EEG) and video recording and interpretation (eg, for presurgical localization), each 24 hours **Global:** **Issue:** Long-Term EEG Monitoring **Screen:** High Volume Growth4 **Complete?** Yes

**Most Recent RUC Meeting:** October 2018

**Tab:** 13 **Specialty Developing Recommendation:**

**First Identified:** October 2016

**2020 Medicare Utilization:**

**2022 Work RVU:**  
**2022 NF PE RVU:**  
**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:**

## Status Report: CMS Requests and Relativity Assessment Issues

**95953** Monitoring for localization of cerebral seizure focus by computerized portable 16 or more channel EEG, electroencephalographic (EEG) recording and interpretation, each 24 hours, unattended **Global:** **Issue:** Long-Term EEG Monitoring **Screen:** CMS Fastest Growing **Complete?** Yes

**Most Recent**  
**RUC Meeting:** October 2018 **Tab:** 13 **Specialty Developing Recommendation:** AAN, ACNS

**First Identified:** February 2009

**2020 Medicare Utilization:**

**2022 Work RVU:**  
**2022 NF PE RVU:**  
**2022 Fac PE RVU:**

**RUC Recommendation:** Deleted from CPT

**Referred to CPT**

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Deleted from CPT

**95954** Pharmacological or physical activation requiring physician or other qualified health care professional attendance during eeg recording of activation phase (eg, thiopental activation test) **Global:** XXX **Issue:** EEG Monitoring **Screen:** High Volume Growth1 **Complete?** Yes

**Most Recent**  
**RUC Meeting:** February 2008 **Tab:** S **Specialty Developing Recommendation:** AAN, ACNS

**First Identified:** February 2008

**2020 Medicare Utilization:** 449

**2022 Work RVU:** 2.45  
**2022 NF PE RVU:** 9.40  
**2022 Fac PE RVU:** NA

**RUC Recommendation:** Remove from screen

**Referred to CPT**

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Remove from Screen

**95956** Monitoring for localization of cerebral seizure focus by cable or radio, 16 or more channel telemetry, electroencephalographic (EEG) recording and interpretation, each 24 hours, attended by a technologist or nurse **Global:** **Issue:** Long-Term EEG Monitoring **Screen:** CMS Fastest Growing **Complete?** Yes

**Most Recent**  
**RUC Meeting:** October 2018 **Tab:** 13 **Specialty Developing Recommendation:** AAN, ACNS

**First Identified:** October 2008

**2020 Medicare Utilization:**

**2022 Work RVU:**  
**2022 NF PE RVU:**  
**2022 Fac PE RVU:**

**RUC Recommendation:** Deleted from CPT

**Referred to CPT**

**Referred to CPT Asst** ☒ **Published in CPT Asst:** Dec 2009

**Result:** Deleted from CPT

# Status Report: CMS Requests and Relativity Assessment Issues

**95957** Digital analysis of electroencephalogram (eeg) (eg, for epileptic spike analysis) **Global:** XXX **Issue:** Electroencephalogram (EEG) Exended Monitoring **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

**Most Recent RUC Meeting:** January 2016 **Tab:** 50 **Specialty Developing Recommendation:** AAN

**First Identified:** July 2015

**2020 Medicare Utilization:** 32,186

**2022 Work RVU:** 1.98

**2022 NF PE RVU:** 5.61

**2022 Fac PE RVU:** NA

**RUC Recommendation:** 1.98

**Referred to CPT**

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

**Result:** Maintain

**95970** Electronic analysis of implanted neurostimulator pulse generator/transmitter (eg, contact group[s], interleaving, amplitude, pulse width, frequency [hz], on/off cycling, burst, magnet mode, dose lockout, patient selectable parameters, responsive neurostimulation, detection algorithms, closed loop parameters, and passive parameters) by physician or other qualified health care professional; with brain, cranial nerve, spinal cord, peripheral nerve, or sacral nerve, neurostimulator pulse generator/transmitter, without programming

**Global:** XXX

**Issue:** Neurostimulator Services

**Screen:** Harvard Valued - Utilization over 100,000 / CMS Request - Final Rule for 2016 / High Volume Growth3 / CPT Assistant Analysis 2018

**Complete?** Yes

**Most Recent RUC Meeting:** January 2019 **Tab:** 37 **Specialty Developing Recommendation:** AAN, AANS/CNS, ACNS

**First Identified:** February 2010

**2020 Medicare Utilization:** 25,427

**2022 Work RVU:** 0.35

**2022 NF PE RVU:** 0.17

**2022 Fac PE RVU:** 0.16

**RUC Recommendation:** 0.45

**Referred to CPT** June 2017

**Referred to CPT Asst** ☒

**Published in CPT Asst:** Jul 2016

**Result:** Maintain

**95971** Electronic analysis of implanted neurostimulator pulse generator/transmitter (eg, contact group[s], interleaving, amplitude, pulse width, frequency [hz], on/off cycling, burst, magnet mode, dose lockout, patient selectable parameters, responsive neurostimulation, detection algorithms, closed loop parameters, and passive parameters) by physician or other qualified health care professional; with simple spinal cord or peripheral nerve (eg, sacral nerve) neurostimulator pulse generator/transmitter programming by physician or other qualified health care professional

**Global:** XXX

**Issue:** Neurostimulator Services

**Screen:** Harvard Valued - Utilization over 100,000 / High Volume Growth2

**Complete?** Yes

**Most Recent RUC Meeting:** October 2017 **Tab:** 07 **Specialty Developing Recommendation:** AUA, ACOG, AAPM, SIS, ACNS

**First Identified:** October 2009

**2020 Medicare Utilization:** 15,859

**2022 Work RVU:** 0.78

**2022 NF PE RVU:** 0.58

**2022 Fac PE RVU:** 0.31

**RUC Recommendation:** 0.78

**Referred to CPT** February 2015, June 2017

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

**Result:** Maintain

## Status Report: CMS Requests and Relativity Assessment Issues

**95972** Electronic analysis of implanted neurostimulator pulse generator/transmitter (eg, contact group[s], interleaving, amplitude, pulse width, frequency [hz], on/off cycling, burst, magnet mode, dose lockout, patient selectable parameters, responsive neurostimulation, detection algorithms, closed loop parameters, and passive parameters) by physician or other qualified health care professional; with complex spinal cord or peripheral nerve (eg, sacral nerve) neurostimulator pulse generator/transmitter programming by physician or other qualified health care professional

**Global:** XXX **Issue:** Neurostimulator Services **Screen:** Harvard Valued - Utilization over 100,000 / High Volume Growth2 **Complete?** Yes

**Most Recent RUC Meeting:** October 2017

**Tab:** 07

**Specialty Developing Recommendation:** AUA, ACOG, AAPM, SIS, ACNS

**First Identified:** February 2010

**2020 Medicare Utilization:** 36,946

**2022 Work RVU:** 0.80

**2022 NF PE RVU:** 0.76

**2022 Fac PE RVU:** 0.30

**RUC Recommendation:** 0.80

**Referred to CPT** May 2014 February, June 2017

**Result:** Decrease

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**95973** Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude, pulse duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient compliance measurements); complex spinal cord, or peripheral (ie, peripheral nerve, sacral nerve, neuromuscular) (except cranial nerve) neurostimulator pulse generator/transmitter, with intraoperative or subsequent programming, each additional 30 minutes after first hour (List separately in addition to code for primary procedure)

**Global:** **Issue:** Implanted Neurostimulator Electronic Analysis **Screen:** Harvard Valued - Utilization over 100,000 / Final Rule for 2015 **Complete?** Yes

**Most Recent RUC Meeting:** April 2015

**Tab:** 21

**Specialty Developing Recommendation:** AANS/CNS, ACOG, ASA, AUA, ISIS

**First Identified:** February 2010

**2020 Medicare Utilization:**

**2022 Work RVU:**

**2022 NF PE RVU:**

**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:**



## Status Report: CMS Requests and Relativity Assessment Issues

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<b>95974</b>	Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude, pulse duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient compliance measurements); complex cranial nerve neurostimulator pulse generator/transmitter, with intraoperative or subsequent programming, with or without nerve interface testing, first hour	<b>Global:</b>	<b>Issue:</b> Neurostimulator Services	<b>Screen:</b> CMS Request - Final Rule for 2016	<b>Complete?</b> Yes
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**Most Recent RUC Meeting:** October 2017

**Tab:** 07 **Specialty Developing Recommendation:** AAN, AANS/CNS, ACNS

**First 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** ☒ **Published in CPT Asst:** Jul 2016

**Result:** Deleted from CPT

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<b>95975</b>	Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude, pulse duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient compliance measurements); complex cranial nerve neurostimulator pulse generator/transmitter, with intraoperative or subsequent programming, each additional 30 minutes after first hour (List separately in addition to code for primary procedure)	<b>Global:</b>	<b>Issue:</b> Neurostimulator Services	<b>Screen:</b> CMS Request - Final Rule for 2016	<b>Complete?</b> Yes
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**Most Recent RUC Meeting:** October 2017

**Tab:** 07 **Specialty Developing Recommendation:** AAN, AANS/CNS, ACNS

**First 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** ☒ **Published in CPT Asst:** Jul 2016

**Result:** Deleted from CPT

## Status Report: CMS Requests and Relativity Assessment Issues

**95976** Electronic analysis of implanted neurostimulator pulse generator/transmitter (eg, contact group[s], interleaving, amplitude, pulse width, frequency [hz], on/off cycling, burst, magnet mode, dose lockout, patient selectable parameters, responsive neurostimulation, detection algorithms, closed loop parameters, and passive parameters) by physician or other qualified health care professional; with simple cranial nerve neurostimulator pulse generator/transmitter programming by physician or other qualified health care professional

**Global:** XXX **Issue:** Neurostimulator Services **Screen:** High Volume Growth2 / CMS Request - Final Rule for 2016 / CPT Assistant Analysis **Complete?** Yes

**Most Recent RUC Meeting:** September 2022 **Tab:** 13 **Specialty Developing Recommendation:** AAN, AANS/CNS, ACNS **First Identified:** June 2017 **2020 Medicare Utilization:** 6,654 **2022 Work RVU:** 0.73 **2022 NF PE RVU:** 0.38 **2022 Fac PE RVU:** 0.36

**RUC Recommendation:** 0.95 **Referred to CPT:** June 2017 **Result:** Maintain **Referred to CPT Asst:** ☒ **Published in CPT Asst:** February 2019

**95977** Electronic analysis of implanted neurostimulator pulse generator/transmitter (eg, contact group[s], interleaving, amplitude, pulse width, frequency [hz], on/off cycling, burst, magnet mode, dose lockout, patient selectable parameters, responsive neurostimulation, detection algorithms, closed loop parameters, and passive parameters) by physician or other qualified health care professional; with complex cranial nerve neurostimulator pulse generator/transmitter programming by physician or other qualified health care professional

**Global:** XXX **Issue:** Neurostimulator Services **Screen:** High Volume Growth2 / CMS Request - Final Rule for 2016 / CPT Assistant Analysis **Complete?** Yes

**Most Recent RUC Meeting:** September 2022 **Tab:** 13 **Specialty Developing Recommendation:** AAN, AANS/CNS, ACNS **First Identified:** June 2017 **2020 Medicare Utilization:** 5,033 **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 **Result:** Maintain **Referred to CPT Asst:** ☒ **Published in CPT Asst:** February 2019

**95978** Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude and duration, battery status, electrode selectability and polarity, impedance and patient compliance measurements), complex deep brain neurostimulator pulse generator/transmitter, with initial or subsequent programming; first hour

**Global:** **Issue:** Neurostimulator Services **Screen:** CMS Request - Final Rule for 2016 **Complete?** Yes

**Most Recent RUC Meeting:** October 2017 **Tab:** 07 **Specialty Developing Recommendation:** AAN, AANS/CNS, ACNS **First Identified:** July 2015 **2020 Medicare Utilization:** **2022 Work RVU:** **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

## Status Report: CMS Requests and Relativity Assessment Issues

**95979** Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude and duration, battery status, electrode selectability and polarity, impedance and patient compliance measurements), complex deep brain neurostimulator pulse generator/transmitter, with initial or subsequent programming; each additional 30 minutes after first hour (List separately in addition to code for primary procedure)

**Global:** **Issue:** Neurostimulator Services **Screen:** CMS Request - Final Rule for 2016 **Complete?** Yes

**Most Recent** **Tab:** 07 **Specialty Developing** AAN, AANS/CNS, **First** **2020** **2022 Work RVU:**  
**RUC Meeting:** October 2017 **Recommendation:** ACNS **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:** Jul 2016

**95980** Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude and duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient measurements) gastric neurostimulator pulse generator/transmitter; intraoperative, with programming

**Global:** XXX **Issue:** Neurostimulator Services **Screen:** CMS Request - Final Rule for 2016 **Complete?** Yes

**Most Recent** **Tab:** 07 **Specialty Developing** No Interest **First** **2020** **2022 Work RVU:** 0.80  
**RUC Meeting:** October 2017 **Recommendation:** **Identified:** July 2015 **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:**

**95981** Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude and duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient measurements) gastric neurostimulator pulse generator/transmitter; subsequent, without reprogramming

**Global:** XXX **Issue:** Neurostimulator Services **Screen:** CMS Request - Final Rule for 2016 **Complete?** Yes

**Most Recent** **Tab:** 07 **Specialty Developing** No Interest **First** **2020** **2022 Work RVU:** 0.30  
**RUC Meeting:** October 2017 **Recommendation:** **Identified:** July 2015 **Medicare** **2022 NF PE RVU:** 0.78  
**Utilization:** 562 **2022 Fac PE RVU:** 0.17

**RUC Recommendation:** Not part of family **Referred to CPT** June 2017 **Result:** Maintain  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

## Status Report: CMS Requests and Relativity Assessment Issues

**95982** Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude and duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient measurements) gastric neurostimulator pulse generator/transmitter; subsequent, with reprogramming

**Global:** XXX **Issue:** Neurostimulator Services **Screen:** CMS Request - Final Rule for 2016 **Complete?** Yes

**Most Recent**  
**RUC Meeting:** January 2016

**Tab:** 07 **Specialty Developing Recommendation:** No Interest

**First Identified:** July 2015

**2020 Medicare Utilization:** 1,011

**2022 Work RVU:** 0.65  
**2022 NF PE RVU:** 0.97  
**2022 Fac PE RVU:** 0.31

**RUC Recommendation:** Not part of family

**Referred to CPT** June 2017

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**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 brain neurostimulator pulse generator/transmitter programming, first 15 minutes face-to-face time with physician or other qualified health care professional

**Global:** XXX **Issue:** Neurostimulator Services **Screen:** High Volume Growth2 / CMS Request - Final Rule for 2016 / CPT Assistant Analysis **Complete?** Yes

**Most Recent**  
**RUC Meeting:** September 2022

**Tab:** 13 **Specialty Developing Recommendation:** AAN, AANS/CNS, ACNS

**First Identified:** June 2017

**2020 Medicare Utilization:** 32,970

**2022 Work RVU:** 0.91  
**2022 NF PE RVU:** 0.49  
**2022 Fac PE RVU:** 0.46

**RUC Recommendation:** 1.25

**Referred to CPT** June 2017

**Referred to CPT Asst** ☒ **Published in CPT Asst:** February 2019

**Result:** Maintain

## Status Report: CMS Requests and Relativity Assessment Issues

**95984** Electronic analysis of implanted neurostimulator pulse generator/transmitter (eg, contact group[s], interleaving, amplitude, pulse width, frequency [hz], on/off cycling, burst, magnet mode, dose lockout, patient selectable parameters, responsive neurostimulation, detection algorithms, closed loop parameters, and passive parameters) by physician or other qualified health care professional; with brain neurostimulator pulse generator/transmitter programming, each additional 15 minutes face-to-face time with physician or other qualified health care professional (list separately in addition to code for primary procedure)

**Global:** ZZZ **Issue:** Neurostimulator Services **Screen:** High Volume Growth2 / CMS Request - Final Rule for 2016 / CPT Assistant Analysis **Complete?** Yes

**Most Recent RUC Meeting:** September 2022 **Tab:** 13 **Specialty Developing Recommendation:** AAN, AANS/CNS, ACNS **First Identified:** June 2017 **2020 Medicare Utilization:** 45,873 **2022 Work RVU:** 0.80 **2022 NF PE RVU:** 0.42 **2022 Fac PE RVU:** 0.40

**RUC Recommendation:** 1.00 **Referred to CPT:** June 2017 **Result:** Maintain **Referred to CPT Asst:** ☒ **Published in CPT Asst:** February 2019

**95990** Refilling and maintenance of implantable pump or reservoir for drug delivery, spinal (intrathecal, epidural) or brain (intraventricular), includes electronic analysis of pump, when performed;

**Global:** XXX **Issue:** Electronic Analysis Implanted Pump **Screen:** Different Performing Specialty from Survey / Codes Reported Together 75% or More-Part1 **Complete?** Yes

**Most Recent RUC Meeting:** February 2011 **Tab:** 07 **Specialty Developing Recommendation:** ASA, AAPM, NASS, AAMP&R, AANS/CNS, ISIS **First Identified:** April 2010 **2020 Medicare Utilization:** 947 **2022 Work RVU:** 0.00 **2022 NF PE RVU:** 2.65 **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, spinal (intrathecal, epidural) or brain (intraventricular), includes electronic analysis of pump, when performed; requiring skill of a physician or other qualified health care professional

**Global:** XXX **Issue:** Electronic Analysis Implanted Pump **Screen:** High Volume Growth1 / Codes Reported Together 75% or More-Part1 **Complete?** Yes

**Most Recent RUC Meeting:** February 2011 **Tab:** 07 **Specialty Developing Recommendation:** ASA, AAPM **First Identified:** February 2008 **2020 Medicare Utilization:** 7,441 **2022 Work RVU:** 0.77 **2022 NF PE RVU:** 2.40 **2022 Fac PE RVU:** 0.32

**RUC Recommendation:** 0.77 **Referred to CPT:** October 2010 **Result:** Maintain **Referred to CPT Asst:** ☐ **Published in CPT Asst:**

# Status Report: CMS Requests and Relativity Assessment Issues

**95992** Canalith repositioning procedure(s) (eg, epley maneuver, semont maneuver), per day **Global:** XXX **Issue:** **Screen:** Modifier -51 Exempt **Complete?** Yes

**Most Recent**  
**RUC Meeting:** April 2018 **Tab:** 33 **Specialty Developing Recommendation:**

**First Identified:** January 2018

**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**

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Maintain

**96101** Psychological testing (includes psychodiagnostic assessment of emotionality, intellectual abilities, personality and psychopathology, eg, MMPI, Rorschach, WAIS), per hour of the psychologist's or physician's time, both face-to-face time administering tests to the patient and time interpreting these test results and preparing the report

**Global:**

**Issue:** Psychological and Neuro-psychological Testing

**Screen:** CMS High Expenditure Procedural Codes2

**Complete?** Yes

**Most Recent**  
**RUC Meeting:** October 2017 **Tab:** 08 **Specialty Developing Recommendation:** APA (psychology), AAP, ASHA, AAN

**First Identified:** July 2015

**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** ☐ **Published in CPT Asst:**

**Result:** Deleted from CPT

**96102** Psychological testing (includes psychodiagnostic assessment of emotionality, intellectual abilities, personality and psychopathology, eg, MMPI and WAIS), with qualified health care professional interpretation and report, administered by technician, per hour of technician time, face-to-face

**Global:**

**Issue:** Psychological and Neuro-psychological Testing

**Screen:** CMS High Expenditure Procedural Codes2

**Complete?** Yes

**Most Recent**  
**RUC Meeting:** October 2017 **Tab:** 08 **Specialty Developing Recommendation:** APA (psychology), AAP, ASHA, AAN

**First Identified:** July 2015

**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** ☐ **Published in CPT Asst:**

**Result:** Deleted from CPT

## Status Report: CMS Requests and Relativity Assessment Issues

**96103** Psychological testing (includes psychodiagnostic assessment of emotionality, intellectual abilities, personality and psychopathology, eg, MMPI), administered by a computer, with qualified health care professional interpretation and report **Global:** **Issue:** Psychological and Neuro-psychological Testing **Screen:** High Volume Growth2 / Different Performing Specialty from Survey2 / CMS High Expenditure Procedural Codes2 **Complete?** Yes

**Most Recent**  
**RUC Meeting:** October 2017

**Tab:** 08

**Specialty Developing Recommendation:** APA (psychology), AAP, ASHA, AAN

**First Identified:** April 2013

**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** ☐ **Published in CPT Asst:**

**Result:** Deleted from CPT

**96105** Assessment of aphasia (includes assessment of expressive and receptive speech and language function, language comprehension, speech production ability, reading, spelling, writing, eg, by boston diagnostic aphasia examination) with interpretation and report, per hour

**Global:** XXX

**Issue:** Psychological and Neuro-psychological Testing

**Screen:** CMS Request/Speech Language Pathology Request / CMS High Expenditure Procedural Codes2

**Complete?** Yes

**Most Recent**  
**RUC Meeting:** October 2017

**Tab:** 20

**Specialty Developing Recommendation:** APA (psychology), AAP, ASHA, AAN

**First Identified:** January 2016

**2020 Medicare Utilization:** 1,402

**2022 Work RVU:** 1.75

**2022 NF PE RVU:** 1.04

**2022 Fac PE RVU:** NA

**RUC Recommendation:** 1.75

**Referred to CPT** June 2017

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Decrease

**96110** Developmental screening (eg, developmental milestone survey, speech and language delay screen), with scoring and documentation, per standardized instrument

**Global:** XXX

**Issue:** Psychological and Neuro-psychological Testing

**Screen:** CMS High Expenditure Procedural Codes2

**Complete?** Yes

**Most Recent**  
**RUC Meeting:** October 2017

**Tab:** 08

**Specialty Developing Recommendation:** APA (psychology), AAP, ASHA, AAN

**First Identified:** January 2017

**2020 Medicare Utilization:**

**2022 Work RVU:** 0.00

**2022 NF PE RVU:** 0.30

**2022 Fac PE RVU:** NA

**RUC Recommendation:** New PE Inputs

**Referred to CPT** June 2017

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** PE Only

# Status Report: CMS Requests and Relativity Assessment Issues

**96111** Developmental testing, (includes assessment of motor, language, social, adaptive, and/or cognitive functioning by standardized developmental instruments) with interpretation and report **Global:** **Issue:** Psychological and Neuro-psychological Testing **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

**Most Recent RUC Meeting:** October 2017

**Tab:** 08 **Specialty Developing Recommendation:** APA (psychology), AAP, ASHA, AAN

**First Identified:** January 2017

**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** ☐ **Published in CPT Asst:**

**Result:** Deleted from CPT

**96112** Developmental test administration (including assessment of fine and/or gross motor, language, cognitive level, social, memory and/or executive functions by standardized developmental instruments when performed), by physician or other qualified health care professional, with interpretation and report; first hour **Global:** XXX **Issue:** Psychological and Neuro-psychological Testing **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

**Most Recent RUC Meeting:** October 2017

**Tab:** 08 **Specialty Developing Recommendation:** APA (psychology), AAP, ASHA, AAN

**First Identified:** June 2017

**2020 Medicare Utilization:** 1,685

**2022 Work RVU:** 2.56  
**2022 NF PE RVU:** 1.05  
**2022 Fac PE RVU:** 1.01

**RUC Recommendation:** 2.50

**Referred to CPT** June 2017

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Decrease

**96113** Developmental test administration (including assessment of fine and/or gross motor, language, cognitive level, social, memory and/or executive functions by standardized developmental instruments when performed), by physician or other qualified health care professional, with interpretation and report; each additional 30 minutes (list separately in addition to code for primary procedure) **Global:** ZZZ **Issue:** Psychological and Neuro-psychological Testing **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

**Most Recent RUC Meeting:** October 2017

**Tab:** 08 **Specialty Developing Recommendation:** APA (psychology), AAP, ASHA, AAN

**First Identified:** June 2017

**2020 Medicare Utilization:** 448

**2022 Work RVU:** 1.16  
**2022 NF PE RVU:** 0.53  
**2022 Fac PE RVU:** 0.42

**RUC Recommendation:** 1.10

**Referred to CPT** June 2017

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Decrease



# Status Report: CMS Requests and Relativity Assessment Issues

**96116** Neurobehavioral status exam (clinical assessment of thinking, reasoning and judgment, [eg, acquired knowledge, attention, language, memory, planning and problem solving, and visual spatial abilities]), by physician or other qualified health care professional, both face-to-face time with the patient and time interpreting test results and preparing the report; first hour

**Global:** XXX **Issue:** Psychological and Neuro-psychological Testing **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

**Most Recent**  
**RUC Meeting:** October 2017

**Tab:** 08 **Specialty Developing Recommendation:** APA (psychology), AAP, ASHA, AAN

**First Identified:** July 2015

**2020 Medicare Utilization:** 129,367

**2022 Work RVU:** 1.86  
**2022 NF PE RVU:** 0.82  
**2022 Fac PE RVU:** 0.44

**RUC Recommendation:** 1.86

**Referred to CPT** June 2017  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Maintain

**96118** Neuropsychological testing (eg, Halstead-Reitan Neuropsychological Battery, Wechsler Memory Scales and Wisconsin Card Sorting Test), per hour of the psychologist's or physician's time, both face-to-face time administering tests to the patient and time interpreting these test results and preparing the report

**Global:** **Issue:** Psychological and Neuro-psychological Testing **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

**Most Recent**  
**RUC Meeting:** October 2017

**Tab:** 08 **Specialty Developing Recommendation:** APA (psychology), AAP, ASHA, AAN

**First 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** ☐ **Published in CPT Asst:**

**Result:** Deleted from CPT

**96119** Neuropsychological testing (eg, Halstead-Reitan Neuropsychological Battery, Wechsler Memory Scales and Wisconsin Card Sorting Test), with qualified health care professional interpretation and report, administered by technician, per hour of technician time, face-to-face

**Global:** **Issue:** Psychological and Neuro-psychological Testing **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

**Most Recent**  
**RUC Meeting:** October 2017

**Tab:** 08 **Specialty Developing Recommendation:** APA (psychology), AAP, ASHA, AAN

**First Identified:** July 2015

**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** ☐ **Published in CPT Asst:**

**Result:** Deleted from CPT

# Status Report: CMS Requests and Relativity Assessment Issues

**96120** Neuropsychological testing (eg, Wisconsin Card Sorting Test), administered by a computer, with qualified health care professional interpretation and report **Global:** **Issue:** Psychological and Neuro-psychological Testing **Screen:** High Volume Growth2 / CMS High Expenditure Procedural Codes2 **Complete?** Yes

**Most Recent**  
**RUC Meeting:** October 2017

**Tab:** 08 **Specialty Developing Recommendation:** APA (psychology), AAP, ASHA, AAN

**First Identified:** April 2013

**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** ☐ **Published in CPT Asst:**

**Result:** Deleted from CPT

**96121** Neurobehavioral status exam (clinical assessment of thinking, reasoning and judgment, [eg, acquired knowledge, attention, language, memory, planning and problem solving, and visual spatial abilities]), by physician or other qualified health care professional, both face-to-face time with the patient and time interpreting test results and preparing the report; each additional hour (list separately in addition to code for primary procedure)

**Global:** ZZZ

**Issue:** Psychological and Neuro-psychological Testing

**Screen:** CMS High Expenditure Procedural Codes2

**Complete?** Yes

**Most Recent**  
**RUC Meeting:** October 2017

**Tab:** 08 **Specialty Developing Recommendation:** APA (psychology), AAP, ASHA, AAN

**First Identified:** June 2017

**2020 Medicare Utilization:** 39,411

**2022 Work RVU:** 1.71  
**2022 NF PE RVU:** 0.52  
**2022 Fac PE RVU:** 0.28

**RUC Recommendation:** 1.71

**Referred to CPT** June 2017

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Decrease

**96125** Standardized cognitive performance testing (eg, ross information processing assessment) per hour of a qualified health care professional's time, both face-to-face time administering tests to the patient and time interpreting these test results and preparing the report

**Global:** XXX

**Issue:** Psychological and Neuro-psychological Testing

**Screen:** CMS High Expenditure Procedural Codes2

**Complete?** Yes

**Most Recent**  
**RUC Meeting:** October 2017

**Tab:** 20 **Specialty Developing Recommendation:** APA (psychology), AAP, ASHA, AAN

**First Identified:** January 2016

**2020 Medicare Utilization:** 3,828

**2022 Work RVU:** 1.70  
**2022 NF PE RVU:** 1.27  
**2022 Fac PE RVU:** NA

**RUC Recommendation:** 1.70

**Referred to CPT** June 2017

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Maintain

# Status Report: CMS Requests and Relativity Assessment Issues

**96127** Brief emotional/behavioral assessment (eg, depression inventory, attention-deficit/hyperactivity disorder [adhd] scale), with scoring and documentation, per standardized instrument **Global:** XXX **Issue:** Psychological and Neuro-psychological Testing **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

**Most Recent RUC Meeting:** October 2017 **Tab:** 08 **Specialty Developing Recommendation:** APA (psychology), AAP, ASHA, AAN **First Identified:** January 2016 **2020 Medicare Utilization:** 436,595 **2022 Work RVU:** 0.00 **2022 NF PE RVU:** 0.13 **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:**

**96130** Psychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed; first hour **Global:** XXX **Issue:** Psychological and Neuro-psychological Testing **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

**Most Recent RUC Meeting:** October 2017 **Tab:** 20 **Specialty Developing Recommendation:** APA (psychology), AAP, ASHA, AAN **First Identified:** June 2017 **2020 Medicare Utilization:** 98,966 **2022 Work RVU:** 2.56 **2022 NF PE RVU:** 0.84 **2022 Fac PE RVU:** 0.49

**RUC Recommendation:** 2.50

**Referred to CPT** June 2017

**Result:** Decrease

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**96131** Psychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed; each additional hour (list separately in addition to code for primary procedure) **Global:** ZZZ **Issue:** Psychological and Neuro-psychological Testing **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

**Most Recent RUC Meeting:** October 2017 **Tab:** 20 **Specialty Developing Recommendation:** APA (psychology), AAP, ASHA, AAN **First Identified:** June 2017 **2020 Medicare Utilization:** 64,986 **2022 Work RVU:** 1.96 **2022 NF PE RVU:** 0.56 **2022 Fac PE RVU:** 0.27

**RUC Recommendation:** 1.90

**Referred to CPT** June 2017

**Result:** Decrease

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

# Status Report: CMS Requests and Relativity Assessment Issues

**96132** Neuropsychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed; first hour **Global:** XXX **Issue:** Psychological and Neuro-psychological Testing **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

**Most Recent RUC Meeting:** October 2017

**Tab:** 08

**Specialty Developing Recommendation:** APA (psychology), AAP, ASHA, AAN

**First Identified:** June 2017

**2020 Medicare Utilization:** 174,666

**2022 Work RVU:** 2.56

**2022 NF PE RVU:** 1.16

**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 health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed; each additional hour (list separately in addition to code for primary procedure) **Global:** ZZZ **Issue:** Psychological and Neuro-psychological Testing **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

**Most Recent RUC Meeting:** October 2017

**Tab:** 08

**Specialty Developing Recommendation:** APA (psychology), AAP, ASHA, AAN

**First Identified:** June 2017

**2020 Medicare Utilization:** 286,541

**2022 Work RVU:** 1.96

**2022 NF PE RVU:** 0.93

**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 physician or other qualified health care professional, two or more tests, any method; first 30 minutes **Global:** XXX **Issue:** Psychological and Neuro-psychological Testing **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

**Most Recent RUC Meeting:** October 2017

**Tab:** 20

**Specialty Developing Recommendation:** APA (psychology), AAP, ASHA, AAN

**First Identified:** June 2017

**2020 Medicare Utilization:** 158,948

**2022 Work RVU:** 0.55

**2022 NF PE RVU:** 0.71

**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:**

## Status Report: CMS Requests and Relativity Assessment Issues

**96137** Psychological or neuropsychological test administration and scoring by physician or other qualified health care professional, two or more tests, any method; each additional 30 minutes (list separately in addition to code for primary procedure) **Global:** ZZZ **Issue:** Psychological and Neuro-psychological Testing **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

**Most Recent RUC Meeting:** October 2017

**Tab:** 20

**Specialty Developing Recommendation:** APA (psychology), AAP, ASHA, AAN

**First Identified:** June 2017

**2020 Medicare Utilization:** 300,973

**2022 Work RVU:** 0.46

**2022 NF PE RVU:** 0.69

**2022 Fac PE RVU:** 0.06

**RUC Recommendation:** 0.46

**Referred to CPT** June 2017

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Decrease

**96138** Psychological or neuropsychological test administration and scoring by technician, two or more tests, any method; first 30 minutes **Global:** XXX **Issue:** Psychological and Neuro-psychological Testing **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

**Most Recent RUC Meeting:** October 2017

**Tab:** 20

**Specialty Developing Recommendation:** APA (psychology), AAP, ASHA, AAN

**First Identified:** June 2017

**2020 Medicare Utilization:** 175,273

**2022 Work RVU:** 0.00

**2022 NF PE RVU:** 1.01

**2022 Fac PE RVU:** NA

**RUC Recommendation:** New PE Inputs

**Referred to CPT** June 2017

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** PE Only

**96139** Psychological or neuropsychological test administration and scoring by technician, two or more tests, any method; each additional 30 minutes (list separately in addition to code for primary procedure) **Global:** ZZZ **Issue:** Psychological and Neuro-psychological Testing **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

**Most Recent RUC Meeting:** October 2017

**Tab:** 20

**Specialty Developing Recommendation:** APA (psychology), AAP, ASHA, AAN

**First Identified:** June 2017

**2020 Medicare Utilization:** 302,550

**2022 Work RVU:** 0.00

**2022 NF PE RVU:** 1.03

**2022 Fac PE RVU:** NA

**RUC Recommendation:** New PE Inputs

**Referred to CPT** June 2017

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** PE Only

## Status Report: CMS Requests and Relativity Assessment Issues

**96146** Psychological or neuropsychological test administration, with single automated, Global: XXX Issue: Psychological and Neuro-psychological Testing Screen: CMS High Expenditure Procedural Codes2 Complete? Yes  
standardized instrument via electronic platform, with automated result only

Most Recent  
RUC Meeting: October 2017

Tab: 20

Specialty Developing  
Recommendation: APA (psychology),  
AAP, ASHA, AAN

First  
Identified: June 2017

2020  
Medicare  
Utilization: 13,403

2022 Work RVU: 0.00

2022 NF PE RVU: 0.05

2022 Fac PE RVU: NA

RUC Recommendation: New PE Inputs

Referred to CPT June 2017

Referred to CPT Asst ☐ Published in CPT Asst:

Result: PE Only

**96150** Health and behavior assessment (eg, health-focused clinical interview, Global: Issue: Health and Behavior  
behavioral observations, psychophysiological monitoring, health-oriented Assessment and  
questionnaires), each 15 minutes face-to-face with the patient; initial assessment Intervention

Most Recent  
RUC Meeting: January 2019

Tab: 41

Specialty Developing  
Recommendation:

First  
Identified: September 2018

2020  
Medicare  
Utilization:

2022 Work RVU:

2022 NF PE RVU:

2022 Fac PE RVU:

RUC Recommendation: Deleted from CPT

Referred to CPT September 2018

Referred to CPT Asst ☐ Published in CPT Asst:

Result: Deleted from CPT

**96151** Health and behavior assessment (eg, health-focused clinical interview, Global: Issue: Health and Behavior  
behavioral observations, psychophysiological monitoring, health-oriented Assessment and  
questionnaires), each 15 minutes face-to-face with the patient; re-assessment Intervention

Most Recent  
RUC Meeting: January 2019

Tab: 41

Specialty Developing  
Recommendation:

First  
Identified: September 2018

2020  
Medicare  
Utilization:

2022 Work RVU:

2022 NF PE RVU:

2022 Fac PE RVU:

RUC Recommendation: Deleted from CPT

Referred to CPT September 2018

Referred to CPT Asst ☐ Published in CPT Asst:

Result: Deleted from CPT

## Status Report: CMS Requests and Relativity Assessment Issues

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<b>96152</b>	Health and behavior intervention, each 15 minutes, face-to-face; individual	<b>Global:</b>	<b>Issue:</b> Health and Behavior Assessment and Intervention	<b>Screen:</b> Negative IWPUT	<b>Complete?</b> Yes
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**Most Recent RUC Meeting:** January 2019

**Tab:** 41

**Specialty Developing Recommendation:**

**First Identified:** September 2018

**2020 Medicare Utilization:**

**2022 Work RVU:**

**2022 NF PE RVU:**

**2022 Fac PE RVU:**

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** September 2018

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Deleted from CPT

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<b>96153</b>	Health and behavior intervention, each 15 minutes, face-to-face; group (2 or more patients)	<b>Global:</b>	<b>Issue:</b> Health and Behavior Assessment and Intervention	<b>Screen:</b> Negative IWPUT	<b>Complete?</b> Yes
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**Most Recent RUC Meeting:** January 2019

**Tab:** 41

**Specialty Developing Recommendation:**

**First Identified:** September 2018

**2020 Medicare Utilization:**

**2022 Work RVU:**

**2022 NF PE RVU:**

**2022 Fac PE RVU:**

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** September 2018

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Deleted from CPT

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<b>96154</b>	Health and behavior intervention, each 15 minutes, face-to-face; family (with the patient present)	<b>Global:</b>	<b>Issue:</b> Health and Behavior Assessment and Intervention	<b>Screen:</b> Negative IWPUT	<b>Complete?</b> Yes
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**Most Recent RUC Meeting:** January 2019

**Tab:** 41

**Specialty Developing Recommendation:** APA (psychology), NASW

**First Identified:** April 2017

**2020 Medicare Utilization:**

**2022 Work RVU:**

**2022 NF PE RVU:**

**2022 Fac PE RVU:**

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** September 2018

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Deleted from CPT

## Status Report: CMS Requests and Relativity Assessment Issues

**96155** Health and behavior intervention, each 15 minutes, face-to-face; family (without the patient present) **Global:** **Issue:** Health and Behavior Assessment and Intervention **Screen:** Negative IWPUT **Complete?** Yes

**Most Recent**  
**RUC Meeting:** January 2019 **Tab:** 41 **Specialty Developing Recommendation:**

**First Identified:** September 2018

**2020 Medicare Utilization:**

**2022 Work RVU:**  
**2022 NF PE RVU:**  
**2022 Fac PE RVU:**

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** September 2018

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Deleted from CPT

**96156** Health behavior assessment, or re-assessment (ie, health-focused clinical interview, behavioral observations, clinical decision making)

**Global:** XXX

**Issue:** Health and Behavior Assessment and Intervention

**Screen:** Negative IWPUT

**Complete?** Yes

**Most Recent**  
**RUC Meeting:** January 2019 **Tab:** 41 **Specialty Developing Recommendation:**

**First Identified:** September 2018

**2020 Medicare Utilization:** 25,244

**2022 Work RVU:** 2.10  
**2022 NF PE RVU:** 0.63  
**2022 Fac PE RVU:** 0.32

**RUC Recommendation:** 2.10

**Referred to CPT** September 2018

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Increase

**96158** Health behavior intervention, individual, face-to-face; initial 30 minutes

**Global:** XXX

**Issue:** Health and Behavior Assessment and Intervention

**Screen:** Negative IWPUT

**Complete?** Yes

**Most Recent**  
**RUC Meeting:** January 2019 **Tab:** 41 **Specialty Developing Recommendation:**

**First Identified:** September 2018

**2020 Medicare Utilization:** 36,724

**2022 Work RVU:** 1.45  
**2022 NF PE RVU:** 0.42  
**2022 Fac PE RVU:** 0.20

**RUC Recommendation:** 1.45

**Referred to CPT** September 2018

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Increase



## Status Report: CMS Requests and Relativity Assessment Issues

**96159** Health behavior intervention, individual, face-to-face; each additional 15 minutes (list separately in addition to code for primary service) **Global:** ZZZ **Issue:** Health and Behavior Assessment and Intervention **Screen:** Negative IWPUT **Complete?** Yes

**Most Recent RUC Meeting:** January 2019

**Tab:** 41 **Specialty Developing Recommendation:**

**First Identified:** September 2018

**2020 Medicare Utilization:** 34,164

**2022 Work RVU:** 0.50  
**2022 NF PE RVU:** 0.14  
**2022 Fac PE RVU:** 0.06

**RUC Recommendation:** 0.50

**Referred to CPT** September 2018  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Increase

**96164** Health behavior intervention, group (2 or more patients), face-to-face; initial 30 minutes **Global:** XXX **Issue:** Health and Behavior Assessment and Intervention **Screen:** Negative IWPUT **Complete?** Yes

**Most Recent RUC Meeting:** January 2019

**Tab:** 41 **Specialty Developing Recommendation:**

**First Identified:** September 2018

**2020 Medicare Utilization:** 11,810

**2022 Work RVU:** 0.21  
**2022 NF PE RVU:** 0.07  
**2022 Fac PE RVU:** 0.04

**RUC Recommendation:** 0.21

**Referred to CPT** September 2018  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Increase

**96165** Health behavior intervention, group (2 or more patients), face-to-face; each additional 15 minutes (list separately in addition to code for primary service) **Global:** ZZZ **Issue:** Health and Behavior Assessment and Intervention **Screen:** Negative IWPUT **Complete?** Yes

**Most Recent RUC Meeting:** January 2019

**Tab:** 41 **Specialty Developing Recommendation:**

**First Identified:** September 2018

**2020 Medicare Utilization:** 29,356

**2022 Work RVU:** 0.10  
**2022 NF PE RVU:** 0.03  
**2022 Fac PE RVU:** 0.02

**RUC Recommendation:** 0.10

**Referred to CPT** September 2018  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Increase

## Status Report: CMS Requests and Relativity Assessment Issues

**96167** Health behavior intervention, family (with the patient present), face-to-face; initial 30 minutes **Global:** XXX **Issue:** Health and Behavior Assessment and Intervention **Screen:** Negative IWPUT **Complete?** Yes

**Most Recent**  
**RUC Meeting:** January 2019 **Tab:** 41 **Specialty Developing Recommendation:**

**First Identified:** September 2018 **2020 Medicare Utilization:** 1,487

**2022 Work RVU:** 1.55  
**2022 NF PE RVU:** 0.44  
**2022 Fac PE RVU:** 0.21

**RUC Recommendation:** 1.55

**Referred to CPT** September 2018  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Increase

**96168** Health behavior intervention, family (with the patient present), face-to-face; each additional 15 minutes (list separately in addition to code for primary service) **Global:** ZZZ **Issue:** Health and Behavior Assessment and Intervention **Screen:** Negative IWPUT **Complete?** Yes

**Most Recent**  
**RUC Meeting:** January 2019 **Tab:** 41 **Specialty Developing Recommendation:**

**First Identified:** September 2018 **2020 Medicare Utilization:** 1,433

**2022 Work RVU:** 0.55  
**2022 NF PE RVU:** 0.16  
**2022 Fac PE RVU:** 0.07

**RUC Recommendation:** 0.55

**Referred to CPT** September 2018  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Increase

**96170** Health behavior intervention, family (without the patient present), face-to-face; initial 30 minutes **Global:** XXX **Issue:** Health and Behavior Assessment and Intervention **Screen:** Negative IWPUT **Complete?** Yes

**Most Recent**  
**RUC Meeting:** January 2019 **Tab:** 41 **Specialty Developing Recommendation:**

**First Identified:** September 2018 **2020 Medicare Utilization:**

**2022 Work RVU:** 1.50  
**2022 NF PE RVU:** 0.71  
**2022 Fac PE RVU:** 0.58

**RUC Recommendation:** 1.50

**Referred to CPT** September 2018  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Increase

## Status Report: CMS Requests and Relativity Assessment Issues

**96171** Health behavior intervention, family (without the patient present), face-to-face; each additional 15 minutes (list separately in addition to code for primary service) **Global:** ZZZ **Issue:** Health and Behavior Assessment and Intervention **Screen:** Negative IWPUT **Complete?** Yes

**Most Recent RUC Meeting:** January 2019

**Tab:** 41 **Specialty Developing Recommendation:**

**First Identified:** September 2018

**2020 Medicare Utilization:**

**2022 Work RVU:** 0.54

**2022 NF PE RVU:** 0.26

**2022 Fac PE RVU:** 0.21

**RUC Recommendation:** 0.54

**Referred to CPT** September 2018

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Increase

**96202** Multiple-family group behavior management/modification training for parent(s)/guardian(s)/caregiver(s) of patients with a mental or physical health diagnosis, administered by physician or other qualified health care professional (without the patient present), face-to-face with multiple sets of parent(s)/guardian(s)/caregiver(s); initial 60 minutes

**Global:**

**Issue:** Caregiver Behavior Management Training

**Screen:** RUC Flag for Review

**Complete?** No

**Most Recent RUC Meeting:** April 2021

**Tab:** 11 **Specialty Developing Recommendation:** AACAP, AND, APA (psychology)

**First Identified:** April 2021

**2020 Medicare Utilization:**

**2022 Work RVU:**

**2022 NF PE RVU:**

**2022 Fac PE RVU:**

**RUC Recommendation:** Review action plan

**Referred to CPT**

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Not part of RAW

**96203** Multiple-family group behavior management/modification training for parent(s)/guardian(s)/caregiver(s) of patients with a mental or physical health diagnosis, administered by physician or other qualified health care professional (without the patient present), face-to-face with multiple sets of parent(s)/guardian(s)/caregiver(s); each additional 15 minutes (list separately in addition to code for primary service)

**Global:**

**Issue:** Caregiver Behavior Management Training

**Screen:** RUC Flag for Review

**Complete?** No

**Most Recent RUC Meeting:** April 2021

**Tab:** 11 **Specialty Developing Recommendation:**

**First Identified:** April 2021

**2020 Medicare Utilization:**

**2022 Work RVU:**

**2022 NF PE RVU:**

**2022 Fac PE RVU:**

**RUC Recommendation:** Review action plan

**Referred to CPT**

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Not part of RAW

## Status Report: CMS Requests and Relativity Assessment Issues

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<b>96360</b>	Intravenous infusion, hydration; initial, 31 minutes to 1 hour	<b>Global:</b> XXX	<b>Issue:</b> IV Hydration	<b>Screen:</b> CMS High Expenditure Procedural Codes2	<b>Complete?</b> Yes
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<b>Most Recent RUC Meeting:</b> January 2017	<b>Tab:</b> 25	<b>Specialty Developing Recommendation:</b> ASCO, ASH	<b>First Identified:</b> July 2015	<b>2020 Medicare Utilization:</b> 211,384	<b>2022 Work RVU:</b> 0.17
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**2022 NF PE RVU:** 0.82

**2022 Fac PE RVU:** NA

**RUC Recommendation:** 0.17

**Referred to CPT** N/A

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Maintain

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<b>96361</b>	Intravenous infusion, hydration; each additional hour (list separately in addition to code for primary procedure)	<b>Global:</b> ZZZ	<b>Issue:</b> IV Hydration	<b>Screen:</b> CMS High Expenditure Procedural Codes2	<b>Complete?</b> Yes
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<b>Most Recent RUC Meeting:</b> January 2017	<b>Tab:</b> 25	<b>Specialty Developing Recommendation:</b> ASCO, ASH	<b>First Identified:</b> July 2015	<b>2020 Medicare Utilization:</b> 367,462	<b>2022 Work RVU:</b> 0.09
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**2022 NF PE RVU:** 0.28

**2022 Fac PE RVU:** NA

**RUC Recommendation:** 0.09

**Referred to CPT** N/A

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Maintain

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<b>96365</b>	Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); initial, up to 1 hour	<b>Global:</b> XXX	<b>Issue:</b> Intravenous Infusion Therapy	<b>Screen:</b> CMS High Expenditure Procedural Codes1	<b>Complete?</b> Yes
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<b>Most Recent RUC Meeting:</b> January 2013	<b>Tab:</b> 28	<b>Specialty Developing Recommendation:</b> ACRh, ASCO, ASH, ISDA	<b>First Identified:</b> September 2011	<b>2020 Medicare Utilization:</b> 1,196,817	<b>2022 Work RVU:</b> 0.21
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**2022 NF PE RVU:** 1.75

**2022 Fac PE RVU:** NA

**RUC Recommendation:** 0.21

**Referred to CPT**

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Maintain

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## Status Report: CMS Requests and Relativity Assessment Issues

**96366** Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); each additional hour (list separately in addition to code for primary procedure) **Global:** ZZZ **Issue:** Intravenous Infusion Therapy **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

**Most Recent RUC Meeting:** January 2013

**Tab:** 28 **Specialty Developing Recommendation:** ACRh, ASCO, ASH, ISDA

**First Identified:** April 2013

**2020 Medicare Utilization:** 549,123

**2022 Work RVU:** 0.18

**2022 NF PE RVU:** 0.43

**2022 Fac PE RVU:** NA

**RUC Recommendation:** 0.18

**Referred to CPT**

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Maintain

**96367** Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); additional sequential infusion of a new drug/substance, up to 1 hour (list separately in addition to code for primary procedure) **Global:** ZZZ **Issue:** Intravenous Infusion Therapy **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

**Most Recent RUC Meeting:** January 2013

**Tab:** 28 **Specialty Developing Recommendation:** ACRh, ASCO, ASH, ISDA

**First Identified:** September 2011

**2020 Medicare Utilization:** 1,231,930

**2022 Work RVU:** 0.19

**2022 NF PE RVU:** 0.68

**2022 Fac PE RVU:** NA

**RUC Recommendation:** 0.19

**Referred to CPT**

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Maintain

**96368** Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); concurrent infusion (list separately in addition to code for primary procedure) **Global:** ZZZ **Issue:** Intravenous Infusion Therapy **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

**Most Recent RUC Meeting:** January 2013

**Tab:** 28 **Specialty Developing Recommendation:** ACRh, ASCO, ASH, ISDA

**First Identified:** April 2013

**2020 Medicare Utilization:** 132,910

**2022 Work RVU:** 0.17

**2022 NF PE RVU:** 0.42

**2022 Fac PE RVU:** NA

**RUC Recommendation:** 0.17

**Referred to CPT**

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Maintain

# Status Report: CMS Requests and Relativity Assessment Issues

**96372** Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); subcutaneous or intramuscular **Global:** XXX **Issue:** Application of On-body Injector with Subcutaneous Injection **Screen:** Different Performing Specialty from Survey2 / CMS High Expenditure Procedural Codes2 **Complete?** Yes

**Most Recent RUC Meeting:** January 2017

**Tab:** 26

**Specialty Developing Recommendation:** ASCO, ASH, AAFP, ACRh

**First Identified:** April 2013

**2020 Medicare Utilization:** 7,679,555

**2022 Work RVU:** 0.17  
**2022 NF PE RVU:** 0.24  
**2022 Fac PE RVU:** NA

**RUC Recommendation:** 0.17

**Referred to CPT** N/A

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

**Result:** Maintain

**96374** Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); intravenous push, single or initial substance/drug **Global:** XXX **Issue:** Application of On-body Injector with Subcutaneous Injection **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

**Most Recent RUC Meeting:** January 2017

**Tab:** 26

**Specialty Developing Recommendation:** ASCO, ASH, ACRh

**First Identified:** July 2015

**2020 Medicare Utilization:** 231,198

**2022 Work RVU:** 0.18  
**2022 NF PE RVU:** 0.96  
**2022 Fac PE RVU:** NA

**RUC Recommendation:** 0.18

**Referred to CPT** N/A

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

**Result:** Maintain

**96375** Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); each additional sequential intravenous push of a new substance/drug (list separately in addition to code for primary procedure) **Global:** ZZZ **Issue:** Application of On-body Injector with Subcutaneous Injection **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

**Most Recent RUC Meeting:** January 2017

**Tab:** 26

**Specialty Developing Recommendation:** ASCO, ASH, ACRh

**First Identified:** July 2015

**2020 Medicare Utilization:** 1,377,521

**2022 Work RVU:** 0.10  
**2022 NF PE RVU:** 0.36  
**2022 Fac PE RVU:** NA

**RUC Recommendation:** 0.10

**Referred to CPT** N/A

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

**Result:** Maintain

## Status Report: CMS Requests and Relativity Assessment Issues

**96377** Application of on-body injector (includes cannula insertion) for timed subcutaneous injection **Global:** XXX **Issue:** Application of On-body Injector with Subcutaneous Injection **Screen:** should be on N/R LOI just added to track **Complete?** Yes

**Most Recent RUC Meeting:** January 2017 **Tab:** 26 **Specialty Developing Recommendation:** ASCO, ASH **First Identified:** January 2016 **2020 Medicare Utilization:** 62,528 **2022 Work RVU:** 0.17 **2022 NF PE RVU:** 0.38 **2022 Fac PE RVU:** NA

**RUC Recommendation:** 0.17 **Referred to CPT** N/A **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Not Part of RAW

**96401** Chemotherapy administration, subcutaneous or intramuscular; non-hormonal anti-neoplastic **Global:** XXX **Issue:** Chemotherapy Administration **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

**Most Recent RUC Meeting:** January 2017 **Tab:** 27 **Specialty Developing Recommendation:** ASBMT, ASCO, ASH, ACRh **First Identified:** July 2015 **2020 Medicare Utilization:** 750,708 **2022 Work RVU:** 0.21 **2022 NF PE RVU:** 1.99 **2022 Fac PE RVU:** NA

**RUC Recommendation:** 0.21 **Referred to CPT** N/A **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

**96402** Chemotherapy administration, subcutaneous or intramuscular; hormonal anti-neoplastic **Global:** XXX **Issue:** Chemotherapy Administration **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

**Most Recent RUC Meeting:** January 2017 **Tab:** 27 **Specialty Developing Recommendation:** ASBMT, ASCO, ASH, AUA **First Identified:** July 2015 **2020 Medicare Utilization:** 394,519 **2022 Work RVU:** 0.19 **2022 NF PE RVU:** 0.77 **2022 Fac PE RVU:** NA

**RUC Recommendation:** 0.19 **Referred to CPT** N/A **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

# Status Report: CMS Requests and Relativity Assessment Issues

**96405** Chemotherapy administration; intralesional, up to and including 7 lesions **Global:** 000 **Issue:** Chemotherapy Administration **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

**Most Recent** **Tab:** 55 **Specialty Developing** ASCO  
**RUC Meeting:** April 2008 **Recommendation:**

**First**  
**Identified:** NA

**2020**  
**Medicare**  
**Utilization:** 13,682

**2022 Work RVU:** 0.52

**2022 NF PE RVU:** 1.95

**2022 Fac PE RVU:** 0.28

**RUC Recommendation:** New PE inputs

**Referred to CPT**

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

**Result:** PE Only

**96406** Chemotherapy administration; intralesional, more than 7 lesions

**Global:** 000

**Issue:** Chemotherapy Administration

**Screen:** CMS Request - Practice Expense Review

**Complete?** Yes

**Most Recent** **Tab:** 55 **Specialty Developing** ASCO  
**RUC Meeting:** April 2008 **Recommendation:**

**First**  
**Identified:** NA

**2020**  
**Medicare**  
**Utilization:** 608

**2022 Work RVU:** 0.80

**2022 NF PE RVU:** 3.10

**2022 Fac PE RVU:** 0.44

**RUC Recommendation:** New PE inputs

**Referred to CPT**

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

**Result:** PE Only

**96409** Chemotherapy administration; intravenous, push technique, single or initial substance/drug

**Global:** XXX

**Issue:** Chemotherapy Administration

**Screen:** CMS High Expenditure Procedural Codes2

**Complete?** Yes

**Most Recent** **Tab:** 27 **Specialty Developing** ASBMT, ASCO,  
**RUC Meeting:** January 2017 **Recommendation:** ASH

**First**  
**Identified:** July 2015

**2020**  
**Medicare**  
**Utilization:** 65,537

**2022 Work RVU:** 0.24

**2022 NF PE RVU:** 2.80

**2022 Fac PE RVU:** NA

**RUC Recommendation:** 0.24

**Referred to CPT** N/A

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

**Result:** Maintain

**96411** Chemotherapy administration; intravenous, push technique, each additional substance/drug (list separately in addition to code for primary procedure)

**Global:** ZZZ

**Issue:** Chemotherapy Administration

**Screen:** CMS High Expenditure Procedural Codes2

**Complete?** Yes

**Most Recent** **Tab:** 27 **Specialty Developing** ASBMT, ASCO,  
**RUC Meeting:** January 2017 **Recommendation:** ASH

**First**  
**Identified:** July 2015

**2020**  
**Medicare**  
**Utilization:** 149,102

**2022 Work RVU:** 0.20

**2022 NF PE RVU:** 1.46

**2022 Fac PE RVU:** NA

**RUC Recommendation:** 0.20

**Referred to CPT** N/A

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

**Result:** Maintain



## Status Report: CMS Requests and Relativity Assessment Issues

**96413** Chemotherapy administration, intravenous infusion technique; up to 1 hour, single or initial substance/drug **Global:** XXX **Issue:** Chemotherapy Administration **Screen:** Codes Reported Together 75% or More-Part1 / CMS High Expenditure Procedural Codes1 **Complete?** Yes

**Most Recent RUC Meeting:** January 2013

**Tab:** 29

**Specialty Developing Recommendation:** ACRh, ASCO, ASH, ASBMT

**First Identified:** February 2010

**2020 Medicare Utilization:** 1,833,479

**2022 Work RVU:** 0.28

**2022 NF PE RVU:** 3.68

**2022 Fac PE RVU:** NA

**RUC Recommendation:** 0.28 and new PE inputs

**Referred to CPT**

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Maintain

**96415** Chemotherapy administration, intravenous infusion technique; each additional hour (list separately in addition to code for primary procedure) **Global:** ZZZ **Issue:** Chemotherapy Administration **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

**Most Recent RUC Meeting:** January 2013

**Tab:** 29

**Specialty Developing Recommendation:** ACRh, ASCO, ASH, ASBMT

**First Identified:** January 2012

**2020 Medicare Utilization:** 844,948

**2022 Work RVU:** 0.19

**2022 NF PE RVU:** 0.65

**2022 Fac PE RVU:** NA

**RUC Recommendation:** 0.19 and new PE inputs

**Referred to CPT**

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Maintain

**96416** Chemotherapy administration, intravenous infusion technique; initiation of prolonged chemotherapy infusion (more than 8 hours), requiring use of a portable or implantable pump **Global:** XXX **Issue:** Chemotherapy Administration **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

**Most Recent RUC Meeting:** October 2010

**Tab:** 20

**Specialty Developing Recommendation:** ACRh, ASCO, ASH

**First Identified:** February 2010

**2020 Medicare Utilization:** 26,235

**2022 Work RVU:** 0.21

**2022 NF PE RVU:** 3.68

**2022 Fac PE RVU:** NA

**RUC Recommendation:** New PE inputs

**Referred to CPT**

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** PE Only

# Status Report: CMS Requests and Relativity Assessment Issues

**96417** Chemotherapy administration, intravenous infusion technique; each additional sequential infusion (different substance/drug), up to 1 hour (list separately in addition to code for primary procedure) **Global:** ZZZ **Issue:** Chemotherapy Administration **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

**Most Recent RUC Meeting:** January 2013

**Tab:** 29 **Specialty Developing Recommendation:** ACRh, ASCO, ASH, ASBMT

**First Identified:** January 2012

**2020 Medicare Utilization:** 371,277

**2022 Work RVU:** 0.21

**2022 NF PE RVU:** 1.72

**2022 Fac PE RVU:** NA

**RUC Recommendation:** 0.21 and new PE inputs

**Referred to CPT**

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Maintain

**96440** Chemotherapy administration into pleural cavity, requiring and including thoracentesis

**Global:** 000

**Issue:** Chemotherapy Administration

**Screen:** CMS Request - Practice Expense Review

**Complete?** Yes

**Most Recent RUC Meeting:** February 2008

**Tab:** R **Specialty Developing Recommendation:**

**First Identified:** NA

**2020 Medicare Utilization:** 29

**2022 Work RVU:** 2.12

**2022 NF PE RVU:** 21.03

**2022 Fac PE RVU:** 1.65

**RUC Recommendation:** New PE inputs

**Referred to CPT**

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** PE Only

**96567** Photodynamic therapy by external application of light to destroy premalignant lesions of the skin and adjacent mucosa with application and illumination/activation of photosensitive drug(s), per day

**Global:** XXX

**Issue:** Photodynamic Therapy

**Screen:** High Volume Growth1 / CMS Fastest Growing / CMS High Expenditure Procedural Codes2

**Complete?** Yes

**Most Recent RUC Meeting:** January 2017

**Tab:** 16 **Specialty Developing Recommendation:** AAD

**First Identified:** February 2008

**2020 Medicare Utilization:** 45,056

**2022 Work RVU:** 0.00

**2022 NF PE RVU:** 4.28

**2022 Fac PE RVU:** NA

**RUC Recommendation:** 0.00 PE Only

**Referred to CPT** September 2016

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Maintain

## Status Report: CMS Requests and Relativity Assessment Issues

**96573** Photodynamic therapy by external application of light to destroy premalignant lesions of the skin and adjacent mucosa with application and illumination/activation of photosensitizing drug(s) provided by a physician or other qualified health care professional, per day **Global:** 000 **Issue:** Photodynamic Therapy **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

**Most Recent RUC Meeting:** January 2017 **Tab:** 16 **Specialty Developing Recommendation:** AAD

**First Identified:** January 2017 **2020 Medicare Utilization:** 30,156

**2022 Work RVU:** 0.48  
**2022 NF PE RVU:** 6.47  
**2022 Fac PE RVU:** NA

**RUC Recommendation:** 0.48

**Referred to CPT** September 2016  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Increase

**96574** Debridement of premalignant hyperkeratotic lesion(s) (ie, targeted curettage, abrasion) followed with photodynamic therapy by external application of light to destroy premalignant lesions of the skin and adjacent mucosa with application and illumination/activation of photosensitizing drug(s) provided by a physician or other qualified health care professional, per day **Global:** 000 **Issue:** Photodynamic Therapy **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

**Most Recent RUC Meeting:** January 2017 **Tab:** 16 **Specialty Developing Recommendation:** AAD

**First Identified:** January 2017 **2020 Medicare Utilization:** 42,444

**2022 Work RVU:** 1.01  
**2022 NF PE RVU:** 7.46  
**2022 Fac PE RVU:** NA

**RUC Recommendation:** 1.01

**Referred to CPT** September 2016  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Increase

**96910** Photochemotherapy; tar and ultraviolet b (goeckerman treatment) or petrolatum and ultraviolet b **Global:** XXX **Issue:** Photo-chemotherapy **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

**Most Recent RUC Meeting:** April 2016 **Tab:** 44 **Specialty Developing Recommendation:** AAD

**First Identified:** July 2015 **2020 Medicare Utilization:** 284,327

**2022 Work RVU:** 0.00  
**2022 NF PE RVU:** 3.48  
**2022 Fac PE RVU:** NA

**RUC Recommendation:** PE Only

**Referred to CPT**  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** PE Only

## Status Report: CMS Requests and Relativity Assessment Issues

**96920** Laser treatment for inflammatory skin disease (psoriasis); total area less than 250 sq cm      **Global:** 000      **Issue:** Laser Treatment – Skin      **Screen:** CMS Fastest Growing / CPT Assistant Analysis / High Volume Growth3      **Complete?** No

**Most Recent RUC Meeting:** April 2022

**Tab:** 09      **Specialty Developing Recommendation:** AADA

**First Identified:** October 2008

**2020 Medicare Utilization:** 79,671

**2022 Work RVU:** 1.15  
**2022 NF PE RVU:** 3.47  
**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

**96921** Laser treatment for inflammatory skin disease (psoriasis); 250 sq cm to 500 sq cm      **Global:** 000      **Issue:** Laser Treatment – Skin      **Screen:** High Volume Growth1 / CMS Fastest Growing / CPT Assistant Analysis / High Volume Growth3      **Complete?** No

**Most Recent RUC Meeting:** April 2022

**Tab:** 09      **Specialty Developing Recommendation:** AADA

**First Identified:** February 2008

**2020 Medicare Utilization:** 21,553

**2022 Work RVU:** 1.30  
**2022 NF PE RVU:** 3.75  
**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 / CMS Fastest Growing / CPT Assistant Analysis      **Complete?** No

**Most Recent RUC Meeting:** April 2022

**Tab:** 09      **Specialty Developing Recommendation:** AADA

**First Identified:** October 2008

**2020 Medicare Utilization:** 11,568

**2022 Work RVU:** 2.10  
**2022 NF PE RVU:** 4.75  
**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

# Status Report: CMS Requests and Relativity Assessment Issues

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<b>97001</b>	<b>Physical therapy evaluation</b>	<b>Global:</b>	<b>Issue:</b> Physical Medicine and Rehabilitation Workgroup	<b>Screen:</b> CMS High Expenditure Procedural Codes1	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2015	<b>Tab:</b> 17	<b>Specialty Developing Recommendation:</b>	<b>First Identified:</b> September 2011	<b>2020 Medicare Utilization:</b>	<b>2022 Work RVU:</b> <b>2022 NF PE RVU:</b> <b>2022 Fac PE RVU:</b>
<b>RUC Recommendation:</b> Deleted from CPT		<b>Referred to CPT</b> February 2015	<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b> Deleted from CPT

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<b>97002</b>	<b>Physical therapy re-evaluation</b>	<b>Global:</b>	<b>Issue:</b> Physical Medicine and Rehabilitation Workgroup	<b>Screen:</b> CMS High Expenditure Procedural Codes1	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2015	<b>Tab:</b> 17	<b>Specialty Developing Recommendation:</b>	<b>First Identified:</b> February 2015	<b>2020 Medicare Utilization:</b>	<b>2022 Work RVU:</b> <b>2022 NF PE RVU:</b> <b>2022 Fac PE RVU:</b>
<b>RUC Recommendation:</b> Deleted from CPT		<b>Referred to CPT</b> February 2015	<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b> Deleted from CPT

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<b>97003</b>	<b>Occupational therapy evaluation</b>	<b>Global:</b>	<b>Issue:</b> Physical Medicine and Rehabilitation Workgroup	<b>Screen:</b> CMS High Expenditure Procedural Codes1	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2015	<b>Tab:</b> 17	<b>Specialty Developing Recommendation:</b>	<b>First Identified:</b> February 2015	<b>2020 Medicare Utilization:</b>	<b>2022 Work RVU:</b> <b>2022 NF PE RVU:</b> <b>2022 Fac PE RVU:</b>
<b>RUC Recommendation:</b> Deleted from CPT		<b>Referred to CPT</b> February 2015	<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b> Deleted from CPT

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<b>97004</b>	<b>Occupational therapy re-evaluation</b>	<b>Global:</b>	<b>Issue:</b> Physical Medicine and Rehabilitation Workgroup	<b>Screen:</b> CMS High Expenditure Procedural Codes1	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2015	<b>Tab:</b> 17	<b>Specialty Developing Recommendation:</b>	<b>First Identified:</b> February 2015	<b>2020 Medicare Utilization:</b>	<b>2022 Work RVU:</b> <b>2022 NF PE RVU:</b> <b>2022 Fac PE RVU:</b>
<b>RUC Recommendation:</b> Deleted from CPT		<b>Referred to CPT</b> February 2015	<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b> Deleted from CPT

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## Status Report: CMS Requests and Relativity Assessment Issues

**97010** Application of a modality to 1 or more areas; hot or cold packs **Global:** XXX **Issue:** Physical Medicine and Rehabilitation Services - Modalities **Screen:** Physical Medicine and Rehabilitation Services **Complete?** Yes

**Most Recent RUC Meeting:** April 2017 **Tab:** 41 **Specialty Developing Recommendation:** No Interest

**First Identified:** April 2016

**2020 Medicare Utilization:**

**2022 Work RVU:** 0.06  
**2022 NF PE RVU:** 0.11  
**2022 Fac PE RVU:** NA

**RUC Recommendation:** No specialty society interest

**Referred to CPT**

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Maintain

**97012** Application of a modality to 1 or more areas; traction, mechanical

**Global:** XXX

**Issue:** Physical Medicine and Rehabilitation Services - Modalities

**Screen:** Physical Medicine and Rehabilitation Services

**Complete?** Yes

**Most Recent RUC Meeting:** January 2017 **Tab:** 29 **Specialty Developing Recommendation:** APTA

**First Identified:** April 2016

**2020 Medicare Utilization:** 417,188

**2022 Work RVU:** 0.25  
**2022 NF PE RVU:** 0.16  
**2022 Fac PE RVU:** NA

**RUC Recommendation:** 0.25

**Referred to CPT**

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Maintain

**97014** Application of a modality to 1 or more areas; electrical stimulation (unattended)

**Global:** XXX

**Issue:** Physical Medicine and Rehabilitation Services - Modalities

**Screen:** Physical Medicine and Rehabilitation Services

**Complete?** Yes

**Most Recent RUC Meeting:** January 2017 **Tab:** 29 **Specialty Developing Recommendation:** APTA

**First Identified:** April 2016

**2020 Medicare Utilization:**

**2022 Work RVU:** 0.18  
**2022 NF PE RVU:** 0.18  
**2022 Fac PE RVU:** NA

**RUC Recommendation:** 0.18

**Referred to CPT**

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Maintain

## Status Report: CMS Requests and Relativity Assessment Issues

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**97016** Application of a modality to 1 or more areas; vasopneumatic devices **Global:** XXX **Issue:** Physical Medicine and Rehabilitation Services - Modalities **Screen:** Codes Reported Together 75% or More-Part1 / High Volume Growth2 **Complete?** Yes

**Most Recent**  
**RUC Meeting:** January 2017 **Tab:** 29 **Specialty Developing Recommendation:** APTA

**First Identified:** February 2010

**2020 Medicare Utilization:** 804,443

**2022 Work RVU:** 0.18  
**2022 NF PE RVU:** 0.16  
**2022 Fac PE RVU:** NA

**RUC Recommendation:** 0.18

**Referred to CPT**  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Maintain

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**97018** Application of a modality to 1 or more areas; paraffin bath

**Global:** XXX **Issue:** Physical Medicine and Rehabilitation Services - Modalities

**Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

**Most Recent**  
**RUC Meeting:** January 2017 **Tab:** 29 **Specialty Developing Recommendation:** AOTA, APTA

**First Identified:** February 2010

**2020 Medicare Utilization:** 122,539

**2022 Work RVU:** 0.06  
**2022 NF PE RVU:** 0.10  
**2022 Fac PE RVU:** NA

**RUC Recommendation:** 0.06

**Referred to CPT**  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Maintain

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**97022** Application of a modality to 1 or more areas; whirlpool

**Global:** XXX **Issue:** Physical Medicine and Rehabilitation Services - Modalities

**Screen:** Physical Medicine and Rehabilitation Services **Complete?** Yes

**Most Recent**  
**RUC Meeting:** January 2017 **Tab:** 29 **Specialty Developing Recommendation:** APTA

**First Identified:** April 2016

**2020 Medicare Utilization:** 127,796

**2022 Work RVU:** 0.17  
**2022 NF PE RVU:** 0.33  
**2022 Fac PE RVU:** NA

**RUC Recommendation:** 0.17

**Referred to CPT**  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Maintain

## Status Report: CMS Requests and Relativity Assessment Issues

**97032** Application of a modality to 1 or more areas; electrical stimulation (manual), each 15 minutes **Global:** XXX **Issue:** Physical Medicine and Rehabilitation Services - Modalities **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

**Most Recent RUC Meeting:** January 2017

**Tab:** 29 **Specialty Developing Recommendation:** APTA

**First Identified:** July 2015

**2020 Medicare Utilization:** 687,061

**2022 Work RVU:** 0.25  
**2022 NF PE RVU:** 0.17  
**2022 Fac PE RVU:** NA

**RUC Recommendation:** 0.25

**Referred to CPT**  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Maintain

**97033** Application of a modality to 1 or more areas; iontophoresis, each 15 minutes **Global:** XXX **Issue:** Physical Medicine and Rehabilitation Services - Modalities **Screen:** Physical Medicine and Rehabilitation Services **Complete?** Yes

**Most Recent RUC Meeting:** January 2017

**Tab:** 29 **Specialty Developing Recommendation:** APTA

**First Identified:** April 2016

**2020 Medicare Utilization:** 39,200

**2022 Work RVU:** 0.26  
**2022 NF PE RVU:** 0.31  
**2022 Fac PE RVU:** NA

**RUC Recommendation:** 0.26

**Referred to CPT**  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Maintain

**97034** Application of a modality to 1 or more areas; contrast baths, each 15 minutes **Global:** XXX **Issue:** Physical Medicine and Rehabilitation Services - Modalities **Screen:** Physical Medicine and Rehabilitation Services **Complete?** Yes

**Most Recent RUC Meeting:** January 2017

**Tab:** 29 **Specialty Developing Recommendation:** APTA, AOTA

**First Identified:** April 2016

**2020 Medicare Utilization:** 6,669

**2022 Work RVU:** 0.21  
**2022 NF PE RVU:** 0.21  
**2022 Fac PE RVU:** NA

**RUC Recommendation:** 0.21

**Referred to CPT**  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Maintain



# Status Report: CMS Requests and Relativity Assessment Issues

<b>97035</b>	Application of a modality to 1 or more areas; ultrasound, each 15 minutes	<b>Global:</b> XXX	<b>Issue:</b> Physical Medicine and Rehabilitation Services - Modalities	<b>Screen:</b> Low Value-High Volume / CMS High Expenditure Procedural Codes2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2017	<b>Tab:</b> 29	<b>Specialty Developing Recommendation:</b> APTA	<b>First Identified:</b> October 2010	<b>2020 Medicare Utilization:</b> 1,417,772	<b>2022 Work RVU:</b> 0.21 <b>2022 NF PE RVU:</b> 0.20 <b>2022 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> 0.21			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b> Maintain
<hr/>					
<b>97110</b>	Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility	<b>Global:</b> XXX	<b>Issue:</b> Physical Medicine and Rehabilitation Services - Therapeutic	<b>Screen:</b> Codes Reported Together 75% or More-Part1 / MPC List / CMS High Expenditure Procedural Codes2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2017	<b>Tab:</b> 29	<b>Specialty Developing Recommendation:</b> AOTA, APTA	<b>First Identified:</b> February 2010	<b>2020 Medicare Utilization:</b> 48,673,226	<b>2022 Work RVU:</b> 0.45 <b>2022 NF PE RVU:</b> 0.40 <b>2022 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> 0.45			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b> Maintain
<hr/>					
<b>97112</b>	Therapeutic procedure, 1 or more areas, each 15 minutes; neuromuscular reeducation of movement, balance, coordination, kinesthetic sense, posture, and/or proprioception for sitting and/or standing activities	<b>Global:</b> XXX	<b>Issue:</b> Physical Medicine and Rehabilitation Services - Therapeutic	<b>Screen:</b> CMS High Expenditure Procedural Codes1 / CMS High Expenditure Procedural Codes2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2017	<b>Tab:</b> 29	<b>Specialty Developing Recommendation:</b> APTA, AOTA	<b>First Identified:</b> September 2011	<b>2020 Medicare Utilization:</b> 16,195,152	<b>2022 Work RVU:</b> 0.50 <b>2022 NF PE RVU:</b> 0.49 <b>2022 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> 0.50			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b> Increase

# Status Report: CMS Requests and Relativity Assessment Issues

**97113** Therapeutic procedure, 1 or more areas, each 15 minutes; aquatic therapy with therapeutic exercises **Global:** XXX **Issue:** Physical Medicine and Rehabilitation Services - Therapeutic **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

**Most Recent RUC Meeting:** January 2017 **Tab:** 29 **Specialty Developing Recommendation:** APTA **First Identified:** July 2015 **2020 Medicare Utilization:** 1,219,859 **2022 Work RVU:** 0.48 **2022 NF PE RVU:** 0.59 **2022 Fac PE RVU:** NA **RUC Recommendation:** 0.48 **Result:** Increase

**Referred to CPT**  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**97116** Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) **Global:** XXX **Issue:** Physical Medicine and Rehabilitation Services - Therapeutic **Screen:** Codes Reported Together 75% or More-Part1 / CMS High Expenditure Procedural Codes2 **Complete?** Yes

**Most Recent RUC Meeting:** January 2017 **Tab:** 29 **Specialty Developing Recommendation:** APTA **First Identified:** February 2010 **2020 Medicare Utilization:** 2,665,806 **2022 Work RVU:** 0.45 **2022 NF PE RVU:** 0.40 **2022 Fac PE RVU:** NA **RUC Recommendation:** 0.45 **Result:** Increase

**Referred to CPT**  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**97127** Therapeutic interventions that focus on cognitive function (eg, attention, memory, reasoning, executive function, problem solving, and/or pragmatic functioning) and compensatory strategies to manage the performance of an activity (eg, managing time or schedules, initiating, organizing and sequencing tasks), direct (one-on-one) patient contact **Global:** **Issue:** Cognitive Function Intervention **Screen:** High Volume Growth3 **Complete?** Yes

**Most Recent RUC Meeting:** January 2017 **Tab:** 29 **Specialty Developing Recommendation:** **First Identified:** January 2017 **2020 Medicare Utilization:** **2022 Work RVU:** **2022 NF PE RVU:** **2022 Fac PE RVU:** **RUC Recommendation:** 1.50 **Result:** Decrease

**Referred to CPT** September 2016  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

## Status Report: CMS Requests and Relativity Assessment Issues

**97140** Manual therapy techniques (eg, mobilization/ manipulation, manual lymphatic drainage, manual traction), 1 or more regions, each 15 minutes **Global:** XXX **Issue:** Physical Medicine and Rehabilitation Services - Therapeutic **Screen:** CMS High Expenditure Procedural Codes1 / CMS High Expenditure Procedural Codes2 **Complete?** Yes

**Most Recent RUC Meeting:** January 2017

**Tab:** 29 **Specialty Developing Recommendation:** APTA

**First Identified:** September 2011

**2020 Medicare Utilization:** 22,945,736

**2022 Work RVU:** 0.43  
**2022 NF PE RVU:** 0.35  
**2022 Fac PE RVU:** NA

**RUC Recommendation:** 0.43

**Referred to CPT**  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Maintain

**97150** Therapeutic procedure(s), group (2 or more individuals)

**Global:** XXX **Issue:** Physical Medicine and Rehabilitation Services - Therapeutic

**Screen:** CMS-Other - Utilization over 500,000

**Complete?** Yes

**Most Recent RUC Meeting:** January 2012

**Tab:** **Specialty Developing Recommendation:** APTA

**First Identified:** April 2011

**2020 Medicare Utilization:** 999,305

**2022 Work RVU:** 0.29  
**2022 NF PE RVU:** 0.22  
**2022 Fac PE RVU:** NA

**RUC Recommendation:** 0.29

**Referred to CPT**  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Increase

**97161** Physical therapy evaluation: low complexity, requiring these components: a history with no personal factors and/or comorbidities that impact the plan of care; an examination of body system(s) using standardized tests and measures addressing 1-2 elements from any of the following: body structures and functions, activity limitations, and/or participation restrictions; a clinical presentation with stable and/or uncomplicated characteristics; and clinical decision making of low complexity using standardized patient assessment instrument and/or measurable assessment of functional outcome. typically, 20 minutes are spent face-to-face with the patient and/or family.

**Global:** XXX **Issue:** Physical Medicine and Rehabilitation Services

**Screen:** CMS High Expenditure Procedural Codes1

**Complete?** Yes

**Most Recent RUC Meeting:** October 2015

**Tab:** 17 **Specialty Developing Recommendation:** AOTA, APTA

**First Identified:** February 2015

**2020 Medicare Utilization:** 1,188,088

**2022 Work RVU:** 1.54  
**2022 NF PE RVU:** 1.35  
**2022 Fac PE RVU:** NA

**RUC Recommendation:** 0.75

**Referred to CPT** February 2015  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Decrease

## Status Report: CMS Requests and Relativity Assessment Issues

**97162** Physical therapy evaluation: moderate complexity, requiring these components: a history of present problem with 1-2 personal factors and/or comorbidities that impact the plan of care; an examination of body systems using standardized tests and measures in addressing a total of 3 or more elements from any of the following: body structures and functions, activity limitations, and/or participation restrictions; an evolving clinical presentation with changing characteristics; and clinical decision making of moderate complexity using standardized patient assessment instrument and/or measurable assessment of functional outcome. typically, 30 minutes are spent face-to-face with the patient and/or family.

**Global:** XXX **Issue:** Physical Medicine and Rehabilitation Services **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

**Most Recent RUC Meeting:** October 2015

**Tab:** 17 **Specialty Developing Recommendation:** AOTA, APTA

**First Identified:** February 2015

**2020 Medicare Utilization:** 1,052,427

**2022 Work RVU:** 1.54

**2022 NF PE RVU:** 1.35

**2022 Fac PE RVU:** NA

**RUC Recommendation:** 1.18

**Referred to CPT** February 2015

**Result:** Decrease

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**97163** Physical therapy evaluation: high complexity, requiring these components: a history of present problem with 3 or more personal factors and/or comorbidities that impact the plan of care; an examination of body systems using standardized tests and measures addressing a total of 4 or more elements from any of the following: body structures and functions, activity limitations, and/or participation restrictions; a clinical presentation with unstable and unpredictable characteristics; and clinical decision making of high complexity using standardized patient assessment instrument and/or measurable assessment of functional outcome. typically, 45 minutes are spent face-to-face with the patient and/or family.

**Global:** XXX **Issue:** Physical Medicine and Rehabilitation Services **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

**Most Recent RUC Meeting:** October 2015

**Tab:** 17 **Specialty Developing Recommendation:** AOTA, APTA

**First Identified:** February 2015

**2020 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:**

## Status Report: CMS Requests and Relativity Assessment Issues

**97164** Re-evaluation of physical therapy established plan of care, requiring these components: an examination including a review of history and use of standardized tests and measures is required; and revised plan of care using a standardized patient assessment instrument and/or measurable assessment of functional outcome typically, 20 minutes are spent face-to-face with the patient and/or family.

**Global:** XXX **Issue:** Physical Medicine and Rehabilitation Services **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

**Most Recent RUC Meeting:** October 2015

**Tab:** 17 **Specialty Developing Recommendation:** AOTA, APTA

**First Identified:** February 2015

**2020 Medicare Utilization:** 443,064

**2022 Work RVU:** 0.96

**2022 NF PE RVU:** 1.04

**2022 Fac PE RVU:** NA

**RUC Recommendation:** 0.75

**Referred to CPT** February 2015

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Increase

**97165** Occupational therapy evaluation, low complexity, requiring these components: an occupational profile and medical and therapy history, which includes a brief history including review of medical and/or therapy records relating to the presenting problem; an assessment(s) that identifies 1-3 performance deficits (ie, relating to physical, cognitive, or psychosocial skills) that result in activity limitations and/or participation restrictions; and clinical decision making of low complexity, which includes an analysis of the occupational profile, analysis of data from problem-focused assessment(s), and consideration of a limited number of treatment options. patient presents with no comorbidities that affect occupational performance. modification of tasks or assistance (eg, physical or verbal) with assessment(s) is not necessary to enable completion of evaluation component. typically, 30 minutes are spent face-to-face with the patient and/or family.

**Global:** XXX **Issue:** Physical Medicine and Rehabilitation Services **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

**Most Recent RUC Meeting:** October 2015

**Tab:** 17 **Specialty Developing Recommendation:** AOTA, APTA

**First Identified:** February 2015

**2020 Medicare Utilization:** 124,556

**2022 Work RVU:** 1.54

**2022 NF PE RVU:** 1.37

**2022 Fac PE RVU:** NA

**RUC Recommendation:** 0.88

**Referred to CPT** February 2015

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Decrease

## Status Report: CMS Requests and Relativity Assessment Issues

**97166** Occupational therapy evaluation, moderate complexity, requiring these components: an occupational profile and medical and therapy history, which includes an expanded review of medical and/or therapy records and additional review of physical, cognitive, or psychosocial history related to current functional performance; an assessment(s) that identifies 3-5 performance deficits (ie, relating to physical, cognitive, or psychosocial skills) that result in activity limitations and/or participation restrictions; and clinical decision making of moderate analytic complexity, which includes an analysis of the occupational profile, analysis of data from detailed assessment(s), and consideration of several treatment options. patient may present with comorbidities that affect occupational performance. minimal to moderate modification of tasks or assistance (eg, physical or verbal) with assessment(s) is necessary to enable patient to complete evaluation component. typically, 45 minutes are spent face-to-face with the patient and/or family.

**Global:** XXX **Issue:** Physical Medicine and Rehabilitation Services **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

**Most Recent**  
**RUC Meeting:** October 2015

**Tab: 17** **Specialty Developing** AOTA, APTA  
**Recommendation:**

**First Identified:** February 2015

**2020 Medicare Utilization:** 92,211

**2022 Work RVU:** 1.54  
**2022 NF PE RVU:** 1.37  
**2022 Fac PE RVU:** NA

**RUC Recommendation:** 1.20

**Referred to CPT** February 2015  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Maintain

**97167** Occupational therapy evaluation, high complexity, requiring these components: an occupational profile and medical and therapy history, which includes review of medical and/or therapy records and extensive additional review of physical, cognitive, or psychosocial history related to current functional performance; an assessment(s) that identifies 5 or more performance deficits (ie, relating to physical, cognitive, or psychosocial skills) that result in activity limitations and/or participation restrictions; and clinical decision making of high analytic complexity, which includes an analysis of the patient profile, analysis of data from comprehensive assessment(s), and consideration of multiple treatment options. patient presents with comorbidities that affect occupational performance. significant modification of tasks or assistance (eg, physical or verbal) with assessment(s) is necessary to enable patient to complete evaluation component. typically, 60 minutes are spent face-to-face with the patient and/or family.

**Global:** XXX **Issue:** Physical Medicine and Rehabilitation Services **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

**Most Recent**  
**RUC Meeting:** October 2015

**Tab: 17** **Specialty Developing** AOTA, APTA  
**Recommendation:**

**First Identified:** February 2015

**2020 Medicare Utilization:** 19,455

**2022 Work RVU:** 1.54  
**2022 NF PE RVU:** 1.37  
**2022 Fac PE RVU:** NA

**RUC Recommendation:** 1.70

**Referred to CPT** February 2015  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Increase

# Status Report: CMS Requests and Relativity Assessment Issues

**97168** Re-evaluation of occupational therapy established plan of care, requiring these components: an assessment of changes in patient functional or medical status with revised plan of care; an update to the initial occupational profile to reflect changes in condition or environment that affect future interventions and/or goals; and a revised plan of care. a formal reevaluation is performed when there is a documented change in functional status or a significant change to the plan of care is required. typically, 30 minutes are spent face-to-face with the patient and/or family.

**Global:** XXX **Issue:** Physical Medicine and Rehabilitation Services **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

**Most Recent RUC Meeting:** October 2015 **Tab: 17** **Specialty Developing Recommendation:** AOTA, APTA **First Identified:** February 2015 **2020 Medicare Utilization:** 28,565 **2022 Work RVU:** 0.96 **2022 NF PE RVU:** 1.05 **2022 Fac PE RVU:** NA

**RUC Recommendation:** 0.80 **Referred to CPT** February 2015 **Result:** Increase

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**97530** Therapeutic activities, direct (one-on-one) patient contact (use of dynamic activities to improve functional performance), each 15 minutes

**Global:** XXX **Issue:** Physical Medicine and Rehabilitation Services - Therapeutic **Screen:** CMS High Expenditure Procedural Codes1 / CMS High Expenditure Procedural Codes2 **Complete?** Yes

**Most Recent RUC Meeting:** January 2017 **Tab: 29** **Specialty Developing Recommendation:** APTA, AOTA **First Identified:** September 2011 **2020 Medicare Utilization:** 17,002,856 **2022 Work RVU:** 0.44 **2022 NF PE RVU:** 0.64 **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 (includes compensatory training), direct (one-on-one) patient contact, each 15 minutes

**Global:** **Issue:** Cognitive Function Intervention **Screen:** High Volume Growth2 / High Volume Growth3 **Complete?** Yes

**Most Recent RUC Meeting:** January 2017 **Tab: 29** **Specialty Developing Recommendation:** APTA, AOTA, ASHA, APA (psychology) **First Identified:** April 2013 **2020 Medicare Utilization:** **2022 Work RVU:** **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:**

## Status Report: CMS Requests and Relativity Assessment Issues

<b>97533</b>	Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	<b>Global:</b> XXX	<b>Issue:</b> Physical Medicine and Rehabilitation Services - ADL/IADL	<b>Screen:</b> Physical Medicine and Rehabilitation Services	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2017	<b>Tab:</b> 29 <b>Specialty Developing Recommendation:</b> APTA, AOTA	<b>First Identified:</b> April 2016	<b>2020 Medicare Utilization:</b> 35,300	<b>2022 Work RVU:</b> 0.48 <b>2022 NF PE RVU:</b> 1.41 <b>2022 Fac PE RVU:</b> NA	
<b>RUC Recommendation:</b> 0.48		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b> Increase	
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<b>97535</b>	Self-care/home management training (eg, activities of daily living (adl) and compensatory training, meal preparation, safety procedures, and instructions in use of assistive technology devices/adaptive equipment) direct one-on-one contact, each 15 minutes	<b>Global:</b> XXX	<b>Issue:</b> Physical Medicine and Rehabilitation Services - ADL/IADL	<b>Screen:</b> Codes Reported Together 75% or More-Part2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2017	<b>Tab:</b> 29 <b>Specialty Developing Recommendation:</b> APTA, AOTA	<b>First Identified:</b> October 2012	<b>2020 Medicare Utilization:</b> 2,035,438	<b>2022 Work RVU:</b> 0.45 <b>2022 NF PE RVU:</b> 0.50 <b>2022 Fac PE RVU:</b> NA	
<b>RUC Recommendation:</b> 0.45		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input checked="" type="checkbox"/>	<b>Published in CPT Asst:</b> Article no longer necessary	<b>Result:</b> Maintain	
<hr/>					
<b>97537</b>	Community/work reintegration training (eg, shopping, transportation, money management, avocational activities and/or work environment/modification analysis, work task analysis, use of assistive technology device/adaptive equipment), direct one-on-one contact, each 15 minutes	<b>Global:</b> XXX	<b>Issue:</b> Physical Medicine and Rehabilitation Services - ADL/IADL	<b>Screen:</b> Physical Medicine and Rehabilitation Services	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2017	<b>Tab:</b> 29 <b>Specialty Developing Recommendation:</b> APTA, AOTA	<b>First Identified:</b> April 2016	<b>2020 Medicare Utilization:</b> 15,016	<b>2022 Work RVU:</b> 0.48 <b>2022 NF PE RVU:</b> 0.44 <b>2022 Fac PE RVU:</b> NA	
<b>RUC Recommendation:</b> 0.48		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b> Increase	



# Status Report: CMS Requests and Relativity Assessment Issues

**97542** Wheelchair management (eg, assessment, fitting, training), each 15 minutes **Global:** XXX **Issue:** Physical Medicine and Rehabilitation Services - Therapeutic **Screen:** High Volume Growth2 **Complete?** Yes

**Most Recent RUC Meeting:** January 2017 **Tab:** 29 **Specialty Developing Recommendation:** APTA, AOTA **First Identified:** April 2013 **2020 Medicare Utilization:** 63,616 **2022 Work RVU:** 0.48 **2022 NF PE RVU:** 0.44 **2022 Fac PE RVU:** NA **RUC Recommendation:** 0.48 **Result:** Increase

**Referred to CPT**  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**97597** Debridement (eg, high pressure waterjet with/without suction, sharp selective debridement with scissors, scalpel and forceps), open wound, (eg, fibrin, devitalized epidermis and/or dermis, exudate, debris, biofilm), including topical application(s), wound assessment, use of a whirlpool, when performed and instruction(s) for ongoing care, per session, total wound(s) surface area; first 20 sq cm or less **Global:** 000 **Issue:** Open Wound Debridement **Screen:** Site of Service Anomaly / High Volume Growth3 **Complete?** Yes

**Most Recent RUC Meeting:** October 2018 **Tab:** 23 **Specialty Developing Recommendation:** AAFP, ACS, APMA **First Identified:** September 2007 **2020 Medicare Utilization:** 768,106 **2022 Work RVU:** 0.77 **2022 NF PE RVU:** 2.19 **2022 Fac PE RVU:** 0.22 **RUC Recommendation:** 0.88 **Result:** Increase

**Referred to CPT**  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**97598** Debridement (eg, high pressure waterjet with/without suction, sharp selective debridement with scissors, scalpel and forceps), open wound, (eg, fibrin, devitalized epidermis and/or dermis, exudate, debris, biofilm), including topical application(s), wound assessment, use of a whirlpool, when performed and instruction(s) for ongoing care, per session, total wound(s) surface area; each additional 20 sq cm, or part thereof (list separately in addition to code for primary procedure) **Global:** ZZZ **Issue:** Open Wound Debridement **Screen:** Site of Service Anomaly / High Volume Growth3 / Different Performing Specialty from Survey **Complete?** Yes

**Most Recent RUC Meeting:** October 2018 **Tab:** 23 **Specialty Developing Recommendation:** AAFP, ACS, APMA **First Identified:** September 2007 **2020 Medicare Utilization:** 148,930 **2022 Work RVU:** 0.50 **2022 NF PE RVU:** 0.78 **2022 Fac PE RVU:** 0.17 **RUC Recommendation:** 0.50 **Result:** Increase

**Referred to CPT**  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

## Status Report: CMS Requests and Relativity Assessment Issues

**97602** Removal of devitalized tissue from wound(s), non-selective debridement, without anesthesia (eg, wet-to-moist dressings, enzymatic, abrasion, larval therapy), including topical application(s), wound assessment, and instruction(s) for ongoing care, per session **Global:** XXX **Issue:** Physical Medicine and Rehabilitation Services - Active Wound Care Management **Screen:** Physical Medicine and Rehabilitation Services **Complete?** Yes

**Most Recent RUC Meeting:** April 2016 **Tab:** 47 **Specialty Developing Recommendation:** AAOS, ACS, APMA, ASPS **First Identified:** April 2016 **2020 Medicare Utilization:** **2022 Work RVU:** 0.00 **2022 NF PE RVU:** 0.00 **2022 Fac PE RVU:** 0.00

**RUC Recommendation:** Maintain

**Referred to CPT**

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Maintain

**97605** Negative pressure wound therapy (eg, vacuum assisted drainage collection), utilizing durable medical equipment (dme), including topical application(s), wound assessment, and instruction(s) for ongoing care, per session; total wound(s) surface area less than or equal to 50 square centimeters **Global:** XXX **Issue:** Negative Pressure Wound Therapy **Screen:** High Volume Growth2 **Complete?** Yes

**Most Recent RUC Meeting:** April 2016 **Tab:** 47 **Specialty Developing Recommendation:** AAOS, ACS, APMA, ASPS **First Identified:** April 2013 **2020 Medicare Utilization:** 48,547 **2022 Work RVU:** 0.55 **2022 NF PE RVU:** 0.68 **2022 Fac PE RVU:** 0.16

**RUC Recommendation:** 0.55

**Referred to CPT**

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Maintain

**97606** Negative pressure wound therapy (eg, vacuum assisted drainage collection), utilizing durable medical equipment (dme), including topical application(s), wound assessment, and instruction(s) for ongoing care, per session; total wound(s) surface area greater than 50 square centimeters **Global:** XXX **Issue:** Negative Pressure Wound Therapy **Screen:** High Volume Growth2 **Complete?** Yes

**Most Recent RUC Meeting:** April 2016 **Tab:** 47 **Specialty Developing Recommendation:** APMA, ACS, AAOS, ASPS **First Identified:** April 2013 **2020 Medicare Utilization:** 17,066 **2022 Work RVU:** 0.60 **2022 NF PE RVU:** 0.86 **2022 Fac PE RVU:** 0.18

**RUC Recommendation:** 0.60

**Referred to CPT**

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Maintain

## Status Report: CMS Requests and Relativity Assessment Issues

**97607** Negative pressure wound therapy, (eg, vacuum assisted drainage collection), utilizing disposable, non-durable medical equipment including provision of exudate management collection system, topical application(s), wound assessment, and instructions for ongoing care, per session; total wound(s) surface area less than or equal to 50 square centimeters **Global:** XXX **Issue:** Negative Pressure Wound Therapy **Screen:** High Volume Growth2 **Complete?** Yes

**Most Recent**  
**RUC Meeting:** April 2016

**Tab:** 47 **Specialty Developing Recommendation:** APMA, ACS, AAOS, ASPS

**First Identified:** May 2013

**2020 Medicare Utilization:** 6,061

**2022 Work RVU:** 0.41  
**2022 NF PE RVU:** 10.98  
**2022 Fac PE RVU:** 0.17

**RUC Recommendation:** 0.11

**Referred to CPT**  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Decrease

**97608** Negative pressure wound therapy, (eg, vacuum assisted drainage collection), utilizing disposable, non-durable medical equipment including provision of exudate management collection system, topical application(s), wound assessment, and instructions for ongoing care, per session; total wound(s) surface area greater than 50 square centimeters **Global:** XXX **Issue:** Negative Pressure Wound Therapy **Screen:** High Volume Growth2 **Complete?** Yes

**Most Recent**  
**RUC Meeting:** April 2016

**Tab:** 47 **Specialty Developing Recommendation:** APMA, ACS, AAOS, ASPS

**First Identified:** May 2013

**2020 Medicare Utilization:** 1,379

**2022 Work RVU:** 0.46  
**2022 NF PE RVU:** 10.77  
**2022 Fac PE RVU:** 0.19

**RUC Recommendation:** 0.46

**Referred to CPT**  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Decrease

**97610** Low frequency, non-contact, non-thermal ultrasound, including topical application(s), when performed, wound assessment, and instruction(s) for ongoing care, per day **Global:** XXX **Issue:** Physical Medicine and Rehabilitation Services - Active Wound Care Management **Screen:** Physical Medicine and Rehabilitation Services **Complete?** Yes

**Most Recent**  
**RUC Meeting:** April 2016

**Tab:** 47 **Specialty Developing Recommendation:**

**First Identified:** April 2016

**2020 Medicare Utilization:** 16,743

**2022 Work RVU:** 0.40  
**2022 NF PE RVU:** 13.14  
**2022 Fac PE RVU:** 0.12

**RUC Recommendation:** Maintain

**Referred to CPT**  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Maintain

## Status Report: CMS Requests and Relativity Assessment Issues

**97755** Assistive technology assessment (eg, to restore, augment or compensate for existing function, optimize functional tasks and/or maximize environmental accessibility), direct one-on-one contact, with written report, each 15 minutes **Global:** XXX **Issue:** Physical Medicine and Rehabilitation Services - Tests and Measures **Screen:** High Volume Growth1 **Complete?** Yes

**Most Recent RUC Meeting:** April 2016

**Tab:** 47 **Specialty Developing Recommendation:** APTA, AOTA

**First Identified:** February 2008

**2020 Medicare Utilization:** 2,577

**2022 Work RVU:** 0.62

**2022 NF PE RVU:** 0.48

**2022 Fac PE RVU:** NA

**RUC Recommendation:** Remove from screen

**Referred to CPT**

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Remove from Screen

**97760** Orthotic(s) management and training (including assessment and fitting when not otherwise reported), upper extremity(ies), lower extremity(ies) and/or trunk, initial orthotic(s) encounter, each 15 minutes **Global:** XXX **Issue:** Orthotic Management and Prosthetic Training **Screen:** Physical Medicine and Rehabilitation Services **Complete?** Yes

**Most Recent RUC Meeting:** January 2017

**Tab:** 29 **Specialty Developing Recommendation:** APTA, AOTA

**First Identified:** April 2016

**2020 Medicare Utilization:** 47,325

**2022 Work RVU:** 0.50

**2022 NF PE RVU:** 0.92

**2022 Fac PE RVU:** NA

**RUC Recommendation:** 0.50

**Referred to CPT** September 2016

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Increase

**97761** Prosthetic(s) training, upper and/or lower extremity(ies), initial prosthetic(s) encounter, each 15 minutes **Global:** XXX **Issue:** Orthotic Management and Prosthetic Training **Screen:** Physical Medicine and Rehabilitation Services **Complete?** Yes

**Most Recent RUC Meeting:** January 2017

**Tab:** 29 **Specialty Developing Recommendation:** APTA

**First Identified:** April 2016

**2020 Medicare Utilization:** 3,036

**2022 Work RVU:** 0.50

**2022 NF PE RVU:** 0.71

**2022 Fac PE RVU:** NA

**RUC Recommendation:** 0.50

**Referred to CPT** September 2016

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Increase

# Status Report: CMS Requests and Relativity Assessment Issues

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<b>97762</b>	Checkout for orthotic/prosthetic use, established patient, each 15 minutes	<b>Global:</b>	<b>Issue:</b> Orthotic Management and Prosthetic Training	<b>Screen:</b> Physical Medicine and Rehabilitation Services	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b>	January 2017	<b>Tab:</b> 29	<b>Specialty Developing Recommendation:</b> APTA	<b>First Identified:</b> April 2016	<b>2020 Medicare Utilization:</b>
<b>RUC Recommendation:</b>	Deleted from CPT	<b>Referred to CPT</b>	September 2016	<b>Result:</b>	Deleted from CPT
		<b>Referred to CPT Asst</b>	<input type="checkbox"/>	<b>Published in CPT Asst:</b>	

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<b>97763</b>	Orthotic(s)/prosthetic(s) management and/or training, upper extremity(ies), lower extremity(ies), and/or trunk, subsequent orthotic(s)/prosthetic(s) encounter, each 15 minutes	<b>Global:</b> XXX	<b>Issue:</b> Orthotic Management and Prosthetic Training	<b>Screen:</b> Physical Medicine and Rehabilitation Services	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b>	January 2017	<b>Tab:</b> 29	<b>Specialty Developing Recommendation:</b> APTA, AOTA	<b>First Identified:</b> April 2016	<b>2020 Medicare Utilization:</b> 30,959
<b>RUC Recommendation:</b>	0.48	<b>Referred to CPT</b>		<b>Result:</b>	Increase
		<b>Referred to CPT Asst</b>	<input type="checkbox"/>	<b>Published in CPT Asst:</b>	

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<b>97802</b>	Medical nutrition therapy; initial assessment and intervention, individual, face-to-face with the patient, each 15 minutes	<b>Global:</b> XXX	<b>Issue:</b> Medical Nutrition Therapy	<b>Screen:</b> CMS Request - Medical Nutrition Therapy	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b>	April 2008	<b>Tab:</b> 53	<b>Specialty Developing Recommendation:</b> ADA, AGA, AACE	<b>First Identified:</b> NA	<b>2020 Medicare Utilization:</b> 173,453
<b>RUC Recommendation:</b>	0.53	<b>Referred to CPT</b>		<b>Result:</b>	Increase
		<b>Referred to CPT Asst</b>	<input type="checkbox"/>	<b>Published in CPT Asst:</b>	

## Status Report: CMS Requests and Relativity Assessment Issues

**97803** Medical nutrition therapy; re-assessment and intervention, individual, face-to-face with the patient, each 15 minutes **Global:** XXX **Issue:** Medical Nutrition Therapy **Screen:** CMS Request - Medical Nutrition Therapy **Complete?** Yes

**Most Recent RUC Meeting:** April 2008

**Tab:** 53

**Specialty Developing Recommendation:** ADA, AGA, AACE

**First Identified:** NA

**2020 Medicare Utilization:** 179,999

**2022 Work RVU:** 0.45

**2022 NF PE RVU:** 0.47

**2022 Fac PE RVU:** 0.34

**RUC Recommendation:** 0.45

**Referred to CPT**

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Increase

**97810** Acupuncture, 1 or more needles; without electrical stimulation, initial 15 minutes of personal one-on-one contact with the patient **Global:** XXX **Issue:** RAW **Screen:** Different Performing Specialty from Survey4 **Complete?** No

**Most Recent RUC Meeting:** September 2022

**Tab:** 13

**Specialty Developing Recommendation:** AAFP, AAPM&R, ACA

**First Identified:** September 2022

**2020 Medicare Utilization:** 22,471

**2022 Work RVU:** 0.60

**2022 NF PE RVU:** 0.52

**2022 Fac PE RVU:** 0.28

**RUC Recommendation:** Review action plan

**Referred to CPT**

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:**

**97811** Acupuncture, 1 or more needles; without electrical stimulation, each additional 15 minutes of personal one-on-one contact with the patient, with re-insertion of needle(s) (list separately in addition to code for primary procedure) **Global:** XXX **Issue:** RAW **Screen:** Different Performing Specialty from Survey4 **Complete?** No

**Most Recent RUC Meeting:** September 2022

**Tab:** 13

**Specialty Developing Recommendation:** AAFP, AAPM&R, ACA

**First Identified:** September 2022

**2020 Medicare Utilization:** 25,163

**2022 Work RVU:** 0.50

**2022 NF PE RVU:** 0.33

**2022 Fac PE RVU:** 0.24

**RUC Recommendation:** Review action plan

**Referred to CPT**

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:**

## Status Report: CMS Requests and Relativity Assessment Issues

**97813** Acupuncture, 1 or more needles; with electrical stimulation, initial 15 minutes of personal one-on-one contact with the patient **Global:** XXX **Issue:** RAW **Screen:** Different Performing Specialty from Survey4 **Complete?** No

**Most Recent RUC Meeting:** September 2022 **Tab:** 13 **Specialty Developing Recommendation:** AAFP, AAPM&R, ACA **First Identified:** September 2022 **2020 Medicare Utilization:** 19,553 **2022 Work RVU:** 0.65 **2022 NF PE RVU:** 0.67 **2022 Fac PE RVU:** 0.30

**RUC Recommendation:** Review action plan

**Referred to CPT**  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:**

**97814** Acupuncture, 1 or more needles; with electrical stimulation, each additional 15 minutes of personal one-on-one contact with the patient, with re-insertion of needle(s) (list separately in addition to code for primary procedure) **Global:** XXX **Issue:** RAW **Screen:** Different Performing Specialty from Survey4 **Complete?** No

**Most Recent RUC Meeting:** September 2022 **Tab:** 13 **Specialty Developing Recommendation:** AAFP, AAPM&R, ACA **First Identified:** September 2022 **2020 Medicare Utilization:** 23,543 **2022 Work RVU:** 0.55 **2022 NF PE RVU:** 0.53 **2022 Fac PE RVU:** 0.26

**RUC Recommendation:** Review action plan

**Referred to CPT**  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:**

**98925** Osteopathic manipulative treatment (omt); 1-2 body regions involved **Global:** 000 **Issue:** Osteopathic Manipulative Treatment **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

**Most Recent RUC Meeting:** February 2011 **Tab:** 34 **Specialty Developing Recommendation:** AOA **First Identified:** February 2010 **2020 Medicare Utilization:** 42,085 **2022 Work RVU:** 0.46 **2022 NF PE RVU:** 0.43 **2022 Fac PE RVU:** 0.19

**RUC Recommendation:** 0.50

**Referred to CPT**  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Increase

# Status Report: CMS Requests and Relativity Assessment Issues

<b>98926</b> Osteopathic manipulative treatment (omt); 3-4 body regions involved			<b>Global:</b> 000	<b>Issue:</b> Osteopathic Manipulative Treatment	<b>Screen:</b> Harvard Valued - Utilization over 100,000	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> February 2011	<b>Tab:</b> 34	<b>Specialty Developing Recommendation:</b> AOA	<b>First Identified:</b> October 2009	<b>2020 Medicare Utilization:</b> 78,183	<b>2022 Work RVU:</b> 0.71 <b>2022 NF PE RVU:</b> 0.56 <b>2022 Fac PE RVU:</b> 0.28	
<b>RUC Recommendation:</b> 0.75			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b> Increase	
<b>98927</b> Osteopathic manipulative treatment (omt); 5-6 body regions involved			<b>Global:</b> 000	<b>Issue:</b> Osteopathic Manipulative Treatment	<b>Screen:</b> Harvard Valued - Utilization over 100,000	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> February 2011	<b>Tab:</b> 34	<b>Specialty Developing Recommendation:</b> AOA	<b>First Identified:</b> October 2009	<b>2020 Medicare Utilization:</b> 69,362	<b>2022 Work RVU:</b> 0.96 <b>2022 NF PE RVU:</b> 0.70 <b>2022 Fac PE RVU:</b> 0.35	
<b>RUC Recommendation:</b> 1.00			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b> Increase	
<b>98928</b> Osteopathic manipulative treatment (omt); 7-8 body regions involved			<b>Global:</b> 000	<b>Issue:</b> Osteopathic Manipulative Treatment	<b>Screen:</b> Harvard Valued - Utilization over 100,000	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> February 2011	<b>Tab:</b> 34	<b>Specialty Developing Recommendation:</b> AOA	<b>First Identified:</b> February 2010	<b>2020 Medicare Utilization:</b> 75,202	<b>2022 Work RVU:</b> 1.21 <b>2022 NF PE RVU:</b> 0.82 <b>2022 Fac PE RVU:</b> 0.44	
<b>RUC Recommendation:</b> 1.25			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b> Increase	
<b>98929</b> Osteopathic manipulative treatment (omt); 9-10 body regions involved			<b>Global:</b> 000	<b>Issue:</b> Osteopathic Manipulative Treatment	<b>Screen:</b> Harvard Valued - Utilization over 100,000	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> February 2011	<b>Tab:</b> 34	<b>Specialty Developing Recommendation:</b> AOA	<b>First Identified:</b> February 2010	<b>2020 Medicare Utilization:</b> 62,738	<b>2022 Work RVU:</b> 1.46 <b>2022 NF PE RVU:</b> 0.94 <b>2022 Fac PE RVU:</b> 0.52	
<b>RUC Recommendation:</b> 1.50			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b> Increase	



# Status Report: CMS Requests and Relativity Assessment Issues

**98940** Chiropractic manipulative treatment (cmt); spinal, 1-2 regions

**Global:** 000

**Issue:** Chiropractic Manipulative Treatment

**Screen:** CMS High Expenditure Procedural Codes1

**Complete?** Yes

**Most Recent RUC Meeting:** October 2012

**Tab:** 25

**Specialty Developing Recommendation:** ACA

**First Identified:** September 2011

**2020 Medicare Utilization:** 4,333,649

**2022 Work RVU:** 0.46

**2022 NF PE RVU:** 0.34

**2022 Fac PE RVU:** 0.17

**RUC Recommendation:** 0.46

**Referred to CPT**

**Referred to CPT Asst**

☐

**Published in CPT Asst:**

**Result:** Increase

**98941** Chiropractic manipulative treatment (cmt); spinal, 3-4 regions

**Global:** 000

**Issue:** Chiropractic Manipulative Treatment

**Screen:** CMS High Expenditure Procedural Codes1

**Complete?** Yes

**Most Recent RUC Meeting:** October 2012

**Tab:** 25

**Specialty Developing Recommendation:** ACA

**First Identified:** September 2011

**2020 Medicare Utilization:** 11,589,611

**2022 Work RVU:** 0.71

**2022 NF PE RVU:** 0.44

**2022 Fac PE RVU:** 0.27

**RUC Recommendation:** 0.71

**Referred to CPT**

**Referred to CPT Asst**

☐

**Published in CPT Asst:**

**Result:** Increase

**98942** Chiropractic manipulative treatment (cmt); spinal, 5 regions

**Global:** 000

**Issue:** Chiropractic Manipulative Treatment

**Screen:** CMS High Expenditure Procedural Codes1

**Complete?** Yes

**Most Recent RUC Meeting:** October 2012

**Tab:** 25

**Specialty Developing Recommendation:** ACA

**First Identified:** September 2011

**2020 Medicare Utilization:** 837,075

**2022 Work RVU:** 0.96

**2022 NF PE RVU:** 0.54

**2022 Fac PE RVU:** 0.36

**RUC Recommendation:** 0.96

**Referred to CPT**

**Referred to CPT Asst**

☐

**Published in CPT Asst:**

**Result:** Increase

**98943** Chiropractic manipulative treatment (cmt); extraspinal, 1 or more regions

**Global:** XXX

**Issue:** Chiropractic Manipulative Treatment

**Screen:** CMS High Expenditure Procedural Codes1

**Complete?** Yes

**Most Recent RUC Meeting:** October 2012

**Tab:** 25

**Specialty Developing Recommendation:** ACA

**First Identified:** September 2011

**2020 Medicare Utilization:**

**2022 Work RVU:** 0.46

**2022 NF PE RVU:** 0.28

**2022 Fac PE RVU:** 0.18

**RUC Recommendation:** 0.46

**Referred to CPT**

**Referred to CPT Asst**

☐

**Published in CPT Asst:**

**Result:** Increase

## Status Report: CMS Requests and Relativity Assessment Issues

**99143** Deleted from CPT

**Global:**

**Issue:** Moderate Sedation Services **Screen:** Moderate Sedation Review

**Complete?** Yes

**Most Recent RUC Meeting:** October 2015

**Tab:** 14

**Specialty Developing Recommendation:**

AAP, AAOMS, ACC, CHEST, ACEP, ACG, ACR, AGA, ASGE, ASA, ATS, HRS, SIR, SVS, SCAI

**First Identified:** January 2014

**2020 Medicare Utilization:**

**2022 Work RVU:**

**2022 NF PE RVU:**

**2022 Fac PE RVU:**

**RUC Recommendation:** Deleted from CPT

**Referred to CPT**

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Deleted from CPT

**99144** Deleted from CPT

**Global:**

**Issue:** Moderate Sedation Services **Screen:** Moderate Sedation Review

**Complete?** Yes

**Most Recent RUC Meeting:** October 2015

**Tab:** 14

**Specialty Developing Recommendation:**

AAP, AAOMS, ACC, CHEST, ACEP, ACG, ACR, AGA, ASGE, ASA, ATS, HRS, SIR, SVS, SCAI

**First Identified:** January 2014

**2020 Medicare Utilization:**

**2022 Work RVU:**

**2022 NF PE RVU:**

**2022 Fac PE RVU:**

**RUC Recommendation:** Deleted from CPT

**Referred to CPT**

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Deleted from CPT

**99148** Deleted from CPT

**Global:**

**Issue:** Moderate Sedation Services **Screen:** Moderate Sedation Review

**Complete?** Yes

**Most Recent RUC Meeting:** October 2015

**Tab:** 14

**Specialty Developing Recommendation:**

AAP, AAOMS, ACC, CHEST, ACEP, ACG, ACR, AGA, ASGE, ASA, ATS, HRS, SIR, SVS, SCAI

**First Identified:** January 2014

**2020 Medicare Utilization:**

**2022 Work RVU:**

**2022 NF PE RVU:**

**2022 Fac PE RVU:**

**RUC Recommendation:** Deleted from CPT

**Referred to CPT**

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Deleted from CPT

## Status Report: CMS Requests and Relativity Assessment Issues

**99149** Deleted from CPT

**Global:**

**Issue:** Moderate Sedation Services **Screen:** Moderate Sedation Review

**Complete?** Yes

**Most Recent RUC Meeting:** October 2015

**Tab:** 14

**Specialty Developing Recommendation:**

AAP, AAOMS, ACC, CHEST, ACEP, ACG, ACR, AGA, ASGE, ASA, ATS, HRS, SIR, SVS, SCAI

**First Identified:** January 2014

**2020 Medicare Utilization:**

**2022 Work RVU:**

**2022 NF PE RVU:**

**2022 Fac PE RVU:**

**RUC Recommendation:** Deleted from CPT

**Referred to CPT**

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Deleted from CPT

**99150** Deleted from CPT

**Global:**

**Issue:** Moderate Sedation Services **Screen:** Moderate Sedation Review

**Complete?** Yes

**Most Recent RUC Meeting:** October 2015

**Tab:** 14

**Specialty Developing Recommendation:**

AAP, AAOMS, ACC, CHEST, ACEP, ACG, ACR, AGA, ASGE, ASA, ATS, HRS, SIR, SVS, SCAI

**First Identified:** January 2014

**2020 Medicare Utilization:**

**2022 Work RVU:**

**2022 NF PE RVU:**

**2022 Fac PE RVU:**

**RUC Recommendation:** Deleted from CPT

**Referred to CPT**

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Deleted from CPT

**99151** Moderate sedation services provided by the same physician or other qualified health care professional performing the diagnostic or therapeutic service that the sedation supports, requiring the presence of an independent trained observer to assist in the monitoring of the patient's level of consciousness and physiological status; initial 15 minutes of intraservice time, patient younger than 5 years of age

**Global:** XXX

**Issue:** Moderate Sedation Services **Screen:** Moderate Sedation Review

**Complete?** Yes

**Most Recent RUC Meeting:** October 2015

**Tab:** 14

**Specialty Developing Recommendation:**

AAP, AAOMS, ACC, CHEST, ACEP, ACG, ACR, AGA, ASGE, ASA, ATS, HRS, SIR, SVS, SCAI

**First Identified:** January 2014

**2020 Medicare Utilization:** 11

**2022 Work RVU:** 0.50

**2022 NF PE RVU:** 1.52

**2022 Fac PE RVU:** 0.19

**RUC Recommendation:** 0.50

**Referred to CPT**

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Maintain

## Status Report: CMS Requests and Relativity Assessment Issues

**99152** Moderate sedation services provided by the same physician or other qualified health care professional performing the diagnostic or therapeutic service that the sedation supports, requiring the presence of an independent trained observer to assist in the monitoring of the patient's level of consciousness and physiological status; initial 15 minutes of intraservice time, patient age 5 years or older

**Global:** XXX **Issue:** Moderate Sedation Services **Screen:** Moderate Sedation Review **Complete?** Yes

**Most Recent RUC Meeting:** October 2015

**Tab:** 14

**Specialty Developing Recommendation:**

AAP, AAOMS, ACC, CHEST, ACEP, ACG, ACR, AGA, ASGE, ASA, ATS, HRS, SIR, SVS, SCAI

**First Identified:** January 2014

**2020 Medicare Utilization:** 1,657,403

**2022 Work RVU:** 0.25

**2022 NF PE RVU:** 1.22

**2022 Fac PE RVU:** 0.08

**RUC Recommendation:** 0.25

**Referred to CPT**

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Maintain

**99155** Moderate sedation services provided by a physician or other qualified health care professional other than the physician or other qualified health care professional performing the diagnostic or therapeutic service that the sedation supports; initial 15 minutes of intraservice time, patient younger than 5 years of age

**Global:** XXX **Issue:** Moderate Sedation Services **Screen:** Moderate Sedation Review **Complete?** Yes

**Most Recent RUC Meeting:** October 2015

**Tab:** 14

**Specialty Developing Recommendation:**

AAP, AAOMS, ACC, CHEST, ACEP, ACG, ACR, AGA, ASGE, ASA, ATS, HRS, SIR, SVS, SCAI

**First Identified:** January 2014

**2020 Medicare Utilization:** 21

**2022 Work RVU:** 1.90

**2022 NF PE RVU:** NA

**2022 Fac PE RVU:** 0.32

**RUC Recommendation:** 1.90

**Referred to CPT**

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Maintain

## Status Report: CMS Requests and Relativity Assessment Issues

**99156** Moderate sedation services provided by a physician or other qualified health care professional other than the physician or other qualified health care professional performing the diagnostic or therapeutic service that the sedation supports; initial 15 minutes of intraservice time, patient age 5 years or older **Global:** XXX **Issue:** Moderate Sedation Services **Screen:** Moderate Sedation Review **Complete?** Yes

**Most Recent RUC Meeting:** October 2015

**Tab:** 14

**Specialty Developing Recommendation:** AAP, AAOMS, ACC, CHEST, ACEP, ACG, ACR, AGA, ASGE, ASA, ATS, HRS, SIR, SVS, SCAI

**First Identified:** January 2014

**2020 Medicare Utilization:** 7,350

**2022 Work RVU:** 1.65

**2022 NF PE RVU:** NA

**2022 Fac PE RVU:** 0.40

**RUC Recommendation:** 1.84

**Referred to CPT**

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Maintain

**99174** Instrument-based ocular screening (eg, photoscreening, automated-refraction), bilateral; with remote analysis and report **Global:** XXX **Issue:** Instrument-Based Ocular Screening (PE Only) **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

**Most Recent RUC Meeting:** September 2014

**Tab:** 09

**Specialty Developing Recommendation:** AAP, AAO

**First Identified:** NA

**2020 Medicare Utilization:**

**2022 Work RVU:** 0.00

**2022 NF PE RVU:** 0.16

**2022 Fac PE RVU:** NA

**RUC Recommendation:** PE Only

**Referred to CPT** May 2014

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** PE Only

**99177** Instrument-based ocular screening (eg, photoscreening, automated-refraction), bilateral; with on-site analysis **Global:** XXX **Issue:** Instrument-Based Ocular Screening (PE Only) **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

**Most Recent RUC Meeting:** September 2014

**Tab:** 09

**Specialty Developing Recommendation:**

**First Identified:** May 2014

**2020 Medicare Utilization:**

**2022 Work RVU:** 0.00

**2022 NF PE RVU:** 0.13

**2022 Fac PE RVU:** NA

**RUC Recommendation:** PE Only

**Referred to CPT** May 2014

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** PE Only

## Status Report: CMS Requests and Relativity Assessment Issues

**99183** Physician or other qualified health care professional attendance and supervision of hyperbaric oxygen therapy, per session **Global:** XXX **Issue:** Hyperbaric Oxygen Therapy **Screen:** CMS-Other - Utilization over 250,000 **Complete?** Yes

**Most Recent RUC Meeting:** January 2014

**Tab:** 33 **Specialty Developing Recommendation:** ACEP, ACP, ACS, APMA

**First Identified:** April 2013

**2020 Medicare Utilization:** 325,694

**2022 Work RVU:** 2.11

**2022 NF PE RVU:** 0.78

**2022 Fac PE RVU:** 0.78

**RUC Recommendation:** 2.11

**Referred to CPT**

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Decrease

**99281** Emergency department visit for the evaluation and management of a patient that may not require the presence of a physician or other qualified health care professional **Global:** XXX **Issue:** ED Visits **Screen:** CMS Request - Final Rule for 2018 **Complete?** Yes

**Most Recent RUC Meeting:** April 2018

**Tab:** 29 **Specialty Developing Recommendation:** AAP, ACEP

**First Identified:** June 2017

**2020 Medicare Utilization:** 51,623

**2022 Work RVU:** 0.48

**2022 NF PE RVU:** NA

**2022 Fac PE RVU:** 0.11

**RUC Recommendation:** 0.48

**Referred to CPT**

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Increase

**99282** Emergency department visit for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and straightforward medical decision making **Global:** XXX **Issue:** ED Visits **Screen:** CMS Request - Final Rule for 2018 **Complete?** Yes

**Most Recent RUC Meeting:** April 2018

**Tab:** 29 **Specialty Developing Recommendation:** AAP, ACEP

**First Identified:** June 2017

**2020 Medicare Utilization:** 283,817

**2022 Work RVU:** 0.93

**2022 NF PE RVU:** NA

**2022 Fac PE RVU:** 0.21

**RUC Recommendation:** 0.93

**Referred to CPT**

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Increase

## Status Report: CMS Requests and Relativity Assessment Issues

**99283** Emergency department visit for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and low level of medical decision making **Global:** XXX **Issue:** ED Visits **Screen:** CMS Request - Final Rule for 2018 **Complete?** Yes

**Most Recent RUC Meeting:** April 2018 **Tab:** 29 **Specialty Developing Recommendation:** AAP, ACEP **First Identified:** June 2017 **2020 Medicare Utilization:** 1,984,076 **2022 Work RVU:** 1.60 **2022 NF PE RVU:** NA **2022 Fac PE RVU:** 0.33 **RUC Recommendation:** 1.42

**Referred to CPT**  
**Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Increase

**99284** Emergency department visit for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making **Global:** XXX **Issue:** ED Visits **Screen:** CMS Request - Final Rule for 2018 **Complete?** Yes

**Most Recent RUC Meeting:** April 2018 **Tab:** 29 **Specialty Developing Recommendation:** AAP, ACEP **First Identified:** June 2017 **2020 Medicare Utilization:** 4,006,675 **2022 Work RVU:** 2.74 **2022 NF PE RVU:** NA **2022 Fac PE RVU:** 0.54 **RUC Recommendation:** 2.60

**Referred to CPT**  
**Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Increase

**99285** Emergency department visit for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and high level of medical decision making **Global:** XXX **Issue:** ED Visits **Screen:** CMS Request - Final Rule for 2018 **Complete?** Yes

**Most Recent RUC Meeting:** April 2018 **Tab:** 29 **Specialty Developing Recommendation:** AAP, ACEP **First Identified:** June 2017 **2020 Medicare Utilization:** 9,263,820 **2022 Work RVU:** 4.00 **2022 NF PE RVU:** NA **2022 Fac PE RVU:** 0.75 **RUC Recommendation:** 3.80

**Referred to CPT**  
**Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

# Status Report: CMS Requests and Relativity Assessment Issues

**99358** Prolonged evaluation and management service before and/or after direct patient care; first hour **Global:** XXX **Issue:** Prolonged Services - Without Direct Patient Contact **Screen:** CMS Request - Final Rule for 2020 **Complete?** Yes

**Most Recent RUC Meeting:** October 2021

**Tab:** 14

**Specialty Developing Recommendation:**

AAFP, AAHPM, AAN, AAP, AATS, ACP, ACRh, AGS, ANA, ASCO, ATS, CHEST, NASS, STS

**First Identified:** November 2019

**2020 Medicare Utilization:** 344,177

**2022 Work RVU:** 2.10  
**2022 NF PE RVU:** 0.96  
**2022 Fac PE RVU:** 0.96

**RUC Recommendation:** 1.80

**Referred to CPT** February 2021

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Decrease

**99359** Prolonged evaluation and management service before and/or after direct patient care; each additional 30 minutes (list separately in addition to code for prolonged service) **Global:** ZZZ **Issue:** Prolonged Services - Without Direct Patient Contact **Screen:** CMS Request - Final Rule for 2020 **Complete?** Yes

**Most Recent RUC Meeting:** October 2021

**Tab:** 14

**Specialty Developing Recommendation:**

AAFP, AAHPM, AAN, AAP, AATS, ACP, ACRh, AGS, ANA, ASCO, ATS, CHEST, NASS, STS

**First Identified:** November 2019

**2020 Medicare Utilization:** 14,025

**2022 Work RVU:** 1.00  
**2022 NF PE RVU:** 0.47  
**2022 Fac PE RVU:** 0.47

**RUC Recommendation:** 0.75

**Referred to CPT** February 2021

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Decrease

**99363** Anticoagulant management for an outpatient taking warfarin, physician review and interpretation of International Normalized Ratio (INR) testing, patient instructions, dosage adjustment (as needed), and ordering of additional tests; initial 90 days of therapy (must include a minimum of 8 INR measurements) **Global:** **Issue:** Home INR Monitoring **Screen:** High Volume Growth3 **Complete?** Yes

**Most Recent RUC Meeting:** January 2017

**Tab:** 19

**Specialty Developing Recommendation:**

**First Identified:** September 2016

**2020 Medicare Utilization:**

**2022 Work RVU:**  
**2022 NF PE RVU:**  
**2022 Fac PE RVU:**

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** September 2016

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Deleted from CPT



## Status Report: CMS Requests and Relativity Assessment Issues

**99364** Anticoagulant management for an outpatient taking warfarin, physician review and interpretation of International Normalized Ratio (INR) testing, patient instructions, dosage adjustment (as needed), and ordering of additional tests; each subsequent 90 days of therapy (must include a minimum of 3 INR measurements) **Global:** **Issue:** Home INR Monitoring **Screen:** High Volume Growth3 **Complete?** Yes

**Most Recent**  
**RUC Meeting:** January 2017

**Tab:** 19 **Specialty Developing**  
**Recommendation:**

**First**  
**Identified:** September 2016

**2020**  
**Medicare**  
**Utilization:**

**2022 Work RVU:**  
**2022 NF PE RVU:**  
**2022 Fac PE RVU:**

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** September 2016

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Deleted from CPT

**99375** Supervision of a patient under care of home health agency (patient not present) in home, domiciliary or equivalent environment (eg, alzheimer's facility) requiring complex and multidisciplinary care modalities involving regular development and/or revision of care plans by that individual, review of subsequent reports of patient status, review of related laboratory and other studies, communication (including telephone calls) for purposes of assessment or care decisions with health care professional(s), family member(s), surrogate decision maker(s) (eg, legal guardian) and/or key caregiver(s) involved in patient's care, integration of new information into the medical treatment plan and/or adjustment of medical therapy, within a calendar month; 30 minutes or more **Global:** XXX **Issue:** Home Healthcare Supervision **Screen:** CMS-Other - Utilization over 250,000 **Complete?** Yes

**Most Recent**  
**RUC Meeting:** April 2016

**Tab:** 47 **Specialty Developing** No Interest  
**Recommendation:**

**First**  
**Identified:** April 2016

**2020**  
**Medicare**  
**Utilization:**

**2022 Work RVU:** 1.73  
**2022 NF PE RVU:** 1.14  
**2022 Fac PE RVU:** 0.67

**RUC Recommendation:** RUC recommended to survey but no specialty society interest followed.

**Referred to CPT**

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Remove from Screen

## Status Report: CMS Requests and Relativity Assessment Issues

**99378** Supervision of a hospice patient (patient not present) requiring complex and multidisciplinary care modalities involving regular development and/or revision of care plans by that individual, review of subsequent reports of patient status, review of related laboratory and other studies, communication (including telephone calls) for purposes of assessment or care decisions with health care professional(s), family member(s), surrogate decision maker(s) (eg, legal guardian) and/or key caregiver(s) involved in patient's care, integration of new information into the medical treatment plan and/or adjustment of medical therapy, within a calendar month; 30 minutes or more

**Global:** XXX **Issue:** Home Healthcare Supervision **Screen:** CMS-Other - Utilization over 250,000 **Complete?** Yes

**Most Recent RUC Meeting:** April 2016 **Tab:** 47 **Specialty Developing Recommendation:** No Interest **First Identified:** April 2016 **2020 Medicare Utilization:** **2022 Work RVU:** 1.73 **2022 NF PE RVU:** 1.14 **2022 Fac PE RVU:** 0.67

**RUC Recommendation:** RUC recommended to survey but no specialty society interest followed. **Referred to CPT** **Result:** Remove from Screen

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**99415** Prolonged clinical staff service (the service beyond the highest time in the range of total time of the service) during an evaluation and management service in the office or outpatient setting, direct patient contact with physician supervision; first hour (list separately in addition to code for outpatient evaluation and management service)

**Global:** ZZZ **Issue:** Prolonged Services - Clinical Staff Services (PE Only) **Screen:** CMS Request - Final Rule for 2020 **Complete?** Yes

**Most Recent RUC Meeting:** April 2021 **Tab:** 15 **Specialty Developing Recommendation:** AAHPM, AAP, CHEST, ACP, AGS, ANA, ASCO, ATS, SVS **First Identified:** **2020 Medicare Utilization:** 4,525 **2022 Work RVU:** 0.00 **2022 NF PE RVU:** 0.29 **2022 Fac PE RVU:** NA

**RUC Recommendation:** New PE Inputs **Referred to CPT** February 2022 **Result:** PE Only

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

## Status Report: CMS Requests and Relativity Assessment Issues

**99416** Prolonged clinical staff service (the service beyond the highest time in the range of total time of the service) during an evaluation and management service in the office or outpatient setting, direct patient contact with physician supervision; each additional 30 minutes (list separately in addition to code for prolonged service) **Global:** ZZZ **Issue:** Prolonged Services - Clinical Staff Services (PE Only) **Screen:** CMS Request - Final Rule for 2020 **Complete?** Yes

**Most Recent RUC Meeting:** April 2021

**Tab:** 15

**Specialty Developing Recommendation:**

AAHPM, AAP, CHEST, ACP, AGS, ANA, ASCO, ATS, SVS

**First Identified:**

**2020 Medicare Utilization:** 2,214

**2022 Work RVU:** 0.00

**2022 NF PE RVU:** 0.17

**2022 Fac PE RVU:** NA

**RUC Recommendation:** New PE Inputs

**Referred to CPT** February 2022

**Result:** PE Only

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**99417** Prolonged outpatient evaluation and management service(s) time with or without direct patient contact beyond the required time of the primary service when the primary service level has been selected using total time, each 15 minutes of total time (list separately in addition to the code of the outpatient evaluation and management service) **Global:** XXX **Issue:** Prolonged Services - on the date of an E/M **Screen:** CMS Request - Final Rule for 2020 **Complete?** Yes

**Most Recent RUC Meeting:** January 2022

**Tab:** 15

**Specialty Developing Recommendation:**

AAFP, AAHPM, AAN, AAP, AATS, ACP, ACRh, AGS, ANA, ASCO, ATS, CHEST, NASS, STS

**First Identified:** November 2021

**2020 Medicare Utilization:**

**2022 Work RVU:** 0.61

**2022 NF PE RVU:** 0.27

**2022 Fac PE RVU:** 0.24

**RUC Recommendation:** 0.61

**Referred to CPT** February 2021

**Result:** Maintain

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

# Status Report: CMS Requests and Relativity Assessment Issues

**99418** Prolonged inpatient or observation evaluation and management service(s) time with or without direct patient contact beyond the required time of the primary service when the primary service level has been selected using total time, each 15 minutes of total time (list separately in addition to the code of the inpatient and observation evaluation and management service) **Global:** **Issue:** Prolonged Services - on the date of an E/M **Screen:** CMS Request - Final Rule for 2020 **Complete?** Yes

**Most Recent RUC Meeting:** January 2022

**Tab:** 15 **Specialty Developing Recommendation:** AAHPM, AAN, AAP, AATS, ACP, ACRh, AGS, ANA, ASCO, ATS, CHEST, NASS, STS

**First Identified:** February 2021

**2020 Medicare Utilization:**

**2022 Work RVU:**  
**2022 NF PE RVU:**  
**2022 Fac PE RVU:**

**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 staff/physician/other qualified health care professional time in a calendar month requiring interactive communication with the patient/caregiver during the month; first 20 minutes **Global:** XXX **Issue:** RAW **Screen:** Different Performing Specialty from Survey4 **Complete?** No

**Most Recent RUC Meeting:** September 2022

**Tab:** 13 **Specialty Developing Recommendation:** AAFP, ACC, ACP

**First Identified:** April 2022

**2020 Medicare Utilization:** 367,198

**2022 Work RVU:** 0.61  
**2022 NF PE RVU:** 0.80  
**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: multiple (two or more) chronic conditions expected to last at least 12 months, or until the death of the patient, chronic conditions that place the patient at significant risk of death, acute exacerbation/decompensation, or functional decline, comprehensive care plan established, implemented, revised, or monitored; first 30 minutes provided personally by a physician or other qualified health care professional, per calendar month. **Global:** XXX **Issue:** Chronic Care Management Services **Screen:** New and Revised Service (Not part of RAW) **Complete?** Yes

**Most Recent RUC Meeting:** April 2017

**Tab:** 09 **Specialty Developing Recommendation:** AAFP, AAN, ACP, AGS

**First Identified:** NA

**2020 Medicare Utilization:** 136,555

**2022 Work RVU:** 1.50  
**2022 NF PE RVU:** 0.89  
**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

# Status Report: CMS Requests and Relativity Assessment Issues

<b>99492</b> 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.		<b>Global:</b> XXX	<b>Issue:</b> Psychiatric Collaborative Care Management Services	<b>Screen:</b> Work Neutrality 2018	<b>Complete?</b> No
<b>Most Recent RUC Meeting:</b> January 2020	<b>Tab:</b> 37	<b>Specialty Developing Recommendation:</b> AACAP, AAFP, AAP, ACP, APA (psychiatry)	<b>First Identified:</b> October 2019	<b>2020 Medicare Utilization:</b> 6,958	<b>2022 Work RVU:</b> 1.88 <b>2022 NF PE RVU:</b> 2.45 <b>2022 Fac PE RVU:</b> 0.73
<b>RUC Recommendation:</b> CMS investigate and review for New Tech/New Svc in April 2023.		<b>Referred to CPT</b>		<b>Result:</b>	
		<b>Referred to CPT Asst</b> <input type="checkbox"/>		<b>Published in CPT Asst:</b>	

## Status Report: CMS Requests and Relativity Assessment Issues

**99493** Subsequent psychiatric collaborative care management, first 60 minutes in a subsequent month of behavioral health care manager activities, in consultation with a psychiatric consultant, and directed by the treating physician or other qualified health care professional, with the following required elements: tracking patient follow-up and progress using the registry, with appropriate documentation, participation in weekly caseload consultation with the psychiatric consultant, ongoing collaboration with and coordination of the patient's mental health care with the treating physician or other qualified health care professional and any other treating mental health providers, additional review of progress and recommendations for changes in treatment, as indicated, including medications, based on recommendations provided by the psychiatric consultant, provision of brief interventions using evidence-based techniques such as behavioral activation, motivational interviewing, and other focused treatment strategies, monitoring of patient outcomes using validated rating scales, and relapse prevention planning with patients as they achieve remission of symptoms and/or other treatment goals and are prepared for discharge from active treatment.

**Global:** XXX **Issue:** Psychiatric Collaborative Care Management Services **Screen:** Work Neutrality 2018 **Complete?** No

**Most Recent RUC Meeting:** January 2020

**Tab:** 37

**Specialty Developing Recommendation:**

AACAP, AAFP, AAP, ACP, APA (psychiatry)

**First Identified:** October 2019

**2020 Medicare Utilization:** 23,187

**2022 Work RVU:** 2.05

**2022 NF PE RVU:** 2.13

**2022 Fac PE RVU:** 0.82

**RUC Recommendation:** CMS investigate and review for New Tech/New Svc in April 2023.

**Referred to CPT**

**Result:**

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**99494** Initial or subsequent psychiatric collaborative care management, each additional 30 minutes in a calendar month of behavioral health care manager activities, in consultation with a psychiatric consultant, and directed by the treating physician or other qualified health care professional (list separately in addition to code for primary procedure)

**Global:** ZZZ **Issue:** Psychiatric Collaborative Care Management Services **Screen:** Work Neutrality 2018 **Complete?** No

**Most Recent RUC Meeting:** January 2020

**Tab:** 37

**Specialty Developing Recommendation:**

AACAP, AAFP, AAP, ACP, APA (psychiatry)

**First Identified:** October 2019

**2020 Medicare Utilization:** 13,820

**2022 Work RVU:** 0.82

**2022 NF PE RVU:** 0.97

**2022 Fac PE RVU:** 0.35

**RUC Recommendation:** CMS investigate and review for New Tech/New Svc in April 2023.

**Referred to CPT**

**Result:**

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

## Status Report: CMS Requests and Relativity Assessment Issues

**99495** Transitional care management services with the following required elements: communication (direct contact, telephone, electronic) with the patient and/or caregiver within 2 business days of discharge at least moderate level of medical decision making during the service period face-to-face visit, within 14 calendar days of discharge **Global:** XXX **Issue:** Transitional Care Management Services **Screen:** Codes Increased by CMS Independent of RUC Review **Complete?** Yes

**Most Recent RUC Meeting:** September 2022

**Tab:** 09 **Specialty Developing Recommendation:** AGS, ANA

**First Identified:** October 2021

**2020 Medicare Utilization:** 592,370

**2022 Work RVU:** 2.78  
**2022 NF PE RVU:** 3.07  
**2022 Fac PE RVU:** 1.21

**RUC Recommendation:** Withdrawn

**Referred to CPT**  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Increase

**99496** Transitional care management services with the following required elements: communication (direct contact, telephone, electronic) with the patient and/or caregiver within 2 business days of discharge high level of medical decision making during the service period face-to-face visit, within 7 calendar days of discharge **Global:** XXX **Issue:** Transitional Care Management Services **Screen:** Codes Increased by CMS Independent of RUC Review **Complete?** Yes

**Most Recent RUC Meeting:** September 2022

**Tab:** 09 **Specialty Developing Recommendation:** AGS, ANA

**First Identified:** October 2021

**2020 Medicare Utilization:** 593,324

**2022 Work RVU:** 3.79  
**2022 NF PE RVU:** 4.11  
**2022 Fac PE RVU:** 1.63

**RUC Recommendation:** Withdrawn

**Referred to CPT**  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Increase

**99497** Advance care planning including the explanation and discussion of advance directives such as standard forms (with completion of such forms, when performed), by the physician or other qualified health care professional; first 30 minutes, face-to-face with the patient, family member(s), and/or surrogate **Global:** XXX **Issue:** Advance Care Planning **Screen:** CPT Assistant Analysis **Complete?** Yes

**Most Recent RUC Meeting:** April 2022

**Tab:** 10 **Specialty Developing Recommendation:** AAHPM, CHEST, AGS, ANA, ATS

**First Identified:** January 2014

**2020 Medicare Utilization:** 1,918,106

**2022 Work RVU:** 1.50  
**2022 NF PE RVU:** 0.87  
**2022 Fac PE RVU:** 0.65

**RUC Recommendation:** 1.50

**Referred to CPT**  
**Referred to CPT Asst** ☒ **Published in CPT Asst:** Dec 2014

**Result:** Maintain

## Status Report: CMS Requests and Relativity Assessment Issues

**99498** Advance care planning including the explanation and discussion of advance directives such as standard forms (with completion of such forms, when performed), by the physician or other qualified health care professional; each additional 30 minutes (list separately in addition to code for primary procedure) **Global:** ZZZ **Issue:** Advance Care Planning **Screen:** CPT Assistant Analysis **Complete?** Yes

**Most Recent RUC Meeting:** April 2022 **Tab:** 10 **Specialty Developing Recommendation:** AAHPM, CHEST, AGS, ANA, ATS **First Identified:** January 2014 **2020 Medicare Utilization:** 56,902 **2022 Work RVU:** 1.40 **2022 NF PE RVU:** 0.65 **2022 Fac PE RVU:** 0.63

**RUC Recommendation:** 1.40 **Referred to CPT** **Referred to CPT Asst** ☒ **Published in CPT Asst:** Dec 2014 **Result:** Maintain

**9X036** **Global:** **Issue:** Female Pelvic Exam **Screen:** Gender Equity Payment **Complete?** No

**Most Recent RUC Meeting:** April 2022 **Tab:** 16 **Specialty Developing Recommendation:** ACOG **First Identified:** April 2022 **2020 Medicare Utilization:** **2022 Work RVU:** **2022 NF PE RVU:** **2022 Fac PE RVU:**

**RUC Recommendation:** Refer to CPT **Referred to CPT** September 2022 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:**

**G0008** Administration of influenza virus vaccine **Global:** XXX **Issue:** Immunization Administration **Screen:** CMS Request-Final Rule for 2021 **Complete?** Yes

**Most Recent RUC Meeting:** April 2021 **Tab:** 19 **Specialty Developing Recommendation:** AAFP, AAP, ACOG, ACP, ANA **First Identified:** July 2020 **2020 Medicare Utilization:** **2022 Work RVU:** 0.00 **2022 NF PE RVU:** 0.00 **2022 Fac PE RVU:** 0.00

**RUC Recommendation:** 0.17 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain



# Status Report: CMS Requests and Relativity Assessment Issues

## G0009 Administration of pneumococcal vaccine

Global: XXX

Issue: Immunization Administration

Screen: CMS Request-Final Rule for 2021

Complete? Yes

Most Recent  
RUC Meeting: April 2021

Tab: 19

Specialty Developing  
Recommendation:

AAFP, AAP,  
ACOG, ACP, ANA

First  
Identified: July 2020

2020  
Medicare  
Utilization:

2022 Work RVU: 0.00

2022 NF PE RVU: 0.00

2022 Fac PE RVU: 0.00

RUC Recommendation: 0.17

Referred to CPT

Referred to CPT Asst

☐

Published in CPT Asst:

Result: Maintain

## G0010 Administration of hepatitis b vaccine

Global: XXX

Issue: Immunization Administration

Screen: CMS Request-Final Rule for 2021

Complete? Yes

Most Recent  
RUC Meeting: April 2021

Tab: 19

Specialty Developing  
Recommendation:

AAFP, AAP,  
ACOG, ACP, ANA

First  
Identified: July 2020

2020  
Medicare  
Utilization:

2022 Work RVU: 0.00

2022 NF PE RVU: 0.00

2022 Fac PE RVU: 0.00

RUC Recommendation: 0.17

Referred to CPT

Referred to CPT Asst

☐

Published in CPT Asst:

Result: Maintain

## G0101 Cervical or vaginal cancer screening; pelvic and clinical breast examination

Global: XXX

Issue:

Screen: Low Value-High Volume / CMS-Other - Utilization over 250,000

Complete? Yes

Most Recent  
RUC Meeting: October 2016

Tab: 35

Specialty Developing  
Recommendation:

ACOG

First  
Identified: October 2010

2020  
Medicare  
Utilization: 728,456

2022 Work RVU: 0.45

2022 NF PE RVU: 0.63

2022 Fac PE RVU: 0.29

RUC Recommendation: Remove from screen

Referred to CPT

Referred to CPT Asst

☐

Published in CPT Asst:

Result: Remove from Screen

## G0102 Prostate cancer screening; digital rectal examination

Global: XXX

Issue: RAW

Screen: High Volume Growth4

Complete? Yes

Most Recent  
RUC Meeting: January 2017

Tab: 30

Specialty Developing  
Recommendation:

First  
Identified: October 2016

2020  
Medicare  
Utilization: 29,742

2022 Work RVU: 0.18

2022 NF PE RVU: 0.49

2022 Fac PE RVU: 0.07

RUC Recommendation: Remove from screen

Referred to CPT

Referred to CPT Asst

☐

Published in CPT Asst:

Result: Remove from Screen

# Status Report: CMS Requests and Relativity Assessment Issues

**G0104** Colorectal cancer screening; flexible sigmoidoscopy **Global:** 000 **Issue:** Flexible Sigmoidoscopy **Screen:** MPC List **Complete?** Yes

**Most Recent RUC Meeting:** January 2014 **Tab:** 09 **Specialty Developing Recommendation:** AGA, ASGE, ACG, ASCRS, SAGES, ACS **First Identified:** January 2014 **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 **Referred to CPT** October 2013 **Result:** Decrease **Referred to CPT Asst** ☐ **Published in CPT Asst:**

**G0105** Colorectal cancer screening; colonoscopy on individual at high risk **Global:** 000 **Issue:** Colonoscopy **Screen:** MPC List / CMS-Other Utilization over 20,000 Part3 **Complete?** Yes

**Most Recent RUC Meeting:** September 2022 **Tab:** 13 **Specialty Developing Recommendation:** AGA, ASGE, ACG, ASCRS, ACS, SAGES **First Identified:** September 2011 **2020 Medicare Utilization:** 202,130 **2022 Work RVU:** 3.26 **2022 NF PE RVU:** 6.66 **2022 Fac PE RVU:** 1.74 **RUC Recommendation:** 3.36 **Referred to CPT** **Result:** Decrease **Referred to CPT Asst** ☐ **Published in CPT Asst:**

**G0108** Diabetes outpatient self-management training services, individual, per 30 minutes **Global:** XXX **Issue:** Diabetes Management Training **Screen:** CMS-Other - Utilization over 100,000 **Complete?** Yes

**Most Recent RUC Meeting:** April 2017 **Tab:** 41iv **Specialty Developing Recommendation:** AND **First Identified:** April 2016 **2020 Medicare Utilization:** 140,681 **2022 Work RVU:** 0.90 **2022 NF PE RVU:** 0.67 **2022 Fac PE RVU:** NA **RUC Recommendation:** 0.90 **Referred to CPT** **Result:** Maintain **Referred to CPT Asst** ☐ **Published in CPT Asst:**

**G0109** Diabetes outpatient self-management training services, group session (2 or more), per 30 minutes **Global:** XXX **Issue:** Diabetes Management Training **Screen:** CMS-Other - Utilization over 100,000 **Complete?** Yes

**Most Recent RUC Meeting:** April 2017 **Tab:** 41iv **Specialty Developing Recommendation:** AND **First Identified:** April 2016 **2020 Medicare Utilization:** 39,815 **2022 Work RVU:** 0.25 **2022 NF PE RVU:** 0.20 **2022 Fac PE RVU:** NA **RUC Recommendation:** 0.25 **Referred to CPT** **Result:** Maintain **Referred to CPT Asst** ☐ **Published in CPT Asst:**

# Status Report: CMS Requests and Relativity Assessment Issues

**G0121** Colorectal cancer screening; colonoscopy on individual not meeting criteria for high risk **Global:** 000 **Issue:** Colonoscopy **Screen:** MPC List /CMS-Other Utilization over 20,000 Part3 **Complete?** Yes

**Most Recent RUC Meeting:** September 2022 **Tab:** 13 **Specialty Developing Recommendation:** AGA, ASGE, ACG, ASCRS, ACS, SAGES **First Identified:** September 2011 **2020 Medicare Utilization:** 136,530 **2022 Work RVU:** 3.26 **2022 NF PE RVU:** 6.66 **2022 Fac PE RVU:** 1.74

**RUC Recommendation:** 3.36

**Referred to CPT**  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Decrease

**G0124** Screening cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation, requiring interpretation by physician **Global:** XXX **Issue:** Cytopathology Cervical/Vaginal **Screen:** CMS-Other - Utilization over 30,000 **Complete?** Yes

**Most Recent RUC Meeting:** April 2018 **Tab:** 26 **Specialty Developing Recommendation:** CAP **First Identified:** October 2017 **2020 Medicare Utilization:** 39,175 **2022 Work RVU:** 0.26 **2022 NF PE RVU:** 0.38 **2022 Fac PE RVU:** 0.38

**RUC Recommendation:** 0.42

**Referred to CPT**  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Maintain

**G0127** Trimming of dystrophic nails, any number **Global:** 000 **Issue:** **Screen:** CMS-Other - Utilization over 500,000 **Complete?** Yes

**Most Recent RUC Meeting:** September 2011 **Tab:** 51 **Specialty Developing Recommendation:** APMA **First Identified:** April 2011 **2020 Medicare Utilization:** 913,572 **2022 Work RVU:** 0.17 **2022 NF PE RVU:** 0.51 **2022 Fac PE RVU:** 0.04

**RUC Recommendation:** Remove from screen

**Referred to CPT**  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Remove from Screen

# Status Report: CMS Requests and Relativity Assessment Issues

**G0141** Screening cytopathology smears, cervical or vaginal, performed by automated system, with manual rescreening, requiring interpretation by physician **Global:** XXX **Issue:** Cytopathology Cervical/Vaginal **Screen:** CMS-Other - Utilization over 30,000 **Complete?** Yes

**Most Recent RUC Meeting:** April 2018 **Tab:** 26 **Specialty Developing Recommendation:** CAP

**First Identified:** October 2017

**2020 Medicare Utilization:** 2,589

**2022 Work RVU:** 0.26

**2022 NF PE RVU:** 0.38

**2022 Fac PE RVU:** 0.38

**RUC Recommendation:** 0.42

**Referred to CPT**

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

**Result:** Maintain

**G0166** External counterpulsation, per treatment session

**Global:** XXX

**Issue:** External Counterpulsation

**Screen:** CMS-Other - Utilization over 100,000 / CMS Request - Final Rule for 2020

**Complete?** Yes

**Most Recent RUC Meeting:** October 2019 **Tab:** 14 **Specialty Developing Recommendation:** ACC

**First Identified:** April 2016

**2020 Medicare Utilization:** 57,008

**2022 Work RVU:** 0.00

**2022 NF PE RVU:** 3.17

**2022 Fac PE RVU:** NA

**RUC Recommendation:** 0.00 (PE Only)

**Referred to CPT**

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

**Result:** PE Only

**G0168** Wound closure utilizing tissue adhesive(s) only

**Global:** 000

**Issue:** Wound Closure by Adhesive

**Screen:** CMS 000-Day Global Typically Reported with an E/M

**Complete?** Yes

**Most Recent RUC Meeting:** April 2017 **Tab:** 34 **Specialty Developing Recommendation:** ACEP, AAFP

**First Identified:** July 2016

**2020 Medicare Utilization:** 35,030

**2022 Work RVU:** 0.31

**2022 NF PE RVU:** 3.39

**2022 Fac PE RVU:** 0.07

**RUC Recommendation:** 0.45

**Referred to CPT**

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

**Result:** Maintain

## Status Report: CMS Requests and Relativity Assessment Issues

**G0179** Physician re-certification for medicare-covered home health services under a home health plan of care (patient not present), including contacts with home health agency and review of reports of patient status required by physicians to affirm the initial implementation of the plan of care that meets patient's needs, per re-certification period **Global:** XXX **Issue:** Physician Recertification **Screen:** CMS Fastest Growing / CMS-Other - Utilization over 250,000 **Complete?** Yes

**Most Recent RUC Meeting:** April 2016

**Tab:** 47 **Specialty Developing Recommendation:** No Interest

**First Identified:** October 2008

**2020 Medicare Utilization:** 770,216

**2022 Work RVU:** 0.45

**2022 NF PE RVU:** 0.71

**2022 Fac PE RVU:** NA

**RUC Recommendation:** RUC recommended to survey but no specialty society interest followed.

**Referred to CPT**

**Result:** Remove from Screen

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**G0180** Physician certification for medicare-covered home health services under a home health plan of care (patient not present), including contacts with home health agency and review of reports of patient status required by physicians to affirm the initial implementation of the plan of care that meets patient's needs, per certification period **Global:** XXX **Issue:** Physician Recertification **Screen:** CMS Fastest Growing / CMS-Other - Utilization over 250,000 **Complete?** Yes

**Most Recent RUC Meeting:** April 2016

**Tab:** 47 **Specialty Developing Recommendation:** No Interest

**First Identified:** October 2008

**2020 Medicare Utilization:** 1,101,665

**2022 Work RVU:** 0.67

**2022 NF PE RVU:** 0.83

**2022 Fac PE RVU:** NA

**RUC Recommendation:** RUC recommended to survey but no specialty society interest followed.

**Referred to CPT**

**Result:** Remove from Screen

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

## Status Report: CMS Requests and Relativity Assessment Issues

**G0181** Physician supervision of a patient receiving medicare-covered services provided by a participating home health agency (patient not present) requiring complex and multidisciplinary care modalities involving regular physician development and/or revision of care plans, review of subsequent reports of patient status, review of laboratory and other studies, communication (including telephone calls) with other health care professionals involved in the patient's care, integration of new information into the medical treatment plan and/or adjustment of medical therapy, within a calendar month, 30 minutes or more

**Global:** XXX **Issue:** Home Healthcare Supervision **Screen:** CMS Fastest Growing / CMS-Other - Utilization over 250,000 **Complete?** Yes

**Most Recent RUC Meeting:** April 2016

**Tab:** 47 **Specialty Developing Recommendation:** No Interest

**First Identified:** October 2008

**2020 Medicare Utilization:** 388,445

**2022 Work RVU:** 1.73

**2022 NF PE RVU:** 1.22

**2022 Fac PE RVU:** NA

**RUC Recommendation:** Recommend deletion after review of 99375 and 99378. No specialty society interest followed.

**Referred to CPT**

**Result:** Remove from Screen

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**G0182** Physician supervision of a patient under a medicare-approved hospice (patient not present) requiring complex and multidisciplinary care modalities involving regular physician development and/or revision of care plans, review of subsequent reports of patient status, review of laboratory and other studies, communication (including telephone calls) with other health care professionals involved in the patient's care, integration of new information into the medical treatment plan and/or adjustment of medical therapy, within a calendar month, 30 minutes or more

**Global:** XXX **Issue:** Home Healthcare Supervision **Screen:** CMS-Other - Utilization over 250,000 **Complete?** Yes

**Most Recent RUC Meeting:** April 2016

**Tab:** 47 **Specialty Developing Recommendation:** No Interest

**First Identified:** April 2016

**2020 Medicare Utilization:** 30,278

**2022 Work RVU:** 1.73

**2022 NF PE RVU:** 1.26

**2022 Fac PE RVU:** NA

**RUC Recommendation:** Recommend deletion after review of 99375 and 99378. No specialty society interest followed.

**Referred to CPT**

**Result:** Remove from Screen

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

# Status Report: CMS Requests and Relativity Assessment Issues

**G0202** Screening mammography, bilateral (2-view study of each breast), including computer-aided detection (cad) when performed

**Global:**

**Issue:** Mammography

**Screen:** CMS Fastest Growing / CMS-Other - Utilization over 250,000

**Complete?** Yes

**Most Recent RUC Meeting:** January 2016

**Tab:** 20 **Specialty Developing Recommendation:** ACR

**First Identified:** February 2008

**2020 Medicare Utilization:**

**2022 Work RVU:**

**2022 NF PE RVU:**

**2022 Fac PE RVU:**

**RUC Recommendation:** Assume CMS will delete

**Referred to CPT** October 2015

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Deleted from CPT

**G0204** Diagnostic mammography, including computer-aided detection (cad) when performed; bilateral

**Global:**

**Issue:** Mammography

**Screen:** CMS Fastest Growing / CMS-Other - Utilization over 250,000

**Complete?** Yes

**Most Recent RUC Meeting:** January 2016

**Tab:** 20 **Specialty Developing Recommendation:** ACR

**First Identified:** February 2008

**2020 Medicare Utilization:**

**2022 Work RVU:**

**2022 NF PE RVU:**

**2022 Fac PE RVU:**

**RUC Recommendation:** Assume CMS will delete

**Referred to CPT** October 2015

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Deleted from CPT

**G0206** Diagnostic mammography, including computer-aided detection (cad) when performed; unilateral

**Global:**

**Issue:** Mammography

**Screen:** CMS Fastest Growing / CMS-Other - Utilization over 250,000

**Complete?** Yes

**Most Recent RUC Meeting:** January 2016

**Tab:** 20 **Specialty Developing Recommendation:** ACR

**First Identified:** February 2008

**2020 Medicare Utilization:**

**2022 Work RVU:**

**2022 NF PE RVU:**

**2022 Fac PE RVU:**

**RUC Recommendation:** Assume CMS will delete

**Referred to CPT** October 2015

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Deleted from CPT

## Status Report: CMS Requests and Relativity Assessment Issues

**G0237** Therapeutic procedures to increase strength or endurance of respiratory muscles, face to face, one on one, each 15 minutes (includes monitoring) **Global:** XXX **Issue:** Respiratory Therapy **Screen:** CMS Fastest Growing **Complete?** Yes

**Most Recent** **Tab:** 38 **Specialty Developing** ACCP/ATS  
**RUC Meeting:** February 2009 **Recommendation:**

**First** **2020**  
**Identified:** February 2008 **Medicare**  
**Utilization:** 12,117

**2022 Work RVU:** 0.00  
**2022 NF PE RVU:** 0.29  
**2022 Fac PE RVU:** NA

**RUC Recommendation:** Remove from screen - RUC articulated concerns regarding claims reporting to CMS

**Referred to CPT**

**Result:** Remove from Screen

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**G0238** Therapeutic procedures to improve respiratory function, other than described by g0237, one on one, face to face, per 15 minutes (includes monitoring) **Global:** XXX **Issue:** Respiratory Therapy **Screen:** CMS Fastest Growing **Complete?** Yes

**Most Recent** **Tab:** 38 **Specialty Developing** ACCP/ATS  
**RUC Meeting:** February 2009 **Recommendation:**

**First** **2020**  
**Identified:** February 2008 **Medicare**  
**Utilization:** 18,715

**2022 Work RVU:** 0.00  
**2022 NF PE RVU:** 0.29  
**2022 Fac PE RVU:** NA

**RUC Recommendation:** Remove from screen - RUC articulated concerns regarding claims reporting to CMS

**Referred to CPT**

**Result:** Remove from Screen

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**G0248** Demonstration, prior to initiation of home inr monitoring, for patient with either mechanical heart valve(s), chronic atrial fibrillation, or venous thromboembolism who meets medicare coverage criteria, under the direction of a physician; includes: face-to-face demonstration of use and care of the inr monitor, obtaining at least one blood sample, provision of instructions for reporting home inr test results, and documentation of patient's ability to perform testing and report results **Global:** XXX **Issue:** Home INR Monitoring **Screen:** High Volume Growth3 **Complete?** Yes

**Most Recent** **Tab:** 19 **Specialty Developing** ACC  
**RUC Meeting:** January 2017 **Recommendation:**

**First** **2020**  
**Identified:** January 2016 **Medicare**  
**Utilization:** 34,614

**2022 Work RVU:** 0.00  
**2022 NF PE RVU:** 1.87  
**2022 Fac PE RVU:** NA

**RUC Recommendation:** Created Category I code, recommend CMS delete G code

**Referred to CPT** September 2016

**Result:** Deleted from CPT

**Referred to CPT Asst** ☐ **Published in CPT Asst:**



## Status Report: CMS Requests and Relativity Assessment Issues

**G0249** Provision of test materials and equipment for home inr monitoring of patient with either mechanical heart valve(s), chronic atrial fibrillation, or venous thromboembolism who meets medicare coverage criteria; includes: provision of materials for use in the home and reporting of test results to physician; testing not occurring more frequently than once a week; testing materials, billing units of service include 4 tests **Global:** XXX **Issue:** Home INR Monitoring **Screen:** CMS Fastest Growing / High Volume Growth3 **Complete?** Yes

**Most Recent RUC Meeting:** January 2017 **Tab:** 19 **Specialty Developing Recommendation:** ACC **First Identified:** February 2008 **2020 Medicare Utilization:** 1,234,315 **2022 Work RVU:** 0.00 **2022 NF PE RVU:** 1.39 **2022 Fac PE RVU:** NA

**RUC Recommendation:** Created Category I code, recommend CMS delete G code **Referred to CPT** September 2016 **Result:** Deleted from CPT  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**G0250** Physician review, interpretation, and patient management of home inr testing for patient with either mechanical heart valve(s), chronic atrial fibrillation, or venous thromboembolism who meets medicare coverage criteria; testing not occurring more frequently than once a week; billing units of service include 4 tests **Global:** XXX **Issue:** Home INR Monitoring **Screen:** CMS Fastest Growing / High Volume Growth3 **Complete?** Yes

**Most Recent RUC Meeting:** January 2017 **Tab:** 19 **Specialty Developing Recommendation:** ACC **First Identified:** February 2008 **2020 Medicare Utilization:** 167,183 **2022 Work RVU:** 0.18 **2022 NF PE RVU:** 0.05 **2022 Fac PE RVU:** NA

**RUC Recommendation:** Created Category I code, recommend CMS delete G code **Referred to CPT** September 2016 **Result:** Deleted from CPT  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**G0268** Removal of impacted cerumen (one or both ears) by physician on same date of service as audiologic function testing **Global:** 000 **Issue:** Removal of Impacted Cerumen **Screen:** CMS Fastest Growing / CMS 000-Day Global Typically Reported with an E/M **Complete?** Yes

**Most Recent RUC Meeting:** April 2017 **Tab:** 35 **Specialty Developing Recommendation:** AAO-HNS **First Identified:** October 2008 **2020 Medicare Utilization:** 130,857 **2022 Work RVU:** 0.61 **2022 NF PE RVU:** 0.84 **2022 Fac PE RVU:** 0.28

**RUC Recommendation:** 0.61 **Referred to CPT** **Result:** Maintain  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

## Status Report: CMS Requests and Relativity Assessment Issues

**G0270** Medical nutrition therapy; reassessment and subsequent intervention(s) following second referral in same year for change in diagnosis, medical condition or treatment regimen (including additional hours needed for renal disease), individual, face to face with the patient, each 15 minutes **Global:** XXX **Issue:** Medical Nutrition Therapy **Screen:** CMS Fastest Growing **Complete?** Yes

**Most Recent RUC Meeting:** January 2019

**Tab:** 37 **Specialty Developing Recommendation:** ADA

**First Identified:** February 2008

**2020 Medicare Utilization:** 79,202

**2022 Work RVU:** 0.45

**2022 NF PE RVU:** 0.47

**2022 Fac PE RVU:** 0.34

**RUC Recommendation:** Maintain/Remove from screen

**Referred to CPT**

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Maintain

**G0277** Hyperbaric oxygen under pressure, full body chamber, per 30 minute interval **Global:** XXX **Issue:** RAW **Screen:** High Volume Growth8 **Complete?** No

**Most Recent RUC Meeting:** September 2022

**Tab:** 13 **Specialty Developing Recommendation:** AAFP

**First Identified:** April 2022

**2020 Medicare Utilization:** 122,860

**2022 Work RVU:** 0.00

**2022 NF PE RVU:** 5.20

**2022 Fac PE RVU:** NA

**RUC Recommendation:** Review PE at January 2023 meeting

**Referred to CPT**

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:**

**G0279** Diagnostic digital breast tomosynthesis, unilateral or bilateral (list separately in addition to 77065 or 77066) **Global:** ZZZ **Issue:** RAW **Screen:** CMS-Other - Utilization over 30,000 **Complete?** Yes

**Most Recent RUC Meeting:** January 2018

**Tab:** 31 **Specialty Developing Recommendation:**

**First Identified:** October 2017

**2020 Medicare Utilization:** 790,648

**2022 Work RVU:** 0.60

**2022 NF PE RVU:** 0.92

**2022 Fac PE RVU:** NA

**RUC Recommendation:** Recommend CMS delete

**Referred to CPT**

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Remove from Screen

## Status Report: CMS Requests and Relativity Assessment Issues

**G0283** Electrical stimulation (unattended), to one or more areas for indication(s) other than wound care, as part of a therapy plan of care **Global:** XXX **Issue:** Physical Medicine and Rehabilitation Services - Electrical Stimulation Other than Wound **Screen:** Low Value-High Volume / CMS-Other - Utilization over 250,000 / CMS High Expenditure Procedural Codes2 **Complete?** Yes

**Most Recent**  
**RUC Meeting:** January 2017 **Tab:** 29 **Specialty Developing Recommendation:** APTA

**First Identified:** October 2010

**2020 Medicare Utilization:** 5,317,417

**2022 Work RVU:** 0.18  
**2022 NF PE RVU:** 0.17  
**2022 Fac PE RVU:** NA

**RUC Recommendation:** 0.18

**Referred to CPT**  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Maintain

**G0296** Counseling visit to discuss need for lung cancer screening using low dose ct scan (ldct) (service is for eligibility determination and shared decision making) **Global:** XXX **Issue:** Counseling Visit for Lung Cancer **Screen:** CMS-Other - Utilization over 20,000 Part1 **Complete?** Yes

**Most Recent**  
**RUC Meeting:** January 2022 **Tab:** 20 **Specialty Developing Recommendation:**

**First Identified:** January 2019

**2020 Medicare Utilization:** 43,859

**2022 Work RVU:** 0.52  
**2022 NF PE RVU:** 0.28  
**2022 Fac PE RVU:** 0.20

**RUC Recommendation:** Maintain

**Referred to CPT**  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Maintain

**G0297** Low dose ct scan (ldct) for lung cancer screening **Global:** **Issue:** Screening CT of Thorax **Screen:** CMS-Other - Utilization over 30,000-Part2 **Complete?** Yes

**Most Recent**  
**RUC Meeting:** October 2019 **Tab:** 07 **Specialty Developing Recommendation:**

**First Identified:** October 2018

**2020 Medicare Utilization:** 255,085

**2022 Work RVU:**  
**2022 NF PE RVU:**  
**2022 Fac PE RVU:**

**RUC Recommendation:** Recommend CMS delete. Cat I code created.

**Referred to CPT** May 2019  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Deleted from CPT

# Status Report: CMS Requests and Relativity Assessment Issues

**G0364** Bone marrow aspiration performed with bone marrow biopsy through the same incision on the same date of service **Global:** **Issue:** RAW **Screen:** CMS-Other - Utilization over 30,000 **Complete?** Yes

**Most Recent** **Tab:** 31 **Specialty Developing**  
**RUC Meeting:** January 2018 **Recommendation:**

**First**  
**Identified:** October 2017

**2020**  
**Medicare**  
**Utilization:**

**2022 Work RVU:**  
**2022 NF PE RVU:**  
**2022 Fac PE RVU:**

**RUC Recommendation:** Deleted from CPT

**Referred to CPT**  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Deleted from CPT

**G0365** Vessel mapping of vessels for hemodialysis access (services for preoperative vessel mapping prior to creation of hemodialysis access using an autogenous hemodialysis conduit, including arterial inflow and venous outflow) **Global:** **Issue:** Duplex Scan Arterial Inflow-Venous Outflow Upper Extremity **Screen:** CMS-Other - Utilization over 30,000 **Complete?** Yes

**Most Recent** **Tab:** 17 **Specialty Developing** ACR, SIR, SVS  
**RUC Meeting:** January 2019 **Recommendation:**

**First**  
**Identified:** October 2017

**2020**  
**Medicare**  
**Utilization:**

**2022 Work RVU:**  
**2022 NF PE RVU:**  
**2022 Fac PE RVU:**

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** September 2018  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Deleted from CPT

**G0389** Ultrasound b-scan and/or real time with image documentation; for abdominal aortic aneurysm (aaa) screening **Global:** **Issue:** Abdominal Aorta Ultrasound Screening **Screen:** Final Rule for 2015 / High Volume Growth4 **Complete?** Yes

**Most Recent** **Tab:** 12 **Specialty Developing** ACC, ACP, ACR, SCAI, SVS  
**RUC Meeting:** October 2015 **Recommendation:**

**First**  
**Identified:** July 2014

**2020**  
**Medicare**  
**Utilization:**

**2022 Work RVU:**  
**2022 NF PE RVU:**  
**2022 Fac PE RVU:**

**RUC Recommendation:** CPT Assistant article published

**Referred to CPT** May 2015  
**Referred to CPT Asst** ☒ **Published in CPT Asst:** Jan 2017

**Result:** Deleted from CPT

## Status Report: CMS Requests and Relativity Assessment Issues

**G0396** Alcohol and/or substance (other than tobacco) abuse structured assessment (e.g., audit, dast), and brief intervention 15 to 30 minutes **Global:** XXX **Issue:** **Screen:** CMS-Other - Utilization over 30,000 **Complete?** No

**Most Recent** **Tab:** 31 **Specialty Developing** AAFP, ASA, ASAM **First** **2020**  
**RUC Meeting:** January 2018 **Recommendation:** **Identified:** October 2017 **Medicare**  
**Utilization:** 50,764 **2022 Work RVU:** 0.65  
**2022 NF PE RVU:** 0.34  
**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 channels: 2 respiratory movement/airflow, 1 ecg/heart rate and 1 oxygen saturation **Global:** XXX **Issue:** RAW **Screen:** High Volume Growth5 / Contractor Priced High Volume2 **Complete?** Yes

**Most Recent** **Tab:** 13 **Specialty Developing** AASM, ATS, **First** **2020**  
**RUC Meeting:** September 2022 **Recommendation:** CHEST **Identified:** October 2018 **Medicare**  
**Utilization:** 106,622 **2022 Work RVU:** 0.00  
**2022 NF PE RVU:** 0.00  
**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 beneficiary during the first 12 months of medicare enrollment **Global:** XXX **Issue:** Initial Preventive Exam **Screen:** CMS-Other - Utilization over 100,000 **Complete?** Yes

**Most Recent** **Tab:** 35 **Specialty Developing** No Specialty **First** **2020**  
**RUC Meeting:** October 2016 **Recommendation:** Society Interest **Identified:** April 2016 **Medicare**  
**Utilization:** 484,018 **2022 Work RVU:** 2.60  
**2022 NF PE RVU:** 2.13  
**2022 Fac PE RVU:** 1.13

**RUC Recommendation:** RUC recommended to survey but no specialty society interest followed. **Referred to CPT** **Result:** Maintain  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

## Status Report: CMS Requests and Relativity Assessment Issues

**G0403** Electrocardiogram, routine ecg with 12 leads; performed as a screening for the initial preventive physical examination with interpretation and report **Global:** XXX **Issue:** EKG for Initial Preventive Exam **Screen:** CMS-Other - Utilization over 100,000 **Complete?** Yes

**Most Recent RUC Meeting:** October 2016 **Tab:** 35 **Specialty Developing Recommendation:** No Specialty Society Interest **First Identified:** April 2016 **2020 Medicare Utilization:** 111,091 **2022 Work RVU:** 0.17 **2022 NF PE RVU:** 0.23 **2022 Fac PE RVU:** NA  
**RUC Recommendation:** RUC recommended to survey but no specialty society interest followed. **Referred to CPT** **Result:** Maintain

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**G0407** Follow-up inpatient consultation, intermediate, physicians typically spend 25 minutes communicating with the patient via telehealth **Global:** XXX **Issue:** **Screen:** CMS-Other - Utilization over 20,000 Part2 **Complete?** No

**Most Recent RUC Meeting:** April 2021 **Tab:** 24 **Specialty Developing Recommendation:** AAN, ANA, APA (psychiatry) **First Identified:** October 2020 **2020 Medicare Utilization:** 58,714 **2022 Work RVU:** 1.39 **2022 NF PE RVU:** NA **2022 Fac PE RVU:** 0.57  
**RUC Recommendation:** Review action plan **Referred to CPT** **Result:**

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**G0408** Follow-up inpatient consultation, complex, physicians typically spend 35 minutes communicating with the patient via telehealth **Global:** XXX **Issue:** **Screen:** CMS-Other - Utilization over 20,000 Part2 **Complete?** No

**Most Recent RUC Meeting:** April 2021 **Tab:** 24 **Specialty Developing Recommendation:** AAN, ANA, APA (psychiatry) **First Identified:** October 2020 **2020 Medicare Utilization:** 40,924 **2022 Work RVU:** 2.00 **2022 NF PE RVU:** NA **2022 Fac PE RVU:** 0.82  
**RUC Recommendation:** Review action plan **Referred to CPT** **Result:**

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

# Status Report: CMS Requests and Relativity Assessment Issues

**G0416** Surgical pathology, gross and microscopic examinations, for prostate needle biopsy, any method **Global:** XXX **Issue:** Prostate Biopsy - Pathology **Screen:** Final Rule for 2015 **Complete?** Yes

**Most Recent RUC Meeting:** October 2015 **Tab:** 16 **Specialty Developing Recommendation:** ASC, CAP **First Identified:** July 2014 **2020 Medicare Utilization:** 115,458 **2022 Work RVU:** 3.60 **2022 NF PE RVU:** 6.65 **2022 Fac PE RVU:** NA  
**RUC Recommendation:** 4.00 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Increase

**G0422** Intensive cardiac rehabilitation; with or without continuous ecg monitoring with exercise, per session **Global:** XXX **Issue:** **Screen:** CMS-Other - Utilization over 20,000 Part2 **Complete?** Yes

**Most Recent RUC Meeting:** January 2021 **Tab:** 29 **Specialty Developing Recommendation:** **First Identified:** October 2020 **2020 Medicare Utilization:** 23,004 **2022 Work RVU:** 1.71 **2022 NF PE RVU:** 1.51 **2022 Fac PE RVU:** 1.51  
**RUC Recommendation:** Maintain **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Remove from Screen

**G0423** Intensive cardiac rehabilitation; with or without continuous ecg monitoring; without exercise, per session **Global:** XXX **Issue:** **Screen:** CMS-Other - Utilization over 20,000 Part2 **Complete?** Yes

**Most Recent RUC Meeting:** January 2021 **Tab:** 29 **Specialty Developing Recommendation:** **First Identified:** October 2020 **2020 Medicare Utilization:** 33,897 **2022 Work RVU:** 1.71 **2022 NF PE RVU:** 1.51 **2022 Fac PE RVU:** 1.51  
**RUC Recommendation:** Maintain **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Remove from Screen

**G0425** Telehealth consultation, emergency department or initial inpatient, typically 30 minutes communicating with the patient via telehealth **Global:** XXX **Issue:** RAW **Screen:** CMS-Other - Utilization over 20,000-Part3 **Complete?** No

**Most Recent RUC Meeting:** September 2022 **Tab:** 13 **Specialty Developing Recommendation:** AAN, ANA **First Identified:** April 2022 **2020 Medicare Utilization:** 29,891 **2022 Work RVU:** 1.92 **2022 NF PE RVU:** NA **2022 Fac PE RVU:** 0.78  
**RUC Recommendation:** Survey **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:**

## Status Report: CMS Requests and Relativity Assessment Issues

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**G0426** Telehealth consultation, emergency department or initial inpatient, typically 50 minutes communicating with the patient via telehealth **Global:** XXX **Issue:** RAW **Screen:** CMS-Other - Utilization over 20,000-Part3 **Complete?** No

**Most Recent** **Tab:** 13 **Specialty Developing** AAN, ANA  
**RUC Meeting:** September 2022 **Recommendation:**

**First** **2020**  
**Identified:** September 2022 **Medicare**  
**Utilization:** 25,273

**2022 Work RVU:** 2.61  
**2022 NF PE RVU:** NA  
**2022 Fac PE RVU:** 1.08

**RUC Recommendation:** Survey

**Referred to CPT**  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:**

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**G0427** Telehealth consultation, emergency department or initial inpatient, typically 70 minutes or more communicating with the patient via telehealth **Global:** XXX **Issue:** RAW **Screen:** CMS-Other - Utilization over 20,000-Part3 **Complete?** No

**Most Recent** **Tab:** 13 **Specialty Developing** AAN, ANA  
**RUC Meeting:** September 2022 **Recommendation:**

**First** **2020**  
**Identified:** September 2022 **Medicare**  
**Utilization:** 18,743

**2022 Work RVU:** 3.86  
**2022 NF PE RVU:** NA  
**2022 Fac PE RVU:** 1.58

**RUC Recommendation:** Survey

**Referred to CPT**  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:**

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**G0436** Smoking and tobacco cessation counseling visit for the asymptomatic patient; intermediate, greater than 3 minutes, up to 10 minutes **Global:** **Issue:** RAW **Screen:** CMS-Other - Utilization over 100,000 **Complete?** Yes

**Most Recent** **Tab:** 35 **Specialty Developing**  
**RUC Meeting:** October 2016 **Recommendation:**

**First** **2020**  
**Identified:** April 2016 **Medicare**  
**Utilization:**

**2022 Work RVU:**  
**2022 NF PE RVU:**  
**2022 Fac PE RVU:**

**RUC Recommendation:** Deleted from CPT

**Referred to CPT**  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Deleted from CPT

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## Status Report: CMS Requests and Relativity Assessment Issues

<b>G0438</b>	Annual wellness visit; includes a personalized prevention plan of service (pps), initial visit			<b>Global:</b> XXX	<b>Issue:</b> RAW	<b>Screen:</b> CMS-Other - Utilization over 250,000	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b>	April 2016	<b>Tab:</b> 47	<b>Specialty Developing Recommendation:</b> No Interest	<b>First Identified:</b> April 2013	<b>2020 Medicare Utilization:</b> 838,315	<b>2022 Work RVU:</b> 2.60 <b>2022 NF PE RVU:</b> 2.13 <b>2022 Fac PE RVU:</b> NA	
<b>RUC Recommendation:</b>	RUC recommended to survey but no specialty society interest followed.			<b>Referred to CPT</b>		<b>Result:</b> Remove from Screen	
				<b>Referred to CPT Asst</b>	<input type="checkbox"/>	<b>Published in CPT Asst:</b>	
<b>G0439</b>	Annual wellness visit, includes a personalized prevention plan of service (pps), subsequent visit			<b>Global:</b> XXX	<b>Issue:</b> RAW	<b>Screen:</b> CMS-Other - Utilization over 250,000	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b>	April 2016	<b>Tab:</b> 47	<b>Specialty Developing Recommendation:</b> No Interest	<b>First Identified:</b> April 2013	<b>2020 Medicare Utilization:</b> 8,154,820	<b>2022 Work RVU:</b> 1.92 <b>2022 NF PE RVU:</b> 1.80 <b>2022 Fac PE RVU:</b> NA	
<b>RUC Recommendation:</b>	RUC recommended to survey but no specialty society interest followed.			<b>Referred to CPT</b>		<b>Result:</b> Remove from Screen	
				<b>Referred to CPT Asst</b>	<input type="checkbox"/>	<b>Published in CPT Asst:</b>	
<b>G0442</b>	Annual alcohol misuse screening, 15 minutes			<b>Global:</b> XXX	<b>Issue:</b> Annual Alcohol Screening	<b>Screen:</b> CMS-Other - Utilization over 100,000 / High Volume Growth8	<b>Complete?</b> No
<b>Most Recent RUC Meeting:</b>	September 2022	<b>Tab:</b> 13	<b>Specialty Developing Recommendation:</b> No Specialty Society Interest	<b>First Identified:</b> April 2016	<b>2020 Medicare Utilization:</b> 759,928	<b>2022 Work RVU:</b> 0.18 <b>2022 NF PE RVU:</b> 0.36 <b>2022 Fac PE RVU:</b> 0.08	
<b>RUC Recommendation:</b>	Survey April 2023.			<b>Referred to CPT</b>		<b>Result:</b> Maintain	
				<b>Referred to CPT Asst</b>	<input type="checkbox"/>	<b>Published in CPT Asst:</b>	

# Status Report: CMS Requests and Relativity Assessment Issues

## G0444 Annual depression screening, 15 minutes

Global: XXX

Issue: Annual Depression Screening

Screen: CMS-Other - Utilization over 100,000 /High Volume Growth8

Complete? No

Most Recent  
RUC Meeting: September 2022

Tab: 13

Specialty Developing  
Recommendation: No Specialty Society Interest

First  
Identified: April 2016

2020  
Medicare  
Utilization: 1,939,323

2022 Work RVU: 0.18

2022 NF PE RVU: 0.35

2022 Fac PE RVU:0.08

RUC Recommendation: Survey April 2023.

Referred to CPT

Referred to CPT Asst ☐ Published in CPT Asst:

Result: Maintain

## G0446 Annual, face-to-face intensive behavioral therapy for cardiovascular disease, individual, 15 minutes

Global: XXX

Issue: Intensive Behavioral Therapy for Cardiovascular Disease

Screen: CMS-Other - Utilization over 30,000 / High Volume Growth8

Complete? No

Most Recent  
RUC Meeting: September 2022

Tab: 13

Specialty Developing  
Recommendation: No Specialty Society Interest

First  
Identified: October 2017

2020  
Medicare  
Utilization: 261,551

2022 Work RVU: 0.45

2022 NF PE RVU: 0.28

2022 Fac PE RVU:0.20

RUC Recommendation: Survey April 2023.

Referred to CPT

Referred to CPT Asst ☐ Published in CPT Asst:

Result: Maintain

## G0447 Face-to-face behavioral counseling for obesity, 15 minutes

Global: XXX

Issue: Behavioral Counseling for Obesity

Screen: CMS-Other - Utilization over 100,000

Complete? Yes

Most Recent  
RUC Meeting: October 2016

Tab: 35

Specialty Developing  
Recommendation: No Specialty Society Interest

First  
Identified: April 2016

2020  
Medicare  
Utilization: 280,549

2022 Work RVU: 0.45

2022 NF PE RVU: 0.28

2022 Fac PE RVU:0.19

RUC Recommendation: RUC recommended to survey but no specialty society interest followed.

Referred to CPT

Referred to CPT Asst ☐ Published in CPT Asst:

Result: Maintain

## Status Report: CMS Requests and Relativity Assessment Issues

<b>G0452</b>	Molecular pathology procedure; physician interpretation and report	<b>Global:</b> XXX	<b>Issue:</b> Molecular Pathology Interpretation	<b>Screen:</b> CMS-Other - Utilization over 30,000-Part2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2019	<b>Tab:</b> 13	<b>Specialty Developing Recommendation:</b>	<b>First Identified:</b> October 2018	<b>2020 Medicare Utilization:</b> 137,304	<b>2022 Work RVU:</b> 0.93 <b>2022 NF PE RVU:</b> 0.44 <b>2022 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> 0.93			<b>Referred to CPT</b>	<b>Result:</b> Increase	
			<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	
<b>G0453</b>	Continuous intraoperative neurophysiology monitoring, from outside the operating room (remote or nearby), per patient, (attention directed exclusively to one patient) each 15 minutes (list in addition to primary procedure)	<b>Global:</b> XXX	<b>Issue:</b> RAW	<b>Screen:</b> CMS-Other - Utilization over 100,000	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2016	<b>Tab:</b> 35	<b>Specialty Developing Recommendation:</b>	<b>First Identified:</b> April 2016	<b>2020 Medicare Utilization:</b> 396,662	<b>2022 Work RVU:</b> 0.60 <b>2022 NF PE RVU:</b> NA <b>2022 Fac PE RVU:</b> 0.30
<b>RUC Recommendation:</b> Remove from screen			<b>Referred to CPT</b>	<b>Result:</b> Remove from Screen	
			<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	
<b>G0456</b>	Negative pressure wound therapy, (e.g. vacuum assisted drainage collection) using a mechanically-powered device, not durable medical equipment, including provision of cartridge and dressing(s), topical application(s), wound assessment, and instructions for ongoing care, per session; total wounds(s) surface area less than or equal to 50 square centimeters	<b>Global:</b>	<b>Issue:</b> Negative Pressure Wound Therapy	<b>Screen:</b> CMS Request - Final Rule for 2013	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2014	<b>Tab:</b> 17	<b>Specialty Developing Recommendation:</b>	<b>First Identified:</b> November 2012	<b>2020 Medicare Utilization:</b>	<b>2022 Work RVU:</b> <b>2022 NF PE RVU:</b> <b>2022 Fac PE RVU:</b>
<b>RUC Recommendation:</b> RUC recommended to survey but no specialty society interest followed. CMS deleted.			<b>Referred to CPT</b> May 2013	<b>Result:</b> Deleted from CPT	
			<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	

## Status Report: CMS Requests and Relativity Assessment Issues

**G0457** Negative pressure wound therapy, (e.g. vacuum assisted drainage collection) using a mechanically-powered device, not durable medical equipment, including provision of cartridge and dressing(s), topical application(s), wound assessment, and instructions for ongoing care, per session; total wounds(s) surface area greater than 50 square centimeters **Global:** **Issue:** Negative Pressure Wound Therapy **Screen:** CMS Request - Final Rule for 2013 **Complete?** Yes

**Most Recent**  
**RUC Meeting:** January 2014

**Tab: 17** **Specialty Developing**  
**Recommendation:**

**First**  
**Identified:** November 2012

**2020**  
**Medicare**  
**Utilization:**

**2022 Work RVU:**  
**2022 NF PE RVU:**  
**2022 Fac PE RVU:**

**RUC Recommendation:** RUC recommended to survey but no specialty society interest followed. CMS deleted.

**Referred to CPT** May 2013

**Result:** Deleted from CPT

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**G0500** Moderate sedation services provided by the same physician or other qualified health care professional performing a gastrointestinal endoscopic service that sedation supports, requiring the presence of an independent trained observer to assist in the monitoring of the patient's level of consciousness and physiological status; initial 15 minutes of intra-service time; patient age 5 years or older (additional time may be reported with 99153, as appropriate)

**Global:** XXX **Issue:**

**Screen:** CMS-Other - Utilization over 20,000 Part2

**Complete?** Yes

**Most Recent**  
**RUC Meeting:** January 2021

**Tab: 29** **Specialty Developing**  
**Recommendation:**

**First**  
**Identified:** October 2020

**2020**  
**Medicare**  
**Utilization:** 319,191

**2022 Work RVU:** 0.10  
**2022 NF PE RVU:** 1.55  
**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 care management services (list separately in addition to primary monthly care management service)

**Global:** ZZZ **Issue:**

**Screen:** CMS-Other - Utilization over 20,000 Part2

**Complete?** Yes

**Most Recent**  
**RUC Meeting:** October 2021

**Tab: 20** **Specialty Developing**  
**Recommendation:**

**First**  
**Identified:** October 2020

**2020**  
**Medicare**  
**Utilization:** 113,010

**2022 Work RVU:** 0.87  
**2022 NF PE RVU:** 0.87  
**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:**

# Status Report: CMS Requests and Relativity Assessment Issues

**G2010** Remote evaluation of recorded video and/or images submitted by an established patient (e.g., store and forward), including interpretation with follow-up with the patient within 24 business hours, not originating from a related e/m service provided within the previous 7 days nor leading to an e/m service or procedure within the next 24 hours or soonest available appointment **Global:** XXX **Issue:** RAW **Screen:** CMS-Other - Utilization over 20,000-Part3 **Complete?** No

**Most Recent** **Tab:** 13 **Specialty Developing** AADA, AAFP, ACP **First** **2020** **2022 Work RVU:** 0.18  
**RUC Meeting:** September 2022 **Recommendation:** **Identified:** April 2022 **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 Telemedicine Office Visits Workgroup. **Referred to CPT** February 2023 **Result:**  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**G2012** Brief communication technology-based service, e.g. virtual check-in, by a physician or other qualified health care professional who can report evaluation and management services, provided to an established patient, not originating from a related e/m service provided within the previous 7 days nor leading to an e/m service or procedure within the next 24 hours or soonest available appointment; 5-10 minutes of medical discussion **Global:** XXX **Issue:** RAW **Screen:** CMS-Other - Utilization over 20,000-Part3 **Complete?** No

**Most Recent** **Tab:** 13 **Specialty Developing** AAFP, ACP, ANA **First** **2020** **2022 Work RVU:** 0.25  
**RUC Meeting:** September 2022 **Recommendation:** **Identified:** April 2022 **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 Telemedicine Office Visits Workgroup. **Referred to CPT** February 2023 **Result:**  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**G2066** Interrogation device evaluation(s), (remote) up to 30 days; implantable cardiovascular physiologic monitor system, implantable loop recorder system, or subcutaneous cardiac rhythm monitor system, remote data acquisition(s), receipt of transmissions and technician review, technical support and distribution of results **Global:** XXX **Issue:** Remote Interrogation Device Evaluation - Cardiovascular **Screen:** Contractor Priced High Volume2 **Complete?** No

**Most Recent** **Tab:** 13 **Specialty Developing** ACC, HRS **First** **2020** **2022 Work RVU:** 0.00  
**RUC Meeting:** September 2022 **Recommendation:** **Identified:** April 2022 **Medicare** **2022 NF PE RVU:** 0  
**Utilization:** 938,880 **2022 Fac PE RVU:** 0

**RUC Recommendation:** RUC review **Referred to CPT** **Result:**  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

# Status Report: CMS Requests and Relativity Assessment Issues

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<b>G6001</b>	Ultrasonic guidance for placement of radiation therapy fields	Global: XXX	Issue:	Screen: CMS-Other - Utilization over 20,000 Part2	Complete? No
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Most Recent RUC Meeting: April 2022	Tab: 16	Specialty Developing Recommendation: AADA, ASTRO	First Identified: October 2020	2020 Medicare Utilization: 125,385	2022 Work RVU: 0.58 2022 NF PE RVU: 4.69 2022 Fac PE RVU: NA
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RUC Recommendation: Review in 2 years

Referred to CPT  
Referred to CPT Asst ☐ Published in CPT Asst:

Result:

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<b>G6002</b>	Stereoscopic x-ray guidance for localization of target volume for the delivery of radiation therapy	Global: XXX	Issue:	Screen: CMS-Other - Utilization over 30,000	Complete? Yes
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Most Recent RUC Meeting: January 2018	Tab: 31	Specialty Developing Recommendation:	First Identified: October 2017	2020 Medicare Utilization: 1,083,968	2022 Work RVU: 0.39 2022 NF PE RVU: 1.76 2022 Fac PE RVU: NA
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RUC Recommendation: Remove from screen

Referred to CPT  
Referred to CPT Asst ☐ Published in CPT Asst:

Result: Remove from Screen

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<b>G6012</b>	Radiation treatment delivery,3 or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; 6-10 mev	Global: XXX	Issue:	Screen: CMS-Other - Utilization over 20,000 Part2	Complete? No
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Most Recent RUC Meeting: January 2021	Tab: 29	Specialty Developing Recommendation:	First Identified: October 2020	2020 Medicare Utilization: 309,318	2022 Work RVU: 0.00 2022 NF PE RVU: 7.10 2022 Fac PE RVU: NA
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RUC Recommendation: Review action plan

Referred to CPT  
Referred to CPT Asst ☐ Published in CPT Asst:

Result:

## Status Report: CMS Requests and Relativity Assessment Issues

**G6013** Radiation treatment delivery,3 or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; 11-19 mev **Global:** XXX **Issue:** **Screen:** CMS-Other - Utilization over 20,000 Part2 **Complete?** No

**Most Recent** **Tab:** 29 **Specialty Developing** **First** **2020** **2022 Work RVU:** 0.00  
**RUC Meeting:** January 2021 **Recommendation:** **Identified:** October 2020 **Medicare** **2022 NF PE RVU:** 7.12  
**Utilization:** 184,134 **2022 Fac PE RVU:** NA

**RUC Recommendation:** Review action plan

**Referred to CPT**  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:**

**G6014** Radiation treatment delivery,3 or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; 20 mev or greater **Global:** XXX **Issue:** RAW **Screen:** CMS-Other - Utilization over 20,000 Part1 **Complete?** Yes

**Most Recent** **Tab:** 17 **Specialty Developing** **First** **2020** **2022 Work RVU:** 0.00  
**RUC Meeting:** October 2019 **Recommendation:** **Identified:** January 2019 **Medicare** **2022 NF PE RVU:** 7.08  
**Utilization:** 16,498 **2022 Fac PE RVU:** NA

**RUC Recommendation:** Remove from screen

**Referred to CPT**  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Remove from screen

**G6015** Intensity modulated treatment delivery, single or multiple fields/arcs,via narrow spatially and temporally modulated beams, binary, dynamic mlc, per treatment session **Global:** XXX **Issue:** **Screen:** CMS-Other - Utilization over 20,000 Part2 **Complete?** No

**Most Recent** **Tab:** 29 **Specialty Developing** **First** **2020** **2022 Work RVU:** 0.00  
**RUC Meeting:** January 2021 **Recommendation:** **Identified:** October 2020 **Medicare** **2022 NF PE RVU:** 10.79  
**Utilization:** 1,167,880 **2022 Fac PE RVU:** NA

**RUC Recommendation:** Review action plan

**Referred to CPT**  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:**

## Status Report: CMS Requests and Relativity Assessment Issues

**G6017** Intra-fraction localization and tracking of target or patient motion during delivery of radiation therapy (eg,3d positional tracking, gating, 3d surface tracking), each fraction of treatment **Global:** YYY **Issue:** RAW **Screen:** Contractor Priced High Volume2 **Complete?** Yes

**Most Recent RUC Meeting:** September 2022 **Tab:** 13 **Specialty Developing Recommendation:** ASTRO

**First Identified:** April 2022

**2020 Medicare Utilization:** 81,098

**2022 Work RVU:** 0.00

**2022 NF PE RVU:** 0.00

**2022 Fac PE RVU:** 0.00

**RUC Recommendation:** Removed from screen

**Referred to CPT**

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Remove from screen

**GPCX1** Visit complexity inherent to evaluation and management associated with medical care services that serve as the continuing focal point for all needed health care services and/or with medical care services that are part of ongoing care related to a patient's single, serious, or complex chronic condition. (Add-on code, list separately in addition to office/ outpatient evaluation and management visit, new or established)

**Global:**

**Issue:** Visit Complexity E/M Add-On

**Screen:** CMS Request - Final Rule for 2020

**Complete?** Yes

**Most Recent RUC Meeting:** January 2020 **Tab:** 34 **Specialty Developing Recommendation:**

**First Identified:** November 2019

**2020 Medicare Utilization:**

**2022 Work RVU:**

**2022 NF PE RVU:**

**2022 Fac PE RVU:**

**RUC Recommendation:** No recommendation on physician work, time or PE for this code. CMS estimates of utilization for code GPC1X should be more conservative.

**Referred to CPT**

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** N/A

**P3001** Screening papanicolaou smear, cervical or vaginal, up to three smears, requiring interpretation by physician

**Global:** XXX

**Issue:** Cytopathology Cervical/Vaginal

**Screen:** CMS-Other - Utilization over 30,000

**Complete?** Yes

**Most Recent RUC Meeting:** April 2018 **Tab:** 26 **Specialty Developing Recommendation:** CAP

**First Identified:** October 2017

**2020 Medicare Utilization:** 1,296

**2022 Work RVU:** 0.26

**2022 NF PE RVU:** 0.38

**2022 Fac PE RVU:** 0.38

**RUC Recommendation:** 0.42

**Referred to CPT**

**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Maintain



# Status Report: CMS Requests and Relativity Assessment Issues

<b>Q0091</b> Screening papanicolaou smear; obtaining, preparing and conveyance of cervical or vaginal smear to laboratory				<b>Global:</b> XXX	<b>Issue:</b> RAW	<b>Screen:</b> CMS-Other - Utilization over 30,000-Part2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2019	<b>Tab:</b> 37	<b>Specialty Developing Recommendation:</b>	No Specialty Society Interest	<b>First Identified:</b> October 2018	<b>2020 Medicare Utilization:</b> 410,577	<b>2022 Work RVU:</b> 0.37 <b>2022 NF PE RVU:</b> 0.86 <b>2022 Fac PE RVU:</b> 0.14	
<b>RUC Recommendation:</b> RUC recommended to survey but no specialty society interest followed.			<b>Referred to CPT</b>		<b>Result:</b> Maintain		
			<b>Referred to CPT Asst</b> <input type="checkbox"/>		<b>Published in CPT Asst:</b>		

CPT	2023 Long Descriptor	Issue	Most Recent RUC Meeting Date	Tab	Next RUC Review	RUC or RAW to Review	Specialty Society to Survey	RUC Recommendation	Screen	First Identified - RUC Meeting Date	Global	2022	2022	2022	2020	Referred	CPT Asst Status	CPT Asst Complete	Referred to CPT	Refer to CPT			CPT Ed Panel Status		Complete	Complete	Result
												Unit/Work RVU	2022 Fac PE RVU	2022 Non-Fac PE RVU	2022 PLI RVU	2020 Medicare Utilization				to CPT Asst	nd	Meeting	CPT Tab	Complete			
00534	Anesthesia for transvenous inserti	RAW	January 2019	37			ASA	Remove from screen	High Volume Growth5	October 2018	XXX	7 0.00	0.00	0.00		28442	FALSE		FALSE					yes	TRUE	Remove from Screen	
00537	Anesthesia for cardiac electrophys	Anesthesia for Cardiac Elect	October 2020	13			ASA	12	High Volume Growth4	October 2016	XXX	10 0.00	0.00	0.00		83159	FALSE		FALSE					yes	TRUE	Increase	
00560	Anesthesia for procedures on hea	RAW	January 2019	37			ASA	Remove from screen	High Volume Growth5	October 2018	XXX	15 0.00	0.00	0.00		55792	FALSE		FALSE					yes	TRUE	Remove from Screen	
00731	Anesthesia for upper gastrointesti	Anesthesia for Intestinal En	January 2017	04			ASA	5 base units	CMS Request - Final Rule for 2	September 2016	XXX	5 0.00	0.00	0.00		1018758	FALSE		FALSE			Septembe 12		yes	TRUE	Maintain	
00732	Anesthesia for upper gastrointesti	Anesthesia for Intestinal En	January 2017	04			ASA	6 base units	CMS Request - Final Rule for 2	September 2016	XXX	6 0.00	0.00	0.00		95019	FALSE		FALSE			Septembe 12		yes	TRUE	Increase	
00740	Anesthesia for upper gastrointesti	Anesthesia for Intestinal En	January 2017	04			ASA	Deleted from CPT	CMS Request - Final Rule for 2	July 2015							FALSE		TRUE	In April 20	Septembe 12		yes	TRUE	Deleted from CPT		
00810	Anesthesia for lower intestinal en	Anesthesia for Intestinal En	January 2017	04			ASA	Deleted from CPT	CMS Request - Final Rule for 2	July 2015							FALSE		TRUE	In April 20	Septembe 12		yes	TRUE	Deleted from CPT		
00811	Anesthesia for lower intestinal en	Anesthesia for Intestinal En	April 2017	04			ASA	4 base units	CMS Request - Final Rule for 2	September 2016	XXX	4 0.00	0.00	0.00		910064	FALSE		FALSE			Septembe 12		yes	TRUE	Decrease	
00812	Anesthesia for lower intestinal en	Anesthesia for Intestinal En	April 2017	04			ASA	3 base units	CMS Request - Final Rule for 2	September 2016	XXX	3 0.00	0.00	0.00		384162	FALSE		FALSE			Septembe 12		yes	TRUE	Decrease	
00813	Anesthesia for combined upper ar	Anesthesia for Intestinal En	January 2017	04			ASA	5 base units	CMS Request - Final Rule for 2	September 2016	XXX	5 0.00	0.00	0.00		426571	FALSE		FALSE			Septembe 12		yes	TRUE	Maintain	
00918	Anesthesia for transurethral proce	Anesthesia for transurethra	January 2021	29				Maintain	High Volume Growth7	October 2020	XXX	5 0.00	0.00	0.00		93333	FALSE		FALSE					yes	TRUE	Remove from Screen	
01916	Anesthesia for diagnostic arteriogr	aphy/venography	October 2020	23	Septembe	RAW		Review action plan	High Volume Growth6	October 2019	XXX	5 0.00	0.00	0.00		54832	FALSE		FALSE						FALSE		
01930	Anesthesia for therapeutic interve	Anesthesia for Intervention:	February 2008	5			ASA	Remove from screen	High Volume Growth1	February 2008	XXX	5 0.00	0.00	0.00		14455	FALSE		FALSE						TRUE	Remove from Screen	
01935	Anesthesia for percutaneous imag	Anesthesia Services for Ima	January 2021	04			ASA	Deleted from CPT	High Volume Growth4	January 2021	XXX					21562	FALSE		FALSE			October 21	15	complete	TRUE	Deleted from CPT	
01936	Anesthesia for percutaneous imag	Anesthesia Services for Ima	January 2021	04			ASA	Deleted from CPT	High Volume Growth4	October 2016	XXX					257223	FALSE		TRUE	This servic	October 21	15	complete	TRUE	Deleted from CPT		
01937	Anesthesia for percutaneous imag	Anesthesia Services for Ima	January 2021	04			ASA	4	High Volume Growth4	January 2021	XXX	4 0.00	0.00	0.00			FALSE		FALSE			October 21	15	complete	TRUE	Decrease	
01938	Anesthesia for percutaneous imag	Anesthesia Services for Ima	January 2021	04			ASA	4	High Volume Growth4	January 2021	XXX	4 0.00	0.00	0.00			FALSE		FALSE			October 21	15	complete	TRUE	Decrease	
01939	Anesthesia for percutaneous imag	Anesthesia Services for Ima	January 2021	04			ASA	4	High Volume Growth4	January 2021	XXX	4 0.00	0.00	0.00			FALSE		FALSE			October 21	15	complete	TRUE	Decrease	
01940	Anesthesia for percutaneous imag	Anesthesia Services for Ima	January 2021	04			ASA	4	High Volume Growth4	January 2021	XXX	4 0.00	0.00	0.00			FALSE		FALSE			October 21	15	complete	TRUE	Decrease	
01941	Anesthesia for percutaneous imag	Anesthesia Services for Ima	January 2021	04			ASA	6	High Volume Growth4	January 2021	XXX	5 0.00	0.00	0.00			FALSE		FALSE			October 21	15	complete	TRUE	Increase	
01942	Anesthesia for percutaneous imag	Anesthesia Services for Ima	January 2021	04			ASA	6	High Volume Growth4	January 2021	XXX	5 0.00	0.00	0.00			FALSE		FALSE			October 21	15	complete	TRUE	Increase	
10004	Fine needle aspiration biopsy, wit	Fine Needle Aspiration	October 2017	04				0.80	CMS High Expenditure Proce	June 2017	ZZZ	0.8 0.35	0.60	0.11		317	FALSE		FALSE					yes	TRUE	Decrease	
10005	Fine needle aspiration biopsy, incl	Fine Needle Aspiration	January 2020	21				1.63	CMS High Expenditure Proce	June 2017	XXX	1.46 0.54	2.48	0.17		118014	FALSE		FALSE					yes	TRUE	Decrease	
10006	Fine needle aspiration biopsy, incl	Fine Needle Aspiration	October 2017	04				1.00	CMS High Expenditure Proce	June 2017	ZZZ	1 0.38	0.68	0.10		27167	FALSE		FALSE					yes	TRUE	Decrease	
10007	Fine needle aspiration biopsy, incl	Fine Needle Aspiration	October 2017	04				1.81	CMS High Expenditure Proce	June 2017	XXX	1.81 0.66	7.01	0.20		465	FALSE		FALSE					yes	TRUE	Decrease	
10008	Fine needle aspiration biopsy, incl	Fine Needle Aspiration	October 2017	04				1.18	CMS High Expenditure Proce	June 2017	ZZZ	1.18 0.39	3.63	0.11		21	FALSE		FALSE					yes	TRUE	Decrease	
10009	Fine needle aspiration biopsy, incl	Fine Needle Aspiration	October 2017	04				2.43	CMS High Expenditure Proce	June 2017	XXX	2.26 0.77	11.09	0.22		3625	FALSE		FALSE					yes	TRUE	Decrease	
10010	Fine needle aspiration biopsy, incl	Fine Needle Aspiration	October 2017	04				1.65	CMS High Expenditure Proce	June 2017	ZZZ	1.65 0.54	6.17	0.14		46	FALSE		FALSE					yes	TRUE	Decrease	
10011	Fine needle aspiration biopsy, incl	Fine Needle Aspiration	January 2018	04				Contractor Price	CMS High Expenditure Proce	June 2017	XXX	0 0.00	0.00	0.00		74	FALSE		FALSE					yes	TRUE	Contractor Price	
10012	Fine needle aspiration biopsy, incl	Fine Needle Aspiration	January 2018	04				Contractor Price	CMS High Expenditure Proce	June 2017	ZZZ	0 0.00	0.00	0.00		73	FALSE		FALSE					yes	TRUE	Contractor Price	
10021	Fine needle aspiration biopsy, wit	Fine Needle Aspiration	January 2020	21			AAACE, ASB	1.20	CMS Request - Final Rule for 2	July 2015	XXX	1.03 0.45	1.87	0.12		13427	FALSE		TRUE	The specia	June 2017	06	yes	TRUE	Decrease		
10022	Fine needle aspiration; with imagi	Fine Needle Aspiration	October 2017	04			AAACE, ASB	Deleted from CPT	CMS Fastest Growing / CMS	H October 2008							FALSE		TRUE	The specia	June 2017	06	yes	TRUE	Deleted from CPT		
10030	Image-guided fluid collection drai	Drainage of Abscess	January 2013	04			ACR, SIR	3.00	Codes Reported Together 75%	January 2012	000	2.75 0.94	16.91	0.25		7896	FALSE		FALSE			October 21	06	Complete	TRUE	Decrease	
10040	Acne surgery (eg, marsupializatio	Acne Surgery	April 2016	13			AAD	0.91	Harvard Valued - Utilization	on October 2015	010	0.91 0.52	2.45	0.09		31603	FALSE		FALSE					yes	TRUE	Decrease	
10060	Incision and drainage of abscess (	Incision and Drainage of Ab	October 2010	07			APMA	1.50	Harvard Valued - Utilization	on February 2010	010	1.22 1.74	2.35	0.12		301942	FALSE		FALSE					yes	TRUE	Increase	
10061	Incision and drainage of abscess (	Incision and Drainage of Ab	January 2020	37			APMA	Maintain. 2.45	Harvard Valued - Utilization	on October 2009	010	2.45 2.63	3.55	0.32		112597	FALSE		FALSE					yes	TRUE	Maintain	
10120	Incision and removal of foreign bo	dy, subcutaneous tissues; si	September 2011	12			APMA, AA	1.25	Harvard Valued - Utilization	on April 2011	010	1.22 1.70	3.12	0.12		35873	FALSE		FALSE					yes	TRUE	Maintain	
10180	Incision and drainage, complex, p	ostoperative wound infectio	October 2013	18				Remove from re-review	RUC identified when reviewin	January 2013	010	2.3 2.46	5.08	0.50		8361	FALSE		FALSE					yes	TRUE	Maintain	
11040	Deleted from CPT	Excision and Debridement	September 2007	16			APMA, AP	Deleted from CPT	Site of Service Anomaly	September 2007							FALSE		TRUE	Descriptor	October 21	15	Code Dele	TRUE	Deleted from CPT		
11041	Deleted from CPT	Excision and Debridement	September 2007	16			</																				



12014	Simple repair of superficial wound Repair of Superficial Wound	April 2010	32	ACEP, AAF 1.57	Harvard Valued - Utilization o	April 2010	000	1.57	0.33	2.40	0.31	6518	FALSE	FALSE	TRUE	Decrease				
12015	Simple repair of superficial wound Repair of Superficial Wound	April 2010	32	ACEP, AAF 1.98	Harvard Valued - Utilization o	April 2010	000	1.98	0.42	2.76	0.39	3210	FALSE	FALSE	TRUE	Decrease				
12016	Simple repair of superficial wound Repair of Superficial Wound	April 2010	32	ACEP, AAF 2.68	Harvard Valued - Utilization o	April 2010	000	2.68	0.61	3.36	0.52	612	FALSE	FALSE	TRUE	Decrease				
12017	Simple repair of superficial wound Repair of Superficial Wound	April 2010	32	ACEP, AAF 3.18	Harvard Valued - Utilization o	April 2010	000	3.18	0.67	NA	0.66	69	FALSE	FALSE	TRUE	Decrease				
12018	Simple repair of superficial wound Repair of Superficial Wound	April 2010	32	ACEP, AAF 3.61	Harvard Valued - Utilization o	April 2010	000	3.61	0.74	NA	0.77	26	FALSE	FALSE	TRUE	Decrease				
12031	Repair, intermediate, wounds of s	Repair of Intermediate Wou	October 2010	22	AAO-HNS, 2.00	Harvard Valued - Utilization o	February 2010	010	2	2.17	5.65	0.25	54321	FALSE	FALSE	TRUE	Decrease			
12032	Repair, intermediate, wounds of s	Repair of Intermediate Wou	October 2010	22	AAO-HNS, 2.52	Harvard Valued - Utilization o	October 2009	010	2.52	2.73	6.24	0.27	281588	FALSE	FALSE	TRUE	Maintain			
12034	Repair, intermediate, wounds of s	Repair of Intermediate Wou	October 2010	22	AAO-HNS, 2.97	Harvard Valued - Utilization o	February 2010	010	2.97	2.63	6.63	0.40	28378	FALSE	FALSE	TRUE	Maintain			
12035	Repair, intermediate, wounds of s	Repair of Intermediate Wou	October 2010	22	AAO-HNS, 3.60	Harvard Valued - Utilization o	February 2010	010	3.5	2.95	7.51	0.64	5035	FALSE	FALSE	TRUE	Increase			
12036	Repair, intermediate, wounds of s	Repair of Intermediate Wou	October 2010	22	AAO-HNS, 4.50	Harvard Valued - Utilization o	February 2010	010	4.23	3.24	7.87	0.89	1011	FALSE	FALSE	TRUE	Increase			
12037	Repair, intermediate, wounds of s	Repair of Intermediate Wou	October 2010	22	AAO-HNS, 5.25	Harvard Valued - Utilization o	February 2010	010	5	3.64	8.46	1.04	516	FALSE	FALSE	TRUE	Increase			
12041	Repair, intermediate, wounds of n	Repair of Intermediate Wou	October 2010	22	AAO-HNS, 2.10	Harvard Valued - Utilization o	February 2010	010	2.1	1.86	5.58	0.25	18761	FALSE	FALSE	TRUE	Decrease			
12042	Repair, intermediate, wounds of n	Repair of Intermediate Wou	October 2010	22	AAO-HNS, 2.79	Harvard Valued - Utilization o	February 2010	010	2.79	2.60	6.16	0.32	55427	FALSE	FALSE	TRUE	Maintain			
12044	Repair, intermediate, wounds of n	Repair of Intermediate Wou	October 2010	22	AAO-HNS, 3.19	Harvard Valued - Utilization o	February 2010	010	3.19	2.62	7.77	0.43	2652	FALSE	FALSE	TRUE	Maintain			
12045	Repair, intermediate, wounds of n	Repair of Intermediate Wou	October 2010	22	AAO-HNS, 3.90	Harvard Valued - Utilization o	February 2010	010	3.75	3.58	7.80	0.65	373	FALSE	FALSE	TRUE	Increase			
12046	Repair, intermediate, wounds of n	Repair of Intermediate Wou	October 2010	22	AAO-HNS, 4.60	Harvard Valued - Utilization o	February 2010	010	4.3	4.07	9.72	1.09	86	FALSE	FALSE	TRUE	Increase			
12047	Repair, intermediate, wounds of n	Repair of Intermediate Wou	October 2010	22	AAO-HNS, 5.50	Harvard Valued - Utilization o	February 2010	010	4.95	4.31	10.32	1.25	37	FALSE	FALSE	TRUE	Increase			
12051	Repair, intermediate, wounds of f	Repair of Intermediate Wou	October 2010	22	AAO-HNS, 2.33	Harvard Valued - Utilization o	February 2010	010	2.33	2.32	5.88	0.29	50484	FALSE	FALSE	TRUE	Decrease			
12052	Repair, intermediate, wounds of f	Repair of Intermediate Wou	April 2010	45	AAO-HNS, Remove from screen	Harvard Valued - Utilization o	February 2010	010	2.87	2.60	6.22	0.34	84557	FALSE	FALSE	TRUE	Remove from Screen			
12053	Repair, intermediate, wounds of f	Repair of Intermediate Wou	October 2010	22	AAO-HNS, 3.17	Harvard Valued - Utilization o	February 2010	010	3.17	2.69	7.33	0.40	12470	FALSE	FALSE	TRUE	Maintain			
12054	Repair, intermediate, wounds of f	Repair of Intermediate Wou	October 2010	22	AAO-HNS, 3.50	Harvard Valued - Utilization o	February 2010	010	3.5	2.35	7.50	0.56	3244	FALSE	FALSE	TRUE	Maintain			
12055	Repair, intermediate, wounds of f	Repair of Intermediate Wou	October 2010	22	AAO-HNS, 4.65	Harvard Valued - Utilization o	February 2010	010	4.5	3.48	9.82	0.79	349	FALSE	FALSE	TRUE	Increase			
12056	Repair, intermediate, wounds of f	Repair of Intermediate Wou	October 2010	22	AAO-HNS, 5.50	Harvard Valued - Utilization o	February 2010	010	5.3	5.06	11.11	0.96	42	FALSE	FALSE	TRUE	Increase			
12057	Repair, intermediate, wounds of f	Repair of Intermediate Wou	October 2010	22	AAO-HNS, 6.28	Harvard Valued - Utilization o	February 2010	010	6	5.25	11.25	1.09	26	FALSE	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	FALSE	FALSE	TRUE	Decrease			
13101	Repair, complex, trunk; 2.6 cm to	Complex Wound Repair	April 2012	37	AAD, AAO 3.50	CMS Request	July 2011	010	3.5	3.35	8.00	0.40	80932	FALSE	FALSE	TRUE	Decrease			
13102	Repair, complex, trunk; each addi	Complex Wound Repair	April 2012	37	AAD, AAO 1.24	CMS Request	July 2011	ZZZ	1.24	0.68	2.05	0.20	20759	FALSE	FALSE	TRUE	Maintain			
13120	Repair, complex, scalp, arms, and	Complex Wound Repair	October 2017	19	AAD, AAO 3.23	CMS Fastest Growing / CPT	As October 2008	010	3.23	3.20	7.02	0.39	10142	TRUE	1st article: complete	FALSE	Septembe 9	Complete	TRUE	Decrease
13121	Repair, complex, scalp, arms, and	Complex Wound Repair	October 2017	19	AAD, AAO 4.00	CMS Fastest Growing / CPT	As October 2008	010	4	3.08	8.29	0.42	175826	TRUE	1st article: complete	FALSE	Septembe 9	Complete	TRUE	Decrease
13122	Repair, complex, scalp, arms, and	Complex Wound Repair	October 2017	19	AAD, AAO 1.44	CMS Fastest Growing / CPT	As October 2008	ZZZ	1.44	0.77	2.14	0.20	27066	TRUE	1st article: complete	FALSE	Septembe 9	Complete	TRUE	Maintain
13131	Repair, complex, forehead, cheek	Complex Wound Repair	April 2012	37	AAD, AAO 3.73	Harvard Valued - Utilization o	April 2011	010	3.73	2.91	7.44	0.42	31462	FALSE	FALSE	TRUE	Decrease			
13132	Repair, complex, forehead, cheek	Complex Wound Repair	April 2012	37	AAD, AAO 4.78	CMS Request	September 2011	010	4.78	3.53	8.77	0.52	243613	FALSE	FALSE	TRUE	Decrease			
13133	Repair, complex, forehead, cheek	Complex Wound Repair	April 2012	37	AAD, AAO 2.19	CMS Request	September 2011	ZZZ	2.19	1.21	2.54	0.25	14077	FALSE	FALSE	TRUE	Maintain			
13150	Repair, complex, eyelids, nose, ea	Complex Wound Repair	April 2012	37	AAD, AAO Deleted from CPT	CMS Request	September 2011							TRUE	Specialties	October 2105	Deleted fr	TRUE	Deleted from CPT	
13151	Repair, complex, eyelids, nose, ea	Complex Wound Repair	April 2012	37	AAD, AAO 4.34	CMS Request	September 2011	010	4.34	3.27	7.77	0.52	27588	FALSE	FALSE	TRUE	Decrease			
13152	Repair, complex, eyelids, nose, ea	Complex Wound Repair	April 2012	37	AAD, AAO 5.34	Harvard Valued - Utilization o	April 2011	010	5.34	3.84	8.87	0.61	46608	FALSE	FALSE	TRUE	Decrease			
13153	Repair, complex, eyelids, nose, ea	Complex Wound Repair	April 2012	37	AAD, AAO 2.38	CMS Request	July 2011	ZZZ	2.38	1.28	2.77	0.34	833	FALSE	FALSE	TRUE	Maintain			
14000	Adjacent tissue transfer or rearrar	Skin Tissue Rearrangement	October 2008	9	ACS, AAD, 6.19	Site of Service Anomaly	April 2008	090	6.37	7.30	11.36	1.09	6116	FALSE	FALSE	TRUE	Decrease			
14001	Adjacent tissue transfer or rearrar	Skin Tissue Rearrangement	October 2008	9	ACS, AAD, 8.58	Site of Service Anomaly	September 2007	090	8.78	8.83	13.62	1.57	8399	FALSE	FALSE	TRUE	Decrease			
14020	Adjacent tissue transfer or rearrar	Skin Tissue Rearrangement	October 2008	9	AAD, ASPS 7.02	Site of Service Anomaly	April 2008	090	7.22	8.30	12.49	1.01	15715	FALSE	FALSE	TRUE	Decrease			
14021	Adjacent tissue transfer or rearrar	Skin Tissue Rearrangement	October 2008	9	AAD, ASPS 9.52	Site of Service Anomaly / CMS	September 2007	090	9.72	9.67	14.48	1.32	18970	FALSE	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	FALSE	FALSE	TRUE	Maintain			
14041	Adjacent tissue transfer or rearrar	Skin Tissue Rearrangement	October 2008	9	AAD, ASPS 10.63	Site of Service Anomaly	September 2007	090	10.83	10.10	14.97	1.28	42088	FALSE	FALSE	TRUE	Decrease			
14060	Adjacent tissue transfer or rearrar	Skin Tissue Rearrangement	October 2008	9	AAD, ASPS Maintain	Site of Service Anomaly	April 2008	090	9.23	9.07	12.26	1.09	76804	FALSE	FALSE	TRUE	Maintain			
14061	Adjacent tissue transfer or rearrar	Skin Tissue Rearrangement	October 2008	9	AAD, ASPS 11.25	Site of Service Anomaly	September 2007	090	11.48	11.02	16.35	1.34	28234	FALSE	FALSE	TRUE	Decrease			
14300	Deleted from CPT	Adjacent Tissue Transfer	April 2009	04	ACS, AAO Deleted from CPT	Site of Service Anomaly / CMS	September 2007							FALSE	TRUE	The specia	February 2 09	Code Dele	TRUE	Deleted from CPT
14301	Adjacent tissue transfer or rearrar	Adjacent Tissue Transfer	April 2009	04	ACS, AAO- 12.47	Site of Service Anomaly / CMS	September 2007	090	12.65	10.88	17.51	1.94	36421	FALSE	FALSE	TRUE	February 2 09		TRUE	Decrease
14302	Adjacent tissue transfer or rearrar	Adjacent Tissue Transfer	April 2009	04	ACS, AAO- 3.73	Site of Service Anomaly / CMS	September 2007	ZZZ	3.73	1.96	1.96	0.65	42550	FALSE	FALSE	TRUE	February 2 09		TRUE	Decrease
15002	Surgical preparation or creation o	RAW	September 2014	21	ASPS Maintain work RVU and adjust the	Pre-Time Analysis	January 2014	000	3.65	2.15	6.10	0.65	23819	FALSE	FALSE	TRUE			TRUE	Maintain
15004	Surgical preparation or creation o	RAW	September 2014	21	ASPS, APN Maintain work RVU and adjust the	Pre-Time Analysis	January 2014	000	4.58	2.44	6.58	0.65	31129	FALSE	FALSE	TRUE			TRUE	Maintain
15100	Split-thickness autograft, trunk, a	RAW	September 2014	21	ASPS Maintain work RVU and adjust the	Pre-Time Analysis	January 2014	090	9.9	9.32	14.08	1.93	12169	FALSE	FALSE	TRUE			TRUE	Maintain
15120	Split-thickness autograft, face, sca	Autograft	September 2007	16	AAO-HNS, Remove from screen	Site of Service Anomaly	September 2007	090	10.15	8.51	13.29	1.64	7976	FALSE	FALSE	TRUE			TRUE	Remove from Screen
15170	Acellular dermal replacement, tru	Acellular Dermal Replacem	February 2010	31	APMA, ASI Deleted from CPT	Different Performing Specialty	February 2010							FALSE	FALSE	TRUE			TRUE	Deleted from CPT
15171	Acellular dermal replacement, tru	Acellular Dermal Replacem	February 2010	31	APMA, ASI Deleted from CPT	Different Performing Specialty	February 2010							FALSE	FALSE	TRUE			TRUE	Deleted from CPT
15175	Acellular dermal replacement, fac	Acellular Dermal Replacem	February 2010	31	APMA, ASI Deleted from CPT	Different Performing Specialty	October 2009							FALSE	TRUE	The specia	October 2107	Complete	TRUE	Deleted from CPT
15176	Acellular dermal replacement, fac	Acellular Dermal Replacem	February 2010	31	APMA, ASI Deleted from CPT	Different Performing Specialty	February 2010							FALSE	FALSE	TRUE			TRUE	Deleted from CPT
15220	Full thickness graft, free, including	Skin Graft	September 2007	16	AAO-HNS, Reduce 99238 to 0.5	Site of Service Anomaly (9923	September 2007	090	8.09	8.63	13.51	1.11	9421	FALSE	FALSE	TRUE			TRUE	PE Only
15240	Full thickness graft, free, including	RAW	September 2014	21	ASPS, AAD Maintain work RVU and adjust the	Pre-Time Analysis	January 2014	090	10.41	11.45	15.60	1.38	12127	FALSE	FALSE	TRUE			TRUE	Maintain
15271	Application of skin substitute graft	Chronic Wound Dermal Sub	April 2011	04	ACS, APM; 1.50	Different Performing Specialty	April 2011	000	1.5	0.74	2.90	0.22	115628	FALSE	FALSE	TRUE	February 2011		TRUE	Decrease
15272	Application of skin substitute graft	Chronic Wound Dermal Sub	April 2011	04	ACS, APM; 0.59	Different Performing Specialty	April 2011	ZZZ	0.33	0.12	0.35	0.07	16178	FALSE	FALSE	TRUE	February 2011		TRUE	Decrease
15273	Application of skin substitute graft	Chronic Wound Dermal Sub	April 2011	04	ACS, APM; 3.50	Different Performing Specialty	April 2011	000	3.5	1.67	5.32	0.65	6606	FALSE	FALSE	TRUE	February 2011		TRUE	Decrease
15274	Application of skin substitute graft	Chronic Wound Dermal Sub	April 2011	04	ACS, APM; 0.80	Different Performing Specialty	April 2011	ZZZ	0.8	0.36	1.53	0.18	31457	FALSE	FALSE	TRUE	February 2011		TRUE	Decrease
15275	Application of skin substitute graft	Chronic Wound Dermal Sub	April 2011	04	ACS, APM; 1.83	Different Performing Specialty	April 2011	000	1.83	0.71	2.72	0.20	133737	FALSE	FALSE	TRUE	February 2011		TRUE	Decrease
15276	Application of skin substitute graft	Chronic Wound Dermal Sub	April 2011	04	ACS, APM; 0.59	Different Performing Specialty	April 2011	ZZZ	0.5	0.17	0.39	0.08	6915	FALSE	FALSE	TRUE	February 2011		TRUE	Decrease
15277	Application of skin substitute graft	Chronic Wound Dermal Sub	April 2011	04	ACS, APM; 4.00	Different Performing Specialty	April 2011	000	4	1.90	5.66	0.73	1911	FALSE	FALSE	TRUE	February 2011		TRUE	Decrease
15278	Application of skin substitute graft	Chronic Wound Dermal Sub	April 2011	04	ACS, APM; 1.00	Different Performing Specialty	April 2011	ZZZ	1	0.47	1.70	0.20	3623	FALSE	FALSE	TRUE	February 2011		TRUE	Decrease
15320	Deleted from CPT	Skin Allograft	February 2010	31	APMA, ASI Deleted from CPT	Different Performing Specialty	October 2009							FALSE	TRUE	The specia	October 2107	Complete	TRUE	Deleted from CPT
15321	Deleted from CPT	Skin Allograft	February 2010	31	APMA, ASI Deleted from CPT	Different Performing Specialty	February 2010							FALSE	FALSE	TRUE			TRUE	Deleted from CPT
15330	Acellular dermal allograft, trunk, a	Allograft	February 2008	5	ASPS Deleted from CPT	High IWPUT	February 2008							FALSE	FALSE	TRUE			TRUE	Deleted from CPT
15331	Deleted from CPT	Acellular Dermal Allograft	February 2010	31	AAO-HNS, Deleted from CPT	Different Performing Specialty	February 2010							FALSE	FALSE	TRUE			TRUE	Deleted from CPT
15335	Deleted from CPT	Acellular Dermal Allograft	February 2010	31	AAO-HNS, Deleted from CPT	Different Performing Specialty	October 2009							FALSE	TRUE	The specia	October 2107	Complete	TRUE	Deleted from CPT
15336	Deleted from CPT	Acellular Dermal Allograft	February 2010	31	AAO-HNS, Deleted from CPT	Different Performing Specialty	February 2010							FALSE	FALSE	TRUE	February 2011</			

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	Implantation of biologic implant (	Chronic Wound Dermal Sub	April 2011	04	ACS, APM	3.65	Different Performing Specialty	April 2011	ZZZ	3.65	1.97	1.97	0.72	7449	FALSE	FALSE	February 2011	TRUE	Decrease					
15778	Implantation of absorbable mesh	Anterior Abdominal Hernia	April 2021	09	ACS, ASCR	8.00	Site of Service Anomaly - 2015	February 2021							FALSE	FALSE	February 2 18	complete	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		TRUE	Decrease					
16020	Dressings and/or debridement of	Dressings/ Debridement of	October 2010	08	ASPS, AAF	0.80	Different Performing Specialty	October 2009	000	0.71	0.78	1.69	0.11	13402	FALSE	FALSE		TRUE	Maintain					
16025	Dressings and/or debridement of	Dressings/ Debridement of	October 2010	08	ASPS, AAF	1.85	Different Performing Specialty	October 2009	000	1.74	1.26	2.67	0.27	2336	FALSE	FALSE		TRUE	Maintain					
16030	Dressings and/or debridement of	Dressings/ Debridement of	April 2010	45	ACEP, ASP	CPT Assistant article published.	Different Performing Specialty	February 2010	000	2.08	1.40	3.40	0.39	1357	TRUE	Oct 2012	Yes	FALSE	TRUE	Maintain				
17000	Destruction (eg, laser surgery, ele	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	Destruction (eg, laser surgery, ele	Destruction of Premalignan	April 2013	17	AAD	0.04	Low Value-Billed in Multiple L	October 2010	ZZZ	0.04	0.02	0.16	0.00	16342065	FALSE	FALSE		TRUE	Decrease					
17004	Destruction (eg, laser surgery, ele	Destruction of Premalignan	April 2013	17	AAD		Remove from Modifier -51 Exempt	CMS High Expenditure Proce	September 2011	010	1.37	1.35	3.51	0.12	745568	FALSE	FALSE		TRUE	Decrease				
17106	Destruction of cutaneous vascular	Destruction of Skin Lesions	October 2008	11	AAD	3.61	High IWP	February 2008	090	3.69	3.94	6.00	0.40	3054	FALSE	FALSE		TRUE	Decrease					
17107	Destruction of cutaneous vascular	Destruction of Skin Lesions	October 2008	11	AAD	4.68	High IWP	February 2008	090	4.79	5.12	7.80	0.56	1396	FALSE	FALSE		TRUE	Decrease					
17108	Destruction of cutaneous vascular	Destruction of Skin Lesions	October 2008	11	AAD	6.37	High IWP	February 2008	090	7.49	6.88	10.13	0.94	4184	FALSE	FALSE		TRUE	Decrease					
17110	Destruction (eg, laser surgery, ele	RAW	October 2013	18			Remove from screen	High Volume Growth2	April 2013	010	0.7	1.17	2.59	0.08	2225566	FALSE	FALSE		TRUE	Remove from Screen				
17111	Destruction (eg, laser surgery, ele	RAW	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	September 17	yes	FALSE	
17261	Destruction, malignant lesion (eg,	Destruction of Malignant Le	October 2010	26	AAD, AAF	1.22	Harvard Valued - Utilization o	October 2009	010	1.22	1.18	3.05	0.11	122481	FALSE	FALSE		TRUE	Maintain					
17262	Destruction, malignant lesion (eg,	Destruction of Malignant Le	October 2010	26	AAD, AAF	1.63	Harvard Valued - Utilization o	February 2010	010	1.63	1.40	3.50	0.17	265012	FALSE	FALSE		TRUE	Maintain					
17271	Destruction, malignant lesion (eg,	Destruction of Malignant Le	October 2010	26	AAD, AAF	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, AAF	1.82	Harvard Valued - Utilization o	February 2010	010	1.82	1.51	3.59	0.19	73725	FALSE	FALSE		TRUE	Maintain					
17281	Destruction, malignant lesion (eg,	Destruction of Malignant Le	October 2010	26	AAD, AAF	1.77	Harvard Valued - Utilization o	February 2010	010	1.77	1.48	3.38	0.18	70486	FALSE	FALSE		TRUE	Maintain					
17282	Destruction, malignant lesion (eg,	Destruction of Malignant Le	October 2010	26	AAD, AAF	2.09	Harvard Valued - Utilization o	October 2009	010	2.09	1.66	3.79	0.21	68417	FALSE	FALSE		TRUE	Maintain					
17311	Mohs micrographic technique, inc	Mohs Surgery	April 2013	18	AAD	6.20	CMS High Expenditure Proce	September 2011	000	6.2	3.54	13.07	0.60	755119	FALSE	FALSE		TRUE	Maintain					
17312	Mohs micrographic technique, inc	Mohs Surgery	April 2013	18	AAD	3.30	CMS High Expenditure Proce	September 2011	ZZZ	3.3	1.88	8.49	0.32	457601	FALSE	FALSE		TRUE	Maintain					
17313	Mohs micrographic technique, inc	Mohs Surgery	April 2013	18	AAD	5.56	CMS High Expenditure Proce	January 2012	000	5.56	3.18	12.56	0.55	140420	FALSE	FALSE		TRUE	Maintain					
17314	Mohs micrographic technique, inc	Mohs Surgery	April 2013	18	AAD	3.06	CMS High Expenditure Proce	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 Proce	January 2012	ZZZ	0.87	0.50	1.31	0.09	17925	FALSE	FALSE		TRUE	Maintain					
19020	Mastotomy with exploration or dr	Mastotomy	September 2007	16	ACS		Reduce 99238 to 0.5, remove hosp	Site of Service Anomaly	September 2007	090	3.83	4.59	9.45	0.89	1451	FALSE	FALSE		TRUE	PE Only				
19081	Biopsy, breast, with placement of	Breast Biopsy	April 2013	04	ACR, ACS,	3.29	Codes Reported Together 75%	January 2012	000	3.29	1.19	11.72	0.33	51373	FALSE	FALSE	October 21 08	Complete	TRUE	Decrease				
19082	Biopsy, breast, with placement of	Breast Biopsy	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 21 08	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 21 08	Complete	TRUE	Decrease				
19084	Biopsy, breast, with placement of	Breast Biopsy	April 2013	04	ACR, ACS,	1.55	Codes Reported Together 75%	January 2012	ZZZ	1.55	0.56	10.20	0.14	13958	FALSE	FALSE	October 21 08	Complete	TRUE	Decrease				
19085	Biopsy, breast, with placement of	Breast Biopsy	April 2013	04	ACR, ACS,	3.64	Codes Reported Together 75%	January 2012	000	3.64	1.31	19.92	0.31	5690	FALSE	FALSE	October 21 08	Complete	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 21 08	Complete	TRUE	Decrease				
19102	Biopsy of breast; percutaneous, n	Breast Biopsy	April 2013	04	ACR, ACS,		Deleted from CPT	Codes Reported Together 75%	January 2012						FALSE	FALSE	October 21 08	Complete	TRUE	Deleted from CPT				
19103	Biopsy of breast; percutaneous, a	Breast Biopsy	April 2013	04	ACR, ACS,		Deleted from CPT	Codes Reported Together 75%	January 2012						FALSE	FALSE	October 21 08	Complete	TRUE	Deleted from CPT				
19281	Placement of breast localization d	Breast Biopsy	April 2013	04	ACR, ACS,	2.00	Codes Reported Together 75%	January 2012	000	2	0.72	4.99	0.18	24887	FALSE	FALSE	October 21 08	Complete	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 21 08	Complete	TRUE	Decrease				
19283	Placement of breast localization d	Breast Biopsy	April 2013	04	ACR, ACS,	2.00	Codes Reported Together 75%	January 2012	000	2	0.72	5.62	0.20	3274	FALSE	FALSE	October 21 08	Complete	TRUE	Decrease				
19284	Placement of breast localization d	Breast Biopsy	April 2013	04	ACR, ACS,	1.00	Codes Reported Together 75%	January 2012	ZZZ	1	0.36	4.74	0.11	415	FALSE	FALSE	October 21 08	Complete	TRUE	Decrease				
19285	Placement of breast localization d	Breast Biopsy	April 2013	04	ACR, ACS,	1.70	Codes Reported Together 75%	January 2012	000	1.7	0.61	9.60	0.17	23245	FALSE	FALSE	October 21 08	Complete	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 21 08	Complete	TRUE	Decrease				
19287	Placement of breast localization d	Breast Biopsy	April 2013	04	ACR, ACS,	3.02	Codes Reported Together 75%	January 2012	000	2.55	0.92	17.09	0.21	266	FALSE	FALSE	October 21 08	Complete	TRUE	Decrease				
19288	Placement of breast localization d	Breast Biopsy	April 2013	04	ACR, ACS,	1.51	Codes Reported Together 75%	January 2012	ZZZ	1.28	0.46	14.04	0.11	61	FALSE	FALSE	October 21 08	Complete	TRUE	Decrease				
19290	Preoperative placement of needle	Breast Biopsy	April 2013	04	ACR, ACS,		Deleted from CPT	Codes Reported Together 75%	January 2012						FALSE	FALSE	October 21 08	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 21 08	Complete	TRUE	Deleted from CPT				
19295	Image guided placement, metallic	Breast Biopsy	April 2013	04	ACR, ACS,		Deleted from CPT	CMS Fastest Growing /	Codes October 2008						FALSE	FALSE	October 21 08	Complete	TRUE	Deleted from CPT				
19303	Mastectomy, simple, complete	Mastectomy	April 2016	15	ACS, ASBS	15.00	Site of Service Anomaly - 2015	October 2015	090	15	9.88	NA	3.73	22732	FALSE	FALSE		TRUE	Decrease					
19307	Mastectomy, modified radical, inc	Modified Radical Mastectom	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	Mammoplasty	September 2007	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	Insertion of breast implant on san	Breast Implant/Expander Pl	January 2020	05	ASPS	11.00	CMS Request / Site of Service	October 2009	090	10.48	9.93	NA	2.03	6133	FALSE	FALSE		TRUE	Decrease					
19357	Tissue expander placement in bre	Breast Implant/Expander Pl	January 2020	05	ASPS	15.36	Site of Service Anomaly / 090	September 2007	090	14.84	16.66	NA	2.82	5820	FALSE	TRUE	Originally i	October 21 20	Complete	TRUE	Decrease			
20000	Deleted from CPT	Incision of Abscess	September 2007	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	Incision and drainage of soft tissu	Incision of Deep Abscess	October 2017	19	ACS, AAO-		Deleted from CPT	Site of Service Anomaly / Neg	September 2007						FALSE	TRUE	A RUC me	February 2 06	complete	TRUE	Deleted from CPT			
20220	Biopsy, bone, trocar, or needle; su	Bone Biopsy Trocar/Needle	January 2019	22	ACR, SIR	1.93	Different Performing Specialty	January 2018	000	1.65	0.75	5.39	0.14	11306	FALSE	FALSE		TRUE	Increase					
20225	Biopsy, bone, trocar, or needle; d	Bone Biopsy Trocar/Needle	January 2019	22	ACR, SIR	3.00	Different Performing Specialty	October 2017	000	2.45	1.11	9.17	0.23	12575	FALSE	FALSE		TRUE	Increase					
20240	Biopsy, bone, open; superficial (eg	Bone Biopsy Excisional	January 2016	04	AAOS, AP	3.73	010-Day Global Post-Operativ	April 2014	000	2.61	1.23	NA	0.31	6937	FALSE	FALSE		TRUE	Increase					
20245	Biopsy, bone, open; deep (eg, hun	Bone Biopsy Excisional	January 2016	04	AAOS	6.50	010-Day Global Post-Operativ	January 2014	000	6	3.17	NA	1.05	3706	FALSE	TRUE	In April 20	October 2015	revised	TRUE	Decrease			
20525	Removal of foreign body in muscl	Removal of Foreign Body	September 2007	16	ACS, AAOS		Reduce 99238 to 0.5	Site of Service Anomaly (9923	September 2007	010	3.54	3.12	9.83	0.64	1442	FALSE	FALSE		TRUE	PE Only				
20526	Injection, therapeutic (eg, local an	RAW	January 2017	30			Remove from 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	27	RUC	AAOS, AAF	0.75	CMS Fastest Growing / CMS	H October 2008	000	0.75	0.30	0.85	0.10	754987	FALSE	FALSE		TRUE	Maintain				
20551	Injection(s); single tendon origin/i	Therapeutic Injection	Carp	April 2017	10	AAPMR, A	0.75	CMS Fastest Growing / CMS	O October 2008	000	0.75	0.31	0.88	0.09	131533	FALSE	FALSE		TRUE	Maintain				
20552	Injection(s); single or multiple trig	ger point(s), 1 or 2 muscle(s)	January 2016	28	RUC	AAPM&R,	0.66	CMS High Expenditure Proce	July 2015	000	0.66	0.36	0.84	0.09	281251	FALSE	FALSE		TRUE	Maintain				
20553	Injection(s); single or multiple trig	ger point(s), 3 or more musc	January 2016	28	RUC	AAPM&R,	0.75	CMS High Expenditure Proce	July 2015	000	0.75	0.41	0.98	0.10	320696	FALSE	FALSE		TRUE	Maintain				
20600	Arthrocentesis, aspiration and/or	Arthrocentesis	January 2014	04	AAFP, AAC	0.66	and new PE inputs	Harvard Valued - Utilization o	February 2010	000	0.66	0.30	0.82	0.09	388696	FALSE	TRUE	Ultrasound	October 21 06	Complete	TRUE	Maintain		
20604	Arthrocentesis, aspiration and/or	Arthrocentesis	January 2014	04	AAFP, AAC	0.89		CMS Request - Final Rule for	2 July 2013	000	0.89	0.36	1.44	0.10	43818	FALSE	FALSE	October 21 06		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 21 06	Complete	TRUE	Maintain		
20606	Arthrocentesis, aspiration and/or	Arthrocentesis	January 2014	04	AAFP, AAC	1.00		CMS Request - Final Rule for	2 July 2013	000	1	0.41	1.53	0.11										



21935	Radical resection of tumor (eg, sar	Radical Resection of Soft Tis	February 2009	6		ACS, AAOs 15.54	Site of Service Anomaly	September 2007	090	15.72	11.21	NA	3.55	213	FALSE	TRUE	CPT devel	June 2008	06	New code	TRUE	Decrease	
22214	Osteotomy of spine, posterior or t	RAW	September 2014	21		AAOS, NA/ Maintain	CMS Fastest Growing	October 2008	090	21.02	17.88	NA	5.94	6664	FALSE	FALSE				TRUE	Maintain		
22305	Closed treatment of vertebral pro	Closed treatment of vertebr	April 2015	23		AANS/CNS Deleted from CPT	CMS Request - Final Rule for 2	July 2013							FALSE	TRUE	In October	May 2016	13	Complete	TRUE	Deleted from CPT	
22310	Closed treatment of vertebral bod	Closed Treatment Vertebral	January 2020	23	Septembe	RAW	AANS, AAC 3.45. Flag for Rereview	Negative IWPUT / Site of Serv	April 2017	090	3.45	4.64	5.06	0.75	5711	FALSE	FALSE				FALSE	Decrease	
22510	Percutaneous vertebroplasty (bon	Percutaneous Vertebroplasti	April 2014	06		AANS, CNS 8.15	Codes Reported Together 75%	April 2014	010	7.9	3.75	47.24	1.00	2489	FALSE	FALSE		February 2	16	Complete	TRUE	Decrease	
22511	Percutaneous vertebroplasty (bon	Percutaneous Vertebroplasi	April 2014	06		AANS, CNS 8.05	Codes Reported Together 75%	April 2014	010	7.33	3.63	47.76	0.96	3052	FALSE	FALSE		February 2	16	Complete	TRUE	Decrease	
22512	Percutaneous vertebroplasty (bon	Percutaneous Vertebroplasi	April 2014	06		AANS, CNS 4.00	Codes Reported Together 75%	April 2014	ZZZ	4	1.42	17.90	0.64	1935	FALSE	FALSE		February 2	16	Complete	TRUE	Decrease	
22513	Percutaneous vertebral augmenta	Percutaneous Vertebroplasi	April 2014	06		AANS, CNS 8.90	Codes Reported Together 75%	April 2014	010	8.65	4.81	169.35	1.55	19696	FALSE	FALSE		February 2	16	Complete	TRUE	Decrease	
22514	Percutaneous vertebral augmenta	Percutaneous Vertebroplasi	April 2014	06		AANS, CNS 8.24	Codes Reported Together 75%	April 2014	010	7.99	4.56	169.26	1.42	21668	FALSE	FALSE		February 2	16	Complete	TRUE	Decrease	
22515	Percutaneous vertebral augmenta	Percutaneous Vertebroplasi	April 2014	06		AANS, CNS 4.00	Codes Reported Together 75%	April 2014	ZZZ	4	1.65	87.68	0.77	13498	FALSE	FALSE		February 2	16	Complete	TRUE	Decrease	
22520	Percutaneous vertebroplasty (bon	Percutaneous Vertebroplasi	April 2014	06		AANS, CNS Deleted from CPT	CMS Request - Practice Expen	February 2009							FALSE	TRUE	Joint Work	February 2	16	Complete	TRUE	Deleted from CPT	
22521	Percutaneous vertebroplasty (bon	Percutaneous Vertebroplasi	April 2014	06		AANS, CNS Deleted from CPT	Site of Service Anomaly (9923	September 2007							FALSE	TRUE	Joint Work	February 2	16	Complete	TRUE	Deleted from CPT	
22522	Percutaneous vertebroplasty (bon	Percutaneous Vertebroplasi	April 2014	06		AANS, CNS Deleted from CPT	Codes Reported Together 75%	April 2014							FALSE	FALSE		February 2	16	Complete	TRUE	Deleted from CPT	
22523	Percutaneous vertebral augmenta	Percutaneous Vertebroplasi	April 2014	06		AANS, CNS Deleted from CPT	CMS Request: PE Review	September 2011							FALSE	FALSE		February 2	16	Complete	TRUE	Deleted from CPT	
22524	Percutaneous vertebral augmenta	Percutaneous Vertebroplasi	April 2014	06		AANS, CNS Deleted from CPT	CMS Request: PE Review	September 2011							FALSE	FALSE		February 2	16	Complete	TRUE	Deleted from CPT	
22525	Percutaneous vertebral augmenta	Percutaneous Vertebroplasi	April 2014	06		AANS, CNS Deleted from CPT	CMS Request: PE Review	September 2011							FALSE	FALSE		February 2	16	Complete	TRUE	Deleted from CPT	
22533	Arthrodesis, lateral extracavitary t	Arthrodesis	September 2011	51		AAOS, NA/ Remove from screen. CPT Assistan	CMS Fastest Growing	October 2008	090	24.79	18.16	NA	6.11	582	TRUE	Oct 2009	Yes			FALSE	TRUE	Remove from Screen	
22551	Arthrodesis, anterior interbody, in	Arthrodesis	February 2010	05		NASS, AAN 24.50	Codes Reported Together 95%	February 2010	090	25	17.63	NA	7.87	33372	FALSE	FALSE		October 2	21	TRUE	Decrease		
22552	Arthrodesis, anterior interbody, in	Arthrodesis	February 2010	05		NASS, AAN 6.50	Codes Reported Together 95%	February 2010	ZZZ	6.5	3.18	NA	2.01	29861	FALSE	FALSE		October 2	21	TRUE	Maintain		
22554	Arthrodesis, anterior interbody te	Arthrodesis	September 2022	13		AANS, AA/ Refer to CPT Assistant. 17.69	Codes Reported Together 95%	February 2008	090	17.69	14.26	NA	5.43	4006	TRUE	TRUE	Referred t	October 2	21	Complete	FALSE	Maintain	
22558	Arthrodesis, anterior interbody te	Vertebral Corpectomy with	September 2022	13		AANS/CNS Maintain	High Volume Growth2 / Code:	April 2013	090	23.53	15.57	NA	6.24	18435	FALSE	TRUE	In January	September 20		yes	TRUE	Maintain	
22585	Arthrodesis, anterior interbody te	Arthrodesis	February 2010	05		NASS, AAN Remove from screen	Codes Reported Together 95%	February 2010	ZZZ	5.52	2.54	NA	1.54	15353	FALSE	FALSE		October 2	21	TRUE	Maintain		
22612	Arthrodesis, posterior or posterol:	Lumbar Arthrodesis	October 2015	21		AANS/CNS Review utilization data	October 20	Codes Reported Together 75%	February 2010	090	23.53	17.02	NA	6.51	39083	FALSE	TRUE	The Workg	October 2	16	Complete	TRUE	Maintain
22614	Arthrodesis, posterior or posterol:	Lumbar Arthrodesis	February 2011	04		AANS/CNS 6.43	Codes Reported Together 75%	February 2010	ZZZ	6.43	3.16	NA	1.94	134805	FALSE	FALSE					TRUE	Decrease	
22630	Arthrodesis, posterior interbody t	Lumbar Arthrodesis	February 2011	04		AANS/CNS 22.09	Codes Reported Together 75%	February 2010	090	22.09	17.52	NA	7.35	4864	FALSE	TRUE	The Workg	October 2	16	Complete	TRUE	Maintain	
22632	Arthrodesis, posterior interbody t	Lumbar Arthrodesis	February 2011	04		AANS/CNS 5.22	Codes Reported Together 75%	February 2010	ZZZ	5.22	2.54	NA	1.70	1721	FALSE	FALSE					TRUE	Decrease	
22633	Arthrodesis, combined posterior c	Lumbar Arthrodesis	February 2011	04		AANS/CNS 27.75	Codes Reported Together 75%	February 2010	090	27.75	18.90	NA	8.24	32588	FALSE	TRUE		October 2	16	Complete	TRUE	Decrease	
22634	Arthrodesis, combined posterior c	Lumbar Arthrodesis	February 2011	04		AANS/CNS 8.16	Codes Reported Together 75%	February 2010	ZZZ	8.16	4.01	NA	2.47	12432	FALSE	TRUE		October 2	16	Complete	TRUE	Decrease	
22843	Posterior segmental instrumentat	Spine Fixation Device	February 2009	38		AAOS, NA/ Remove from screen	CMS Fastest Growing	October 2008	ZZZ	13.44	6.61	NA	4.01	8394	FALSE	FALSE					TRUE	Remove from Screen	
22849	Reinsertion of spinal fixation devi	RAW	September 2014	21		AAOS, NA/ Maintain	CMS Fastest Growing	October 2008	090	19.17	14.12	NA	5.50	3879	FALSE	TRUE	The Workg	June 2010	10	Complete	TRUE	Maintain	
22851	Application of intervertebral biom	Biomechanical Device Inser	January 2016	06		RUC	AANS/CNS Deleted from CPT	CMS Fastest Growing / High V	October 2008						FALSE	TRUE	While prej	October 2	14	Code Dele	TRUE	Deleted from CPT	
22859	Insertion of intervertebral biomec	Biomechanical Device Inser	January 2016	06		AAOS, AA/ 6.00	CMS High Expenditure Proced	October 2015	ZZZ	5.5	2.70	NA	1.62	1628	FALSE	FALSE					TRUE	Decrease	
22867	Insertion of interlaminar/intersp	Insertion of Interlaminar/In	January 2021	26		AAOS, AA/ 15.00	CMS High Expenditure Proced	October 2015	090	15	12.35	NA	4.55	1608	FALSE	FALSE					TRUE	Increase	
22868	Insertion of interlaminar/intersp	Biomechanical Device Inser	January 2016	06		AAOS, AA/ 5.50	CMS High Expenditure Proced	October 2015	ZZZ	4	1.93	NA	1.25	331	FALSE	FALSE					TRUE	Decrease	
22900	Excision, tumor, soft tissue of abd	Subfascial Excision of Soft T	February 2009	5		ACS, AAOs 8.21	Site of Service Anomaly	September 2007	090	8.32	6.64	NA	1.90	490	FALSE	TRUE	CPT devel	June 2008	06	New code	TRUE	Increase	
23076	Excision, tumor, soft tissue of sh	Subfascial Excision of Soft T	February 2009	5		ACS, AAOs 7.28	Site of Service Anomaly	September 2007	090	7.41	7.15	NA	1.64	449	FALSE	TRUE	CPT devel	June 2008	06	New code	TRUE	Decrease	
23120	Claviculectomy; partial	Claviculectomy	April 2008	30		AAOS 7.23	Site of Service Anomaly	September 2007	090	7.39	8.63	NA	1.49	5044	FALSE	FALSE					TRUE	Maintain	
23130	Acromioplasty or acromionectomy	Removal of Bone	September 2007	16		AAOS Reduce 99238 to 0.5	Site of Service Anomaly (9923	September 2007	090	7.77	9.11	NA	1.60	1262	FALSE	FALSE					TRUE	PE Only	
23350	Injection procedure for shoulder i	Injection for Shoulder X-Ray	September 2011	13		ACR, AAOs 1.00	Harvard Valued - Utilization o	April 2011	000	1	0.37	3.98	0.09	28129	FALSE	FALSE					TRUE	Maintain	
23405	Tenotomy, shoulder area; single t	Tenotomy	September 2007	16		AAOS Reduce 99238 to 0.5	Site of Service Anomaly (9923	September 2007	090	8.54	8.33	NA	1.57	1931	FALSE	FALSE					TRUE	PE Only	
23410	Repair of ruptured musculotendin	Rotator Cuff	February 2008	12		AAOS 11.23	Site of Service Anomaly	September 2007	090	11.39	10.70	NA	2.29	2627	FALSE	FALSE					TRUE	Decrease	
23412	Repair of ruptured musculotendin	Rotator Cuff	September 2014	21		AAOS Maintain work RVU and adjust the	Site of Service Anomaly / Pre-	September 2007	090	11.93	11.00	NA	2.40	9154	FALSE	FALSE					TRUE	Decrease	
23415	Coracoacromial ligament release, S	Shoulder Ligament Release	October 2010	62		AAOS 9.23	Site of Service Anomaly	September 2007	090	9.23	9.69	NA	1.90	312	FALSE	FALSE					TRUE	Decrease	
23420	Reconstruction of complete shoul	Rotator Cuff	February 2008	12		AAOS 13.35	Site of Service Anomaly	September 2007	090	13.54	12.63	NA	2.78	1571	FALSE	FALSE					TRUE	Decrease	
23430	Tenodesis of long tendon of bicep	Tenodesis	October 2009	12		AAOS 10.17	CMS Fastest Growing, Site of	September 2007	090	10.17	9.98	NA	2.01	18394	FALSE	FALSE					TRUE	Maintain	
23440	Resection or transplantation of lo	Tendon Transfer	September 2007	16		AAOS Reduce 99238 to 0.5	Site of Service Anomaly (9923	September 2007	090	10.64	9.71	NA	2.17	1196	FALSE	FALSE					TRUE	PE Only	
23472	Arthroplasty, glenohumeral joint; A	Arthroplasty	October 2015	21		AAOS Remove from screen	CMS Fastest Growing / High V	October 2008	090	22.13	16.31	NA	4.39	57646	FALSE	FALSE					TRUE	Remove from Screen	
23540	Closed treatment of acromioclavic	PE Subcommittee	April 2016	46		AAOS, ACE PE Clinical staff pre-time revised	Emergent Procedures	October 2015	090	2.36	4.25	4.36	0.47	283	TRUE	Jan 2018	yes				FALSE	TRUE	PE Only
23600	Closed treatment of proximal hum	Treatment of Humerus Frac	September 2011	14		AAOS 3.00	Harvard Valued - Utilization o	April 2011	090	3	5.91	6.44	0.60	28950	FALSE	FALSE					TRUE	Decrease	
23625	Closed treatment of greater hume	PE Subcommittee	April 2016	46		AAOS, ACE PE Clinical staff pre-time revised	Emergent Procedures	October 2015	090	4.1	5.65	6.63	0.84	162	TRUE	Jan 2018	yes				FALSE	TRUE	PE Only
23650	Closed treatment of shoulder disk	PE Subcommittee	April 2016	46		AAOS, ACE PE Clinical staff pre-time revised	Emergent Procedures	October 2015	090	3.53	4.63	5.58	0.73	13496	TRUE	Jan 2018	yes				FALSE	TRUE	PE Only
23655	Closed treatment of shoulder disk	PE Subcommittee	April 2016	46		AAOS, ACE PE Clinical staff pre-time revised	Emergent Procedures	October 2015	090	4.76	6.56	NA	0.95	2079	TRUE	Jan 2018	yes				FALSE	TRUE	PE Only
23665	Closed treatment of shoulder disk	PE Subcommittee	April 2016	46		AAOS, ACE PE Clinical staff pre-time revised	Emergent Procedures	October 2015	090	4.66	6.40	7.43	0.95	422	TRUE	Jan 2018	yes				FALSE	TRUE	PE Only
24505	Closed treatment of humeral shaf	PE Subcommittee	April 2016	46		AAOS, ACE PE Clinical staff pre-time revised	Emergent Procedures	October 2015	090	5.39	7.10	8.65	1.10	767	TRUE	Jan 2018	yes				FALSE	TRUE	PE Only
24600	Treatment of closed elbow disloc	PE Subcommittee	April 2016	46		AAOS, ACE PE Clinical staff pre-time revised	Emergent Procedures	October 2015	090	4.37	4.93	6.00	0.90	1206	TRUE	Jan 2018	yes				FALSE	TRUE	PE Only
24605	Treatment of closed elbow disloc	PE Subcommittee	April 2016	46		AAOS, ACE PE Clinical staff pre-time revised	Emergent Procedures	October 2015	090	5.64	7.57	NA	1.12	380	TRUE	Jan 2018	yes				FALSE	TRUE	PE Only
25116	Radical excision of bursa, synovia	Forearm Excision	October 2010	63		ASSH, AAC 7.56	Site of Service Anomaly	September 2007	090	7.56	8.99	NA	1.40	861	FALSE	FALSE					TRUE	Maintain	
25210	Carpectomy; 1 bone	Carpectomy	September 2007	16		AAOS Reduce 99238 to 0.5	Site of Service Anomaly (9923	September 2007	090	6.12	7.45	NA	1.11	2762	FALSE	FALSE					TRUE	PE Only	
25260	Repair, tendon or muscle, flexor, f	Tendon Repair	September 2007	16		AAOS Reduce 99238 to 0.5	Site of Service Anomaly (9923	September 2007	090	8.04	9.36	NA	1.51	1002	FALSE	FALSE					TRUE	PE Only	
25280	Lengthening or shortening of flex	Tendon Repair	September 2007	16		AAOS Reduce 99238 to 0.5	Site of Service Anomaly (9923	September 2007	090	7.39	8.12	NA	1.38	1248	FALSE	FALSE					TRUE	PE Only	
25310	Tendon transplantation or transfe	Forearm Repair	February 2008	15		ASSH, AAC 7.94	Site of Service Anomaly	September 2007	090	8.08	8.91	NA	1.48	6280	FALSE	FALSE					TRUE	Decrease	
25447	Arthroplasty, interposition, interc	RAW	September 2022	13	Septembe	RUC	AAOS, ASS Refer to CPT for code bundling sol	Codes Reported Together 75%	April 2022	090	11.14	11.48	NA	2.06	18426	FALSE	TRUE	In April 20	May 2023			FALSE	
25565	Closed treatment of radial and uln	PE Subcommittee	April 2016	46		AAOS, ACE PE Clinical staff pre-time revised	Emergent Procedures	October 2015	090	5.85	6.94	8.57	1.20	532	TRUE	Jan 2018	yes				FALSE	TRUE	PE Only
25605	Closed treatment of distal radial f	PE Subcommittee	April 2016	46		AAOS, ACE PE Clinical staff pre-time revised	Emergent Procedures	October 2015	090	6.25	7.82	8.71	1.27	19202	TRUE	Jan 2018	yes				FALSE	TRUE	PE Only
25606	Percutaneous skeletal fixation of	RAW	September 2014	21		AAOS, ASS Maintain work RVU and adjust the	Pre-Time Analysis	September 2014	090	8.31	9.92	NA	1.68	1528	FALSE	FALSE							

27244	Treatment of intertrochanteric, pe Treat Thigh Fracture	October 2008	12	AAOS	18.00	High IWP	April 2008	090	18.18	14.47	NA	3.73	4927	FALSE		FALSE	TRUE	Increase			
27245	Treatment of intertrochanteric, pe Treat Thigh Fracture	October 2008	12	AAOS	18.00	High IWP / CMS Fastest Gr	February 2008	090	18.18	14.46	NA	3.71	79407	FALSE		FALSE	TRUE	Decrease			
27250	Closed treatment of hip dislocatio	Closed Treatment of Hip Dis	February 2008	18	ACEP	3.82	Site of Service Anomaly	September 2007	000	3.82	0.73	NA	0.78	2922	FALSE		FALSE	TRUE	Decrease		
27252	Closed treatment of hip dislocatio	PE Subcommittee	April 2016	46	AAOS, ACE PE Clinical staff pre-time revised	Emergent Procedures	October 2015	090	11.03	9.22	NA	2.23	712	TRUE	Jan 2018	yes	FALSE	TRUE	PE Only		
27265	Closed treatment of post hip arthr	PE Subcommittee	April 2016	46	AAOS, ACE PE Clinical staff pre-time revised	Emergent Procedures	October 2015	090	5.24	5.97	NA	1.07	7736	TRUE	Jan 2018	yes	FALSE	TRUE	PE Only		
27266	Closed treatment of post hip arthr	PE Subcommittee	April 2016	46	AAOS, ACE PE Clinical staff pre-time revised	Emergent Procedures	October 2015	090	7.78	8.09	NA	1.59	5027	TRUE	Jan 2018	yes	FALSE	TRUE	PE Only		
27279	Arthrodesis, sacroiliac joint, percu	Arthrodesis - Sacroiliac Joint	April 2018	09	AANS, AAC 9.03	CMS Request - Final Rule for 2 July 2017	090	12.13	9.89	NA	2.84	4778	FALSE			FALSE	TRUE	Maintain			
27324	Biopsy, soft tissue of thigh or knee	Soft Tissue Biopsy	September 2007	16	ACS, AAOS Reduce 99238 to 0.5	Site of Service Anomaly (9923	September 2007	090	5.04	5.98	NA	1.11	678	FALSE		FALSE	TRUE	PE Only			
27369	Injection procedure for contrast k	Knee Arthrography Injector	September 2022	13	April 2024 RAW	ACR, AAPA 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	complete	FALSE	Maintain
27370	Injection of contrast for knee arth	Knee Arthrography Injector	October 2017	05	ACR	Deleted from CPT	High Volume Growth1 / CMS I	February 2008							TRUE	Clinical Ex: Yes	TRUE	In October June 2017 09	yes	TRUE	Deleted from CPT
27446	Arthroplasty, knee, condyle and pl	Knee Arthroplasty	April 2021	18	AAOS, AAH 17.13	CMS High Expenditure Proce	September 2011	090	17.48	13.13	NA	3.57	12458	FALSE		FALSE	TRUE			TRUE	Decrease
27447	Arthroplasty, knee, condyle and pl	Hip/Knee Arthroplasty	April 2021	18	AAOS, AAH 19.60	CMS High Expenditure Proce	September 2011	090	19.6	14.38	NA	4.00	246923	FALSE		FALSE	TRUE			TRUE	Decrease
27502	Closed treatment of femoral shaft	PE Subcommittee	April 2016	46	AAOS, ACE PE Clinical staff pre-time revised	Emergent Procedures	October 2015	090	11.36	8.91	NA	2.33	363	TRUE	Jan 2018	yes	FALSE			TRUE	PE Only
27510	Closed treatment of femoral fract	PE Subcommittee	April 2016	46	AAOS, ACE PE Clinical staff pre-time revised	Emergent Procedures	October 2015	090	9.8	8.43	NA	1.99	335	TRUE	Jan 2018	yes	FALSE			TRUE	PE Only
27550	Closed treatment of knee dislocati	PE Subcommittee	April 2016	46	AAOS, ACE PE Clinical staff pre-time revised	Emergent Procedures	October 2015	090	5.98	6.98	8.24	1.24	285	TRUE	Jan 2018	yes	FALSE			TRUE	PE Only
27552	Closed treatment of knee dislocati	PE Subcommittee	April 2016	46	AAOS, ACE PE Clinical staff pre-time revised	Emergent Procedures	October 2015	090	8.18	9.09	NA	1.66	258	TRUE	Jan 2018	yes	FALSE			TRUE	PE Only
27615	Radical resection of tumor (eg, sar	Radical Resection of Soft Tiss	February 2009	6	ACS, AAOS 15.54	Site of Service Anomaly	September 2007	090	15.72	11.41	NA	3.22	213	TRUE			TRUE	CPT devel June 2008 06	New code	TRUE	Increase
27619	Excision, tumor, soft tissue of leg	(Excision of Subfascial Soft T	February 2009	5	ACS, AAOS 6.80	Site of Service Anomaly	September 2007	090	6.91	5.66	NA	1.12	463	FALSE			TRUE	CPT devel June 2008 06	New code	TRUE	Decrease
27640	Partial excision (craterization, sau	Leg Bone Resection Partial	February 2008	19	AOFAS, AF 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	TRUE	Maintain
27641	Partial excision (craterization, sau	Leg Bone Resection Partial	February 2008	19	AOFAS, AF 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	TRUE	Decrease
27650	Repair, primary, open or percutan	Achilles Tendon Repair	February 2008	20	AAOS, AOI 9.00	Site of Service Anomaly	September 2007	090	9.21	8.90	NA	1.44	2064	FALSE		FALSE	TRUE			TRUE	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	TRUE			TRUE	Maintain
27685	Lengthening or shortening of tenc	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	TRUE			TRUE	PE Only
27687	Gastrocnemius recession (eg, str	Tendon Repair	September 2007	16	AAOS Reduce 99238 to 0.5	Site of Service Anomaly	September 2007	090	6.41	6.09	NA	0.95	5972	FALSE		FALSE	TRUE			TRUE	PE Only
27690	Transfer or transplant of single te	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	TRUE			TRUE	Maintain
27691	Transfer or transplant of single te	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	TRUE			TRUE	Maintain
27752	Closed treatment of tibial shaft fr	PE Subcommittee	April 2016	46	AAOS, ACE PE Clinical staff pre-time revised	Emergent Procedures	October 2015	090	6.27	7.15	8.51	1.28	1136	TRUE	Jan 2018	yes	FALSE			TRUE	PE Only
27762	Closed treatment of medial malle	PE Subcommittee	April 2016	46	AAOS, ACE PE Clinical staff pre-time revised	Emergent Procedures	October 2015	090	5.47	6.56	7.93	1.09	356	TRUE	Jan 2018	yes	FALSE			TRUE	PE Only
27792	Open treatment of distal fibular fr	Treatment of Ankle Fracture	February 2011	18	AAOS, AOI 9.71	Site of Service Anomaly	June 2010	090	8.75	8.83	NA	1.63	6531	FALSE		FALSE	TRUE			TRUE	Maintain
27810	Closed treatment of bimalleolar a	PE Subcommittee	April 2016	46	AAOS, ACE PE Clinical staff pre-time revised	Emergent Procedures	October 2015	090	5.32	6.39	7.79	1.06	2798	TRUE	Jan 2018	yes	FALSE			TRUE	PE Only
27814	Open treatment of bimalleolar an	RAW	September 2014	21	AAOS Maintain work RVU and adjust the	Pre-Time Analysis	January 2014	090	10.62	10.07	NA	2.05	10116	FALSE		FALSE	TRUE			TRUE	Maintain
27818	Closed treatment of trimalleolar a	Treatment of Fracture	April 2016	46	AAOS, ACE PE Clinical staff pre-time revised	Site of Service Anomaly (9923	September 2007	090	5.69	6.30	7.87	1.12	3478	TRUE	Jan 2018	yes	FALSE			TRUE	PE Only
27825	Closed treatment of fracture of w	PE Subcommittee	April 2016	46	AAOS, ACE PE Clinical staff pre-time revised	Emergent Procedures	October 2015	090	6.69	6.66	8.24	1.33	666	TRUE	Jan 2018	yes	FALSE			TRUE	PE Only
27840	Closed treatment of ankle dislocat	PE Subcommittee	April 2016	46	AAOS, ACE PE Clinical staff pre-time revised	Emergent Procedures	October 2015	090	4.77	5.74	NA	0.95	2066	TRUE	Jan 2018	yes	FALSE			TRUE	PE Only
28001	Incision and drainage, bursa, foot	Treatment of Foot Infection	October 2020	14	AAOS, AOI 2.00	010-Day Global Post-Operativ	April 2020	010	2	0.66	2.98	0.19	2705	FALSE		FALSE	TRUE			TRUE	Decrease
28002	Incision and drainage below fascia	Treatment of Foot Infection	October 2020	14	AAOS, AOI 3.50	010-Day Global Post-Operativ	January 2014	010	2.79	1.10	4.37	0.27	6205	FALSE		FALSE	TRUE			TRUE	Decrease
28003	Incision and drainage below fascia	Treatment of Foot Infection	October 2020	14	AAOS, AOI 5.28	010-Day Global Post-Operativ	April 2020	090	5.28	1.80	5.46	0.64	6080	FALSE		FALSE	TRUE			TRUE	Decrease
28111	Ostectomy, complete excision; fir	Ostectomy	September 2007	16	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	TRUE			TRUE	PE Only
28120	Partial excision (craterization, sau	Removal of Foot Bone	February 2011	19	AOFAS, AF 8.27	Site of Service Anomaly	September 2007	090	7.31	6.38	11.66	0.98	5001	FALSE		FALSE	TRUE			TRUE	Increase
28122	Partial excision (craterization, sau	Removal of Foot Bone	February 2011	19	AOFAS, AF 7.72	Site of Service Anomaly	September 2007	090	6.76	5.38	9.96	0.73	14389	FALSE		FALSE	TRUE			TRUE	Maintain
28124	Partial excision (craterization, sau	Toe Removal	September 2007	16	APMA, AA Remove 99238	Site of Service Anomaly (9923	September 2007	090	5	4.33	8.61	0.44	9041	FALSE		FALSE	TRUE			TRUE	PE Only
28285	Correction, hammertoe (eg, inter;	Orthopaedic Surgery/Podiat	October 2010	31	AAOS, AOI 5.62	Harvard Valued - Utilization o	February 2010	090	5.62	5.06	9.64	0.60	54045	FALSE		FALSE	TRUE			TRUE	Increase
28289	Hallux rigidus correction with che	Bunionectomy	January 2016	08	AAOS, AOI 6.90	090-Day Global Post-Operativ	October 2015	090	6.9	5.80	12.65	0.79	3586	FALSE		FALSE	TRUE	October 21 19	Complete	TRUE	Decrease
28290	Correction, hallux valgus (bunion)	Bunionectomy	January 2016	08	AAOS, AOI Deleted from CPT	090-Day Global Post-Operativ	October 2015						FALSE		FALSE	FALSE	October 21 19	Complete	TRUE	Deleted from CPT	
28291	Hallux rigidus correction with che	Bunionectomy	January 2016	08	AAOS, AOI 8.01	090-Day Global Post-Operativ	October 2015	090	8.01	5.61	12.13	0.79	2695	FALSE		FALSE	TRUE	October 21 19	Complete	TRUE	Decrease
28292	Correction, hallux valgus (bunion)	Bunionectomy	January 2016	08	AAOS, AOI 7.44	090-Day Global Post-Operativ	October 2015	090	7.44	5.96	12.34	0.73	4884	FALSE		FALSE	TRUE	October 21 19	Complete	TRUE	Decrease
28293	Correction, hallux valgus (bunion)	Bunionectomy	January 2016	08	AAOS, AOI Deleted from CPT	090-Day Global Post-Operativ	January 2014						FALSE		TRUE	In January	October 21 19	Complete	TRUE	Deleted from CPT	
28294	Correction, hallux valgus (bunion)	Bunionectomy	January 2016	08	AAOS, AOI Deleted from CPT	090-Day Global Post-Operativ	October 2015						FALSE		FALSE	FALSE	October 21 19	Complete	TRUE	Deleted from CPT	
28295	Correction, hallux valgus (bunione	Bunionectomy	January 2016	08	AAOS, AOI 8.57	090-Day Global Post-Operativ	October 2015	090	8.57	8.32	22.61	1.32	378	FALSE		FALSE	TRUE	October 21 19	Complete	TRUE	Decrease
28296	Correction, hallux valgus (bunione	Bunionectomy	January 2016	08	AAOS, AOI 8.25	Site of Service Anomaly	September 2007	090	8.25	6.02	17.36	0.77	6895	FALSE		FALSE	TRUE	October 21 19	Complete	TRUE	Decrease
28297	Correction, hallux valgus (bunione	Bunionectomy	January 2016	08	AAOS, AOI 9.29	090-Day Global Post-Operativ	October 2015	090	9.29	7.35	20.37	1.16	2423	FALSE		FALSE	TRUE	October 21 19	Complete	TRUE	Decrease
28298	Correction, hallux valgus (bunione	Bunionectomy	January 2016	08	AAOS, AOI 7.75	Site of Service Anomaly (9923	September 2007	090	7.75	6.13	16.03	0.90	2486	FALSE		FALSE	TRUE	October 21 19	Complete	TRUE	Decrease
28299	Correction, hallux valgus (bunione	Bunionectomy	January 2016	08	AAOS, AOI 9.29	090-Day Global Post-Operativ	October 2015	090	9.29	6.99	19.57	1.02	3605	FALSE		FALSE	TRUE	October 21 19	Complete	TRUE	Decrease
28300	Osteotomy; calcaneus (eg, dwyer	Osteotomy	September 2007	16	AAOS Reduce 99238 to 0.5	Site of Service Anomaly (9923	September 2007	090	9.73	7.95	NA	1.55	2231	FALSE		FALSE	TRUE			TRUE	PE Only
28310	Osteotomy, shortening, angular o	Osteotomy	September 2007	16	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	TRUE			TRUE	PE Only
28470	Closed treatment of metatarsal fr	Treatment of Metatarsal Fr	September 2011	15	AAOS, API 2.03	Harvard Valued - Utilization o	April 2011	090	2.20	3.80	4.19	0.29	23950	FALSE		FALSE	TRUE			TRUE	Maintain
28660	Closed treatment of interphalang	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			TRUE	PE Only
28725	Arthrodesis; subtalar	Foot Arthrodesis	February 2011	20	AOFAS, AF 12.18	Site of Service Anomaly	September 2007	090	11.22	9.95	NA	1.84	4005	FALSE		FALSE	TRUE			TRUE	Maintain
28730	Arthrodesis, midtarsal or tarsome	Foot Arthrodesis	February 2011	20	AOFAS, AF 12.42	Site of Service Anomaly	September 2007	090	10.7	9.31	NA	1.65	3431	FALSE		FALSE	TRUE			TRUE	Maintain
28740	Arthrodesis, midtarsal or tarsome	Arthrodesis	September 2007	16	AAOS Reduce 99238 to 0.5	Site of Service Anomaly (9923	September 2007	090	9.29	7.65	13.95	1.30	3304	FALSE		FALSE	TRUE			TRUE	PE Only
28820	Amputation, toe; metatarsophala	Toe Amputation	April 2019	11	AAOS, ACS 4.10	Site of Service Anomaly - 201	October 2018	000	3.51	1.32	4.99	0.42	27143	FALSE		FALSE	TRUE			TRUE	Decrease
28825	Amputation, toe; interphalangeal	Toe Amputation	April 2019	11	AAOS, ACS 4.00	Site of Service Anomaly	September 2007	000	3.41	1.29	4.94	0.40	13343	FALSE		FALSE	TRUE			TRUE	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	0.14	59186	FALSE		FALSE	TRUE			TRUE	Maintain
29105	Application of long arm splint (shc	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	TRUE			TRUE	Decrease
29200	Strapping; thorax	Strapping Procedures	January 2014	35	APTA 0.39	High Volume Growth2	April 2013	000	0.39	0.14	0.57	0.02	9806	FALSE		FALSE	TRUE			TRUE	Decrease
29220	Deleted from CPT	Strapping; low back	April 2008	57	AAFP Deleted from CPT	High Volume Growth1	February 2008														



30903	Control nasal hemorrhage, anterio	Control Nasal Hemorrhage	April 2016	20	AAOHNS	1.54	CMS Request - Final Rule for 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	AAOHNS	1.97	CMS Request - Final Rule for 2 July 2015	000	1.97	0.80	8.35	0.34	4585	FALSE	FALSE	TRUE	Maintain				
30906	Control nasal hemorrhage, poster	Control Nasal Hemorrhage	April 2016	20	AAOHNS	2.45	CMS Request - Final Rule for 2 July 2015	000	2.45	1.16	8.35	0.39	824	FALSE	FALSE	TRUE	Maintain				
31231	Nasal endoscopy, diagnostic, unila	Nasal/Sinus Endoscopy	January 2012	19	AAO-HNS	1.10	MPC List	000	1.1	0.63	4.42	0.14	476427	FALSE	FALSE	TRUE	Maintain				
31237	Nasal/sinus endoscopy, surgical; w	Nasal/Sinus Endoscopy	April 2013	19	AAO-HNS	2.60	CMS High Expenditure Proce	000	2.6	1.71	4.66	0.37	105242	FALSE	FALSE	TRUE	Decrease				
31238	Nasal/sinus endoscopy, surgical; w	Nasal/Sinus Endoscopy	April 2013	19	AAO-HNS	2.74	CMS High Expenditure Proce	000	2.74	1.77	4.32	0.39	23984	FALSE	FALSE	TRUE	Decrease				
31239	Nasal/sinus endoscopy, surgical; w	Nasal/Sinus Endoscopy	April 2013	19	AAO-HNS	9.04	CMS High Expenditure Proce	010	9.04	7.90	NA	0.95	1012	FALSE	FALSE	TRUE	Decrease				
31240	Nasal/sinus endoscopy, surgical; w	Nasal/Sinus Endoscopy	April 2013	19	AAO-HNS	2.61	CMS High Expenditure Proce	000	2.61	1.67	NA	0.37	3630	FALSE	FALSE	TRUE	Maintain				
31241	Nasal/sinus endoscopy, surgical; w	Nasal/Sinus Endoscopy	January 2017	07	AAOHNS	8.51	Codes Reported Together 75%	000	8	3.93	NA	1.12	397	FALSE	FALSE	September 24	yes	TRUE	Decrease		
31253	Nasal/sinus endoscopy, surgical; w	Nasal/Sinus Endoscopy	January 2017	07	AAOHNS	9.00	Codes Reported Together 75%	000	9	4.42	NA	1.29	6522	FALSE	FALSE	September 24	yes	TRUE	Decrease		
31254	Nasal/sinus endoscopy, surgical w	Nasal/Sinus Endoscopy	January 2017	07	AAOHNS	4.27	CMS Request - Final Rule for 2 July 2015	000	4.27	2.27	8.31	0.60	10074	FALSE	FALSE	September 24	yes	TRUE	Decrease		
31255	Nasal/sinus endoscopy, surgical; w	Nasal/Sinus Endoscopy	January 2017	07	AAOHNS	5.75	CMS Request - Final Rule for 2 July 2015	000	5.75	2.95	NA	0.83	7772	FALSE	TRUE	In April 20	September 24	yes	TRUE	Decrease	
31256	Nasal/sinus endoscopy, surgical; w	Nasal/Sinus Endoscopy	January 2017	07	AAOHNS	3.11	CMS Request - Final Rule for 2 July 2015	000	3.11	1.74	NA	0.42	10991	FALSE	FALSE	September 24	yes	TRUE	Decrease		
31257	Nasal/sinus endoscopy, surgical w	Nasal/Sinus Endoscopy	January 2017	07	AAOHNS	8.00	Codes Reported Together 75%	000	8	3.98	NA	1.11	4615	FALSE	FALSE	September 24	yes	TRUE	Decrease		
31259	Nasal/sinus endoscopy, surgical w	Nasal/Sinus Endoscopy	January 2017	07	AAOHNS	8.48	Codes Reported Together 75%	000	8.48	4.18	NA	1.20	6410	FALSE	FALSE	September 24	yes	TRUE	Decrease		
31267	Nasal/sinus endoscopy, surgical, w	Nasal/Sinus Endoscopy	January 2017	07	AAOHNS	4.68	CMS Request - Final Rule for 2 July 2015	000	4.68	2.45	NA	0.66	21660	FALSE	FALSE	September 24	yes	TRUE	Decrease		
31276	Nasal/sinus endoscopy, surgical, w	Nasal/Sinus Endoscopy	January 2017	07	AAOHNS	6.75	Codes Reported Together 75%	000	6.75	3.40	NA	0.95	11927	FALSE	TRUE	In April 20	September 24	yes	TRUE	Decrease	
31287	Nasal/sinus endoscopy, surgical, w	Nasal/Sinus Endoscopy	January 2017	07	AAOHNS	3.50	Codes Reported Together 75%	000	3.5	1.92	NA	0.50	2449	FALSE	TRUE	In April 20	September 24	yes	TRUE	Decrease	
31288	Nasal/sinus endoscopy, surgical, w	Nasal/Sinus Endoscopy	January 2017	07	AAOHNS	4.10	Codes Reported Together 75%	000	4.1	2.19	NA	0.60	3260	FALSE	TRUE	In April 20	September 24	yes	TRUE	Decrease	
31295	Nasal/sinus endoscopy, surgical, w	Nasal/Sinus Endoscopy	January 2017	07	AAOHNS	2.70	Codes Reported Together 75%	000	2.7	1.55	48.76	0.39	21542	FALSE	FALSE	September 24	yes	TRUE	Maintain		
31296	Nasal/sinus endoscopy, surgical, w	Nasal/Sinus Endoscopy	January 2017	07	AAOHNS	3.10	Codes Reported Together 75%	000	3.1	1.73	49.06	0.42	5960	FALSE	TRUE	In April 20	September 24	yes	TRUE	Decrease	
31297	Nasal/sinus endoscopy, surgical, w	Nasal/Sinus Endoscopy	January 2017	07	AAOHNS	2.44	Codes Reported Together 75%	000	2.44	1.43	48.64	0.34	1530	FALSE	TRUE	In April 20	September 24	yes	TRUE	Decrease	
31298	Nasal/sinus endoscopy, surgical, w	Nasal/Sinus Endoscopy	October 2020	24	AAOHNS	4.50	Codes Reported Together 75%	000	4.5	2.37	92.54	0.64	15631	FALSE	FALSE	September 24	yes	TRUE	Decrease		
31500	Intubation, endotracheal, emerge	Endotracheal Intubation	October 2018	27	ACEP, ASA	3.00	CMS High Expenditure Proce	000	3	0.73	NA	0.42	298685	TRUE	Oct 2016	yes	FALSE	TRUE	Increase		
31551	Laryngoplasty; for laryngeal steno	Laryngoplasty	January 2016	09	AAOHNS	21.50	090-Day Global Post-Operativ	090	21.5	21.37	NA	3.04		FALSE	FALSE	October 21	13	Complete	TRUE	Decrease	
31552	Laryngoplasty; for laryngeal steno	Laryngoplasty	January 2016	09	AAOHNS	20.50	090-Day Global Post-Operativ	090	20.5	20.94	NA	2.92	12	FALSE	FALSE	October 21	13	Complete	TRUE	Decrease	
31553	Laryngoplasty; for laryngeal steno	Laryngoplasty	January 2016	09	AAOHNS	22.00	090-Day Global Post-Operativ	090	22	25.13	NA	3.13	1	FALSE	FALSE	October 21	13	Complete	TRUE	Decrease	
31554	Laryngoplasty; for laryngeal steno	Laryngoplasty	January 2016	09	AAOHNS	22.00	090-Day Global Post-Operativ	090	22	25.16	NA	3.13	17	FALSE	FALSE	October 21	13	Complete	TRUE	Decrease	
31571	Laryngoscopy, direct, with injecto	Laryngoscopy	September 2007	16	AAO-HNS	Reduce 99238 to 0.5	Site of Service Anomaly (9923	000	4.26	2.42	NA	0.60	4609	FALSE	FALSE	October 21	13	Complete	TRUE	PE Only	
31575	Laryngoscopy, flexible; diagnostic		October 2015	08	AAO-HNS	1.00	MPC List / CMS High Expendit	000	0.94	0.91	2.79	0.12	478910	FALSE	FALSE	October 21	13	Complete	TRUE	Decrease	
31579	Laryngoscopy, flexible or rigid tele	Laryngoscopy	October 2015	08	AAO-HNS	1.94	CMS Fastest Growing / CMS H	000	1.88	1.36	3.78	0.25	63562	FALSE	FALSE	October 21	13	Complete	TRUE	Decrease	
31580	Laryngoplasty; for laryngeal web, '	Laryngoplasty	January 2016	09	AAO-HNS	14.60	090-Day Global Post-Operativ	090	14.6	21.79	NA	2.07	20	FALSE	TRUE	CPT code : October 21	13	Complete	TRUE	Decrease	
31582	Laryngoplasty; for laryngeal steno	Laryngoplasty	January 2015	09	AAO-HNS	Deleted from CPT	090-Day Global Post-Operativ	090						FALSE	TRUE	CPT code : October 21	13	Deleted fr	TRUE	Deleted from CPT	
31584	Laryngoplasty; with open reductio	Laryngoplasty	January 2016	09	AAO-HNS	20.00	090-Day Global Post-Operativ	090	17.58	22.27	NA	2.49	18	FALSE	TRUE	CPT code : October 21	13	Complete	TRUE	Decrease	
31587	Laryngoplasty, cricoid split, witho	Laryngoplasty	January 2016	09	AAO-HNS	15.27	090-Day Global Post-Operativ	090	15.27	18.56	NA	2.17	9	FALSE	TRUE	CPT code : October 21	13	Complete	TRUE	Decrease	
31588	Laryngoplasty, not otherwise spec	Laryngoplasty	January 2016	09	AAO-HNS	Deleted from CPT	090-Day Global Post-Operativ	090						FALSE	TRUE	CPT code : October 21	13	Deleted fr	TRUE	Deleted from CPT	
31591	Laryngoplasty, medialization, unila	Laryngoplasty	January 2016	09	AAOHNS	15.60	090-Day Global Post-Operativ	090	13.56	17.33	NA	1.94	857	FALSE	FALSE	October 21	13	Complete	TRUE	Decrease	
31592	Cricotracheal resection	Laryngoplasty	January 2016	09	AAOHNS	25.00	090-Day Global Post-Operativ	090	25	22.99	NA	3.55	24	FALSE	FALSE	October 21	13	Complete	TRUE	Decrease	
31600	Tracheostomy, planned (separate	Tracheostomy	April 2016	21	AAOHNS	5.56	CMS High Expenditure Proce	000	5.56	2.41	NA	1.05	24837	FALSE	FALSE	October 21	13	Complete	TRUE	Increase	
31601	Tracheostomy, planned (separate	Tracheostomy	April 2016	21	AAOHNS	8.00	CMS High Expenditure Proce	000	8	4.08	NA	1.12	5	FALSE	FALSE	October 21	13	Complete	TRUE	Increase	
31603	Tracheostomy, emergency proced	Tracheostomy	April 2016	21	AAOHNS	6.00	CMS High Expenditure Proce	000	6	2.37	NA	1.09	740	FALSE	FALSE	October 21	13	Complete	TRUE	Increase	
31605	Tracheostomy, emergency proced	Tracheostomy	April 2016	21	AAOHNS	6.45	CMS High Expenditure Proce	000	6.45	2.07	NA	1.30	254	FALSE	FALSE	October 21	13	Complete	TRUE	Increase	
31610	Tracheostomy, fenestration proced	Tracheostomy	October 2016	15	AAOHNS, ,	12.00	CMS High Expenditure Proce	090	12	14.85	NA	1.82	1570	FALSE	FALSE	October 21	13	Complete	TRUE	Increase	
31611	Construction of tracheoesophager	Speech Prosthesis	February 2008	5	AAO-HNS	Reduce 99238 to 0.5	Site of Service Anomaly	090	6	9.16	NA	0.89	729	FALSE	FALSE	October 21	13	Complete	TRUE	PE Only	
31620	Endobronchial ultrasound (EBUS)	Endobronchial Ultrasound	January 2015	05	ACCP, ATS	Deleted from CPT	High Volume Growth2	000						FALSE	TRUE	In January	October 21	10	Complete	TRUE	Deleted from CPT
31622	Bronchoscopy, rigid or flexible, in	Bronchial Aspiration of Trac	January 2015	05	ACCP, ATS	2.78	High Volume Growth2	000	2.53	1.04	4.60	0.28	39918	FALSE	FALSE	October 21	10	Complete	TRUE	Maintain	
31623	Bronchoscopy, rigid or flexible, in	Diagnostic Bronchoscopy	October 2017	09	ATS, CHES	2.63	High Volume Growth4	000	2.63	1.02	5.48	0.22	19304	FALSE	FALSE	October 21	10	Complete	TRUE	Maintain	
31624	Bronchoscopy, rigid or flexible, in	Diagnostic Bronchoscopy	October 2017	09	ATS, CHES	2.63	High Volume Growth4	000	2.63	1.05	4.82	0.23	91904	FALSE	FALSE	October 21	10	Complete	TRUE	Maintain	
31625	Bronchoscopy, rigid or flexible, in	Endobronchial Ultrasound	January 2015	05	ATS, CHES	3.36	High Volume Growth2	000	3.11	1.18	7.26	0.28	14651	FALSE	FALSE	October 21	10	Complete	TRUE	Maintain	
31626	Bronchoscopy, rigid or flexible, in	Endobronchial Ultrasound	January 2015	05	ACCP, ATS	4.16	High Volume Growth2	000	3.91	1.41	20.18	0.42	1820	FALSE	FALSE	October 21	10	Complete	TRUE	Maintain	
31628	Bronchoscopy, rigid or flexible, in	Endobronchial Ultrasound	January 2015	05	ACCP, ATS	3.80	High Volume Growth2	000	3.55	1.30	7.48	0.28	26147	FALSE	FALSE	October 21	10	Complete	TRUE	Maintain	
31629	Bronchoscopy, rigid or flexible, in	Endobronchial Ultrasound	January 2015	05	ACCP, ATS	4.00	High Volume Growth2	000	3.75	1.36	9.80	0.33	12212	FALSE	FALSE	October 21	10	Complete	TRUE	Decrease	
31632	Bronchoscopy, rigid or flexible, in	Endobronchial Ultrasound	January 2015	05	ACCP, ATS	1.03	High Volume Growth2	000	1.03	0.32	0.80	0.09	3345	FALSE	FALSE	October 21	10	Complete	TRUE	Maintain	
31633	Bronchoscopy, rigid or flexible, in	Endobronchial Ultrasound	January 2015	05	ACCP, ATS	1.32	High Volume Growth2	000	1.32	0.41	0.95	0.11	965	FALSE	FALSE	October 21	10	Complete	TRUE	Maintain	
31645	Bronchoscopy, rigid or flexible, in	Bronchial Aspiration of Trac	October 2016	08	ATS, CHES	2.88	Harvard Valued - Utilization o	000	2.88	1.15	5.07	0.25	30487	FALSE	FALSE	May 2016	14	Complete	TRUE	Decrease	
31646	Bronchoscopy, rigid or flexible, in	Bronchial Aspiration of Trac	October 2016	08	ATS, CHES	2.78	Harvard Valued - Utilization o	000	2.78	1.11	NA	0.25	3746	FALSE	FALSE	May 2016	14	Complete	TRUE	Increase	
31652	Bronchoscopy, rigid or flexible, in	Endobronchial Ultrasound	January 2015	05	ATS, ACCP	5.00	High Volume Growth2	000	4.46	1.59	34.63	0.41	21872	FALSE	FALSE	October 21	10	Complete	TRUE	Decrease	
31653	Bronchoscopy, rigid or flexible, in	Endobronchial Ultrasound	January 2015	05	ATS, ACCP	5.50	High Volume Growth2	000	4.96	1.75	35.59	0.45	12420	FALSE	FALSE	October 21	10	Complete	TRUE	Decrease	
31654	Bronchoscopy, rigid or flexible, in	Bronchial Aspiration of Trac	January 2015	05	ATS, ACCP	1.70	High Volume Growth2	000	1.4	0.44	2.12	0.11	7822	FALSE	FALSE	October 21	10	Complete	TRUE	Decrease	
32201	Pneumostomy; with percutane	Drainage of Abscess	January 2013	04		Deleted from CPT	Codes Reported Together 75%	000						FALSE	FALSE	October 21	06	Complete	TRUE	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%	000	3.18	1.00	23.07	0.27	58546	FALSE	TRUE	In October	February 21	11	complete	TRUE	Deleted from CPT
32408	Core needle biopsy, lung or mediu	Lung Biopsy-CT Guidance Bt	April 2019	05	ACR, SIR	4.00	Codes Reported Together 75%	000						FALSE	FALSE	October 21	10	Complete	TRUE	Increase	
32420	Pneumocentesis, puncture of lung	Thoracentesis with Tube Ins	September 2011	17	ACCP, ACR	Deleted from CPT	Harvard Valued - Utilization o	000						FALSE	TRUE	In Septem	February 21	10	Complete	TRUE	Deleted from CPT
32421	Thoracentesis, puncture of pleura	Thoracentesis with Tube Ins	September 2011	17	ACCP, ACR	Deleted from CPT	Harvard Valued - Utilization o	000						FALSE	TRUE	In Septem	February 21	10	Complete	TRUE	Deleted from CPT
32422	Thoracentesis with insertion of tu	Thoracentesis with Tube Ins	September 2011	17	ACCP, ACR	Deleted from CPT	Harvard Valued - Utilization o	000						FALSE	TRUE	In Septem	February 21	10	Complete	TRUE	Deleted from CPT
32440	Removal of lung, pneumonectomy	RAW Review	January 2013	34	ACCP, ATS	No reliable way to determine inc	CMS Request to Re-Review Fa	090	27.28	12.44	NA	6.47	217	FALSE	FALSE	February 21	10	Complete	TRUE	Remove from Screen	
32480	Removal of lung, other than pneu	RAW Review	January 2013	34	ACCP, ATS	No reliable way to determine inc	CMS Request to Re-Review Fa	090	25.82	11.61	NA	6.12	3477	FALSE	FALSE	February 21	10	Complete	TRUE	Remove from Screen	
32482	Removal of lung, other than pneu	RAW Review	January 2013	34	ACCP, ATS	No reliable way to determine inc	CMS Request to Re-Review Fa	090	27.44	12.65	NA	6.51	243	FALSE	FALSE	February 21	10	Complete	TRUE	Remove from Screen	
32491	Removal of lung, other than pneu	RAW Review	January 2012	30																	

33240	Insertion of implantable defibrillator Pacemaker or Pacing Cardio September 2011	04	ACC	6.06	Codes Reported Together 75% February 2010	090	5.8	3.71	NA	1.36	174	FALSE	TRUE	33213 - Th February 213	Complete	TRUE	Decrease
33241	Removal of implantable defibrillator Pacemaker or Pacing Cardio April 2011	10	ACC	3.29	Codes Reported Together 75% February 2010	090	3.04	2.63	NA	0.72	5115	FALSE	TRUE	33213 - Th February 213	Complete	TRUE	Maintain
33249	Insertion or replacement of permanent Pacemaker or Pacing Cardio April 2011	10	ACC	15.17	Codes Reported Together 75% February 2010	090	14.92	8.76	NA	3.46	34980	FALSE	TRUE	33213 - Th February 213	Complete	TRUE	Maintain
33262	Removal of implantable defibrillator Pacemaker or Pacing Cardio September 2011	04	ACC	6.06	Codes Reported Together 75% April 2011	090	5.81	3.94	NA	1.33	2466	FALSE	FALSE	February 213		TRUE	Decrease
33263	Removal of implantable defibrillator Pacemaker or Pacing Cardio September 2011	04	ACC	6.33	Codes Reported Together 75% April 2011	090	6.08	4.04	NA	1.40	6837	FALSE	FALSE	February 213		TRUE	Decrease
33264	Removal of implantable defibrillator Pacemaker or Pacing Cardio September 2011	04	ACC	6.60	Codes Reported Together 75% April 2011	090	6.35	4.18	NA	1.47	11676	FALSE	FALSE	February 213		TRUE	Decrease
33282	Implantation of patient-activated Implantation and Removal April 2013	20		3.50	CMS Request - Final Rule for 2 October 2012							FALSE	FALSE	February 212	yes	TRUE	Decrease
33284	Removal of an implantable, patient Implantation and Removal April 2013	20		3.00	CMS Request - Final Rule for 2 October 2012							FALSE	FALSE	February 212	yes	TRUE	Decrease
33405	Replacement, aortic valve, open, v Valve Replacement and CAE April 2012	40	STS	41.32	CMS High Expenditure Proceed September 2011	090	41.32	15.56	NA	9.73	12189	FALSE	FALSE			TRUE	Maintain
33430	Replacement, mitral valve, with ca Valve Replacement and CAE April 2012	40	STS	50.93	High IWP/UT / CMS High Expenditure February 2008	090	50.93	19.28	NA	11.98	6096	FALSE	FALSE			TRUE	Maintain
33533	Coronary artery bypass, using aortic Valve Replacement and CAE April 2012	40	STS	34.98	CMS High Expenditure Proceed September 2011	090	33.75	13.24	NA	7.95	46522	FALSE	FALSE			TRUE	Increase
33620	Application of right and left pulmonary 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		TRUE	Maintain
33621	Transcatheter insertion of catheter 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		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		TRUE	Maintain
33741	Transcatheter atrial septostomy (Atrial Septostomy) January 2020	13		14.00	CMS Request - Final Rule for 2 September 2019	000	14	4.83	NA	3.28		FALSE		September 16	yes	TRUE	Maintain
33745	Transcatheter intracardiac shunt (Atrial Septostomy) January 2020	13		20.00	CMS Request - Final Rule for 2 September 2019	000	20	6.90	NA	4.67		FALSE		September 16	yes	TRUE	Maintain
33746	Transcatheter intracardiac shunt (Atrial Septostomy) January 2020	13		10.50	CMS Request - Final Rule for 2 September 2019	ZZZ	8	2.76	NA	1.86		FALSE		September 16	yes	TRUE	Maintain
33863	Ascending aorta graft, with cardio Aortic Graft February 2008	5	STS, AATS	Remove from screen	High IWP/UT February 2008	090	58.79	19.58	NA	13.84	1627	FALSE	FALSE			TRUE	Remove from Screen
33945	Heart transplant, with or without ECMO-ECLS April 2014	11	STS, AAP	, 16.00	CMS Request - Final Rule for 2 November 2014	090	89.5	31.93	NA	21.06	668	FALSE	FALSE	February 223	Complete	TRUE	Maintain
33946	Extracorporeal membrane oxygenation ECMO-ECLS April 2014	11	STS, AAP	, 6.00	CMS Request - Final Rule for 2 November 2014	XXX	6	1.83	NA	1.25	604	FALSE	FALSE	February 223	Complete	TRUE	Maintain
33947	Extracorporeal membrane oxygenation ECMO-ECLS April 2014	11	STS, AAP	, 6.63	CMS Request - Final Rule for 2 November 2013	XXX	6.63	2.00	NA	1.41	1278	FALSE	FALSE	February 223	Complete	TRUE	Maintain
33948	Extracorporeal membrane oxygenation ECMO-ECLS April 2014	11	STS, AAP	, 4.73	CMS Request - Final Rule for 2 November 2013	XXX	4.73	1.48	NA	0.77	6049	FALSE	FALSE	February 223	Complete	TRUE	Maintain
33949	Extracorporeal membrane oxygenation ECMO-ECLS April 2014	11	STS, AAP	, 4.60	CMS Request - Final Rule for 2 November 2013	XXX	4.6	1.40	NA	0.77	5136	FALSE	FALSE	February 223	Complete	TRUE	Maintain
33951	Extracorporeal membrane oxygenation ECMO-ECLS April 2014	11	STS, AAP	, 8.15	CMS Request - Final Rule for 2 November 2013	000	8.15	2.35	NA	1.91		FALSE	FALSE	February 223	Complete	TRUE	Maintain
33952	Extracorporeal membrane oxygenation ECMO-ECLS April 2014	11	STS, AAP	, 8.43	CMS Request - Final Rule for 2 November 2013	000	8.15	2.57	NA	1.81	1399	FALSE	FALSE	February 223	Complete	TRUE	Maintain
33953	Extracorporeal membrane oxygenation ECMO-ECLS April 2014	11	STS, AAP	, 9.83	CMS Request - Final Rule for 2 November 2013	000	9.11	2.61	NA	2.16	1	FALSE	FALSE	February 223	Complete	TRUE	Maintain
33954	Extracorporeal membrane oxygenation ECMO-ECLS April 2014	11	STS, AAP	, 9.43	CMS Request - Final Rule for 2 November 2014	000	9.11	2.74	NA	2.14	298	FALSE	FALSE	February 223	Complete	TRUE	Maintain
33956	Extracorporeal membrane oxygenation ECMO-ECLS April 2014	11	STS, AAP	, 16.00	CMS Request - Final Rule for 2 November 2014	000	16	4.70	NA	3.74	370	FALSE	FALSE	February 223	Complete	TRUE	Maintain
33957	Extracorporeal membrane oxygenation 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	FALSE	February 223	Complete	TRUE	Maintain
33958	Extracorporeal membrane oxygenation ECMO-ECLS April 2014	11	STS, AAP	, 4.05	CMS Request - Final Rule for 2 November 2014	000	3.51	1.07	NA	0.83	74	FALSE	FALSE	February 223	Complete	TRUE	Maintain
33959	Extracorporeal membrane oxygenation ECMO-ECLS April 2014	11	STS, AAP	, 4.69	CMS Request - Final Rule for 2 November 2014	000	4.47	1.34	NA	1.04		FALSE	FALSE	February 223	Complete	TRUE	Maintain
33960	Prolonged extracorporeal circulation ECMO-ECLS April 2014	11	STS, AAP	, Deleted from CPT	CMS Request - Final Rule for 2 July 2013							FALSE	TRUE	October 21 February 223	Complete	TRUE	Deleted from CPT
33961	Prolonged extracorporeal circulation ECMO-ECLS April 2014	11	STS, AAP	, Deleted from CPT	CMS Request - Final Rule for 2 July 2013							FALSE	TRUE	October 21 February 223	Complete	TRUE	Deleted from CPT
33962	Extracorporeal membrane oxygenation ECMO-ECLS April 2014	11	STS, AAP	, 4.73	CMS Request - Final Rule for 2 November 2014	000	4.47	1.34	NA	1.04	18	FALSE	FALSE	February 223	Complete	TRUE	Maintain
33963	Extracorporeal membrane oxygenation ECMO-ECLS April 2014	11	STS, AAP	, 9.00	CMS Request - Final Rule for 2 November 2014	000	9	2.58	NA	2.11		FALSE	FALSE	February 223	Complete	TRUE	Maintain
33964	Extracorporeal membrane oxygenation ECMO-ECLS April 2014	11	STS, AAP	, 9.50	CMS Request - Final Rule for 2 November 2014	000	9.5	2.72	NA	2.22	13	FALSE	FALSE	February 223	Complete	TRUE	Maintain
33965	Extracorporeal membrane oxygenation ECMO-ECLS April 2014	11	STS, AAP	, 3.51	CMS Request - Final Rule for 2 November 2014	000	3.51	1.07	NA	0.83		FALSE	FALSE	February 223	Complete	TRUE	Maintain
33966	Extracorporeal membrane oxygenation ECMO-ECLS April 2014	11	STS, AAP	, 4.50	CMS Request - Final Rule for 2 November 2014	000	4.5	1.43	NA	0.99	477	FALSE	FALSE	February 223	Complete	TRUE	Maintain
33969	Extracorporeal membrane oxygenation ECMO-ECLS April 2014	11	STS, AAP	, 6.00	CMS Request - Final Rule for 2 November 2014	000	5.22	1.54	NA	1.21		FALSE	FALSE	February 223	Complete	TRUE	Maintain
33984	Extracorporeal membrane oxygenation ECMO-ECLS April 2014	11	STS, AAP	, 6.38	CMS Request - Final Rule for 2 November 2014	000	5.46	1.56	NA	1.29	426	FALSE	FALSE	February 223	Complete	TRUE	Maintain
33985	Extracorporeal membrane oxygenation ECMO-ECLS April 2014	11	STS, AAP	, 9.89	CMS Request - Final Rule for 2 November 2014	000	9.89	2.83	NA	2.31	1	FALSE	FALSE	February 223	Complete	TRUE	Maintain
33986	Extracorporeal membrane oxygenation ECMO-ECLS April 2014	11	STS, AAP	, 10.00	CMS Request - Final Rule for 2 November 2014	000	10	2.99	NA	2.33	212	FALSE	FALSE	February 223	Complete	TRUE	Maintain
33987	Arterial exposure with creation of ECMO-ECLS April 2014	11	STS, AAP	, 4.08	CMS Request - Final Rule for 2 November 2014	ZZZ	4.04	1.12	NA	0.95	36	FALSE	FALSE	February 223	Complete	TRUE	Maintain
33988	Insertion of left heart vent by thoracic ECMO-ECLS April 2014	11	STS, AAP	, 15.00	CMS Request - Final Rule for 2 November 2014	000	15	4.23	NA	3.52	29	FALSE	FALSE	February 223	Complete	TRUE	Maintain
33989	Removal of left heart vent by thoracic ECMO-ECLS April 2014	11	STS, AAP	, 9.50	CMS Request - Final Rule for 2 November 2013	000	9.5	2.72	NA	2.22	15	FALSE	FALSE	February 223	Complete	TRUE	Maintain
34701	Endovascular repair of infrarenal Endovascular Repair Proceed January 2017	10	SVS, SIR	, S 23.71	Codes Reported Together 75% January 2017	090	23.71	6.99	NA	5.65	650	FALSE	FALSE			TRUE	Decrease
34702	Endovascular repair of infrarenal Endovascular Repair Proceed January 2017	10	SVS, SIR	, S 36.00	Codes Reported Together 75% January 2017	090	36	9.41	NA	8.74	97	FALSE	FALSE			TRUE	Decrease
34703	Endovascular repair of infrarenal Endovascular Repair Proceed January 2017	10	SVS, SIR	, S 26.52	Codes Reported Together 75% January 2017	090	26.52	7.36	NA	6.39	795	FALSE	FALSE			TRUE	Decrease
34704	Endovascular repair of infrarenal Endovascular Repair Proceed January 2017	10	SVS, SIR	, S 45.00	Codes Reported Together 75% January 2017	090	45	10.84	NA	11.06	99	FALSE	FALSE			TRUE	Decrease
34705	Endovascular repair of infrarenal Endovascular Repair Proceed January 2017	10	SVS, SIR	, S 29.58	Codes Reported Together 75% January 2017	090	29.58	8.06	NA	7.10	10152	FALSE	FALSE			TRUE	Decrease
34706	Endovascular repair of infrarenal Endovascular Repair Proceed January 2017	10	SVS, SIR	, S 45.00	Codes Reported Together 75% January 2017	090	45	10.84	NA	10.97	609	FALSE	FALSE			TRUE	Decrease
34707	Endovascular repair of iliac artery Endovascular Repair Proceed January 2017	10	SVS, SIR	, S 22.28	Codes Reported Together 75% January 2017	090	22.28	6.34	NA	5.28	453	FALSE	FALSE			TRUE	Decrease
34708	Endovascular repair of iliac artery Endovascular Repair Proceed January 2017	10	SVS, SIR	, S 36.50	Codes Reported Together 75% January 2017	090	36.5	9.06	NA	8.55	76	FALSE	FALSE			TRUE	Decrease
34709	Placement of extension prosthesis Endovascular Repair Proceed January 2017	10	SVS, SIR	, S 6.50	Codes Reported Together 75% January 2017	ZZZ	6.5	1.38	NA	1.55	2552	FALSE	FALSE			TRUE	Decrease
34710	Delayed placement of distal or proximal Endovascular Repair Proceed January 2017	10	SVS, SIR	, S 15.00	Codes Reported Together 75% January 2017	090	15	4.70	NA	3.60	1049	FALSE	FALSE			TRUE	Decrease
34711	Delayed placement of distal or proximal Endovascular Repair Proceed January 2017	10	SVS, SIR	, S 6.00	Codes Reported Together 75% January 2017	ZZZ	6	1.19	NA	1.43	306	FALSE	FALSE			TRUE	Decrease
34712	Transcatheter delivery of enhanced Endovascular Repair Proceed January 2017	10	SVS, SIR	, S 12.00	Codes Reported Together 75% January 2017	090	12	4.34	NA	2.84	1001	FALSE	FALSE			TRUE	Decrease
34713	Percutaneous access and closure Endovascular Repair Proceed January 2017	10	SVS, SIR	, S 2.50	Codes Reported Together 75% January 2017	ZZZ	2.5	0.51	NA	0.60	13909	FALSE	FALSE			TRUE	Decrease
34714	Open femoral artery exposure with Endovascular Repair Proceed January 2017	10	SVS, SIR	, S 5.25	Codes Reported Together 75% January 2017	ZZZ	5.25	1.37	NA	1.26	472	FALSE	FALSE			TRUE	Decrease
34715	Open axillary/subclavian artery ex Endovascular Repair Proceed January 2017	10	SVS, SIR	, S 6.00	Codes Reported Together 75% January 2017	ZZZ	6	1.29	NA	1.47	205	FALSE	FALSE			TRUE	Decrease
34716	Open axillary/subclavian artery ex Endovascular Repair Proceed January 2017	10	SVS, SIR	, S 7.19	Codes Reported Together 75% January 2017	ZZZ	7.19	1.99	NA	1.68	966	FALSE	FALSE			TRUE	Decrease
34800	Endovascular repair of infrarenal Endovascular Repair Proceed January 2017	10	AAOHNS	Deleted from CPT	Codes Reported Together 75% October 2015							FALSE	FALSE			TRUE	Deleted from CPT
34802	Endovascular repair of infrarenal Endovascular Repair Proceed January 2017	10	SVS, SIR	, S Deleted from CPT	Pre-Time Analysis / Codes Referred January 2014							FALSE	TRUE	Referred to September 2016	yes	TRUE	Deleted from CPT
34803	Endovascular repair of infrarenal Endovascular Repair Proceed January 2017	10	SVS, SIR	, S Deleted from CPT	Codes Reported Together 75% October 2015							FALSE	FALSE			TRUE	Deleted from CPT
34804	Endovascular repair of infrarenal Endovascular Repair Proceed January 2017	10	SVS, SIR	, S Deleted from CPT	Codes Reported Together 75% October 2015							FALSE	FALSE			TRUE	Deleted from CPT
34805	Endovascular repair of infrarenal Endovascular Repair Proceed January 2017	10	SVS, SIR	, S Deleted from CPT	Codes Reported Together 75% January 2017							FALSE	FALSE			TRUE	Deleted from CPT
34806	Transcatheter placement of wire Endovascular Repair Proceed January 2017	10	SVS, SIR	, S Deleted from CPT	Codes Reported Together 75% January 2017							FALSE	FALSE			TRUE	Deleted from CPT
34812	Open femoral artery exposure for Endovascular Repair Proceed January 2017	10	SVS, SIR	, S 4.13	Pre-Time Analysis January 2014	ZZZ	4.13	0.90	NA	1.00	6601	FALSE	TRUE	Referred to September 27	yes	TRUE	Decrease
34820	Open iliac artery exposure for distal Endovascular Repair Proceed January 2017	10	SVS, SIR	, S 7.00	Codes Reported Together 75% January 2017	ZZZ	7	1.12	NA	1.73	57	FALSE	FALSE			TRUE	Decrease
34825	Placement of proximal or distal ex Endovascular Repair Proceed January 2017	10	SVS, SIR	, S Deleted from CPT	Pre-Time Analysis / Codes Referred January 2014							FALSE	TRUE	Referred to September 27	yes	TRUE	Deleted from CPT
34826	Placement of proximal or distal ex Endovascular Repair Proceed January 2017	10	SVS, SIR	, S Deleted from CPT	Codes Reported Together 75% January 2017							FALSE	FALSE			TRUE	Deleted from CPT
34833	Open iliac artery exposure with Endovascular Repair Proceed January 2017	10	SVS, SIR	, S 8.16	Codes Reported Together 75% January 2017	ZZZ	8.16	1.30	NA	2.03	40	FALSE	FALSE			TRUE	Decrease
34834	Open brachial artery exposure for Endovascular Repair Proceed January 2017	10	SVS, SIR	, S 2.65	Codes Reported Together 75% January 2017	ZZZ	2.65	0.48	NA	0.65	374	FALSE	FALSE			TRUE	Decrease
34900	Endovascular repair of iliac artery Endovascular Repair Proceed January 2017	10	SVS, SIR	, S Deleted from CPT	Codes Reported Together 75% January 2017							FALSE	FALSE			TRUE	Deleted from CPT
35301	Thromboendarterectomy, including Thromboendarterectomy January 2013	21	SVS	21.16	CMS High Expenditure Proceed September 2011	090	21.16	6.70	NA	5.29	27259	FALSE	FALSE			TRUE	Increase
35450	Transluminal balloon angioplasty, Open and Percutaneous Transcatheter January 2016	15	RUC	ACR, SIR, S Deleted from C													



35701	Exploration not followed by surgic Exploration of Artery	January 2019	06		ACS, SVS	7.50	Negative IWP	January 2018	090	7.5	4.09	NA	1.29	885	FALSE	TRUE	The RUC is September 17	Complete	TRUE	Decrease		
35702	Exploration not followed by surgic Exploration of Artery	January 2019	06			7.12	Negative IWP	September 2018	090	7.12	3.20	NA	1.66	499	FALSE	FALSE	September 17	Complete	TRUE	Decrease		
35703	Exploration not followed by surgic Exploration of Artery	January 2019	06			7.50	Negative IWP	September 2018	090	7.5	3.04	NA	1.78	666	FALSE	FALSE	September 17	Complete	TRUE	Decrease		
35721	Exploration (not followed by surgic Exploration of Artery	January 2019	06		ACS, SVS	Deleted from CPT	Negative IWP	January 2018							FALSE	TRUE	The RUC is September 17	Complete	TRUE	Deleted from CPT		
35741	Exploration (not followed by surgic Exploration of Artery	January 2019	06		ACS, SVS	Deleted from CPT	Negative IWP	January 2018							FALSE	TRUE	The RUC is September 17	Complete	TRUE	Deleted from CPT		
35761	Exploration (not followed by surgic Exploration of Artery	January 2019	06		ACS, SVS	Deleted from CPT	Negative IWP	April 2017							FALSE	TRUE	The RUC is September 17	Complete	TRUE	Deleted from CPT		
36000	Introduction of needle or intracatl Introduction of Needle or Ir	April 2010	45		ACC, AUR,	CMS consider a bundled status for	Harvard Valued - Utilization o	October 2009	XXX	0.18	0.07	0.70	0.01		FALSE	TRUE	The specialty societies indicated	Complete	TRUE	Maintain		
36010	Introduction of catheter, superior Introduction of Catheter	October 2013	18		ACR, SIR,	S Remove from re-review.	Codes Reported Together 75% February 2010		XXX	2.18	0.61	14.32	0.39	13423	FALSE	FALSE	February 215		TRUE	Remove from Screen		
36140	Introduction of needle or intracatl Introduction of Needle or Ir	October 2013	18		SVS, SIR,	A Remove from re-review	Harvard Valued - Utilization o	April 2011	XXX	1.76	0.50	13.78	0.35	17418	FALSE	FALSE			TRUE	Remove from Screen		
36145	Deleted from CPT	Arteriovenous Shunt Imagir	April 2009	9		Deleted from CPT	Codes Reported Together 95% February 2008								FALSE	TRUE	Referred to February 231	Code Dele	TRUE	Deleted from CPT		
36147	Introduction of needle and/or catl Dialysis Circuit -1	January 2016	14		ACR, RPA,	Deleted from CPT	Codes Reported Together 95% February 2008								FALSE	FALSE	October 2127	Complete	TRUE	Deleted from CPT		
36148	Introduction of needle and/or catl Dialysis Circuit -1	January 2016	14		ACR, RPA,	Deleted from CPT	Codes Reported Together 95% February 2008								FALSE	FALSE	October 2127	Complete	TRUE	Deleted from CPT		
36215	Selective catheter placement, arte Selective Catheter Placeme	April 2016	23		ACR, RPA,	4.17	Codes Reported Together 75% February 2010	000		4.17	1.46	27.20	0.57	42749	FALSE	TRUE	The Workgroup recommends th	Complete	TRUE	Decrease		
36216	Selective catheter placement, arte Selective Catheter Placeme	April 2016	23		ACR, SIR,	S 5.27	Codes Reported Together 75% February 2010	000		5.27	1.63	26.59	0.98	4110	FALSE	TRUE	The Workgroup recommends th	Complete	TRUE	Maintain		
36217	Selective catheter placement, arte Selective Catheter Placeme	April 2016	23		ACR, SIR,	S 6.29	Harvard Valued - Utilization o	April 2011	000	6.29	1.99	46.84	1.26	3625	FALSE	TRUE	In September 2011, the specialty	Complete	TRUE	Maintain		
36218	Selective catheter placement, arte Selective Catheter Placeme	April 2016	23		ACR, SIR,	S 1.01	CMS High Expenditure Proce	July 2015	ZZZ	1.01	0.31	4.97	0.18	1773	FALSE	FALSE			TRUE	Maintain		
36221	Non-selective catheter placement, Cervicocerebral Angiograph	April 2012	14		AAN, AAN:	4.51	Codes Reported Together 75% February 2010	000		3.92	1.09	25.89	0.89	1758	FALSE	TRUE	The Work February 212	Complete	TRUE	Decrease		
36222	Selective catheter placement, con Cervicocerebral Angiograph	April 2012	14		AAN, AAN:	6.00	Codes Reported Together 75% February 2010	000		5.28	1.79	30.52	1.26	5920	FALSE	TRUE	The Work February 212	Complete	TRUE	Decrease		
36223	Selective catheter placement, con Cervicocerebral Angiograph	October 2020	24		AAN, AAN:	6.50	Codes Reported Together 75% February 2010	000		5.75	2.25	41.86	1.44	24795	FALSE	TRUE	The Work February 212	Complete	TRUE	Decrease		
36224	Selective catheter placement, inte Cervicocerebral Angiograph	October 2020	24		AAN, AAN:	7.55	Codes Reported Together 75% February 2010	000		6.25	2.70	53.61	1.68	32350	FALSE	TRUE	The Work February 212	Complete	TRUE	Decrease		
36225	Selective catheter placement, sub Cervicocerebral Angiograph	April 2012	14		AAN, AAN:	6.50	Codes Reported Together 75% February 2010	000		5.75	2.17	39.34	1.47	9398	FALSE	TRUE	The Work February 212	Complete	TRUE	Decrease		
36226	Selective catheter placement, vert Cervicocerebral Angiograph	April 2012	14		AAN, AAN:	7.55	Codes Reported Together 75% February 2010	000		6.25	2.65	51.43	1.66	28231	FALSE	TRUE	The Work February 212	Complete	TRUE	Decrease		
36227	Selective catheter placement, exte Cervicocerebral Angiograph	April 2012	14		AAN, AAN:	2.32	Codes Reported Together 75% February 2010	ZZZ		2.09	0.84	4.40	0.56	13420	FALSE	TRUE	The Work February 212	Complete	TRUE	Decrease		
36228	Selective catheter placement, ead Cervicocerebral Angiograph	April 2012	14		AAN, AAN:	4.25	Codes Reported Together 75% February 2010	ZZZ		4.25	1.71	32.82	1.18	1948	FALSE	TRUE	The Work February 212	Complete	TRUE	Decrease		
36245	Selective catheter placement, arte Selective Catheter Placeme	January 2013	22		ACC, ACR,	4.90	Harvard Valued - Utilization o	October 2009	XXX	4.65	1.42	33.01	0.79	35341	FALSE	TRUE	An extensi February 207 & 06	New code	TRUE	Decrease		
36246	Selective catheter placement, arte Vascular Injection Procedur	October 2012	27		SVS, SIR,	A 5.27	Harvard Valued - Utilization o	February 2010	000	5.02	1.34	19.75	1.01	31792	FALSE	FALSE			TRUE	Maintain		
36247	Selective catheter placement, arte Vascular Injection Procedur	October 2012	27		SVS, SIR,	A 7.00	Harvard Valued - Utilization o	February 2010	000	6.04	1.63	37.03	1.02	60496	FALSE	FALSE			TRUE	Increase		
36248	Selective catheter placement, arte Catheter Placement	October 2009	40		ACR, SIR	Remove from screen	CMS Fastest Growing	October 2008	ZZZ	1.01	0.28	2.43	0.11	25988	FALSE	TRUE	The code i February 207	New code	TRUE	Remove from Screen		
36251	Selective catheter placement (first Renal Angiography	April 2011	11		ACR, SIR	5.45	Codes Reported Together 75% February 2011	000		5.1	1.49	33.88	0.89	3009	FALSE	FALSE			TRUE	Decrease		
36252	Selective catheter placement (first Renal Angiography	April 2011	11		ACR, SIR	7.38	Codes Reported Together 75% February 2011	000		6.74	2.25	34.76	1.48	6222	FALSE	FALSE			TRUE	Decrease		
36253	Superselective catheter placemen Renal Angiography	April 2011	11		ACR, SIR	7.55	Codes Reported Together 75% February 2011	000		7.3	2.15	54.16	0.85	1559	FALSE	FALSE			TRUE	Decrease		
36254	Superselective catheter placemen Renal Angiography	April 2011	11		ACR, SIR	8.15	Codes Reported Together 75% February 2011	000		7.9	2.50	52.13	1.61	154	FALSE	FALSE			TRUE	Decrease		
36410	Venipuncture, age 3 years or olde Venipuncture	April 2010	36		ACP	0.18	Harvard Valued - Utilization o	October 2009	XXX	0.18	0.07	0.32	0.02	137370	FALSE	FALSE			TRUE	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			TRUE	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			TRUE	Decrease		
36478	Endovenous ablation therapy of ir Endovenous Ablation	April 2014	38		ACC, ACR,	5.30	High Volume Growth2	April 2013	000	5.3	1.76	24.09	1.05	37437	FALSE	FALSE			TRUE	Decrease		
36479	Endovenous ablation therapy of ir Endovenous Ablation	April 2014	38		ACC, ACR,	2.65	High Volume Growth2	April 2013	ZZZ	2.65	0.78	5.91	0.55	4399	FALSE	FALSE			TRUE	Decrease		
36481	Percutaneous portal vein catheter Interventional Radiology Pri	February 2009	21		ACR, SIR	New PE Inputs	CMS Request - Practice Expen	NA	000	6.73	2.01	46.31	0.64	709	FALSE	FALSE			TRUE	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 for 2 January 2017	000		2	1.07	NA	0.12	278	TRUE	May 2018	yes	FALSE	September 30	yes	TRUE	Increase
36512	Therapeutic apheresis; for red blo Therapeutic Apheresis	January 2017	12		CAP, RPA	2.00. Refer to CPT Assistant.	CMS Request - Final Rule for 2 January 2017	000		2	1.00	NA	0.12	2926	TRUE	May 2018	yes	FALSE	September 30	yes	TRUE	Increase
36513	Therapeutic apheresis; for platele Therapeutic Apheresis	January 2017	12		CAP, RPA	2.00. Refer to CPT Assistant.	CMS Request - Final Rule for 2 January 2017	000		2	0.90	NA	0.21	179	TRUE	May 2018	yes	FALSE	September 30	yes	TRUE	Increase
36514	Therapeutic apheresis; for plasma Therapeutic Apheresis	January 2017	12		CAP, RPA	1.81. Refer to CPT Assistant	CMS Request - Final Rule for 2 January 2017	000		1.81	0.79	15.21	0.14	25754	TRUE	May 2018	yes	FALSE	September 30	yes	TRUE	Increase
36515	Therapeutic apheresis; with extra Therapeutic Apheresis	January 2017	12		CAP, RPA	Deleted from CPT	CMS Request - Final Rule for 2 January 2017								TRUE	May 2018	yes	FALSE	September 30	yes	TRUE	Deleted from CPT
36516	Therapeutic apheresis; with extra Therapeutic Apheresis	January 2017	12		CAP, RPA	1.56. Refer to CPT Assistant	CMS Fastest Growing / CMS R	October 2008	000	1.56	0.65	52.81	0.28	978	TRUE	Sep 2009	Yes	TRUE	CPT code : September 30	yes	TRUE	Increase
36522	Photopheresis, extracorporel Therapeutic Apheresis	January 2017	12		CAP, RPA	1.75. Refer to CPT Assistant	CMS Request - Final Rule for 2 January 2017	000		1.75	0.97	39.97	0.11	8511	TRUE	May 2018	yes	FALSE	September 30	yes	TRUE	Increase
36555	Insertion of non-tunneled centrall Insertion of Catheter	October 2016	16	RUC	ACR, ASA	1.93	CMS High Expenditure Proce	July 2015	000	1.93	0.38	3.64	0.17	34	FALSE	FALSE			TRUE	Decrease		
36556	Insertion of non-tunneled centrall Insertion of Catheter	October 2016	16	RUC	ACR, ASA	1.75	CMS High Expenditure Proce	July 2015	000	1.75	0.50	4.53	0.22	422378	FALSE	FALSE			TRUE	Decrease		
36568	Insertion of peripherally inserted i PCC Line Procedures	September 2022	13		ACR, SIR	2.11	Identified in RUC review of o	October 2016	000	2.11	0.35	NA	0.21	2	FALSE	TRUE	In October September 16	Complete	TRUE	Decrease		
36569	Insertion of peripherally inserted i PCC Line Procedures	September 2022	13		ACR, SIR	1.90.	CMS High Expenditure Proce	July 2015	000	1.9	0.60	NA	0.24	11928	FALSE	TRUE	In October September 16	Complete	TRUE	Decrease		
36572	Insertion of peripherally inserted i PCC Line Procedures	September 2022	13		ACR, SIR,	S 2.00	CMS High Expenditure Proce	September 2017	000	1.82	0.33	9.46	0.20	26	FALSE	FALSE			TRUE	Decrease		
36573	Insertion of peripherally inserted i PCC Line Procedures	September 2022	13		ACR, SIR,	S 1.90	CMS High Expenditure Proce	September 2017	000	1.7	0.56	9.96	0.20	75480	FALSE	FALSE			TRUE	Decrease		
36584	Replacement, complete, of a perip PCC Line Procedures	September 2022	13		ACR, SIR	1.47	Identified in RUC review of o	October 2016	000	1.2	0.40	8.86	0.11	3570	FALSE	TRUE	In October September 16	Complete	TRUE	Decrease		
36620	Arterial catheterization or cannula Insertion of Catheter	April 2018	33		ACR, ASA	1.00	CMS High Expenditure Proce	July 2015	000	1	0.20	NA	0.09	537935	FALSE	FALSE			TRUE	Decrease		
36818	Arteriovenous anastomosis, open; Arteriovenous Anastomosis	October 2013	10		ACS, SVS	13.00	CMS Request - Final Rule for 2 November 2012	090		12.39	4.83	NA	3.04	4375	FALSE	FALSE			TRUE	Increase		
36819	Arteriovenous anastomosis, open; Arteriovenous Anastomosis	October 2013	10		ACS, SVS	15.00	CMS Request - Final Rule for 2 November 2012	090		13.29	4.90	NA	3.29	6123	FALSE	FALSE			TRUE	Increase		
36820	Arteriovenous anastomosis, open; Arteriovenous Anastomosis	October 2013	10		ACS, SVS	13.99	Site of Service Anomaly / CMS	September 2007	090	13.07	4.88	NA	3.18	1070	FALSE	FALSE			TRUE	Decrease		
36821	Arteriovenous anastomosis, open; Arteriovenous Anastomosis	October 2013	10		ACS, SVS	11.90	Site of Service Anomaly / CMS	September 2007	090	11.9	4.63	NA	2.94	26218	FALSE	FALSE			TRUE	Decrease		
36822	Insertion of cannula(s) for prolong ECMO-ECLS	April 2014	11		STS, AAP,	Deleted from CPT	CMS Request - Final Rule for 2 February 2011								FALSE	TRUE	Added as j February 223	Complete	TRUE	Deleted from CPT		
36825	Creation of arteriovenous fistula b Arteriovenous Anastomosis	October 2013	10		ACS, SVS	15.93	Site of Service Anomaly / CMS	September 2007	090	14.17	5.64	NA	3.53	1533	FALSE	FALSE			TRUE	Increase		
36830	Creation of arteriovenous fistula b Arteriovenous Anastomosis	October 2013	10		ACS, SVS	11.90	CMS Request - Final Rule for 2 November 2012	090		12.03	4.60	NA	2.97	17399	FALSE	FALSE			TRUE	Decrease		
36834	Deleted from CPT	Aneurysm Repair	September 2007	16		AVA, ACS	Deleted from CPT	Site of Service Anomaly	September 2007						FALSE	TRUE	The RUC r February 218	Code Dele	TRUE	Deleted from CPT		
36870	Thrombectomy, percutaneous, ar Dialysis Circuit -1	January 2016	14	RUC	ACR, SIR,	S Deleted from CPT	Site of Service Anomaly (9923	September 2007							FALSE	TRUE	The RUC r October 2127	Complete	TRUE	Deleted from CPT		
36901	Introduction of needle(s) and/or c Dialysis Circuit -1	January 2016	14	RUC	ACR, RPA,	3.36	Codes Reported Together 75% October 2015	000		3.36	1.05	17.91	0.50	58681	FALSE	FALSE	October 2127	Complete	TRUE	Decrease		
36902	Introduction of needle(s) and/or c Dialysis Circuit -1	January 2016	14	RUC	ACR, RPA,	4.83	Codes Reported Together 75% October 2015	000		4.83	1.47	31.90	0.68	180136	FALSE	FALSE	October 2127	Complete	TRUE	Decrease		
36903	Introduction of needle(s) and/or c Dialysis Circuit -1	January 2016	14	RUC	ACR, RPA,	6.39	Codes Reported Together 75% October 2015	000		6.39	1.82	127.30	0.99	19278	FALSE	FALSE	October 2127	Complete	TRUE	Decrease		
36904	Percutaneous transluminal mecha Dialysis Circuit -1	January 2016	14	RUC	ACR, RPA,	7.50	Codes Reported Together 75% October 2015	000		7.5	2.15	47.32	1.04	3960	FALSE	FALSE	October 2127	Complete	TRUE	Decrease		
36905	Percutaneous transluminal mecha Dialysis Circuit -1	January 2016	14	RUC	ACR, RPA,	9.00	Codes Reported Together 75% October 2015	000		9	2.72	60.63	1.20	38039	FALSE	FALSE	October 21					

37227	Revascularization, endovascular, o Endovascular Revascularizat	April 2022	16	April 2023 RUC	SVS, ACS, ; Refer 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	FALSE	Decrease
37228	Revascularization, endovascular, o Endovascular Revascularizat	April 2022	16	April 2023 RUC	SVS, ACS, ; Refer to CPT. 11.00	High Volume Growth1	February 2010	000	10.75	2.69	117.11	2.36	32986	FALSE	TRUE	In October	February 2023	FALSE	Decrease
37229	Revascularization, endovascular, o Endovascular Revascularizat	April 2022	16	April 2023 RUC	SVS, ACS, ; Refer to CPT. 14.05	High Volume Growth1 / PE Sc	February 2010	000	13.8	3.66	262.74	2.85	39090	FALSE	TRUE	In October	February 2023	FALSE	Decrease
37230	Revascularization, endovascular, o Endovascular Revascularizat	April 2022	16	April 2023 RUC	SVS, ACS, ; Refer to CPT. 13.80	High Volume Growth1	February 2010	000	13.55	3.78	264.62	3.00	2731	FALSE	TRUE	In October	February 2023	FALSE	Decrease
37231	Revascularization, endovascular, o Endovascular Revascularizat	April 2022	16	April 2023 RUC	SVS, ACS, ; Refer to CPT. 15.00	High Volume Growth1	February 2010	000	14.75	4.00	349.39	2.73	2909	FALSE	TRUE	In October	February 2023	FALSE	Decrease
37232	Revascularization, endovascular, o Endovascular Revascularizat	April 2022	16	April 2023 RUC	SVS, ACS, ; Refer to CPT. 4.00	High Volume Growth1	February 2010	ZZZ	4	1.01	20.61	0.79	15768	FALSE	TRUE	In October	February 2023	FALSE	Decrease
37233	Revascularization, endovascular, o Endovascular Revascularizat	April 2022	16	April 2023 RUC	SVS, ACS, ; Refer to CPT. 6.50	High Volume Growth1	February 2010	ZZZ	6.5	1.62	24.00	1.33	8651	FALSE	TRUE	In October	February 2023	FALSE	Decrease
37234	Revascularization, endovascular, o Endovascular Revascularizat	April 2022	16	April 2023 RUC	SVS, ACS, ; Refer to CPT. 5.50	High Volume Growth1	February 2010	ZZZ	5.5	1.56	106.58	1.20	402	FALSE	TRUE	In October	February 2023	FALSE	Decrease
37235	Revascularization, endovascular, o Endovascular Revascularizat	April 2022	16	April 2023 RUC	SVS, ACS, ; Refer to CPT. 7.80	High Volume Growth1	February 2010	ZZZ	7.8	2.12	112.18	1.26	139	FALSE	TRUE	In October	February 2023	FALSE	Decrease
37236	Transcatheter placement of an int Transcatheter Placement of April	2013	09		SVS, ACS, ; 9.00	Codes Reported Together 75%	February 2013	000	8.75	2.28	75.20	1.87	11118	FALSE	FALSE	February 210	Complete	TRUE	Decrease
37237	Transcatheter placement of an int Transcatheter Placement of April	2013	09		SVS, ACS, ; 4.25	Codes Reported Together 75%	February 2013	ZZZ	4.25	0.97	34.98	0.95	1341	FALSE	FALSE	February 210	Complete	TRUE	Decrease
37238	Transcatheter placement of an int Transcatheter Placement of April	2013	09		SVS, ACS, ; 6.29	Codes Reported Together 75%	February 2013	000	6.04	1.71	100.31	1.18	10491	FALSE	FALSE	February 210	Complete	TRUE	Decrease
37239	Transcatheter placement of an int Transcatheter Placement of April	2013	09		SVS, ACS, ; 3.34	Codes Reported Together 75%	February 2013	ZZZ	2.97	0.82	49.57	0.61	4194	FALSE	FALSE	February 210	Complete	TRUE	Decrease
37241	Vascular embolization or occlusior Embolization and Occlusion April	2013	08		SVS, ACS, ; 9.00	Codes Reported Together 75%	February 2010	000	8.75	2.47	136.01	1.29	1852	FALSE	FALSE	February 209		TRUE	Decrease
37242	Vascular embolization or occlusior Embolization and Occlusion April	2013	08		SVS, ACS, ; 11.98	Codes Reported Together 75%	February 2010	000	9.8	2.55	212.05	1.44	8018	FALSE	FALSE	February 209		TRUE	Decrease
37243	Vascular embolization or occlusior Embolization and Occlusion April	2013	08		SVS, ACS, ; 14.00	Codes Reported Together 75%	February 2010	000	11.74	3.33	256.53	1.09	13506	FALSE	FALSE	February 209		TRUE	Decrease
37244	Vascular embolization or occlusior Embolization and Occlusion April	2013	08		SVS, ACS, ; 14.00	Codes Reported Together 75%	February 2010	000	13.75	4.05	190.53	1.33	13195	FALSE	FALSE	February 209		TRUE	Decrease
37246	Transluminal balloon angioplasty (Open and Percutaneous Tra	January 2016	15	RUC	ACR, SIR, ; 7.00	Codes Reported Together 75%	October 2015	000	7	1.89	48.61	1.24	7743	FALSE	FALSE	October 2124	Complete	TRUE	Decrease
37247	Transluminal balloon angioplasty (Open and Percutaneous Tra	January 2016	15	RUC	ACR, SIR, ; 3.50	Codes Reported Together 75%	October 2015	ZZZ	3.5	0.73	12.64	0.73	651	FALSE	FALSE	October 2124	Complete	TRUE	Decrease
37248	Transluminal balloon angioplasty (Open and Percutaneous Tra	January 2016	15	RUC	ACR, SIR, ; 6.00	Codes Reported Together 75%	October 2015	000	6	1.79	35.48	0.86	14716	FALSE	FALSE	October 2124	Complete	TRUE	Decrease
37249	Transluminal balloon angioplasty (Open and Percutaneous Tra	January 2016	15	RUC	ACR, SIR, ; 5.2.97	Codes Reported Together 75%	October 2015	ZZZ	2.97	0.76	10.13	0.50	3590	FALSE	FALSE	October 2124	Complete	TRUE	Decrease
37250	Intravascular ultrasound (non-corr Intravascular Ultrasound	January 2015	07		ACC, SCAI, Deleted from CPT	Final Rule for 2015	July 2014							FALSE	TRUE	A CCP was October 213	Complete	TRUE	Deleted from CPT
37251	Intravascular ultrasound (non-corr Intravascular Ultrasound	January 2015	07		ACC, SCAI, Deleted from CPT	Final Rule for 2015	July 2014							FALSE	TRUE	A CCP was October 213	Complete	TRUE	Deleted from CPT
37252	Intravascular ultrasound (noncoro Intravascular Ultrasound	October 2018	14		ACC, SCAI, 1.80	Final Rule for 2015 / Work Ne	July 2014	ZZZ	1.8	0.45	27.51	0.34	68320	FALSE	FALSE	October 2113	Complete	TRUE	Decrease
37253	Intravascular ultrasound (noncoro Intravascular Ultrasound	October 2018	14		ACC, SCAI, 1.44	Final Rule for 2015 / Work Ne	July 2014	ZZZ	1.44	0.36	3.38	0.25	105426	FALSE	FALSE	October 2113	Complete	TRUE	Decrease
37609	Ligation or biopsy, temporal arter	Ligation September 2007	16		SVS, ACS Reduce 99238 to 0.5	Site of Service Anomaly (9923	September 2007	010	3.05	2.36	5.74	0.64	11518	FALSE	FALSE			TRUE	PE Only
37619	Ligation of inferior vena cava	Ligation of Inferior Vena Ca	April 2011	13	ACS, SVS 37.60	Codes Reported Together 75%	February 2011	090	30	13.84	NA	7.57	51	FALSE	FALSE	February 215		TRUE	Increase
37620	Interruption, partial or complete, Major Vein Revision	April 2010	45		ACR, SIR, ; Deleted from CPT	Codes Reported Together 75%	February 2010							FALSE	TRUE	The Work February 215	Code Dele	TRUE	Deleted from CPT
37760	Ligation of perforator veins, subfa Perorator Vein Ligation	April 2009	10		SVS, ACS 10.69	Site of Service Anomaly	September 2007	090	10.78	3.47	NA	2.69	39	FALSE	TRUE	The RUC r February 219	Complete	TRUE	Maintain
37761	Ligation of perforator vein(s), subf Perforator Vein Ligation	April 2009	10		SVS, ACS 9.00	Site of Service Anomaly	April 2009	090	9.13	4.46	NA	2.20	227	FALSE	FALSE			TRUE	Increase
37765	Stab phlebectomy of varicose vein Stab Phlebectomy of Varico	April 2018	12		ACS, SIR, ; 4.80	High Volume Growth1 / CMS I	February 2008	010	4.8	2.12	7.04	1.05	9983	FALSE	FALSE			TRUE	Decrease
37766	Stab phlebectomy of varicose vein Stab Phlebectomy of Varico	April 2018	12		ACS, SIR, ; 5.60	High Volume Growth1 / CMS I	February 2008	010	6	2.44	7.69	1.32	8158	FALSE	FALSE			TRUE	Decrease
37785	Ligation, division, and/or excision	Ligation September 2007	16		APMA, SV; Reduce 99238 to 0.5	Site of Service Anomaly (9923	September 2007	090	3.93	2.69	5.77	0.95	707	FALSE	FALSE			TRUE	PE Only
38220	Diagnostic bone marrow; aspiratic Diagnostic Bone Marrow As	April 2016	06		ASCO, ASH 1.20	CMS High Expenditure Procd	February 2016	XXX	1.2	0.70	3.35	0.09	4953	FALSE	FALSE	February 216	Complete	TRUE	Decrease
38221	Diagnostic bone marrow; biopsy(i Diagnostic Bone Marrow As	April 2016	06		ASCO, ASH 1.28	CMS High Expenditure Procd	July 2015	XXX	1.28	0.70	3.46	0.09	8935	FALSE	TRUE	Prior to th February 216	Complete	TRUE	Decrease
38222	Diagnostic bone marrow; biopsy(i Diagnostic Bone Marrow As	April 2016	06		ASCO, ASH 1.44	CMS High Expenditure Procd	February 2016	XXX	1.44	0.68	3.68	0.11	112874	FALSE	FALSE	February 216	Complete	TRUE	Decrease
38505	Biopsy or excision of lymph node Needle Biopsy of Lymph No	October 2020	15		ACR, SIR 1.59	Harvard Valued - Utilization o	October 2019	000	1.59	0.77	3.60	0.14	32769	FALSE	FALSE			TRUE	Increase
38542	Dissection, deep jugular node(s) Jugular Node Dissection	April 2008	40		ACS, AAO- 7.85	Site of Service Anomaly	September 2007	090	7.95	6.19	NA	1.37	503	FALSE	FALSE			TRUE	Increase
38570	Laparoscopy, surgical; with retro Laparoscopy Lymphadenect	September 2014	12		AUA 9.34	010-Day Global Post-Operativ	January 2014	010	8.49	5.28	NA	1.47	5794	FALSE	FALSE			TRUE	Maintain
38571	Laparoscopy, surgical; with bilater Laparoscopy Lymphadenect	September 2014	12		AUA 12.00	CMS Fastest Growing / 010-D	October 2008	010	12	5.89	NA	1.53	16802	FALSE	FALSE			TRUE	Decrease
38572	Laparoscopy, surgical; with bilater Laparoscopy Lymphadenect	September 2014	12		ACOG 15.60	010-Day Global Post-Operativ	January 2014	010	15.6	8.72	NA	2.46	1824	FALSE	FALSE			TRUE	Decrease
38792	Injection procedure; radioactive t Radioactive Tracer	January 2018	23		0.65	Negative IWPUT	April 2017	000	0.65	0.23	1.72	0.09	29251	FALSE	FALSE			TRUE	Increase
39400	Mediastinoscopy, includes biopsy Mediastinoscopy with Biops	January 2015	08		STS Deleted from CPT	Pre-Time Analysis	January 2014							FALSE	TRUE	Referred t October 2114	Complete	TRUE	Deleted from CPT
39401	Mediastinoscopy; includes biopsy Mediastinoscopy with Biops	January 2015	08		STS 5.44	Pre-Time Analysis	October 2014	000	5.44	2.32	NA	1.29	375	FALSE	FALSE	October 2114	Complete	TRUE	Decrease
39402	Mediastinoscopy; with lymph nod Mediastinoscopy with Biops	January 2015	08		STS 7.50	Pre-Time Analysis	October 2014	000	7.25	2.87	NA	1.70	3044	FALSE	FALSE	October 2114	Complete	TRUE	Increase
40490	Biopsy of lip Biopsy of Lip	September 2011	21		AAO-HNS, 1.22	Harvard Valued - Utilization o	April 2011	000	1.22	0.68	2.32	0.11	26035	FALSE	FALSE			TRUE	Maintain
40650	Repair lip, full thickness; vermilion PE Subcommittee	April 2016	46		AAOS, ACE PE Clinical staff pre-time revised	Emergent Procedures	October 2015	090	3.78	4.74	9.90	0.73	311	TRUE	Nov 2016 yes			FALSE	PE Only
40800	Drainage of abscess, cyst, hemato RAW	April 2014	52		Maintain	010-Day Global Post-Operativ	January 2014	010	1.23	2.15	4.76	0.12	2838	FALSE	FALSE			TRUE	Maintain
40801	Drainage of abscess, cyst, hemato Osteotomy	January 2020	37		APMA, AA Maintain. Reduced 99238 to 0.5	Site of Service Anomaly (9923	September 2007	010	2.63	2.91	5.75	0.25	1342	FALSE	FALSE			TRUE	PE Only
40808	Biopsy, vestibule of mouth Biopsy of Mouth Lesion	April 2018	13		AAOHNS, ; 1.05	Negative IWPUT	April 2017	010	1.05	1.40	3.89	0.11	7939	FALSE	FALSE			TRUE	Increase
40812	Excision of lesion of mucosa and s RAW	April 2014	52		Maintain	010-Day Global Post-Operativ	January 2014	010	2.37	2.85	5.94	0.25	5069	FALSE	FALSE			TRUE	Maintain
40820	Destruction of lesion or scar of ve RAW	April 2014	52		Maintain	010-Day Global Post-Operativ	January 2014	010	1.34	3.54	6.44	0.12	870	FALSE	FALSE			TRUE	Maintain
41530	Submucosal ablation of the tongu Submucosal ablation of ton	April 2015	26	RUC	AAO-HNS 3.50	Final Rule for 2015	July 2014	000	3.5	7.41	24.36	0.50	248	FALSE	FALSE			TRUE	Decrease
42145	Palatopharyngoplasty (eg, uvulop	Palatopharyngoplasty April 2008	41		AAO-HNS 9.63	Site of Service Anomaly	September 2007	090	9.78	9.25	NA	1.39	359	FALSE	FALSE			TRUE	Maintain
42415	Excision of parotid tumor or parot Excise Parotid Gland/Lesion	February 2011	27		ACS, AAO- 18.12	Site of Service Anomaly	September 2007	090	17.16	11.64	NA	2.50	4301	FALSE	FALSE			TRUE	Maintain
42420	Excision of parotid tumor or parot Excise Parotid Gland/Lesion	February 2011	27		ACS, AAO- 21.00	Site of Service Anomaly	September 2007	090	19.53	12.70	NA	2.85	1345	FALSE	FALSE			TRUE	Maintain
42440	Excision of submandibular (subma Submandibular Gland Excisi	October 2010	64		AAO-HNS, 7.13	Site of Service Anomaly	September 2007	090	6.14	5.27	NA	0.89	1464	FALSE	FALSE			TRUE	Maintain
43191	Esophagoscopy, rigid, transoral; d Esophagoscopy	October 2012	10		AAO-HNS, 2.78	MPC List	September 2011	000	2.49	1.69	NA	0.37	2534	FALSE	FALSE			TRUE	Increase
43192	Esophagoscopy, rigid, transoral; w Esophagoscopy	October 2012	10		AAO-HNS, 3.21	MPC List	September 2011	000	2.79	1.79	NA	0.40	164	FALSE	FALSE			TRUE	Increase
43193	Esophagoscopy, rigid, transoral; w Esophagoscopy	October 2012	10		AAO-HNS, 3.36	MPC List	September 2011	000	2.79	1.78	NA	0.40	196	FALSE	FALSE			TRUE	Increase
43194	Esophagoscopy, rigid, transoral; w Esophagoscopy	October 2012	10		AAO-HNS, 3.99	MPC List	September 2011	000	3.51	1.60	NA	0.57	118	FALSE	FALSE			TRUE	Increase
43195	Esophagoscopy, rigid, transoral; w Esophagoscopy	October 2012	10		AAO-HNS, 3.21	MPC List	September 2011	000	3.07	1.91	NA	0.43	493	FALSE	FALSE			TRUE	Increase
43196	Esophagoscopy, rigid, transoral; w Esophagoscopy	October 2012	10		AAO-HNS, 3.36	MPC List	September 2011	000	3.31	2.00	NA	0.42	375	FALSE	FALSE			TRUE	Increase
43197	Esophagoscopy, flexible, transnas Esophagoscopy	October 2012	10		AAO-HNS, 1.59	MPC List	September 2011	000	1.52	0.67	4.04	0.24	909	FALSE	FALSE			TRUE	Maintain
43198	Esophagoscopy, flexible, transnas Esophagoscopy	October 2012	10		AAO-HNS, 1.89	MPC List	September 2011	000	1.82	0.82	4.33	0.25	210	FALSE	FALSE			TRUE	Maintain
43200	Esophagoscopy, flexible, transoral Esophagoscopy	October 2012	10		AAO-HNS, 1.59	MPC List	September 2011	000	1.42	0.94	6.43	0.21	4190	FALSE	FALSE	May 2012		TRUE	Maintain
43201	Esophagoscopy, flexible, transoral Esophagoscopy	October 2012	10		AGA, ASGF 1.90	MPC List	September 2011	000	1.72	1.06	5.98	0.25	200	FALSE	FALSE	May 2012		TRUE	Decrease
43202	Esophagoscopy, flexible, transoral Esophagoscopy	October 2012	10		AAO-HNS, 1.89	MPC List	September 2011	000	1.72	1.07	9.								



43242	Esophagogastroduodenoscopy, fle EGD	April 2013	11	AGA, ASGI 5.39	CMS Fastest Growing / MPC List	October 2008	000	4.73	2.44	NA	0.52	23675	TRUE	Mar 2009	Yes	TRUE	In the Pan	February 2 12	Complete	TRUE	Decrease
43243	Esophagogastroduodenoscopy, fle EGD	January 2013	08	AGA, ASGI 4.37	MPC List	September 2011	000	4.27	2.16	NA	0.50	491	FALSE			FALSE	October 2012	Complete	TRUE	Decrease	
43244	Esophagogastroduodenoscopy, fle EGD	January 2013	08	AGA, ASGI 4.50	MPC List	September 2011	000	4.4	2.29	NA	0.47	18306	FALSE			FALSE	October 2012	Complete	TRUE	Decrease	
43245	Esophagogastroduodenoscopy, fle EGD	January 2013	08	AGA, ASGI 3.18	MPC List	September 2011	000	3.08	1.65	15.01	0.41	12727	FALSE			FALSE	October 2012	Complete	TRUE	Maintain	
43246	Esophagogastroduodenoscopy, fle EGD	April 2013	11	AGA, ASGI 4.32	MPC List	September 2011	000	3.56	1.79	NA	0.52	66201	FALSE			FALSE	October 2012	Complete	TRUE	Maintain	
43247	Esophagogastroduodenoscopy, fle EGD	January 2013	08	AGA, ASGI 3.27	MPC List	September 2011	000	3.11	1.68	8.25	0.39	23932	FALSE			FALSE	October 2012	Complete	TRUE	Decrease	
43248	Esophagogastroduodenoscopy, fle EGD	January 2013	08	AGA, ASGI 3.01	MPC List	September 2011	000	2.91	1.61	9.47	0.33	86776	FALSE			FALSE	October 2012	Complete	TRUE	Decrease	
43249	Esophagogastroduodenoscopy, fle EGD	January 2013	08	AGA, ASGI 2.77	MPC List	September 2011	000	2.67	1.50	31.12	0.32	103830	FALSE			FALSE	October 2012	Complete	TRUE	Decrease	
43250	Esophagogastroduodenoscopy, fle EGD	January 2013	08	AGA, ASGI 3.07	MPC List	September 2011	000	2.97	1.59	10.58	0.42	2969	FALSE			FALSE	October 2012	Complete	TRUE	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	Complete	TRUE	Decrease	
43253	Esophagogastroduodenoscopy, fle EGD	April 2013	11	AGA, ASGI 5.39	MPC List	February 2012	000	4.73	2.43	NA	0.52	2011	FALSE			TRUE	In the Pan	February 2 12	Complete	TRUE	Decrease
43254	Esophagogastroduodenoscopy, fle EGD	January 2013	08	AGA, ASGI 5.25	MPC List	October 2012	000	4.87	2.49	NA	0.56	4869	FALSE			FALSE	October 21 14	Complete	TRUE	Decrease	
43255	Esophagogastroduodenoscopy, fle EGD	January 2013	08	AGA, ASGI 4.20	MPC List	September 2011	000	3.56	1.91	15.52	0.40	57096	FALSE			FALSE	October 2012	Complete	TRUE	Decrease	
43256	Upper gastrointestinal endoscopy EGD	January 2013	08	AGA, ASGI Deleted from CPT	MPC List	September 2011							FALSE			FALSE	October 2012	Complete	TRUE	Deleted from CPT	
43257	Esophagogastroduodenoscopy, fle EGD	January 2013	08	AGA, ASGI 4.25	MPC List	September 2011	000	4.15	2.13	NA	0.56	106	FALSE			FALSE	October 2012	Complete	TRUE	Decrease	
43258	Upper gastrointestinal endoscopy EGD	January 2013	08	AGA, ASGI Deleted from CPT	MPC List	September 2011							FALSE			FALSE	October 21 14	Complete	TRUE	Deleted from CPT	
43259	Esophagogastroduodenoscopy, fle EGD	April 2013	11	AGA, ASGI 4.74	CMS Fastest Growing	October 2008	000	4.04	2.13	NA	0.42	28786	TRUE	Mar 2009	Yes	TRUE	In the Pan	February 2 12	Complete	TRUE	Decrease
43260	Endoscopic retrograde cholangiop ERCP	April 2013	12	AGA, ASGI 5.95	MPC List	September 2011	000	5.85	2.93	NA	0.65	4228	FALSE			TRUE	Several sp	February 2 13	Complete	TRUE	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 20 13	Complete	TRUE	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	Complete	TRUE	Decrease	
43263	Endoscopic retrograde cholangiop ERCP	April 2013	12	AGA, ASGI 7.28	MPC List	September 2011	000	6.5	3.23	NA	0.73	47	FALSE			FALSE	February 2 13	Complete	TRUE	Maintain	
43264	Endoscopic retrograde cholangiop ERCP	April 2013	12	AGA, ASGI 6.73	Harvard Valued - Utilization o	April 2011	000	6.63	3.28	NA	0.73	51951	FALSE			FALSE	February 2 13	Complete	TRUE	Decrease	
43265	Endoscopic retrograde cholangiop ERCP	April 2013	12	AGA, ASGI 8.03	MPC List	September 2011	000	7.93	3.87	NA	0.89	2379	FALSE			FALSE	February 2 13	Complete	TRUE	Decrease	
43266	Esophagogastroduodenoscopy, fle EGD	January 2013	08	AGA, ASGI 4.40	MPC List	October 2012	000	3.92	1.96	NA	0.50	5609	FALSE			FALSE	October 21 14	Complete	TRUE	Decrease	
43267	Endoscopic retrograde cholangiop ERCP	April 2013	12	AGA, ASGI Deleted from CPT	MPC List	September 2011							FALSE			FALSE	February 2 13	Complete	TRUE	Deleted from CPT	
43268	Endoscopic retrograde cholangiop ERCP	April 2013	12	AGA, ASGI Deleted from CPT	Harvard Valued - Utilization o	April 2011							FALSE			FALSE	February 2 13	Complete	TRUE	Deleted from CPT	
43269	Endoscopic retrograde cholangiop ERCP	April 2013	12	AGA, ASGI Deleted from CPT	MPC List	September 2011							FALSE			FALSE	February 2 13	Complete	TRUE	Deleted from CPT	
43270	Esophagogastroduodenoscopy, fle EGD	January 2013	08	AGA, ASGI 4.39	MPC List	October 2012	000	4.01	2.11	18.26	0.43	17190	FALSE			FALSE	October 21 14	Complete	TRUE	Decrease	
43271	Endoscopic retrograde cholangiop ERCP	April 2013	12	AGA, ASGI Deleted from CPT	MPC List	September 2011							FALSE			FALSE	February 2 13	Complete	TRUE	Deleted from CPT	
43272	Endoscopic retrograde cholangiop ERCP	April 2013	12	AGA, ASGI Deleted from CPT	MPC List	September 2011							FALSE			FALSE	February 2 13	Complete	TRUE	Deleted from CPT	
43273	Endoscopic cannulation of papilla ERCP	April 2013	12	AGA, ASGI 2.24	MPC List	September 2011	ZZZ	2.24	1.00	NA	0.25	7409	FALSE			FALSE	February 2 13	Complete	TRUE	Maintain	
43274	Endoscopic retrograde cholangiop ERCP	April 2013	12	AGA, ASGI 8.74	MPC List	September 2011	000	8.48	4.10	NA	0.95	40694	FALSE			FALSE	February 2 13	Complete	TRUE	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 2 13	Complete	TRUE	Decrease	
43276	Endoscopic retrograde cholangiop ERCP	April 2013	12	AGA, ASGI 9.10	MPC List	September 2011	000	8.84	4.27	NA	0.98	15929	FALSE			FALSE	February 2 13	Complete	TRUE	Decrease	
43277	Endoscopic retrograde cholangiop ERCP	April 2013	12	AGA, ASGI 7.11	MPC List	September 2011	000	6.9	3.41	NA	0.76	6431	FALSE			FALSE	February 2 13	Complete	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 2 13	Complete	TRUE	Decrease	
43450	Dilation of esophagus, by ungide 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		Complete	TRUE	Decrease	
43453	Dilation of esophagus, over guide Dilation of Esophagus	October 2012	17	AGA, ASGI 1.51	MPC List	September 2011	000	1.41	0.94	23.63	0.18	1132	FALSE			FALSE	May 2012	Complete	TRUE	Maintain	
43456	Dilation of esophagus, by balloon Dilation of Esophagus	October 2012	17	AGA, ASGI Deleted from CPT	MPC List	September 2011							FALSE			FALSE	October 21 14	Complete	TRUE	Deleted from CPT	
43458	Dilation of esophagus with balloon Dilation of Esophagus	October 2012	17	AGA, ASGI Deleted from CPT	MPC List	September 2011							FALSE			FALSE	October 21 14	Complete	TRUE	Deleted from CPT	
43760	Change of gastrostomy tube, perc Gastrostomy Tube Replac	January 2018	11	ACEP, ACG Deleted from CPT	CMS 000-Day Global Typically	July 2016							FALSE			TRUE	In April 20	September 18	Complete	TRUE	Deleted from CPT
43762	Replacement of gastrostomy tube Gastrostomy Tube Replac	January 2022	20	January 2C RAW ACEP, ACG 0.75. CPT Assistant article.	CMS 000-Day Global Typically	September 2017	000	0.75	0.22	6.14	0.12	46820	TRUE	June 2022 complete		FALSE			Complete	TRUE	Decrease
43763	Replacement of gastrostomy tube Gastrostomy Tube Replac	January 2022	20	January 2C RAW ACEP, ACG 1.41. CPT Assistant article.	CMS 000-Day Global Typically	September 2017	000	1.41	0.84	8.92	0.25	2006	TRUE	June 2022 complete		FALSE			Complete	TRUE	Decrease
44143	Colectomy, partial; with end colos RAW	January 2016	54	99214 visit appropriate. Remove fr	High Level E/M in Global Peric	October 2015	090	27.79	15.00	NA	6.46	8929	FALSE			FALSE			Complete	TRUE	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			Complete	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			Complete	TRUE	Remove from Screen
44380	Ileoscopy, through stoma; diagn Ileoscopy Ileoscopy	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	Ileoscopy, through stoma; with tr Ileoscopy	October 2013	04	AGA, ASGI 1.48	MPC List	May 2013	000	1.38	0.90	28.87	0.18	155	FALSE			FALSE	May 2013	Complete	TRUE	Decrease	
44382	Ileoscopy, through stoma; with bi Ileoscopy Ileoscopy Ileoscopy	October 2013	04	AGA, ASGI 1.27	MPC List	September 2011	000	1.17	0.84	7.95	0.12	1292	FALSE			FALSE	May 2013	Complete	TRUE	Maintain	
44383	Ileoscopy, through stoma; with tr Ileoscopy	October 2013	04	AGA, ASGI Deleted from CPT	MPC List	September 2011							FALSE			FALSE	May 2013	Complete	TRUE	Deleted from CPT	
44384	Ileoscopy, through stoma; with pl Ileoscopy	October 2013	04	AGA, ASGI 3.11	MPC List	May 2013	000	2.85	1.32	NA	0.35	99	FALSE			FALSE	May 2013	Complete	TRUE	Decrease	
44385	Endoscopic evaluation of small int Pouchoscopy	October 2013	05	ACG, ACS, 1.30	MPC List	September 2011	000	1.2	0.76	5.18	0.17	1065	FALSE			FALSE	May 2013	Complete	TRUE	Decrease	
44386	Endoscopic evaluation of small int Pouchoscopy	October 2013	05	ACG, ACS, 1.60	MPC List	September 2011	000	1.5	0.92	7.92	0.20	1677	FALSE			FALSE	May 2013	Complete	TRUE	Decrease	
44388	Colonoscopy through stoma; diagn Colonoscopy through stom	January 2014	08	ASCRS, AC 2.82	MPC List	September 2011	000	2.72	1.46	6.49	0.40	3386	FALSE			TRUE	Several sp	October 21 17	Complete	TRUE	Maintain
44389	Colonoscopy through stoma; with Colonoscopy through stom	January 2014	08	ASCRS, AC 3.12	MPC List	September 2011	000	3.02	1.62	9.22	0.39	2086	FALSE			TRUE	Several sp	October 21 17	Complete	TRUE	Decrease
44390	Colonoscopy through stoma; with Colonoscopy through stom	January 2014	08	ASCRS, AC 3.82	MPC List	September 2011	000	3.74	1.99	8.16	0.40	16	FALSE			TRUE	Several sp	October 21 17	Complete	TRUE	Maintain
44391	Colonoscopy through stoma; with Colonoscopy through stom	January 2014	08	ASCRS, AC 4.22	MPC List	September 2011	000	4.12	2.13	15.15	0.50	150	FALSE			TRUE	Several sp	October 21 17	Complete	TRUE	Decrease
44392	Colonoscopy through stoma; with Colonoscopy through stom	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 21 17	Complete	TRUE	Decrease
44393	Colonoscopy through stoma; with Colonoscopy through stom	January 2014	08	ASCRS, AC Deleted from CPT	MPC List	September 2011							FALSE			TRUE	Several sp	October 21 17	Complete	TRUE	Deleted from CPT
44394	Colonoscopy through stoma; with Colonoscopy through stom	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 21 17	Complete	TRUE	Decrease
44397	Colonoscopy through stoma; with Colonoscopy through stom	January 2014	08	ASCRS, AC Deleted from CPT	MPC List	September 2011							FALSE			TRUE	Several sp	October 21 17	Complete	TRUE	Deleted from CPT
44401	Colonoscopy through stoma; with Colonoscopy through stom	January 2014	08	ASCRS, AC 4.44	MPC List	September 2011	000	4.34	2.26	70.35	0.47	47	FALSE			TRUE	October 21 17	Complete	TRUE	Decrease	
44402	Colonoscopy through stoma; with Colonoscopy through stom	January 2014	08	ASCRS, AC 4.96	MPC List	January 2014	000	4.7	2.43	NA	0.52	15	FALSE			FALSE	October 21 17	Complete	TRUE	Decrease	
44403	Colonoscopy through stoma; with Colonoscopy through stom	January 2014	08	ASCRS, AC 5.81	MPC List	January 2014	000	5.5	2.78	NA	0.60	68	FALSE			TRUE	October 21 17	Complete	TRUE	Decrease	
44404	Colonoscopy through stoma; with Colonoscopy through stom	January 2014	08	ASCRS, AC 3.13	MPC List	January 2014	000	3.02	1.62	9.55	0.40	176	FALSE			TRUE	October 21 17	Complete	TRUE	Decrease	
44405	Colonoscopy through stoma; with Colonoscopy through stom	January 2014	08	ASCRS, AC 3.33	MPC List	January 2014	000	3.23	1.77	13.62	0.35	54	FALSE			TRUE	October 21 17	Complete	TRUE	Decrease	
44406	Colonoscopy through stoma; with Colonoscopy through stom	January 2014	08	ASCRS, AC 4.41	MPC List	January 2014	000	4.1	2.16	NA	0.43	3	FALSE			TRUE	October 21 17	Complete	TRUE	Decrease	
44407	Colonoscopy through stoma; with Colonoscopy through stom	January 2014	08	ASCRS, AC 5.06	MPC List	January 2014	000	4.96	2.54	NA	0.56	2	FALSE			TRUE	October 21 17	Complete	TRUE	Decrease	
44408	Colonoscopy through stoma; with Colonoscopy through stom	January 2014																			

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		TRUE	Several sp	October 21	18	Complete	TRUE	Decrease	
45381	Colonoscopy, flexible; with direct Colonoscopy	January 2018	31		AGA, ASGE 3.67	CMS Fastest Growing / MPC	1 October 2008	000	3.56	1.89	9.60	0.41	63277	TRUE	Jun 2010	Yes	TRUE	Several sp	October 21	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			TRUE	Several sp	October 21	18	Complete	TRUE	Decrease
45383	Colonoscopy, flexible, proximal to Colonoscopy	January 2014	10		AGA, ASGE Deleted from CPT	MPC List	September 2011							FALSE			TRUE	Several sp	October 21	18	Complete	TRUE	Deleted from CPT
45384	Colonoscopy, flexible; with remov Colonoscopy	January 2014	10		AGA, ASGE 4.17	MPC List	September 2011	000	4.07	2.03	10.30	0.60	50204	FALSE			TRUE	Several sp	October 21	18	Complete	TRUE	Decrease
45385	Colonoscopy, flexible; with remov Colonoscopy	April 2019	13		AGA, ASGE 4.57	MPC List / Codes Reported To	October 2010	000	4.57	2.34	8.72	0.54	766664	FALSE			TRUE	Several sp	October 21	18	Complete	TRUE	Maintain
45386	Colonoscopy, flexible; with transe Colonoscopy	January 2014	10		AGA, ASGE 3.87	MPC List	September 2011	000	3.77	1.97	14.69	0.44	1879	FALSE			TRUE	Several sp	October 21	18	Complete	TRUE	Decrease
45387	Colonoscopy, flexible, proximal to Colonoscopy	January 2014	10		AGA, ASGE Deleted from CPT	MPC List	September 2011							FALSE			TRUE	Several sp	October 21	18	Complete	TRUE	Deleted from CPT
45388	Colonoscopy, flexible; with ablati Colonoscopy	January 2014	10		AGA, ASGE 4.98	MPC List	January 2014	000	4.88	2.43	72.13	0.60	19852	FALSE			FALSE		October 21	18	Complete	TRUE	Decrease
45389	Colonoscopy, flexible; with endos Colonoscopy	January 2014	10		AGA, ASGE 5.50	MPC List	January 2014	000	5.24	2.64	NA	0.60	425	FALSE			FALSE		October 21	18	Complete	TRUE	Decrease
45390	Colonoscopy, flexible; with endos Colonoscopy	January 2014	10		AGA, ASGE 6.35	MPC List	January 2014	000	6.04	3.01	NA	0.66	19558	FALSE			FALSE		October 21	18	Complete	TRUE	Decrease
45391	Colonoscopy, flexible; with endos Colonoscopy	January 2014	10		AGA, ASGE 4.95	MPC List	September 2011	000	4.64	2.39	NA	0.51	714	FALSE			TRUE	Several sp	October 21	18	Complete	TRUE	Decrease
45392	Colonoscopy, flexible; with transe Colonoscopy	January 2014	10		AGA, ASGE 5.60	MPC List	September 2011	000	5.5	2.77	NA	0.61	104	FALSE			TRUE	Several sp	October 21	18	Complete	TRUE	Decrease
45393	Colonoscopy, flexible; with decom Colonoscopy	January 2014	10		AGA, ASGE 4.78	MPC List	January 2014	000	4.68	2.12	NA	0.60	1934	FALSE			FALSE		October 21	18	Complete	TRUE	Decrease
45398	Colonoscopy, flexible; with band li Colonoscopy	January 2014	10		AGA, ASGE 4.30	MPC List	January 2014	000	4.2	2.09	20.94	0.60	2937	FALSE			FALSE		October 21	18	Complete	TRUE	Decrease
46020	Placement of seton	Placement/Removal of Seto	October 2020	16	ACS, ASCR 3.50	010-Day Global Post-Operativ	October 2019	010	1.86	1.22	NA	0.34	1239	FALSE			FALSE					TRUE	Increase
46030	Removal of anal seton, other marl Placement/ Removal of Seto	October 2020	16		ACS, ASCR 2.00	010-Day Global Post-Operativ	April 2020	010	1.48	0.84	6.09	0.25	301	FALSE			FALSE					TRUE	Increase
46200	Fissurectomy, including sphincter Fissurectomy	September 2007	16		ACS	Reduce 99238 to 0.5	Site of Service Anomaly (9923	September 2007	090	3.59	5.85	10.13	0.62	818	FALSE			FALSE				TRUE	PE Only
46500	Injection of sclerosing solution, he Hemorrhoid Injection	January 2018	24		ACS, ASCR 2.00	010-Day Global Post-Operativ	January 2014	010	1.74	3.56	7.59	0.25	10311	FALSE			FALSE					TRUE	Increase
47011	Hepatotomy; for percutaneous dr	Drainage of Abscess	January 2013	04		Deleted from CPT	Codes Reported Together 75%	January 2012						FALSE			FALSE		October 21	06	Complete	TRUE	Deleted from CPT
47135	Liver allotransplantation, orthoto; Liver Allotransplantation	September 2014	14		ACS, ASTS 91.78	090-Day Global Post-Operativ	January 2014	090	90	47.67	NA	22.31	1612	FALSE			FALSE					TRUE	Increase
47136	Liver allotransplantation; heterotc RAW	April 2014	52		ACS, ASTS Deleted from CPT	090-Day Global Post-Operativ	April 2014							FALSE			TRUE	Identified	October 21	16	Complete	TRUE	Deleted from CPT
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		FALSE					TRUE	PE Only
47490	Cholecystostomy, percutaneous, c Cholecystostomy	October 2009	04		ACR	4.76	CMS Fastest Growing	October 2008	010	4.76	4.57	NA	0.42	11779	FALSE		TRUE	This servic	June 2009	17	CPT Editor	TRUE	Decrease
47500	Injection procedure for percutane Percutaneous Biliary Procec	October 2015	06	RUC	ACR, SIR	Deleted from CPT	Codes Reported Together 75%	October 2012						FALSE			TRUE	The Joint \	February 21	16	Complete	TRUE	Deleted from CPT
47505	Injection procedure for cholangi Percutaneous Biliary Procec	October 2015	06	RUC	ACR, SIR	Deleted from CPT	Codes Reported Together 75%	October 2012						FALSE			TRUE	The Joint \	February 21	16	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			TRUE	The Joint \	February 21	16	Complete	TRUE	Deleted from CPT
47511	Introduction of percutaneous tran Percutaneous Biliary Procec	October 2015	06	RUC	ACR, SIR	Deleted from CPT	Codes Reported Together 75%	October 2012						FALSE			TRUE	The Joint \	February 21	16	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			FALSE		February 21	16	Complete	TRUE	Deleted from CPT
47530	Revision and/or reinserion of tra Percutaneous Biliary Procec	October 2015	06	RUC	ACR, SIR	Deleted from CPT	Codes Reported Together 75%	February 2015						FALSE			FALSE		February 21	16	Complete	TRUE	Deleted from CPT
47531	Injection procedure for cholangi 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		FALSE		February 21	16	Complete	TRUE	Increase
47532	Injection procedure for cholangi 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		FALSE		February 21	16	Complete	TRUE	Increase
47533	Placement of biliary drainage cath Percutaneous Biliary Procec	October 2015	04	RUC	ACR, SIR	5.63	Codes Reported Together 75%	February 2015	000	5.38	1.78	30.26	0.50	1402	FALSE		FALSE		February 21	16	Complete	TRUE	Increase
47534	Placement of biliary drainage cath Percutaneous Biliary Procec	October 2015	04	RUC	ACR, SIR	7.85	Codes Reported Together 75%	February 2015	000	7.6	2.39	31.09	0.68	4184	FALSE		FALSE		February 21	16	Complete	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		FALSE		February 21	16	Complete	TRUE	Increase
47536	Exchange of biliary drainage cath 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		FALSE		February 21	16	Complete	TRUE	Increase
47537	Removal of biliary drainage cathet Percutaneous Biliary Procec	October 2015	04	RUC	ACR, SIR	1.85	Codes Reported Together 75%	February 2015	000	1.84	0.77	13.28	0.18	1851	FALSE		FALSE		February 21	16	Complete	TRUE	Increase
47538	Placement of stent(s) into a bile d 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		FALSE		February 21	16	Complete	TRUE	Increase
47539	Placement of stent(s) into a bile d 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		FALSE		February 21	16	Complete	TRUE	Increase
47540	Placement of stent(s) into a bile d 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		FALSE		February 21	16	Complete	TRUE	Increase
47541	Placement of access through the 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		FALSE		February 21	16	Complete	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		FALSE		February 21	16	Complete	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		FALSE		February 21	16	Complete	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		TRUE	The comm	February 21	16	Complete	TRUE	Increase
47560	Laparoscopy, surgical; with guidec RAW	October 2013	18			Deleted from CPT	CMS Request - Final Rule for 2	July 2013						FALSE			FALSE					TRUE	Maintain
47562	Laparoscopy, surgical; cholecystec RAW review	September 2014	21		ACS	Maintain work RVU and adjust the	CMS High Expenditure Procec	September 2011	090	10.47	6.68	NA	2.61	81282	FALSE		FALSE					TRUE	Maintain
47563	Laparoscopy, surgical; cholecystec RAW review	October 2013	18			No further action. 12.11	CMS High Expenditure Procec	September 2011	090	11.47	7.18	NA	2.85	32357	FALSE		FALSE					TRUE	Maintain
47600	Cholecystectomy; Cholecystectomy	April 2012	36		ACS, SAGE 20.00	CMS Request - Final Rule for 2	September 2011	090	17.48	10.19	NA	4.26	6677	FALSE			FALSE					TRUE	Increase
47605	Cholecystectomy; with cholangiog Cholecystectomy	April 2012	36		ACS, SAGE 21.00	CMS Request - Final Rule for 2	September 2011	090	18.48	10.65	NA	4.57	1050	FALSE			FALSE					TRUE	Increase
48102	Biopsy of pancreas, percutaneous Percutaneous Needle Biops	September 2007	16		SIR	Reduce 99238 to 0.5	Site of Service Anomaly (9923	September 2007	010	4.7	1.74	10.59	0.41	836	FALSE		FALSE					TRUE	PE Only
48511	External drainage, pseudocyst of f Drainage of Abscess	January 2013	04			Deleted from CPT	Codes Reported Together 75%	January 2012						FALSE			FALSE		October 21	06	Complete	TRUE	Deleted from CPT
49021	Drainage of peritoneal abscess or Drainage of Abscess	January 2013	04		ACR, SIR	Deleted from CPT	Codes Reported Together 75%	January 2012						FALSE			FALSE		October 21	06	Complete	TRUE	Deleted from CPT
49041	Drainage of subdiaphragmatic or c Drainage of Abscess	January 2013	04		ACR, SIR	Deleted from CPT	Codes Reported Together 75%	January 2012						FALSE			FALSE		October 21	06	Complete	TRUE	Deleted from CPT
49061	Drainage of retroperitoneal absce Drainage of Abscess	January 2013	04		ACR, SIR	Deleted from CPT	Codes Reported Together 75%	January 2012						FALSE			FALSE		October 21	06	Complete	TRUE	Deleted from CPT
49080	Peritoneocentesis, abdominal par Peritoneocentesis	October 2010	5		ACR, AGA, Deleted from CPT	Harvard Valued - Utilization o	October 2009							FALSE			TRUE	The specia	June 2010	09	Complete	TRUE	Deleted from CPT
49081	Peritoneocentesis, abdominal par Peritoneocentesis	October 2010	5		ACR, AGA, Deleted from CPT	Harvard Valued - Utilization o	February 2010							FALSE			FALSE		June 2010	09	Complete	TRUE	Deleted from CPT
49082	Abdominal paracentesis (diagnost Abdominal Paracentesis	October 2010	05		ACR, ACS, 1.35	Harvard Valued - Utilization o	February 2010	000	1.24	0.73	5.05	0.19	10481	FALSE			FALSE		June 2010	09	Complete	TRUE	Decrease
49083	Abdominal paracentesis (diagnost Abdominal Paracentesis	October 2010	05		ACR, ACS, 2.00	Harvard Valued - Utilization o	February 2010	000	2	0.91	6.78	0.19	252899	FALSE			FALSE		June 2010	09	Complete	TRUE	Decrease
49084	Peritoneal lavage, including imagi Abdominal Paracentesis	October 2010	05		ACR, ACS, 2.50	Harvard Valued - Utilization o	February 2010	000	2	0.74	NA	0.42	1630	FALSE			FALSE		June 2010	09	Complete	TRUE	Increase
49405	Image-guided fluid collection drain Drainage of Abscess	January 2013	04		ACR, SIR	4.25	Codes Reported Together 75%	January 2012	000	4	1.31	23.06	0.35	5663	FALSE		FALSE		October 21	06	Complete	TRUE	Decrease
49406	Image-guided fluid collection drain Drainage of Abscess	January 2013	04		ACR, SIR	4.25	Codes Reported Together 75%	January 2012	000	4	1.30	23.05	0.35	30881	FALSE		FALSE		October 21	06	Complete	TRUE	Decrease
49407	Image-guided fluid collection drain Drainage of Abscess	January 2013	04		ACR, SIR	4.50	Codes Reported Together 75%	January 2012	000	4.25	1.33	18.40	0.41	194	FALSE		FALSE		October 21	06	Complete	TRUE	Decrease
49418	Insertion of tunneled intraperiton Intraperitoneal Catheter Co	April 2010	11		ACS, ACR, 4.21	Site of Service Anomaly	February 2010	000	3.96	1.49	26.16	0.40	6801	FALSE			FALSE		February 21	30	Complete	TRUE	Decrease
49420	Deleted from CPT	Insertion of Intraperitoneal	October 2009	40	ACS	Deleted from CPT	Site of Service Anomaly	April 2008															



49622	Repair of parastomal hernia, any ± Anterior Abdominal Hernia	April 2021	09		ACS, ASCR 18.00	Site of Service Anomaly - 2015 February 2021												FALSE	FALSE	February 2 18	complete	TRUE	Decrease
49623	Removal of total or near total non Anterior Abdominal Hernia	April 2021	09		ACS, ASCR 5.00	Site of Service Anomaly - 2015 February 2021												FALSE	FALSE	February 2 18	complete	TRUE	Decrease
49652	Laparoscopy, surgical, repair, vent Anterior Abdominal Hernia	April 2021	09		ACS, ASCR Deleted from CPT	Site of Service Anomaly June 2010	090	11.92	7.37	NA	2.95	7685	FALSE	FALSE	February 2 18	complete	TRUE	FALSE	Deleted from CPT				
49653	Laparoscopy, surgical, repair, vent Anterior Abdominal Hernia	April 2021	09		ACS, ASCR Deleted from CPT	Site of Service Anomaly June 2010	090	14.94	9.19	NA	3.73	4902	FALSE	FALSE	February 2 18	complete	TRUE	FALSE	Deleted from CPT				
49654	Laparoscopy, surgical, repair, incis Anterior Abdominal Hernia	April 2021	09		ACS, ASCR Deleted from CPT	Site of Service Anomaly June 2010	090	13.76	8.08	NA	3.39	6115	FALSE	FALSE	February 2 18	complete	TRUE	FALSE	Deleted from CPT				
49655	Laparoscopy, surgical, repair, incis Anterior Abdominal Hernia	April 2021	09		ACS, ASCR Deleted from CPT	Site of Service Anomaly June 2010	090	16.84	9.90	NA	4.18	4090	FALSE	FALSE	February 2 18	complete	TRUE	FALSE	Deleted from CPT				
49656	Laparoscopy, surgical, repair, recu Anterior Abdominal Hernia	April 2021	09		ACS, ASCR Deleted from CPT	Site of Service Anomaly - 2015 February 2021	090	15.08	8.59	NA	3.74	1309	FALSE	FALSE	February 2 18	complete	TRUE	FALSE	Deleted from CPT				
49657	Laparoscopy, surgical, repair, recu Anterior Abdominal Hernia	April 2021	09		ACS, ASCR Deleted from CPT	Site of Service Anomaly - 2015 February 2021	090	22.11	11.79	NA	5.45	1349	FALSE	FALSE	February 2 18	complete	TRUE	FALSE	Deleted from CPT				
50021	Drainage of perirenal or renal abs Drainage of Abscess	January 2013	04		Deleted from CPT	Codes Reported Together 75 January 2012							FALSE	FALSE	October 21 06	Complete	TRUE	FALSE	Deleted from CPT				
50080	Percutaneous nephrolithotomy or Percutaneous Nephrostolit	January 2022	08		AUA 13.50	Site of Service Anomaly - 2015 October 2019	090	15.74	7.76	NA	1.86	2092	FALSE	TRUE	In January Septembe 22	complete	TRUE	FALSE	Decrease				
50081	Percutaneous nephrolithotomy or Percutaneous Nephrostolit	January 2022	08		AUA 22.00	Site of Service Anomaly - 2015 October 2019	090	23.5	10.98	NA	2.82	5083	FALSE	TRUE	In January Septembe 22	complete	TRUE	FALSE	Decrease				
50200	Renal biopsy; percutaneous, by tr	Renal Interventional Radiology Pr	October 2008	13	ACR, SIR New PE Inputs	CMS Request - Practice Expen NA	000	2.38	1.10	13.33	0.22	32365	FALSE	FALSE			TRUE	FALSE	PE Only				
50360	Renal allotransplantation, implant Renal Allotransplantation	April 2013	21		ACR, SIR 40.90	Harvard-Valued Annual Allow July 2012	090	39.88	22.73	NA	9.60	12214	FALSE	FALSE			TRUE	FALSE	Maintain				
50387	Removal and replacement of exte Genitourinary Catheter	Pro January 2015	09		ACR, SIR 2.00	Codes Reported Together 75 October 2012	000	1.75	0.50	15.44	0.17	7840	FALSE	FALSE	October 21 18	Complete	TRUE	FALSE	Maintain				
50392	Introduction of intracatheter or c Genitourinary Catheter	Pro January 2015	09		ACR, SIR Deleted from CPT	Codes Reported Together 75 October 2012							FALSE	TRUE	The Joint \ October 21 18	Complete	TRUE	FALSE	Deleted from CPT				
50393	Introduction of ureteral catheter c Genitourinary Catheter	Pro January 2015	09		ACR, SIR Deleted from CPT	Codes Reported Together 75 October 2012							FALSE	TRUE	The Joint \ October 21 18	Complete	TRUE	FALSE	Deleted from CPT				
50394	Injection procedure for pyelograp Genitourinary Catheter	Pro January 2015	09		ACR, SIR Deleted from CPT	Codes Reported Together 75 October 2012							FALSE	TRUE	The Joint \ October 21 18	Complete	TRUE	FALSE	Deleted from CPT				
50395	Introduction of guide into renal p	Dilation of Urinary Tract January 2018	12		ACR, SIR Deleted from CPT	Codes Reported Together 75 October 2014							FALSE	TRUE	In January Septembe 19	complete	TRUE	FALSE	Deleted from CPT				
50398	Change of nephrostomy or pyelos Genitourinary Catheter	Pro January 2015	09		ACR, SIR Deleted from CPT	Codes Reported Together 75 October 2012							FALSE	TRUE	The Joint \ October 21 18	Complete	TRUE	FALSE	Deleted from CPT				
50430	Injection procedure for antegrade Genitourinary Catheter	Pro January 2015	09		ACR, SIR 3.15	Codes Reported Together 75 October 2014	000	2.9	1.27	16.23	0.28	915	FALSE	FALSE	October 21 18	Complete	TRUE	FALSE	Increase				
50431	Injection procedure for antegrade Genitourinary Catheter	Pro January 2015	09		ACR, SIR 1.42	Codes Reported Together 75 October 2014	000	1.1	0.69	8.78	0.10	7532	FALSE	FALSE	October 21 18	Complete	TRUE	FALSE	Increase				
50432	Placement of nephrostomy cathet	Dilation of Urinary Tract January 2018	12		ACR, SIR 4.00	Codes Reported Together 75 October 2014	000	4	1.56	23.66	0.35	26858	FALSE	FALSE	October 21 18	Complete	TRUE	FALSE	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	FALSE	October 21 18	Complete	TRUE	FALSE	Maintain				
50434	Convert nephrostomy catheter to Genitourinary Catheter	Pro January 2015	09		ACR, SIR 4.20	Codes Reported Together 75 October 2014	000	3.75	1.42	23.98	0.34	2127	FALSE	FALSE	October 21 18	Complete	TRUE	FALSE	Increase				
50435	Exchange nephrostomy catheter, i Genitourinary Catheter	Pro January 2015	09		ACR, SIR 2.00	Codes Reported Together 75 October 2014	000	1.82	0.89	16.69	0.18	45304	FALSE	FALSE	October 21 18	Complete	TRUE	FALSE	Increase				
50436	Dilation of existing tract, percutan	Dilation of Urinary Tract January 2018	12		3.37	Codes Reported Together 75 September 2017	000	2.78	1.31	NA	0.27	502	FALSE	FALSE			TRUE	FALSE	Decrease				
50437	Dilation of existing tract, percutan	Dilation of Urinary Tract January 2018	12		5.44	Codes Reported Together 75 September 2017	000	4.85	1.92	NA	0.43	778	FALSE	FALSE			TRUE	FALSE	Decrease				
50542	Laparoscopy, surgical; ablation of Laproscopic Procedures	October 2008	26		AUA Remove from screen	CMS Fastest Growing October 2008	090	21.36	10.11	NA	2.61	113	FALSE	FALSE			TRUE	FALSE	Remove from Screen				
50548	Laparoscopy, surgical; nephrectom Laproscopic Procedures	October 2008	26		AUA Remove from screen	CMS Fastest Growing October 2008	090	25.36	10.74	NA	3.06	2275	FALSE	FALSE			TRUE	FALSE	Remove from Screen				
50590	Lithotripsy, extracorporeal shock i Lithotripsy	April 2012	42		AUA 9.77	CMS High Expenditure Proce	September 2011	090	9.77	5.78	11.05	1.17	44104	FALSE	FALSE			TRUE	FALSE	Maintain			
50605	Ureterotomy for insertion of indw Ureterotomy	October 2015	21	RAW	AUA, SIR Review action plan at the RAW Oc	CMS Fastest Growing / CPT As October 2008	090	16.79	9.26	NA	3.75	3249	TRUE	Dec 2009 Yes	FALSE	FALSE	TRUE	FALSE	Maintain				
50606	Endoluminal biopsy of ureter and, Genitourinary Catheter	Pro April 2015	08		ACR, SIR 3.16	Codes Reported Together 75 October 2014	ZZZ	3.16	0.52	11.31	0.32	78	FALSE	TRUE	October 21 18	Complete	TRUE	FALSE	Increase				
50693	Placement of ureteral stent, percu Genitourinary Catheter	Pro January 2015	09		ACR, SIR 4.60	Codes Reported Together 75 October 2014	000	3.96	1.56	26.44	0.35	3910	FALSE	FALSE	October 21 18	Complete	TRUE	FALSE	Increase				
50694	Placement of ureteral stent, percu Genitourinary Catheter	Pro January 2015	09		ACR, SIR 6.00	Codes Reported Together 75 October 2014	000	5.25	1.97	28.70	0.45	826	FALSE	FALSE	October 21 18	Complete	TRUE	FALSE	Increase				
50695	Placement of ureteral stent, percu Genitourinary Catheter	Pro January 2015	09		ACR, SIR 7.55	Codes Reported Together 75 October 2014	000	6.8	2.48	33.93	0.60	1243	FALSE	FALSE	October 21 18	Complete	TRUE	FALSE	Increase				
50705	Ureteral embolization or occlusion Genitourinary Catheter	Pro April 2015	08		ACR, SIR 4.03	Codes Reported Together 75 October 2014	ZZZ	4.03	0.66	52.88	0.40	63	FALSE	TRUE	October 21 18	Complete	TRUE	FALSE	Increase				
50706	Balloon dilation, ureteral stricture Genitourinary Catheter	Pro April 2015	08		ACR, SIR 3.80	Codes Reported Together 75 October 2014	ZZZ	3.8	1.09	21.82	0.34	1346	FALSE	TRUE	October 21 18	Complete	TRUE	FALSE	Increase				
51040	Cystostomy, cystostomy 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	FALSE			TRUE	FALSE	PE Only				
51102	Aspiration of bladder; with inserti Urological Procedures	April 2008	45		AUA 2.70	Site of Service Anomaly September 2007	000	2.7	1.22	4.24	0.29	12346	FALSE	FALSE			TRUE	FALSE	Decrease				
51700	Bladder irrigation, simple, lavage i Bladder Catheter	January 2016	32		AUA 0.60	CMS High Expenditure Proce	July 2015	000	0.6	0.21	1.60	0.09	173053	FALSE	FALSE			TRUE	FALSE	Decrease			
51701	Insertion of non-indwelling bladdi Bladder Catheter	January 2016	32		AUA 0.50	CMS High Expenditure Proce	July 2015	000	0.5	0.18	0.75	0.08	128393	FALSE	FALSE			TRUE	FALSE	Maintain			
51702	Insertion of temporary indwelling Bladder Catheter	January 2016	32		AUA 0.50	CMS High Expenditure Proce	July 2015	000	0.5	0.18	1.28	0.07	214430	FALSE	FALSE			TRUE	FALSE	Maintain			
51703	Insertion of temporary indwelling Bladder Catheter	January 2016	32		AUA 1.47	CMS High Expenditure Proce	July 2015	000	1.47	0.58	2.84	0.19	51547	FALSE	FALSE			TRUE	FALSE	Maintain			
51720	Bladder instillation of antineoplas Treatment of Bladder Lesio	January 2016	33		AUA 0.87	CMS High Expenditure Proce	July 2015	000	0.87	0.30	1.62	0.10	154326	FALSE	FALSE			TRUE	FALSE	Decrease			
51726	Complex cystometrogram (ie, calil Urodynamic Studies	April 2009	16		AUA, ACOI 1.71	Codes Reported Together 95 February 2008	000	1.71	NA	7.24	0.16	3276	FALSE	TRUE	Referred to February 2 24	Complete	TRUE	FALSE	Maintain				
51727	Complex cystometrogram (ie, calil Urodynamic Studies	April 2009	16		AUA, ACOI 2.11	Codes Reported Together 95 February 2009	000	2.11	NA	8.66	0.23	1347	FALSE	FALSE			TRUE	FALSE	Decrease				
51728	Complex cystometrogram (ie, calil Urodynamic Studies	September 2022	13		AUA, ACOI Refer to CPT Assistant. 2.11	Codes Reported Together 95 February 2009	000	2.11	NA	8.76	0.21	67834	TRUE	FALSE			FALSE	FALSE	Decrease				
51729	Complex cystometrogram (ie, calil Urodynamic Studies	September 2022	13		AUA, ACOI Refer to CPT Assistant. 2.51	Codes Reported Together 95 February 2009	000	2.51	NA	8.93	0.27	46890	TRUE	FALSE			FALSE	FALSE	Decrease				
51736	Simple uroflowmetry (ufr) (eg, sto Uroflowmetry	October 2010	11		AUA 0.17	Harvard Valued - Utilization o February 2010	XXX	0.17	NA	0.20	0.02	7700	FALSE	FALSE			TRUE	FALSE	Decrease				
51741	Complex uroflowmetry (eg, calibr: 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	FALSE			FALSE	FALSE	Decrease				
51772	Deleted from CPT Urodynamic Studies	April 2009	16		AUA Deleted from CPT	Codes Reported Together 95 February 2008	000						FALSE	TRUE	Referred to February 2 24	Code Dele	TRUE	FALSE	Deleted from CPT				
51784	Electromyography studies (emg) o Electromyography Studies i	September 2022	13		AUA Refer to CPT Assistant. 0.75.	Codes Reported Together 75 October 2012	XXX	0.75	NA	1.06	0.09	107600	TRUE	Feb 2014	TRUE	The Joint \ February 2 34	Complete	FALSE	FALSE	Decrease			
51792	Stimulus evoked response (eg, me Urinary Reflex Studies with	January 2019	37		AUA CPT edits and CPT Assistant article	Codes Reported Together 75 October 2012	000	1.1	NA	6.98	0.13	4508	TRUE	Feb 2014 Yes	TRUE	The Joint \ February 2 34	Complete	TRUE	FALSE	Maintain			
51795	Deleted from CPT Urology Studies	February 2008	5		Deleted from CPT	Codes Reported Together 95 February 2008	000						FALSE	TRUE	Referred to February 2 24	Code Dele	TRUE	FALSE	Deleted from CPT				
51797	Voiding pressure studies, intra-abi Urology Studies	February 2008	5		0.80	Codes Reported Together 95 February 2008	ZZZ	0.8	NA	5.04	0.08	88637	FALSE	TRUE	Referred to February 2 24	Code Revis	TRUE	FALSE	Maintain				
51798	Measurement of post-voiding resi Voiding Pressure Studies	April 2016	25		AUA PE Only	CMS High Expenditure Proce	July 2015	XXX	0	NA	0.30	0.01	1685762	FALSE	FALSE			TRUE	FALSE	PE Only			
52000	Cystourethroscopy (separate proc Cystourethroscopy	January 2016	35		AUA, ACOI 1.75	MPC List / CMS High Expendit	October 2010	000	1.53	0.63	5.59	0.19	760641	FALSE	FALSE			TRUE	FALSE	Decrease			
52214	Cystourethroscopy, with fulgurati Cystourethroscopy	October 2017	19		AUA 3.50	High Volume Growth1 / CPT A June 2008	000	3.5	1.19	19.10	0.41	15203	TRUE	Aug 2009 : Yes	FALSE		TRUE	FALSE	Decrease				
52224	Cystourethroscopy, with fulgurati Cystourethroscopy	October 2017	19		AUA 4.05	High Volume Growth1 / CPT A February 2008	000	4.05	1.36	19.48	0.50	31440	TRUE	Aug 2009 : Yes	FALSE		TRUE	FALSE	Increase				
52234	Cystourethroscopy, with fulgurati Cystourethroscopy and Ure	January 2021	29		AUA 4.62	Harvard Valued - Utilization o September 2011	000	4.62	1.95	NA	0.56	25413	TRUE	May 2016 Yes	FALSE		TRUE	FALSE	Maintain				
52235	Cystourethroscopy, with fulgurati Cystourethroscopy and Ure	October 2017	19		AUA 5.44	Harvard Valued - Utilization o April 2011	000	5.44	2.26	NA	0.65	31288	TRUE	May 2016 Yes	FALSE		TRUE	FALSE	Maintain				
52240	Cystourethroscopy, with fulgurati 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 2016 Yes	FALSE		TRUE	FALSE	Decrease				
52281	Cystourethroscopy, with calibrati Cystourethroscopy	April 2010	38		AUA 2.80	Harvard Valued - Utilization o October 2009	000	2.75	1.33	6.81	0.33	52605	FALSE	FALSE			TRUE	FALSE	Maintain				
52287	Cystourethroscopy, with injection(s) for chemodenervation of	January 2020	37		Remove from Screen	High Volume Growth6 October 2019	000	3.2	1.32	8.19	0.40	46656	FALSE	FALSE			TRUE	FALSE	Remove from Screen				
52332	Cystourethroscopy, with insertion Cystourethroscopy	April 2013	13		AUA 2.82	Harvard Valued - Utilization o October 2009																	

55866	Laparoscopy, surgical prostatectomy	Laparoscopic Radical Prosta	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 reported th	Complete	TRUE	Decrease		
55873	Cryosurgical ablation of the prosta	Cryoblation 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	010	3.08	2.76	4.79	0.50	2247	FALSE	FALSE			TRUE	PE Only		
56620	Vulvectomy simple; partial	Partial Removal of Vulva	February 2008	D		ACOG	7.35	Site of Service Anomaly	September 2007	090	7.53	8.74	NA	1.24	2636	FALSE	FALSE			TRUE	Decrease		
57150	Irrigation of vagina and/or applica	Vaginal Treatments	April 2017	15		ACOG	0.50	CMS 000-Day Global Typically	July 2016	000	0.5	0.19	1.20	0.09	19829	FALSE	FALSE			TRUE	Decrease		
57155	Insertion of uterine tandem and/c	RAW	January 2017	30		ACOG, ASI	5.40	Site of Service Anomaly / Diff	September 2007	000	5.15	2.72	6.05	0.42	2870	FALSE	TRUE	ACOG con	October 21/33	Complete	TRUE	Decrease	
57156	Insertion of a vaginal radiation	aft RAW	January 2017	30		ACOG, ASI	2.69	Site of Service Anomaly	September 2007	000	2.69	1.51	3.84	0.20	14536	FALSE	FALSE		October 21/33		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	Anterior colporrhaphy, repair of c	Colporrhaphy with Cystoure	January 2017	14		ACOG	10.08	Site of Service Anomaly - 2015	October 2015	090	10.08	6.66	NA	1.51	6545	FALSE	TRUE	In October Septembe	35	yes	TRUE	Decrease	
57250	Posterior colporrhaphy, repair of i	Colporrhaphy with Cystoure	January 2017	14		ACOG	10.08	Site of Service Anomaly - 2015	April 2016	090	10.08	6.70	NA	1.59	6951	FALSE	TRUE	In October Septembe	35	yes	TRUE	Decrease	
57260	Combined anteroposterior colpo	Colporrhaphy with Cystoure	January 2017	14		ACOG	13.25	Site of Service Anomaly - 2015	April 2016	090	13.25	7.86	NA	2.08	7243	FALSE	TRUE	In October Septembe	35	yes	TRUE	Decrease	
57265	Combined anteroposterior colpo	Colporrhaphy with Cystoure	January 2017	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	yes	TRUE	Decrease	
57282	Colpopexy, vaginal; extra-peritone	Colpopexy	January 2020	26			13.48	Site of Service Anomaly - 2015	October 2019	090	11.63	7.25	NA	1.78	5394	FALSE	FALSE			TRUE	Increase		
57283	Colpopexy, vaginal; intra-peritone	Colpopexy	January 2020	26			13.51	Site of Service Anomaly - 2015	October 2019	090	11.66	7.31	NA	1.84	4549	FALSE	FALSE			TRUE	Increase		
57287	Removal or revision of sling for st	Urological Procedures	February 2008	C		AUA	10.97	Site of Service Anomaly	September 2007	090	11.15	9.37	NA	1.62	1245	FALSE	FALSE			TRUE	Decrease		
57288	Sling operation for stress incontine	Sling Operation for Stress Ir	February 2008	O		ACOG, AU	12.00	New Technology	September 2007	090	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 - 2015	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) pei	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	FALSE			TRUE	Maintain		
58555	Hysteroscopy, diagnostic (separat	Hysteroscopy	January 2016	37		ACOG	3.07	CMS Request - Practice Expen	NA	000	2.65	1.37	8.03	0.42	1214	FALSE	FALSE			TRUE	Decrease		
58558	Hysteroscopy, surgical; with samp	Hysteroscopy	January 2016	37		ACOG	4.37	CMS Request - Practice Expen	NA	000	4.17	1.96	36.73	0.67	37701	FALSE	FALSE			TRUE	Decrease		
58559	Hysteroscopy, surgical; with lysis	c Hysteroscopy	January 2016	37		ACOG	5.54	CMS High Expenditure Proce	July 2015	000	5.2	2.34	NA	0.86	101	FALSE	FALSE			TRUE	Decrease		
58560	Hysteroscopy, surgical; with divisi	Hysteroscopy	January 2016	37		ACOG	6.15	CMS High Expenditure Proce	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 High Expenditure Proce	July 2015	000	6.6	2.88	NA	1.07	1828	FALSE	FALSE			TRUE	Decrease		
58562	Hysteroscopy, surgical; with remo	Hysteroscopy	January 2016	37		ACOG	4.17	CMS Request - Practice Expen	NA	000	4	1.88	8.54	0.65	204	FALSE	FALSE			TRUE	Decrease		
58563	Hysteroscopy, surgical; with endo	Hysteroscopy	January 2016	37		ACOG	4.62	CMS Request - Practice Expen	NA	000	4.47	2.05	61.14	0.73	1978	FALSE	FALSE			TRUE	Decrease		
58660	Laparoscopy, surgical; with lysis	of Laproscopic Procedures	September 2007	16		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	Laprosopic 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, transv	Drainage of Abscess	January 2013	04			Deleted from CPT	Codes Reported Together 75%	January 2012							FALSE	FALSE		October 21/06	Complete	TRUE	Deleted from CPT	
59400	Routine obstetric care including a	Obstetrical Care	October 2009	15		ACOG, AAI	32.69	High IWPUT	February 2008	MMM	36.58	24.98	NA	9.53	2504	FALSE	FALSE			TRUE	Increase		
59409	Vaginal delivery only (with or wit	h Obstetrical Care	October 2009	15		ACOG, AAI	14.37	High IWPUT	February 2008	MMM	14.37	5.63	NA	3.73	1424	FALSE	FALSE			TRUE	Increase		
59410	Vaginal delivery only (with or wit	h Obstetrical Care	October 2009	15		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	Antepartum care only; 4-6 visits	Obstetrical Care	October 2009	15		ACOG, AAI	6.31	High IWPUT	April 2008	MMM	7.8	3.02	6.81	2.01	586	FALSE	FALSE			TRUE	Decrease		
59426	Antepartum care only; 7 or more	Obstetrical Care	October 2009	15		ACOG, AAI	11.16	High IWPUT	April 2008	MMM	14.3	5.57	12.43	3.63	572	FALSE	FALSE			TRUE	Decrease		
59430	Postpartum care only (separate pr	Obstetrical Care	October 2009	15		ACOG, AAI	2.47	High IWPUT	April 2008	MMM	3.22	1.25	3.84	0.85	815	FALSE	FALSE			TRUE	Increase		
59510	Routine obstetric care including a	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	Routine obstetric care including a	Obstetrical Care	October 2009	15		ACOG, AAI	34.40	High IWPUT	April 2008	MMM	38.29	25.05	NA	11.00	69	FALSE	FALSE			TRUE	Increase		
59612	Vaginal delivery only, after previo	Obstetrical Care	October 2009	15		ACOG, AAI	16.09	High IWPUT	April 2008	MMM	16.09	6.08	NA	4.62	51	FALSE	FALSE			TRUE	Increase		
59614	Vaginal delivery only, after previo	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	Cesarean delivery only, following	Obstetrical Care	October 2009	15		ACOG, AAI	22.53	High IWPUT	April 2008	MMM	22.66	10.94	NA	6.50	9	FALSE	FALSE			TRUE	Increase		
60220	Total thyroid lobectomy, unilatera	Total Thyroid Lobectomy	April 2008	46		ACS, AAO-	12.29	Site of Service Anomaly	September 2007	090	11.19	7.70	NA	2.11	6083	FALSE	FALSE			TRUE	Maintain		
60225	Total thyroid lobectomy, unilatera	Total Thyroid Lobectomy	April 2008	46		ACS, AAO-	14.67	Site of Service Anomaly	September 2007	090	14.79	10.34	NA	2.72	210	FALSE	FALSE			TRUE	Maintain		
60520	Thymectomy, partial or total; tran	RAW Review	January 2013	34			No reliable way to determine 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; sten	RAW Review	January 2013	34			No reliable way to determine an ir	CMS Request to Re-Review Fa	November 2011	090	19.18	9.35	NA	4.55	214	FALSE	FALSE			TRUE	Remove from Screen		
60522	Thymectomy, partial or total; steri	RAW Review	January 2013	34			No reliable way to determine an ir	CMS Request to Re-Review Fa	November 2011	090	23.48	11.28	NA	5.51	91	FALSE	FALSE			TRUE	Remove from Screen		
61055	Cisternal or lateral cervical (c1-c2)	Myelography	April 2014	17			Editorial change	Codes Reported Together 75%	January 2014	000	2.1	1.03	NA	0.32	166	FALSE	TRUE	This code i	October 21/21	Complete	TRUE	Remove from Screen	
61624	Transcatheter permanent occlusio	RAW	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	5.55	7557	FALSE	TRUE		In April 20 May 2023		FALSE		
61781	Stereotactic computer-assisted (n:	Stereotactic Computer-Assis	February 2010	13		NASS, AAN	3.75	CMS Fastest Growing	October 2009	ZZZ	3.75	1.78	NA	1.41	15164	FALSE	FALSE		October 21/34		TRUE	Decrease	
61782	Stereotactic computer-assisted (n:	Stereotactic Computer-Assis	February 2010	13		NASS, AAN	3.18	CMS Fastest Growing	October 2009	ZZZ	3.18	1.45	NA	0.45	15306	FALSE	FALSE		October 21/34		TRUE	Decrease	
61783	Stereotactic computer-assisted (n:	Stereotactic Computer-Assis	February 2010	13		NASS, AAN	3.75	CMS Fastest Growing	October 2009	ZZZ	3.75	1.82	NA	1.28	19623	FALSE	FALSE		October 21/34		TRUE	Decrease	
61793	Deleted from CPT	Stereotactic Radiosurgery	October 2008	26		AANS	Deleted from CPT	CMS Fastest Growing, Site of	September 2007							FALSE	FALSE		February 2008		TRUE	Deleted from CPT	
61795	Deleted from CPT	Stereotactic Radiosurgery	February 2009	38		NASS, AAC	Deleted from CPT	CMS Fastest Growing	October 2008							FALSE	TRUE	The specia	October 21/34	Code Dele	TRUE	Deleted from CPT	
61796	Stereotactic radiosurgery (partic	Stereotactic Radiosurgery	February 2009	38			15.50	CMS Request - 2009 Final Rule	NA	090	13.93	11.07	NA	5.30	6404	FALSE	FALSE			TRUE	Decrease		
61797	Stereotactic radiosurgery (partic	Stereotactic Radiosurgery	February 2009	38			3.48	CMS Request - 2009 Final Rule	NA	ZZZ	3.48	1.66	NA	1.33	8507	FALSE	FALSE			TRUE	Decrease		
61798	Stereotactic radiosurgery (partic	Stereotactic Radiosurgery	February 2009	38			19.75	CMS Request - 2009 Final Rule	NA	090	19.85	13.75	NA	7.44	3174	FALSE	FALSE			TRUE	Decrease		
61799	Stereotactic radiosurgery (partic	Stereotactic Radiosurgery	February 2009	38			4.81	CMS Request - 2009 Final Rule	NA	ZZZ	4.81	2.29	NA	1.83	786	FALSE	FALSE			TRUE	Decrease		
61800	Application of stereotactic headfr	Stereotactic Radiosurgery	April 2008	16			2.25	CMS Fastest Growing, Site of	February 2008	ZZZ	2.25	1.36	NA	0.87	4520	FALSE	FALSE			TRUE	Decrease		
61885	Insertion or replacement of cranial	Vagal Nerve Stimulator	February 2010	14		AANS/CNS	6.44	Site of Service Anomaly	September 2007	090	6.05	7.43	NA	2.20	4795	FALSE	TRUE	In Feb 200	October 21/35	Complete	TRUE	Decrease	
62263	Percutaneous lysis of epidural ad	Epidural Lysis	October 2010	66		AAPM, AA	6.54	Site of Service Anomaly	September 2007	010	5	3.70	13.50	0.50	205	FALSE	FALSE			TRUE	Maintain		
62270	Spinal puncture, lumbar, diagnost	Lumbar Puncture	January 2019	09		ACR, ASN	1.44	Different Performing Specialty	October 2017	000	1.22	0.40	2.35	0.20	25821	FALSE	TRUE	In January	Septembe	24	Complete	TRUE	Increase
62272	Spinal puncture, therapeutic, for	c Lumbar Puncture	January 2019	09			1.80	Different Performing Specialty	September 2018	000	1.58	0.66	3.17	0.39	3334	FALSE	FALSE		September 24		Complete	TRUE	



62367	Electronic analysis of programmat Electronic Analysis Implan	April 2018	14	AAPM, AA New PE inputs. 0.48	Different Performing Specialty	October 2009	XXX	0.48	0.19	0.39	0.07	7561	FALSE	TRUE	Identified	October 21 49	Complete	TRUE	Maintain		
62368	Electronic analysis of programmat Electronic Analysis Implan	April 2018	14	AAPM, AA New PE inputs. 0.67	Different Performing Specialty	October 2009	XXX	0.67	0.27	0.55	0.09	33073	FALSE	TRUE	Identified	October 21 49	Complete	TRUE	Decrease		
62369	Electronic analysis of programmat Electronic Analysis Implan	April 2018	14	AAPM, AA New PE inputs. 0.67	Codes Reported Together 75%	October 2010	XXX	0.67	0.28	2.00	0.09	27725	FALSE	TRUE	October 21 49	Complete	TRUE	Decrease			
62370	Electronic analysis of programmat Electronic Analysis Implan	April 2018	14	AAPM, AA New PE inputs. 1.10	Codes Reported Together 75%	October 2010	XXX	0.9	0.35	1.78	0.10	100936	FALSE	TRUE	October 21 49	Complete	TRUE	Decrease			
63020	Laminotomy (hemilaminectomy), L Lumbar Laminotomy with D	January 2022	17	AANS, AAC 15.95	Site of Service Anomaly - 2014	January 2022	090	16.2	13.26	NA	4.99	1043	FALSE	FALSE				TRUE	Decrease		
63030	Laminotomy (hemilaminectomy), L Lumbar Laminotomy with D	January 2022	17	AANS, AAC 13.18	Pre-Time Analysis / Site of Ser	January 2014	090	13.18	11.76	NA	4.06	22190	FALSE	TRUE	In October	September 2021	CCA reject	TRUE	Maintain		
63035	Laminotomy (hemilaminectomy), L Lumbar Laminotomy with D	January 2022	17	AANS, AAC 4.00	Site of Service Anomaly - 2014	January 2022	ZZZ	3.15	1.54	NA	0.95	5431	FALSE	FALSE				TRUE	Increase		
63042	Laminotomy (hemilaminectomy), RAW	September 2014	21	AANS, AAC Maintain work RVU and adjust the	Pre-Time Analysis	January 2014	090	18.76	14.36	NA	5.32	9447	FALSE	FALSE				TRUE	Maintain		
63045	Laminectomy, facetectomy and fo Laminectomy	September 2014	16	RUC Review work anc 17.95	CMS Request - Final Rule for 2	November 2013	090	17.95	14.31	NA	6.02	10007	FALSE	FALSE				TRUE	Maintain		
63046	Laminectomy, facetectomy and fo Laminectomy	September 2014	16	RUC Review work anc 17.25	CMS Request - Final Rule for 2	November 2013	090	17.25	13.80	NA	5.43	3965	FALSE	FALSE				TRUE	Maintain		
63047	Laminectomy, facetectomy and fo Laminectomy	January 2013	24	NASS, AAN 15.37	CMS High Expenditure Proce	September 2011	090	15.37	12.81	NA	4.66	83353	FALSE	FALSE				TRUE	Maintain		
63048	Laminectomy, facetectomy and fo Laminectomy	January 2013	24	NASS, AAN 3.47	CMS High Expenditure Proce	January 2012	ZZZ	3.47	1.70	NA	1.04	108554	FALSE	FALSE				TRUE	Maintain		
63056	Transpedicular approach with dec RAW	October 2015	21	RAW NASS, AAN Review action plan at RAW Oct 20	CMS Fastest Growing / CPT As	October 2008	090	21.86	15.60	NA	6.86	4943	TRUE	Oct 2009	Yes	TRUE	The specia	February 2010	Complete	TRUE	Maintain
63075	Discectomy, anterior, with decom Arthrodesis Including Disc	February 2010	5	NASS, AAN 19.60	Codes Reported Together 95%	February 2008	090	19.6	14.70	NA	6.07	346	FALSE	TRUE	Referred t	October 21 21	Complete	TRUE	Maintain		
63076	Discectomy, anterior, with decom Arthrodesis Including Disc	February 2010	5	NASS, AAN 4.04	Codes Reported Together 95% or More		ZZZ	4.04	1.98	NA	1.16	274	FALSE	FALSE		October 21 21		TRUE	Maintain		
63081	Vertebral corpectomy (vertebral b RAW	September 2022	13	AANS, AAC Refer to CPT Assistant	Codes Reported Together 75%	April 2022	090	26.1	17.99	NA	8.08	4386	TRUE	FALSE				FALSE			
63090	Vertebral corpectomy (vertebral b Vertebral Corpectomy with	September 2022	13	AAOS, AAF Maintain	Codes Reported Together 75%	January 2015	090	30.93	18.90	NA	8.23	738	FALSE	TRUE	In January	Septembe 20	yes	TRUE	Maintain		
63620	Stereotactic radiosurgery (particle Stereotactic Radiosurgery	February 2009	38	15.50	CMS Request - 2009 Final Rule	NA	090	15.6	11.88	NA	5.96	570	FALSE	FALSE				TRUE	Decrease		
63621	Stereotactic radiosurgery (particle Stereotactic Radiosurgery	February 2009	38	4.00	CMS Request - 2009 Final Rule	NA	ZZZ	4	1.91	NA	1.53	177	FALSE	FALSE				TRUE	Decrease		
63650	Percutaneous implantation of neu Percutaneous implantation	October 2020	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	FALSE	FALSE				TRUE	Decrease		
63655	Laminectomy for implantation of Neurostimulator (Spinal)	April 2009	17	NASS, AAN 11.43	CMS Fastest Growing	October 2008	090	10.92	10.41	NA	3.58	6648	FALSE	FALSE				TRUE	Maintain		
63660	Deleted from CPT Neurostimulator (Spinal)	April 2009	17	AAPM, AA Deleted from CPT	Site of Service Anomaly / CMS	September 2007							FALSE	TRUE	The RUC r	October 21 19	Code Dele	TRUE	Deleted from CPT		
63661	Removal of spinal neurostimulator Neurostimulator (Spinal)	April 2009	17	ISIS, NASS, 5.03	Site of Service Anomaly / CMS	April 2008	010	5.08	3.66	14.57	0.95	3183	FALSE	FALSE				TRUE	Decrease		
63662	Removal of spinal neurostimulator Neurostimulator (Spinal)	April 2009	17	ISIS, NASS, 10.87	Site of Service Anomaly / CMS	April 2008	090	11	10.58	NA	3.65	2049	FALSE	FALSE				TRUE	Decrease		
63663	Revision including replacement, w Neurostimulator (Spinal)	April 2009	17	ISIS, NASS, 70	Site of Service Anomaly / CMS	April 2008	010	7.75	4.45	18.26	1.06	1472	FALSE	FALSE				TRUE	Decrease		
63664	Revision including replacement, w Neurostimulator (Spinal)	April 2009	17	ISIS, NASS, 11.39	Site of Service Anomaly / CMS	April 2008	090	11.52	10.88	NA	3.85	580	FALSE	FALSE				TRUE	Decrease		
63685	Insertion or replacement of spinal Spinal Neurostimulator	September 2022	04	AANS, AAF 5.19	Site of Service Anomaly / CMS	September 2007	010	5.19	4.43	NA	1.09	24783	FALSE	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	FALSE	FALSE				TRUE	Decrease		
64400	Injection(s), anesthetic agent(s) ar Somatic Nerve Injections	October 2021	05	AAN, AAP1 1.00	Added as part of family	October 2021	000	0.75	0.54	2.44	0.20	34519	FALSE	FALSE				TRUE	Decrease		
64405	Injection(s), anesthetic agent(s) ar Somatic Nerve Injections	October 2021	05	AAN, AAP1 0.94	CMS 000-Day Global Typically	July 2016	000	0.94	0.41	1.09	0.21	116809	FALSE	FALSE				TRUE	Maintain		
64408	Injection(s), anesthetic agent(s) ar Somatic Nerve Injections	October 2021	05	AAPM, NA 0.90	Added as part of family	October 2021	000	0.75	0.46	1.58	0.11	873	FALSE	FALSE				TRUE	Decrease		
64412	Injection, anesthetic agent; spinal Anesthetic Injection – Spina	April 2014	36	AAN, ASA, Deleted from CPT	High Volume Growth2	April 2013							TRUE	FAQ Sept 1	Yes	TRUE	In April 20	October 21 21	Complete	TRUE	Deleted from CPT
64415	Injection(s), anesthetic agent(s) ar Somatic Nerve Injections	October 2021	05	AAPM, AS, 1.50	CMS Fastest Growing	October 2008	000	1.35	0.38	1.89	0.11	179440	TRUE	Dec 2011 1	Yes	TRUE	During the	May 2021 14	complete	TRUE	Increase
64416	Injection(s), anesthetic agent(s) ar Somatic Nerve Injections	October 2021	05	AAPM, AS, 1.80	Site of Service Anomaly / High	September 2007	000	1.48	0.27	NA	0.11	14758	FALSE	TRUE				TRUE	Decrease		
64417	Injection(s), anesthetic agent(s) ar Somatic Nerve Injections	October 2021	05	AAPM, AS, 1.31	part of New/Revised Review	October 2018	000	1.27	0.40	2.80	0.11	15139	FALSE	TRUE				TRUE	Decrease		
64418	Injection(s), anesthetic agent(s) ar Somatic Nerve Injections	October 2021	05	AAPM, SIS 1.10	Harvard Valued - Utilization o	October 2015	000	1.1	0.43	1.40	0.12	29410	FALSE	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	FALSE	FALSE				TRUE	Maintain		
64421	Injection(s), anesthetic agent(s) ar Somatic Nerve Injections	October 2021	05	AAPM, AA 0.60	Added as part of family	October 2021	ZZZ	0.5	0.18	0.43	0.05	16120	FALSE	FALSE				TRUE	Decrease		
64425	Injection(s), anesthetic agent(s) ar Somatic Nerve Injections	October 2021	05	AAPM, AA 1.19	Added as part of family	October 2021	000	1	0.51	2.23	0.10	6884	FALSE	FALSE				TRUE	Decrease		
64430	Injection(s), anesthetic agent(s) ar Somatic Nerve Injections	October 2021	05	AAPM, AC 1.15	Added as part of family	October 2021	000	1	0.48	1.83	0.11	3768	FALSE	FALSE				TRUE	Decrease		
64435	Injection(s), anesthetic agent(s) ar Somatic Nerve Injections	October 2021	05	AAPM, AC 0.75	Added as part of family	October 2021	000	0.75	0.41	1.56	0.11	30	FALSE	FALSE				TRUE	Decrease		
64445	Injection(s), anesthetic agent(s) ar Somatic Nerve Injections	October 2021	05	AAPM, AA 1.39	CMS Fastest Growing	October 2008	000	1	0.47	2.66	0.10	120873	TRUE	Dec 2011 1	Yes	FALSE			TRUE	Decrease	
64446	Injection(s), anesthetic agent(s) ar Somatic Nerve Injections	October 2021	05	AAPM, AS, 1.75	Site of Service Anomaly / High	February 2008	000	1.36	0.25	NA	0.11	5151	FALSE	TRUE				TRUE	Decrease		
64447	Injection(s), anesthetic agent(s) ar Somatic Nerve Injections	October 2021	05	AAPM, AS, 1.34	CMS Fastest Growing / Codes	October 2008	000	1.1	0.35	1.44	0.09	257364	TRUE	Dec 2011 1	Yes	TRUE	During 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	FALSE	TRUE				TRUE	Increase		
64449	Injection(s), anesthetic agent(s) ar Somatic Nerve Injections	October 2021	05	AAPM, NA 1.55	Site of Service Anomaly	September 2007	000	1.27	0.42	NA	0.11	1353	FALSE	TRUE	The RUC r	February 231	Complete	TRUE	Decrease		
64450	Injection(s), anesthetic agent(s) ar Somatic Nerve Injections	October 2021	05	AAPM, AA 0.75	Harvard Valued - Utilization o	October 2009	000	0.75	0.40	1.42	0.09	345018	TRUE	Jan 2013	Yes	FALSE			TRUE	Maintain	
64451	Injection(s), anesthetic agent(s) ar Somatic Nerve Injections	October 2021	05	AAPM, AA 1.52	Added as part of family	October 2021	000	1.52	0.73	5.27	0.14	18395	FALSE	FALSE				TRUE	Maintain		
64454	Injection(s), anesthetic agent(s) ar Somatic Nerve Injections	October 2021	05	AAPM, NA 1.52	Added as part of family	October 2021	000	1.52	0.74	5.05	0.17	26332	FALSE	FALSE				TRUE	Maintain		
64455	Injection(s), anesthetic agent(s) ar Somatic Nerve Injections	October 2021	05	AAPM, AP 0.75	High Volume Growth4 / CMS	October 2016	000	0.75	0.17	0.65	0.07	61227	FALSE	FALSE				TRUE	Maintain		
64470	Deleted from CPT Injection Anesthetic Agent	April 2008	57	ASA, NASS Deleted from CPT	High Volume Growth1	April 2008							FALSE	TRUE	The RUC r	February 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							FALSE	TRUE	The RUC r	February 228	Code Dele	TRUE	Deleted from CPT		
64475	Deleted from CPT Injection Anesthetic Agent	April 2008	57	ASA, NASS Deleted from CPT	High Volume Growth1	April 2008							FALSE	TRUE	The RUC r	February 228	Code Dele	TRUE	Deleted from CPT		
64476	Deleted from CPT Injection Anesthetic Agent	April 2008	57	ASA, NASS Deleted from CPT	High Volume Growth1	April 2008							FALSE	TRUE	The RUC r	February 228	Code Dele	TRUE	Deleted from CPT		
64479	Injection(s), anesthetic agent(s) ar Injection Anesthetic Agent	October 2009	05	AAPM, ISI: 2.29	CMS Fastest Growing	October 2008	000	2.29	1.33	5.49	0.22	37416	FALSE	TRUE	The RUC r	June 2009 19	CPT Editor	TRUE	Increase		
64480	Injection(s), anesthetic agent(s) ar Injection Anesthetic Agent	October 2009	05	AAPM, ISI: 1.20	CMS Fastest Growing	October 2008	ZZZ	1.2	0.48	2.75	0.11	16251	FALSE	TRUE	The RUC r	June 2009 19	CPT Editor	TRUE	Decrease		
64483	Injection(s), anesthetic agent(s) ar Injection of Anesthetic Ager	October 2009	05	AAPM, ISI: 1.90	CMS Fastest Growing	October 2008	000	1.9	1.17	5.35	0.19	876575	FALSE	TRUE	The RUC r	June 2009 19	CPT Editor	TRUE	Decrease		
64484	Injection(s), anesthetic agent(s) ar Injection of Anesthetic Ager	October 2009	05	AAPM, ISI: 1.00	CMS Fastest Growing	October 2008	ZZZ	1	0.41	2.27	0.10	358506	FALSE	TRUE	The RUC r	June 2009 19	CPT Editor	TRUE	Decrease		
64488	Transversus abdominis plane (tap) RAW	September 2022	13	ANA, ASA Maintain	High Volume Growth8	April 2022	000	1.6	0.29	2.44	0.12	55886	FALSE	FALSE				TRUE	Maintain		
64490	Injection(s), diagnostic or therapeutic Facet Joint Injections	April 2009	18	ASA, NASS 1.82	High Volume Growth1		000	1.82	1.08	3.68	0.20	219560	FALSE	FALSE				TRUE	Decrease		
64491	Injection(s), diagnostic or therapeutic Facet Joint Injections	April 2009	18	ASA, NASS 1.16	High Volume Growth1		ZZZ	1.16	0.47	1.60	0.11	195781	FALSE	FALSE				TRUE	Decrease		
64492	Injection(s), diagnostic or therapeutic Facet Joint Injections	April 2009	18	ASA, NASS 1.16	High Volume Growth1		ZZZ	1.16	0.49	1.61	0.11	126112	FALSE	FALSE				TRUE	Decrease		
64493	Injection(s), diagnostic or therapeutic Facet Joint Injections	April 2009	18	ASA, NASS 1.52	High Volume Growth1		000	1.52	0.97	3.56	0.14	738559	FALSE	FALSE				TRUE	Decrease		
64494	Injection(s), diagnostic or therapeutic Facet Joint Injections	April 2009	18	ASA, NASS 1.00	High Volume Growth1		ZZZ	1	0.40	1.60	0.10	655091	FALSE	FALSE				TRUE	Decrease		
64495	Injection(s), diagnostic or therapeutic Facet Joint Injections	April 2009	18	ASA, NASS 1.00	High Volume Growth1		ZZZ	1	0.42	1.59	0.10	372208	FALSE	FALSE				TRUE	Decrease		
64510	Injection, anesthetic agent; stellat Fluoroscopy	April 2009	27	ASA, ISIS, New PE inputs	CMS Request - Practice Expen	April 2009	000	1.22	0.92	3.07	0.11	5831	FALSE	FALSE				TRUE	PE Only		
64520	Injection, anesthetic agent; lumbar Fluoroscopy	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	FALSE	FALSE				TRUE	PE Only		
64550	Application of surface (transcutan Percutaneous Neurostimula	January 2017	29	AANS, CNS Deleted from CPT	Final Rule for 2015	January 2017							FALSE	TRUE	In Septem	June 2017 12	yes	TRUE	Deleted from CPT		
64553	Percutaneous implantation of neu Percutaneous Neurostimula	January 2017	15	AANS, CNS 6.13	Final Rule for 2015	July 2014	010	6.13	4.32	69.85	0.70	199	FALSE	TRUE	The RUC d	September 36	yes	TRUE	Increase		
64555	Percutaneous implantation of neu Percutaneous Neurostimula	January 2017	37	AANS, CNS 5.																	

65778	Placement of amniotic membrane RAW	September 2022	13	January 20 RUC	AAO	Survey	High Volume Growth8	April 2022	000	1	0.50	39.77	0.05	38004	FALSE		FALSE		FALSE					
65779	Placement of amniotic membrane RAW	September 2022	13	January 20 RUC	AAO	Survey	High Volume Growth8	September 2022							FALSE		FALSE		FALSE					
65780	Ocular surface reconstruction; am Ocular Reconstruction Tran	September 2022	13	January 20 RUC	AAO	Survey. 8.80	CMS Fastest Growing / 090-D	October 2008	090	7.81	10.96	NA	0.60	1462	TRUE	Jun 2009	Yes	FALSE		FALSE	Decrease			
65800	Paracentesis of anterior chamber	Paracentesis of the Eye	April 2012	21	AAO	1.53	Harvard Valued - Utilization o	September 2011	000	1.53	0.94	1.83	0.11	19460	FALSE			TRUE	Sept 2011	October 21 19	Complete	TRUE	Decrease	
65805	Paracentesis of anterior chamber	Paracentesis of the Eye	April 2012	21	AAO	Deleted from CPT	Harvard Valued - Utilization o	April 2011							FALSE			TRUE	Sept 2011	October 21 19	Complete	TRUE	Deleted from CPT	
65855	Trabeculoplasty by laser surgery	Trabeculoplasty by Laser Su	April 2015		RUC	AAO	3.00	010-Day Global Post-Operativ	January 2014	010	3	2.71	3.95	0.23	122871	FALSE		TRUE	Referred t	February 2 28	Complete	TRUE	Decrease	
66170	Fistulization of sclera for glaucom	Glaucoma Surgery	April 2015	32	RUC	AAO	13.94	090-Day Global Post-Operativ	January 2014	090	13.94	16.66	NA	1.07	5495	FALSE		FALSE				TRUE	Decrease	
66172	Fistulization of sclera for glaucom	Glaucoma Surgery	April 2015	32	RUC	AAO	14.81	090-Day Global Post-Operativ	January 2014	090	14.84	18.58	NA	1.16	2201	FALSE		FALSE				TRUE	Decrease	
66174	Transluminal dilation of aqueous	Dilation of Aqueous Outflow	January 2021	15		AAO	8.53	New Technology/ New Servic	April 2010	090	7.62	13.77	NA	0.60	10433	FALSE		TRUE	In October	October 21 36	complete	TRUE	Decrease	
66175	Transluminal dilation of aqueous	Dilation of Aqueous Outflow	January 2021	15		AAO	10.25	New Technology/ New Servic	October 2020	090	9.34	13.02	NA	0.73	253	FALSE		FALSE				TRUE	Decrease	
66179	Aqueous shunt to extraocular equ	Aqueous Shunt	January 2014	12		AAO	14.00	Harvard-Valued Annual Allow	January 2014	090	14	16.23	NA	1.07	666	FALSE		TRUE		October 21 24	Complete	TRUE	Decrease	
66180	Aqueous shunt to extraocular equ	Aqueous Shunt	January 2020	37		AAO	Maintain. 15.00	Harvard-Valued Annual Allow	October 2012	090	15	16.83	NA	1.16	9414	FALSE		TRUE	In April 20	October 21 24	Complete	TRUE	Decrease	
66183	Insertion of anterior segment aqu	Aqueous Shunt	January 2020	37		AAO	Maintain. 13.20	Harvard-Valued Annual Allow	January 2014	090	13.2	15.60	NA	1.01	5855	FALSE		FALSE				TRUE	Maintain	
66184	Revision of aqueous shunt to extr	Aqueous Shunt	January 2014	12		AAO	9.58	Harvard-Valued Annual Allow	January 2014	090	9.58	12.62	NA	0.73	500	FALSE		TRUE		October 21 24	Complete	TRUE	Decrease	
66185	Revision of aqueous shunt to extr	Aqueous Shunt	January 2020	37		AAO	Maintain. 10.58	Harvard-Valued Annual Allow	October 2012	090	10.58	13.24	NA	0.83	1457	FALSE		TRUE	In April 20	October 21 24	Complete	TRUE	Increase	
66711	Ciliary body destruction; cycloph	Cyclophotocoagulation	January 2019	11		AAO	6.36	Codes Reported Together 75%	October 2017	090	5.62	8.60	NA	0.42	894	FALSE		TRUE	In October	May 2018	26	Yes	TRUE	Decrease
66761	Iridotomy/Iridectomy by laser sur	Iridotomy	January 2020	37		AAO	Maintain. 3.00	High IWPUT / 010-Day Global	February 2008	010	3	3.62	5.54	0.23	47614	FALSE		TRUE	In April 20	February 2 33	Revised	TRUE	Decrease	
66821	Dissection of secondary membranous	cataract (opacified poste	February 2011	41		AAO	Maintain	MPC List	October 2010	090	3.42	5.37	6.08	0.25	560886	FALSE		FALSE				TRUE	Maintain	
66982	Extracapsular cataract removal w/	Cataract Removal with Drain	January 2021	16		AAO	10.25	High IWPUT / CMS Fastest Gr	September 2007	090	10.25	10.54	NA	0.77	123553	TRUE	Sep 2009	Yes	FALSE			TRUE	Decrease	
66983	Intracapsular cataract extraction	Cyclophotocoagulation	January 2019	11				Contractor Price	Codes Reported Together 75%	January 2019	090	0	0.00	0.00	0.00	86	FALSE		FALSE				TRUE	Contractor Price
66984	Extracapsular cataract removal w/	Cataract Removal with Drain	January 2021	16		AAO	7.35	High IWPUT / MPC List / Code	February 2008	090	7.35	7.83	NA	0.56	1297557	FALSE		TRUE	In October	May 2018	26	Yes	TRUE	Decrease
66987	Extracapsular cataract removal w/	Cataract Removal with Drain	January 2021	16		AAO	13.15	Codes Reported Together 75%	January 2019	090	0	0.00	0.00	0.00	733	FALSE		FALSE				TRUE	Decrease	
66988	Extracapsular cataract removal w/	Cyclophotocoagulation	January 2019	11			10.25	Codes Reported Together 75%	January 2019	090	0	0.00	0.00	0.00	3826	FALSE		FALSE				TRUE	Decrease	
66989	Extracapsular cataract removal w/	Cataract Removal with Drain	January 2021	16		AAO	12.13	High Volume Category III Cod	January 2021	090	12.13	11.69	NA	0.93		FALSE		FALSE		October 21 37	complete	TRUE	Maintain	
66991	Extracapsular cataract removal w/	Cataract Removal with Drain	January 2021	16		AAO	9.23	High Volume Category III Cod	January 2021	090	9.23	9.84	NA	0.68		FALSE		FALSE		October 21 37	complete	TRUE	Maintain	
67028	Intravitreal injection of a pharmac	Treatment of Retinal Lesion	September 2022	13		AAO, ASRS	1.44	High Volume Growth1 / CMS I	February 2008	000	1.44	1.10	1.75	0.11	3738345	FALSE		FALSE				TRUE	Maintain	
67036	Vitrectomy, mechanical, pars plan	Vitrectomy	October 2013	11		AAO	12.13	Harvard-Valued Annual Allow	October 2012	090	12.13	12.85	NA	0.95	14918	FALSE		FALSE				TRUE	Decrease	
67038	Deleted from CPT	Ophthalmological Procedur	September 2007	16		AAO	Deleted from CPT	Site of Service Anomaly	September 2007							FALSE		FALSE		February 2007		TRUE	Deleted from CPT	
67039	Vitrectomy, mechanical, pars plan	Vitrectomy	October 2013	11		AAO	13.20	Site of Service Anomaly (9923	September 2007	090	13.2	13.51	NA	1.01	3085	FALSE		FALSE				TRUE	Decrease	
67040	Vitrectomy, mechanical, pars plan	Vitrectomy	October 2013	11		AAO	14.50	Site of Service Anomaly (9923	September 2007	090	14.5	14.32	NA	1.11	6722	FALSE		FALSE				TRUE	Decrease	
67041	Vitrectomy, mechanical, pars plan	Vitrectomy	October 2013	11		AAO	16.33	Harvard-Valued Annual Allow	October 2012	090	16.33	15.44	NA	1.26	10410	FALSE		FALSE				TRUE	Decrease	
67042	Vitrectomy, mechanical, pars plan	Vitrectomy	October 2013	11		AAO	16.33	Harvard-Valued Annual Allow	October 2012	090	16.33	15.44	NA	1.26	22238	FALSE		FALSE				TRUE	Decrease	
67043	Vitrectomy, mechanical, pars plan	Vitrectomy	October 2013	11		AAO	17.40	Harvard-Valued Annual Allow	October 2012	090	17.4	16.10	NA	1.33	268	FALSE		FALSE				TRUE	Decrease	
67101	Repair of retinal detachment, incl	Retinal Detachment Repair	October 2015	11	RUC	AAO, ASRS	3.50	090-Day Global Post-Operativ	April 2015	010	3.5	4.45	5.99	0.25	254	FALSE		TRUE	In April 20	May 2015	21	Complete	TRUE	Decrease
67105	Repair of retinal detachment, incl	Retinal Detachment Repair	October 2015	11	RUC	AAO, ASRS	3.84	090-Day Global Post-Operativ	April 2015	010	3.39	4.30	4.97	0.25	2811	FALSE		TRUE	In April 20	May 2015	21	Complete	TRUE	Decrease
67107	Repair of retinal detachment; scl	Retinal Detachment Repair	April 2015	12		AAO	16.00. Reduce 99238 to 0.5	Site of Service Anomaly (9923	September 2007	090		16	15.24	NA	1.24	452	FALSE		FALSE		October 21 23		TRUE	Decrease
67108	Repair of retinal detachment; wit	Retinal Detachment Repair	April 2015	12	RUC	AAO	17.13	Site of Service Anomaly (9923	September 2007	090	17.13	15.93	NA	1.32	14871	FALSE		FALSE		October 21 23		TRUE	Decrease	
67110	Repair of retinal detachment; by ii	Retinal Detachment Repair	April 2015	12		AAO	10.25. Remove 99238	Site of Service Anomaly (9923	September 2007	090	10.25	12.48	14.93	0.78	2101	FALSE		FALSE		October 21 23		TRUE	Maintain	
67112	Repair of retinal detachment; by s	Retinal Detachment Repair	April 2015	12		AAO	Deleted from CPT	090-Day Global Post-Operativ	April 2014							FALSE		TRUE	Added as j	October 21 23	Complete	TRUE	Deleted from CPT	
67113	Repair of complex retinal detachm	Retinal Detachment Repair	April 2015	12	RUC	AAO	19.00	090-Day Global Post-Operativ	January 2014	090	19	17.96	NA	1.47	11077	FALSE		FALSE		October 21 23	Complete	TRUE	Decrease	
67141	Prophylaxis of retinal detachment	Retinal Detachment Proph	October 2020	08		AAO, ASRS	2.53	Harvard Valued - Utilization o	January 2020	090	2.53	3.54	5.15	0.20	1048	FALSE		TRUE	CPT code f	May 2020	complete	TRUE	Decrease	
67145	Prophylaxis of retinal detachment	Retinal Detachment Proph	October 2020	08		AAO, ASRS	2.53	Harvard Valued - Utilization o	October 2019	090	2.53	3.54	4.33	0.20	27120	FALSE		TRUE	CPT code f	May 2020	Complete	TRUE	Decrease	
67210	Destruction of localized lesion of	Treatment of Retinal Lesion	October 2010	13		AAO	6.36	High IWPUT	February 2008	090	6.36	7.55	8.13	0.50	43032	FALSE		TRUE	Code originally referred to	CPT v	Complete	TRUE	Decrease	
67220	Destruction of localized lesion of	Treatment of Retinal Lesion	October 2010	13		AAO	6.36	High IWPUT	February 2008	090	6.36	7.55	8.58	0.50	2533	FALSE		TRUE	Code originally referred to	CPT v	Complete	TRUE	Decrease	
67225	Destruction of localized lesion of	Photodynamic Therapy of t	February 2008	P		AAO	0.47	New Technology	September 2007	ZZZ	0.47	0.29	0.34	0.04	124	FALSE		FALSE				TRUE	Maintain	
67228	Treatment of extensive or progres	Treatment of Retinal Lesion	October 2009	40		AAO	Remove from screen	High IWPUT	February 2008	010	4.39	4.04	5.14	0.34	48375	FALSE		FALSE				TRUE	Remove from Screen	
67255	Scleral reinforcement (separate pr	Aqueous Shunt	January 2014	12		AAO	10.17	Harvard-Valued Annual Allow	January 2014	090	8.38	10.92	NA	0.65	703	FALSE		TRUE		October 21 24	Complete	TRUE	Maintain	
67311	Strabismus surgery, recession or r	Strabismus Surgery	October 2020	18		AAO, AAP	5.93	ZZZ Global Post-Operative Visi	April 2020	090	5.93	7.61	NA	0.44	3593	FALSE		FALSE				TRUE	Decrease	
67312	Strabismus surgery, recession or r	Strabismus Surgery	October 2020	18		AAO, AAP	9.50	ZZZ Global Post-Operative Visi	April 2020	090	9.5	9.01	NA	0.73	1095	FALSE		FALSE				TRUE	Decrease	
67314	Strabismus surgery, recession or r	Strabismus Surgery	October 2020	18		AAO, AAP	5.93	ZZZ Global Post-Operative Visi	April 2020	090	5.93	9.63	NA	0.44	1882	FALSE		FALSE				TRUE	Decrease	
67316	Strabismus surgery, recession or r	Strabismus Surgery	October 2020	18		AAO, AAP	10.31	ZZZ Global Post-Operative Visi	April 2020	090	10.31	9.48	NA	0.79	120	FALSE		FALSE				TRUE	Decrease	
67318	Strabismus surgery, any procedur	Strabismus Surgery	October 2020	18		AAO, AAP	9.80	ZZZ Global Post-Operative Visi	April 2020	090	9.8	9.36	NA	0.75	142	FALSE		FALSE				TRUE	Decrease	
67320	Transposition procedure (eg, for p	Strabismus Surgery	October 2020	18		AAO, AAP	3.00	ZZZ Global Post-Operative Visi	October 2019	ZZZ	3	4.16	NA	0.23	274	FALSE		FALSE				TRUE	Decrease	
67331	Strabismus surgery on patient wit	Strabismus Surgery	October 2020	18		AAO, AAP	2.00	ZZZ Global Post-Operative Visi	October 2019	ZZZ	2	4.85	NA	0.17	682	FALSE		FALSE				TRUE	Decrease	
67332	Strabismus surgery on patient wit	Strabismus Surgery	October 2020	18		AAO, AAP	3.50	ZZZ Global Post-Operative Visi	October 2019	ZZZ	3.5	3.86	NA	0.25	1233	FALSE		FALSE				TRUE	Decrease	
67334	Strabismus surgery by posterior fi	Strabismus Surgery	October 2020	18		AAO, AAP	2.06	ZZZ Global Post-Operative Visi	October 2019	ZZZ	2.06	4.69	NA	0.17	84	FALSE		FALSE				TRUE	Decrease	
67335	Placement of adjustable suture(s)	Strabismus Surgery	October 2020	18		AAO, AAP	3.23	ZZZ Global Post-Operative Visi	October 2019	ZZZ	3.23	1.96	NA	0.25	1197	FALSE		FALSE				TRUE	Increase	
67340	Strabismus surgery involving expl	Strabismus Surgery	October 2020	18		AAO, AAP	5.00	ZZZ Global Post-Operative Visi	October 2019	ZZZ	5	3.08	NA	0.39	67	FALSE		FALSE				TRUE	Decrease	
67500	Retrolbulbar injection; medication	Injection – Eye	October 2017	11		AAO, ASRS	1.18	CMS 000-Day Global Typically	October 2017	000	1.18	0.55	0.95	0.09	7335	FALSE		FALSE				TRUE	Decrease	
67505	Retrolbulbar injection; alcohol	Injection – Eye	October 2017	11		AAO, ASRS	1.18	CMS 000-Day Global Typically	October 2017	000	1.18	0.82	1.26	0.09	102	FALSE		FALSE				TRUE	Decrease	
67515	Injection of medication or other si	Injection – Eye	October 2017	11		AAO, ASRS	0.84	CMS 000-Day Global Typically	July 2016	000	0.75	0.55	0.70	0.07	20437	FALSE		FALSE				TRUE	Decrease	
67820	Correction of trichiasis; epilation,	Correction of Trichiasis	April 2016	29		AOA, AOA	0.32	CMS High Expenditure Proced	July 2015	000	0.32	0.30	0.22	0.02	172505	FALSE		FALSE				TRUE	Decrease	
67914	Repair of ectropion; suture	Repair of Eyelid	April 2013	24		AAO	3.75	Harvard-Valued Annual Allow	October 2012	090	3.75	5.42	10.45	0.32	1131	FALSE		FALSE				TRUE	Maintain	
67915	Repair of ectropion; therm																							



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	FALSE	TRUE	Maintain			
70373	Laryngography, contrast, radiologi	October 2012			ACR, AAFP CPT Assistant article published.	Codes Reported Together 75% October 2012							TRUE	July 2014	Yes	FALSE	TRUE	Maintain			
70450	Computed tomography, head or b CT Head/Brain	April 2019	15		ACR, ASNRF 0.85	CMS-Other - Utilization over 5 April 2011	XXX	0.85	NA	2.37	0.05	4813481	FALSE			FALSE	TRUE	Maintain			
70460	Computed tomography, head or b CT Head/Brain	April 2019	15		ACR, ASNRF 1.13	CMS High Expenditure Procd April 2013	XXX	1.13	NA	3.41	0.06	21365	FALSE			FALSE	TRUE	Maintain			
70470	Computed tomography, head or b CT Head/Brain	April 2019	15		ACR, ASNRF 1.27	Harvard Valued - Utilization o October 2009	XXX	1.27	NA	4.06	0.08	70900	FALSE			FALSE	TRUE	Maintain			
70480	Computed tomography, orbit, sell CT – Orbit/Ear/Fossa	October 2018	16		ACR, ASNRF 1.28	CMS-Other - Utilization over 3 October 2017	XXX	1.28	NA	3.56	0.08	43867	FALSE			FALSE	TRUE	Maintain			
70481	Computed tomography, orbit, sell CT – Orbit/Ear/Fossa	October 2018	16		ACR, ASNRF 1.13	CMS-Other - Utilization over 3 October 2017	XXX	1.13	NA	4.43	0.06	8890	FALSE			FALSE	TRUE	Decrease			
70482	Computed tomography, orbit, sell CT – Orbit/Ear/Fossa	October 2018	16		ACR, ASNRF 1.27	CMS-Other - Utilization over 3 October 2017	XXX	1.27	NA	5.25	0.09	3841	FALSE			FALSE	TRUE	Decrease			
70486	Computed tomography, maxillofa CT – Maxillofacial	April 2014	41		ACR, ASNRF 0.85	CMS-Other - Utilization over 2 April 2013	XXX	0.85	NA	3.06	0.05	425050	FALSE			FALSE	TRUE	Decrease			
70487	Computed tomography, maxillofa CT – Maxillofacial	April 2014	41		ACR, ASNRF 1.17	CMS-Other - Utilization over 2 April 2014	XXX	1.13	NA	3.53	0.06	25411	FALSE			FALSE	TRUE	Decrease			
70488	Computed tomography, maxillofa CT – Maxillofacial	April 2014	41		ACR, ASNRF 1.30	CMS-Other - Utilization over 2 April 2014	XXX	1.27	NA	4.42	0.08	3020	FALSE			FALSE	TRUE	Decrease			
70490	Computed tomography, soft tissu CT Soft Tissue Neck	January 2017	21		ACR, ASNRF 1.28	CMS High Expenditure Procd July 2015	XXX	1.28	NA	3.30	0.08	56374	FALSE			FALSE	TRUE	Maintain			
70491	Computed tomography, soft tissu CT Soft Tissue Neck	January 2017	21		ACR, ASNRF 1.38	CMS High Expenditure Procd July 2015	XXX	1.38	NA	4.29	0.08	247043	FALSE			FALSE	TRUE	Maintain			
70492	Computed tomography, soft tissu CT Soft Tissue Neck	January 2017	21		ACR, ASNRF 1.62	CMS High Expenditure Procd July 2015	XXX	1.62	NA	5.19	0.11	20210	FALSE			FALSE	TRUE	Increase			
70496	Computed tomographic angiogra CT Angiography – Head & N	September 2022	13	Septembe RUC	ACR, ASNRF Refer to CPT for code bundling sol	High Volume Growth1 / CMS I February 2008	XXX	1.75	NA	6.70	0.13	509547	FALSE			TRUE	In April 20 May 2023	FALSE	Maintain		
70498	Computed tomographic angiogra CT Angiography – Head & N	September 2022	13	Septembe RUC	ACR, ASNRF Refer to CPT for code bundling sol	High Volume Growth1 / CMS I February 2008	XXX	1.75	NA	6.69	0.13	529852	FALSE			TRUE	In April 20 May 2023	FALSE	Maintain		
70540	Magnetic resonance (eg, proton) i MRI Face and Neck	January 2016	39		ACR, ASNRF 1.35	CMS High Expenditure Procd July 2015	XXX	1.35	NA	5.70	0.09	8567	FALSE			FALSE	TRUE	Maintain			
70542	Magnetic resonance (eg, proton) i MRI Face and Neck	January 2016	39		ACR, ASNRF 1.62	CMS High Expenditure Procd July 2015	XXX	1.62	NA	6.76	0.10	805	FALSE			FALSE	TRUE	Maintain			
70543	Magnetic resonance (eg, proton) i MRI Face and Neck	January 2016	39		ACR, ASNRF 2.15	CMS High Expenditure Procd July 2015	XXX	2.15	NA	8.41	0.14	55029	FALSE			FALSE	TRUE	Maintain			
70544	Magnetic resonance angiography, Magnetic Resonance Angio	September 2022	22	April 2024 RAW	ACR, ASNRF Review action plan. 1.20	CMS High Expenditure Procd July 2015	XXX	1.2	NA	5.46	0.09	195255	FALSE			FALSE	TRUE	Maintain			
70545	Magnetic resonance angiography, Magnetic Resonance Angio	October 2016	18	RUC	ACR, ASNRF 1.20	CMS High Expenditure Procd July 2015	XXX	1.2	NA	5.83	0.09	2796	FALSE			FALSE	TRUE	Maintain			
70546	Magnetic resonance angiography, Magnetic Resonance Angio	October 2016	18		ACR, ASNRF 1.48	CMS High Expenditure Procd July 2015	XXX	1.48	NA	8.73	0.12	16258	FALSE			FALSE	TRUE	Decrease			
70547	Magnetic resonance angiography, Magnetic Resonance Angio	September 2022	13	April 2024 RAW	ACR, ASNRF Review action plan. 1.20	CMS High Expenditure Procd July 2015	XXX	1.2	NA	5.48	0.09	64629	FALSE			FALSE	TRUE	Maintain			
70548	Magnetic resonance angiography, Magnetic Resonance Angio	October 2016	19	RUC	ACR, ASNRF 1.50	CMS High Expenditure Procd July 2015	XXX	1.5	NA	6.11	0.10	13439	FALSE			FALSE	TRUE	Increase			
70549	Magnetic resonance angiography, Magnetic Resonance Angio	October 2016	19	RUC	ACR, ASNRF 1.80	CMS High Expenditure Procd July 2015	XXX	1.8	NA	8.90	0.13	44370	FALSE			FALSE	TRUE	Maintain			
70551	Magnetic resonance (eg, proton) i MRI-Brain	January 2013	26		ACR, ASNRF 1.48	CMS High Expenditure Procd September 2011	XXX	1.48	NA	4.55	0.10	988012	FALSE			FALSE	TRUE	Maintain			
70552	Magnetic resonance (eg, proton) i MRI-Brain	January 2013	26		ACR, ASNRF 1.78	CMS High Expenditure Procd September 2011	XXX	1.78	NA	6.59	0.11	18020	FALSE			FALSE	TRUE	Maintain			
70553	Magnetic resonance (eg, proton) i MRI-Brain	January 2013	26		ACR, ASNRF 2.36	CMS-Other - Utilization over 5 April 2011	XXX	2.29	NA	7.57	0.15	868451	FALSE			FALSE	TRUE	Maintain			
71010	Radiologic examination, chest; sin Chest X-Rays	April 2016	07		ACR Deleted from CPT	Low Value-High Volume / CM: October 2010							FALSE				FALSE	February 220	Complete	TRUE	Deleted from CPT
71015	Radiologic examination, chest; ste Chest X-Rays	April 2016	07		ACR Deleted from CPT	CMS High Expenditure Procd July 2015							FALSE				FALSE	February 220	Complete	TRUE	Deleted from CPT
71020	Radiologic examination, chest, 2 v Chest X-Rays	April 2016	07		ACR Deleted from CPT	MPC List / CMS High Expendit October 2010							FALSE				FALSE	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 Procd July 2015							FALSE				FALSE	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 Procd July 2015							FALSE				FALSE	February 220	Complete	TRUE	Deleted from CPT
71023	Radiologic examination, chest, 2 v Chest X-Ray	April 2016	07		ACR Deleted from CPT	CMS High Expenditure Procd July 2015							FALSE				FALSE	February 220	Complete	TRUE	Deleted from CPT
71030	Radiologic examination, chest, cor Chest X-Rays	April 2016	07		ACR Deleted from CPT	CMS High Expenditure Procd July 2015							FALSE				FALSE	February 220	Complete	TRUE	Deleted from CPT
71034	Radiologic examination, chest, cor Chest X-Rays	April 2016	07		ACR Deleted from CPT	CMS High Expenditure Procd July 2015							FALSE				FALSE	February 220	Complete	TRUE	Deleted from CPT
71035	Radiologic examination, chest, spe Chest X-Rays	April 2016	07		ACR Deleted from CPT	CMS High Expenditure Procd July 2015							FALSE				FALSE	February 220	Complete	TRUE	Deleted from CPT
71045	Radiologic examination, chest; sin Chest X-Ray	April 2016	07		ACR 0.18	CMS High Expenditure Procd February 2016	XXX	0.18	NA	0.57	0.02	15258006	FALSE			FALSE	February 220	Complete	TRUE	Decrease	
71046	Radiologic examination, chest; 2 v Chest X-Ray	April 2016	07		ACR 0.22	CMS High Expenditure Procd February 2016	XXX	0.22	NA	0.76	0.02	6588226	FALSE			FALSE	February 220	Complete	TRUE	Decrease	
71047	Radiologic examination, chest; 3 v Chest X-Ray	April 2016	07		ACR 0.27	CMS High Expenditure Procd February 2016	XXX	0.27	NA	0.97	0.02	12357	FALSE			FALSE	February 220	Complete	TRUE	Decrease	
71048	Radiologic examination, chest; 4 v Chest X-Ray	April 2016	07		ACR 0.31	CMS High Expenditure Procd February 2016	XXX	0.31	NA	1.05	0.02	8226	FALSE			FALSE	February 220	Complete	TRUE	Decrease	
71090	Insertion pacemaker, fluoroscopy Insertion/Removal of Pacem	April 2011	10		ACC Deleted from CPT	Codes Reported Together 75% February 2010							FALSE				TRUE	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			FALSE	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			FALSE	TRUE	Maintain			
71110	Radiologic examination, ribs, bilat X-Ray of Ribs	April 2016	30		ACR 0.29	CMS-Other - Utilization over 2 October 2015	XXX	0.29	NA	1.00	0.02	19903	FALSE			FALSE	TRUE	Maintain			
71111	Radiologic examination, ribs, bilat X-Ray of Ribs	April 2016	30		ACR 0.32	CMS-Other - Utilization over 2 October 2015	XXX	0.32	NA	1.23	0.02	25320	FALSE			FALSE	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			FALSE	TRUE	Increase			
71260	Computed tomography, thorax, di Screening CT of Thorax	October 2019	07		ACR 1.38	CMS High Expenditure Procd July 2015	XXX	1.16	NA	3.95	0.06	1677657	FALSE			FALSE	TRUE	Maintain			
71270	Computed tomography, thorax, di Screening CT of Thorax	October 2019	07		ACR 1.24	CMS High Expenditure Procd July 2015	XXX	1.25	NA	4.81	0.09	57503	FALSE			FALSE	TRUE	Maintain			
71271	Computed tomography, thorax, lo Screening CT of Thorax	October 2019	07		ACR 1.16	CMS-Other - Utilization over 3 May 2019	XXX	1.08	NA	3.11	0.06		FALSE			FALSE	TRUE	Increase			
71275	Computed tomographic angiogra CT Angiography-Chest	January 2014	27		ACR, SIR 1.82	CMS Fastest Growing / MPC L October 2008	XXX	1.82	NA	6.81	0.13	1251116	TRUE	Jun 2009	Yes	FALSE	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	0.02	112855	FALSE			FALSE	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			TRUE	The RUC r October 217	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			TRUE	The RUC r October 217	Complete	TRUE	Decrease	
72052	Radiologic examination, spine, cer X-Ray Spine	January 2019	27		AAOS, ACF 0.30	Low Value-High Volume / CM: October 2010	XXX	0.3	NA	1.53	0.02	60768	FALSE			TRUE	The RUC r October 217	Complete	TRUE	Decrease	
72070	Radiologic examination, spine; thc X-Ray Spine	January 2019	27		AAOS, ACF 0.20	CMS-Other - Utilization over 2 April 2013	XXX	0.2	NA	0.76	0.02	242793	FALSE			FALSE	TRUE	Decrease			
72072	Radiologic examination, spine; thc 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			FALSE	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			FALSE	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			FALSE	TRUE	Decrease			
72100	Radiologic examination, spine, lun X-Ray Spine	January 2019	27		AAOS, ACF 0.22	Harvard Valued - Utilization o February 2010	XXX	0.22	NA	0.95	0.02	1440021	FALSE			TRUE	This servic October 218	Complete	TRUE	Maintain	
72110	Radiologic examination, spine, lun X-Ray Spine	January 2019	27		AAOS, ACF 0.26	Harvard Valued - Utilization o October 2009	XXX	0.26	NA	1.25	0.02	650097	FALSE			TRUE	April 2010 October 218	Complete	TRUE	Decrease	
72114	Radiologic examination, spine, lun X-Ray Spine	January 2019	27		AAOS, ACF 0.30	Harvard Valued - Utilization o February 2010	XXX	0.3	NA	1.53	0.02	77915	FALSE			TRUE	This servic October 218	Complete	TRUE	Decrease	
72120	Radiologic examination, spine, lun X-Ray Spine	January 2019	27		AAOS, ACF 0.22	Harvard Valued - Utilization o February 2010	XXX	0.22	NA	0.98	0.02	41713	FALSE			TRUE	Code 7211 October 218	Complete	TRUE	Maintain	
72125	Computed tomography, cervical sj CT Spine	April 2018	18		ACR, ASNRF 1.07	CMS Fastest Growing October 2008	XXX	1	NA	2.97	0.06	1184668	FALSE			FALSE	TRUE	Maintain			
72126	Computed tomography, cervical sj CT Spine	April 2018	18		ACR, ASNRF 1.22	CMS Fastest Growing February 2009	XXX	1.22	NA	3.95	0.08	17347	FALSE			FALSE	TRUE	Maintain			
72127	Computed tomography, cervical sj CT Spine	April 2018	18		ACR, ASNRF 1.27	CMS Fastest Growing February 2009	XXX	1.27	NA	4.81	0.10	1538	FALSE			FALSE	TRUE	Maintain			
72128	Computed tomography, thoracic s CT Spine	April 2018	18		ACR, ASNRF 1.00	CMS Fastest Growing October 2008	XXX	1	NA	2.96	0.06	181393	FALSE			FALSE	TRUE	Maintain			
72129	Computed tomography, thoracic s CT Spine	April 2018	18		ACR, ASNRF 1.22	CMS Fastest Growing February 2009	XXX	1.22	NA	3.99	0.08	26681	FALSE			FALSE	TRUE	Maintain			
72130	Computed tomography, thoracic s CT Spine	April 2018	18		ACR, ASNRF 1.27	CMS Fastest Growing February 2009	XXX	1.27	NA	4.84	0.09	1246	FALSE			FALSE	TRUE	Maintain			
72131	Computed tomography, lumbar sj CT Spine	April 2018	18		ACR, ASNRF 1.00	CMS Fastest Growing / CMS-C February 2009	XXX	1	NA	2.95	0.06	443104	FALSE			FALSE	TRUE	Maintain			
72132	Computed tomography, lumbar sj CT Spine	April 2018	18		ACR, ASNRF 1.22	CMS Fastest Growing / CMS-C February 2009	XXX	1.22	NA	3.95	0.08	53885	FALSE			FALSE	TRUE	Maintain			
72133	Computed tomography, lumbar sj CT Spine	April 2018	18		ACR, ASNRF 1.27	CMS Fastest Growing / CMS-C February 2009	XXX	1.27	NA	4.80	0.10	3482	FALSE			FALSE	TRUE	Maintain			
72141	Magnetic resonance (eg,																				

72265	Myelography, lumbosacral, radiol	Myelography	April 2014	17	ACR, ASN# 0.83	Codes Reported Together 75% October 2012	XXX	0.83	NA	2.40	0.05	2317	FALSE	TRUE	Joint Work	October 21 21	Complete	TRUE	Maintain	
72270	Myelography, 2 or more regions	Myelography	April 2014	17	ACR, ASN# 1.33	Codes Reported Together 75% October 2012	XXX	1.33	NA	3.58	0.10	456	FALSE	TRUE	Joint Work	October 21 21	Complete	TRUE	Maintain	
72275	Epidurography, radiological super	Epidurography	January 2020	37	ASA, AAP# Deleted from CPT	Different Performing Specialty October 2009	XXX					54891	TRUE	Oct 2009 a Yes	TRUE	In October	October 21 40	complete	TRUE	Deleted from CPT
72291	Radiological supervision and inter	Percutaneous Vertebroplasty	April 2014	06	Deleted from CPT	Codes Reported Together 75% October 2012							FALSE	TRUE	Joint Work	February 21 16	Complete	TRUE	Deleted from CPT	
72292	Radiological supervision and inter	Percutaneous Vertebroplasty	April 2014	06	Deleted from CPT	Codes Reported Together 75% October 2012							FALSE	TRUE	Joint Work	February 21 16	Complete	TRUE	Deleted from CPT	
73000	Radiologic examination; clavicle, c	X-Ray – Clavicle/Shoulder	October 2018	17	ACR, AAO# 0.16	CMS-Other - Utilization over 3 October 2017	XXX	0.16	NA	0.78	0.02	86745	FALSE	FALSE				TRUE	Maintain	
73010	Radiologic examination; scapula, c	X-Ray – Clavicle/Shoulder	October 2018	17	ACR, AAO# 0.17	CMS-Other - Utilization over 3 October 2017	XXX	0.17	NA	0.52	0.02	40937	FALSE	FALSE				TRUE	Maintain	
73020	Radiologic examination, shoulder;	X-Ray – Clavicle/Shoulder	October 2018	17	ACR, AAO# 0.15	CMS-Other - Utilization over 3 October 2017	XXX	0.15	NA	0.47	0.02	98733	FALSE	FALSE				TRUE	Maintain	
73030	Radiologic examination, shoulder;	X-Ray – Clavicle/Shoulder	October 2018	17	ACR, AAO# 0.18	Low Value-High Volume / CM# October 2010	XXX	0.18	NA	0.83	0.02	2321375	FALSE	FALSE				TRUE	Maintain	
73050	Radiologic examination; acromiocl	X-Ray – Clavicle/Shoulder	October 2018	17	ACR, AAO# 0.18	CMS-Other - Utilization over 3 October 2017	XXX	0.18	NA	0.65	0.02	6420	FALSE	FALSE				TRUE	Decrease	
73060	Radiologic examination; humerus,	X-Ray Exams	September 2014	17	AAOS, ACF 0.16	CMS-Other - Utilization over 2 April 2013	XXX	0.16	NA	0.77	0.02	292126	FALSE	FALSE				TRUE	Decrease	
73070	Radiologic examination, elbow; 2 v	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	186583	FALSE	FALSE				TRUE	Increase	
73080	Radiologic examination, elbow; co	X-Ray Elbow/Forearm	January 2019	30	AAOS, ACF 0.17	Harvard Valued - Utilization o October 2009	XXX	0.17	NA	0.78	0.02	339612	FALSE	FALSE				TRUE	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	FALSE				TRUE	Maintain	
73100	Radiologic examination, wrist; 2 vi	X-Ray Wrist	April 2016	32	ACR 0.16	CMS High Expenditure Procd July 2015	XXX	0.16	NA	0.83	0.02	231579	FALSE	FALSE				TRUE	Maintain	
73110	Radiologic examination, wrist; con	X-Ray Wrist	April 2016	32	ACR 0.17	Low Value-High Volume / CM# October 2010	XXX	0.17	NA	1.03	0.02	916846	FALSE	FALSE				TRUE	Maintain	
73120	Radiologic examination, hand; 2 vi	X-Ray of Hand/Fingers	April 2016	33	ACR 0.16	CMS High Expenditure Procd July 2015	XXX	0.16	NA	0.75	0.02	231529	FALSE	FALSE				TRUE	Maintain	
73130	Radiologic examination, hand; mir	X-Ray of Hand/Fingers	April 2016	33	ACR 0.17	Low Value-High Volume / CM# October 2010	XXX	0.17	NA	0.90	0.02	1097585	FALSE	FALSE				TRUE	Maintain	
73140	Radiologic examination, finger(s),	X-Ray of Hand/Fingers	April 2016	33	ACR 0.13	CMS High Expenditure Procd July 2015	XXX	0.13	NA	0.97	0.02	316609	FALSE	FALSE				TRUE	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	FALSE				TRUE	Maintain	
73201	Computed tomography, upper ext	CT Upper Extremity	October 2009	40	ACR Remove from screen	CMS Fastest Growing February 2009	XXX	1.16	NA	5.07	0.06	18828	FALSE	FALSE				TRUE	Remove from Screen	
73202	Computed tomography, upper ext	CT Upper Extremity	October 2009	40	ACR Remove from screen	CMS Fastest Growing February 2009	XXX	1.22	NA	6.58	0.09	1767	FALSE	FALSE				TRUE	Remove from Screen	
73206	Computed tomographic angiogram	CT Angiography	October 2013	12	ACR, SIR Survey with all CTA codes for Octo	CMS Request - Final Rule for 1 May 2013	XXX	1.81	NA	7.39	0.13	6441	FALSE	FALSE				TRUE	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	28452	TRUE	Feb 2011 Yes	FALSE			TRUE	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	FALSE				TRUE	Maintain	
73500	Radiologic examination, hip, unila	Radiologic Exam-Hip and Pe	April 2015	14	AAOS, ACF Deleted from CPT	CMS-Other - Utilization over 5 April 2011							FALSE	TRUE	In Jan 2011	October 21 27	Complete	TRUE	Deleted from CPT	
73501	Radiologic examination, hip, unila	Radiologic Exam-Hip and Pe	April 2015	14	AAOS, ACF 0.17	Codes Reported Together 75% October 2014	XXX	0.18	NA	0.77	0.02	227987	FALSE	FALSE				TRUE	Decrease	
73502	Radiologic examination, hip, unila	Radiologic Exam-Hip and Pe	April 2015	14	AAOS, ACF 0.22	Codes Reported Together 75% October 2014	XXX	0.22	NA	1.16	0.02	2236429	FALSE	FALSE				TRUE	Decrease	
73503	Radiologic examination, hip, unila	Radiologic Exam-Hip and Pe	April 2015	14	AAOS, ACF 0.27	Codes Reported Together 75% October 2014	XXX	0.27	NA	1.47	0.02	42499	FALSE	FALSE				TRUE	Decrease	
73510	Radiologic examination, hip, unila	Radiologic Exam-Hip and Pe	April 2015	14	AAOS, ACF Deleted from CPT	Harvard Valued - Utilization ov October 2008							FALSE	FALSE				TRUE	Deleted from CPT	
73520	Radiologic examination, hips, bilat	Radiologic Exam-Hip and Pe	April 2015	14	AAOS, ACF Deleted from CPT	CMS-Other - Utilization over 2 April 2013							FALSE	TRUE	CPT code ;	October 21 27	Complete	TRUE	Deleted from CPT	
73521	Radiologic examination, hips, bilat	Radiologic Exam-Hip and Pe	April 2015	14	AAOS, ACF 0.22	Codes Reported Together 75% October 2014	XXX	0.22	NA	0.99	0.02	125940	FALSE	FALSE				TRUE	Decrease	
73522	Radiologic examination, hips, bilat	Radiologic Exam-Hip and Pe	April 2015	14	AAOS, ACF 0.29	Codes Reported Together 75% October 2014	XXX	0.29	NA	1.29	0.02	148965	FALSE	FALSE				TRUE	Decrease	
73523	Radiologic examination, hips, bilat	Radiologic Exam-Hip and Pe	April 2015	14	AAOS, ACF 0.31	Codes Reported Together 75% October 2014	XXX	0.31	NA	1.50	0.02	90087	FALSE	FALSE				TRUE	Decrease	
73540	Radiologic examination, pelvis and	Radiologic Exam-Hip and Pe	April 2015	14	AAOS, ACF Deleted from CPT	Codes Reported Together 75% October 2014							FALSE	FALSE				TRUE	Deleted from CPT	
73542	Radiological examination, sacroiliac	Sacroiliac Joint Arthrograph	April 2010	45	ASA, AAP# Deleted from CPT	Different Performing Specialty October 2009							TRUE	Deleted fr Yes	TRUE	The RUC r	February 21 76	Code Dele	TRUE	Deleted from CPT
73550	Radiologic examination, femur, 2 v	Radiologic Exam-Hip and Pe	April 2015	14	AAOS, ACF Deleted from CPT	CMS-Other - Utilization over 5 April 2011							FALSE	TRUE	In Jan 2011	October 21 27	Complete	TRUE	Deleted from CPT	
73551	Radiologic examination, femur; 1 v	Radiologic Exam-Hip and Pe	April 2015	14	AAOS, ACF 0.16	Codes Reported Together 75% October 2014	XXX	0.16	NA	0.69	0.02	32983	FALSE	FALSE				TRUE	Decrease	
73552	Radiologic examination, femur; m	Radiologic Exam-Hip and Pe	April 2015	14	AAOS, ACF 0.18	Codes Reported Together 75% October 2014	XXX	0.18	NA	0.85	0.02	482114	FALSE	FALSE				TRUE	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	FALSE				TRUE	Decrease	
73562	Radiologic examination, knee; 2 v	X-Ray Exams	September 2014	17	AAOS, ACF 0.18	Low Value-High Volume October 2010	XXX	0.18	NA	1.02	0.02	1967688	FALSE	FALSE				TRUE	Maintain	
73564	Radiologic examination, knee; con	X-Ray Exams	September 2014	17	AAOS, ACF 0.22	Low Value-High Volume October 2010	XXX	0.22	NA	1.14	0.02	1347467	FALSE	FALSE				TRUE	Maintain	
73565	Radiologic examination, knee; bot	X-Ray Exams	September 2014	17	AAOS, ACF 0.16	CMS-Other - Utilization over 2 April 2013	XXX	0.16	NA	1.03	0.02	134804	FALSE	FALSE				TRUE	Decrease	
73580	Radiologic examination, knee, artl	Contrast X-Ray of Knee Joint	October 2021	16	ACR 0.59	High Volume Growth1 / CMS I February 2008	XXX	0.54	NA	3.85	0.08	18114	TRUE	Jun 2012 Yes	FALSE	These procedures were referred to CPT for		TRUE	Increase	
73590	Radiologic examination; tibia and	X-Ray Exams	September 2014	17	AAOS, ACF 0.16	CMS-Other - Utilization over 2 April 2013	XXX	0.16	NA	0.76	0.02	418045	FALSE	FALSE				TRUE	Decrease	
73600	Radiologic examination, ankle; 2 v	X-Ray Exams	September 2014	17	AAOS, ACF 0.16	CMS-Other - Utilization over 2 April 2013	XXX	0.16	NA	0.78	0.02	199747	FALSE	FALSE				TRUE	Maintain	
73610	Radiologic examination, ankle; cor	Radiologic Examination	October 2009	24	ACR, AAO# 0.17	Harvard Valued - Utilization ov October 2008	XXX	0.17	NA	0.91	0.02	1053621	FALSE	FALSE				TRUE	Maintain	
73620	Radiologic examination, foot; 2 vi	X-Ray Exam of Foot	April 2011	27	ACR, AAO# 0.16	Low Value-High Volume October 2010	XXX	0.16	NA	0.66	0.02	442295	FALSE	FALSE				TRUE	Maintain	
73630	Radiologic examination, foot; com	Radiologic Examination	October 2009	24	ACR, AAO# 0.17	Harvard Valued - Utilization ov October 2008	XXX	0.17	NA	0.84	0.02	2308194	FALSE	FALSE				TRUE	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	FALSE				TRUE	Maintain	
73660	Radiologic examination; toe(s), m	i 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	FALSE				TRUE	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	FALSE				TRUE	Maintain	
73701	Computed tomography, lower ext	CT Lower Extremity	April 2018	21	ACR 1.16	High Volume Growth1 / CMS - February 2009	XXX	1.16	NA	3.96	0.06	45725	FALSE	FALSE				TRUE	Maintain	
73702	Computed tomography, lower ext	CT Lower Extremity	April 2018	21	ACR 1.22	High Volume Growth1 February 2009	XXX	1.22	NA	4.77	0.09	4095	FALSE	FALSE				TRUE	Maintain	
73706	Computed tomographic angiogram	CT Angiography	October 2013	12	ACR, SIR Survey for October 2013. Remove	High Volume Growth1 February 2008	XXX	1.9	NA	8.09	0.13	16505	FALSE	FALSE				TRUE	Remove from Screen	
73718	Magnetic resonance (eg, proton) i	MRI Lower Extremity	October 2016	20	RUC ACR 1.35	CMS High Expenditure Procd July 2015	XXX	1.35	NA	5.61	0.09	122818	FALSE	FALSE				TRUE	Maintain	
73719	Magnetic resonance (eg, proton) i	MRI Lower Extremity	October 2016	20	RUC ACR 1.62	CMS High Expenditure Procd July 2015	XXX	1.62	NA	6.57	0.11	954	FALSE	FALSE				TRUE	Maintain	
73720	Magnetic resonance (eg, proton) i	MRI Lower Extremity	October 2016	20	RUC ACR 2.15	CMS High Expenditure Procd July 2015	XXX	2.15	NA	8.39	0.14	55927	FALSE	FALSE				TRUE	Maintain	
73721	Magnetic resonance (eg, proton) i	MRI of Lower Extremity Joir	January 2012	20	ACR 1.35	MPC List October 2010	XXX	1.35	NA	4.88	0.10	537072	FALSE	FALSE				TRUE	Maintain	
74000	Radiologic examination, abdomen	Abdominal X-Ray	April 2016	08	ACR Deleted from CPT	Low Value-High Volume / CM# October 2010							FALSE	FALSE			February 21 21	Complete	TRUE	Deleted from CPT
74010	Radiologic examination, abdomen	Abdominal X-Ray	April 2016	08	ACR Deleted from CPT	CMS High Expenditure Procd July 2015							FALSE	FALSE			February 21 21	Complete	TRUE	Deleted from CPT
74018	Radiologic examination, abdomen	Abdominal X-Ray	April 2016	08	ACR 0.18	CMS High Expenditure Procd February 2016	XXX	0.18	NA	0.70	0.02	1924615	FALSE	FALSE				FALSE	Decrease	
74019	Radiologic examination, abdomen	Abdominal X-Ray	April 2016	08	ACR 0.23	CMS High Expenditure Procd February 2016	XXX	0.23	NA	0.85	0.02	315025	FALSE	FALSE				FALSE	Decrease	
74020	Radiologic examination, abdomen	Abdominal X-Ray	April 2016	08	ACR Deleted from CPT	CMS High Expenditure Procd July 2015							FALSE	FALSE				FALSE	Deleted from CPT	
74021	Radiologic examination, abdomen	Abdominal X-Ray	April 2016	08	ACR 0.27	CMS High Expenditure Procd February 2016	XXX	0.27	NA	1.00	0.02	42821	FALSE	FALSE				FALSE	Decrease	
74022	Radiologic examination, complete	Abdominal X-Ray	April 2016	08	ACR 0.32	CMS High Expenditure Procd July 2015	XXX	0.32	NA	1.15	0.02	182235	FALSE	FALSE				FALSE	Maintain	
74150	Computed tomography, abdomen	CT Abdomen	February 2008	5	ACR Review PE. 0.35	Codes Reported Together 95% February 2008	XXX	1.19	NA	2.98	0.08	62958	FALSE	TRUE	Referred t	October 21 37	Complete	TRUE	Maintain	
74160	Computed tomography, abdomen	CT Abdomen and Pelvis	April 2014	44	ACR 0.42	Codes Reported Together 95% February 2008	XXX	1.27	NA	6.07	0.08	87750	FALSE	TRUE	Referred t	October 21 37	Complete	TRUE	Maintain	
74170	Computed tomography, abdomen	CT Abdomen	April 2012	34	ACR 1.40	Codes Reported Together 95% February 2008	XXX	1.4	NA	6.81	0.10	92433	FALSE	TRUE	Referred t	October 21 37	Complete	TRUE	Maintain	
74174	Computed tomographic angiogram	CT Angiography	October 2013	12	ACR, SIR 2.20	Codes Reported Together 75% or More-Part1 / CM XXX	XXX	2.2	NA	9.58	0.15	280481	FALSE	FALSE				FALSE	Decrease	
74175	Computed tomographic angiogram	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	TRUE	The ACR s	October 21 19	Complete	TRUE	Decrease	
74176	Computed tomography, abdomen	CT Abdomen/CT Pelvis	February 2010	16	ACR 1.74	CMS														



74305	Deleted from CPT	Percutaneous Biliary Proce	October 2015	06	RUC	ACR, SIR	Deleted from CPT	Codes Reported Together 75% October 2012						FALSE		TRUE	The Joint \ February 2 16	Complete	TRUE	Deleted from CPT		
74320	Cholangiography, percutaneous, t	Percutaneous Biliary Proce	October 2015	06	RUC	ACR, SIR	Deleted from CPT	Codes Reported Together 75% October 2012						FALSE		TRUE	The Joint \ February 2 16	Complete	TRUE	Deleted from CPT		
74327	Postoperative biliary duct calculus	Percutaneous Biliary Proce	October 2015	06	RUC	ACR, SIR	Deleted from CPT	Codes Reported Together 75% February 2015						FALSE		FALSE	The Joint \ February 2 16		TRUE	Deleted from CPT		
74328	Endoscopic catheterization of the	X-Rays at Surgery Add-On	April 2019	19		ACR, SAGE	0.47	CMS-Other - Utilization over 3 October 2018	XXX	0	NA	0.00	0.00	60029	FALSE	FALSE			TRUE	Decrease		
74329	Endoscopic catheterization of the	X-Rays at Surgery Add-On	April 2019	19		ACR, SAGE	0.50	CMS-Other - Utilization over 3 October 2018	XXX	0	NA	0.00	0.00	2548	FALSE	FALSE			TRUE	Decrease		
74330	Combined endoscopic catheteriza	X-Rays at Surgery Add-On	April 2019	19		ACR, SAGE	0.70	CMS-Other - Utilization over 3 October 2018	XXX	0	NA	0.00	0.00	11873	FALSE	FALSE			TRUE	Decrease		
74400	Urography (pyelography), intraver	Contrast X-Ray Exams	September 2011	31		ACR	0.49	Harvard Valued - Utilization o April 2011	XXX	0.49	NA	3.61	0.03	3849	FALSE	FALSE			TRUE	Maintain		
74420	Urography, retrograde, with or wi	X-Ray Urinary Tract	April 2017	26		ACR, AUA	0.52	CMS-Other - Utilization over 1 April 2016	XXX	0.52	NA	1.74	0.03	144313	FALSE	FALSE			TRUE	Increase		
74425	Urography, antegrade, radiologica	Urography	October 2018	18		ACR, AUA, 0.51,	editorially revised	Codes Reported Together 75% October 2012	XXX	0.51	NA	3.62	0.03	2959	FALSE	TRUE	CPT code : September: 27	yes	TRUE	Increase		
74475	Introduction of intracatheter or c:	Genitourinary Catheter Pro	January 2015	09		ACR, SIR	Deleted from CPT	Codes Reported Together 75% October 2012						FALSE	TRUE	The Joint \ October 21 18	Complete	TRUE	Deleted from CPT			
74480	Introduction of ureteral catheter	Genitourinary Catheter Pro	January 2015	09		ACR, SIR	Deleted from CPT	Codes Reported Together 75% October 2012						FALSE	TRUE	The Joint \ October 21 18	Complete	TRUE	Deleted from CPT			
74485	Dilation of ureter(s) or urethra, ra	Dilation of Urinary Tract	January 2018	12			0.83	Codes Reported Together 75% September 2017	XXX	0.83	NA	2.72	0.03	1239	FALSE	FALSE			TRUE	Increase		
75561	Cardiac magnetic resonance imaging	for morphology and func	January 2021	29			Maintain	High Volume Growth7	October 2020	XXX	2.6	NA	8.87	0.12	27884	FALSE	FALSE		TRUE	Remove from Screen		
75571	Computed tomography, heart, wit	RAW	September 2022	13		ACC, ACR,	Maintain	High Volume Growth8	April 2022	XXX	0.58	NA	2.43	0.05	32465	FALSE	FALSE		TRUE	Maintain		
75572	Computed tomography, heart, with	contrast material, for evali	January 2021	29			Maintain	High Volume Growth7	October 2020	XXX	1.75	NA	5.17	0.12	29193	FALSE	FALSE		TRUE	Remove from Screen		
75574	Computed tomographic angiography,	heart, coronary arteries	January 2021	29		ACR, SIR, #	Maintain	CMS Request - Final Rule for 2 May 2013	XXX	2.4	NA	7.51	0.14	83373	FALSE	FALSE		TRUE	Remove from Screen			
75625	Aortography, abdominal, by serial	Abdominal Aortography	October 2018	19		ACC, SCAI, 1.75		CMS-Other - Utilization over 3 October 2017	XXX	1.44	NA	2.17	0.21	81691	FALSE	FALSE		TRUE	Increase			
75630	Aortography, abdominal plus bilat	Abdominal Aortography	October 2018	19		ACC, SCAI, 2.00		CMS-Other - Utilization over 3 October 2017	XXX	2	NA	2.51	0.22	21287	FALSE	FALSE		TRUE	Increase			
75635	Computed tomographic angiograp	CT Angiography of Abdomir	April 2016	34		ACR	2.40	High Volume Growth1 / CMS 1 February 2008	XXX	2.4	NA	10.20	0.15	98794	FALSE	FALSE		TRUE	Maintain			
75650	Angiography, carotid, cervical, bil	Carotid Angiography	April 2010	45		ACC, ACR,	Deleted from CPT	Codes Reported Together 75% February 2010						FALSE	TRUE	The Work February 2 12	Complete	TRUE	Deleted from CPT			
75671	Angiography, carotid, cerebral, bil	Carotid Angiography	April 2010	45		AANS/CNS	Deleted from CPT	Codes Reported Together 75% February 2010						FALSE	TRUE	The Work February 2 12	Complete	TRUE	Deleted from CPT			
75680	Angiography, carotid, cervical, bil	Carotid Angiography	April 2010	45		AANS/CNS	Deleted from CPT	Codes Reported Together 75% February 2010						FALSE	TRUE	The Work February 2 12	Complete	TRUE	Deleted from CPT			
75710	Angiography, extremity, unilateral	Angiography of Extremities	January 2021	29	January 20 RAW	ACR, ACC,	Refer to CPT Assistant and review	CMS High Expenditure Proce	July 2015	XXX	1.75	NA	2.54	0.23	145898	TRUE	July 2021 complete	FALSE	FALSE	Increase		
75716	Angiography, extremity, bilateral,	Angiography of Extremities	October 2016	22	RUC	ACR, ACC,	1.97	CMS High Expenditure Proce	July 2015	XXX	1.97	NA	2.68	0.23	60864	FALSE		FALSE	TRUE	Increase		
75722	Angiography, renal, unilateral, sel	Renal Angiography	April 2010	45		ACC, ACR,	Deleted from CPT	Codes Reported Together 75% February 2010						FALSE	TRUE	The Work February 2 06	Code Dele	TRUE	Deleted from CPT			
75724	Angiography, renal, bilateral, sele	Renal Angiography	April 2010	45		ACC, ACR,	Deleted from CPT	Codes Reported Together 75% February 2010						FALSE	TRUE	The Work February 2 06	Code Dele	TRUE	Deleted from CPT			
75726	Angiography, visceral, selective or	Angiography	October 2018	20		SCAI, SIR, : 2.05		CMS-Other - Utilization over 3 October 2017	XXX	2.05	NA	2.88	0.14	39798	FALSE	FALSE		TRUE	Increase			
75774	Angiography, selective, each addit	Angiography	October 2018	20		SCAI, SIR, 1.01		CMS-Other - Utilization over 3 October 2017	ZZZ	1.01	NA	1.80	0.10	75593	FALSE	FALSE		TRUE	Increase			
75790	Deleted from CPT	Arteriovenous Shunt Imagin	April 2009	9		SVS, SIR, A	Deleted from CPT	Codes Reported Together 95% February 2008						FALSE	TRUE	Referred t: February 2 31	Deleted	TRUE	Deleted from CPT			
75791	Angiography, arteriovenous shunt	Dialysis Circuit -1	January 2016	14		ACR, RPA,	Deleted from CPT	Codes Reported Together 95% or More						FALSE	FALSE	October 21 24	Complete	TRUE	Deleted from CPT			
75820	Venography, extremity, unilateral,	Venography	January 2020	29			1.05	CMS-Other - Utilization over 2 January 2019	XXX	1.05	NA	2.15	0.10	21767	FALSE	FALSE		TRUE	Increase			
75822	Venography, extremity, bilateral, i	Venography	January 2020	29			1.48	CMS-Other - Utilization over 2 October 2019	XXX	1.48	NA	2.39	0.12	9822	FALSE	FALSE		TRUE	Increase			
75885	Percutaneous transhepatic portog	Interventional Radiology Pri	February 2009	21		ACR, SIR	New PE inputs	CMS Request - Practice Expen	NA	XXX	1.44	NA	2.50	0.10	297	FALSE	FALSE		TRUE	PE Only		
75887	Percutaneous transhepatic portog	Interventional Radiology Pri	February 2009	21		ACR, SIR	New PE inputs	CMS Request - Practice Expen	NA	XXX	1.44	NA	2.57	0.10	586	FALSE	FALSE		TRUE	PE Only		
75894	Transcatheter therapy, embolizati	Transcatheter Procedures	September 2022	13	Septembe RUC	AANS, ACF	Refer to CPT to create a code bunc	Codes Reported Together 75% February 2010	XXX	0	NA	0.00	0.00	8773	FALSE	TRUE	In April 20 May 2023		FALSE	Maintain		
75896	Transcatheter therapy, infusion, o	Intracranial Endovascular In	April 2015	09		AANS/CNS	Deleted from CPT	Codes Reported Together 75% February 2010						FALSE	TRUE	AANS indir February 2 21 & 14	Complete	TRUE	Deleted from CPT			
75898	Angiography through existing cati	Intracranial Endovascular In	September 2022	13	Septembe RUC	AANS, ACF	Refer to CPT for code bundling sol	Codes Reported Together 75% February 2010	XXX	0	NA	0.00	0.00	11852	TRUE	Septembe complete	TRUE	In April 20 May 2023 February 2014 Februa	FALSE	Contractor Price		
75940	Percutaneous placement of IVC fil	Major Vein Revision	April 2010	45		ACR, SIR, S	Deleted from CPT	Codes Reported Together 75% February 2010						FALSE	TRUE	The Work February 2 14	Code Dele	TRUE	Deleted from CPT			
75945	Intravascular ultrasound (non-cor	Intravascular Ultrasound	January 2015	07		ACC, SCAI,	Deleted from CPT	Final Rule for 2015	July 2014					FALSE	TRUE	A CCP was October 21 13	Complete	TRUE	Deleted from CPT			
75946	Intravascular ultrasound (non-cor	Intravascular Ultrasound	January 2015	07		ACC, SCAI,	Deleted from CPT	Final Rule for 2015	July 2014					FALSE	TRUE	A CCP was October 21 13	Complete	TRUE	Deleted from CPT			
75952	Endovascular repair of infrarenal	: Endovascular Repair Proce	January 2017	10		SVS, SIR, S	Deleted from CPT	Codes Reported Together 75% October 2015						FALSE	FALSE			TRUE	Deleted from CPT			
75953	Placement of proximal or distal ex	Endovascular Repair Proce	January 2017	10		SVS, SIR, S	Deleted from CPT	Codes Reported Together 75% October 2015						FALSE	FALSE			TRUE	Deleted from CPT			
75954	Endovascular repair of iliac artery	Endovascular Repair Proce	January 2017	10		SVS, SIR, S	Deleted from CPT	Codes Reported Together 75% January 2017						FALSE	FALSE			TRUE	Deleted from CPT			
75960	Transcatheter introduction of intr:	RAW	October 2012	27		ACC, ACR,	Deleted from CPT	High Volume Growth1 / Codes Reported Together 75% or More-Part1						FALSE	TRUE	In Februar February 2 10	Code Dele	TRUE	Deleted from CPT			
75961	Transcatheter retrieval, percutane	Transcatheter Procedures	April 2010	45		ACC, ACR,	Deleted from CPT	Codes Reported Together 75% February 2010						FALSE	TRUE	The Work June 2011	Code Dele	TRUE	Deleted from CPT			
75962	Transluminal balloon angioplasty,	Open and Percutaneous Tra	January 2016	15		ACR, SIR, S	Deleted from CPT	High Volume Growth1 / Code: April 2010						FALSE	TRUE	The Work October 21 24	Complete	TRUE	Deleted from CPT			
75964	Transluminal balloon angioplasty,	Open and Percutaneous Tra	January 2016	15		ACR, SIR, S	Deleted from CPT	High Volume Growth1						FALSE	TRUE	In Februar October 21 24	Complete	TRUE	Deleted from CPT			
75966	Transluminal balloon angioplasty,	Open and Percutaneous Tra	January 2016	15		ACR, SIR, S	Deleted from CPT	Codes Reported Together 75% January 2015						FALSE	TRUE	In January October 21 24	Complete	TRUE	Deleted from CPT			
75968	Transluminal balloon angioplasty,	Open and Percutaneous Tra	January 2016	15		ACR, SIR, S	Deleted from CPT	Codes Reported Together 75% January 2015						FALSE	TRUE	In January October 21 24	Complete	TRUE	Deleted from CPT			
75978	Transluminal balloon angioplasty,	Open and Percutaneous Tra	January 2016	15		ACR, SIR, S	Deleted from CPT	CMS-Other - Utilization over 2 April 2013						FALSE	TRUE	CPT code : October 21 24	Complete	TRUE	Deleted from CPT			
75980	Percutaneous transhepatic biliary	Percutaneous Biliary Proce	October 2015	06	RUC	ACR, SIR	Deleted from CPT	Codes Reported Together 75% October 2012						FALSE	TRUE	The Joint \ February 2 16	Complete	TRUE	Deleted from CPT			
75982	Percutaneous placement of drain	Percutaneous Biliary Proce	October 2015	06	RUC	ACR, SIR	Deleted from CPT	Codes Reported Together 75% October 2012						FALSE	TRUE	The Joint \ February 2 16	Complete	TRUE	Deleted from CPT			
75984	Change of percutaneous tube or i	Introduction of Catheter or	April 2019	17		ACR, SIR	0.83	Codes Reported Together 75% October 2012	XXX	0.83	NA	2.03	0.05	19707	FALSE	FALSE	RAW will assess Oct 2018		TRUE	Increase		
75992	Deleted from CPT	Transluminal Arthrectomy	April 2008	57		SIR, ACR, S	Deleted from CPT	High Volume Growth1	February 2008					FALSE	TRUE	The RUC r: February 2 07	Deleted-n	TRUE	Deleted from CPT			
75993	Deleted from CPT	Transluminal Arthrectomy	April 2008	57		SIR, ACR, S	Deleted from CPT	High Volume Growth1	February 2008					FALSE	TRUE	The RUC r: February 2 07	Deleted-n	TRUE	Deleted from CPT			
75994	Revised to Category III	Transluminal Arthrectomy	April 2008	57		SIR, ACR, S	Deleted from CPT	High Volume Growth1	April 2008					FALSE	TRUE	The RUC r: February 2 07	Category II	TRUE	Deleted from CPT			
75995	Revised to Category III	Transluminal Arthrectomy	April 2008	57		SIR, ACR, S	Deleted from CPT	High Volume Growth1	April 2008					FALSE	TRUE	The RUC r: February 2 07	Category II	TRUE	Deleted from CPT			
75996	Revised to Category III	Transluminal Arthrectomy	April 2008	57		SIR, ACR, S	Deleted from CPT	High Volume Growth1	April 2008					FALSE	TRUE	The RUC r: February 2 07	Category II	TRUE	Deleted from CPT			
76000	Fluoroscopy (separate procedure)	Fluoroscopy	April 2017	27		ACR, APM,	0.30	Low Value-Billed in Multiple	October 2010	XXX	0.3	NA	0.93	0.05	100018	FALSE	FALSE		TRUE	Increase		
76001	Fluoroscopy, physician or other ql	Fluoroscopy	April 2017	27		ACR	Deleted from CPT	CMS-Other - Utilization over 1 October 2016						FALSE	TRUE	In April 20 September 27	complete	TRUE	Deleted from CPT			
76098	Radiological examination, surgical	X-Ray Exam Specimen	October 2018	21		ACR	0.31	CMS-Other - Utilization over 3 October 2017	XXX	0.31	NA	0.87	0.03	61461	FALSE	FALSE		TRUE	Increase			
76100	Radiologic examination, single pla	Fluoroscopy	April 2009	27		ACR, ISIS	New PE inputs	CMS Request - Practice Expen	April 2009	XXX	0.58	NA	2.06	0.05	6499	FALSE	FALSE		TRUE	PE Only		
76101	Radiologic examination, complex	Fluoroscopy	April 2009	27		ACR, ISIS	New PE inputs	CMS Request - Practice Expen	April 2009	XXX				1	FALSE	FALSE		TRUE	PE Only			
76102	Radiologic examination, complex	Fluoroscopy	April 2009	27		ACR, ISIS	New PE inputs	CMS Request - Practice Expen	April 2009	XXX				2071	FALSE	FALSE		TRUE	PE Only			
76376	3d rendering with interpretation	± 3D Rendering	April 2018	23		ACR, ASN	0.20	Negative I/INPUT	April 2017	XXX	0.2	NA	0.46	0.02	247990	FALSE	FALSE		TRUE	Maintain		
76377	3d rendering with interpretation	± 3D Rendering with Interpre	October 2021	17		ACR, ASN	0.79	CMS Request - Final Rule for 2 July 2019	XXX	0.79	NA	1.30	0.05	155353	FALSE	FALSE		TRUE	Maintain			
76510	Ophthalmic ultrasound, diagnosti	Ophthalmic Ultrasound	October 2016	23	RUC	AAO, ASRS	0.70	CMS High Expenditure Proce	April 2016	XXX	0.7	NA	1.33	0.02	11064	FALSE	FALSE		TRUE	Decrease		
76511	Ophthalmic ultrasound, diagnosti	Ophthalmic Ultrasound	October 2016	23	RUC	AAO, ASRS	0.64	CMS High Expenditure Proce	April 2016	XXX	0.64	NA	1.01	0.02	3275	FALSE	FALSE		TRUE	Decrease		
76512	Ophthalmic ultrasound, diagnosti	Ophthalmic Ultrasound	October 2016	23	RUC	AAO, ASRS	0.56	CMS High Expenditure Proce	July 2015	XXX	0.56	NA	0.83	0.02	186858	FALSE	FALSE		TRUE	Decrease		
76513	Ophthalmic ultrasound, diagnosti	Ophthalmic Ultrasound Ant	January 2020	17		AAO, AOA	0.60 and CPT Assistant article publ	High Volume Growth1 / CPT A February 2008		XXX	0.6	NA	1.62	0.02	20686	TRUE	Apr 2013 Yes	TRUE	At the Apr September 28	yes	TRUE	Decrease
76514	Ophthalmic ultrasound, diagnosti	Echo Exam of Eye Thickness	October 2017	12		AAO, AOA	0.17	Negative I/INPUT	April 2017	XXX	0.14	NA	0.18	0.02	370154	FALSE	FALSE		TRUE	Maintain		
76516	Ophthalmic biometry by ultrasour	Ophthalmic Biometry	April 2016	36		AAO, AOA	0.40	CMS High Expenditure Proce	April 2016	XXX	0.4	NA	0.95	0.02	1806	FALSE	FALSE		TRUE	Decrease		
76519	Ophthalmic biometry by ultrasour	Ophthalmic Biometry	April 2016	36		AAO, AOA	0.54	CMS														

76937	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	FALSE	TRUE	Maintain		
76937	Ultrasound guidance for vascular : Ultrasound Guidance for Va	September 2022	07			ACR, SIR, 5.0.30	Identified in RUC review of ot January 2018	ZZZ	0.3	NA	0.85	0.02	638180	FALSE	FALSE	TRUE	Maintain		
76940	Ultrasound guidance for, and mor Ultrasound Guidance	January 2015	29			ACS, ACR, 2.00	CMS Request - Final Rule for 2 July 2013	YYY	0	NA	0.00	0.00	1176	FALSE	FALSE	TRUE	Maintain		
76942	Ultrasonic guidance for needle ple 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	TRUE	During the May 2021 14	complete	TRUE	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	FALSE	TRUE	Increase		
76950	Ultrasonic guidance for placement Ultrasound Guidance	April 2014	34			Deleted from CPT	Codes Reported Together 75% February 2010							FALSE	TRUE	At the Apr October 21 28	Complete	TRUE	Deleted from CPT
76955	Ultrasonic guidance for interstitial Ultrasound Guidance	September 2014	21			NO INTERI Maintain	CMS Request - Final Rule for 2 July 2013	XXX	1.34	NA	1.34	0.05	5396	FALSE	FALSE	TRUE	PE Only		
76970	Ultrasound study follow-up (speci IMRT with Ultrasound Guid: October	2019	17			ACS, ACR, Deleted from CPT	High Volume Growth1 / CMS--February 2008						20100	FALSE	TRUE	In October February 29	Complete	TRUE	Deleted from CPT
76998	Ultrasonic guidance, intraoperativ Intraoperative Ultrasound S	September 2022	05			AATS, ACC 1.20	CMS-Other - Utilization over 2 January 2019	XXX	0	NA	0.00	0.00	26174	FALSE	TRUE	In October May 2022 20	complete	TRUE	Maintain
77001	Fluoroscopic guidance for central PICC Line Procedures	January 2018	09		RUC	AANS, AA1 0.38	MPIC List / CMS Request - Fina January 2012	ZZZ	0.38	NA	2.65	0.05	286956	FALSE	TRUE	In the NPR October 2015	Complete	TRUE	Maintain
77002	Fluoroscopic guidance for needle Somatic Nerve Injections	October 2021	05			AAPM, AA 0.54	MPIC List / CMS Request - Fina January 2012	ZZZ	0.54	NA	2.90	0.05	466846	FALSE	TRUE	In the NPR October 2015	Complete	TRUE	Maintain
77003	Fluoroscopic guidance and localiz: Somatic Nerve Injections	October 2021	05			AAPM, AA 0.60	MPIC List / CMS Request - Fina October 2010	ZZZ	0.6	NA	2.51	0.05	26632	FALSE	TRUE	In the NPR October 2015	Complete	TRUE	Maintain
77011	Computed tomography guidance IIMRT with CT Guidance	October 2010	15			ASTRO, AC New PE inputs	CMS Request - Practice Expense Review	XXX	1.21	NA	5.46	0.09	3549	FALSE	FALSE	TRUE	PE Only		
77012	Computed tomography guidance I Lung Biopsy-CT Guidance Bt	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	TRUE	In October February 2 11	complete	TRUE	Increase
77014	Computed tomography guidance IIMRT 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	FALSE	TRUE	Complete	TRUE	Maintain
77031	Stereotactic localization guidance Breast Biopsy	April 2013	04			Deleted from CPT	Codes Reported Together 75% January 2012							FALSE	FALSE	October 21 08	Complete	TRUE	Deleted from CPT
77032	Mammographic guidance for nee Breast Biopsy	April 2013	04			Deleted from CPT	Codes Reported Together 75% January 2012							FALSE	FALSE	October 21 08	Complete	TRUE	Deleted from CPT
77046	Magnetic resonance imaging, bre: Breast MRI with Computer-,	October 2017	06			ACR 1.45	CMS High Expenditure Proce June 2017	XXX	1.45	NA	5.16	0.10	270	FALSE	FALSE	June 2017 14	TRUE	Decrease	
77047	Magnetic resonance imaging, bre: Breast MRI with Computer-,	October 2017	06			ACR 1.60	CMS High Expenditure Proce June 2017	XXX	1.6	NA	5.19	0.10	2712	FALSE	FALSE	June 2017 14	TRUE	Decrease	
77048	Magnetic resonance imaging, bre: Breast MRI with Computer-,	October 2017	06			ACR 2.10	CMS High Expenditure Proce June 2017	XXX	2.1	NA	8.40	0.12	983	FALSE	FALSE	June 2017 14	TRUE	Increase	
77049	Magnetic resonance imaging, bre: Breast MRI with Computer-,	October 2017	06			ACR 2.30	CMS High Expenditure Proce June 2017	XXX	2.3	NA	8.41	0.13	85897	FALSE	FALSE	June 2017 14	TRUE	Increase	
77051	Computer-aided detection (comp: Mammography-Computer #	January 2016	20			ACR Deleted from CPT	CMS-Other - Utilization over 250,000 / Final Rule for 2015							FALSE	FALSE	October 21 38	Complete	TRUE	Deleted from CPT
77052	Computer-aided detection (comp: Mammography-Computer #	January 2016	20			ACR Deleted from CPT	Low Value-High Volume October 2010							FALSE	FALSE	October 21 38	Complete	TRUE	Deleted from CPT
77055	Mammography; unilateral Mammography-Computer #	January 2016	20			ACR Deleted from CPT	CMS-Other - Utilization over 2 January 2014							FALSE	TRUE	In the NPR October 21 38	Complete	TRUE	Deleted from CPT
77056	Mammography; bilateral Mammography-Computer #	January 2016	20			ACR Deleted from CPT	CMS-Other - Utilization over 2 January 2014							FALSE	TRUE	In the NPR October 21 38	Complete	TRUE	Deleted from CPT
77057	Screening mammography, bilater: Mammography-Computer #	January 2016	20			ACR Deleted from CPT	CMS-Other - Utilization over 2 January 2014							FALSE	TRUE	In the NPR October 21 38	Complete	TRUE	Deleted from CPT
77058	Magnetic resonance imaging, bre: Breast MRI with Computer-,	October 2017	06			ACR Deleted from CPT	CMS High Expenditure Proce July 2015							FALSE	TRUE	In prepara June 2017 14	yes	TRUE	Deleted from CPT
77059	Magnetic resonance imaging, bre: Breast MRI with Computer-,	October 2017	06			ACR Deleted from CPT	CMS High Expenditure Proce July 2015							FALSE	TRUE	In prepara June 2017 14	yes	TRUE	Deleted from CPT
77065	Diagnostic mammography, includi Mammography-Computer #	January 2016	20			ACR 0.81	Final Rule for 2015 October 2015	XXX	0.81	NA	2.90	0.05	642500	FALSE	FALSE	October 21 38	Complete	TRUE	Increase
77066	Diagnostic mammography, includi Mammography-Computer #	January 2016	20			ACR 1.00	Final Rule for 2015 October 2015	XXX	1	NA	3.69	0.06	557163	FALSE	FALSE	October 21 38	Complete	TRUE	Increase
77067	Screening mammography, bilater: Mammography-Computer #	January 2016	20			ACR 0.76	Final Rule for 2015 October 2015	XXX	0.76	NA	3.02	0.05	5112752	FALSE	FALSE	October 21 38	Complete	TRUE	Maintain
77073	Bone length studies (orthoroentg X-Ray Exam - Bone	April 2018	25			AAOS, ACF 0.26	CMS-Other - Utilization over 3 October 2017	XXX	0.26	NA	1.06	0.03	46209	FALSE	FALSE	TRUE	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	FALSE	TRUE	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	FALSE	TRUE	Increase		
77076	Radiologic examination, osseous s X-Ray Exam - Bone	April 2018	25			ACR 0.70	CMS-Other - Utilization over 3 October 2017	XXX	0.7	NA	2.45	0.05	30	FALSE	FALSE	TRUE	Maintain		
77077	Joint survey, single view, 2 or mor X-Ray Exam - Bone	April 2018	25			ACR 0.33	CMS-Other - Utilization over 3 October 2017	XXX	0.33	NA	1.04	0.03	30468	FALSE	FALSE	TRUE	Increase		
77079	Computed tomography, bone min CT Bone Density Study	February 2010	31			ACR, AAPF Deleted from CPT	Different Performing Specialty October 2009							FALSE	TRUE	The Workg October 21 22	Complete	TRUE	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	TRUE	In Oct 01 May 2013	Complete	TRUE	Maintain
77081	Dual-energy x-ray absorptiometry Dual-energy X-Ray Absorpti	January 2018	25			0.20	Negative IWPUT April 2017	XXX	0.2	NA	0.70	0.02	30986	FALSE	FALSE	TRUE	Decrease		
77082	Dual-energy X-ray absorptiometry Dual Energy X-Ray	October 2013	07			AACE, ACN Deleted from CPT	CMS Request - Final Rule for 2 September 2011							FALSE	TRUE	In Oct 01 May 2013	Complete	TRUE	Deleted from CPT
77083	Radiographic absorptiometry (eg. Radiographic Absorptiomet	February 2010	31			ACR, ACP Deleted from CPT	Different Performing Specialty October 2009							FALSE	TRUE	The Workg October 21 22	Complete	TRUE	Deleted from CPT
77085	Dual-energy x-ray absorptiometry Dual Energy X-Ray	October 2013	07			AACE, ACN 0.30	Codes Reported Together 75% or More-Part2	XXX	0.3	NA	1.19	0.02	84850	FALSE	FALSE	May 2013	Complete	TRUE	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	FALSE	May 2013	Complete	TRUE	Maintain
77261	Therapeutic radiology treatment r Radiation Therapy Planning	April 2016	37			ASTRO 1.30	CMS High Expenditure Proce July 2015	XXX	1.3	0.69	0.69	0.09	8505	FALSE	FALSE	TRUE	Decrease		
77262	Therapeutic radiology treatment r Radiation Therapy Planning	April 2016	37			ASTRO 2.00	CMS High Expenditure Proce July 2015	XXX	2	1.03	1.03	0.12	2829	FALSE	FALSE	TRUE	Decrease		
77263	Therapeutic radiology treatment r Radiation Therapy Planning	April 2016	37			ASTRO 3.14	CMS High Expenditure Proce July 2015	XXX	3.14	1.55	1.55	0.23	280220	FALSE	FALSE	TRUE	Maintain		
77280	Therapeutic radiology simulation-- Set Radiation Therapy Field	January 2013	14			ASTRO 0.70	Harvard Valued - Utilization o April 2011	XXX	0.7	NA	7.21	0.05	351456	FALSE	TRUE	ASTRO rev October 21 22	Complete	TRUE	Maintain
77285	Therapeutic radiology simulation-- Respiratory Motion Manage	January 2013	14			ASTRO 1.05	Harvard Valued - Utilization o September 2011	XXX	1.05	NA	12.05	0.06	4671	FALSE	TRUE	ASTRO rev October 21 22	Complete	TRUE	Maintain
77290	Therapeutic radiology simulation-- Respiratory Motion Manage	January 2013	14			ASTRO 1.56	MPIC List / Harvard Valued - U October 2010	XXX	1.56	NA	11.91	0.09	185187	FALSE	TRUE	ASTRO rev October 21 22	Complete	TRUE	Maintain
77293	Respiratory motion management r: Respiratory Motion Manage	January 2013	14			ASTRO 2.00	Harvard Valued - Utilization over 30,000	ZZZ	2	NA	10.24	0.13	31435	FALSE	FALSE	October 21 22	Complete	TRUE	Decrease
77295	3-dimensional radiotherapy plan, Surface Radionuclide High C	January 2013	14			ASTRO 4.29	Harvard Valued - Utilization over September 2011	XXX	4.29	NA	9.42	0.24	127409	FALSE	TRUE	ASTRO rev October 21 22, 28/29	Complete	TRUE	Decrease
77300	Basic radiation dosimetry calculati Surface Radionuclide High C	April 2014	20			ASTRO 0.62	MPIC List / Codes Reported To October 2010	XXX	0.62	NA	1.26	0.03	1231378	FALSE	TRUE	On 8-21-1: February 2 44, 28/29	complete	TRUE	Maintain
77301	Intensity modulated radiotherapy IMRT - PE Only	April 2013	28			ASTRO New PE Inputs. 7.99. CPT Assistant	CMS Fastest Growing / CMS R October 2008	XXX	7.99	NA	45.27	0.60	144178	TRUE	Nov 2009 Yes	FALSE	TRUE	Maintain	
77305	Teletherapy, isodose plan (wheth: Isodose Calculation with Iso	April 2014	20			ASTRO Deleted from CPT	Codes Reported Together 75% October 2010							FALSE	TRUE	On 8-21-1: February 2 44	Complete	TRUE	Deleted from CPT
77306	Teletherapy isodose plan; simple (Isodose Calculation with Iso	April 2014	20			1.40	Codes Reported Together 75% October 2010	XXX	1.4	NA	2.81	0.07	1550	FALSE	FALSE	TRUE	Decrease		
77307	Teletherapy isodose plan; comple: Isodose Calculation with Iso	April 2014	20			2.90	Codes Reported Together 75% October 2010	XXX	2.9	NA	5.27	0.15	34096	FALSE	FALSE	TRUE	Decrease		
77310	Teletherapy, isodose plan (wheth: Isodose Calculation with Iso	April 2014	20			ASTRO Deleted from CPT	Codes Reported Together 75% October 2010							FALSE	TRUE	On 8-21-1: February 2 44	Complete	TRUE	Deleted from CPT
77315	Teletherapy, isodose plan (wheth: Isodose Calculation with Iso	April 2014	20			ASTRO Deleted from CPT	Codes Reported Together 75% October 2010							FALSE	TRUE	On 8-21-1: February 2 44	Complete	TRUE	Deleted from CPT
77316	Brachytherapy isodose plan; simpl: 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	FALSE	TRUE	Decrease		
77317	Brachytherapy isodose plan; inter: Isodose Calculation with Iso	April 2014	20			1.83	Codes Reported Together 75% October 2012	XXX	1.83	NA	7.42	0.15	2411	FALSE	FALSE	TRUE	Decrease		
77318	Brachytherapy isodose plan; com: Isodose Calculation with Iso	October 2015	21			2.90	Codes Reported Together 75% October 2012	XXX	2.9	NA	10.23	0.20	5224	FALSE	TRUE	On 8-21-1: February 2 44	Complete	TRUE	Decrease
77326	Brachytherapy isodose plan; simpl: Isodose Calculation with Iso	April 2014	20			Deleted from CPT	Codes Reported Together 75% October 2012							FALSE	TRUE	On 8-21-1: February 2 44	Complete	TRUE	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	TRUE	On 8-21-1: February 2 44	Complete	TRUE	Deleted from CPT
77328	Brachytherapy isodose plan; com: Isodose Calculation with Iso	April 2014	20			Deleted from CPT	Codes Reported Together 75% October 2012							FALSE	TRUE	On 8-21-1: February 2 44	Complete	TRUE	Deleted from CPT
77332	Treatment devices, design and con RAW	January 2016	40		RUC	ASTRO 0.54	CMS High Expenditure Proce April 2015	XXX	0.45	NA	0.65	0.03	78627	FALSE	FALSE	TRUE	Maintain		
77333	Treatment devices, design and con RAW	January 2016	40			ASTRO 0.84	CMS High Expenditure Proce April 2015	XXX	0.75	NA	3.31	0.05	10325	FALSE	FALSE	TRUE	Maintain		
77334	Treatment devices, design and construction; complex (irregula	January 2016	40			ASTRO 1.24	MPIC List / RUC request / CMS October 2010	XXX	1.15	NA	2.44	0.05	776080	FALSE	FALSE	TRUE	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	FALSE	TRUE	PE Only		
77338	Multi-leaf collimator (mlc) device( IMRT - PE Only	April 2013	28			New PE Inputs	Services with Stand-Alone PE October 2012	XXX	4.29	NA	8.92	0.26	163112	FALSE	FALSE	TRUE	PE Only		
77371	Radiation treatment delivery, ster Radiation Treatment Delive	April 2009	30			ASTRO New PE inputs	CMS Request - Practice Expen NA	XXX	0	0.00	0.00	0.00	122	FALSE	FALSE	TRUE	PE Only		
77372	Radiation treatment delivery, ster Radiation Treatment Delive	October 2013	18			New PE Inputs	Services with Stand-Alone PE October 2012	XXX	0	NA	28.91	0.18	721	FALSE	FALSE	TRUE	PE Only		
77373	Stereotactic body radiation therapi: 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	FALSE	TRUE	PE Only		
77385	Intensity modulated radiation tre: Radiation Treatment Delive	January 2014	14			ACRO, AST PE Only, revised introductory guid	Services with Stand-Alone PE January 2014	XXX	0	0.00	0.00	0.00		FALSE	FALSE	October 21 28	Complete	TRUE	PE Only
77386	Intensity modulated radiation tre: Radiation Treatment Delive	January 2014	14			ACRO, AST PE Only, revised introductory guid	Services with Stand-Alone PE January 2014	XXX	0	0.00	0.00	0.00		FALSE	FALSE	October 21 2			



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	FALSE		FALSE		TRUE	PE Only	
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	FALSE		FALSE		TRUE	PE Only	
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	FALSE		FALSE		TRUE	PE Only	
77525	Proton treatment delivery; complr 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	19665	FALSE		FALSE		TRUE	PE Only	
77600	Hyperthermia, externally generat Hyperthermia - PE Only April 2013	30			New PE Inputs	Services with Stand-Alone PE October 2012	XXX	1.31	NA	13.68	0.10	8601	FALSE		FALSE		TRUE	PE Only	
77767	Remote afterloading high dose rat Surface Radionuclide High C January 2015	16		ASTRO, AC 1.05		Codes Reported Together 75% October 2014	XXX	1.05	NA	6.16	0.08	4232	FALSE		FALSE	October 21/28/29	Complete	TRUE	Decrease
77768	Remote afterloading high dose rat Surface Radionuclide High C January 2015	16		ASTRO, AC 1.40		Codes Reported Together 75% October 2014	XXX	1.4	NA	9.11	0.12	5646	FALSE		FALSE	October 21/28/29	Complete	TRUE	Decrease
77770	Remote afterloading high dose rat Surface Radionuclide High C January 2015	16		ASTRO, AC 1.95		Codes Reported Together 75% October 2014	XXX	1.95	NA	8.09	0.13	15568	FALSE		FALSE	October 21/28/29	Complete	TRUE	Decrease
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	FALSE		FALSE	October 21/28/29	Complete	TRUE	Decrease
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	FALSE		FALSE	October 21/28/29	Complete	TRUE	Decrease
77776	Interstitial radiation source applic Interstitial Radiation Source April 2015	17		ACR, ASTR Deleted from CPT		Codes Reported Together 75% February 2015						FALSE			FALSE	February 235	Complete	TRUE	Deleted from CPT
77777	Interstitial radiation source applic Interstitial Radiation Source April 2015	17		ACR, ASTR Deleted from CPT		Codes Reported Together 75% February 2015						FALSE			FALSE	February 235	Complete	TRUE	Deleted from CPT
77778	Interstitial radiation source applic 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	FALSE		TRUE	The Joint V February 235	Complete	TRUE	Decrease
77781	Deleted from CPT Brachytherapy October 2008	26		ASTRO Deleted from CPT		CMS Fastest Growing October 2008						FALSE			TRUE	Deleted fr February 236	Code Dele	TRUE	Deleted from CPT
77782	Deleted from CPT Brachytherapy February 2008	5		ASTRO Deleted from CPT		High Volume Growth1 / CMS February 2008						FALSE			TRUE	Deleted fr February 236	Code Dele	TRUE	Deleted from CPT
77784	Deleted from CPT Brachytherapy February 2008	5		ASTRO Deleted from CPT		CMS Fastest Growing February 2008						FALSE			TRUE	Deleted fr February 236	Code Dele	TRUE	Deleted from CPT
77785	Remote afterloading high dose rat Surface Radionuclide High C January 2015	16		ASTRO Deleted from CPT		High Volume Growth1 / CMS Fastest Growing/CMS Request - Practice Expense / Services with Stand-Alone PE Pro						FALSE			TRUE	In October October 21/28/29	Complete	TRUE	Deleted from CPT
77786	Remote afterloading high dose rat Surface Radionuclide High C January 2015	16		ASTRO Deleted from CPT		High Volume Growth1 / CMS Fastest Growing/CMS Request - Practice Expense / Services with Stand-Alone PE Pro						FALSE			TRUE	In October October 21/28/29	Complete	TRUE	Deleted from CPT
77787	Remote afterloading high dose rat Surface Radionuclide High C January 2015	16		ASTRO Deleted from CPT		High Volume Growth1 / CMS October 2012						FALSE			TRUE	In October October 21/28/29	Complete	TRUE	Deleted from CPT
77790	Supervision, handling, loading of Interstitial Radiation Source October 2015	21		ACR, ASTR 0.00		Codes Reported Together 75% October 2012	XXX	0	NA	0.46	0.01	28	FALSE		TRUE	The Joint V February 235	Complete	TRUE	Decrease
78000	Thyroid uptake; single determinat Thyroid Uptake/Imaging April 2012	22		ACR, ACN Deleted from CPT		Harvard Valued - Utilization over 30,000						FALSE			TRUE	Identified February 213	Complete	TRUE	Deleted from CPT
78001	Thyroid uptake; multiple determin Thyroid Uptake/Imaging April 2012	22		ACR, ACN Deleted from CPT		Harvard Valued - Utilization over 30,000						FALSE			TRUE	Identified February 213	Complete	TRUE	Deleted from CPT
78003	Thyroid uptake; stimulation, suppl Thyroid Uptake/Imaging April 2012	22		ACR, ACN Deleted from CPT		Harvard Valued - Utilization over 30,000						FALSE			TRUE	Identified February 213	Complete	TRUE	Deleted from CPT
78006	Thyroid imaging, with uptake; sing Thyroid Uptake/Imaging April 2012	22		ACR, ACN Deleted from CPT		Harvard Valued - Utilization over 30,000						FALSE			TRUE	Identified February 213	Complete	TRUE	Deleted from CPT
78007	Thyroid imaging, with uptake; mul Thyroid Uptake/Imaging April 2012	22		ACR, ACN Deleted from CPT		Harvard Valued - Utilization over 30,000						FALSE			TRUE	Specialty r February 213	Complete	TRUE	Deleted from CPT
78010	Thyroid imaging; only Thyroid Uptake/Imaging April 2012	22		ACR, ACN Deleted from CPT		Harvard Valued - Utilization over 30,000						FALSE			TRUE	Identified February 213	Complete	TRUE	Deleted from CPT
78011	Thyroid imaging; with vascular flo Thyroid Uptake/Imaging April 2012	22		ACR, ACN Deleted from CPT		Harvard Valued - Utilization over 30,000						FALSE			TRUE	Identified February 213	Complete	TRUE	Deleted from CPT
78012	Thyroid uptake, single or multiple Thyroid Uptake/Imaging April 2012	22		ACR, ACN 0.19		Harvard Valued - Utilization over 30,000	XXX	0.19	NA	2.15	0.05	1175	FALSE		TRUE	Identified February 213	Complete	TRUE	Decrease
78013	Thyroid imaging (including vascul Thyroid Uptake/Imaging April 2012	22		ACR, ACN 0.37		Harvard Valued - Utilization over 30,000	XXX	0.37	NA	5.08	0.05	894	FALSE		TRUE	Identified February 213	Complete	TRUE	Decrease
78014	Thyroid imaging (including vascul Thyroid Uptake/Imaging April 2012	22		ACR, ACN 0.50		Harvard Valued - Utilization over 30,000	XXX	0.5	NA	6.19	0.06	12835	FALSE		TRUE	Identified February 213	Complete	TRUE	Decrease
78070	Parathyroid planar imaging (includ Parathyroid Imaging January 2016	54		ACR, ACN 0.80		Harvard Valued - Utilization over 30,000	XXX	0.8	NA	7.41	0.08	9388	TRUE	Dec 2016	yes	FALSE		TRUE	Maintain
78071	Parathyroid planar imaging (includ Parathyroid Imaging January 2016	54		ACR, ACN 1.20		Harvard Valued - Utilization over 30,000	XXX	1.2	NA	8.61	0.10	6158	TRUE	Dec 2016	yes	FALSE		TRUE	Maintain
78072	Parathyroid planar imaging (includ Parathyroid Imaging January 2016	54		ACR, ACN 1.60		Harvard Valued - Utilization over 30,000	XXX	1.6	NA	10.74	0.12	9045	TRUE	Dec 2016	yes	FALSE		TRUE	Maintain
78223	Hepatobiliary ductal system imagi Hepatobiliary Ductal System February 2011	12		ACR, SNM Deleted from CPT		Harvard Valued - Utilization over 100,000						FALSE			TRUE	The specia October 2121	Complete	TRUE	Deleted from CPT
78226	Hepatobiliary system imaging, incl Hepatobiliary System Imagi February 2011	12		ACR, SNM, 0.74		Harvard Valued - Utilization over 100,000	XXX	0.74	NA	8.38	0.09	45261	FALSE		FALSE		TRUE	Decrease	
78227	Hepatobiliary system imaging, incl Hepatobiliary System Imagi February 2011	12		ACR, SNM, 0.90		Harvard Valued - Utilization over 100,000	XXX	0.9	NA	11.38	0.11	52391	FALSE		FALSE		TRUE	Decrease	
78278	Acute gastrointestinal blood loss i Acute GI Blood Loss Imagin September 2011	34		ACR, SNM, 0.99		Harvard Valued - Utilization over 100,000	XXX	0.99	NA	8.78	0.09	21405	FALSE		FALSE		TRUE	Maintain	
78300	Bone and/or joint imaging; limitex Bone Imaging April 2016	38		ACNM, AC 0.62		CMS High Expenditure Procd July 2015	XXX	0.62	NA	5.77	0.08	5238	FALSE		FALSE		TRUE	Maintain	
78305	Bone and/or joint imaging; multip Bone Imaging April 2016	38		ACNM, AC 0.83		CMS High Expenditure Procd July 2015	XXX	0.83	NA	6.89	0.08	1047	FALSE		FALSE		TRUE	Maintain	
78306	Bone and/or joint imaging; whole Bone Imaging April 2016	38		ACNM, AC 0.86		CMS High Expenditure Procd July 2015	XXX	0.86	NA	7.45	0.08	223016	FALSE		FALSE		TRUE	Maintain	
78429	Myocardial imaging, positron emit Myocardial PET January 2019	13		ACC, ACR, 1.76		High Volume Growth4 May 2018	XXX	0	NA	0.00	0.00	765	FALSE		FALSE		TRUE	Increase	
78430	Myocardial imaging, positron emit Myocardial PET January 2019	13		ACC, ACR, 1.67		High Volume Growth4 May 2018	XXX	0	NA	0.00	0.00	361	FALSE		FALSE		TRUE	Increase	
78431	Myocardial imaging, positron emit Myocardial PET January 2019	13		ACC, ACR, 1.90		High Volume Growth4 May 2018	XXX	0	NA	0.00	0.00	33533	FALSE		FALSE		TRUE	Increase	
78432	Myocardial imaging, positron emit Myocardial PET January 2019	13		ACC, ACR, 2.07		High Volume Growth4 May 2018	XXX	0	NA	0.00	0.00	61	FALSE		FALSE		TRUE	Increase	
78433	Myocardial imaging, positron emit Myocardial PET January 2019	13		ACC, ACR, 2.26		High Volume Growth4 May 2018	XXX	0	NA	0.00	0.00	1120	FALSE		FALSE		TRUE	Increase	
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	FALSE		FALSE		TRUE	Increase	
78451	Myocardial perfusion imaging, ton Myocardial Perfusion Imagi February 2009	16		SNM, ACR, 1.40		Codes Reported Together 95% NA	XXX	1.38	NA	8.15	0.10	26107	FALSE		FALSE		TRUE	Increase	
78452	Myocardial perfusion imaging, ton Myocardial Perfusion Imagi February 2009	16		SNM, ACR, 1.75		Codes Reported Together 95% NA	XXX	1.62	NA	11.65	0.15	1369821	FALSE		FALSE		TRUE	Decrease	
78453	Myocardial perfusion imaging, pla Myocardial Perfusion Imagi February 2009	16		SNM, ACR, 1.00		Codes Reported Together 95% NA	XXX	1	NA	7.28	0.08	1308	FALSE		FALSE		TRUE	Decrease	
78454	Myocardial perfusion imaging, pla Myocardial Perfusion Imagi February 2009	16		SNM, ACR, 1.34		Codes Reported Together 95% NA	XXX	1.34	NA	10.81	0.14	6551	FALSE		FALSE		TRUE	Decrease	
78459	Myocardial imaging, positron emit Myocardial PET January 2019	13		ACC, ACR, 1.61		High Volume Growth4 May 2018	XXX	0	NA	0.00	0.00	998	FALSE		FALSE		TRUE	Increase	
78460	Deleted from CPT Myocardial Perfusion Imagi February 2009	16		SNM, ACR, Deleted from CPT		Codes Reported Together 95% or More						FALSE			FALSE	October 2123	TRUE	Deleted from CPT	
78461	Deleted from CPT Myocardial Perfusion Imagi February 2009	16		SNM, ACR, Deleted from CPT		Codes Reported Together 95% or More						FALSE			FALSE	October 2123	TRUE	Deleted from CPT	
78464	Deleted from CPT Myocardial Perfusion Imagi February 2009	16		SNM, ACR, Deleted from CPT		Codes Reported Together 95% or More						FALSE			FALSE	October 2123	TRUE	Deleted from CPT	
78465	Deleted from CPT Myocardial Perfusion Imagi February 2009	16		SNM, ACR, Deleted from CPT		Codes Reported Together 95% February 2008						FALSE			TRUE	Referred t October 2123	Code Dele	TRUE	Deleted from CPT
78472	Cardiac blood pool imaging, gated Cardiac Blood Pool Imaging September 2011	35		ACC, ACR, 0.98		Harvard Valued - Utilization over 30,000	XXX	0.98	NA	5.42	0.08	13479	FALSE		FALSE		TRUE	Maintain	
78478	Deleted from CPT Myocardial Perfusion Imagi February 2009	16		SNM, ACR, Deleted from CPT		Codes Reported Together 95% February 2008						FALSE			TRUE	Referred t October 2123	Code Dele	TRUE	Deleted from CPT
78480	Deleted from CPT Myocardial Perfusion Imagi February 2009	16		SNM, ACR, Deleted from CPT		Codes Reported Together 95% February 2008						FALSE			TRUE	Referred t October 2123	Code Dele	TRUE	Deleted from CPT
78491	Myocardial imaging, positron emit Myocardial PET January 2019	13		ACC, ACR, 1.56		High Volume Growth4 May 2018	XXX	0	NA	0.00	0.00	501	FALSE		FALSE		TRUE	Increase	
78492	Myocardial imaging, positron emit Myocardial PET January 2019	13		ACC, ACR, 1.80		High Volume Growth4 October 2016	XXX	0	NA	0.00	0.00	137725	FALSE		TRUE	This servic May 2018 28	Yes	TRUE	Increase
78579	Pulmonary ventilation imaging (eg Pulmonary Imaging February 2011	13		ACR, SNM 0.49		Harvard Valued - Utilization over 30,000	XXX	0.49	NA	4.75	0.06	294	FALSE		TRUE	October 2123	Complete	TRUE	Decrease
78580	Pulmonary perfusion imaging (eg, Pulmonary Imaging September 2022	13	April 2024 RAW	SNM, ACR Review action plan. 0.74		Harvard Valued - Utilization over 30,000	XXX	0.74	NA	5.88	0.08	60193	FALSE		TRUE	The specia October 2123	complete	FALSE	Maintain
78582	Pulmonary ventilation (eg, aerosol Pulmonary Imaging February 2011	13		ACR, SNM 1.07		Harvard Valued - Utilization over 30,000	XXX	1.07	NA	8.25	0.09	64152	FALSE		TRUE	October 2123	Complete	TRUE	Decrease
78584	Pulmonary perfusion imaging, par Pulmonary Perfusion Imagir February 2010	31		SNM, ACR Deleted from CPT		Harvard Valued - Utilization over 30,000						FALSE			TRUE	The specia October 2123	Code Dele	TRUE	Deleted from CPT
78585	Pulmonary perfusion imaging, par Pulmonary Perfusion Imagir February 2010	31		SNM, ACR Deleted from CPT		Harvard Valued - Utilization over 30,000						FALSE			TRUE	The specia October 2123	Code Dele	TRUE	Deleted from CPT
78586	Pulmonary ventilation imaging, ae Pulmonary Perfusion Imagir February 2010	31		SNM, ACR Deleted from CPT		Harvard Valued - Utilization over 30,000						FALSE			TRUE	The specia October 2123	Code Dele	TRUE	Deleted from CPT
78587	Deleted from CPT Pulmonary Perfusion Imagir February 2010	31		SNM, ACR Deleted from CPT		Harvard Valued - Utilization over 30,000						FALSE			TRUE	The specia October 2123	Code Dele	TRUE	Deleted from CPT
78588	Deleted from CPT Pulmonary Perfusion Imagir February 2010	31		SNM, ACR Deleted from CPT		Harvard Valued - Utilization over 30,000						FALSE			TRUE	The specia October 2123	Code Dele	TRUE	Deleted from CPT
78591	Deleted from CPT Pulmonary Perfusion Imagir February 2010	31		SNM, ACR Deleted from CPT		Harvard Valued - Utilization over 30,000						FALSE			TRUE	The specia October 2123	Code Dele	TRUE	Deleted from CPT
78593	Deleted from CPT Pulmonary Perfusion Imagir February 2010	31		SNM, ACR Deleted from CPT		Harvard Valued - Utilization over 30,000						FALSE			TRUE	The specia October 2123	Code Dele	TRUE	Deleted from CPT
78594	Deleted from CPT Pulmonary Perfusion Imagir February 2010	31		SNM, ACR Deleted from CPT		Harvard Valued - Utilization over 30,000						FALSE			TRUE	The specia October 2123	Code Dele	TRUE	Deleted from CPT
78596	Deleted from CPT Pulmonary Perfusion Imagir February 2010	31		SNM, ACR Deleted from CPT		Harvard Valued - Utilization over 30,000						FALSE			TRUE	The specia October 2123	Code Dele	TRUE	Deleted from CPT
78597	Quantitative differential pulmonar Pulmonary Imaging February 2011	13		ACR, SNM 0.75		Harvard Valued - Utilization over 30,000	XXX	0.75	NA	4.90	0.06	2258	FALSE		FALSE	October 2123	TRUE	Decrease	
78598	Quantitative differential pulmonar Pulmonary Imaging February 2011	13		ACR, SNM 0.85		Harvard Valued - Utilization over 30,000	XXX	0.85	NA	7.67	0.08	1446	FALSE		TRUE	October 2123	Complete	TRUE	Decrease

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	TRUE	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	2.54	0.03	1315	FALSE	FALSE	TRUE	PE Only					
88184	Flow cytometry, cell surface, cyto	Flow Cytometry	January 2016			CAP	New PE Inputs. Removed from FR	CMS High Expenditure Proce	July 2015	XXX	0	NA	1.98	0.02	98149	FALSE	FALSE	TRUE	PE Only				
88185	Flow cytometry, cell surface, cyto	Flow Cytometry	January 2016			CAP	New PE Inputs. Removed from FR	CMS High Expenditure Proce	July 2015	ZZZ	0	NA	0.64	0.00	1818730	FALSE	FALSE	TRUE	PE Only				
88187	Flow cytometry, interpretation; 2	Flow Cytometry Interpretati	January 2016	42		CAP	0.74	CMS High Expenditure Proce	July 2015	XXX	0.74	0.26	0.26	0.04	37046	FALSE	FALSE	TRUE	Decrease				
88188	Flow cytometry, interpretation; 9	Flow Cytometry Interpretati	January 2016	42		CAP	1.40	CMS High Expenditure Proce	July 2015	XXX	1.2	0.54	0.54	0.08	36578	FALSE	FALSE	TRUE	Decrease				
88189	Flow cytometry, interpretation; 1	Flow Cytometry Interpretati	January 2016	42		CAP	1.70	CMS High Expenditure Proce	July 2015	XXX	1.7	0.65	0.65	0.09	217514	FALSE	FALSE	TRUE	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	TRUE	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	TRUE	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	0.98	0.02	772276	FALSE	FALSE	TRUE	Maintain				
88305	Level iv - surgical pathology, gross	Pathology Consultations	January 2012	24		AAD, AGA, 0.75 and new PE inputs		Havard Valued - Utilization ov	October 2008	XXX	0.75	NA	1.31	0.02	14541874	FALSE	FALSE	TRUE	Maintain				
88307	Level v - surgical pathology, gross	Pathology Consultations	January 2012	24		AAD, AGA, 1.59 and new PE inputs		Havard Valued - Utilization ov	February 2009	XXX	1.59	NA	6.73	0.08	891815	FALSE	FALSE	TRUE	Maintain				
88309	Level vi - surgical pathology, gross	Pathology Services	January 2012	24		AAD, AGA, 2.80 and new PE inputs		Havard Valued - Utilization ov	February 2009	XXX	2.8	NA	9.87	0.09	135905	FALSE	FALSE	TRUE	Maintain				
88312	Special stain including interpretati	Special Stains	January 2012	33		CAP	0.54	Havard Valued - Utilization ov	October 2008	XXX	0.54	NA	2.75	0.02	1147300	FALSE	TRUE	At the Feb June 2010 12	Complete	TRUE	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	TRUE	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	TRUE	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	Complete	TRUE	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	3.55	0.03	14530	FALSE	TRUE	At the Feb June 2010 12	Complete	TRUE	Maintain		
88321	Consultation and report on referri	Microslide Consultation	January 2016	43		CAP, ASC	1.63	CMS High Expenditure Proce	July 2015	XXX	1.63	0.71	1.11	0.09	151719	FALSE	FALSE			TRUE	Maintain		
88323	Consultation and report on referri	Microslide Consultation	January 2016	43		CAP, ASC	1.83	CMS High Expenditure Proce	July 2015	XXX	1.83	NA	1.44	0.03	32600	FALSE	FALSE			TRUE	Maintain		
88325	Consultation, comprehensive, with	Microslide Consultation	January 2016	43		CAP, ASC	2.85	CMS High Expenditure Proce	July 2015	XXX	2.85	0.95	1.62	0.12	11119	FALSE	FALSE			TRUE	Increase		
88329	Pathology consultation during sur	Pathology Consultation Dur	October 2010	18		CAP	0.67	Harvard Valued - Utilization o	February 2010	XXX	0.67	0.32	0.97	0.04	24272	FALSE	FALSE			TRUE	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			TRUE	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			TRUE	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	1.50	0.03	62352	FALSE	FALSE			TRUE	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	0.90	0.01	29657	FALSE	FALSE			TRUE	Maintain		
88341	Immunohistochemistry or immun	Morphometric Analysis In S	April 2014	21		CAP	0.65	CMS Request - Final Rule for 2	November 2013	ZZZ	0.56	NA	2.02	0.01	2978970	FALSE	FALSE			TRUE	Decrease		
88342	Immunohistochemistry or immun	Morphometric Analysis In S	April 2014	21		CAP	0.70	CMS-Other - Utilization over 5	April 2011	XXX	0.7	NA	2.24	0.02	1882442	FALSE	TRUE	In Jan 201: May 2012	Complete	TRUE	Decrease		
88343	Immunohistochemistry or immun	Morphometric Analysis In S	April 2014	21		CAP	Deleted from CPT	CMS Request - Final Rule for 2	November 2013						FALSE	FALSE			TRUE	Deleted from CPT			
88344	Immunohistochemistry or immun	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			TRUE	Decrease		
88346	Immunofluorescence, per specim	Immunofluorescent Studies	January 2015	17		CAP, ASC	0.74	CMS-Other - Utilization over 2	April 2013	XXX	0.74	NA	3.74	0.02	54989	FALSE	TRUE	In April 20 October 21 45	Complete	TRUE	Decrease		
88347	Immunofluorescent study, each at	Immunofluorescent Studies	January 2015	17		CAP, ASC	Deleted from CPT	CMS-Other - Utilization over 2	October 2013						FALSE	TRUE	In April 20 October 21 45	Complete	TRUE	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			TRUE	PE Only		
88349	Electron microscopy; scanning	Electron Microscopy-PE Onl	October 2013	14		CAP	Deleted from CPT	Services with Stand-Alone PE	October 2012						FALSE	TRUE	Refer to CI Oct 2013	Complete	TRUE	Deleted from CPT			
88350	Immunofluorescence, per specim	Immunofluorescent Studies	January 2015	17		CAP, ASC	0.70	CMS-Other - Utilization over 2	October 2014	ZZZ	0.59	NA	2.86	0.02	235065	FALSE	FALSE	October 21 45	Complete	TRUE	Decrease		
88356	Morphometric analysis; nerve	RAW	April 2014	37		ASCP, CAP	2.80	High Volume Growth2	April 2013	XXX	2.8	NA	4.31	0.09	20695	FALSE	FALSE			TRUE	Decrease		
88360	Morphometric analysis, tumor im	Tumor Immunohistochemis	April 2016	40		ASC, CAP	0.85	CMS High Expenditure Proce	July 2015	XXX	0.85	NA	2.67	0.02	529191	FALSE	FALSE			TRUE	Decrease		
88361	Morphometric analysis, tumor im	Tumor Immunohistochemis	April 2016	40		ASC, CAP	0.95	CMS High Expenditure Proce	July 2015	XXX	0.95	NA	2.56	0.02	149962	FALSE	FALSE			TRUE	Decrease		
88364	In situ hybridization (eg, fish),	per	Morphometric Analysis In S	April 2014	21		ASC, CAP	0.88	CMS Request - Final Rule for 2	November 2013	ZZZ	0.7	NA	3.33	0.02	30654	FALSE	FALSE			TRUE	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 t Yes	TRUE	In April 20 May 2013	Complete	TRUE	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	7.09	0.04	2141	FALSE	FALSE	May 2013	Complete	TRUE	Decrease	
88367	Morphometric analysis, in situ hy	Morphometric Analysis In S	September 2014	18		CAP, ASCP	0.86	CMS Request - Final Rule for 2	September 2011	XXX	0.73	NA	2.57	0.02	4387	TRUE	Dec 2011 t Yes	TRUE	In April 20 May 2013	Complete	TRUE	Decrease	
88368	Morphometric analysis, in situ hy	Morphometric Analysis In S	September 2014	18		CAP, ASCP	0.88	CMS Request - Final Rule for 2	September 2011	XXX	0.88	NA	3.08	0.03	17558	TRUE	Dec 2011 t Yes	TRUE	In April 20 May 2013	Complete	TRUE	Decrease	
88373	Morphometric analysis, in situ hy	Morphometric Analysis In S	April 2014	21		CAP, ASCP	0.86	CMS Request - Final Rule for 2	November 2013	ZZZ	0.58	NA	1.44	0.01	5451	FALSE	FALSE			TRUE	Decrease		
88374	Morphometric analysis, in situ hy	Morphometric Analysis In S	April 2014	21		CAP, ASCP	1.04	CMS Request - Final Rule for 2	014	XXX	0.93	NA	8.64	0.02	125957	FALSE	FALSE			TRUE	Decrease		
88377	Morphometric analysis, in situ hy	Morphometric Analysis In S	October 2020	24		CAP, ASCP	1.40	CMS Request - Final Rule for 2	May 2013	XXX	1.4	NA	10.46	0.04	137903	FALSE	FALSE	May 2013	Complete	TRUE	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	5.60	0.05	38136	FALSE	FALSE						
90460	Immunization administration thro	Immunization Administratic	April 2021	19		AAFP, AAF	0.24	CMS Request-Final Rule for 2	July 2020	XXX	0.17	NA	0.31	0.01	216	FALSE	FALSE			TRUE	Increase		
90461	Immunization administration thro	Immunization Administratic	April 2021	19		AAFP, AAF	0.18	CMS Request-Final Rule for 2	July 2020	ZZZ	0.15	NA	0.21	0.01	50	FALSE	FALSE			TRUE	Increase		
90465	Deleted from CPT	Immunization Administratic	February 2008	R		AAP	New PE inputs	CMS Request - Practice Expen	NA						FALSE	FALSE	TRUE	Deleted from CPT					
90467	Deleted from CPT	Immunization Administratic	February 2008	R		AAP	New PE inputs	CMS Request - Practice Expen	NA						FALSE	FALSE	TRUE	Deleted from CPT					
90471	Immunization administration (incl	Immunization Administratic	April 2021	19		AAFP, AAF	0.17	CMS Request - Practice Expen	February 2008	XXX	0.17	NA	0.31	0.01	222599	FALSE	FALSE			TRUE	Maintain		
90472	Immunization administration (incl	Immunization Administratic	April 2021	19		AAFP, AAF	0.15	CMS Request - Practice Expen	February 2008	ZZZ	0.15	NA	0.21	0.01	17322	FALSE	FALSE			TRUE	Maintain		
90473	Immunization administration by ir	Immunization Administratic	April 2021	19		AAFP, AAF	0.17	CMS Request - Practice Expen	NA	XXX	0.17	NA	0.31	0.01	1	FALSE	FALSE			TRUE	Maintain		
90474	Immunization administration by ir	Immunization Administratic	April 2021	19		AAFP, AAF	0.15	CMS Request - Practice Expen	NA	ZZZ	0.15	NA	0.21	0.01	1	FALSE	FALSE			TRUE	Maintain		
90785	Interactive complexity (list separa	Psychotherapy for Crisis anc	January 2020	37	Septembe RUC	APA, APA	Refer to CPT Review in 3 years (Se	CMS High Expenditure Proce	April 2013	ZZZ	0.33	0.04	0.09	0.01	356184	FALSE	TRUE	CPT Febru October 21 55	Complete	FALSE	Increase		
90791	Psychiatric diagnostic evaluation	Psychotherapy	April 2012	26		APA, APA	3.00	CMS High Expenditure Proce	April 2013	XXX	3.84	0.49	1.21	0.12	706157	FALSE	TRUE	CPT Febru February 293	Complete	TRUE	Increase		
90792	Psychiatric diagnostic evaluation	Psychotherapy	April 2012	26		APA, APA	3.25	CMS High Expenditure Proce	April 2013	XXX	4.16	0.75	1.46	0.17	493665	FALSE	TRUE	CPT Febru February 293	Complete	TRUE	Increase		
90801	Psychiatric diagnostic interview ex	RAW review	January 2012	30			Deleted from CPT	CMS High Expenditure Proce	September 2011						FALSE	TRUE	January 2C February 293	Complete	TRUE	Deleted from CPT			
90805	Individual psychotherapy, insight	RAW review	January 2012	30			Deleted from CPT	CMS High Expenditure Proce	September 2011						FALSE	TRUE	January 2C February 293	Complete	TRUE	Deleted from CPT			
90806	Individual psychotherapy, insight	RAW review	January 2012	30			Deleted from CPT	CMS High Expenditure Proce	September 2011						FALSE	TRUE	January 2C February 293	Complete	TRUE	Deleted from CPT			
90808	Individual psychotherapy, insight	RAW review	January 2012	30			Deleted from CPT	CMS High Expenditure Proce	September 2011						FALSE	TRUE	January 2C February 293	Complete	TRUE	Deleted from CPT			
90818	Individual psychotherapy, insight	RAW review	January 2012	30			Deleted from CPT	CMS High Expenditure Proce	September 2011						FALSE	TRUE	January 2C February 293	Complete	TRUE	Deleted from CPT			
90832	Psychotherapy, 30 minutes with p	Psychotherapy	April 2012	26		APA, APA	1.50	CMS High Expenditure Proce	April 2013	XXX	1.7	0.22	0.48	0.07	2253931	FALSE	TRUE	CPT Febru February 293	Complete	TRUE	Increase		
90833	Psychotherapy, 30 minutes with p	Psychotherapy	April 2012	26		APA, APA	1.50	CMS High Expenditure Proce	April 2013	ZZZ	1.5	0.27	0.49	0.07	1363088	FALSE	TRUE	CPT Febru February 293	Complete	TRUE	Increase		
90834	Psychotherapy, 45 minutes with p	Psychotherapy	April 2012	26		APA, APA	2.00	CMS High Expenditure Proce	April 2013	XXX	2.24	0.29	0.64	0.09	4442413	FALSE	TRUE	CPT Febru February 293	Complete	TRUE	Increase		
90836	Psychotherapy, 45 minutes with p	Psychotherapy	April 2012	26		APA, APA	1.90	CMS High Expenditure Proce	April 2013	ZZZ	1.9	0.34	0.62	0.08	483506	FALSE	TRUE	CPT Febru February 293	Complete	TRUE	Increase		
90837	Psychotherapy, 60 minutes with p	Psychotherapy	April 2012	26		APA, APA	3.00	CMS High Expenditure Proce	April 2013	XXX	3.31	0.42	0.94	0.11	6129662	FALSE	TRUE	CPT Febru February 293	Complete	TRUE	Increase		
90838	Psychotherapy, 60 minutes with p	Psychotherapy	April 2012	26		APA, APA	2.50	CMS High Expenditure Proce	April 2013	ZZZ	2.												



90960	End-stage renal disease (esrd) rel	End-Stage Renal Disease	April 2009	29		RPA	RUC Recommended revised physic	CMS Request - Practice Expen	February 2009	XXX	6.77	3.26	3.26	0.41	2174715	FALSE	FALSE	TRUE	PE Only	
90961	End-stage renal disease (esrd) rel	End-Stage Renal Disease	April 2009	29		RPA	RUC Recommended revised physic	CMS Request - Practice Expen	February 2009	XXX	5.52	2.80	2.80	0.34	667595	FALSE	FALSE	TRUE	PE Only	
90962	End-stage renal disease (esrd) rel	End-Stage Renal Disease	April 2009	29		RPA	RUC Recommended revised clinica	CMS Request - Practice Expen	February 2009	XXX	3.57	2.16	2.16	0.22	198834	FALSE	FALSE	TRUE	PE Only	
90963	End-stage renal disease (esrd) rel	End-Stage Renal Disease	April 2009	29		RPA	RUC Recommended revised clinica	CMS Request - Practice Expen	February 2009	XXX	12.09	5.06	5.06	0.77	189	FALSE	FALSE	TRUE	PE Only	
90964	End-stage renal disease (esrd) rel	End-Stage Renal Disease	April 2009	29		RPA	RUC Recommended revised clinica	CMS Request - Practice Expen	February 2009	XXX	10.25	4.47	4.47	0.65	960	FALSE	FALSE	TRUE	PE Only	
90965	End-stage renal disease (esrd) rel	End-Stage Renal Disease	April 2009	29		RPA	RUC Recommended revised clinica	CMS Request - Practice Expen	February 2009	XXX	9.8	4.35	4.35	0.62	1411	FALSE	FALSE	TRUE	PE Only	
90966	End-stage renal disease (esrd) rel	End-Stage Renal Disease	April 2009	29		RPA	RUC Recommended revised clinica	CMS Request - Practice Expen	February 2009	XXX	5.52	2.80	2.80	0.34	393883	FALSE	FALSE	TRUE	PE Only	
91038	Esophageal function test, gastroes	Gastroenterological Tests	February 2010	23		AGA, ASGF	New PE Inputs	CMS Request - Practice Expen	February 2010	000	1.1	NA	11.55	0.06	3535	FALSE	FALSE	TRUE	PE Only	
91110	Gastrointestinal tract imaging, intr	Gastrointestinal Tract Imagi	January 2016	44		ACG, AGA, 2.49		CMS High Expenditure Proce	d July 2015	XXX	2.24	NA	20.99	0.09	44397	FALSE	FALSE	TRUE	Decrease	
91111	Gastrointestinal tract imaging, intr	Gastrointestinal Tract Imagi	January 2016	44		ACG, AGA, 1.00		CMS High Expenditure Proce	d July 2015	XXX	0.9	NA	27.13	0.05	160	FALSE	FALSE	TRUE	Maintain	
91132	Electrogastrography, diagnostic, tr	Electrogastrography	February 2010	24		AGA, ACG, New PE Inputs		CMS Request - Practice Expense	Review	XXX	0.52	NA	13.49	0.03	74	FALSE	FALSE	TRUE	PE Only	
91133	Electrogastrography, diagnostic, tr	Electrogastrography	February 2010	24		AGA, ACG, New PE Inputs		CMS Request - Practice Expense	Review	XXX	0.66	NA	13.99	0.03	45	FALSE	FALSE	TRUE	PE Only	
92065	Orthoptic training; performed by ;	Orthoptic Training	April 2021	10		AAO, AOA 0.71		Harvard Valued - Utilization o	n October 2019	XXX	0.37	NA	1.16	0.02	21846	FALSE	TRUE	This servic	February 2 35	
92066	Orthoptic training; under supervis	Orthoptic Training	April 2021	10		AAO, AOA New PE Inputs		Harvard Valued - Utilization o	n February 2021							FALSE	TRUE	PE Only		
92081	Visual field examination, unilatera	Visual Field Examination	April 2010	42		AAO, AOA 0.30		Harvard Valued - Utilization o	n October 2009	XXX	0.3	NA	0.65	0.02	67895	FALSE	FALSE	TRUE	Decrease	
92082	Visual field examination, unilatera	Visual Field Examination	April 2010	42		AAO, AOA 0.40		Harvard Valued - Utilization o	n October 2009	XXX	0.4	NA	0.94	0.02	90923	FALSE	FALSE	TRUE	Decrease	
92083	Visual field examination, unilatera	Visual Field Examination	April 2012	46		AAO, AOA 0.50		MPC List / CMS High Expendit	October 2010	XXX	0.5	NA	1.32	0.02	2336097	FALSE	FALSE	TRUE	Maintain	
92100	Serial tonometry (separate proce	Serial Tonometry	September 2011	36		AAO, AOA 0.61		Harvard Valued - Utilization o	n April 2011	XXX	0.61	0.31	1.87	0.02	22903	FALSE	FALSE	TRUE	Decrease	
92133	Scanning computerized ophthalmi	Computerized Scanning Opl	April 2010	23		AAO, AOA 0.50		CMS Fastest Growing	October 2009	XXX	0.4	NA	0.66	0.02	2297798	FALSE	FALSE	TRUE	Decrease	
92134	Scanning computerized ophthalmi	Computerized Scanning Opl	September 2022	13		AAO, AOA 0.50		CMS Fastest Growing / Codes	October 2008	XXX	0.45	NA	0.72	0.02	6490708	FALSE	FALSE	TRUE	Decrease	
92135	Deleted from CPT	Ophthalmic Diagnostic Imag	October 2009	31		AAO, AOA Deleted from CPT		CMS Fastest Growing	October 2008							FALSE	TRUE	Revise to s	October 21 44	
92136	Ophthalmic biometry by partial co	Ophthalmic Biometry	April 2016	36		AAO 0.54		CMS Fastest Growing / CMS	H October 2008	XXX	0.54	NA	0.90	0.02	1310440	FALSE	FALSE	TRUE	Maintain	
92140	Provocative tests for glaucoma, w/	Glaucoma Provocative Tests	April 2016	41		AAO, AOA Deleted from CPT		Harvard Valued - Utilization o	n October 2015							FALSE	TRUE	The specia	May 2016 26	
92201	Ophthalmoscopy, extended; with	Ophthalmoscopy	April 2018	05		AAO, AOA 0.40		Negative IWPUT	February 2018	XXX	0.4	0.24	0.30	0.02	410263	FALSE	FALSE	TRUE	Decrease	
92202	Ophthalmoscopy, extended; with	Ophthalmoscopy	April 2018	05		AAO, AOA 0.26		Negative IWPUT	February 2018	XXX	0.26	0.15	0.19	0.01	670751	FALSE	FALSE	TRUE	Decrease	
92225	Ophthalmoscopy, extended, with	Ophthalmoscopy	April 2018	05		AAO, AOA Deleted from CPT		Negative IWPUT	April 2017							FALSE	TRUE	A RUC mer	February 2 22	
92226	Ophthalmoscopy, extended, with	Ophthalmoscopy	April 2018	05		AAO, AOA Deleted from CPT		Negative IWPUT	February 2018							FALSE	FALSE	February 2 22	complete	
92235	Fluorescein angiography (includes	Ophthalmoscopic Angiogra	January 2016	21		AAO, ASRS 0.75		Harvard Valued - Utilization o	n April 2011	XXX	0.75	NA	2.92	0.02	327141	FALSE	TRUE	In January	October 21 55	
92240	Indocyanine-green angiography (i	Ophthalmoscopic Angiogra	January 2016	21		AAO, ASRS 0.80		Codes Reported Together 75%	January 2015	XXX	0.8	NA	4.82	0.10	8502	FALSE	TRUE	In January	October 21 55	
92242	Fluorescein angiography and indo	Ophthalmoscopic Angiogra	January 2016	21		AAO, ASRS 0.95		Codes Reported Together 75%	October 2015	XXX	0.95	NA	6.38	0.05	31617	FALSE	TRUE	In January	October 21 55	
92250	Fundus photography with interpre	Fundus Photography	January 2016	45		AAO, ASRS 0.40		MPC List / CMS High Expendi	October 2010	XXX	0.4	NA	0.67	0.02	2952367	FALSE	FALSE	TRUE	Decrease	
92270	Electro-oculography with interpre	Electro-oculography	October 2017	19		AAO-HNS	CPT Assistant article published.	High Volume Growth1 / High 1	February 2008	XXX	0.81	NA	2.36	0.03	1420	TRUE	Aug 2008 ; Yes	TRUE	The specia	February 2 87
92273	Electroretinography (erg), with int	Electroretinography	January 2021	29	January 2C RAW		Review action plan. 0.80	CMS High Expenditure Proce	d September 2017	XXX	0.69	NA	3.01	0.03	72856	FALSE	FALSE	TRUE	Decrease	
92274	Electroretinography (erg), with int	Electroretinography	January 2021	29	January 2C RAW		Review action plan. 0.72	CMS High Expenditure Proce	d September 2017	XXX	0.61	NA	1.92	0.02	5242	FALSE	FALSE	TRUE	Decrease	
92275	Electroretinography with interpre	Electroretinography	January 2018	17		AAO, ASRS Deleted from CPT		CMS High Expenditure Proce	d July 2015							FALSE	TRUE	In January	June 2017 24	
92284	Diagnostic dark adaptation examini	Dark Adaption Eye Exam	April 2021	20	Septembe RAW	AAO, AOA 0.14.	Review Technology	Harvard Valued - Utilization o	n October 2020	XXX	0.24	NA	1.43	0.03	28131	FALSE	TRUE	In April 20	May 2021 EC-M	
92285	External ocular photography with	Ocular Photography	October 2009	32		AAO, AOA 0.05 and new PE inputs		CMS Fastest Growing, Harvar	October 2008	XXX	0.05	NA	0.61	0.02	329781	FALSE	TRUE	The specia	February 2010	
92286	Anterior segment imaging with int	Anterior Segment Imaging	April 2012	28		AAO, AOA 0.40		Harvard Valued - Utilization o	n April 2011	XXX	0.4	NA	0.73	0.02	88824	FALSE	TRUE	The specia	October 21 20	
92287	Anterior segment imaging with int	Anterior Segment Imaging	April 2021	21		AAO, ASRH 0.40		Harvard Valued - Utilization o	ver 30,000 / CPT Ass	XXX	0.81	NA	4.48	0.03	4885	TRUE	Mar 2013 Yes	TRUE	The specia	October 21 20
92504	Binocular microscopy (separate di	Binocular Microscopy	April 2010	43		AAO-HNS 0.18		Harvard Valued - Utilization o	n October 2009	XXX	0.18	0.08	0.67	0.01	193751	FALSE	FALSE	TRUE	Maintain	
92506	Evaluation of speech, language, v	Speech Language Pathology	February 2010	28		ASHA	Deleted from CPT	CMS Request/Speech Language	Pathology Request							FALSE	TRUE	The specia	October 21 28	
92507	Treatment of speech, language, v	Speech Language Pathology	January 2016	54		ASHA	1.30 work RVU and clinical staff tin	CMS Request/Speech Language	October 2015	XXX	1.3	NA	0.91	0.05	324893	FALSE	FALSE	TRUE	Decrease	
92508	Treatment of speech, language, v	Speech Language Pathology	February 2010	28		ASHA	0.43 work RVU and clinical staff tin	CMS Request/Speech Language	Pathology Reques	XXX	0.33	NA	0.36	0.01	1932	FALSE	FALSE	TRUE	Decrease	
92521	Evaluation of speech fluency (eg, s	Speech Evaluation	January 2013	32		ASHA	1.75	CMS Request/Speech Language	Pathology Reques	XXX	2.24	NA	1.59	0.09	202	FALSE	FALSE	October 21 28	Complete	
92522	Evaluation of speech sound produ	Speech Evaluation	January 2013	32		ASHA	1.50	CMS Request/Speech Language	Pathology Reques	XXX	1.92	NA	1.28	0.09	2960	FALSE	FALSE	October 21 28	Complete	
92523	Evaluation of speech sound produ	Speech Evaluation	January 2013	32		ASHA	3.36	CMS Request/Speech Language	Pathology Reques	XXX	3.84	NA	2.73	0.12	19046	FALSE	FALSE	October 21 28	Complete	
92524	Behavioral and qualitative analysi	Speech Evaluation	January 2013	32		ASHA	1.75	CMS Request/Speech Language	Pathology Reques	XXX	1.92	NA	1.23	0.09	13510	FALSE	FALSE	October 21 28	Complete	
92526	Treatment of swallowing dysfunct	Speech Language Pathology	October 2020	23		ASHA, AAC	Maintain	CMS Request/Speech Language	NA	XXX	1.34	NA	1.12	0.05	121719	FALSE	FALSE	TRUE	Decrease	
92537	Caloric vestibular test with record	Vestibular Caloric Irrigation	January 2015	18		AAA, AAN, 0.80		CMS-Other - Utilization over 2	October 2014	XXX	0.6	NA	0.59	0.02	49240	FALSE	FALSE	October 21 54	Complete	
92538	Caloric vestibular test with record	Vestibular Caloric Irrigation	January 2015	18		AAA, AAN, 0.55		CMS-Other - Utilization over 2	October 2014	XXX	0.3	NA	0.35	0.02	4805	FALSE	FALSE	October 21 54	Complete	
92540	Basic vestibular evaluation, includ	EOG VNG	April 2014	24		AAN, ASH/ 1.50		Codes Reported Together 95% or	More	XXX	1.5	NA	1.72	0.05	63471	FALSE	FALSE	TRUE	Decrease	
92541	Spontaneous nystagmus test, incl	EOG VNG	April 2014	24		AAN, ASH/ 0.40		Codes Reported Together 95%	February 2008	XXX	0.4	NA	0.33	0.02	10417	FALSE	TRUE	Referred t	February 2 54	
92542	Positional nystagmus test, minimu	EOG VNG	April 2014	24		AAN, ASH/ 0.48		Codes Reported Together 95%	February 2008	XXX	0.48	NA	0.36	0.02	14257	FALSE	TRUE	Referred t	February 2 54	
92543	Caloric vestibular test, each irrigat	Vestibular Caloric Irrigation	January 2015	18		AAA, AAN, Deleted from CPT		Codes Reported Together 95%	February 2008							FALSE	TRUE	The RUC d	October 21 54	
92544	Optokinetic nystagmus test, bidire	EOG VNG	April 2014	24		AAN, ASH/ 0.27		Codes Reported Together 95%	February 2008	XXX	0.27	NA	0.24	0.02	2100	FALSE	TRUE	Referred t	February 2 54	
92545	Oscillating tracking test, with reco	EOG VNG	April 2014	24		AAN, ASH/ 0.25		Codes Reported Together 95%	February 2008	XXX	0.25	NA	0.23	0.02	3176	FALSE	TRUE	Referred t	February 2 54	
92546	Sinusoidal vertical axis rotational	EOG VNG	April 2014	24			Editorial change only	CMS-Other - Utilization over 2	February 2014	XXX	0.29	NA	3.38	0.03	30767	FALSE	TRUE	Referred t	February 2 87	
92547	Use of vertical electrodes (list sep	EOG VNG	April 2014	24			Editorial change only	CMS-Other - Utilization over 2	February 2014	ZZZ	0	NA	0.31	0.00	18829	FALSE	TRUE	Referred t	February 2 87	
92548	Computerized dynamic posturogr	Computerized Dynamic Pos	January 2019	16		AAA, AAN, 0.76		CMS-Other - Utilization over 2	February 2014	XXX	0.67	NA	0.74	0.03	34199	FALSE	TRUE	In 2014 th	September 35	
92549	Computerized dynamic posturogr	Computerized Dynamic Pos	January 2019	16	RUC		0.96	CMS-Other - Utilization over 2	September 2018	XXX	0.87	NA	0.99	0.02	3573	FALSE	FALSE	September 35	complete	
92550	Tympanometry and reflex thresho	Bundled Audiology Tests	April 2009	22		ASHA, AAC 0.35		Codes Reported Together 95% or	More	XXX	0.35	NA	0.29	0.02	163237	FALSE	FALSE	TRUE	Decrease	
92557	Comprehensive audiometry thresh	Bundled Audiology Tests	April 2009	22		ASHA, AAC 0.60	work RVU and clinical staff tin	Codes Reported Together 95%	February 2008	XXX	0.6	0.31	0.47	0.04	954548	FALSE	TRUE	Referred t	February 2 54	
92558	Evoked otoacoustic emissions, scr	Otoacoustic Emissions Mea	April 2011	35		ASHA	0.17	CMS Fastest Growing	February 2011	XXX	0.17	0.07	0.10	0.01		FALSE	FALSE	February 2011	Complete	
92567	Tympanometry (impedance testin	Bundled Audiology Tests	April 2009	22		ASHA, AAC 0.20	work RVU and clinical staff tin	Codes Reported Together 95%	February 2008	XXX	0.2	0.10	0.28	0.01	705218	FALSE	TRUE	Referred t	February 2 54	
92568	Acoustic reflex testing, threshold	Bundled Audiology Tests	April 2009	22		ASHA, AAC 0.29	work RVU and clinical staff tin	Codes Reported Together 95%	February 2008	XXX	0.29	0.14	0.15	0.02	3217	FALSE	TRUE	Referred t	February 2 54	
92569	Deleted from CPT	Bundled Audiology Tests	April 2009	22		ASHA, AAC Deleted from CPT		Codes Reported Together 95%	February 2008							FALSE	TRUE	Referred t	February 2 54	
92570	Acoustic immittance testing, inclu	Bundled Audiology Tests	October 2015	21		ASHA, AAC 0.55		Codes Reported Together 95% or	More	XXX	0.55	0.28	0.38	0.04	27717	FALSE	FALSE	TRUE	Decrease	
92584	Electrocochleography	Auditory Evoked Potentials	April 2019	06		AAA, AAO: 1.00		CMS-Other - Utilization over 3	February 2019	XXX	1	NA	2.35	0.05	8218	FALSE	FALSE	TRUE	Increase	
92585	Auditory evoked potentials for ev	Auditory Evoked Potentials	April 2019	06		AAA, AAO: Deleted from CPT		CMS-Other - Utilization over 3	October 2017							FALSE	TRUE	In October	February 2 19	
92586	Auditory evoked potentials for ev	Auditory Evoked Potentials	April 2019	06		AAA, AAO: Deleted from CPT		CMS-Other - Utilization over 3	February 2019							FALSE	FALSE	February 2 19	complete	
92587	Distortion product evoked otoaco	Otoacoustic Emissions Mea	April 2011	35		ASHA	0.45	CMS Fastest Growing	October 2008	XXX	0.35	NA	0.28	0.02	39376	FALSE	TRUE	The specia	October 21 41	
92588	Distortion product evoked otoaco	Otoacoustic Emissions Mea	April 2011	35		ASH														

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 21 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 21 21	Complete	TRUE	Decrease				
92933	Percutaneous transluminal coron	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 21 21	Complete	TRUE	Decrease				
92934	Percutaneous transluminal coron	Percutaneous Coronary Inte	January 2012	10		ACC	5.50	MPC List	October 2010	ZZZ	0	0.00	0.00	0.00		FALSE	TRUE	October 21 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 21 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 21 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 21 21	Complete	TRUE	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 21 21	Complete	TRUE	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 21 21	Complete	TRUE	Decrease				
92960	Cardioversion, elective, electrical	Cardioversion	October 2010	19		ACC	2.25	Harvard Valued - Utilization o	October 2009	000	2	1.02	2.46	0.14	172353	FALSE	FALSE			TRUE	Maintain				
92973	Percutaneous transluminal coron	RAW	October 2017	19				Remove from screen	High Volume Growth2	April 2013	ZZZ	3.28	1.15	NA	0.75	2271	FALSE	FALSE		TRUE	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 21 21	Deleted fr	TRUE	Deleted from CPT			
92981	Transcatheter placement of an int	Percutaneous Coronary Inte	January 2012	10		ACC		Deleted from CPT	MPC List	October 2010						FALSE	TRUE	Specialty s	October 21 21	Deleted fr	TRUE	Deleted from CPT			
92982	Percutaneous transluminal coron	Percutaneous Coronary Inte	January 2012	10		ACC		Deleted from CPT	MPC List / Harvard-Valued An	October 2010						FALSE	TRUE	Specialty s	October 21 21	Deleted fr	TRUE	Deleted from CPT			
92984	Percutaneous transluminal coron	Percutaneous Coronary Inte	January 2012	10		ACC		Deleted from CPT	MPC List	October 2010						FALSE	TRUE	Specialty s	October 21 21	Deleted fr	TRUE	Deleted from CPT			
92986	Percutaneous balloon valvuloplast	Valvuloplasty	October 2008	26		ACC		Deleted from CPT	CMS Fastest Growing	October 2008	090	22.6	11.06	NA	5.17	2239	FALSE	FALSE			TRUE	Remove from Screen			
92992	Atrial septectomy or septostomy;	Atrial Septostomy	January 2020	13				Deleted from CPT	CMS Request - Final Rule for 2	October 2018						65	FALSE	TRUE	In January Septembe	16	yes	TRUE	Deleted from CPT		
92993	Atrial septectomy or septostomy;	Atrial Septostomy	January 2020	13				Deleted from CPT	CMS Request - Final Rule for 2	October 2018						1	FALSE	TRUE	In January Septembe	16	yes	TRUE	Deleted from CPT		
92995	Percutaneous transluminal coron	Percutaneous Coronary Inte	January 2012	10		ACC		Deleted from CPT	MPC List	October 2010							FALSE	TRUE	Specialty s	October 21 21	Deleted fr	TRUE	Deleted from CPT		
92996	Percutaneous transluminal coron	Percutaneous Coronary Inte	January 2012	10		ACC		Deleted from CPT	MPC List	October 2010							FALSE	TRUE	Specialty s	October 21 21	Deleted fr	TRUE	Deleted from CPT		
93000	Electrocardiogram, routine ecg wi	Complete Electrocardiogram	April 2019	20		ACC	0.17		CMS High Expenditure Proced	September 2011	XXX	0.17	NA	0.23	0.02	9114128	FALSE	FALSE				TRUE	Maintain		
93005	Electrocardiogram, routine ecg wi	Complete Electrocardiogram	April 2019	20		ACC	0.00		High Volume Growth1 / CMS I	February 2008	XXX	0	NA	0.17	0.01	382226	FALSE	FALSE				TRUE	PE Only		
93010	Electrocardiogram, routine ecg wi	Complete Electrocardiogram	April 2019	20		ACC	0.17		MPC List / CMS High Expendit	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 o	October 2009							FALSE	FALSE		February 257		TRUE	Deleted from CPT		
93015	Cardiovascular stress test using m	Cardiovascular Stress Tests	April 2012	47		ACC	0.75	CPT Assistant published.	Codes Reported Together 75%	February 2010	XXX	0.75	NA	1.29	0.05	797036	TRUE	Jan 2010	Yes	TRUE	The RUC a	October 21 42	Complete	TRUE	Maintain
93016	Cardiovascular stress test using m	Cardiovascular Stress Tests	April 2012	47		ACC	0.45		Codes Reported Together 75%	February 2010	XXX	0.45	0.16	0.16	0.02	782311	FALSE	FALSE				TRUE	Maintain		
93017	Cardiovascular stress test using m	Cardiovascular Stress Tests	April 2010	45		ACC	New PE inputs		High Volume Growth1 / CMS I	February 2008	XXX	0	NA	1.02	0.02	77084	FALSE	FALSE				TRUE	PE Only		
93018	Cardiovascular stress test using m	Cardiovascular Stress Tests	April 2012	47		ACC	0.30		Codes Reported Together 75%	February 2010	XXX	0.3	0.11	0.11	0.01	939343	TRUE	Jan 2010	Yes	TRUE	The RUC a	October 21 42	Complete	TRUE	Maintain
93025	Microvolt t-wave alternans for ass	Microvolt T-Wave Assessme	October 2008	18		ACC	New PE Inputs		CMS Request - Practice Expen	NA	XXX	0.75	NA	2.77	0.04	154	FALSE	FALSE				TRUE	PE Only		
93040	Rhythm ecg, 1-3 leads; with interp	Rhythm EKG	October 2009	34		ACC	0.15		Harvard Valued - Utilization o	February 2009	XXX	0.15	NA	0.20	0.02	78637	FALSE	FALSE				TRUE	Decrease		
93041	Rhythm ecg, 1-3 leads; tracing onl	Rhythm EKG	October 2009	34		ACC	0.00 (PE only)		Harvard Valued - Utilization o	February 2009	XXX	0	NA	0.16	0.01	12166	FALSE	FALSE				TRUE	Maintain		
93042	Rhythm ecg, 1-3 leads; interpret	Rhythm EKG	October 2009	34		ACC, ACEP	0.15		Harvard Valued - Utilization o	October 2008	XXX	0.15	0.04	0.04	0.01	294197	FALSE	FALSE				TRUE	Decrease		
93224	External electrocardiographic rec	External Cardiovascular Dev	April 2010	25		ACC	0.52		Harvard Valued - Utilization o	October 2009	XXX	0.39	NA	1.81	0.03	198394	FALSE	TRUE	The ACC a	February 257	Revised	TRUE	Maintain		
93225	External electrocardiographic rec	External Cardiovascular Dev	April 2010	25		ACC	N/A no physician work		Harvard Valued - Utilization o	October 2009	XXX	0	NA	0.56	0.01	85777	FALSE	FALSE		February 257		TRUE	Maintain		
93226	External electrocardiographic rec	External Cardiovascular Dev	April 2010	25		ACC	N/A no physician work		Harvard Valued - Utilization o	October 2009	XXX	0	NA	1.11	0.01	130156	FALSE	FALSE		February 257		TRUE	Maintain		
93227	External electrocardiographic rec	External Cardiovascular Dev	April 2010	25		ACC	0.52		Harvard Valued - Utilization o	October 2009	XXX	0.39	0.14	0.14	0.01	258641	FALSE	TRUE	The ACC a	February 257	Revised	TRUE	Maintain		
93228	External mobile cardiovascular tel	External Cardiovascular Dev	October 2020	20		ACC, HRS	0.52		Harvard Valued - Utilization o	October 2009	XXX	0.48	0.23	0.23	0.04	198640	FALSE	FALSE				TRUE	Maintain		
93229	External mobile cardiovascular tel	External Cardiovascular Dev	October 2020	20		ACC, HRS	PE Only		Harvard Valued - Utilization o	October 2009	XXX	0	NA	26.25	0.10	281682	FALSE	FALSE				TRUE	PE Only		
93230	Deleted from CPT	Cardiac Device Monitoring	April 2009	31		ACC		Deleted from CPT	CMS Request - 2009 Final Rule	NA							FALSE	TRUE	CMS stat	February 257	Deleted	TRUE	Deleted from CPT		
93231	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		
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 Rule	NA							FALSE	TRUE	CMS stat	February 257	Deleted	TRUE	Deleted from CPT		
93235	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		
93236	Deleted from CPT	Cardiovascular Stress Test	April 2009	38		ACC		Deleted from CPT	Harvard Valued - Utilization 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 o	October 2009							FALSE	TRUE	The ACC a	February 257	Complete	TRUE	Deleted from CPT		
93268	External patient and, when perfor	External Cardiovascular Dev	April 2010	25		ACC	0.52		Harvard Valued - Utilization o	October 2009	XXX	0.52	NA	4.91	0.04	10346	FALSE	FALSE		February 257		TRUE	Maintain		
93270	External patient and, when perfor	External Cardiovascular Dev	April 2010	25		ACC	New PE inputs		Harvard Valued - Utilization o	October 2009	XXX	0	NA	0.24	0.01	33495	FALSE	FALSE		February 257		TRUE	PE Only		
93271	External patient and, when perfor	External Cardiovascular Dev	April 2010	25		ACC	New PE inputs		Harvard Valued - Utilization o	October 2009	XXX	0	NA	4.49	0.01	45016	FALSE	FALSE		February 257		TRUE	PE Only		
93272	External patient and, when perfor	External Cardiovascular Dev	April 2010	25		ACC	0.52		Harvard Valued - Utilization o	October 2009	XXX	0.52	0.18	0.18	0.02	92987	FALSE	FALSE		February 257		TRUE	Maintain		
93279	Programming device evaluation (ii	Cardiac Electrophysiology D	October 2016	25		ACC, HRS	0.65		CMS High Expenditure Proced	July 2015	XXX	0.65	NA	1.37	0.03	107697	FALSE	TRUE	In the NPR	February 2	Advisory C	yes	TRUE	Maintain	
93280	Programming device evaluation (ii	Cardiac Electrophysiology D	October 2016	25		ACC, HRS	0.77		CMS High Expenditure Proced	July 2015	XXX	0.77	NA	1.61	0.05	732353	FALSE	TRUE	In the NPR	February 2	Advisory C	yes	TRUE	Maintain	
93281	Programming device evaluation (ii	Cardiac Electrophysiology D	October 2016	25		ACC, HRS	0.85		CMS High Expenditure Proced	July 2015	XXX	0.85	NA	1.67	0.05	60251	FALSE	TRUE	In the NPR	February 2	Advisory C	yes	TRUE	Decrease	
93282	Programming device evaluation (ii	Cardiac Electrophysiology D	October 2016	25		ACC, HRS	0.85		CMS High Expenditure Proced	July 2015	XXX	0.85	NA	1.55	0.05	79726	FALSE	TRUE	In the NPR	February 2	Advisory C	yes	TRUE	Maintain	
93283	Programming device evaluation (ii	Cardiac Electrophysiology D	October 2016	25		ACC, HRS	1.15		CMS High Expenditure Proced	July 2015	XXX	1.15	NA	1.78	0.05	155222	FALSE	TRUE	In the NPR	February 2	Advisory C	yes	TRUE	Maintain	
93284	Programming device evaluation (ii	Cardiac Electrophysiology D	October 2016	25		ACC, HRS	1.25		CMS High Expenditure Proced	July 2015	XXX	1.25	NA	1.91	0.05	184356	FALSE	TRUE	In the NPR	February 2	Advisory C	yes	TRUE	Maintain	
93285	Programming device evaluation (ii	Cardiac Electrophysiology D	October 2016	25		ACC, HRS	0.52		CMS High Expenditure Proced	July 2015	XXX	0.52	NA	1.30	0.03	31578	FALSE	TRUE	In the NPR	February 2	Advisory C	yes	TRUE	Maintain	
93286	Peri-procedural device evaluation	Cardiac Electrophysiology D	October 2016	25		ACC, HRS	0.30		CMS High Expenditure Proced	July 2015	XXX	0.3	NA	1.10	0.02	20521	FALSE	TRUE	In the NPR	February 2	Advisory C	yes	TRUE	Maintain	
93287	Peri-procedural device evaluation	Cardiac Electrophysiology D	October 2016	25		ACC, HRS	0.45		CMS High Expenditure Proced	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 Proced	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 Proced	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	0.43		CMS High Expenditure Proced	July 2015	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	0.37		CMS High Expenditure Proced	July 2015	XXX	0.37	NA	1.13	0.02	51779	FALSE	TRUE	In the NPR	February 2	Advisory C	yes	TRUE	Decrease	
93292	Interrogation device evaluation (ir	Cardiac Electrophysiology D	October 2016	25		ACC, HRS	0.43		CMS High Expenditure Proced	July 2015	XXX	0.43	NA	1.08	0.03	1054	FALSE	TRUE	In the NPR	February 2	Advisory C	yes	TRUE	Maintain	
93293	Transtelephonic rhythm strip pace	Cardiac Electrophysiology D	January 2017	23		ACC, HRS	0.31		CMS High Expenditure Proced	July 2015	XXX	0.31	NA	1.08	0.02	32414	FALSE	TRUE	In the NPR	February 2	Advisory C	yes	TRUE	Decrease	
93294	Interrogation device evaluation(s)	Cardiac Electrophysiology D	January 2017	23																					



93508	Deleted from CPT	Cardiac Catheterization	April 2010	26		ACC	Deleted from CPT	Codes Reported Together 95% February 2008		FALSE		TRUE	Referred to October 21 13	Deleted	TRUE	Deleted from CPT
93510	Deleted from CPT	Cardiac Catheterization	February 2009	31		ACC	Deleted from CPT	Codes Reported Together 95% February 2008		FALSE		TRUE	Referred to October 21 13	Deleted	TRUE	Deleted from CPT
93511	Deleted from CPT	Cardiac Catheterization	April 2010	26		ACC	Deleted from CPT	Codes Reported Together 95% February 2008		FALSE		TRUE	Referred to October 21 13	Deleted	TRUE	Deleted from CPT
93514	Deleted from CPT	Cardiac Catheterization	April 2010	26		ACC	Deleted from CPT	Codes Reported Together 95% February 2008		FALSE		TRUE	Referred to October 21 13	Deleted	TRUE	Deleted from CPT
93524	Deleted from CPT	Cardiac Catheterization	April 2010	26		ACC	Deleted from CPT	Codes Reported Together 95% February 2008		FALSE		TRUE	Referred to October 21 13	Deleted	TRUE	Deleted from CPT
93526	Deleted from CPT	Cardiac Catheterization	February 2008	5		ACC	Deleted from CPT	Codes Reported Together 95% February 2008		FALSE		TRUE	Referred to October 21 13	Deleted	TRUE	Deleted from CPT
93527	Deleted from CPT	Cardiac Catheterization	April 2010	26		ACC	Deleted from CPT	Codes Reported Together 95% February 2008		FALSE		TRUE	Referred to October 21 13	Deleted	TRUE	Deleted from CPT
93528	Deleted from CPT	Cardiac Catheterization	April 2010	26		ACC	Deleted from CPT	Codes Reported Together 95% February 2008		FALSE		TRUE	Referred to October 21 13	Deleted	TRUE	Deleted from CPT
93529	Deleted from CPT	Cardiac Catheterization	April 2010	26		ACC	Deleted from CPT	Codes Reported Together 95% February 2008		FALSE		TRUE	Referred to October 21 13	Deleted	TRUE	Deleted from CPT
93539	Deleted from CPT	Cardiac Catheterization	February 2008	5		ACC	Deleted from CPT	Codes Reported Together 95% February 2008		FALSE		TRUE	Referred to October 21 13	Deleted	TRUE	Deleted from CPT
93540	Deleted from CPT	Cardiac Catheterization	February 2008	5		ACC	Deleted from CPT	Codes Reported Together 95% February 2008		FALSE		TRUE	Referred to October 21 13	Deleted	TRUE	Deleted from CPT
93541	Deleted from CPT	Cardiac Catheterization	April 2010	26		ACC	Deleted from CPT	Codes Reported Together 95% February 2008		FALSE		TRUE	Referred to October 21 13	Deleted	TRUE	Deleted from CPT
93542	Deleted from CPT	Cardiac Catheterization	April 2010	26		ACC	Deleted from CPT	Codes Reported Together 95% February 2008		FALSE		TRUE	Referred to October 21 13	Deleted	TRUE	Deleted from CPT
93543	Deleted from CPT	Cardiac Catheterization	February 2009	31		ACC	Deleted from CPT	Codes Reported Together 95% February 2008		FALSE		TRUE	Referred to October 21 13	Deleted	TRUE	Deleted from CPT
93544	Deleted from CPT	Cardiac Catheterization	February 2008	5		ACC	Deleted from CPT	Codes Reported Together 95% February 2008		FALSE		TRUE	Referred to October 21 13	Deleted	TRUE	Deleted from CPT
93545	Deleted from CPT	Cardiac Catheterization	February 2009	31		ACC	Deleted from CPT	Codes Reported Together 95% February 2008		FALSE		TRUE	Referred to October 21 13	Deleted	TRUE	Deleted from CPT
93555	Deleted from CPT	Cardiac Catheterization	February 2009	31		ACC	Deleted from CPT	Codes Reported Together 95% February 2008		FALSE		TRUE	Referred to October 21 13	Deleted	TRUE	Deleted from CPT
93556	Deleted from CPT	Cardiac Catheterization	February 2009	31		ACC	Deleted from CPT	Codes Reported Together 95% February 2008		FALSE		TRUE	Referred to October 21 13	Deleted	TRUE	Deleted from CPT
93561	Indicator dilution studies such as ( Cardiac Output Measureme	January 2018	27				0.77	Negative I/PUT	October 2017	ZZZ		4	FALSE		TRUE	Increase
93562	Indicator dilution studies such as ( Cardiac Output Measureme	January 2018	27				0.95	Negative I/PUT	October 2017	ZZZ		10	FALSE		TRUE	Increase
93563	Injection procedure during cardiac Diagnostic Cardiac Catheter	April 2011	28			ACC	2.00			ZZZ		127	FALSE		TRUE	Decrease
93564	Injection procedure during cardiac Pulmonary Angiography	October 2021	08	October 21 RAW		ACC, SCAI	Review action plan	Survey Below 30 Threshold	October 2021	ZZZ	1.11 0.40	0.40	0.19		FALSE	
93565	Injection procedure during cardiac Diagnostic Cardiac Catheter	April 2011	28			ACC	1.90			ZZZ	1.13 0.39	0.39	0.25		FALSE	
93566	Injection procedure during cardiac Diagnostic Cardiac Catheter	April 2011	28			ACC	0.96			ZZZ	0.86 0.30	0.30	0.20		FALSE	TRUE Decrease
93567	Injection procedure during cardiac Diagnostic Cardiac Catheter	April 2011	28			ACC	0.97			ZZZ	0.86 0.31	2.85	0.18		FALSE	TRUE Decrease
93568	Injection procedure during cardiac Diagnostic Cardiac Catheter	April 2011	28			ACC	0.98			ZZZ	0.97 0.34	2.10	0.22		FALSE	TRUE Decrease
93571	Intravascular doppler velocity and Coronary Flow Reserve Mea	October 2017	13			ACC, SCAI	1.50			ZZZ	0.88 0.32	2.60	0.20		FALSE	TRUE Decrease
93572	Intravascular doppler velocity and Coronary Flow Reserve Mea	October 2017	13			ACC, SCAI	1.00			ZZZ	0 NA	NA	0.00		FALSE	TRUE Decrease
93613	Intracardiac electrophysiologic 3- Cardiac Ablation Services Bt	April 2021	07			ACC, HRS	5.23			ZZZ	0 NA	NA	0.00		FALSE	TRUE Decrease
93620	Comprehensive electrophysiologic Intracardiac Catheter Ablati	April 2010	45			ACC	11.57			000	5.23 2.25	NA	1.20		FALSE	TRUE Decrease
93621	Comprehensive electrophysiologic Cardiac Ablation Services Bt	April 2021	07			ACC, HRS	1.75			ZZZ	0 NA	0.00	0.00		FALSE	TRUE Maintain
93623	Programmed stimulation and paci Pacing Heart Stimulation	April 2019	22			ACC, HRS	Referral to CPT for parenthetical. 2	CMS-Other - Utilization over 3	October 2018	ZZZ	0 NA	0.00	0.00		FALSE	TRUE Decrease
93641	Electrophysiologic evaluation of st Insertion/Removal of Pacen	September 2014	21			ACC	Maintain work RVU and adjust the	Codes Reported Together 75% February 2010		000	0 NA	0.00	0.00		FALSE	TRUE Maintain
93651	Intracardiac catheter ablation of a Bundling EPS with Transcatl	January 2012	11			ACC, HRS	Deleted from CPT	Codes Reported Together 75% February 2010		ZZZ	0 NA	0.00	0.00		FALSE	TRUE Maintain
93652	Intracardiac catheter ablation of a Bundling EPS with Transcatl	January 2012	11			ACC, HRS	Deleted from CPT	CMS Fastest Growing/Codes 8	October 2008						FALSE	TRUE Deleted from CPT
93653	Comprehensive electrophysiologic Cardiac Ablation Services Bt	April 2021	07			ACC, HRS	15.00			000	14.75 6.33	NA	3.41		FALSE	TRUE Decrease
93654	Comprehensive electrophysiologic Cardiac Ablation Services Bt	April 2021	07			ACC, HRS	18.10			000	19.75 8.44	NA	4.57		FALSE	TRUE Decrease
93655	Intracardiac catheter ablation of a Cardiac Ablation Services Bt	April 2021	07			ACC, HRS	7.00			ZZZ	5.5 2.37	NA	1.28		FALSE	TRUE Decrease
93656	Comprehensive electrophysiologic Cardiac Ablation Services Bt	April 2021	07			ACC, HRS	17.00			000	19.77 8.51	NA	4.58		FALSE	TRUE Decrease
93657	Additional linear or focal intracarc Cardiac Ablation Services Bt	April 2021	07			ACC, HRS	7.00			ZZZ	5.5 2.36	NA	1.28		FALSE	TRUE Decrease
93662	Intracardiac echocardiography dui Cardiac Ablation Services Bt	April 2021	07			ACC, HRS	2.53			ZZZ	0 NA	0.00	0.00		FALSE	TRUE Decrease
93668	Peripheral arterial disease (pad) r 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		FALSE	TRUE 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		FALSE	TRUE Remove from Screen
93731	Deleted from CPT	Cardiology Services	October 2008	26		ACC	Deleted from CPT	CMS Fastest Growing	October 2008						FALSE	TRUE Deleted from CPT
93732	Deleted from CPT	Cardiology Services	October 2008	26		ACC	Deleted from CPT	CMS Fastest Growing	October 2008						FALSE	TRUE Deleted from CPT
93733	Deleted from CPT	Cardiology Services	October 2008	26		ACC	Deleted from CPT	CMS Fastest Growing	October 2008						FALSE	TRUE Deleted from CPT
93743	Deleted from CPT	Cardiology Services	October 2008	26		ACC	Deleted from CPT	CMS Fastest Growing	October 2008						FALSE	TRUE Deleted from CPT
93744	Deleted from CPT	Cardiology Services	October 2008	26		ACC	Deleted from CPT	CMS Fastest Growing	October 2008						FALSE	TRUE Deleted from CPT
93750	Interrogation of ventricular assist	Ventricular Assist Device (V)	April 2019	24		AATS, ACC	0.85			XXX	0.75 0.31	0.62	0.11		FALSE	TRUE Decrease
93792	Patient/caregiver training for initi Home INR Monitoring	January 2022	20	January 21 RAW			Review in 3 years. 0.00 PE Only	High Volume Growth3 / Work	September 2016	XXX	0 NA	1.84	0.04		FALSE	TRUE PE Only
93793	Anticoagulant management for a Home INR Monitoring	January 2022	20	January 21 RAW			Review in 3 years. 0.18	High Volume Growth3 / Work	September 2016	XXX	0.18 NA	0.14	0.01		FALSE	TRUE Maintain
93875	Deleted from CPT	Noninvasive Vascular Diagn	April 2010	45		AAN, ACC,	Deleted from CPT	Codes Reported Together 75% February 2010							TRUE	SS in proce Yes
93880	Duplex scan of extracranial arterie Duplex Scans	April 2014	33			ACC, ACC,	0.80			XXX	0.8 NA	4.86	0.10		TRUE	TRUE Increase
93882	Duplex scan of extracranial arterie Duplex Scans	April 2014	33			ACC, ACC,	0.50			XXX	0.5 NA	3.17	0.10		FALSE	TRUE Increase
93886	Transcranial doppler study of the Duplex Scans	September 2022	13	Septembe RUC		AAN, ACC,	Refer to CPT for code bundling sol	Codes Reported Together 75% February 2010		XXX	0.91 NA	7.09	0.09		FALSE	TRUE Increase
93888	Transcranial doppler study of the Duplex Scans	April 2014	33			AAN, ACC,	0.70			XXX	0.5 NA	4.26	0.06		FALSE	TRUE Increase
93890	Transcranial doppler study of the intracranial arteries; vasorea	September 2022	13	Septembe RUC		AAN, ACC,	Refer to CPT for code bundling sol	High Volume Growth6 / Code: October 2019		XXX	1 NA	7.17	0.08		FALSE	TRUE
93892	Transcranial doppler study of the intracranial arteries; emboli	September 2022	13	Septembe RUC		AAN, ACC,	Refer to CPT for code bundling sol	High Volume Growth6 / Code: October 2019		XXX	1.15 NA	8.17	0.11		FALSE	TRUE
93922	Limited bilateral noninvasive phys Extremity Non-Invasive Arte	April 2010	27			SVS, ACC,	0.25			XXX	0.25 NA	2.15	0.05		FALSE	TRUE Maintain
93923	Complete bilateral noninvasive ph Extremity Non-Invasive Arte	April 2010	27			SVS, ACC,	0.45			XXX	0.45 NA	3.30	0.09		FALSE	TRUE Maintain
93924	Noninvasive physiologic studies of Extremity Non-Invasive Arte	April 2010	27			SVS, ACC,	0.50			XXX	0.5 NA	4.13	0.11		FALSE	TRUE Maintain
93925	Duplex scan of lower extremity ar Duplex Scans	April 2014	33			ACC, ACC,	0.80			XXX	0.8 NA	6.38	0.11		FALSE	TRUE Maintain
93926	Duplex scan of lower extremity ar Duplex Scans	April 2014	33			ACC, ACC,	0.60			XXX	0.5 NA	3.74	0.07		FALSE	TRUE Increase
93930	Duplex scan of upper extremity ar Duplex Scans	April 2014	33			AAN, ACC,	0.80			XXX	0.8 NA	4.98	0.13		FALSE	TRUE Increase
93931	Duplex scan of upper extremity ar Duplex Scans	April 2014	33			AAN, ACC,	0.50			XXX	0.5 NA	3.17	0.07		FALSE	TRUE Increase
93965	Noninvasive physiologic studies of Non-Invasive Physiologic St	January 2016	47			ACC, ACC,	Deleted from CPT	CMS High Expenditure Proced	July 2015						FALSE	TRUE
93970	Duplex scan of extremity veins inc Duplex Scans	April 2014	33			ACC, ACC,	0.70			XXX	0.7 NA	4.87	0.09		FALSE	TRUE Deleted from CPT
93971	Duplex scan of extremity veins inc Duplex Scans	April 2014	33			ACR, SVS,	0.45			XXX	0.45 NA	3.08	0.06		FALSE	TRUE Maintain
93975	Duplex scan of arterial inflow and Duplex Scans	April 2014	33			ACR, SVS,	1.30			XXX	1.16 NA	6.71	0.13		FALSE	TRUE Decrease
93976	Duplex scan of arterial inflow and Duplex Scans	April 2014	33			ACR	1.00			XXX	0.8 NA	3.89	0.06		FALSE	TRUE Decrease
93978	Duplex scan of aorta, inferior ven Duplex Scans	April 2014	33				0.97			XXX	0.8 NA	4.51	0.14		FALSE	TRUE Increase
93979	Duplex scan of aorta, inferior ven Duplex Scans	April 2014	33				0.70			XXX	0.5 NA	2.96	0.07		FALSE	TRUE Increase
93982	Noninvasive physiologic study of i Endovascular Repair Proced	January 2017	10			SVS, SIR,	S Deleted from CPT	Codes Reported Together 75% January 2017							FALSE	TRUE Deleted from CPT
93985	Duplex scan of arterial inflow and Duplex Scan Arterial Inflow-	January 2019	17				0.80			XXX	0.8 NA	6.60	0.15		FALSE	TRUE Increase
93986	Duplex scan of arterial inflow and Duplex Scan Arterial Inflow-	January 2019	17				0.50			XXX	0.5 NA	3.89	0.10		FALSE	TRUE Increase
93990	Duplex scan of hemodialysis acces Doppler Flow Testing	April 2014	40			ACR, SVS	0.60			XXX	0.5 NA	3.83	0.11		FALSE	TRUE Increase
94010	Spirometry, including graphic rec Spirometry	October 2019	12			ATS, CHES	0.17			XXX	0.17 NA	0.60	0.02		FALSE	TRUE Maintain
94014	Patient-initiated spirometric recor Pulmonary Tests	February 2009	38			ACCP/ATS	Remove from screen - RUC articu	High Volume Growth1	February 2008	XXX	0.52 NA	1.07	0.03		FALSE	TRUE Remove from Screen
94015	Patient-initiated spirometric recor Pulmonary Tests	February 2009	38			ACCP/ATS	Remove from screen - RUC articu	High Volume Growth1	February 2008	XXX	0 NA	0.89	0.01		FALSE	TRUE Remove from Screen
94016	Patient-initiated spirometric recor Pulmonary Tests	February 2009	38			ACCP/ATS	Remove from screen - RUC articu	High Volume Growth1	April 2008	XXX	0.52 0.18	0.18	0.02		FALSE	TRUE Remove from Screen
94060	Bronchodilation responsiveness, s Spirometry	October 2019	12			ATS, CHES	0.22			XXX	0.22 NA	0.91	0.02		TRUE	Mar 2014 Yes
94200	Maximum breathing capacity, ma Lung Function Test	April 2018	28			ATS, CHES	0.05			XXX	0.05 NA	0.38	0.02		FALSE	TRUE Decrease
94240	Deleted from CPT	Pulmonary Tests	April 2010	45		ACCP, ATS	Deleted from CPT	Codes Reported Together 75% February 2010							FALSE	TRUE
94250	Expired gas collection, quantitativ RAW	October 2019	17				Deleted from CPT	CMS-Other - Utilization over 2	January 2019						FALSE	TRUE Deleted from CPT
94260	Deleted from CPT	Pulmonary Tests	April 2010	45		ACCP, ATS	Deleted from CPT	Codes Reported Together 75% February 2010							FALSE	TRUE Deleted from CPT
94350	Deleted from CPT	Pulmonary Tests	April 2010	45		ACCP, ATS	Deleted from CPT	Codes Reported Together 75% February 2010							FALSE	TRUE Deleted from CPT
94360	Deleted from CPT	Pulmonary Tests	April 2010	45		ACCP, ATS	Deleted from CPT	Codes Reported Together 75% February 2010							FALSE	TRUE Deleted from CPT
94370	Determination of airway closing v Pulmonary Tests	April 2010	45			ACCP, ATS	Deleted from CPT	Codes Reported Together 75% February 2010							FALSE	TRUE Deleted from CPT
94400	Breathing response to CO2 (CO2 r Evaluation of Wheezing	April 2019	25			ATS, CHES	Deleted from CPT	Codes Reported Together 75% or More-Part2 / CPT Assistant Analysis 2018							TRUE	

94667	Manipulation chest wall, such as c Evaluation of Wheezing	April 2019	25		ATS, CHES New PE Inputs	CPT Assistant Analysis 2018	April 2019	XXX	0	NA	0.65	0.02	2593	FALSE		FALSE	TRUE	PE Only				
94668	Manipulation chest wall, such as c Evaluation of Wheezing	April 2019	25		AAFP, ATS New PE Inputs	Codes Reported Together 75% or More-Part2 / CP	XXX	0	NA	1.02	0.02	4363	TRUE	Mar 2014	Yes	FALSE	TRUE	PE Only				
94669	Mechanical chest wall oscillation t Evaluation of Wheezing	April 2019	25		ATS, CHES New PE Inputs	CPT Assistant Analysis 2018	April 2019	XXX	0	NA	0.53	0.02	197	FALSE		FALSE	TRUE	PE Only				
94681	Oxygen uptake, expired gas analy: Pulmonary Tests	September 2011	51		AACE, TES Remove from screen	High Volume Growth1 / CMS f	February 2008	XXX	0.2	NA	1.21	0.02	3835	FALSE		FALSE	TRUE	Remove from Screen				
94720	Carbon monoxide diffusing capaci Pulmonary Tests	April 2010	45		ACCP, ATS Deleted from CPT	Codes Reported Together 75% February 2010								FALSE	TRUE	The RUC a October 21	44	Complete	TRUE	Deleted from CPT		
94725	Membrane diffusion capacity Pulmonary Tests	April 2010	45		ACCP, ATS Deleted from CPT	Codes Reported Together 75% February 2010								FALSE	TRUE	The RUC a October 21	44	Complete	TRUE	Deleted from CPT		
94726	Plethysmography for determinati: 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		FALSE	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		FALSE	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		FALSE	February 2011		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		FALSE	February 2011		TRUE	Decrease		
94750	Pulmonary compliance study (eg, RAW	October 2019	17		Deleted from CPT	CMS-Other - Utilization over 2	January 2019						16674	FALSE		FALSE			TRUE	Deleted from CPT		
94760	Noninvasive ear or pulse oximetry 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		FALSE			TRUE	PE Only		
94761	Noninvasive ear or pulse oximetry Measure Blood Oxygen Levi	February 2009	32		ACCP, ATS New PE inputs	CMS Request - Practice Expen NA		XXX	0	NA	0.09	0.01	12350	FALSE		FALSE			TRUE	PE Only		
94762	Noninvasive ear or pulse oximetry Measure Blood Oxygen Levi	February 2009	32		ACCP, ATS New PE inputs	CMS Fastest Growing, CMS Re	October 2008	XXX	0	NA	0.77	0.01	165622	FALSE		FALSE			TRUE	PE Only		
94770	Carbon dioxide, expired gas deter Evaluation of Wheezing	April 2019	25		ATS, CHES Deleted from CPT	High Volume Growth1 / Code:	February 2008						2651	TRUE	Mar 2014	Yes	TRUE	In April 20 September	49	yes	TRUE	Deleted from CPT
95004	Percutaneous tests (scratch, punct Percutaneous Allergy Tests	October 2016	27		AAAAI, AA 0.01	Low Value-Billed in Multiple l	October 2010	XXX	0.01	NA	0.10	0.01	7781153	FALSE		FALSE			TRUE	Maintain		
95010	Percutaneous tests (scratch, punct Percutaneous Allergy Tests	April 2011	31		JCAAI, AC Deleted from CPT	Low Value-Billed in Multiple l	October 2010							FALSE	TRUE	The specia	February 215	Complete	TRUE	Deleted from CPT		
95012	Nitric oxide expired gas determini: 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		FALSE			TRUE	PE Only		
95015	Intracutaneous (intradermal) tests Intracutaneous Allergy Test	April 2011	31		JCAAI, AC Deleted from CPT	Low Value-Billed in Multiple l	October 2010							FALSE	TRUE	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		TRUE	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		TRUE	Deleted cc	February 215	Complete	TRUE	Decrease	
95024	Intracutaneous (intradermal) tests Intracutaneous Allergy 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		FALSE			TRUE	PE Only		
95027	Intracutaneous (intradermal) tests Intracutaneous Allergy Test	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		FALSE			TRUE	Maintain		
95115	Professional services for allergen i Immunotherapy Injections	April 2012	48		JCAAI, AAC New PE Inputs	CMS High Expenditure Proce	January 2012	XXX	0	NA	0.27	0.01	859372	FALSE		FALSE			TRUE	PE Only		
95117	Professional services for allergen i Immunotherapy Injections	April 2012	48		JCAAI, AAC New PE Inputs	CMS High Expenditure Proce	September 2011	XXX	0	NA	0.33	0.01	2434986	FALSE		FALSE			TRUE	PE Only		
95144	Professional services for the super Antigen Therapy Services	January 2016	49		AAOHNS, 0.06	Low Value-Billed in Multiple l	October 2010	XXX	0.06	0.02	0.43	0.01	155016	FALSE		FALSE			TRUE	Maintain		
95148	Professional services for the supervision of preparation and pr	October 2010	73		0.06	Low Value-Billed in Multiple l	October 2010	XXX	0.06	0.02	2.60	0.01	18559	FALSE		FALSE			TRUE	Maintain		
95165	Professional services for the super Antigen Therapy Services	January 2016	49		AAOHNS, 0.06	MPC List / CMS High Expendit	October 2010	XXX	0.06	0.02	0.39	0.01	6673468	FALSE		FALSE			TRUE	Maintain		
95249	Ambulatory continuous glucose m Continuous Glucose Monito	April 2017	08	January 2C RAW	AACE, ES, , Re-review at RAW. PE Only.	High Volume Growth2		XXX	0	NA	1.69	0.04	10344	TRUE	June 2018	yes	TRUE	The RUC r June 2017	EC	yes	TRUE	PE Only
95250	Ambulatory continuous glucose m Continuous Glucose Monito	January 2020	37	January 2C RAW	AACE, ES Re-review at RAW. New PE inputs.	High Volume Growth2 / Work	October 2013	XXX	0	NA	4.34	0.04	48697	FALSE		TRUE	In May 20: October 21	38	yes	TRUE	PE Only	
95251	Ambulatory continuous glucose m Continuous Glucose Monito	January 2020	37	January 2C RAW	AACE, ES Re-review at RAW. 0.70.	High Volume Growth / Work t	April 2013	XXX	0.7	0.28	0.28	0.04	296345	FALSE		TRUE	In October	February 238	yes	TRUE	Decrease	
95700	Electroencephalogram (eeg) conti Long-Term EEG Monitoring	September 2022	13	April 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		FALSE			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		FALSE			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		FALSE			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		FALSE			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		FALSE			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		FALSE			TRUE	PE Only		
95710	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	146	FALSE		FALSE			TRUE	PE Only		
95711	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	356	FALSE		FALSE			TRUE	PE Only		
95712	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	744	FALSE		FALSE			TRUE	PE Only		
95713	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	1555	FALSE		FALSE			TRUE	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		FALSE			TRUE	PE Only		
95715	Electroencephalogram with video Long-Term EEG Monitoring	September 2022	13	April 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		FALSE			TRUE	PE Only		
95716	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	2549	FALSE		FALSE			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		FALSE			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		FALSE			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		FALSE			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		FALSE			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		FALSE			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		FALSE			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		FALSE			TRUE	Decrease		
95724	Electroencephalogram (eeg), cont Long-Term EEG Monitoring	October 2018	13		AAN, ACN: 6.00	High Volume Growth4	May 2018	XXX	6	2.85	3.02	0.45	4668	FALSE		FALSE			TRUE	Decrease		
95725	Electroencephalogram (eeg), cont Long-Term EEG Monitoring	October 2018	13		AAN, ACN: 5.40	High Volume Growth4	May 2018	XXX	5.4	2.63	2.82	0.42	181	FALSE		FALSE			TRUE	Decrease		
95726	Electroencephalogram (eeg), cont Long-Term EEG Monitoring	October 2018	13		AAN, ACN: 7.58	High Volume Growth4	May 2018	XXX	7.58	3.63	3.85	0.60	583	FALSE		FALSE			TRUE	Decrease		
95800	Sleep study, unattended, simultan Sleep Testing	April 2010	28		ACNS, AAF 1.05	CMS Fastest Growing	October 2009	XXX	0.85	NA	3.84	0.05	26905	FALSE		FALSE		October 2009		TRUE	Decrease	
95801	Sleep study, unattended, simultan Sleep Testing	April 2010	28		ACNS, AAF 1.00	CMS Fastest Growing	October 2009	XXX	0.85	NA	1.78	0.05	273	FALSE		FALSE		October 2009		TRUE	Decrease	
95803	Actigraphy testing, recording, anal Sleep Testing	April 2010	28		ACNS, AAF 0.90 and New PE inputs	CMS Request - Practice Expen NA		XXX	0.9	NA	3.40	0.03	192	FALSE		FALSE			TRUE	Decrease		
95805	Multiple sleep latency or mainten Sleep Testing	April 2010	28		ACNS, AAF 1.20	CMS Fastest Growing	October 2009	XXX	1.2	NA	11.00	0.14	1976	FALSE		FALSE		October 2009		TRUE	Decrease	
95806	Sleep study, unattended, simultan Sleep Testing	April 2010	28		ACNS, AAF 1.28	CMS Fastest Growing	October 2009	XXX	0.93	NA	1.71	0.06	78847	FALSE		FALSE		October 2009		TRUE	Decrease	
95807	Sleep study, simultaneous recordi Sleep Testing	April 2010	28		ACNS, AAF 1.25	CMS Fastest Growing	October 2009	XXX	1.28	NA	9.79	0.14	1584	FALSE		FALSE		October 2009		TRUE	Decrease	
95808	Polysomnography; any age, sleep Sleep Testing	April 2010	28		ACNS, AAF 1.74	CMS Fastest Growing	October 2009	XXX	1.74	NA	17.89	0.18	537	FALSE		FALSE		October 2009		TRUE	Decrease	
95810	Polysomnography; age 6 years or Sleep Testing	April 2010	28		ACNS, AAF 2.50	CMS Fastest Growing / MPC l	February 2010	XXX	2.5	NA	15.27	0.20	172583	FALSE		FALSE		October 2009		TRUE	Decrease	
95811	Polysomnography; age 6 years or Sleep Testing	April 2010	28		ACNS, AAF 2.60	CMS Fastest Growing	October 2009	XXX	2.6	NA	15.95	0.21	187980	FALSE		FALSE		October 2009		TRUE	Decrease	
95812	Electroencephalogram (eeg) exte Long-Term EEG Monitoring	October 2018	13		AAN, ACN: 1.08	CMS Request - Final Rule for 2	July 2015	XXX	1.08	NA	9.11	0.09	19920	FALSE		FALSE			TRUE	Maintain		
95813	Electroencephalogram (eeg) exte Long-Term EEG Monitoring	October 2018	13		AAN, ACN: 1.63	CMS Request - Final Rule for 2	July 2015	XXX	1.63	NA	10.96	0.13	20770	FALSE		FALSE			TRUE	Decrease		
95816	Electroencephalogram (eeg); inclu Electroencephalogram	October 2012	22		1.08	CMS High Expenditure Proce	January 2012	XXX	1.08	NA	10.17	0.09	227325	FALSE		FALSE			TRUE	Maintain		
95819	Electroencephalogram (eeg); inclu Electroencephalogram	October 2012	22		AAN, ACN: 1.08	CMS High Expenditure Proce	September 2011	XXX	1.08	NA	12.13	0.10	162443	FALSE		FALSE			TRUE	Maintain		
95822	Electroencephalogram (eeg); reco Electroencephalogram	October 2012	22		AAN, ACN: 1.08	CMS High Expenditure Proce	January 2012	XXX	1.08	NA	11.19	0.09	23964	FALSE		FALSE			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	TRUE		FALSE			TRUE	Deleted from CPT	
95831	Muscle testing, manual (separate Muscle Testing	April 2018	33		AAN, AAN Deleted from CPT	High Volume Growth3 / CMS-	October															



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 2 17	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	1 February 2008	XXX	0.96	NA	1.99	0.06	1937	TRUE	Dec 2008;	complete	TRUE	For code p	February 2 17	Complete	TRUE	Maintain
95923	Testing of autonomic nervous syst	Autonomic Function Testing	January 2020	37	Septembe	RAW	AAFP, AAN Refer to CPT Assistant. 0.90	Codes Reported Together 75%	October 2019	XXX	0.9	NA	2.80	0.05	88442	TRUE	Sep 2020	complete	FALSE			Complete	FALSE	Maintain
95924	Testing of autonomic nervous syst	Autonomic Function Testing	January 2020	37	Septembe	RAW	AAFP, AAN Refer to CPT Assistant. 1.73	Codes Reported Together 75% or More-Part1		XXX	1.73	NA	2.62	0.11	15254	TRUE	Sep 2020	complete	TRUE	CPT Feb 2	February 2 17	Complete	TRUE	Decrease
95925	Short-latency somatosensory evol	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	4.87	0.08	4511	FALSE			TRUE	The Work	October 2 48	Complete	TRUE	Maintain
95926	Short-latency somatosensory evol	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 Work	October 2 48	Complete	TRUE	Maintain
95928	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	5.45	0.10	306	FALSE			TRUE	The Work	October 2 48	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 Work	October 2 48	Complete	TRUE	Maintain
95930	Visual evoked potential (vep) che	Visual Evoked Potential Tes	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 Nt	April 2012	32			Deleted from CPT	Codes Reported Together 75% or More-Part1								FALSE			TRUE	Identified	October 2 06 & 16	Complete	TRUE	Deleted from CPT
95936	H-reflex, amplitude and latency st	EMG in Conjunction with Nt	April 2012	32			Deleted from CPT	Codes Reported Together 75% or More-Part1								FALSE			TRUE	Identified	October 2 06 & 16	Complete	TRUE	Deleted from CPT
95938	Short-latency somatosensory evol	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 2 16	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 2 16	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 2 065	complete	TRUE	Deleted from CPT
95950	Monitoring for identification and l	Long-Term EEG Monitoring	October 2018	13			AAN, ACN Deleted from CPT	CMS Fastest Growing	February 2009							FALSE			FALSE				TRUE	Deleted from CPT
95951	Monitoring for localization of cere	Long-Term EEG Monitoring	October 2018	13			Deleted from CPT	High Volume Growth4	October 2016							FALSE			TRUE	This servic	May 2018 35	Yes	TRUE	Deleted from CPT
95953	Monitoring for localization of cere	Long-Term EEG Monitoring	October 2018	13			AAN, ACN Deleted from CPT	CMS Fastest Growing	February 2009							FALSE			FALSE				TRUE	Deleted from CPT
95954	Pharmacological or physical activa	EEG Monitoring	February 2008	5			AAN, ACN Remove from screen	High Volume Growth1	February 2008	XXX	2.45	NA	9.40	0.19	449	FALSE			FALSE				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							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 Proce	July 2015	XXX	1.98	NA	5.61	0.13	32186	FALSE			FALSE				TRUE	Maintain
95970	Electronic analysis of implanted nt	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 nt	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 2 75, 31	Complete	TRUE	Maintain
95972	Electronic analysis of implanted nt	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 nt	Implanted Neurostimulator	April 2015	21			AANS/CNS Deleted from CPT	Harvard Valued - Utilization o	February 2010							FALSE			TRUE	In January	February 2 75	Complete	TRUE	Deleted from CPT
95974	Electronic analysis of implanted nt	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 nt	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 nt	Neurostimulator Services	September 2022	13			AAN, AAN 0.95	High Volume Growth2 / CMS	1 June 2017	XXX	0.73	0.36	0.38	0.08	6654	TRUE	February 2	complete	FALSE	June 2017 31		Complete	TRUE	Maintain
95977	Electronic analysis of implanted nt	Neurostimulator Services	September 2022	13			AAN, AAN 1.19	High Volume Growth2 / CMS	1 June 2017	XXX	0.97	0.47	0.50	0.10	5033	TRUE	February 2	complete	FALSE	June 2017 31		Complete	TRUE	Maintain
95978	Electronic analysis of implanted nt	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
95979	Electronic analysis of implanted nt	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
95980	Electronic analysis of implanted nt	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	0.19	431	FALSE			FALSE	June 2017 31		Complete	TRUE	Maintain
95981	Electronic analysis of implanted nt	Neurostimulator Services	October 2017	07			No Interes Not part of family	CMS Request - Final Rule for 2	July 2015	XXX	0.3	0.17	0.78	0.05	562	FALSE			FALSE	June 2017 31		Complete	TRUE	Maintain
95982	Electronic analysis of implanted nt	Neurostimulator Services	January 2016	07			No Interes Not part of family	CMS Request - Final Rule for 2	July 2015	XXX	0.65	0.31	0.97	0.11	1011	FALSE			FALSE	June 2017 31		Complete	TRUE	Maintain
95983	Electronic analysis of implanted nt	Neurostimulator Services	September 2022	13			AAN, AAN 1.25	High Volume Growth2 / CMS	1 June 2017	XXX	0.91	0.46	0.49	0.10	32970	TRUE	February 2	complete	FALSE	June 2017 31		Complete	TRUE	Maintain
95984	Electronic analysis of implanted nt	Neurostimulator Services	September 2022	13			AAN, AAN 1.00	High Volume Growth2 / CMS	1 June 2017	ZZZ	0.8	0.40	0.42	0.09	45873	TRUE	February 2	complete	FALSE	June 2017 31		Complete	TRUE	Maintain
95990	Refilling and maintenance of impl	Electronic Analysis Implan	February 2011	07			ASA, AAPA 0.00	Different Performing Specialty	April 2010	XXX	0	NA	2.65	0.04	947	FALSE			TRUE	Identified	October 2010	Complete	TRUE	Maintain
95991	Refilling and maintenance of impl	Electronic Analysis Implan	February 2011	07			ASA, AAPA 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 procedur	e(s) (eg, epley maneuver, sem	April 2018	33			Remove from Modifier -51 Exempt	Modifier -51 Exempt	January 2018	XXX	0.75	0.28	0.49	0.04	96107	FALSE			FALSE				TRUE	Maintain
96101	Psychological testing (includes psy	Psychological and Neuro-ps	October 2017	08			APA (psycl Deleted from CPT	CMS High Expenditure Proce	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 (psycl Deleted from CPT	CMS High Expenditure Proce	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 (psycl 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 (psycl 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 (psycl New PE Inputs	CMS High Expenditure Proce	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 (psycl Deleted from CPT	CMS High Expenditure Proce	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 (psycl 2.50	CMS High Expenditure Proce	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 (psycl 1.10	CMS High Expenditure Proce	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 (psycl 1.86	CMS High Expenditure Proce	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, H	Psychological and Neuro-ps	October 2017	08			APA (psycl Deleted from CPT	CMS High Expenditure Proce	July 2015							FALSE			TRUE	In the July	June 2017 32	complete	TRUE	Deleted from CPT
96119	Neuropsychological testing (eg, H	Psychological and Neuro-ps	October 2017	08			APA (psycl Deleted from CPT	CMS High Expenditure Proce	July 2015							FALSE			TRUE	In the July	June 2017 32	complete	TRUE	Deleted from CPT
96120	Neuropsychological testing (eg, W	Psychological and Neuro-ps	October 2017	08			APA (psycl Deleted from CPT	High Volume Growth2 / CMS	1 April 2013							FALSE			TRUE	In the July	June 2017 32	complete	TRUE	Deleted from CPT
96121	Neurobehavioral status exam (clin	Psychological and Neuro-ps	October 2017	08			APA (psycl 1.71	CMS High Expenditure Proce	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 (psycl 1.70	CMS High Expenditure Proce	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 (psycl New PE Inputs	CMS High Expenditure Proce	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 st	Psychological and Neuro-ps	October 2017	20			APA (psycl 2.50	CMS High Expenditure Proce	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 st	Psychological and Neuro-ps	October 2017	20			APA (psycl 1.90	CMS High Expenditure Proce	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 (psycl 2.50	CMS High Expenditure Proce	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 (psycl 1.90	CMS High Expenditure Proce	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 (psycl 0.55	CMS High Expenditure Proce	June 2017	XXX	0.55	0.11	0.71	0.04	158948	FALSE			FALSE	June 2017 32		Complete	TRUE	Decrease
96137	Psychological or neuropsychologic	Psychological and Neuro-ps	October 2017	20			APA (psycl 0.46	CMS High Expenditure Proce	June 2017	ZZZ	0.46	0.06	0.69	0.02	300973	FALSE			FALSE	June 2017 32		Complete	TRUE	Decrease
96138	Psychological or neuropsychologic	Psychological and Neuro-ps	October 2017	20			APA (psycl New PE Inputs	CMS High Expenditure Proce	June 2017	XXX	0	NA	1.01	0.01	175273	FALSE		</						

96415	Chemotherapy administration, int	Chemotherapy Administrati	January 2013	29		ACRb, ASC 0.19 and new PE inputs	CMS High Expenditure Procd	January 2012	ZZZ	0.19	NA	0.65	0.02	844948	FALSE		FALSE		TRUE	Maintain	
96416	Chemotherapy administration, int	Chemotherapy Administrati	October 2010	20		ACRb, ASC New PE inputs	Codes Reported Together 75%	February 2010	XXX	0.21	NA	3.68	0.08	26235	FALSE		FALSE		TRUE	PE Only	
96417	Chemotherapy administration, int	Chemotherapy Administrati	January 2013	29		ACRb, ASC 0.21 and new PE inputs	CMS High Expenditure Procd	January 2012	ZZZ	0.21	NA	1.72	0.04	371277	FALSE		FALSE		TRUE	Maintain	
96440	Chemotherapy administration int	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	PE Only	
96567	Photodynamic therapy by externa	Photodynamic Therapy	January 2017	16		AAD 0.00 PE Only	High Volume Growth1 / CMS I	February 2008	XXX	0	NA	4.28	0.01	45056	FALSE	TRUE	CPT code 9 September 78	yes	TRUE	Maintain	
96573	Photodynamic therapy by externa	Photodynamic Therapy	January 2017	16		AAD 0.48	CMS High Expenditure Procd	January 2017	000	0.48	NA	6.47	0.02	30156	FALSE	FALSE	September 78	yes	TRUE	Increase	
96574	Debridement of premalignant hyp	Photodynamic Therapy	January 2017	16		AAD 1.01	CMS High Expenditure Procd	January 2017	000	1.01	NA	7.46	0.04	42444	FALSE	FALSE	September 78	yes	TRUE	Increase	
96910	Photochemotherapy; tar and ultra	Photo-chemotherapy	April 2016	44		AAD PE Only	CMS High Expenditure Procd	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 of October 2008	000	1.15	0.66	3.47	0.05	79671	TRUE	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 I	February 2008	000	1.3	0.74	3.75	0.05	21553	TRUE	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	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 Procd	September 2011							FALSE	TRUE	In Jan 201: February 2 88	Complete	TRUE	Deleted from CPT	
97002	Physical therapy re-evaluation	Physical Medicine and Reha	October 2015	17	HCPAC	Deleted from CPT	CMS High Expenditure Procd	February 2015							FALSE	FALSE	February 2 88	Complete	TRUE	Deleted from CPT	
97003	Occupational therapy evaluation	Physical Medicine and Reha	October 2015	17	HCPAC	Deleted from CPT	CMS High Expenditure Procd	February 2015							FALSE	FALSE	February 2 88	Complete	TRUE	Deleted from CPT	
97004	Occupational therapy re-evaluatio	Physical Medicine and Reha	October 2015	17	HCPAC	Deleted from CPT	CMS High Expenditure Procd	February 2015							FALSE	FALSE	February 2 88	Complete	TRUE	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 Rehabi	April 2016	XXX	0.06	NA	0.11	0.01		FALSE	FALSE			TRUE	Maintain	
97012	Application of a modality to 1 or n	Physical Medicine and Reha	January 2017	29		APTA 0.25	Physical Medicine and Rehabi	April 2016	XXX	0.25	NA	0.16	0.01	417188	FALSE	FALSE		survey exi:	TRUE	Maintain	
97014	Application of a modality to 1 or n	Physical Medicine and Reha	January 2017	29		APTA 0.18	Physical Medicine and Rehabi	April 2016	XXX	0.18	NA	0.18	0.01		FALSE	FALSE		survey exi:	TRUE	Maintain	
97016	Application of a modality to 1 or n	Physical Medicine and Reha	January 2017	29		APTA 0.18	Codes Reported Together 75%	February 2010	XXX	0.18	NA	0.16	0.01	804443	FALSE	FALSE		survey exi:	TRUE	Maintain	
97018	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	0.06	NA	0.10	0.01	122539	FALSE	FALSE		survey exi:	TRUE	Maintain	
97022	Application of a modality to 1 or n	Physical Medicine and Reha	January 2017	29		APTA 0.17	Physical Medicine and Rehabi	April 2016	XXX	0.17	NA	0.33	0.01	127796	FALSE	FALSE		survey exi:	TRUE	Maintain	
97032	Application of a modality to 1 or n	Physical Medicine and Reha	January 2017	29		APTA 0.25	CMS High Expenditure Procd	July 2015	XXX	0.25	NA	0.17	0.01	687061	FALSE	FALSE		survey exi:	TRUE	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 exi:	TRUE	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 exi:	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 exi:	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 exi:	TRUE	Maintain	
97112	Therapeutic procedure, 1 or more	Physical Medicine and Reha	January 2017	29		APTA, AO10.50	CMS High Expenditure Procd	September 2011	XXX	0.5	NA	0.49	0.02	16195152	FALSE	FALSE		survey exi:	TRUE	Increase	
97113	Therapeutic procedure, 1 or more	Physical Medicine and Reha	January 2017	29		APTA 0.48	CMS High Expenditure Procd	July 2015	XXX	0.48	NA	0.59	0.02	1219859	FALSE	FALSE		survey exi:	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 exi:	TRUE	Increase	
97127	Therapeutic interventions that for	Cognitive Function Interv	January 2017	29		1.50	High Volume Growth3	January 2017							FALSE	FALSE	September 80	yes	TRUE	Decrease	
97140	Manual therapy techniques (eg, r	Physical Medicine and Reha	January 2017	29		APTA 0.43	CMS High Expenditure Procd	September 2011	XXX	0.43	NA	0.35	0.02	22945736	FALSE	FALSE		survey exi:	TRUE	Maintain	
97150	Therapeutic procedure(s), group (	Physical Medicine and Reha	January 2012			APTA 0.29	CMS-Other - Utilization over 5	April 2011	XXX	0.29	NA	0.22	0.01	999305	FALSE	FALSE		survey exi:	TRUE	Increase	
97161	Physical therapy evaluation: low c	Physical Medicine and Reha	October 2015	17	HCPAC	AOTA, AP10.75	CMS High Expenditure Procd	February 2015	XXX	1.54	NA	1.35	0.07	1188088	FALSE	FALSE	February 2 88	Complete	TRUE	Decrease	
97162	Physical therapy evaluation: mode	Physical Medicine and Reha	October 2015	17	HCPAC	AOTA, AP1 1.18	CMS High Expenditure Procd	February 2015	XXX	1.54	NA	1.35	0.07	1052427	FALSE	FALSE	February 2 88	Complete	TRUE	Decrease	
97163	Physical therapy evaluation: high c	Physical Medicine and Reha	October 2015	17	HCPAC	AOTA, AP1 1.50	CMS High Expenditure Procd	February 2015	XXX	1.54	NA	1.35	0.07	234585	FALSE	FALSE	February 2 88	Complete	TRUE	Maintain	
97164	Re-evaluation of physical therapy	Physical Medicine and Reha	October 2015	17	HCPAC	AOTA, AP10.75	CMS High Expenditure Procd	February 2015	XXX	0.96	NA	1.04	0.04	443064	FALSE	FALSE	February 2 88	Complete	TRUE	Increase	
97165	Occupational therapy evaluation,	Physical Medicine and Reha	October 2015	17	HCPAC	AOTA, AP10.88	CMS High Expenditure Procd	February 2015	XXX	1.54	NA	1.37	0.07	124556	FALSE	FALSE	February 2 88	Complete	TRUE	Decrease	
97166	Occupational therapy evaluation,	Physical Medicine and Reha	October 2015	17	HCPAC	AOTA, AP1 1.20	CMS High Expenditure Procd	February 2015	XXX	1.54	NA	1.37	0.07	92211	FALSE	FALSE	February 2 88	Complete	TRUE	Maintain	
97167	Occupational therapy evaluation,	Physical Medicine and Reha	October 2015	17	HCPAC	AOTA, AP1 1.70	CMS High Expenditure Procd	February 2015	XXX	1.54	NA	1.37	0.07	19455	FALSE	FALSE	February 2 88	Complete	TRUE	Increase	
97168	Re-evaluation of occupational the	Physical Medicine and Reha	October 2015	17	HCPAC	AOTA, AP10.80	CMS High Expenditure Procd	February 2015	XXX	0.96	NA	1.05	0.04	28565	FALSE	FALSE	February 2 88	Complete	TRUE	Increase	
97530	Therapeutic activities, direct (one-	Physical Medicine and Reha	January 2017	29		AOTA, AO10.44	CMS High Expenditure Procd	September 2011	XXX	0.44	NA	0.64	0.02	17002856	FALSE	FALSE		survey exi:	TRUE	Maintain	
97532	Development of cognitive skills to	Cognitive Function Interv	January 2017	29		APTA, AO1 Deleted from CPT	High Volume Growth2 / High	' April 2013							FALSE	TRUE	In April 20 September 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 exi:	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		survey exi:	TRUE	Maintain	
97537	Community/work reintegration tr	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 exi:	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 exi:	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	TRUE	In January 2018, the RUC recom	N/A	TRUE	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 recom	N/A	TRUE	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			TRUE	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			TRUE	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			TRUE	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			TRUE	Decrease	
97608	Negative pressure wound therapy	Negative Pressure Wound T	April 2016	47		APMA, AC 0.46	High Volume Growth2	May 2013	XXX	0.46	0.19	10.77	0.09	1379	FALSE	FALSE			TRUE	Decrease	
97610	Low frequency, non-contact, non-	Physical Medicine and Reha	April 2016	47		Maintain	Physical Medicine and Rehabi	April 2016	XXX	0.4	0.12	13.14	0.01	16743	FALSE	FALSE			TRUE	Maintain	
97755	Assistive technology assessment (	Physical Medicine and Reha	April 2016	47		APTA, AO1 Remove from screen	High Volume Growth1	February 2008	XXX	0.62	NA	0.48	0.02	2577	FALSE	FALSE			TRUE	Remove from Screen	
97760	Orthotic(s) management and train	Orthotic Management and I	January 2017	29		APTA, AO10.50	Physical Medicine and Rehabi	April 2016	XXX	0.5	NA	0.92	0.02	47325	FALSE	TRUE	In April 20 September 81	yes	TRUE	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	TRUE	In April 20 September 81	yes	TRUE	Increase	
97762	Checkout for orthotic/prosthetic c	Orthotic Management and I	January 2017	29		APTA Deleted from CPT	Physical Medicine and Rehabi	April 2016							FALSE	TRUE	In April 20 September 81	yes	TRUE	Deleted from CPT	
97763	Orthotic(s)/prosthetic(s) manage	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			TRUE	Increase	
97802	Medical nutrition therapy; initial a	Medical Nutrition Therapy	April 2008	53		ADA, AGA, 0.53	CMS Request - Medical Nutrit	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 Nutrit	NA	XXX	0.45	0.34	0.47	0.02	179999	FALSE	FALSE			TRUE	Increase	
97810	Acupuncture, 1 or more needles; r	AW	September 2022	13	January 2C RAW	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; r	AW	September 2022	13	January 2C RAW	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; r	AW	September 2022	13	January 2C RAW	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; r	AW	September 2022	13	January 2C RAW	AAFP, AAP Review action plan	Different Performing Specialty	September 2022	XXX	0.55	0.26	0.53	0.04	23543	FALSE	FALSE			FALSE		
98925	Osteopathic manipulative treatme	Osteopathic Manipulative T	February 2011	34		AOA 0.50	Harvard Valued - Utilization o	February 2010	000	0.46	0.19	0.43	0.04	42085	FALSE	FALSE			TRUE	Increase	
98926	Osteopathic manipulative treatme	Osteopathic Manipulative T	February 2011	34		AOA 0.75	Harvard Valued - Utilization o	October 2009	000	0.71	0.28	0.56	0.04	78183	FALSE	FALSE			TRUE	Increase	
98927	Osteopathic manipulative treatme	Osteopathic Manipulative T	February 2011	34		AOA 1.00	Harvard Valued - Utilization o	October 2009	000	0.96	0.35	0.70	0.05	69362	FALSE	FALSE			TRUE	Increase	
98928	Osteopathic manipulative treatme	Osteopathic Manipulative T	February 2011	34		AOA 1.25	Harvard Valued - Utilization o	February 2010	000	1.21	0.44	0.82	0.0								



99375	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	XXX	1.73	0.67	1.14	0.12		FALSE		FALSE	TRUE	Remove from Screen	
99378	Supervision of a hospice patient ( Home Healthcare Supervisic	April 2016	47		No Interes RUC recommended to survey but r	CMS-Other - Utilization over 2 April 2016	XXX	1.73	0.67	1.14	0.12		FALSE		FALSE	TRUE	Remove from Screen	
99415	Prolonged clinical staff service (th 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 2 08	complete	TRUE	PE Only
99416	Prolonged clinical staff service (th 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 2 08	complete	TRUE	PE Only
99417	Prolonged outpatient evaluation e 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 2 11	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 2 11	complete	TRUE	Increase
99457	Remote physiologic monitoring tr 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, A CMS investigate and review for Ne Work Neutrality 2018	October 2019	XXX	1.88	0.73	2.45	0.11	6958	FALSE	FALSE			FALSE	
99493	Subsequent psychiatric collaborat Psychiatric Collaborative Ca	January 2020	37	April 2023 RAW	AACAP, A CMS investigate and review for Ne Work Neutrality 2018	October 2019	XXX	2.05	0.82	2.13	0.12	23187	FALSE	FALSE			FALSE	
99494	Initial or subsequent psychiatric c Psychiatric Collaborative Ca	January 2020	37	April 2023 RAW	AACAP, A CMS investigate and review for Ne Work Neutrality 2018	October 2019	ZZZ	0.82	0.35	0.97	0.05	13820	FALSE	FALSE			FALSE	
99495	Transitional care management ser Transitional Care Managem	September 2022	09		AGS, ANA Withdrawn	Codes Increased by CMS Inde October 2021	XXX	2.78	1.21	3.07	0.19	592370	FALSE	FALSE			TRUE	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			TRUE	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	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	Maintain
0042T	Cerebral perfusion analysis using r RAW	September 2022	13	Septembe RUC	ACR, ASNR Refer to CPT	High Volume Category III Codr 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, NA Review action plan	High Volume Category III Codr April 2022	XXX	0	0	0	0	1253	FALSE	FALSE			FALSE	
0055T	Computer-assisted musculoskelet RAW	September 2022	13	April 2024 RAW	AAOS, NA Review action plan	High Volume Category III Codr April 2022	XXX	0	0	0	0	2530	FALSE	FALSE			FALSE	
0191T	Insertion of anterior segment aqu Cataract Removal with Draii	January 2021	16		AAO Deleted from CPT	High Volume Category III Codr October 2019	XXX					46739	FALSE	FALSE	At the Apr October 21 37	complete	TRUE	Deleted from CPT
0232T	Injection(s), platelet rich plasma, e RAW	September 2022	13	April 2024 RAW	AAOS, AAF Review action plan	High Volume Category III Codr April 2022	XXX	0	0	0	0	1678	FALSE	FALSE			FALSE	
0275T	Percutaneous laminotomy/laminectomy (interlaminar approac	January 2020	37		Maintain	High Volume Category III Codr October 2019	YYY	0	0.00	0.00	0.00	3903	FALSE	FALSE			TRUE	Maintain
0376T	Insertion of anterior segment aqu Cataract Removal with Draii	January 2021	16		AAO Deleted from CPT	High Volume Category III Codr October 2019	XXX					6252	FALSE	TRUE	At the Apr October 21 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 Codr 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 Codr October 2019	XXX	0	0.00	0.00	0.00	29474	FALSE	FALSE			FALSE	
0446T	Creation of subcutaneous pocket Insertion/ Removal of Impla	January 2020	33		AACE, ES Contractor Price	CMS Request - Final Rule for 2 November 2019	000	1.14	0.49	53.00	0.08	17	FALSE	FALSE	In the CY 2 February 2 46	Renewed !	TRUE	Contractor Price
0447T	Removal of implantable interstitia Insertion/ Removal of Impla	January 2020	33		AACE, ES Contractor Price	CMS Request - Final Rule for 2 November 2019	000	1.34	0.55	1.57	0.09	10	FALSE	TRUE	In the CY 2 February 2 46	Renewed !	TRUE	Contractor Price
0448T	Removal of implantable interstitia Insertion/ Removal of Impla	January 2020	33		AACE, ES Contractor Price	CMS Request - Final Rule for 2 November 2019	000	1.91	0.78	49.22	0.11	20	FALSE	TRUE	In the CY 2 February 2 46	Renewed !	TRUE	Contractor Price
0449T	Insertion of aqueous drainage device, without extraocular rest	January 2020	37		Maintain	High Volume Category III Codr October 2019	YYY	0	0.00	0.00	0.00	3674	FALSE	FALSE			TRUE	Maintain
0474T	Insertion of anterior segment aqueous drainage device, with c	January 2020	37		Maintain	High Volume Category III Codr October 2019	XXX	0	0.00	0.00	0.00		FALSE	FALSE			TRUE	Maintain
0507T	Near infrared dual imaging (ie, sin RAW	September 2022	13	April 2025 RAW	AAO, AOA Review action plan	High Volume Category III Codr April 2022	XXX	0	0	0	0	3059	FALSE	FALSE			FALSE	
0509T	Electroretinography (erg) with int Electoretinography	January 2021	29	January 2C RAW	Review action plan	Work Neutrality 2019 October 2020	XXX	0.4	NA	1.78	0.02	22480	FALSE	FALSE			FALSE	
0671T	Insertion of anterior segment aqu Cataract Removal with Draii	January 2021	16		AAO Contractor Price	High Volume Category III Codr January 2021	YYY	0	0.00	0.00	0.00		FALSE	FALSE	October 21 37	complete	TRUE	Contractor Price
64XX2	Spinal Neurostimulator	September 2022	04	April 2028 RAW	AAPM, AS Review action plan. Contractor Prii	Contractor Price-Survey below September 2022							FALSE	FALSE			FALSE	Contractor Price
64XX3	Spinal Neurostimulator	September 2022	04	April 2028 RAW	AAPM, AS Review action plan. Contractor Prii	Contractor Price-Survey below September 2022							FALSE	FALSE			FALSE	Contractor Price
64XX4	Spinal Neurostimulator	September 2022	04	April 2028 RAW	AAPM, AS Review action plan. Contractor Prii	Contractor Price-Survey below September 2022							FALSE	FALSE			FALSE	Contractor Price
7X000	Intraoperative Ultrasound S	September 2022	05		AATS, ACC 0.60	CMS-Other - Utilization over 2 May 2022							FALSE	FALSE			TRUE	Decrease
7X001	Intraoperative Ultrasound S	September 2022	05		AATS, ACC 1.90	CMS-Other - Utilization over 2 May 2022							FALSE	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			TRUE	Decrease
9X036	Female Pelvic Exam	April 2022	16	January 2C RUC	ACOG Refer to CPT	Gender Equity Payment April 2022							FALSE	FALSE	In respons Septembe 10	complete	FALSE	
G0008	Administration of influenza virus Immunization Administratic	April 2021	19		AAFP, AAF 0.17	CMS Request-Final Rule for 2C July 2020	XXX	0	0.00	0.00	0.00		FALSE	FALSE			TRUE	Maintain
G0009	Administration of pneumococcal Immunization Administratic	April 2021	19		AAFP, AAF 0.17	CMS Request-Final Rule for 2C July 2020	XXX	0	0.00	0.00	0.00		FALSE	FALSE			TRUE	Maintain
G0010	Administration of hepatitis b vacci Immunization Administratic	April 2021	19		AAFP, AAF 0.17	CMS Request-Final Rule for 2C July 2020	XXX	0	0.00	0.00	0.00		FALSE	FALSE			TRUE	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			TRUE	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			TRUE	Remove from Screen
G0104	Colorectal cancer screening; flexib Flexible Sigmoidoscopy	January 2014	09		AGA, ASGF 0.84	MPC List January 2014	000	0.84	0.69	4.72	0.11	2061	FALSE	FALSE	October 21 16	Complete	TRUE	Decrease
G0105	Colorectal cancer screening; colon Colonoscopy	September 2022	13		AGA, ASGF 3.36	MPC List / CMS-Other Utilizati September 2011	000	3.26	1.74	6.66	0.40	202130	FALSE	FALSE			TRUE	Decrease
G0108	Diabetes outpatient self-managen Diabetes Management Traii	April 2017	41iv		AND 0.90	CMS-Other - Utilization over 1 April 2016	XXX	0.9	NA	0.67	0.05	140681	FALSE	FALSE			TRUE	Maintain
G0109	Diabetes outpatient self-managen Diabetes Management Traii	April 2017	41iv		AND 0.25	CMS-Other - Utilization over 1 April 2016	XXX	0.25	NA	0.20	0.01	39815	FALSE	FALSE			TRUE	Maintain
G0121	Colorectal cancer screening; colon Colonoscopy	September 2022	13		AGA, ASGF 3.36	MPC List /CMS-Other Utilizati September 2011	000	3.26	1.74	6.66	0.41	136530	FALSE	FALSE			TRUE	Decrease
G0124	Screening cytopathology, cervical 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	39175	FALSE	FALSE			TRUE	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			TRUE	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			TRUE	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	0.39	0.07	35030	FALSE	FALSE			TRUE	Maintain
G0179	Physician re-certification for medi Physician Recertification	April 2016	47		No Interes RUC recommended to survey but r	CMS Fastest Growing / CMS-C October 2008	XXX	0.45	NA	0.71	0.04	770216	FALSE	FALSE			TRUE	Remove from Screen
G0180	Physician certification for medicar Physician Recertification	April 2016	47		No Interes RUC recommended to survey but r	CMS Fastest Growing / CMS-C October 2008	XXX	0.67	NA	0.83	0.05	1101665	FALSE	FALSE			TRUE	Remove from Screen
G0181	Physician supervision of a patient Home Healthcare Supervisic	April 2016	47		No Interes Recommend deletion after review	CMS Fastest Growing / CMS-C October 2008	XXX	1.73	NA	1.22	0.11	388445	FALSE	FALSE			TRUE	Remove from Screen
G0182	Physician supervision of a patient Home Healthcare Supervisic	April 2016	47		No Interes Recommend deletion after review	CMS-Other - Utilization over 2 April 2016	XXX	1.73	NA	1.26	0.11	30278	FALSE	FALSE			TRUE	Remove from Screen
G0202	Screening mammography, bilateri Mammography	January 2016	20		ACR Assume CMS will delete	CMS Fastest Growing / CMS-C February 2008							FALSE	TRUE	In the NPR October 21 38	Complete	TRUE	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 21 38	Complete	TRUE	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 21 38	Complete	TRUE	Deleted from CPT
G0237	Therapeutic procedures to increat Respiratory Therapy	February 2009	38		ACCP/ATS Remove from screen - RUC articu	CMS Fastest Growing February 2008	XXX	0	NA	0.29	0.01	12117	FALSE	FALSE			TRUE	Remove from Screen
G0238	Therapeutic procedures to improv Respiratory Therapy	February 2009	38		ACCP/ATS Remove from screen - RUC articu	CMS Fastest Growing February 2008	XXX	0	NA	0.29	0.01	18715	FALSE	FALSE			TRUE	Remove from Screen
G0248	Demonstration, prior to initiation Home INR Monitoring	January 2017	19		ACC Created Category I code, recomme	High Volume Growth3 January 2016	XXX	0	NA	1.87	0.04	34614	FALSE	TRUE	In October Septembe 08	yes	TRUE	Deleted from CPT
G0249	Provision of test materials and eqi Home INR Monitoring	January 2017	19		ACC Created Category I code, recomme	CMS Fastest Growing / High V February 2008	XXX	0	NA	1.39	0.01	1234315	FALSE	TRUE	In October Septembe 08	yes	TRUE	Deleted from CPT
G0250	Physician review, interpretation, a Home INR Monitoring	January 2017	19		ACC Created Category I code, recomme	CMS Fastest Growing / High V February 2008	XXX	0.18	NA	0.05	0.01	167183	FALSE	TRUE	In October Septembe 08	yes	TRUE	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			TRUE	Maintain
G0270	Medical nutrition therapy; reassess 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			TRUE	Maintain
G0277	Hyperbaric oxygen under pressur RAW	September 2022	13	January 2C RUC	AAFP Review PE at January 2023 meetin	High Volume Growth8 April 2022	XXX	0	NA	5.20	0.02	122860	FALSE	FALSE			FALSE	
G0279	Diagnostic digital breast tomosynt RAW	January 2018	31		Recommend CMS delete	CMS-Other - Utilization over 3 October 2017	ZZZ	0.6	NA	0.92	0.04	790648	FALSE	FALSE			TRUE	Remove from Screen
G0283	Electrical stimulation (unattended Physical Medicine and Reha	January 2017	29		APTA 0.18	Low Value-High Volume / CM October 2010	XXX	0.18	NA	0.17	0.01	5317417	FALSE	FALSE			TRUE	Maintain
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	0.28	0.04	43859	FALSE	FALSE			TRUE	Maintain
G0297	Low dose ct scan (ldct) for lung ca Screening CT of Thorax	October 2019	07		Recommend CMS delete. Cat I cod	CMS-Other - Utilization over 3 October 2018						255085	FALSE	TRUE	In October May 2019 12	Complete	TRUE	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 her 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 Vol July 2014							TRUE	TRUE	When Mex May 2015 23	Complete	TRUE	Deleted from CPT

A452	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	January 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	January 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		January 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-t	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 Devic	September 2022	13	January 2024 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 fr		January 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 ari		January 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 ari		January 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 fiel		January 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 evalu: Visit Complexity E/M Add-O		January 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	January 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

## ***RUC Referrals to CPT Editorial Panel - Outstanding Issues***

0042T	<b>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</b>	<a href="#"><u>Screen</u></a> High Volume Category III Codes 2022	<a href="#"><u>RUC Meeting</u></a> September 2022	<a href="#"><u>Specialty Society:</u></a> ACR, ASNR	<a href="#"><u>CPT Meeting</u></a> May 2023
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**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	<b>Arthroplasty, interposition, intercarpal or carpometacarpal joints</b>	<a href="#"><u>Screen</u></a> Codes Reported Together 75% or More-Part5	<a href="#"><u>RUC Meeting</u></a> September 2022	<a href="#"><u>Specialty Society:</u></a> AAOS, ASSH	<a href="#"><u>CPT Meeting</u></a> May 2023
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**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	<b>Transfer or transplant of tendon, carpometacarpal area or dorsum of hand; without free graft, each tendon</b>	<a href="#"><u>Screen</u></a> CMS Fastest Growing / Codes Reported Together 75% or More-Part5	<a href="#"><u>RUC Meeting</u></a> September 2022	<a href="#"><u>Specialty Society:</u></a> AAOS, ASSH	<a href="#"><u>CPT Meeting</u></a> May 2023
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**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	<b>Revascularization, endovascular, open or percutaneous, iliac artery, unilateral, initial vessel; with transluminal angioplasty</b>	<a href="#"><u>Screen</u></a> High Volume Growth1	<a href="#"><u>RUC Meeting</u></a> April 2022	<a href="#"><u>Specialty Society:</u></a> SVS, ACS, SIR, ACR, ACC	<a href="#"><u>CPT Meeting</u></a> February 2023
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**Background:** In October 2018, 37225, 37227 and 37229 services were identified by the PE High Cost Supplies screen for services with non-facility Medicare utilization over 10,000, not reviewed in the last five years and include a supply item greater than \$500. The RUC 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.

## *RUC Referrals to CPT Editorial Panel - Outstanding Issues*

37221	<b>Revascularization, endovascular, open or percutaneous, iliac artery, unilateral, initial vessel; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed</b>	<u><a href="#">Screen</a></u> High Volume Growth1	<u><a href="#">RUC Meeting</a></u> April 2022	<u><a href="#">Specialty Society:</a></u> SVS, ACS, SIR, ACR, ACC	<u><a href="#">CPT Meeting</a></u> February 2023
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**Background:** In October 2018, 37225, 37227 and 37229 services were identified by the PE High Cost Supplies screen for services with non-facility Medicare utilization over 10,000, not reviewed in the last five years and include a supply item greater than \$500. The RUC 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	<b>Revascularization, endovascular, open or percutaneous, iliac artery, each additional ipsilateral iliac vessel; with transluminal angioplasty (list separately in addition to code for primary procedure)</b>	<u><a href="#">Screen</a></u> High Volume Growth1	<u><a href="#">RUC Meeting</a></u> April 2022	<u><a href="#">Specialty Society:</a></u> SVS, ACS, SIR, ACR, ACC	<u><a href="#">CPT Meeting</a></u> February 2023
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**Background:** In October 2018, 37225, 37227 and 37229 services were identified by the PE High Cost Supplies screen for services with non-facility Medicare utilization over 10,000, not reviewed in the last five years and include a supply item greater than \$500. The RUC 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	<b>Revascularization, endovascular, open or percutaneous, iliac artery, each additional ipsilateral iliac vessel; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed (list separately in addition to code for primary procedure)</b>	<u><a href="#">Screen</a></u> High Volume Growth1	<u><a href="#">RUC Meeting</a></u> April 2022	<u><a href="#">Specialty Society:</a></u> SVS, ACS, SIR, ACR, ACC	<u><a href="#">CPT Meeting</a></u> February 2023
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**Background:** In October 2018, 37225, 37227 and 37229 services were identified by the PE High Cost Supplies screen for services with non-facility Medicare utilization over 10,000, not reviewed in the last five years and include a supply item greater than \$500. The RUC 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.



## ***RUC Referrals to CPT Editorial Panel - Outstanding Issues***

<b>37224</b>	<b>Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with transluminal angioplasty</b>	<u><a href="#">Screen</a></u> High Volume Growth1	<u><a href="#">RUC Meeting</a></u> April 2022	<u><a href="#">Specialty Society:</a></u> SVS, ACS, SIR, ACR, ACC	<u><a href="#">CPT Meeting</a></u> February 2023
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**Background:** In October 2018, 37225, 37227 and 37229 services were identified by the PE High Cost Supplies screen for services with non-facility Medicare utilization over 10,000, not reviewed in the last five years and include a supply item greater than \$500. The RUC 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.

<b>37225</b>	<b>Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with atherectomy, includes angioplasty within the same vessel, when performed</b>	<u><a href="#">Screen</a></u> High Volume Growth1 / PE Screen - High Cost Supplies	<u><a href="#">RUC Meeting</a></u> April 2022	<u><a href="#">Specialty Society:</a></u> SVS, ACS, SIR, ACR, ACC	<u><a href="#">CPT Meeting</a></u> February 2023
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**Background:** In October 2018, 37225, 37227 and 37229 services were identified by the PE High Cost Supplies screen for services with non-facility Medicare utilization over 10,000, not reviewed in the last five years and include a supply item greater than \$500. The RUC 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.

<b>37226</b>	<b>Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed</b>	<u><a href="#">Screen</a></u> High Volume Growth1	<u><a href="#">RUC Meeting</a></u> April 2022	<u><a href="#">Specialty Society:</a></u> SVS, ACS, SIR, ACR, ACC	<u><a href="#">CPT Meeting</a></u> February 2023
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**Background:** In October 2018, 37225, 37227 and 37229 services were identified by the PE High Cost Supplies screen for services with non-facility Medicare utilization over 10,000, not reviewed in the last five years and include a supply item greater than \$500. The RUC 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.

## *RUC Referrals to CPT Editorial Panel - Outstanding Issues*

37227	<b>Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with transluminal stent placement(s) and atherectomy, includes angioplasty within the same vessel, when performed</b>	<u><a href="#">Screen</a></u> High Volume Growth1 / PE Screen - High Cost Supplies	<u><a href="#">RUC Meeting</a></u> April 2022	<u><a href="#">Specialty Society:</a></u> SVS, ACS, SIR, ACR, ACC	<u><a href="#">CPT Meeting</a></u> February 2023
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**Background:** In October 2018, 37225, 37227 and 37229 services were identified by the PE High Cost Supplies screen for services with non-facility Medicare utilization over 10,000, not reviewed in the last five years and include a supply item greater than \$500. The RUC 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	<b>Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with transluminal angioplasty</b>	<u><a href="#">Screen</a></u> High Volume Growth1	<u><a href="#">RUC Meeting</a></u> April 2022	<u><a href="#">Specialty Society:</a></u> SVS, ACS, SIR, ACR, ACC	<u><a href="#">CPT Meeting</a></u> February 2023
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**Background:** In October 2018, 37225, 37227 and 37229 services were identified by the PE High Cost Supplies screen for services with non-facility Medicare utilization over 10,000, not reviewed in the last five years and include a supply item greater than \$500. The RUC 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	<b>Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with atherectomy, includes angioplasty within the same vessel, when performed</b>	<u><a href="#">Screen</a></u> High Volume Growth1 / PE Screen - High Cost Supplies / High Volume Growth5	<u><a href="#">RUC Meeting</a></u> April 2022	<u><a href="#">Specialty Society:</a></u> SVS, ACS, SIR, ACR, ACC	<u><a href="#">CPT Meeting</a></u> February 2023
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**Background:** In October 2018, 37225, 37227 and 37229 services were identified by the PE High Cost Supplies screen for services with non-facility Medicare utilization over 10,000, not reviewed in the last five years and include a supply item greater than \$500. The RUC 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.

## ***RUC Referrals to CPT Editorial Panel - Outstanding Issues***

<b>37230</b>	<b>Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed</b>	<u><a href="#">Screen</a></u> High Volume Growth1	<u><a href="#">RUC Meeting</a></u> April 2022	<u><a href="#">Specialty Society:</a></u> SVS, ACS, SIR, ACR, ACC	<u><a href="#">CPT Meeting</a></u> February 2023
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**Background:** In October 2018, 37225, 37227 and 37229 services were identified by the PE High Cost Supplies screen for services with non-facility Medicare utilization over 10,000, not reviewed in the last five years and include a supply item greater than \$500. The RUC 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.

<b>37231</b>	<b>Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with transluminal stent placement(s) and atherectomy, includes angioplasty within the same vessel, when performed</b>	<u><a href="#">Screen</a></u> High Volume Growth1	<u><a href="#">RUC Meeting</a></u> April 2022	<u><a href="#">Specialty Society:</a></u> SVS, ACS, SIR, ACR, ACC	<u><a href="#">CPT Meeting</a></u> February 2023
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**Background:** In October 2018, 37225, 37227 and 37229 services were identified by the PE High Cost Supplies screen for services with non-facility Medicare utilization over 10,000, not reviewed in the last five years and include a supply item greater than \$500. The RUC 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.

<b>37232</b>	<b>Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with transluminal angioplasty (list separately in addition to code for primary procedure)</b>	<u><a href="#">Screen</a></u> High Volume Growth1	<u><a href="#">RUC Meeting</a></u> April 2022	<u><a href="#">Specialty Society:</a></u> SVS, ACS, SIR, ACR, ACC	<u><a href="#">CPT Meeting</a></u> February 2023
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**Background:** In October 2018, 37225, 37227 and 37229 services were identified by the PE High Cost Supplies screen for services with non-facility Medicare utilization over 10,000, not reviewed in the last five years and include a supply item greater than \$500. The RUC 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.

## *RUC Referrals to CPT Editorial Panel - Outstanding Issues*

37233	<b>Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with atherectomy, includes angioplasty within the same vessel, when performed (list separately in addition to code for primary procedure)</b>	<u><a href="#">Screen</a></u> High Volume Growth1	<u><a href="#">RUC Meeting</a></u> April 2022	<u><a href="#">Specialty Society:</a></u> SVS, ACS, SIR, ACR, ACC	<u><a href="#">CPT Meeting</a></u> February 2023
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**Background:** In October 2018, 37225, 37227 and 37229 services were identified by the PE High Cost Supplies screen for services with non-facility Medicare utilization over 10,000, not reviewed in the last five years and include a supply item greater than \$500. The RUC 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	<b>Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed (list separately in addition to code for primary procedure)</b>	<u><a href="#">Screen</a></u> High Volume Growth1	<u><a href="#">RUC Meeting</a></u> April 2022	<u><a href="#">Specialty Society:</a></u> SVS, ACS, SIR, ACR, ACC	<u><a href="#">CPT Meeting</a></u> February 2023
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**Background:** In October 2018, 37225, 37227 and 37229 services were identified by the PE High Cost Supplies screen for services with non-facility Medicare utilization over 10,000, not reviewed in the last five years and include a supply item greater than \$500. The RUC 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	<b>Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with transluminal stent placement(s) and atherectomy, includes angioplasty within the same vessel, when performed (list separately in addition to code for primary procedure)</b>	<u><a href="#">Screen</a></u> High Volume Growth1	<u><a href="#">RUC Meeting</a></u> April 2022	<u><a href="#">Specialty Society:</a></u> SVS, ACS, SIR, ACR, ACC	<u><a href="#">CPT Meeting</a></u> February 2023
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**Background:** In October 2018, 37225, 37227 and 37229 services were identified by the PE High Cost Supplies screen for services with non-facility Medicare utilization over 10,000, not reviewed in the last five years and include a supply item greater than \$500. The RUC 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.

## ***RUC Referrals to CPT Editorial Panel - Outstanding Issues***

55700	<b>Biopsy, prostate; needle or punch, single or multiple, any approach</b>	<a href="#"><u>Screen</u></a> CMS High Expenditure Procedural Codes2 / Codes Reported Together 75% or More-Part5	<a href="#"><u>RUC Meeting</u></a> September 2022	<a href="#"><u>Specialty Society:</u></a> ACR, AUA	<a href="#"><u>CPT Meeting</u></a> May 2023
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**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	<b>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)</b>	<a href="#"><u>Screen</u></a> Codes Reported Together 75% or More-Part5	<a href="#"><u>RUC Meeting</u></a> September 2022	<a href="#"><u>Specialty Society:</u></a> AANS, ACR, CNS	<a href="#"><u>CPT Meeting</u></a> May 2023
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**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 and 61624/75898. In September 2022, the Workgroup referred this issue to CPT for a code bundling solution in CPT 2025.

70496	<b>Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing</b>	<a href="#"><u>Screen</u></a> High Volume Growth1 / CMS Fastest Growing / High Volume Growth2 / High Volume Growth5 / Codes Reported Together 75% or More-Part5	<a href="#"><u>RUC Meeting</u></a> September 2022	<a href="#"><u>Specialty Society:</u></a> ACR, ASNR	<a href="#"><u>CPT Meeting</u></a> May 2023
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**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	<b>Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing</b>	<a href="#"><u>Screen</u></a> High Volume Growth1 / CMS Fastest Growing / High Volume Growth5 / Codes Reported Together 75% or More-Part5	<a href="#"><u>RUC Meeting</u></a> September 2022	<a href="#"><u>Specialty Society:</u></a> ACR, ASNR	<a href="#"><u>CPT Meeting</u></a> May 2023
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**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.



## ***RUC Referrals to CPT Editorial Panel - Outstanding Issues***

<b>75894</b>	<b>Transcatheter therapy, embolization, any method, radiological supervision and interpretation</b>	<u><a href="#">Screen</a></u> Codes Reported Together 75% or More-Part1	<u><a href="#">RUC Meeting</a></u> September 2022	<u><a href="#">Specialty Society:</a></u> AANS, ACR, CNS	<u><a href="#">CPT Meeting</a></u> May 2023
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**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 and 61624/75898. In September 2022, the Workgroup referred this issue to CPT for a code bundling solution in CPT 2025.

<b>75898</b>	<b>Angiography through existing catheter for follow-up study for transcatheter therapy, embolization or infusion, other than for thrombolysis</b>	<u><a href="#">Screen</a></u> Codes Reported Together 75% or More-Part1 / CPT Assistant Analysis / Code Reported Together 75% or More-Part5	<u><a href="#">RUC Meeting</a></u> September 2022	<u><a href="#">Specialty Society:</a></u> AANS, ACR, CNS	<u><a href="#">CPT Meeting</a></u> May 2023 February 2014 February 2015
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**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.

<b>76872</b>	<b>Ultrasound, transrectal;</b>	<u><a href="#">Screen</a></u> CMS High Expenditure Procedural Codes1 / Codes Reported Together 75% or More-Part5	<u><a href="#">RUC Meeting</a></u> September 2022	<u><a href="#">Specialty Society:</a></u> ACOG, ACR, AUA	<u><a href="#">CPT Meeting</a></u> May 2023
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**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).

<b>93886</b>	<b>Transcranial doppler study of the intracranial arteries; complete study</b>	<u><a href="#">Screen</a></u> Codes Reported Together 75% or More-Part1 / CMS Request - Final Rule for 2014 / Codes Reported Together 75% or More-Part5	<u><a href="#">RUC Meeting</a></u> September 2022	<u><a href="#">Specialty Society:</a></u> AAN, ACC, ACR, SVS	<u><a href="#">CPT Meeting</a></u> May 2023
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**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.

## *RUC Referrals to CPT Editorial Panel - Outstanding Issues*

93890	<b>Transcranial doppler study of the intracranial arteries; vasoreactivity study</b>	<u><a href="#">Screen</a></u> High Volume Growth6 / Codes Reported Together 75% or More-Part5	<u><a href="#">RUC Meeting</a></u> September 2022	<u><a href="#">Specialty Society:</a></u> AAN, ACR, ASNR	<u><a href="#">CPT Meeting</a></u> May 2023
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**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	<b>Transcranial doppler study of the intracranial arteries; emboli detection without intravenous microbubble injection</b>	<u><a href="#">Screen</a></u> High Volume Growth6 / Codes Reported Together 75% or More-Part5	<u><a href="#">RUC Meeting</a></u> September 2022	<u><a href="#">Specialty Society:</a></u> AAN, ACR, ASNR	<u><a href="#">CPT Meeting</a></u> May 2023
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**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.

96920	<b>Laser treatment for inflammatory skin disease (psoriasis); total area less than 250 sq cm</b>	<u><a href="#">Screen</a></u> CMS Fastest Growing / CPT Assistant Analysis / High Volume Growth3	<u><a href="#">RUC Meeting</a></u> April 2022	<u><a href="#">Specialty Society:</a></u> AADA	<u><a href="#">CPT Meeting</a></u> February 2023
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**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.

## ***RUC Referrals to CPT Editorial Panel - Outstanding Issues***

<b>96921</b>	<b>Laser treatment for inflammatory skin disease (psoriasis); 250 sq cm to 500 sq cm</b>	<u><a href="#">Screen</a></u> High Volume Growth1 / CMS Fastest Growing / CPT Assistant Analysis / High Volume Growth3	<u><a href="#">RUC Meeting</a></u> April 2022	<u><a href="#">Specialty Society:</a></u> AADA	<u><a href="#">CPT Meeting</a></u> February 2023
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**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.

<b>96922</b>	<b>Laser treatment for inflammatory skin disease (psoriasis); over 500 sq cm</b>	<u><a href="#">Screen</a></u> High Volume Growth1 / CMS Fastest Growing / CPT Assistant Analysis	<u><a href="#">RUC Meeting</a></u> April 2022	<u><a href="#">Specialty Society:</a></u> AADA	<u><a href="#">CPT Meeting</a></u> February 2023
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**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.

<b>G0396</b>	<b>Alcohol and/or substance (other than tobacco) abuse structured assessment (e.g., audit, dast), and brief intervention 15 to 30 minutes</b>	<u><a href="#">Screen</a></u> CMS-Other - Utilization over 30,000	<u><a href="#">RUC Meeting</a></u> January 2018	<u><a href="#">Specialty Society:</a></u> AAFP, ASA, ASAM	<u><a href="#">CPT Meeting</a></u> Time Uncertain
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**Background:** In October 2017, the RAW requested that AMA staff compile a list of CMS/Other codes with Medicare utilization of 30,000 or more. This list resulted in 34 services and the RAW requested action plans to be reviewed at the January 2018 meeting. In January 2018, the RUC recommended to maintain the physician work and refer to CPT to editorially remove "screening" from 99408 and 99409 to "assessment" to mirror G0396. At the February 2018 CPT meeting, the Panel postponed until time uncertain this request to revise codes 99408-99409 to identify assessment of alcohol and/or substance abuse. As a rationale for postponement, the Panel said that the service described in this application did not meet the General Criteria for Category I because the proposed service is not unique or well defined, and does not describe a service that is clearly identified and distinguished from existing services already described in CPT by other codes. The Panel's additional rationale for postponement of this item was to allow the relevant specialty societies an opportunity to submit a new code change application to address the differences between assessment and screening services.



## ***RUC Referrals to CPT Editorial Panel - Outstanding Issues***

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<b>G2010</b>	<b>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</b>	<a href="#"><u>Screen</u></a> CMS-Other - Utilization over 20,000-Part3	<a href="#"><u>RUC Meeting</u></a> September 2022	<a href="#"><u>Specialty Society:</u></a> AADA, AAFP, ACP	<a href="#"><u>CPT Meeting</u></a> February 2023
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**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.

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<b>G2012</b>	<b>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</b>	<a href="#"><u>Screen</u></a> CMS-Other - Utilization over 20,000-Part3	<a href="#"><u>RUC Meeting</u></a> September 2022	<a href="#"><u>Specialty Society:</u></a> AAFP, ACP, ANA	<a href="#"><u>CPT Meeting</u></a> February 2023
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**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.

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## *RUC Recommendations to Develop CPT Assistant Articles - Outstanding Issues*

15769	<b>Grafting of autologous soft tissue, other, harvested by direct excision (eg, fat, dermis, fascia)</b>	<u><a href="#">Screen:</a></u> Site of Service Anomaly - 2017	<u><a href="#">RUC Meeting:</a></u> September 2022	<u><a href="#">RUC Rec:</a></u> Refer to CPT Assistant. 6.68.	<u><a href="#">Specialty Society:</a></u> AAOHNS, ASPS	<u><a href="#">CPT Asst Status:</a></u>
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**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 that 20% of these services are being reported 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	<b>Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); cervical below c2</b>	<u><a href="#">Screen:</a></u> Codes Reported Together 95% or More / Codes Reported Together 75% or More-Part5	<u><a href="#">RUC Meeting:</a></u> September 2022	<u><a href="#">RUC Rec:</a></u> Refer to CPT Assistant. 17.69	<u><a href="#">Specialty Society:</a></u> AANS, AAOS, CNS, ISASS, NASS	<u><a href="#">CPT Asst Status:</a></u>
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**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, osteophyctectomy 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	<b>Complex cystometrogram (ie, calibrated electronic equipment); with voiding pressure studies (ie, bladder voiding pressure), any technique</b>	<u><a href="#">Screen:</a></u> Codes Reported Together 95% or More / Codes Reported Together 75% or More-Part5	<u><a href="#">RUC Meeting:</a></u> September 2022	<u><a href="#">RUC Rec:</a></u> Refer to CPT Assistant. 2.11	<u><a href="#">Specialty Society:</a></u> AUA, ACOG	<u><a href="#">CPT Asst Status:</a></u>
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**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.

## ***RUC Recommendations to Develop CPT Assistant Articles - Outstanding Issues***

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<b>51729</b>	<b>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</b>	<u><b>Screen:</b></u> Codes Reported Together 95% or More / Codes Reported Together 75% or More-Part5	<u><b>RUC Meeting:</b></u> September 2022	<u><b>RUC Rec:</b></u> Refer to CPT Assistant. 2.51	<u><b>Specialty Society:</b></u> AUA, ACOG	<u><b>CPT Asst Status:</b></u>
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**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.

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<b>51741</b>	<b>Complex uroflowmetry (eg, calibrated electronic equipment)</b>	<u><b>Screen:</b></u> Harvard Valued - Utilization over 100,000 / Codes Reported Together 75% or More-Part5	<u><b>RUC Meeting:</b></u> September 2022	<u><b>RUC Rec:</b></u> Refer to CPT Assistant. 0.17	<u><b>Specialty Society:</b></u> AUA	<u><b>CPT Asst Status:</b></u>
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**Background:** April 2010, the RUC recommended that the PE Subcommittee review 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.

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## ***RUC Recommendations to Develop CPT Assistant Articles - Outstanding Issues***

<b>51784 Electromyography studies (emg) of anal or urethral sphincter, other than needle, any technique</b>	<u><b>Screen:</b></u> Codes Reported Together 75% or More-Part2 / CMS High Expenditure Procedural Codes2 / CPT Assistant Analysis 2018 / Codes Reported Together 75% or More-Part5	<u><b>RUC Meeting:</b></u> September 2022	<u><b>RUC Rec:</b></u> Refer to CPT Assistant. 0.75.	<u><b>Specialty Society:</b></u> AUA	<u><b>CPT Asst Status:</b></u> Feb 2014
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**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.

<b>63081 Vertebral corpectomy (vertebral body resection), partial or complete, anterior approach with decompression of spinal cord and/or nerve root(s); cervical, single segment</b>	<u><b>Screen:</b></u> Codes Reported Together 75% or More-Part5	<u><b>RUC Meeting:</b></u> September 2022	<u><b>RUC Rec:</b></u> Refer to CPT Assistant	<u><b>Specialty Society:</b></u> AANS, AAOS, CNS, ISASS, NASS	<u><b>CPT Asst Status:</b></u>
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**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.

## *RUC Recommendations to Develop CPT Assistant Articles - Outstanding Issues*

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64590	<b>Insertion or replacement of peripheral or gastric neurostimulator pulse generator or receiver, direct or inductive coupling</b>	<u>Screen:</u> RUC recommendation process, not part of RAW screens	<u>RUC Meeting:</u> April 2022	<u>RUC Rec:</u> CPT Assistant Article	<u>Specialty Society:</u> ACOG, AUA	<u>CPT Asst Status:</u>
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**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.

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64595	<b>Revision or removal of peripheral or gastric neurostimulator pulse generator or receiver</b>	<u>Screen:</u> RUC recommendation process, not part of RAW screens	<u>RUC Meeting:</u> April 2022	<u>RUC Rec:</u> CPT Assistant Article	<u>Specialty Society:</u> ACOG, AUA	<u>CPT Asst Status:</u>
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**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 Positioning	Pre-Service Scrub Dress & Wait	Intra-Service	Immediate Post Service	99211	99212	99213	99214	99215	99231	99232	99233	99238	99239	99291	99292	Total Time
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)

		FACILITY				NON-FAC	
		1	2	3	4	5**	6
	Total Pre-Service Time	20	25	51	63	8	23

CATEGORY SUBTOTALS

A	Pre-Service Evaluation (IWPUT =0.0224)	13	18	33	40	7	17
B	Pre-Service Positioning (IWPUT = 0.0224)	1	1	3	3	0	1
C	Pre-Service Scrub, Dress and Wait (IWPUT =0.0081)	6	6	15	20	1	5

DETAILS

A	History and Exam (Performance and review of appropriate Pre-Tests)	5	10	10	15	4	9
A	Prepare for Procedure (Check labs, plan, assess risks, review procedure)	2	2	2	4	1	1
A	Communicate with patient and/or family (Discuss procedure/ obtain consent)	3	3	5	5	2	3
A	Communicate with other professionals	0	0	5	5	0	2
A	Check/set-up room, supplies and equipment	1	1	5	5	0	1
A	Check/ prepare patient readiness (Gown, drape, prep, mark)	1	1	5	5	0	1
A	Prepare/ review/ confirm procedure	1	1	1	1	0	0
B	Perform/ supervise patient positioning	1	1	3	3	0	1
C	Administer local/topical anesthesia	1	1	0	0	1	5
C	Observe (wait anesthesia care)	0	0	10	15	0	0
C	Dress and scrub for procedure	5	5	5	5	0	0

\*\*If the procedure does not require local anesthesia, 1 minute should be removed from pre-service time

- 1 Straightforward Patient/Straightforward Procedure (No anesthesia care)
- 2 Difficult Patient/Straightforward Procedure (No anesthesia care)
- 3 Straightforward Patient/Difficult Procedure
- 4 Difficult Patient/Difficult Procedure
- 5 Procedure with minimal anesthesia care (If no anesthesia care deduct 1 minute)
- 6 Procedure with local/topical anesthesia care requiring wait time for anesthesia to take effect

Additional Positioning Times for Spinal Surgical Procedures

SS1	Anterior Neck Surgery (Supine) (eg ACDF)	15 Minutes
SS2	Posterior Neck Surgery (Prone) (eg laminectomy)	25 Minutes
SS3	Posterior Thoracic/Lumbar (Prone) (eg laminectomy)	15 Minutes
SS4	Lateral Thoracic/Lumbar (Lateral) (eg corpectomy)	25 Minutes
SS5	Anterior Lumbar (Supine) (eg ALIF)	15 Minutes

Additional Positioning Times for Spinal Injection Procedures

SI1	Anterior Neck Injection (Supine) (eg discogram)	7 Minutes
SI2	Posterior Neck Injection (Prone) (eg facet)	5 Minutes
SI3	Posterior Thoracic/Lumbar (Prone) (eg epidural)	5 Minutes
SI4	Lateral Thoracic/Lumbar (Lateral) (eg discogram)	7 Minutes

Additional Positioning Times for Urological Procedures

U1	Dorsal Lithotomy	5 Minutes
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Notes:

- Roll-over cells for additional detail where available
- Straightforward procedure: Integumentary, Non-incisional endoscopy, natural orifice

Detailed Description of Facility Based Post-Service Time Packages (Minutes)						
	7A Local Anesthesia/ Straightforward Procedure	7B Local Anesthesia/ Complex Procedure	8A IV Sedation/ Straightforward Procedure	8B IV Sedation/ Complex Procedure	9A General Anesthesia or Complex Regional Block/ Straightforward Procedure	9B General Anesthesia or Complex Regional Block/Complex Procedure
<b>Total Post-Service Time</b>	<b>18</b>	<b>21</b>	<b>25</b>	<b>28</b>	<b>30</b>	<b>33</b>
<b>Details:</b>						
Application of Dressing <sup>1</sup>	2	2	2	2	2	2
Transfer of supine patient off table	1	1	1	1	1	1
Operative Note	5	5	5	5	5	5
Monitor patient recovery/stabilization	1	1	5	5	10	10
Communication with patient and/or family	5	5	5	5	5	5
Written post-operative note	2	5	2	5	2	5
Post-Operative Orders and Order Entry	2	2	5	5	5	5

Advisors may request additional time for circumstances that require additional work beyond the type of work described

<sup>1</sup> This represents a simple dressing



<b>CPT</b>	<b>RUC Recommended PLI Crosswalk</b>
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63685	63685
63688	63688
76937	76937
76998	76998
99484	99484
76984	76998
76987	76998
76988	76998
76989	76998
97550	97535
97551	97535
97552	97535

CPT Code	RBCS_ID (exluding 6th digit major/minor procedure indicator)	RBCS_Cat	RBCS_Cat_Desc	RBCS_Cat_Subcat	RBCS_SubCat_Desc	RBCS_FamNumb	RBCS_Family_Desc
63685	PM011	P	Procedure	PM	Musculoskeletal	11	Neurostimulator - Back
63688	PM011	P	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	P	Procedure	PM	Musculoskeletal	11	Neurostimulator - Back
64597	PM011	P	Procedure	PM	Musculoskeletal	11	Neurostimulator - Back
64598	PM011	P	Procedure	PM	Musculoskeletal	11	Neurostimulator - Back
76984	IU000	I	Imaging	IU	Ultrasound	0	No RBCS Family
76987	IU000	I	Imaging	IU	Ultrasound	0	No RBCS Family
76988	IU000	I	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	Source 2020 Utilization	New/ Revised Code	New/Revised Code Utilization (reference 2020)	Percent	Source RVU	RUC Rec RVU	RUC Tab	New/ Revised Total RVUs	Total Source RVUs
63685		24,783	63685	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 Mgr	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
									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***

<i><b>CPT Code</b></i>	<i><b>Long Descriptor</b></i>	<i><b>RUC Meeting</b></i>	<i><b>Issue</b></i>	<i><b>Tab</b></i>	<i><b>CPT Year</b></i>	<i><b>Date to Re- Review</b></i>	<i><b>RUC Rec</b></i>	<i><b>Complete</b></i>
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		<input type="checkbox"/>
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		<input type="checkbox"/>
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		<input type="checkbox"/>
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		<input type="checkbox"/>
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		<input type="checkbox"/>

<i><b>CPT Code</b></i>	<i><b>Long Descriptor</b></i>	<i><b>RUC Meeting</b></i>	<i><b>Issue</b></i>	<i><b>Tab</b></i>	<i><b>CPT Year</b></i>	<i><b>Date to Re- Review</b></i>	<i><b>RUC Rec</b></i>	<i><b>Complete</b></i>
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		<input type="checkbox"/>
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		<input type="checkbox"/>
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, 5x10 <sup>10</sup> viral particles/0.5 ml dosage; first dose	Jan 2021	AstraZeneca-SARS-CoV-2-IA	34	CPT 2021	April 2025		<input type="checkbox"/>
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, 5x10 <sup>10</sup> viral particles/0.5 ml dosage; second dose	Jan 2021	AstraZeneca-SARS-CoV-2-IA	34	CPT 2021	April 2025		<input type="checkbox"/>
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, 5x10 <sup>10</sup> viral particles/0.5 ml dosage; single dose	Jan 2021	Janssen-SARS-CoV-2-IA	34	CPT 2021	April 2025		<input type="checkbox"/>
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		<input type="checkbox"/>

<i><b>CPT Code</b></i>	<i><b>Long Descriptor</b></i>	<i><b>RUC Meeting</b></i>	<i><b>Issue</b></i>	<i><b>Tab</b></i>	<i><b>CPT Year</b></i>	<i><b>Date to Re- Review</b></i>	<i><b>RUC Rec</b></i>	<i><b>Complete</b></i>
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		<input type="checkbox"/>
0051A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (sars-cov-2) (coronavirus disease [covid-19]) vaccine, mrna-lnp, spike protein, preservative free, 30 mcg/0.3 ml dosage, tris-sucrose formulation; first dose	Oct 2021	Pfizer Tris-Sucrose-SARS-CoV-2-IA	24	CPT 2021	April 2025		<input type="checkbox"/>
0052A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (sars-cov-2) (coronavirus disease [covid-19]) vaccine, mrna-lnp, spike protein, preservative free, 30 mcg/0.3 ml dosage, tris-sucrose formulation; second dose	Oct 2021	Pfizer Tris-Sucrose-SARS-CoV-2-IA	24	CPT 2021	April 2025		<input type="checkbox"/>
0053A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (sars-cov-2) (coronavirus disease [covid-19]) vaccine, mrna-lnp, spike protein, preservative free, 30 mcg/0.3 ml dosage, tris-sucrose formulation; third dose	Oct 2021	Pfizer Tris-Sucrose-SARS-CoV-2-IA	24	CPT 2021	April 2025		<input type="checkbox"/>
0054A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (sars-cov-2) (coronavirus disease [covid-19]) vaccine, mrna-lnp, spike protein, preservative free, 30 mcg/0.3 ml dosage, tris-sucrose formulation; booster dose	Oct 2021	Pfizer Tris-Sucrose-SARS-CoV-2-IA	24	CPT 2021	April 2025		<input type="checkbox"/>
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		<input type="checkbox"/>

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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		<input type="checkbox"/>
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		<input type="checkbox"/>
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		<input type="checkbox"/>
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		<input type="checkbox"/>
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		<input type="checkbox"/>

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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		<input type="checkbox"/>
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		<input type="checkbox"/>
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		<input type="checkbox"/>
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		<input type="checkbox"/>
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		<input type="checkbox"/>



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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		<input type="checkbox"/>
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		<input type="checkbox"/>
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		<input type="checkbox"/>
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		<input type="checkbox"/>
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		<input type="checkbox"/>
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		<input type="checkbox"/>

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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		<input type="checkbox"/>
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		<input type="checkbox"/>
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		<input type="checkbox"/>
10011	Fine needle aspiration biopsy, including mr guidance; first lesion	Jan 2018	Fine Needle Aspiration	04	CPT 2019	April 2023		<input type="checkbox"/>
10012	Fine needle aspiration biopsy, including mr guidance; each additional lesion (list separately in addition to code for primary procedure)	Jan 2018	Fine Needle Aspiration	04	CPT 2019	April 2023		<input type="checkbox"/>
14302	Adjacent tissue transfer or rearrangement, any area; each additional 30.0 sq cm, or part thereof (list separately in addition to code for primary procedure)	Apr 2009	Adjacent Tissue Transfer	4	CPT 2010	October 2015	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
15271	Application of skin substitute graft to trunk, arms, legs, total wound surface area up to 100 sq cm; first 25 sq cm or less wound surface area	Apr 2011	Chronic Wound Dermal Substitute	4	CPT 2012	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>

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15272	Application of skin substitute graft to trunk, arms, legs, total wound surface area up to 100 sq cm; each additional 25 sq cm wound surface area, or part thereof (list separately in addition to code for primary procedure)	Apr 2011	Chronic Wound Dermal Substitute	4	CPT 2012	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
15273	Application of skin substitute graft to trunk, arms, legs, total wound surface area greater than or equal to 100 sq cm; first 100 sq cm wound surface area, or 1% of body area of infants and children	Apr 2011	Chronic Wound Dermal Substitute	4	CPT 2012	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
15274	Application of skin substitute graft to trunk, arms, legs, total wound surface area greater than or equal to 100 sq cm; each additional 100 sq cm wound surface area, or part thereof, or each additional 1% of body area of infants and children, or part thereof (list separately in addition to code for primary procedure)	Apr 2011	Chronic Wound Dermal Substitute	4	CPT 2012	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
15275	Application of skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area up to 100 sq cm; first 25 sq cm or less wound surface area	Apr 2011	Chronic Wound Dermal Substitute	4	CPT 2012	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
15276	Application of skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area up to 100 sq cm; each additional 25 sq cm wound surface area, or part thereof (list separately in addition to code for primary procedure)	Apr 2011	Chronic Wound Dermal Substitute	4	CPT 2012	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
15277	Application of skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area greater than or equal to 100 sq cm; first 100 sq cm wound surface area, or 1% of body area of infants and children	Apr 2011	Chronic Wound Dermal Substitute	4	CPT 2012	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>

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15278	Application of skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area greater than or equal to 100 sq cm; each additional 100 sq cm wound surface area, or part thereof, or each additional 1% of body area of infants and children, or part thereof (list separately in addition to code for primary procedure)	Apr 2011	Chronic Wound Dermal Substitute	4	CPT 2012	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
15769	Grafting of autologous soft tissue, other, harvested by direct excision (eg, fat, dermis, fascia)	Oct 2018	Tissue Grafting Procedures	04	CPT 2020	April 2024		<input type="checkbox"/>
15771	Grafting of autologous fat harvested by liposuction technique to trunk, breasts, scalp, arms, and/or legs; 50 cc or less injectate	Oct 2018	Tissue Grafting Procedures	04	CPT 2020	April 2024		<input type="checkbox"/>
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		<input type="checkbox"/>
15773	Grafting of autologous fat harvested by liposuction technique to face, eyelids, mouth, neck, ears, orbits, genitalia, hands, and/or feet; 25 cc or less injectate	Oct 2018	Tissue Grafting Procedures	04	CPT 2020	April 2024		<input type="checkbox"/>
15774	Grafting of autologous fat harvested by liposuction technique to face, eyelids, mouth, neck, ears, orbits, genitalia, hands, and/or feet; each additional 25 cc injectate, or part thereof (list separately in addition to code for primary procedure)	Oct 2018	Tissue Grafting Procedures	04	CPT 2020	April 2024		<input type="checkbox"/>
15777	Implantation of biologic implant (eg, acellular dermal matrix) for soft tissue reinforcement (ie, breast, trunk) (list separately in addition to code for primary procedure)	Apr 2011	Chronic Wound Dermal Substitute	4	CPT 2012	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>

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17106	Destruction of cutaneous vascular proliferative lesions (eg, laser technique); less than 10 sq cm	Oct 2008	Destruction of Skin Lesions	11	CPT 2009	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
17107	Destruction of cutaneous vascular proliferative lesions (eg, laser technique); 10.0 to 50.0 sq cm	Oct 2008	Destruction of Skin Lesions	11	CPT 2009	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
17108	Destruction of cutaneous vascular proliferative lesions (eg, laser technique); over 50.0 sq cm	Oct 2008	Destruction of Skin Lesions	11	CPT 2009	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
19105	Ablation, cryosurgical, of fibroadenoma, including ultrasound guidance, each fibroadenoma	Apr 2006	Fibroadenoma Cryoablation	11	CPT 2007	September 2011	Remove, code does not need to be re-evaluated	<input checked="" type="checkbox"/>
19294	Preparation of tumor cavity, with placement of a radiation therapy applicator for intraoperative radiation therapy (iort) concurrent with partial mastectomy (list separately in addition to code for primary procedure)	Oct 2016	Intraoperative Radiation Therapy Applicator Procedures	07	CPT 2018	April 2022	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
20560	Needle insertion(s) without injection(s); 1 or 2 muscle(s)	Jan 2019	Trigger Point Dry Needling	41	CPT 2020	April 2024		<input type="checkbox"/>
20561	Needle insertion(s) without injection(s); 3 or more muscles	Jan 2019	Trigger Point Dry Needling	41	CPT 2020	April 2024		<input type="checkbox"/>
20696	Application of multiplane (pins or wires in more than 1 plane), unilateral, external fixation with stereotactic computer-assisted adjustment (eg, spatial frame), including imaging; initial and subsequent alignment(s), assessment(s), and computation(s) of adjustment schedule(s)	Apr 2008	Computer Dependent External Fixation	6	CPT 2009	September 2012	Remove, code does not need to be re-evaluated	<input checked="" type="checkbox"/>

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20697	Application of multiplane (pins or wires in more than 1 plane), unilateral, external fixation with stereotactic computer-assisted adjustment (eg, spatial frame), including imaging; exchange (ie, removal and replacement) of strut, each	Apr 2008	Computer Dependent External Fixation	6	CPT 2009	September 2012	Remove, code does not need to be re-evaluated	<input checked="" type="checkbox"/>
20700	Manual preparation and insertion of drug-delivery device(s), deep (eg, subfascial) (list separately in addition to code for primary procedure)	Oct 2018	Drug Delivery Implant Procedures	05	CPT 2020	April 2024		<input type="checkbox"/>
20701	Removal of drug-delivery device(s), deep (eg, subfascial) (list separately in addition to code for primary procedure)	Oct 2018	Drug Delivery Implant Procedures	05	CPT 2020	April 2024		<input type="checkbox"/>
20702	Manual preparation and insertion of drug-delivery device(s), intramedullary (list separately in addition to code for primary procedure)	Oct 2018	Drug Delivery Implant Procedures	05	CPT 2020	April 2024		<input type="checkbox"/>
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		<input type="checkbox"/>
20704	Manual preparation and insertion of drug-delivery device(s), intra-articular (list separately in addition to code for primary procedure)	Oct 2018	Drug Delivery Implant Procedures	05	CPT 2020	April 2024		<input type="checkbox"/>
20705	Removal of drug-delivery device(s), intra-articular (list separately in addition to code for primary procedure)	Oct 2018	Drug Delivery Implant Procedures	05	CPT 2020	April 2024		<input type="checkbox"/>
20983	Ablation therapy for reduction or eradication of 1 or more bone tumors (eg, metastasis) including adjacent soft tissue when involved by tumor extension, percutaneous, including imaging guidance when performed; cryoablation	Apr 2014	Cryoablation Treatment of the Bone Tumors	04	CPT 2015	October 2018	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
20985	Computer-assisted surgical navigational procedure for musculoskeletal procedures, image-less (list separately in addition to code for primary procedure)	Apr 2007	Computer Navigation	7	CPT 2008	September 2011	Resurvey for January 2012	<input checked="" type="checkbox"/>
20986	Code Deleted CPT 2009	Apr 2007	Computer Navigation	7	CPT 2008	September 2011	Code Deleted CPT 2009	<input checked="" type="checkbox"/>

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20987	Code Deleted CPT 2009	Apr 2007	Computer Navigation	7	CPT 2008	September 2011	Code Deleted CPT 2009	<input checked="" type="checkbox"/>
21011	Excision, tumor, soft tissue of face or scalp, subcutaneous; less than 2 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
21012	Excision, tumor, soft tissue of face or scalp, subcutaneous; 2 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
21013	Excision, tumor, soft tissue of face and scalp, subfascial (eg, subgaleal, intramuscular); less than 2 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>

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21014	Excision, tumor, soft tissue of face and scalp, subfascial (eg, subgaleal, intramuscular); 2 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
21015	Radical resection of tumor (eg, sarcoma), soft tissue of face or scalp; less than 2 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
21016	Radical resection of tumor (eg, sarcoma), soft tissue of face or scalp; 2 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>



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21552	Excision, tumor, soft tissue of neck or anterior thorax, subcutaneous; 3 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
21554	Excision, tumor, soft tissue of neck or anterior thorax, subfascial (eg, intramuscular); 5 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
21555	Excision, tumor, soft tissue of neck or anterior thorax, subcutaneous; less than 3 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>

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21556	Excision, tumor, soft tissue of neck or anterior thorax, subfascial (eg, intramuscular); less than 5 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
21557	Radical resection of tumor (eg, sarcoma), soft tissue of neck or anterior thorax; less than 5 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
21558	Radical resection of tumor (eg, sarcoma), soft tissue of neck or anterior thorax; 5 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>

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21811	Open treatment of rib fracture(s) with internal fixation, includes thoracoscopic visualization when performed, unilateral; 1-3 ribs	Apr 2014	Internal Fixation of Rib Fracture	05	CPT 2015	October 2018	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
21812	Open treatment of rib fracture(s) with internal fixation, includes thoracoscopic visualization when performed, unilateral; 4-6 ribs	Apr 2014	Internal Fixation of Rib Fracture	05	CPT 2015	October 2018	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
21813	Open treatment of rib fracture(s) with internal fixation, includes thoracoscopic visualization when performed, unilateral; 7 or more ribs	Apr 2014	Internal Fixation of Rib Fracture	05	CPT 2015	October 2018	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
21930	Excision, tumor, soft tissue of back or flank, subcutaneous; less than 3 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>

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21931	Excision, tumor, soft tissue of back or flank, subcutaneous; 3 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors	CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.		<input checked="" type="checkbox"/>
21932	Excision, tumor, soft tissue of back or flank, subfascial (eg, intramuscular); less than 5 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors	CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.		<input checked="" type="checkbox"/>
21933	Excision, tumor, soft tissue of back or flank, subfascial (eg, intramuscular); 5 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors	CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.		<input checked="" type="checkbox"/>

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21935	Radical resection of tumor (eg, sarcoma), soft tissue of back or flank; less than 5 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
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.	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
22856	Total disc arthroplasty (artificial disc), anterior approach, including discectomy with end plate preparation (includes osteophyctectomy 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	<input checked="" type="checkbox"/>

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22857	Total disc arthroplasty (artificial disc), anterior approach, including discectomy to prepare interspace (other than for decompression); single interspace, lumbar	Feb 2006	Lumbar Arthroplasty	8	CPT 2007	September 2010	Remove, code does not need to be re-evaluated	☑
22858	Total disc arthroplasty (artificial disc), anterior approach, including discectomy with end plate preparation (includes osteophylectomy for nerve root or spinal cord decompression and microdissection); second level, cervical (list separately in addition to code for primary procedure)	Apr 2014	Total Disc Arthroplasty Additional Cervical Level Add-On Code	07	CPT 2015	October 2018	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	☑
22861	Revision including replacement of total disc arthroplasty (artificial disc), anterior approach, single interspace; cervical	Apr 2008	Cervical Arthroplasty	7	CPT 2009	September 2012	Remove, code does not need to be re-evaluated	☑
22862	Revision including replacement of total disc arthroplasty (artificial disc), anterior approach, single interspace; lumbar	Feb 2006	Lumbar Arthroplasty	8	CPT 2007	September 2010	Remove, code does not need to be re-evaluated	☑
22864	Removal of total disc arthroplasty (artificial disc), anterior approach, single interspace; cervical	Apr 2008	Cervical Arthroplasty	7	CPT 2009	September 2012	Remove, code does not need to be re-evaluated	☑
22865	Removal of total disc arthroplasty (artificial disc), anterior approach, single interspace; lumbar	Feb 2006	Lumbar Arthroplasty	8	CPT 2007	September 2010	Remove, code does not need to be re-evaluated	☑
22867	Insertion of interlaminar/interspinous process stabilization/distraction device, without fusion, including image guidance when performed, with open decompression, lumbar; single level	Jan 2016	Insertion of Spinal Stability Distractive Device	05	CPT 2017	October 2020	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	☑
22868	Insertion of interlaminar/interspinous process stabilization/distraction device, without fusion, including image guidance when performed, with open decompression, lumbar; second level (list separately in addition to code for primary procedure)	Jan 2016	Insertion of Spinal Stability Distractive Device	05	CPT 2017	October 2020	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	☑

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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.	<input checked="" type="checkbox"/>
22870	Insertion of interlaminar/interspinous process stabilization/distraction device, without open decompression or fusion, including image guidance when performed, lumbar; second level (list separately in addition to code for primary procedure)	Jan 2016	Insertion of Spinal Stability Distractive Device	05	CPT 2017		Survey April 2021. Maintained.	<input checked="" type="checkbox"/>
228XX		Apr 2022	Total Disc Arthroplasty	04	CPT 2024	April 2028		<input type="checkbox"/>
22900	Excision, tumor, soft tissue of abdominal wall, subfascial (eg, intramuscular); less than 5 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
22901	Excision, tumor, soft tissue of abdominal wall, subfascial (eg, intramuscular); 5 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>

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22902	Excision, tumor, soft tissue of abdominal wall, subcutaneous; less than 3 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
22903	Excision, tumor, soft tissue of abdominal wall, subcutaneous; 3 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
22904	Radical resection of tumor (eg, sarcoma), soft tissue of abdominal wall; less than 5 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>



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22905	Radical resection of tumor (eg, sarcoma), soft tissue of abdominal wall; 5 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors	CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.		<input checked="" type="checkbox"/>
23071	Excision, tumor, soft tissue of shoulder area, subcutaneous; 3 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors	CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.		<input checked="" type="checkbox"/>
23073	Excision, tumor, soft tissue of shoulder area, subfascial (eg, intramuscular); 5 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors	CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.		<input checked="" type="checkbox"/>

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23075	Excision, tumor, soft tissue of shoulder area, subcutaneous; less than 3 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
23076	Excision, tumor, soft tissue of shoulder area, subfascial (eg, intramuscular); less than 5 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
23077	Radical resection of tumor (eg, sarcoma), soft tissue of shoulder area; less than 5 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>

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23078	Radical resection of tumor (eg, sarcoma), soft tissue of shoulder area; 5 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors	CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.		<input checked="" type="checkbox"/>
23200	Radical resection of tumor; clavicle	Feb 2009	Excision of Soft Tissue and Bone Tumors	CPT 2010	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.		<input checked="" type="checkbox"/>
23210	Radical resection of tumor; scapula	Feb 2009	Excision of Soft Tissue and Bone Tumors	CPT 2010	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.		<input checked="" type="checkbox"/>
23220	Radical resection of tumor, proximal humerus	Feb 2009	Excision of Soft Tissue and Bone Tumors	CPT 2010	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.		<input checked="" type="checkbox"/>

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24073	Excision, tumor, soft tissue of upper arm or elbow area, subfascial (eg, intramuscular); 5 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
24075	Excision, tumor, soft tissue of upper arm or elbow area, subcutaneous; less than 3 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
24076	Excision, tumor, soft tissue of upper arm or elbow area, subfascial (eg, intramuscular); less than 5 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>

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24077	Radical resection of tumor (eg, sarcoma), soft tissue of upper arm or elbow area; less than 5 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors	CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.		<input checked="" type="checkbox"/>
24079	Radical resection of tumor (eg, sarcoma), soft tissue of upper arm or elbow area; 5 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors	CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.		<input checked="" type="checkbox"/>
24150	Radical resection of tumor, shaft or distal humerus	Feb 2009	Excision of Soft Tissue and Bone Tumors	CPT 2010	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.		<input checked="" type="checkbox"/>
24152	Radical resection of tumor, radial head or neck	Feb 2009	Excision of Soft Tissue and Bone Tumors	CPT 2010	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.		<input checked="" type="checkbox"/>

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25071	Excision, tumor, soft tissue of forearm and/or wrist area, subcutaneous; 3 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors	CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.		<input checked="" type="checkbox"/>
25073	Excision, tumor, soft tissue of forearm and/or wrist area, subfascial (eg, intramuscular); 3 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors	CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.		<input checked="" type="checkbox"/>
25075	Excision, tumor, soft tissue of forearm and/or wrist area, subcutaneous; less than 3 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors	CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.		<input checked="" type="checkbox"/>

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25076	Excision, tumor, soft tissue of forearm and/or wrist area, subfascial (eg, intramuscular); less than 3 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
25077	Radical resection of tumor (eg, sarcoma), soft tissue of forearm and/or wrist area; less than 3 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
25078	Radical resection of tumor (eg, sarcoma), soft tissue of forearm and/or wrist area; 3 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>

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25170	Radical resection of tumor, radius or ulna	Feb 2009	Excision of Soft Tissue and Bone Tumors	CPT 2010		October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
26111	Excision, tumor or vascular malformation, soft tissue of hand or finger, subcutaneous; 1.5 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors	CPT 2010		October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
26113	Excision, tumor, soft tissue, or vascular malformation, of hand or finger, subfascial (eg, intramuscular); 1.5 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors	CPT 2010		October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>



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26115	Excision, tumor or vascular malformation, soft tissue of hand or finger, subcutaneous; less than 1.5 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
26116	Excision, tumor, soft tissue, or vascular malformation, of hand or finger, subfascial (eg, intramuscular); less than 1.5 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
26117	Radical resection of tumor (eg, sarcoma), soft tissue of hand or finger; less than 3 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>

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26118	Radical resection of tumor (eg, sarcoma), soft tissue of hand or finger; 3 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors	CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.		<input checked="" type="checkbox"/>
26250	Radical resection of tumor, metacarpal	Feb 2009	Excision of Soft Tissue and Bone Tumors	CPT 2010	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.		<input checked="" type="checkbox"/>
26260	Radical resection of tumor, proximal or middle phalanx of finger	Feb 2009	Excision of Soft Tissue and Bone Tumors	CPT 2010	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.		<input checked="" type="checkbox"/>
26262	Radical resection of tumor, distal phalanx of finger	Feb 2009	Excision of Soft Tissue and Bone Tumors	CPT 2010	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.		<input checked="" type="checkbox"/>

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27043	Excision, tumor, soft tissue of pelvis and hip area, subcutaneous; 3 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
27045	Excision, tumor, soft tissue of pelvis and hip area, subfascial (eg, intramuscular); 5 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
27047	Excision, tumor, soft tissue of pelvis and hip area, subcutaneous; less than 3 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>

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27048	Excision, tumor, soft tissue of pelvis and hip area, subfascial (eg, intramuscular); less than 5 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
27049	Radical resection of tumor (eg, sarcoma), soft tissue of pelvis and hip area; less than 5 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
27059	Radical resection of tumor (eg, sarcoma), soft tissue of pelvis and hip area; 5 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>

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27075	Radical resection of tumor; wing of ilium, 1 pubic or ischial ramus or symphysis pubis	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
27076	Radical resection of tumor; ilium, including acetabulum, both pubic rami, or ischium and acetabulum	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
27077	Radical resection of tumor; innominate bone, total	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
27078	Radical resection of tumor; ischial tuberosity and greater trochanter of femur	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
27279	Arthrodesis, sacroiliac joint, percutaneous or minimally invasive (indirect visualization), with image guidance, includes obtaining bone graft when performed, and placement of transfixing device	Apr 2014	Sacroiliac Joint Fusion	08	CPT 2015	October 2018	Surveyed in April 2018 for a CMS Request in the Final Rule for 2018	<input checked="" type="checkbox"/>
27280	Arthrodesis, sacroiliac joint, open, includes obtaining bone graft, including instrumentation, when performed	Sep 2014	Sacroiliac Joint Fusion	06	CPT 2016	October 2019	Remove from list, was only identified with 27279 and that code has been resurveyed April 2018.	<input checked="" type="checkbox"/>

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27327	Excision, tumor, soft tissue of thigh or knee area, subcutaneous; less than 3 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
27328	Excision, tumor, soft tissue of thigh or knee area, subfascial (eg, intramuscular); less than 5 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
27329	Radical resection of tumor (eg, sarcoma), soft tissue of thigh or knee area; less than 5 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>

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27337	Excision, tumor, soft tissue of thigh or knee area, subcutaneous; 3 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
27339	Excision, tumor, soft tissue of thigh or knee area, subfascial (eg, intramuscular); 5 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
27364	Radical resection of tumor (eg, sarcoma), soft tissue of thigh or knee area; 5 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>

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27365	Radical resection of tumor, femur or knee	Feb 2009	Excision of Soft Tissue and Bone Tumors	CPT 2010		October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
27615	Radical resection of tumor (eg, sarcoma), soft tissue of leg or ankle area; less than 5 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors	CPT 2010		October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
27616	Radical resection of tumor (eg, sarcoma), soft tissue of leg or ankle area; 5 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors	CPT 2010		October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>



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27618	Excision, tumor, soft tissue of leg or ankle area, subcutaneous; less than 3 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
27619	Excision, tumor, soft tissue of leg or ankle area, subfascial (eg, intramuscular); less than 5 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
27632	Excision, tumor, soft tissue of leg or ankle area, subcutaneous; 3 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>

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27634	Excision, tumor, soft tissue of leg or ankle area, subfascial (eg, intramuscular); 5 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors	CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.		<input checked="" type="checkbox"/>
27645	Radical resection of tumor; tibia	Feb 2009	Excision of Soft Tissue and Bone Tumors	CPT 2010	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.		<input checked="" type="checkbox"/>
27646	Radical resection of tumor; fibula	Feb 2009	Excision of Soft Tissue and Bone Tumors	CPT 2010	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.		<input checked="" type="checkbox"/>
27647	Radical resection of tumor; talus or calcaneus	Feb 2009	Excision of Soft Tissue and Bone Tumors	CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.		<input checked="" type="checkbox"/>

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28039	Excision, tumor, soft tissue of foot or toe, subcutaneous; 1.5 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
28041	Excision, tumor, soft tissue of foot or toe, subfascial (eg, intramuscular); 1.5 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
28043	Excision, tumor, soft tissue of foot or toe, subcutaneous; less than 1.5 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>

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28045	Excision, tumor, soft tissue of foot or toe, subfascial (eg, intramuscular); less than 1.5 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
28046	Radical resection of tumor (eg, sarcoma), soft tissue of foot or toe; less than 3 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
28047	Radical resection of tumor (eg, sarcoma), soft tissue of foot or toe; 3 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>

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28171	Radical resection of tumor; tarsal (except talus or calcaneus)	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
28173	Radical resection of tumor; metatarsal	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
28175	Radical resection of tumor; phalanx of toe	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
29582	Code Deleted CPT 2018	Oct 2010	Multi-Layer Compression System-HCPAC	74	CPT 2012	October 2018	Specialty societies develop a CPT Assistant article to specify which bandage application should be reported based on what is being treated and review in 3 years (2018). Code Deleted for CPT 2018.	<input checked="" type="checkbox"/>
29583	Code Deleted CPT 2018	Oct 2010	Multi-Layer Compression System-HCPAC	74	CPT 2012	October 2018	Specialty societies develop a CPT Assistant article to specify which bandage application should be reported based on what is being treated and review in 3 years (2018). Code Deleted for CPT 2018.	<input checked="" type="checkbox"/>

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29584	Application of multi-layer compression system; upper arm, forearm, hand, and fingers	Oct 2010	Multi-Layer Compression System-HCPAC	74	CPT 2012	January 2022	Specialty societies develop a CPT Assistant article to specify which bandage application should be reported based on what is being treated and review in 3 years (2018). In October 2018, RUC recommended to review again after 3 more years of data (2022). In January 2022, the Workgroup reviewed CPT code 29584 and agreed with the specialty society that the volume of this service is low and continues to decrease. The Workgroup recommends that CPT code 29584 be maintained and removed from the CPT Assistant Analysis screen and New Technology list.	<input checked="" type="checkbox"/>
29828	Arthroscopy, shoulder, surgical; biceps tenodesis	Apr 2007	Arthroscopic Biceps Tenodesis	17	CPT 2008	September 2011	Resurvey for January 2012	<input checked="" type="checkbox"/>
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.	<input checked="" type="checkbox"/>

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29915	Arthroscopy, hip, surgical; with acetabuloplasty (ie, treatment of pincer lesion)	Apr 2010	Hip Arthroscopy	5	CPT 2011	September 2014	Remove from list, no demonstrated technology diffusions that impacts work or practice expense.	<input checked="" type="checkbox"/>
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.	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
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.	<input checked="" type="checkbox"/>
31627	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with computer-assisted, image-guided navigation (list separately in addition to code for primary procedure[s])	Feb 2009	Navigational Bronchoscopy	9	CPT 2010	October 2016	Review practice expense January 2014. Review data again in 3 years (Sept 2016).	<input checked="" type="checkbox"/>
31634	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with balloon occlusion, with assessment of air leak, with administration of occlusive substance (eg, fibrin glue), if performed	Feb 2010	Bronchoscopy with Balloon Occlusion	7	CPT 2011	September 2014	Remove from list, no demonstrated technology diffusions that impacts work or practice expense.	<input checked="" type="checkbox"/>

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31647	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with balloon occlusion, when performed, assessment of air leak, airway sizing, and insertion of bronchial valve(s), initial lobe	Apr 2012	Bronchial Valve Procedures	09	CPT 2013	October 2016	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
31648	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with removal of bronchial valve(s), initial lobe	Apr 2012	Bronchial Valve Procedures	09	CPT 2013	October 2016	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
31649	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with removal of bronchial valve(s), each additional lobe (list separately in addition to code for primary procedure)	Apr 2012	Bronchial Valve Procedures	09	CPT 2013	October 2016	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
31651	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with balloon occlusion, when performed, assessment of air leak, airway sizing, and insertion of bronchial valve(s), each additional lobe (list separately in addition to code for primary procedure[s])	Apr 2012	Bronchial Valve Procedures	09	CPT 2013	October 2016	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
31652	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with endobronchial ultrasound (ebus) guided transtracheal and/or transbronchial sampling (eg, aspiration[s]/biopsy[ies]), one or two mediastinal and/or hilar lymph node stations or structures	Jan 2015	Endobronchial Ultrasound (EBUS)	05	CPT 2016	October 2019	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
31653	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with endobronchial ultrasound (ebus) guided transtracheal and/or transbronchial sampling (eg, aspiration[s]/biopsy[ies]), 3 or more mediastinal and/or hilar lymph node stations or structures	Jan 2015	Endobronchial Ultrasound (EBUS)	05	CPT 2016	October 2019	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>



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31654	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with transendoscopic endobronchial ultrasound (ebus) during bronchoscopic diagnostic or therapeutic intervention(s) for peripheral lesion(s) (list separately in addition to code for primary procedure[s])	Jan 2015	Endobronchial Ultrasound (EBUS)	05	CPT 2016	October 2019	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
32553	Placement of interstitial device(s) for radiation therapy guidance (eg, fiducial markers, dosimeter), percutaneous, intra-thoracic, single or multiple	Apr 2009	Fiducial Marker Placement	6	CPT 2010	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
32701	Thoracic target(s) delineation for stereotactic body radiation therapy (srs/sbrt), (photon or particle beam), entire course of treatment	Jan 2012	Stereotactic Body Radiation	07	CPT 2013	October 2016	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
32994	Ablation therapy for reduction or eradication of 1 or more pulmonary tumor(s) including pleura or chest wall when involved by tumor extension, percutaneous, including imaging guidance when performed, unilateral; cryoablation	Jan 2017	Cryoablation of Pulmonary Tumors	08	CPT 2018	April 2022	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
32998	Ablation therapy for reduction or eradication of 1 or more pulmonary tumor(s) including pleura or chest wall when involved by tumor extension, percutaneous, including imaging guidance when performed, unilateral; radiofrequency	Apr 2006	Percutaneous RF Pulmonary Tumor Ablation	15	CPT 2007	September 2010	Remove, code does not need to be re-evaluated	<input checked="" type="checkbox"/>
33254	Operative tissue ablation and reconstruction of atria, limited (eg, modified maze procedure)	Apr 2006	Atrial Tissue Ablation and Reconstruction	17	CPT 2007	September 2011	Remove, code does not need to be re-evaluated	<input checked="" type="checkbox"/>
33255	Operative tissue ablation and reconstruction of atria, extensive (eg, maze procedure); without cardiopulmonary bypass	Apr 2006	Atrial Tissue Ablation and Reconstruction	17	CPT 2007	September 2011	Remove, code does not need to be re-evaluated	<input checked="" type="checkbox"/>

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33256	Operative tissue ablation and reconstruction of atria, extensive (eg, maze procedure); with cardiopulmonary bypass	Apr 2006	Atrial Tissue Ablation and Reconstruction	17	CPT 2007	September 2011	Remove, code does not need to be re-evaluated	<input checked="" type="checkbox"/>
33257	Operative tissue ablation and reconstruction of atria, performed at the time of other cardiac procedure(s), limited (eg, modified maze procedure) (list separately in addition to code for primary procedure)	Apr 2007	Add-on Maze Procedures	23	CPT 2008	September 2011	Remove, code does not need to be re-evaluated	<input checked="" type="checkbox"/>
33258	Operative tissue ablation and reconstruction of atria, performed at the time of other cardiac procedure(s), extensive (eg, maze procedure), without cardiopulmonary bypass (list separately in addition to code for primary procedure)	Apr 2007	Add-on Maze Procedures	23	CPT 2008	September 2011	Remove, code does not need to be re-evaluated	<input checked="" type="checkbox"/>
33259	Operative tissue ablation and reconstruction of atria, performed at the time of other cardiac procedure(s), extensive (eg, maze procedure), with cardiopulmonary bypass (list separately in addition to code for primary procedure)	Apr 2007	Add-on Maze Procedures	23	CPT 2008	September 2011	Remove, code does not need to be re-evaluated	<input checked="" type="checkbox"/>
33265	Endoscopy, surgical; operative tissue ablation and reconstruction of atria, limited (eg, modified maze procedure), without cardiopulmonary bypass	Apr 2006	Atrial Tissue Ablation and Reconstruction	17	CPT 2007	September 2011	Remove, code does not need to be re-evaluated	<input checked="" type="checkbox"/>
33266	Endoscopy, surgical; operative tissue ablation and reconstruction of atria, extensive (eg, maze procedure), without cardiopulmonary bypass	Apr 2006	Atrial Tissue Ablation and Reconstruction	17	CPT 2007	September 2011	Remove, code does not need to be re-evaluated	<input checked="" type="checkbox"/>
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		<input type="checkbox"/>
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		<input type="checkbox"/>

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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		<input type="checkbox"/>
33270	Insertion or replacement of permanent subcutaneous implantable defibrillator system, with subcutaneous electrode, including defibrillation threshold evaluation, induction of arrhythmia, evaluation of sensing for arrhythmia termination, and programming or reprogramming of sensing or therapeutic parameters, when performed	Apr 2014	Subcutaneous Implantable Defibrillator Procedures	09	CPT 2015	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.	<input checked="" type="checkbox"/>
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.	<input checked="" type="checkbox"/>
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.	<input checked="" type="checkbox"/>

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33273	Repositioning of previously implanted subcutaneous implantable defibrillator electrode	Apr 2014	Subcutaneous Implantable Defibrillator Procedures	09	CPT 2015	April 2022	In October 2018, RUC recommended to review again after 3 more years of data (2022). Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
33274	Transcatheter insertion or replacement of permanent leadless pacemaker, right ventricular, including imaging guidance (eg, fluoroscopy, venous ultrasound, ventriculography, femoral venography) and device evaluation (eg, interrogation or programming), when performed	Jan 2018	Leadless Pacemaker Procedures	07	CPT 2019	April 2023		<input type="checkbox"/>
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		<input type="checkbox"/>
33285	Insertion, subcutaneous cardiac rhythm monitor, including programming	Apr 2017	Cardiac Event Recorder Procedures	07	CPT 2019	April 2023		<input type="checkbox"/>
33286	Removal, subcutaneous cardiac rhythm monitor	Apr 2017	Cardiac Event Recorder Procedures	07	CPT 2019	April 2023		<input type="checkbox"/>
33289	Transcatheter implantation of wireless pulmonary artery pressure sensor for long-term hemodynamic monitoring, including deployment and calibration of the sensor, right heart catheterization, selective pulmonary catheterization, radiological supervision and interpretation, and pulmonary artery angiography, when performed	Jan 2018	Pulmonary Wireless Pressure Sensor Services	08	CPT 2019	April 2023		<input type="checkbox"/>

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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.	<input type="checkbox"/>
33361	Transcatheter aortic valve replacement (tavr/tavi) with prosthetic valve; percutaneous femoral artery approach	Apr 2012	Transcatheter Aortic Valve Replacement	12	CPT 2013	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.	<input type="checkbox"/>
33362	Transcatheter aortic valve replacement (tavr/tavi) with prosthetic valve; open 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.	<input type="checkbox"/>

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33363	Transcatheter aortic valve replacement (tavr/tavi) with prosthetic valve; open axillary artery approach	Apr 2012	Transcatheter Aortic Valve Replacement	12	CPT 2013	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.	<input type="checkbox"/>
33364	Transcatheter aortic valve replacement (tavr/tavi) with prosthetic valve; open iliac artery approach	Apr 2012	Transcatheter Aortic Valve Replacement	12	CPT 2013	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.	<input type="checkbox"/>
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.	<input type="checkbox"/>

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33366	Transcatheter aortic valve replacement (tavr/tavi) with prosthetic valve; transapical exposure (eg, left thoracotomy)	Apr 2012	Transcatheter Aortic Valve Replacement	12	CPT 2013	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.	<input type="checkbox"/>
33367	Transcatheter aortic valve replacement (tavr/tavi) with prosthetic valve; cardiopulmonary bypass support with percutaneous peripheral arterial and venous cannulation (eg, femoral vessels) (list separately in addition to code for primary procedure)	Apr 2012	Transcatheter Aortic Valve Replacement	12	CPT 2013	October 2016	The Workgroup did not believe there would be a change in physician work or practice expense for the add-on services and recommends that 33367, 33368 and 33369 be removed from the new technology list as there is no demonstrated diffusion.	<input checked="" type="checkbox"/>
33368	Transcatheter aortic valve replacement (tavr/tavi) with prosthetic valve; cardiopulmonary bypass support with open peripheral arterial and venous cannulation (eg, femoral, iliac, axillary vessels) (list separately in addition to code for primary procedure)	Apr 2012	Transcatheter Aortic Valve Replacement	12	CPT 2013	October 2016	The Workgroup did not believe there would be a change in physician work or practice expense for the add-on services and recommends that 33367, 33368 and 33369 be removed from the new technology list as there is no demonstrated diffusion.	<input checked="" type="checkbox"/>

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33369	Transcatheter aortic valve replacement (tavr/tavi) with prosthetic valve; cardiopulmonary bypass support with central arterial and venous cannulation (eg, aorta, right atrium, pulmonary artery) (list separately in addition to code for primary procedure)	Apr 2012	Transcatheter Aortic Valve Replacement	12	CPT 2013	October 2016	The Workgroup did not believe there would be a change in physician work or practice expense for the add-on services and recommends that 33367, 33368 and 33369 be removed from the new technology list as there is no demonstrated diffusion.	<input checked="" type="checkbox"/>
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		<input type="checkbox"/>
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.	<input type="checkbox"/>
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.	<input type="checkbox"/>



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33418	Transcatheter mitral valve repair, percutaneous approach, including transseptal puncture when performed; initial prosthesis	Apr 2014	Transcatheter Mitral Valve Repair	10	CPT 2015	April 2025	In October 2018, RUC recommended to review again after 3 more years of data (2022). In April 2022, the Workgroup noted that these services are still evolving and should be reviewed in 3 years (April 2025).	<input type="checkbox"/>
33419	Transcatheter mitral valve repair, percutaneous approach, including transseptal puncture when performed; additional prosthesis(es) during same session (list separately in addition to code for primary procedure)	Apr 2014	Transcatheter Mitral Valve Repair	10	CPT 2015	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).	<input type="checkbox"/>
33440	Replacement, aortic valve; by translocation of autologous pulmonary valve and transventricular aortic annulus enlargement of the left ventricular outflow tract with valved conduit replacement of pulmonary valve (ross-konno procedure)	Jan 2018	Aortoventriculoplasty with Pulmonary Autograft	05	CPT 2019	April 2023		<input type="checkbox"/>
33477	Transcatheter pulmonary valve implantation, percutaneous approach, including pre-stenting of the valve delivery site, when performed	Jan 2015	Transcatheter Pulmonary Valve Implantation	06	CPT 2016	April 2023	Review in 3 years (January 2023); pediatric procedure with some CMS utilization.	<input checked="" type="checkbox"/>
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		<input type="checkbox"/>

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33620	Application of right and left pulmonary artery bands (eg, hybrid approach stage 1)	Feb 2010	Cardiac Hybrid Procedures	8	CPT 2011	September 2014	Develop CPT Assitant article to clarify who should report these services. The STS noted and the RUC agreed that only pediatric cardiac surgeons perform 33620 and 33622.	<input checked="" type="checkbox"/>
33621	Transthoracic insertion of catheter for stent placement with catheter removal and closure (eg, hybrid approach stage 1)	Feb 2010	Cardiac Hybrid Procedures	8	CPT 2011	September 2014	Develop CPT Assitant article to clarify who should report these services. The STS noted and the RUC agreed that only pediatric cardiac surgeons perform 33620 and 33622.	<input checked="" type="checkbox"/>
33622	Reconstruction of complex cardiac anomaly (eg, single ventricle or hypoplastic left heart) with palliation of single ventricle with aortic outflow obstruction and aortic arch hypoplasia, creation of cavopulmonary anastomosis, and removal of right and left pulmonary bands (eg, hybrid approach stage 2, norwood, bidirectional glenn, pulmonary artery debanding)	Feb 2010	Cardiac Hybrid Procedures	8	CPT 2011	September 2014	Develop CPT Assitant article to clarify who should report these services. The STS noted and the RUC agreed that only pediatric cardiac surgeons perform 33620 and 33622.	<input checked="" type="checkbox"/>
33864	Ascending aorta graft, with cardiopulmonary bypass with valve suspension, with coronary reconstruction and valve-sparing aortic root remodeling (eg, david procedure, yacoub procedure)	Apr 2007	Valve Sparing Aortic Annulus Reconstruction	24	CPT 2008	September 2011	Remove, code does not need to be re-evaluated	<input checked="" type="checkbox"/>
33866	Aortic hemiarch graft including isolation and control of the arch vessels, beveled open distal aortic anastomosis extending under one or more of the arch vessels, and total circulatory arrest or isolated cerebral perfusion (list separately in addition to code for primary procedure)	Oct 2018	Aortic Graft Procedures	06	CPT 2020	April 2024		<input type="checkbox"/>

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33900	Percutaneous pulmonary artery revascularization by stent placement, initial; normal native connections, unilateral	Oct 2021	Endovascular Pulmonary Arterial Revascularization	04	CPT 2023	April 2027		<input type="checkbox"/>
33901	Percutaneous pulmonary artery revascularization by stent placement, initial; normal native connections, bilateral	Oct 2021	Endovascular Pulmonary Arterial Revascularization	04	CPT 2023	April 2027		<input type="checkbox"/>
33902	Percutaneous pulmonary artery revascularization by stent placement, initial; abnormal connections, unilateral	Oct 2021	Endovascular Pulmonary Arterial Revascularization	04	CPT 2023	April 2027		<input type="checkbox"/>
33903	Percutaneous pulmonary artery revascularization by stent placement, initial; abnormal connections, bilateral	Oct 2021	Endovascular Pulmonary Arterial Revascularization	04	CPT 2023	April 2027		<input type="checkbox"/>
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		<input type="checkbox"/>
33927	Implantation of a total replacement heart system (artificial heart) with recipient cardiectomy	Jan 2017	Artificial Heart System Procedure	09	CPT 2018	April 2022	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
33928	Removal and replacement of total replacement heart system (artificial heart)	Jan 2017	Artificial Heart System Procedure	09	CPT 2018	April 2022	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
33929	Removal of a total replacement heart system (artificial heart) for heart transplantation (list separately in addition to code for primary procedure)	Jan 2017	Artificial Heart System Procedure	09	CPT 2018	April 2022	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>

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33946	Extracorporeal membrane oxygenation (ecmo)/extracorporeal life support (ecls) provided by physician; initiation, veno-venous	Apr 2014	ECMO-ECLS	11	CPT 2015	October 2018	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
33947	Extracorporeal membrane oxygenation (ecmo)/extracorporeal life support (ecls) provided by physician; initiation, veno-arterial	Apr 2014	ECMO-ECLS	11	CPT 2015	October 2018	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
33948	Extracorporeal membrane oxygenation (ecmo)/extracorporeal life support (ecls) provided by physician; daily management, each day, veno-venous	Apr 2014	ECMO-ECLS	11	CPT 2015	October 2018	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
33949	Extracorporeal membrane oxygenation (ecmo)/extracorporeal life support (ecls) provided by physician; daily management, each day, veno-arterial	Apr 2014	ECMO-ECLS	11	CPT 2015	October 2018	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
33951	Extracorporeal membrane oxygenation (ecmo)/extracorporeal life support (ecls) provided by physician; insertion of peripheral (arterial and/or venous) cannula(e), percutaneous, birth through 5 years of age (includes fluoroscopic guidance, when performed)	Apr 2014	ECMO-ECLS	11	CPT 2015	October 2018	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
33952	Extracorporeal membrane oxygenation (ecmo)/extracorporeal life support (ecls) provided by physician; insertion of peripheral (arterial and/or venous) cannula(e), percutaneous, 6 years and older (includes fluoroscopic guidance, when performed)	Apr 2014	ECMO-ECLS	11	CPT 2015	October 2018	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>

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33953	Extracorporeal membrane oxygenation (ecmo)/extracorporeal life support (ecls) provided by physician; insertion of peripheral (arterial and/or venous) cannula(e), open, birth through 5 years of age	Apr 2014	ECMO-ECLS	11	CPT 2015	October 2018	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
33954	Extracorporeal membrane oxygenation (ecmo)/extracorporeal life support (ecls) provided by physician; insertion of peripheral (arterial and/or venous) cannula(e), open, 6 years and older	Apr 2014	ECMO-ECLS	11	CPT 2015	October 2018	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
33955	Extracorporeal membrane oxygenation (ecmo)/extracorporeal life support (ecls) provided by physician; insertion of central cannula(e) by sternotomy or thoracotomy, birth through 5 years of age	Apr 2014	ECMO-ECLS	11	CPT 2015	October 2018	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
33956	Extracorporeal membrane oxygenation (ecmo)/extracorporeal life support (ecls) provided by physician; insertion of central cannula(e) by sternotomy or thoracotomy, 6 years and older	Apr 2014	ECMO-ECLS	11	CPT 2015	October 2018	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
33957	Extracorporeal membrane oxygenation (ecmo)/extracorporeal life support (ecls) provided by physician; reposition peripheral (arterial and/or venous) cannula(e), percutaneous, birth through 5 years of age (includes fluoroscopic guidance, when performed)	Apr 2014	ECMO-ECLS	11	CPT 2015	October 2018	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
33958	Extracorporeal membrane oxygenation (ecmo)/extracorporeal life support (ecls) provided by physician; reposition peripheral (arterial and/or venous) cannula(e), percutaneous, 6 years and older (includes fluoroscopic guidance, when performed)	Apr 2014	ECMO-ECLS	11	CPT 2015	October 2018	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>

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33959	Extracorporeal membrane oxygenation (ecmo)/extracorporeal life support (ecls) provided by physician; reposition peripheral (arterial and/or venous) cannula(e), open, birth through 5 years of age (includes fluoroscopic guidance, when performed)	Apr 2014	ECMO-ECLS	11	CPT 2015	October 2018	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
33962	Extracorporeal membrane oxygenation (ecmo)/extracorporeal life support (ecls) provided by physician; reposition peripheral (arterial and/or venous) cannula(e), open, 6 years and older (includes fluoroscopic guidance, when performed)	Apr 2014	ECMO-ECLS	11	CPT 2015	October 2018	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
33963	Extracorporeal membrane oxygenation (ecmo)/extracorporeal life support (ecls) provided by physician; reposition of central cannula(e) by sternotomy or thoracotomy, birth through 5 years of age (includes fluoroscopic guidance, when performed)	Apr 2014	ECMO-ECLS	11	CPT 2015	October 2018	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
33964	Extracorporeal membrane oxygenation (ecmo)/extracorporeal life support (ecls) provided by physician; reposition central cannula(e) by sternotomy or thoracotomy, 6 years and older (includes fluoroscopic guidance, when performed)	Apr 2014	ECMO-ECLS	11	CPT 2015	October 2018	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
33965	Extracorporeal membrane oxygenation (ecmo)/extracorporeal life support (ecls) provided by physician; removal of peripheral (arterial and/or venous) cannula(e), percutaneous, birth through 5 years of age	Apr 2014	ECMO-ECLS	11	CPT 2015	October 2018	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
33966	Extracorporeal membrane oxygenation (ecmo)/extracorporeal life support (ecls) provided by physician; removal of peripheral (arterial and/or venous) cannula(e), percutaneous, 6 years and older	Apr 2014	ECMO-ECLS	11	CPT 2015	October 2018	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>

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33969	Extracorporeal membrane oxygenation (ecmo)/extracorporeal life support (ecls) provided by physician; removal of peripheral (arterial and/or venous) cannula(e), open, birth through 5 years of age	Apr 2014	ECMO-ECLS	11	CPT 2015	October 2018	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	☑
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.	☑
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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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		<input type="checkbox"/>
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		<input type="checkbox"/>
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	<input checked="" type="checkbox"/>
36465	Injection of non-compounded foam sclerosant with ultrasound compression maneuvers to guide dispersion of the injectate, inclusive of all imaging guidance and monitoring; single incompetent extremity truncal vein (eg, great saphenous vein, accessory saphenous vein)	Jan 2017	Treatment of Incompetent Veins	11	CPT 2018	April 2025	In April 2022, recommended to review in 3 years (April 2025); still fluctuation in utilization.	<input type="checkbox"/>
36466	Injection of non-compounded foam sclerosant with ultrasound compression maneuvers to guide dispersion of the injectate, inclusive of all imaging guidance and monitoring; multiple incompetent truncal veins (eg, great saphenous vein, accessory saphenous vein), same leg	Jan 2017	Treatment of Incompetent Veins	11	CPT 2018	April 2025	In April 2022, recommended to review in 3 years (April 2025); still fluctuation in utilization.	<input type="checkbox"/>
36473	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, mechanochemical; first vein treated	Jan 2016	Mechanochemical (MOCA) Vein Ablation	13	CPT 2017	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.	<input type="checkbox"/>



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36474	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, mechanochemical; subsequent vein(s) treated in a single extremity, each through separate access sites (list separately in addition to code for primary procedure)	Jan 2016	Mechanochemical (MOCA) Vein Ablation	13	CPT 2017	April 2025	Review in January 2022 with the other codes in this family identified via the 2022 new technology/new services screen (36475-36479). In April 2022, recommended to review in 3 years (April 2025); still fluctuation in utilization.	<input type="checkbox"/>
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.	<input type="checkbox"/>
36476	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; subsequent vein(s) treated in a single extremity, each through separate access sites (list separately in addition to code for primary procedure)	Apr 2014	Endovenous Ablation	38	CPT 2015	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.	<input type="checkbox"/>
36478	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, laser; first vein treated	Apr 2014	Endovenous Ablation	38	CPT 2015	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.	<input type="checkbox"/>

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36479	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, laser; subsequent vein(s) treated in a single extremity, each through separate access sites (list separately in addition to code for primary procedure)	Apr 2014	Endovenous Ablation	38	CPT 2015	April 2025	In October 2018, RUC recommended to review again after 3 more years of data (2022). In April 2022, recommended to review in 3 years (April 2025); still fluctuation in utilization.	<input type="checkbox"/>
36482	Endovenous ablation therapy of incompetent vein, extremity, by transcatheter delivery of a chemical adhesive (eg, cyanoacrylate) remote from the access site, inclusive of all imaging guidance and monitoring, percutaneous; first vein treated	Jan 2017	Treatment of Incompetent Veins	11	CPT 2018	April 2025	In April 2022, recommended to review in 3 years (April 2025); still fluctuation in utilization.	<input type="checkbox"/>
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.	<input type="checkbox"/>
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		<input type="checkbox"/>
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		<input type="checkbox"/>

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37192	Repositioning of intravascular vena cava filter, endovascular approach including vascular access, vessel selection, and radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance (ultrasound and fluoroscopy), when performed	Apr 2011	IVC Transcatheter Procedure	12	CPT 2012	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
37193	Retrieval (removal) of intravascular vena cava filter, endovascular approach including vascular access, vessel selection, and radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance (ultrasound and fluoroscopy), when performed	Apr 2011	IVC Transcatheter Procedure	12	CPT 2012	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
37218	Transcatheter placement of intravascular stent(s), intrathoracic common carotid artery or innominate artery, open or percutaneous antegrade approach, including angioplasty, when performed, and radiological supervision and interpretation	Apr 2014	Transcatheter Placement of Carotid Stents	12	CPT 2015	October 2018	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
38220	Diagnostic bone marrow; aspiration(s)	Apr 2016	Diagnostic Bone Marrow Aspiration and Bone Biopsy	06	CPT 2018	April 2022	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
38221	Diagnostic bone marrow; biopsy(ies)	Apr 2016	Diagnostic Bone Marrow Aspiration and Bone Biopsy	06	CPT 2018	April 2022	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
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.	<input checked="" type="checkbox"/>

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38900	Intraoperative identification (eg, mapping) of sentinel lymph node(s) includes injection of non-radioactive dye, when performed (list separately in addition to code for primary procedure)	Apr 2010	Sentinel Lymph Node Mapping	8	CPT 2011	September 2014	Remove from list, no demonstrated technology diffusions that impacts work or practice expense.	☑
43180	Esophagoscopy, rigid, transoral with diverticulectomy of hypopharynx or cervical esophagus (eg, zenker's diverticulum), with cricopharyngeal myotomy, includes use of telescope or operating microscope and repair, when performed	Jan 2014	Endoscopic Hypopharyngeal Diverticulotomy	7	CPT 2015	October 2018	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	☑
43210	Esophagogastroduodenoscopy, flexible, transoral; with esophagogastric fundoplasty, partial or complete, includes duodenoscopy when performed	Apr 2015	Esophagogatric Fundoplasty Trans-Oral Approach	05	CPT 2016	October 2019	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	☑
43273	Endoscopic cannulation of papilla with direct visualization of pancreatic/common bile duct(s) (list separately in addition to code(s) for primary procedure)	Apr 2008	Cholangioscopy-Pancreatotomy	13	CPT 2009	September 2012	Specialty to survey Feb 2013 with family of services	☑
43279	Laparoscopy, surgical, esophagomyotomy (heller type), with fundoplasty, when performed	Apr 2008	Laparoscopic Heller Myotomy	12	CPT 2009	September 2012	Remove, code does not need to be re-evaluated	☑
43281	Laparoscopy, surgical, repair of paraesophageal hernia, includes fundoplasty, when performed; without implantation of mesh	Apr 2009	Laparoscopic Paraesophageal Hernia Repair	12	CPT 2010	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
43282	Laparoscopy, surgical, repair of paraesophageal hernia, includes fundoplasty, when performed; with implantation of mesh	Apr 2009	Laparoscopic Paraesophageal Hernia Repair	12	CPT 2010	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑

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43284	Laparoscopy, surgical, esophageal sphincter augmentation procedure, placement of sphincter augmentation device (ie, magnetic band), including cruroplasty when performed	Jan 2016	Esophageal Sphincter Augmentation	17	CPT 2017	April 2024	Review in 3 years (April 2024). The initial RUC survey was insufficient in number of respondents and RUC recommended re-surveying when volume is sufficient. Even though the typical patient is below Medicare age, society believes volumes remain low. Utilization of the removal code 43285 is higher than expected suggesting the services may be reported inappropriately.	<input type="checkbox"/>
43285	Removal of esophageal sphincter augmentation device	Jan 2016	Esophageal Sphincter Augmentation	17	CPT 2017	April 2024	Review in 3 years (April 2024). The initial RUC survey was insufficient in number of respondents and RUC recommended re-surveying when volume is sufficient. Even though the typical patient is below Medicare age, society believes volumes remain low. Utilization of the removal code 43285 is higher than expected suggesting the services may be reported inappropriately.	<input type="checkbox"/>
43290	Esophagogastroduodenoscopy, flexible, transoral; with deployment of intragastric bariatric balloon	Apr 2021	Endoscopic Bariatric Device Procedures	08	CPT 2023	April 2027		<input type="checkbox"/>

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43291	Esophagogastroduodenoscopy, flexible, transoral; with removal of intragastric bariatric balloon(s)	Apr 2021	Endoscopic Bariatric Device Procedures	08	CPT 2023	April 2027		<input type="checkbox"/>
43497	Lower esophageal myotomy, transoral (ie, peroral endoscopic myotomy [poem])	Oct 2020	Per-Oral Endoscopic Myotomy (POEM)	07	CPT 2022	April 2026		<input type="checkbox"/>
43647	Laparoscopy, surgical; implantation or replacement of gastric neurostimulator electrodes, antrum	Apr 2006	Gastric Antrum Neurostimulation	26	CPT 2007	September 2010	Remove, code does not need to be re-evaluated	<input checked="" type="checkbox"/>
43648	Laparoscopy, surgical; revision or removal of gastric neurostimulator electrodes, antrum	Apr 2006	Gastric Antrum Neurostimulation	26	CPT 2007	September 2010	Remove, code does not need to be re-evaluated	<input checked="" type="checkbox"/>
43775	Laparoscopy, surgical, gastric restrictive procedure; longitudinal gastrectomy (ie, sleeve gastrectomy)	Apr 2009	Laparoscopic Longitudinal Gastrectomy	14	CPT 2010	September 2013	Remove from list, carrier priced.	<input checked="" type="checkbox"/>
43881	Implantation or replacement of gastric neurostimulator electrodes, antrum, open	Apr 2006	Gastric Antrum Neurostimulation	26	CPT 2007	September 2010	Remove, code does not need to be re-evaluated	<input checked="" type="checkbox"/>
43882	Revision or removal of gastric neurostimulator electrodes, antrum, open	Apr 2006	Gastric Antrum Neurostimulation	26	CPT 2007	September 2010	Remove, code does not need to be re-evaluated	<input checked="" type="checkbox"/>

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44705	Preparation of fecal microbiota for instillation, including assessment of donor specimen	Apr 2012	Fecal Bacteriotherapy	18	CPT 2013	October 2018	The specialty societies indicated that they tried to develop a category I code to replace 44705 which is not currently covered by Medicare, but the CPT Editorial Panel did not accept the coding change proposal due to a lack in literature provided. The Workgroup recommended that these services be reviewed in 2 year after additional utilization data is available (October 2018). In October 2018, the RUC recommended to remove from list , no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
46601	Anoscopy; diagnostic, with high-resolution magnification (hra) (eg, colposcope, operating microscope) and chemical agent enhancement, including collection of specimen(s) by brushing or washing, when performed	Apr 2014	High Resolution Anoscopy	14	CPT 2015	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.	<input checked="" type="checkbox"/>

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46607	Anoscopy; with high-resolution magnification (hra) (eg, colposcope, operating microscope) and chemical agent enhancement, with biopsy, single or multiple	Apr 2014	High Resolution Anoscopy	14	CPT 2015	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.	<input checked="" type="checkbox"/>
46707	Repair of anorectal fistula with plug (eg, porcine small intestine submucosa [sis])	Apr 2009	Fistula Plug	15	CPT 2010	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
46948	Hemorrhoidectomy, internal, by transanal hemorrhoidal dearterialization, 2 or more hemorrhoid columns/groups, including ultrasound guidance, with mucopexy, when performed	Oct 2018	Transanal Hemorrhoidal Dearterialization	07	CPT 2020	April 2024		<input type="checkbox"/>
47383	Ablation, 1 or more liver tumor(s), percutaneous, cryoablation	Apr 2014	Cryoablation of Liver Tumor	15	CPT 2015	October 2018	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
49327	Laparoscopy, surgical; with placement of interstitial device(s) for radiation therapy guidance (eg, fiducial markers, dosimeter), intra-abdominal, intrapelvic, and/or retroperitoneum, including imaging guidance, if performed, single or multiple (list separately in addition to code for primary procedure)	Apr 2010	Fiducial Marker Placement	10	CPT 2011	September 2014	Remove from list, no demonstrated technology diffusions that impacts work or practice expense.	<input checked="" type="checkbox"/>



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49411	Placement of interstitial device(s) for radiation therapy guidance (eg, fiducial markers, dosimeter), percutaneous, intra-abdominal, intra-pelvic (except prostate), and/or retroperitoneum, single or multiple	Apr 2009	Fiducial Marker Placement	6	CPT 2010	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
49412	Placement of interstitial device(s) for radiation therapy guidance (eg, fiducial markers, dosimeter), open, intra-abdominal, intrapelvic, and/or retroperitoneum, including image guidance, if performed, single or multiple (list separately in addition to code for primary procedure)	Apr 2010	Fiducial Marker Placement	10	CPT 2011	September 2014	Remove from list, no demonstrated technology diffusions that impacts work or practice expense.	<input checked="" type="checkbox"/>
49652	Laparoscopy, surgical, repair, ventral, umbilical, spigelian or epigastric hernia (includes mesh insertion, when performed); reducible	Feb 2011	Laparoscopic Hernia Repair	30	CPT 2009	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
49653	Laparoscopy, surgical, repair, ventral, umbilical, spigelian or epigastric hernia (includes mesh insertion, when performed); incarcerated or strangulated	Feb 2011	Laparoscopic Hernia Repair	30	CPT 2009	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
49654	Laparoscopy, surgical, repair, incisional hernia (includes mesh insertion, when performed); reducible	Feb 2011	Laparoscopic Hernia Repair	30	CPT 2009	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
49655	Laparoscopy, surgical, repair, incisional hernia (includes mesh insertion, when performed); incarcerated or strangulated	Feb 2011	Laparoscopic Hernia Repair	30	CPT 2012	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>

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50430	Injection procedure for antegrade nephrostogram and/or ureterogram, complete diagnostic procedure including imaging guidance (eg, ultrasound and fluoroscopy) and all associated radiological supervision and interpretation; new access	Apr 2015	Genitourinary Catheter Procedures	08	CPT 2016	October 2019	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
50431	Injection procedure for antegrade nephrostogram and/or ureterogram, complete diagnostic procedure including imaging guidance (eg, ultrasound and fluoroscopy) and all associated radiological supervision and interpretation; existing access	Apr 2015	Genitourinary Catheter Procedures	08	CPT 2016	October 2019	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
50432	Placement of nephrostomy catheter, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation	Apr 2015	Genitourinary Catheter Procedures	08	CPT 2016	October 2019	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
50433	Placement of nephroureteral catheter, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation, new access	Apr 2015	Genitourinary Catheter Procedures	08	CPT 2016	October 2019	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
50434	Convert nephrostomy catheter to nephroureteral catheter, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation, via pre-existing nephrostomy tract	Apr 2015	Genitourinary Catheter Procedures	08	CPT 2016	October 2019	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
50435	Exchange nephrostomy catheter, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation	Apr 2015	Genitourinary Catheter Procedures	08	CPT 2016	October 2019	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>

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50593	Ablation, renal tumor(s), unilateral, percutaneous, cryotherapy	Apr 2007	Percutaneous Renal Tumor Cryotherapy	A	CPT 2008	September 2011	Remove, code does not need to be re-evaluated	<input checked="" type="checkbox"/>
50606	Endoluminal biopsy of ureter and/or renal pelvis, non-endoscopic, including imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation (list separately in addition to code for primary procedure)	Apr 2015	Genitourinary Catheter Procedures	08	CPT 2016	October 2019	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
50693	Placement of ureteral stent, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy), and all associated radiological supervision and interpretation; pre-existing nephrostomy tract	Apr 2015	Genitourinary Catheter Procedures	08	CPT 2016	October 2019	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
50694	Placement of ureteral stent, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy), and all associated radiological supervision and interpretation; new access, without separate nephrostomy catheter	Apr 2015	Genitourinary Catheter Procedures	08	CPT 2016	October 2019	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
50695	Placement of ureteral stent, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy), and all associated radiological supervision and interpretation; new access, with separate nephrostomy catheter	Apr 2015	Genitourinary Catheter Procedures	08	CPT 2016	October 2019	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
50705	Ureteral embolization or occlusion, including imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation (list separately in addition to code for primary procedure)	Apr 2015	Genitourinary Catheter Procedures	08	CPT 2016	October 2019	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>

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50706	Balloon dilation, ureteral stricture, including imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation (list separately in addition to code for primary procedure)	Apr 2015	Genitourinary Catheter Procedures	08	CPT 2016	October 2019	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
52441	Cystourethroscopy, with insertion of permanent adjustable transprostatic implant; single implant	Apr 2014	Cystourethroscopy Insertion Transprostatic Implant	16	CPT 2015	October 2018	Survey for January 2019	<input checked="" type="checkbox"/>
52442	Cystourethroscopy, with insertion of permanent adjustable transprostatic implant; each additional permanent adjustable transprostatic implant (list separately in addition to code for primary procedure)	Apr 2014	Cystourethroscopy Insertion Transprostatic Implant	16	CPT 2015	October 2018	Survey for January 2019	<input checked="" type="checkbox"/>
53854	Transurethral destruction of prostate tissue; by radiofrequency generated water vapor thermotherapy	Jan 2018	Transurethral Destruction of Prostate Tissue	13	CPT 2019	April 2023		<input type="checkbox"/>
53855	Insertion of a temporary prostatic urethral stent, including urethral measurement	Feb 2009	Temporary Prostatic Urethral Stent Insertion	12	CPT 2010	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
53860	Transurethral radiofrequency micro-remodeling of the female bladder neck and proximal urethra for stress urinary incontinence	Apr 2010	Transurethral Radiofrequency Bladder Neck and Urethra	12	CPT 2011	September 2014	Remove from list, no demonstrated technology diffusions that impacts work or practice expense.	<input checked="" type="checkbox"/>
55706	Biopsies, prostate, needle, transperineal, stereotactic template guided saturation sampling, including imaging guidance	Apr 2008	Saturation Biopsies	15	CPT 2009	September 2014	Remove from list, no demonstrated technology diffusions that impacts work or practice expense.	<input checked="" type="checkbox"/>

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55866	Laparoscopy, surgical prostatectomy, retropubic radical, including nerve sparing, includes robotic assistance, when performed	Oct 2009	Laparoscopic Radical Prostatectomy	14	CPT 2011	September 2014	Survey for April 2015. Specialty society should consider surveying 55845 and 55866 at the same time.	<input checked="" type="checkbox"/>
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.	<input checked="" type="checkbox"/>
55880	Ablation of malignant prostate tissue, transrectal, with high intensity-focused ultrasound (hifu), including ultrasound guidance	Oct 2019	Transrectal High Intensity Focused US Prostate Ablation	06	CPT 2021	April 2025		<input type="checkbox"/>
57423	Paravaginal defect repair (including repair of cystocele, if performed), laparoscopic approach	Apr 2007	Laparoscopic Paravaginal Defect Repair	C	CPT 2008	September 2011	Remove, code does not need to be re-evaluated	<input checked="" type="checkbox"/>
57425	Laparoscopy, surgical, colpopexy (suspension of vaginal apex)	Oct 2008	Laparoscopic Revision of Prosthetic Vaginal Graft	7	CPT 2010	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
57426	Revision (including removal) of prosthetic vaginal graft, laparoscopic approach	Oct 2008	Laparoscopic Revision of Prosthetic Vaginal Graft	7	CPT 2010	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
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		<input type="checkbox"/>
58541	Laparoscopy, surgical, supracervical hysterectomy, for uterus 250 g or less;	Feb 2006	Laparoscopic Supracervical Hysterectomy	13	CPT 2007	September 2013	Survey April 2014	<input checked="" type="checkbox"/>

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58542	Laparoscopy, surgical, supracervical hysterectomy, for uterus 250 g or less; with removal of tube(s) and/or ovary(s)	Feb 2006	Laparoscopic Supracervical Hysterectomy	13	CPT 2007	September 2013	Survey April 2014	☑
58543	Laparoscopy, surgical, supracervical hysterectomy, for uterus greater than 250 g;	Feb 2006	Laparoscopic Supracervical Hysterectomy	13	CPT 2007	September 2013	Survey April 2014	☑
58544	Laparoscopy, surgical, supracervical hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s)	Feb 2006	Laparoscopic Supracervical Hysterectomy	13	CPT 2007	September 2013	Survey April 2014	☑
58570	Laparoscopy, surgical, with total hysterectomy, for uterus 250 g or less;	Apr 2007	Laparoscopic Total Hysterectomy	D	CPT 2008	September 2013	Survey April 2014	☑
58571	Laparoscopy, surgical, with total hysterectomy, for uterus 250 g or less; with removal of tube(s) and/or ovary(s)	Apr 2007	Laparoscopic Total Hysterectomy	D	CPT 2008	September 2013	Survey April 2014	☑
58572	Laparoscopy, surgical, with total hysterectomy, for uterus greater than 250 g;	Apr 2007	Laparoscopic Total Hysterectomy	D	CPT 2008	September 2013	Survey April 2014	☑
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	☑
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.	☑
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.	☑

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61650	Endovascular intracranial prolonged administration of pharmacologic agent(s) other than for thrombolysis, arterial, including catheter placement, diagnostic angiography, and imaging guidance; initial vascular territory	Apr 2015	Intracranial Endovascular Intervention	09	CPT 2016	October 2019	Remove from list. Although the RUC discussed that the subsequent hostial visit occurs, CMS has already issued their statement on 23-hr hospital stay services.	<input checked="" type="checkbox"/>
61651	Endovascular intracranial prolonged administration of pharmacologic agent(s) other than for thrombolysis, arterial, including catheter placement, diagnostic angiography, and imaging guidance; each additional vascular territory (list separately in addition to code for primary procedure)	Apr 2015	Intracranial Endovascular Intervention	09	CPT 2016	October 2019	Remove from list. Although the RUC discussed that the subsequent hostial visit occurs, CMS has already issued their statement on 23-hr hospital stay services.	<input checked="" type="checkbox"/>
61736	Laser interstitial thermal therapy (litt) of lesion, intracranial, including burr hole(s), with magnetic resonance imaging guidance, when performed; single trajectory for 1 simple lesion	Jan 2021	Intracranial Laser Interstitial Thermal Therapy (LITT)	12	CPT 2022	April 2026		<input type="checkbox"/>
61737	Laser interstitial thermal therapy (litt) of lesion, intracranial, including burr hole(s), with magnetic resonance imaging guidance, when performed; multiple trajectories for multiple or complex lesion(s)	Jan 2021	Intracranial Laser Interstitial Thermal Therapy (LITT)	12	CPT 2022	April 2026		<input type="checkbox"/>

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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.	<input type="checkbox"/>
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.	<input type="checkbox"/>



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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.	<input type="checkbox"/>
62328	Spinal puncture, lumbar, diagnostic; with fluoroscopic or ct guidance	Jan 2019	Lumbar Puncture	09	CPT 2020	April 2024		<input type="checkbox"/>
62329	Spinal puncture, therapeutic, for drainage of cerebrospinal fluid (by needle or catheter); with fluoroscopic or ct guidance	Jan 2019	Lumbar Puncture	09	CPT 2020	April 2024		<input type="checkbox"/>
62380	Endoscopic decompression of spinal cord, nerve root(s), including laminotomy, partial facetectomy, foraminotomy, discectomy and/or excision of herniated intervertebral disc, 1 interspace, lumbar	Jan 2016	Endoscopic Decompression of Spinal Cord Nerve	19	CPT 2017	October 2020	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
63620	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); 1 spinal lesion	Apr 2008	Stereotactic Radiosurgery	16	CPT 2009	September 2012	Remove, code does not need to be re-evaluated	<input checked="" type="checkbox"/>
63621	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); each additional spinal lesion (list separately in addition to code for primary procedure)	Apr 2008	Stereotactic Radiosurgery	16	CPT 2009	September 2012	Remove, code does not need to be re-evaluated	<input checked="" type="checkbox"/>

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64450	Injection(s), anesthetic agent(s) and/or steroid; other peripheral nerve or branch	Jan 2019	Genicular Injection and RFA	10	CPT 2020	April 2024		<input type="checkbox"/>
64451	Injection(s), anesthetic agent(s) and/or steroid; nerves innervating the sacroiliac joint, with image guidance (ie, fluoroscopy or computed tomography)	Jan 2019	Radiofrequency Neurotomy	08	CPT 2020	April 2024		<input type="checkbox"/>
64454	Injection(s), anesthetic agent(s) and/or steroid; genicular nerve branches, including imaging guidance, when performed	Jan 2019	Genicular Injection and RFA	10	CPT 2020	April 2024		<input type="checkbox"/>
64566	Posterior tibial neurostimulation, percutaneous needle electrode, single treatment, includes programming	Apr 2010	Posterior Tibial Nerve Stimulation	13	CPT 2011	October 2019	Surveyed for April 2015, RUC recommended to review utilization again in 2 years (Oct 2019). In Oct 2019, recommended to remove from list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
64569	Revision or replacement of cranial nerve (eg, vagus nerve) neurostimulator electrode array, including connection to existing pulse generator	Feb 2010	Vagus Nerve Stimulator	14	CPT 2011	September 2014	Remove from list, no demonstrated technology diffusions that impacts work or practice expense.	<input checked="" type="checkbox"/>
64570	Removal of cranial nerve (eg, vagus nerve) neurostimulator electrode array and pulse generator	Feb 2010	Vagus Nerve Stimulator	14	CPT 2011	September 2014	Remove from list, no demonstrated technology diffusions that impacts work or practice expense.	<input checked="" type="checkbox"/>
64624	Destruction by neurolytic agent, genicular nerve branches including imaging guidance, when performed	Jan 2019	Genicular Injection and RFA	10	CPT 2020	April 2024		<input type="checkbox"/>

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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		<input type="checkbox"/>
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		<input type="checkbox"/>
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		<input type="checkbox"/>
64640	Destruction by neurolytic agent; other peripheral nerve or branch	Jan 2019	Genicular Injection and RFA	10	CPT 2020	April 2024		<input type="checkbox"/>
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.	<input type="checkbox"/>
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.	<input type="checkbox"/>
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.	<input type="checkbox"/>

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65756	Keratoplasty (corneal transplant); endothelial	Apr 2008	Endothelial Keratoplasty	20	CPT 2009	September 2012	Remove, code does not need to be re-evaluated. Though volume grew faster than expected, there was a decrease in other services of similar magnitude, that were previously reported and had similar work RVUs. All remained work neutral.	<input checked="" type="checkbox"/>
65757	Backbench preparation of corneal endothelial allograft prior to transplantation (list separately in addition to code for primary procedure)	Apr 2008	Endothelial Keratoplasty	20	CPT 2009	September 2012	Remove, code does not need to be re-evaluated.	<input checked="" type="checkbox"/>
65778	Placement of amniotic membrane on the ocular surface; without sutures	Feb 2010	Amniotic Membrane Placement	15	CPT 2011	September 2014	Survey for April 2015.	<input checked="" type="checkbox"/>
65779	Placement of amniotic membrane on the ocular surface; single layer, sutured	Feb 2010	Amniotic Membrane Placement	15	CPT 2011	September 2014	Survey for April 2015.	<input checked="" type="checkbox"/>
65780	Ocular surface reconstruction; amniotic membrane transplantation, multiple layers	Oct 2011	Relativity Assessment Workgroup	51	CPT 2011	September 2014	Survey for April 2015.	<input checked="" type="checkbox"/>
65785	Implantation of intrastromal corneal ring segments	Jan 2015	Intrastomal Corneal Ring Implantation	11	CPT 2016	October 2019	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>

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66183	Insertion of anterior segment aqueous drainage device, without extraocular reservoir, external approach	Apr 2013	Insertion of Anterior Segment	14	CPT 2014	October 2017	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
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		<input type="checkbox"/>
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		<input type="checkbox"/>
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		<input type="checkbox"/>
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		<input type="checkbox"/>

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66989	Extracapsular cataract removal with insertion of intraocular lens prosthesis (1-stage procedure), manual or mechanical technique (eg, irrigation and aspiration or phacoemulsification), complex, requiring devices or techniques not generally used in routine cataract surgery (eg, iris expansion device, suture support for intraocular lens, or primary posterior capsulorrhexis) or performed on patients in the amblyogenic developmental stage; with insertion of intraocular (eg, trabecular meshwork, supraciliary, suprachoroidal) anterior segment aqueous drainage device, without extraocular reservoir, internal approach, one or more	Jan 2021	Cataract Removal with Drainage Device Insertion	16	CPT 2022	April 2025		<input type="checkbox"/>
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		<input type="checkbox"/>
68816	Probing of nasolacrimal duct, with or without irrigation; with transluminal balloon catheter dilation	Apr 2007	Nasolacrimal Duct Balloon Catheter Dilation	E	CPT 2008	September 2011	Remove, code does not need to be re-evaluated	<input checked="" type="checkbox"/>
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		<input type="checkbox"/>
69705	Nasopharyngoscopy, surgical, with dilation of eustachian tube (ie, balloon dilation); unilateral	Jan 2020	Dilation of Eustachian Tube	15	CPT 2021	April 2025		<input type="checkbox"/>
69706	Nasopharyngoscopy, surgical, with dilation of eustachian tube (ie, balloon dilation); bilateral	Jan 2020	Dilation of Eustachian Tube	15	CPT 2021	April 2025		<input type="checkbox"/>
70554	Magnetic resonance imaging, brain, functional mri; including test selection and administration of repetitive body part movement and/or visual stimulation, not requiring physician or psychologist administration	Feb 2006	Functional MRI	15	CPT 2007	September 2010	Remove, code does not need to be re-evaluated	<input checked="" type="checkbox"/>

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70555	Magnetic resonance imaging, brain, functional mri; requiring physician or psychologist administration of entire neurofunctional testing	Feb 2006	Functional MRI	15	CPT 2007	September 2010	Remove, code does not need to be re-evaluated	<input checked="" type="checkbox"/>
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		<input type="checkbox"/>
74261	Computed tomographic (ct) colonography, diagnostic, including image postprocessing; without contrast material	Apr 2009	CT Colonography	19	CPT 2010	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
74262	Computed tomographic (ct) colonography, diagnostic, including image postprocessing; with contrast material(s) including non-contrast images, if performed	Apr 2009	CT Colonography	19	CPT 2010	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
74263	Computed tomographic (ct) colonography, screening, including image postprocessing	Apr 2009	CT Colonography	19	CPT 2010	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
75557	Cardiac magnetic resonance imaging for morphology and function without contrast material;	Apr 2007	Cardiac MRI	F	CPT 2008	September 2011	Remove, as utilization is appropriate due to shift of utilization for deleted code which included "with flow/velocity quantification", code 75558.	<input checked="" type="checkbox"/>
75558	Code Deleted CPT 2010	Apr 2007	Cardiac MRI	F	CPT 2008	September 2011	Code Deleted CPT 2010	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>

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75560	Code Deleted CPT 2010	Apr 2007	Cardiac MRI	F	CPT 2008	September 2011	Code Deleted CPT 2010	☑
75561	Cardiac magnetic resonance imaging for morphology and function without contrast material(s), followed by contrast material(s) and further sequences;	Apr 2007	Cardiac MRI	F	CPT 2008	September 2011	Remove, as utilization is appropriate due to shift of utilization for deleted code which included "with flow/velocity quantification", code 75560.	☑
75562	Code Deleted CPT 2010	Apr 2007	Cardiac MRI	F	CPT 2008	September 2011	Code Deleted CPT 2010	☑
75563	Cardiac magnetic resonance imaging for morphology and function without contrast material(s), followed by contrast material(s) and further sequences; with stress imaging	Apr 2007	Cardiac MRI	F	CPT 2008	September 2011	Remove, code does not need to be re-evaluated	☑
75564	Code Deleted CPT 2010	Apr 2007	Cardiac MRI	F	CPT 2008	September 2011	Code Deleted CPT 2010	☑
75571	Computed tomography, heart, without contrast material, with quantitative evaluation of coronary calcium	Feb 2009	Coronary Computed Tomographic Angiography	15	CPT 2010	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
75572	Computed tomography, heart, with contrast material, for evaluation of cardiac structure and morphology (including 3d image postprocessing, assessment of cardiac function, and evaluation of venous structures, if performed)	Feb 2009	Coronary Computed Tomographic Angiography	15	CPT 2010	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
75573	Computed tomography, heart, with contrast material, for evaluation of cardiac structure and morphology in the setting of congenital heart disease (including 3d image postprocessing, assessment of left ventricular [lv] cardiac function, right ventricular [rv] structure and function and evaluation of vascular structures, if performed)	Feb 2009	Coronary Computed Tomographic Angiography	15	CPT 2010	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑



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75574	Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3d image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)	Feb 2009	Coronary Computed Tomographic Angiography	15	CPT 2010	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
76391	Magnetic resonance (eg, vibration) elastography	Jan 2018	Magnetic Resonance Elastography	16	CPT 2019	April 2023		<input type="checkbox"/>

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76881	Ultrasound, complete joint (ie, joint space and peri-articular soft-tissue structures), real-time with image documentation	Apr 2010	Ultrasound of Extremity	17	CPT 2011	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.	<input checked="" type="checkbox"/>

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76882	Ultrasound, limited, joint or focal evaluation of other nonvascular extremity structure(s) (eg, joint space, peri-articular tendon[s], muscle[s], nerve[s], other soft-tissue structure[s], or soft-tissue mass[es]), real-time with image documentation	Apr 2010	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.	<input checked="" type="checkbox"/>

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76883	Ultrasound, nerve(s) and accompanying structures throughout their entire anatomic course in one extremity, comprehensive, including real-time cine imaging with image documentation, per extremity	Jan 2022	Neuromuscular Ultrasound	11	CPT 2023	April 2027		<input type="checkbox"/>
76978	Ultrasound, targeted dynamic microbubble sonographic contrast characterization (non-cardiac); initial lesion	Jan 2018	Contrast-Enhanced Ultrasound	15	CPT 2019	April 2023		<input type="checkbox"/>
76979	Ultrasound, targeted dynamic microbubble sonographic contrast characterization (non-cardiac); each additional lesion with separate injection (list separately in addition to code for primary procedure)	Jan 2018	Contrast-Enhanced Ultrasound	15	CPT 2019	April 2023		<input type="checkbox"/>
76981	Ultrasound, elastography; parenchyma (eg, organ)	Jan 2018	Ultrasound Elastography	14	CPT 2019	April 2023		<input type="checkbox"/>
76982	Ultrasound, elastography; first target lesion	Jan 2018	Ultrasound Elastography	14	CPT 2019	April 2023		<input type="checkbox"/>
76983	Ultrasound, elastography; each additional target lesion (list separately in addition to code for primary procedure)	Jan 2018	Ultrasound Elastography	14	CPT 2019	April 2023		<input type="checkbox"/>
77021	Magnetic resonance imaging guidance for needle placement (eg, for biopsy, needle aspiration, injection, or placement of localization device) radiological supervision and interpretation	Jan 2018	Fine Needle Aspiration	04	CPT 2019	April 2023		<input type="checkbox"/>
77046	Magnetic resonance imaging, breast, without contrast material; unilateral	Oct 2017	Breast MRI with Computer-Aided Detection	06	CPT 2019	April 2023		<input type="checkbox"/>
77047	Magnetic resonance imaging, breast, without contrast material; bilateral	Oct 2017	Breast MRI with Computer-Aided Detection	06	CPT 2019	April 2023		<input type="checkbox"/>
77048	Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (cad real-time lesion detection, characterization and pharmacokinetic analysis), when performed; unilateral	Oct 2017	Breast MRI with Computer-Aided Detection	06	CPT 2019	April 2023		<input type="checkbox"/>

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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		<input type="checkbox"/>
77061	Diagnostic digital breast tomosynthesis; unilateral	Apr 2014	Breast Tomosynthesis	19	CPT 2015	April 2025	In October 2018, the RUC recommended that CMS delete G0279 and use codes 77061, 77062 and 77063 as created by CPT and valued by the RUC. Review again in 3 years (2022). In April 2022, recommended to request again that CMS delete G0279 since it may be reported with 77061 or 77062 and RAW review again after 3 years of claims data (April 2025).	<input type="checkbox"/>

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77062	Diagnostic digital breast tomosynthesis; bilateral	Apr 2014	Breast Tomosynthesis	19	CPT 2015	April 2025	In October 2018, the RUC recommended that CMS delete G0279 and use codes 77061, 77062 and 77063 as created by CPT and valued by the RUC. Review again in 3 years (2022). In April 2022, recommended to request again that CMS delete G0279 since it may be reported with 77061 or 77062 and RAW review again after 3 years of claims data (April 2025).	<input type="checkbox"/>
77063	Screening digital breast tomosynthesis, bilateral (list separately in addition to code for primary procedure)	Apr 2014	Breast Tomosynthesis	19	CPT 2015	April 2025	In October 2018, the RUC recommended that CMS delete G0279 and use codes 77061, 77062 and 77063 as created by CPT and valued by the RUC. Review again in 3 years (2022). In April 2022, recommended to request again that CMS delete G0279 since it may be reported with 77061 or 77062 and RAW review again after 3 years of claims data (April 2025).	<input type="checkbox"/>

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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		<input type="checkbox"/>
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		<input type="checkbox"/>
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		<input type="checkbox"/>
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		<input type="checkbox"/>
77293	Respiratory motion management simulation (list separately in addition to code for primary procedure)	Jan 2013	Respiratory Motion Management Simulation	14	CPT 2014	October 2020	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
77371	Radiation treatment delivery, stereotactic radiosurgery (srs), complete course of treatment of cranial lesion(s) consisting of 1 session; multi-source cobalt 60 based	Sep 2005	Stereotactic Radiation Tx Delivery	7	CPT 2007	September 2010	Remove, code does not need to be re-evaluated	<input checked="" type="checkbox"/>
77372	Radiation treatment delivery, stereotactic radiosurgery (srs), complete course of treatment of cranial lesion(s) consisting of 1 session; linear accelerator based	Sep 2005	Stereotactic Radiation Tx Delivery	7	CPT 2007	September 2010	Remove, code does not need to be re-evaluated	<input checked="" type="checkbox"/>
77373	Stereotactic body radiation therapy, treatment delivery, per fraction to 1 or more lesions, including image guidance, entire course not to exceed 5 fractions	Apr 2006	Stereotactic Body Radiation B Therapy		CPT 2007	September 2010	Practice expense review (Feb 2011).	<input checked="" type="checkbox"/>

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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 B Therapy		CPT 2007	September 2010	Survey (work) and PE review (Feb 2011).	<input checked="" type="checkbox"/>
77435	Stereotactic body radiation therapy, treatment management, per treatment course, to 1 or more lesions, including image guidance, entire course not to exceed 5 fractions	Feb 2011	Stereotactic Body Radiation Delivery	32	CPT 2012	October 2015	Practice expense review (Feb 2011).	<input checked="" type="checkbox"/>
77520	Proton treatment delivery; simple, without compensation	Apr 2019	Proton Beam Treatment Delivery (PE Only)	19	CPT 2021	April 2025		<input type="checkbox"/>
77522	Proton treatment delivery; simple, with compensation	Apr 2019	Proton Beam Treatment Delivery (PE Only)	19	CPT 2021	April 2025		<input type="checkbox"/>
77523	Proton treatment delivery; intermediate	Apr 2019	Proton Beam Treatment Delivery (PE Only)	19	CPT 2021	April 2025		<input type="checkbox"/>
77525	Proton treatment delivery; complex	Apr 2019	Proton Beam Treatment Delivery (PE Only)	19	CPT 2021	April 2025		<input type="checkbox"/>



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78071	Parathyroid planar imaging (including subtraction, when performed); with tomographic (spect)	Apr 2012	Parathyroid Imaging	23	CPT 2013	October 2018	In April 2011, CPT Code 78007, Thyroid imaging, with uptake; multiple determinations was identified in the Harvard Valued-Utilization over 30,000 screen. As part of the review of the entire endocrine family, the specialty societies determined that revisions to the parathyroid imaging procedures were necessary to reflect current bundling policies, guideline changes and new technology. AMA Staff reviewed the work neutrality impacts for codes reviewed in the CPT 2013 cycle. It appeared that was only one issue where there was a large growth in utilization in the first year. For CPT 2013 the Parathyroid Imaging codes were not work neutral, and it was initially estimated as a savings overall. It appears that there was 40% increase from what was projected. The specialty societies submitted an action plan indicating that literature supporting parathyroid scintigraphy as an	<input checked="" type="checkbox"/>

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							<p>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</p>	

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							after the CPT Assistant article is published. In October 2018, the RUC recommended to remove from list , no demonstrated technology diffusion that impacts work or practice expense.	

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78072	Parathyroid planar imaging (including subtraction, when performed); with tomographic (spect), and concurrently acquired computed tomography (ct) for anatomical localization	Apr 2012	Parathyroid Imaging	23	CPT 2013	October 2018	In April 2011, CPT Code 78007, Thyroid imaging, with uptake; multiple determinations was identified in the Harvard Valued-Utilization over 30,000 screen. As part of the review of the entire endocrine family, the specialty societies determined that revisions to the parathyroid imaging procedures were necessary to reflect current bundling policies, guideline changes and new technology. AMA Staff reviewed the work neutrality impacts for codes reviewed in the CPT 2013 cycle. It appeared that was only one issue where there was a large growth in utilization in the first year. For CPT 2013 the Parathyroid Imaging codes were not work neutral, and it was initially estimated as a savings overall. It appears that there was 40% increase from what was projected. The specialty societies submitted an action plan indicating that literature supporting parathyroid scintigraphy as an	<input checked="" type="checkbox"/>

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							<p>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</p>	

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							after the CPT Assistant article is published. In October 2018, the RUC recommended to remove from list , no demonstrated technology diffusion that impacts work or practice expense.	
78265	Gastric emptying imaging study (eg, solid, liquid, or both); with small bowel transit	Apr 2015	Colon Transit Imaging	18	CPT 2016	October 2019	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
78266	Gastric emptying imaging study (eg, solid, liquid, or both); with small bowel and colon transit, multiple days	Apr 2015	Colon Transit Imaging	18	CPT 2016	October 2019	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
78429	Myocardial imaging, positron emission tomography (pet), metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), single study; with concurrently acquired computed tomography transmission scan	Jan 2019	Myocardial PET	13	CPT 2020	April 2024		<input type="checkbox"/>
78430	Myocardial imaging, positron emission tomography (pet), perfusion study (including ventricular wall motion[s] and/or ejection fraction[s], when performed); single study, at rest or stress (exercise or pharmacologic), with concurrently acquired computed tomography transmission scan	Jan 2019	Myocardial PET	13	CPT 2020	April 2024		<input type="checkbox"/>
78431	Myocardial imaging, positron emission tomography (pet), perfusion study (including ventricular wall motion[s] and/or ejection fraction[s], when performed); multiple studies at rest and stress (exercise or pharmacologic), with concurrently acquired computed tomography transmission scan	Jan 2019	Myocardial PET	13	CPT 2020	April 2024		<input type="checkbox"/>

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78432	Myocardial imaging, positron emission tomography (pet), combined perfusion with metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), dual radiotracer (eg, myocardial viability);	Jan 2019	Myocardial PET	13	CPT 2020	April 2024		<input type="checkbox"/>
78433	Myocardial imaging, positron emission tomography (pet), combined perfusion with metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), dual radiotracer (eg, myocardial viability); with concurrently acquired computed tomography transmission scan	Jan 2019	Myocardial PET	13	CPT 2020	April 2024		<input type="checkbox"/>
78434	Absolute quantitation of myocardial blood flow (aqmbf), positron emission tomography (pet), rest and pharmacologic stress (list separately in addition to code for primary procedure)	Jan 2019	Myocardial PET	13	CPT 2020	April 2024		<input type="checkbox"/>
78459	Myocardial imaging, positron emission tomography (pet), metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), single study;	Jan 2019	Myocardial PET	13	CPT 2020	April 2024		<input type="checkbox"/>
78491	Myocardial imaging, positron emission tomography (pet), perfusion study (including ventricular wall motion[s] and/or ejection fraction[s], when performed); single study, at rest or stress (exercise or pharmacologic)	Jan 2019	Myocardial PET	13	CPT 2020	April 2024		<input type="checkbox"/>
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		<input type="checkbox"/>
78811	Positron emission tomography (pet) imaging; limited area (eg, chest, head/neck)	Apr 2007	PET Imaging	G	CPT 2008	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>

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78812	Positron emission tomography (pet) imaging; skull base to mid-thigh	Apr 2007	PET Imaging	G	CPT 2008	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
78813	Positron emission tomography (pet) imaging; whole body	Apr 2007	PET Imaging	G	CPT 2008	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
78814	Positron emission tomography (pet) with concurrently acquired computed tomography (ct) for attenuation correction and anatomical localization imaging; limited area (eg, chest, head/neck)	Apr 2007	PET Imaging	G	CPT 2008	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
78815	Positron emission tomography (pet) with concurrently acquired computed tomography (ct) for attenuation correction and anatomical localization imaging; skull base to mid-thigh	Apr 2007	PET Imaging	G	CPT 2008	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
78816	Positron emission tomography (pet) with concurrently acquired computed tomography (ct) for attenuation correction and anatomical localization imaging; whole body	Apr 2007	PET Imaging	G	CPT 2008	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
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		<input type="checkbox"/>



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78831	Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed); tomographic (spect), minimum 2 areas (eg, pelvis and knees, chest and abdomen) or separate acquisitions (eg, lung ventilation and perfusion), single day imaging, or single area or acquisition over 2 or more days	Jan 2019	SPECT-CT Procedures	14	CPT 2020	April 2024		<input type="checkbox"/>
78832	Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed); tomographic (spect) with concurrently acquired computed tomography (ct) transmission scan for anatomical review, localization and determination/detection of pathology, minimum 2 areas (eg, pelvis and knees, 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		<input type="checkbox"/>
78835	Radiopharmaceutical quantification measurement(s) single area (list separately in addition to code for primary procedure)	Jan 2019	SPECT-CT Procedures	14	CPT 2020	April 2024		<input type="checkbox"/>
7X000		Sep 2022	Intraoperative Ultrasound	05	CPT 2024	April 2028		<input type="checkbox"/>
7X001		Sep 2022	Intraoperative Ultrasound	05	CPT 2024	April 2028		<input type="checkbox"/>
7X002		Sep 2022	Intraoperative Ultrasound	05	CPT 2024	April 2028		<input type="checkbox"/>
7X003		Sep 2022	Intraoperative Ultrasound	05	CPT 2024	April 2028		<input type="checkbox"/>
81161	Dmd (dystrophin) (eg, duchenne/becker muscular dystrophy) deletion analysis, and duplication analysis, if performed	Oct 2012	Molecular Pathology -Tier 1	11	CPT 2014	October 2017	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	<input checked="" type="checkbox"/>

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81201	Apc (adenomatous polyposis coli) (eg, familial adenomatosis polyposis [fap], attenuated fap) gene analysis; full gene sequence	Apr 2012	Molecular Pathology- Adenomatous Polyposis Coli	24	CPT 2013	October 2016	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	✓
81202	Apc (adenomatous polyposis coli) (eg, familial adenomatosis polyposis [fap], attenuated fap) gene analysis; known familial variants	Apr 2012	Molecular Pathology- Adenomatous Polyposis Coli	24	CPT 2013	October 2016	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	✓
81203	Apc (adenomatous polyposis coli) (eg, familial adenomatosis polyposis [fap], attenuated fap) gene analysis; duplication/deletion variants	Apr 2012	Molecular Pathology- Adenomatous Polyposis Coli	24	CPT 2013	October 2016	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	✓
81206	Bcr/abl1 (t(9;22)) (eg, chronic myelogenous leukemia) translocation analysis; major breakpoint, qualitative or quantitative	Apr 2011	Molecular Pathology - Tier 1	15	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	✓
81207	Bcr/abl1 (t(9;22)) (eg, chronic myelogenous leukemia) translocation analysis; minor breakpoint, qualitative or quantitative	Apr 2011	Molecular Pathology - Tier 1	15	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	✓
81208	Bcr/abl1 (t(9;22)) (eg, chronic myelogenous leukemia) translocation analysis; other breakpoint, qualitative or quantitative	Apr 2011	Molecular Pathology - Tier 1	15	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	✓
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.	✓

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81216	Brca2 (brca2, dna repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis	Apr 2011	Molecular Pathology - Tier 1	15	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81217	Brca2 (brca2, dna repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; known familial variant	Apr 2011	Molecular Pathology - Tier 1	15	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81220	Cftr (cystic fibrosis transmembrane conductance regulator) (eg, cystic fibrosis) gene analysis; common variants (eg, acmg/acog guidelines)	Apr 2011	Molecular Pathology - Tier 1	15	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81221	Cftr (cystic fibrosis transmembrane conductance regulator) (eg, cystic fibrosis) gene analysis; known familial variants	Apr 2011	Molecular Pathology - Tier 1	15	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81222	Cftr (cystic fibrosis transmembrane conductance regulator) (eg, cystic fibrosis) gene analysis; duplication/deletion variants	Apr 2011	Molecular Pathology - Tier 1	15	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81223	Cftr (cystic fibrosis transmembrane conductance regulator) (eg, cystic fibrosis) gene analysis; full gene sequence	Apr 2011	Molecular Pathology - Tier 1	15	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81224	Cftr (cystic fibrosis transmembrane conductance regulator) (eg, cystic fibrosis) gene analysis; intron 8 poly-t analysis (eg, male infertility)	Apr 2011	Molecular Pathology - Tier 1	15	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑

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81225	Cyp2c19 (cytochrome p450, family 2, subfamily c, polypeptide 19) (eg, drug metabolism), gene analysis, common variants (eg, *2, *3, *4, *8, *17)	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012	October 2015	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81227	Cyp2c9 (cytochrome p450, family 2, subfamily c, polypeptide 9) (eg, drug metabolism), gene analysis, common variants (eg, *2, *3, *5, *6)	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012	October 2015	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81235	Egfr (epidermal growth factor receptor) (eg, non-small cell lung cancer) gene analysis, common variants (eg, exon 19 lrea deletion, l858r, t790m, g719a, g719s, l861q)	Sep 2011	Molecular Pathology Test - Tier 1	09	CPT 2013	October 2016	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81240	F2 (prothrombin, coagulation factor ii) (eg, hereditary hypercoagulability) gene analysis, 20210g>a variant	Apr 2011	Molecular Pathology Test - Tier 1	15	CPT 2012	October 2015	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81241	F5 (coagulation factor v) (eg, hereditary hypercoagulability) gene analysis, leiden variant	Apr 2011	Molecular Pathology Test - Tier 1	15	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81243	Fmr1 (fragile x mental retardation 1) (eg, fragile x mental retardation) gene analysis; evaluation to detect abnormal (eg, expanded) alleles	Apr 2011	Molecular Pathology - Tier 1	15	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81244	Fmr1 (fragile x mental retardation 1) (eg, fragile x mental retardation) gene analysis; characterization of alleles (eg, expanded size and promoter methylation status)	Apr 2011	Molecular Pathology - Tier 1	15	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑

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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, hbb 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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81262	Igh@ (immunoglobulin heavy chain locus) (eg, leukemias and lymphomas, b-cell), gene rearrangement analysis to detect abnormal clonal population(s); direct probe methodology (eg, southern blot)	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81263	Igh@ (immunoglobulin heavy chain locus) (eg, leukemia and lymphoma, b-cell), variable region somatic mutation analysis	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81264	Igk@ (immunoglobulin kappa light chain locus) (eg, leukemia and lymphoma, b-cell), gene rearrangement analysis, evaluation to detect abnormal clonal population(s)	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81265	Comparative analysis using short tandem repeat (str) markers; patient and comparative specimen (eg, pre-transplant recipient and donor germline testing, post-transplant non-hematopoietic recipient germline [eg, buccal swab or other germline tissue sample] and donor testing, twin zygosity testing, or maternal cell contamination of fetal cells)	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81266	Comparative analysis using short tandem repeat (str) markers; each additional specimen (eg, additional cord blood donor, additional fetal samples from different cultures, or additional zygosity in multiple birth pregnancies) (list separately in addition to code for primary procedure)	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012	October 2015	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81267	Chimerism (engraftment) analysis, post transplantation specimen (eg, hematopoietic stem cell), includes comparison to previously performed baseline analyses; without cell selection	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑

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81268	Chimerism (engraftment) analysis, post transplantation specimen (eg, hematopoietic stem cell), includes comparison to previously performed baseline analyses; with cell selection (eg, cd3, cd33), each cell type	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81270	Jak2 (janus kinase 2) (eg, myeloproliferative disorder) gene analysis, p.val617phe (v617f) variant	Apr 2011	Molecular Pathology - Tier 1	15	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81275	Kras (kirsten rat sarcoma viral oncogene homolog) (eg, carcinoma) gene analysis; variants in exon 2 (eg, codons 12 and 13)	Apr 2011	Molecular Pathology - Tier 1	15	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81291	Mthfr (5,10-methylenetetrahydrofolate reductase) (eg, hereditary hypercoagulability) gene analysis, common variants (eg, 677t, 1298c)	Apr 2011	Molecular Pathology - Tier 1	15	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81292	Mlh1 (mutl homolog 1, colon cancer, nonpolyposis type 2) (eg, hereditary non-polyposis colorectal cancer, lynch syndrome) gene analysis; full sequence analysis	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81293	Mlh1 (mutl homolog 1, colon cancer, nonpolyposis type 2) (eg, hereditary non-polyposis colorectal cancer, lynch syndrome) gene analysis; known familial variants	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81294	Mlh1 (mutl homolog 1, colon cancer, nonpolyposis type 2) (eg, hereditary non-polyposis colorectal cancer, lynch syndrome) gene analysis; duplication/deletion variants	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑

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81295	Msh2 (mut homolog 2, colon cancer, nonpolyposis type 1) (eg, hereditary non-polyposis colorectal cancer, lynch syndrome) gene analysis; full sequence analysis	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81296	Msh2 (mut homolog 2, colon cancer, nonpolyposis type 1) (eg, hereditary non-polyposis colorectal cancer, lynch syndrome) gene analysis; known familial variants	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81297	Msh2 (mut homolog 2, colon cancer, nonpolyposis type 1) (eg, hereditary non-polyposis colorectal cancer, lynch syndrome) gene analysis; duplication/deletion variants	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81298	Msh6 (mut homolog 6 [e. coli]) (eg, hereditary non-polyposis colorectal cancer, lynch syndrome) gene analysis; full sequence analysis	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81299	Msh6 (mut homolog 6 [e. coli]) (eg, hereditary non-polyposis colorectal cancer, lynch syndrome) gene analysis; known familial variants	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81300	Msh6 (mut homolog 6 [e. coli]) (eg, hereditary non-polyposis colorectal cancer, lynch syndrome) gene analysis; duplication/deletion variants	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012	October 2015	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81301	Microsatellite instability analysis (eg, hereditary non-polyposis colorectal cancer, lynch syndrome) of markers for mismatch repair deficiency (eg, bat25, bat26), includes comparison of neoplastic and normal tissue, if performed	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑



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81302	Mecp2 (methyl cpg binding protein 2) (eg, rett syndrome) gene analysis; full sequence analysis	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81303	Mecp2 (methyl cpg binding protein 2) (eg, rett syndrome) gene analysis; known familial variant	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81304	Mecp2 (methyl cpg binding protein 2) (eg, rett syndrome) gene analysis; duplication/deletion variants	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81315	Pml/raralpha, (t(15;17)), (promyelocytic leukemia/retinoic acid receptor alpha) (eg, promyelocytic leukemia) translocation analysis; common breakpoints (eg, intron 3 and intron 6), qualitative or quantitative	Apr 2011	Molecular Pathology - Tier 1	15	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81316	Pml/raralpha, (t(15;17)), (promyelocytic leukemia/retinoic acid receptor alpha) (eg, promyelocytic leukemia) translocation analysis; single breakpoint (eg, intron 3, intron 6 or exon 6), qualitative or quantitative	Apr 2011	Molecular Pathology - Tier 1	15	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81317	Pms2 (postmeiotic segregation increased 2 [s. cerevisiae]) (eg, hereditary non-polyposis colorectal cancer, lynch syndrome) gene analysis; full sequence analysis	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81318	Pms2 (postmeiotic segregation increased 2 [s. cerevisiae]) (eg, hereditary non-polyposis colorectal cancer, lynch syndrome) gene analysis; known familial variants	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑

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81319	Pms2 (postmeiotic segregation increased 2 [s. cerevisiae]) (eg, hereditary non-polyposis colorectal cancer, lynch syndrome) gene analysis; duplication/deletion variants	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81321	Pten (phosphatase and tensin homolog) (eg, cowden syndrome, pten hamartoma tumor syndrome) gene analysis; full sequence analysis	Sep 2011	Molecular Pathology Test - Tier 1	09	CPT 2013	October 2016	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81322	Pten (phosphatase and tensin homolog) (eg, cowden syndrome, pten hamartoma tumor syndrome) gene analysis; known familial variant	Sep 2011	Molecular Pathology Test - Tier 1	09	CPT 2013	October 2016	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81323	Pten (phosphatase and tensin homolog) (eg, cowden syndrome, pten hamartoma tumor syndrome) gene analysis; duplication/deletion variant	Sep 2011	Molecular Pathology Test - Tier 1	09	CPT 2013	October 2016	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81331	Snrpn/ube3a (small nuclear ribonucleoprotein polypeptide n and ubiquitin protein ligase e3a) (eg, prader-willi syndrome and/or angelman syndrome), methylation analysis	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81332	Serpina1 (serpin peptidase inhibitor, clade a, alpha-1 antiproteinase, antitrypsin, member 1) (eg, alpha-1-antitrypsin deficiency), gene analysis, common variants (eg, *s and *z)	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81340	Trb@ (t cell antigen receptor, beta) (eg, leukemia and lymphoma), gene rearrangement analysis to detect abnormal clonal population(s); using amplification methodology (eg, polymerase chain reaction)	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑

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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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81373	Hla class i typing, low resolution (eg, antigen equivalents); one locus (eg, hla-a, -b, or -c), each	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81374	Hla class i typing, low resolution (eg, antigen equivalents); one antigen equivalent (eg, b*27), each	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81375	Hla class ii typing, low resolution (eg, antigen equivalents); hla-drb1/3/4/5 and -dqb1	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81376	Hla class ii typing, low resolution (eg, antigen equivalents); one locus (eg, hla-drb1, -drb3/4/5, -dqb1, -dqa1, -dpb1, or -dpa1), each	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81377	Hla class ii typing, low resolution (eg, antigen equivalents); one antigen equivalent, each	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81378	Hla class i and ii typing, high resolution (ie, alleles or allele groups), hla-a, -b, -c, and -drb1	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81379	Hla class i typing, high resolution (ie, alleles or allele groups); complete (ie, hla-a, -b, and -c)	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012	October 2015	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑

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81380	Hla class i typing, high resolution (ie, alleles or allele groups); one locus (eg, hla-a, -b, or -c), each	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012	October 2015	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	<input checked="" type="checkbox"/>
81381	Hla class i typing, high resolution (ie, alleles or allele groups); one allele or allele group (eg, b*57:01p), each	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012	October 2015	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	<input checked="" type="checkbox"/>
81382	Hla class ii typing, high resolution (ie, alleles or allele groups); one locus (eg, hla-drb1, -drb3/4/5, -dqb1, -dqa1, -dpb1, or -dpa1), each	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012	October 2015	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	<input checked="" type="checkbox"/>
81383	Hla class ii typing, high resolution (ie, alleles or allele groups); one allele or allele group (eg, hla-dqb1*06:02p), each	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012	October 2015	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	<input checked="" type="checkbox"/>

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81400	Molecular pathology procedure, level 1 (eg, identification of single germline variant [eg, snp] by techniques such as restriction enzyme digestion or melt curve analysis) acadm (acyl-coa dehydrogenase, c-4 to c-12 straight chain, mcad) (eg, medium chain acyl dehydrogenase deficiency), k304e variant ace (angiotensin converting enzyme) (eg, hereditary blood pressure regulation), insertion/deletion variant agtr1 (angiotensin ii receptor, type 1) (eg, essential hypertension), 1166a>c variant bckdha (branched chain keto acid dehydrogenase e1, alpha polypeptide) (eg, maple syrup urine disease, type 1a), y438n variant ccr5 (chemokine c-c motif receptor 5) (eg, hiv resistance), 32-bp deletion mutation/794 825del32 deletion clrn1 (clarin 1) (eg, usher syndrome, type 3), n48k variant f2 (coagulation factor 2) (eg, hereditary hypercoagulability), 1199g>a variant f5 (coagulation factor v) (eg, hereditary hypercoagulability), hr2 variant f7 (coagulation factor vii [serum prothrombin conversion accelerator]) (eg, hereditary hypercoagulability), r353q variant f13b (coagulation factor xiii, b polypeptide) (eg, hereditary hypercoagulability), v34l variant fgb (fibrinogen beta chain) (eg, hereditary ischemic heart disease), -455g>a variant fgfr1 (fibroblast growth factor receptor 1) (eg, pfeiffer syndrome type 1, craniosynostosis), p252r variant fgfr3 (fibroblast growth factor receptor 3) (eg, muenke syndrome), p250r variant fkt n (fukutin) (eg, fukuyama congenital muscular dystrophy), retrotransposon insertion variant gne (glucosamine [udp-n-acetyl]-2-epimerase/n-acetylmannosamine kinase) (eg, inclusion body myopathy 2 [ibm2], nonaka myopathy), m712t variant ivd (isovaleryl-coa dehydrogenase) (eg, isovaleric acidemia), a282v variant lct (lactase-phlorizin hydrolase) (eg, lactose intolerance), 13910 c>t variant neb (nebulin) (eg, nemaline myopathy 2), exon 55 deletion variant pcdh15 (protocadherin-related 15) (eg, usher syndrome type 1f), r245x variant serpine1 (serpine peptidase	Apr 2011	Molecular Pathology - Tier 2 16		CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	<input checked="" type="checkbox"/>

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	inhibitor clade e, member 1, plasminogen activator inhibitor -1, pai-1) (eg, thrombophilia), 4g variant shoc2 (soc-2 suppressor of clear homolog) (eg, noonan-like syndrome with loose anagen hair), s2g variant sry (sex determining region y) (eg, 46,xx testicular disorder of sex development, gonadal dysgenesis), gene analysis tor1a (torsin family 1, member a [torsin a]) (eg, early-onset primary dystonia [dyt1]), 907_909delgag (904_906delgag) variant							

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
81401	Molecular pathology procedure, level 2 (eg, 2-10 snps, 1 methylated variant, or 1 somatic variant [typically using nonsequencing target variant analysis], or detection of a dynamic mutation disorder/triplet repeat) abcc8 (atp-binding cassette, sub-family c [cftr/mrp], member 8) (eg, familial hyperinsulinism), common variants (eg, c.3898-9g>a [c.3992-9g>a], f1388del) abl1 (abl proto-oncogene 1, non-receptor tyrosine kinase) (eg, acquired imatinib resistance), t315i variant acadm (acyl-coa dehydrogenase, c-4 to c-12 straight chain, mcad) (eg, medium chain acyl dehydrogenase deficiency), commons variants (eg, k304e, y42h) adrb2 (adrenergic beta-2 receptor surface) (eg, drug metabolism), common variants (eg, g16r, q27e) apob (apolipoprotein b) (eg, familial hypercholesterolemia type b), common variants (eg, r3500q, r3500w) apoe (apolipoprotein e) (eg, hyperlipoproteinemia type iii, cardiovascular disease, alzheimer disease), common variants (eg, *2, *3, *4) cbfb/myh11 (inv(16)) (eg, acute myeloid leukemia), qualitative, and quantitative, if performed cbs (cystathionine-beta-synthase) (eg, homocystinuria, cystathionine beta-synthase deficiency), common variants (eg, i278t, g307s) cfh/arms2 (complement factor h/age-related maculopathy susceptibility 2) (eg, macular degeneration), common variants (eg, y402h [cfh], a69s [arms2]) dek/nup214 (t(6;9)) (eg, acute myeloid leukemia), translocation analysis, qualitative, and quantitative, if performed e2a/pbx1 (t(1;19)) (eg, acute lymphocytic leukemia), translocation analysis, qualitative, and quantitative, if performed eml4/alk (inv(2)) (eg, non-small cell lung cancer), translocation or inversion analysis etv6/runx1 (t(12;21)) (eg, acute lymphocytic leukemia), translocation analysis, qualitative, and quantitative, if performed ewsr1/atf1 (t(12;22)) (eg, clear cell sarcoma), translocation analysis, qualitative, and quantitative, if performed ewsr1/erg (t(21;22)) (eg, ewing sarcoma/peripheral neuroectodermal tumor), translocation analysis, qualitative, and	Apr 2011	Molecular Pathology - Tier 2 16		CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	<input checked="" type="checkbox"/>



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	quantitative, if performed ewsr1/fli1 (t(11;22)) (eg, ewing sarcoma/peripheral neuroectodermal tumor), translocation analysis, qualitative, and quantitative, if performed ewsr1/wt1 (t(11;22)) (eg, desmoplastic small round cell tumor), translocation analysis, qualitative, and quantitative, if performed f11 (coagulation factor xi) (eg, coagulation disorder), common variants (eg, e117x [type ii], f283l [type iii], ivs14del14, and ivs14+1g>a [type i]) fgfr3 (fibroblast growth factor receptor 3) (eg, achondroplasia, hypochondroplasia), common variants (eg, 1138g>a, 1138g>c, 1620c>a, 1620c>g) fip111/pdgfra (del[4q12]) (eg, imatinib-sensitive chronic eosinophilic leukemia), qualitative, and quantitative, if performed flg (filaggrin) (eg, ichthyosis vulgaris), common variants (eg, r501x, 2282del4, r2447x, s3247x, 3702delg) foxo1/pax3 (t(2;13)) (eg, alveolar rhabdomyosarcoma), translocation analysis, qualitative, and quantitative, if performed foxo1/pax7 (t(1;13)) (eg, alveolar rhabdomyosarcoma), translocation analysis, qualitative, and quantitative, if performed fus/ddit3 (t(12;16)) (eg, myxoid liposarcoma), translocation analysis, qualitative, and quantitative, if performed galc (galactosylceramidase) (eg, krabbe disease), common variants (eg, c.857g>a, 30-kb deletion) galt (galactose-1-phosphate uridylyltransferase) (eg, galactosemia), common variants (eg, q188r, s135l, k285n, t138m, l195p, y209c, ivs2-2a>g, p171s, del5kb, n314d, l218l/n314d) h19 (imprinted maternally expressed transcript [non-protein coding]) (eg, beckwith-wiedemann syndrome), methylation analysis igh@/bcl2 (t(14;18)) (eg, follicular lymphoma), translocation analysis; single breakpoint (eg, major breakpoint region [mbr] or minor cluster region [mcr]), qualitative or quantitative (when both mbr and mcr breakpoints are performed, use 81278) kcnq1ot1 (kcnq1 overlapping transcript 1 [non-protein coding]) (eg, beckwith-wiedemann syndrome), methylation analysis linc00518 (long intergenic non-protein coding rna 518) (eg, melanoma), expression							

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	analysis Irrk2 (leucine-rich repeat kinase 2) (eg, parkinson disease), common variants (eg, r1441g, g2019s, i2020t) med12 (mediator complex subunit 12) (eg, fg syndrome type 1, lujan syndrome), common variants (eg, r961w, n1007s) meg3/dlk1 (maternally expressed 3 [non-protein coding]/delta-like 1 homolog [drosophila]) (eg, intrauterine growth retardation), methylation analysis mll/aff1 (t(4;11)) (eg, acute lymphoblastic leukemia), translocation analysis, qualitative, and quantitative, if performed mll/mlt3 (t(9;11)) (eg, acute myeloid leukemia), translocation analysis, qualitative, and quantitative, if performed mt-atp6 (mitochondrially encoded atp synthase 6) (eg, neuropathy with ataxia and retinitis pigmentosa [narp], leigh syndrome), common variants (eg, m.8993t>g, m.8993t>c) mt-nd4, mt-nd6 (mitochondrially encoded nadh dehydrogenase 4, mitochondrially encoded nadh dehydrogenase 6) (eg, leber hereditary optic neuropathy [lhon]), common variants (eg, m.11778g>a, m.3460g>a, m.14484t>c) mt-nd5 (mitochondrially encoded trna leucine 1 [uua/g], mitochondrially encoded nadh dehydrogenase 5) (eg, mitochondrial encephalopathy with lactic acidosis and stroke-like episodes [melas]), common variants (eg, m.3243a>g, m.3271t>c, m.3252a>g, m.13513g>a) mt-rnr1 (mitochondrially encoded 12s rna) (eg, nonsyndromic hearing loss), common variants (eg, m.1555a>g, m.1494c>t) mt-tk (mitochondrially encoded trna lysine) (eg, myoclonic epilepsy with ragged-red fibers [merrf]), common variants (eg, m.8344a>g, m.8356t>c) mt-tl1 (mitochondrially encoded trna leucine 1 [uua/g]) (eg, diabetes and hearing loss), common variants (eg, m.3243a>g, m.14709 t>c) mt-tl1 mt-ts1, mt-rnr1 (mitochondrially encoded trna serine 1 [ucn], mitochondrially encoded 12s rna) (eg, nonsyndromic sensorineural deafness [including aminoglycoside-induced nonsyndromic deafness]), common variants (eg, m.7445a>g, m.1555a>g) mutyh (muty homolog [e. coli]) (eg, myh-associated polyposis), common variants (eg,							

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	y165c, g382d) nod2 (nucleotide-binding oligomerization domain containing 2) (eg, crohn's disease, blau syndrome), common variants (eg, snp 8, snp 12, snp 13) npm1/alk (t(2;5)) (eg, anaplastic large cell lymphoma), translocation analysis pax8/pparg (t(2;3) (q13;p25)) (eg, follicular thyroid carcinoma), translocation analysis prame (preferentially expressed antigen in melanoma) (eg, melanoma), expression analysis prss1 (protease, serine, 1 [trypsin 1]) (eg, hereditary pancreatitis), common variants (eg, n29i, a16v, r122h) pygm (phosphorylase, glycogen, muscle) (eg, glycogen storage disease type v, mcardle disease), common variants (eg, r50x, g205s) runx1/runx1t1 (t(8;21)) (eg, acute myeloid leukemia) translocation analysis, qualitative, and quantitative, if performed ss18/ssx1 (t(x;18)) (eg, synovial sarcoma), translocation analysis, qualitative, and quantitative, if performed ss18/ssx2 (t(x;18)) (eg, synovial sarcoma), translocation analysis, qualitative, and quantitative, if performed vwf (von willebrand factor) (eg, von willebrand disease type 2n), common variants (eg, t791m, r816w, r854q)							

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81402	Molecular pathology procedure, level 3 (eg, >10 snps, 2-10 methylated variants, or 2-10 somatic variants [typically using non-sequencing target variant analysis], immunoglobulin and t-cell receptor gene rearrangements, duplication/deletion variants of 1 exon, loss of heterozygosity [loh], uniparental disomy [upd]) chromosome 1p-/19q- (eg, glial tumors), deletion analysis chromosome 18q- (eg, d18s55, d18s58, d18s61, d18s64, and d18s69) (eg, colon cancer), allelic imbalance assessment (ie, loss of heterozygosity) col1a1/pdgfb (t(17;22)) (eg, dermatofibrosarcoma protuberans), translocation analysis, multiple breakpoints, qualitative, and quantitative, if performed cyp21a2 (cytochrome p450, family 21, subfamily a, polypeptide 2) (eg, congenital adrenal hyperplasia, 21-hydroxylase deficiency), common variants (eg, ivs2-13g, p30l, i172n, exon 6 mutation cluster [i235n, v236e, m238k], v281l, l307ffsx6, q318x, r356w, p453s, g110vfsx21, 30-kb deletion variant) esr1/pgr (receptor 1/progesterone receptor) ratio (eg, breast cancer) mefv (mediterranean fever) (eg, familial mediterranean fever), common variants (eg, e148q, p369s, f479l, m680i, i692del, m694v, m694i, k695r, v726a, a744s, r761h) trd@ (t cell antigen receptor, delta) (eg, leukemia and lymphoma), gene rearrangement analysis, evaluation to detect abnormal clonal population uniparental disomy (upd) (eg, russell-silver syndrome, prader-willi/angelman syndrome), short tandem repeat (str) analysis	Apr 2011	Molecular Pathology - Tier 2 16	CPT 2012			Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	<input checked="" type="checkbox"/>

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81403	Molecular pathology procedure, level 4 (eg, analysis of single exon by dna sequence analysis, analysis of >10 amplicons using multiplex pcr in 2 or more independent reactions, mutation scanning or duplication/deletion variants of 2-5 exons) ang (angiogenin, ribonuclease, mase a family, 5) (eg, amyotrophic lateral sclerosis), full gene sequence arx (aristaless-related homeobox) (eg, x-linked lissencephaly with ambiguous genitalia, x-linked mental retardation), duplication/deletion analysis cel (carboxyl ester lipase [bile salt-stimulated lipase]) (eg, maturity-onset diabetes of the young [mody]), targeted sequence analysis of exon 11 (eg, c.1785delc, c.1686delt) cttnb1 (catenin [cadherin-associated protein], beta 1, 88kda) (eg, desmoid tumors), targeted sequence analysis (eg, exon 3) daz/sry (deleted in azoospermia and sex determining region y) (eg, male infertility), common deletions (eg, azfa, azfb, azfc, azfd) dnmt3a (dna [cytosine-5-]-methyltransferase 3 alpha) (eg, acute myeloid leukemia), targeted sequence analysis (eg, exon 23) epcam (epithelial cell adhesion molecule) (eg, lynch syndrome), duplication/deletion analysis f8 (coagulation factor viii) (eg, hemophilia a), inversion analysis, intron 1 and intron 22a f12 (coagulation factor xii [hageman factor]) (eg, angioedema, hereditary, type iii; factor xii deficiency), targeted sequence analysis of exon 9 fgfr3 (fibroblast growth factor receptor 3) (eg, isolated craniosynostosis), targeted sequence analysis (eg, exon 7) (for targeted sequence analysis of multiple fgfr3 exons, use 81404) gjb1 (gap junction protein, beta 1) (eg, charcot-marie-tooth x-linked), full gene sequence gnaq (guanine nucleotide-binding protein g[q] subunit alpha) (eg, uveal melanoma), common variants (eg, r183, q209) human erythrocyte antigen gene analyses (eg, slc14a1 [kidd blood group], bcam [lutheran blood group], icam4 [landsteiner-wiener blood group], slc4a1 [diego blood group], aqp1 [colton blood group], ermap [scianna blood group], rhce [rh blood group, ccee antigens], kel [kell blood group], darc [duffy blood	Apr 2011	Molecular Pathology - Tier 2 16	CPT 2012			Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	<input checked="" type="checkbox"/>

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	group], gypa, gypb, gype [mns blood group], art4 [dombrock blood group]) (eg, sickle-cell disease, thalassemia, hemolytic transfusion reactions, hemolytic disease of the fetus or newborn), common variants hras (v-ha-ras harvey rat sarcoma viral oncogene homolog) (eg, costello syndrome), exon 2 sequence kcnc3 (potassium voltage-gated channel, shaw-related subfamily, member 3) (eg, spinocerebellar ataxia), targeted sequence analysis (eg, exon 2) kcnj2 (potassium inwardly-rectifying channel, subfamily j, member 2) (eg, andersen-tawil syndrome), full gene sequence kcnj11 (potassium inwardly-rectifying channel, subfamily j, member 11) (eg, familial hyperinsulinism), full gene sequence killer cell immunoglobulin-like receptor (kir) gene family (eg, hematopoietic stem cell transplantation), genotyping of kir family genes known familial variant not otherwise specified, for gene listed in tier 1 or tier 2, or identified during a genomic sequencing procedure, dna sequence analysis, each variant exon (for a known familial variant that is considered a common variant, use specific common variant tier 1 or tier 2 code) mc4r (melanocortin 4 receptor) (eg, obesity), full gene sequence mica (mhc class i polypeptide-related sequence a) (eg, solid organ transplantation), common variants (eg, *001, *002) mt-rnr1 (mitochondrially encoded 12s rna) (eg, nonsyndromic hearing loss), full gene sequence mt-ts1 (mitochondrially encoded trna serine 1) (eg, nonsyndromic hearing loss), full gene sequence ndp (norrie disease [pseudoglioma]) (eg, norrie disease), duplication/deletion analysis nhlrc1 (nhl repeat containing 1) (eg, progressive myoclonus epilepsy), full gene sequence phox2b (paired-like homeobox 2b) (eg, congenital central hypoventilation syndrome), duplication/deletion analysis pln (phospholamban) (eg, dilated cardiomyopathy, hypertrophic cardiomyopathy), full gene sequence rhd (rh blood group, d antigen) (eg, hemolytic disease of the fetus and newborn, rh maternal/fetal compatibility), deletion analysis							

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	(eg, exons 4, 5, and 7, pseudogene) rhd (rh blood group, d antigen) (eg, hemolytic disease of the fetus and newborn, rh maternal/fetal compatibility), deletion analysis (eg, exons 4, 5, and 7, pseudogene), performed on cell-free fetal dna in maternal blood (for human erythrocyte gene analysis of rhd, use a separate unit of 81403) sh2d1a (sh2 domain containing 1a) (eg, x-linked lymphoproliferative syndrome), duplication/deletion analysis twist1 (twist homolog 1 [drosophila]) (eg, saethre-chotzen syndrome), duplication/deletion analysis uba1 (ubiquitin-like modifier activating enzyme 1) (eg, spinal muscular atrophy, x-linked), targeted sequence analysis (eg, exon 15) vhl (von hippel-lindau tumor suppressor) (eg, von hippel-lindau familial cancer syndrome), deletion/duplication analysis vwf (von willebrand factor) (eg, von willebrand disease types 2a, 2b, 2m), targeted sequence analysis (eg, exon 28)							

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81404	Molecular pathology procedure, level 5 (eg, analysis of 2-5 exons by dna sequence analysis, mutation scanning or duplication/deletion variants of 6-10 exons, or characterization of a dynamic mutation disorder/triplet repeat by southern blot analysis) acads (acyl-coa dehydrogenase, c-2 to c-3 short chain) (eg, short chain acyl-coa dehydrogenase deficiency), targeted sequence analysis (eg, exons 5 and 6) aqp2 (aquaporin 2 [collecting duct]) (eg, nephrogenic diabetes insipidus), full gene sequence arx (aristaless related homeobox) (eg, x-linked lissencephaly with ambiguous genitalia, x-linked mental retardation), full gene sequence avpr2 (arginine vasopressin receptor 2) (eg, nephrogenic diabetes insipidus), full gene sequence bbs10 (bardet-biedl syndrome 10) (eg, bardet-biedl syndrome), full gene sequence btd (biotinidase) (eg, biotinidase deficiency), full gene sequence c10orf2 (chromosome 10 open reading frame 2) (eg, mitochondrial dna depletion syndrome), full gene sequence cav3 (caveolin 3) (eg, cav3-related distal myopathy, limb-girdle muscular dystrophy type 1c), full gene sequence cd40lg (cd40 ligand) (eg, x-linked hyper igm syndrome), full gene sequence cdkn2a (cyclin-dependent kinase inhibitor 2a) (eg, cdkn2a-related cutaneous malignant melanoma, familial atypical mole-malignant melanoma syndrome), full gene sequence clrn1 (clarin 1) (eg, usher syndrome, type 3), full gene sequence cox6b1 (cytochrome c oxidase subunit vib polypeptide 1) (eg, mitochondrial respiratory chain complex iv deficiency), full gene sequence cpt2 (carnitine palmitoyltransferase 2) (eg, carnitine palmitoyltransferase ii deficiency), full gene sequence crx (cone-rod homeobox) (eg, cone-rod dystrophy 2, leber congenital amaurosis), full gene sequence cyp1b1 (cytochrome p450, family 1, subfamily b, polypeptide 1) (eg, primary congenital glaucoma), full gene sequence egr2 (early growth response 2) (eg, charcot-marie-tooth), full gene sequence emd (emerin) (eg, emery-dreifuss	Apr 2011	Molecular Pathology - Tier 2 16	CPT 2012			Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	<input checked="" type="checkbox"/>



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	muscular dystrophy), duplication/deletion analysis epm2a (epilepsy, progressive myoclonus type 2a, lafora disease [laforin]) (eg, progressive myoclonus epilepsy), full gene sequence fgf23 (fibroblast growth factor 23) (eg, hypophosphatemic rickets), full gene sequence fgfr2 (fibroblast growth factor receptor 2) (eg, craniosynostosis, apert syndrome, crouzon syndrome), targeted sequence analysis (eg, exons 8, 10) fgfr3 (fibroblast growth factor receptor 3) (eg, achondroplasia, hypochondroplasia), targeted sequence analysis (eg, exons 8, 11, 12, 13) fh1 (four and a half lim domains 1) (eg, emery-dreifuss muscular dystrophy), full gene sequence fkrp (fukutin related protein) (eg, congenital muscular dystrophy type 1c [mdc1c], limb-girdle muscular dystrophy [lgmd] type 2i), full gene sequence foxg1 (forkhead box g1) (eg, rett syndrome), full gene sequence fshmd1a (facioscapulohumeral muscular dystrophy 1a) (eg, facioscapulohumeral muscular dystrophy), evaluation to detect abnormal (eg, deleted) alleles fshmd1a (facioscapulohumeral muscular dystrophy 1a) (eg, facioscapulohumeral muscular dystrophy), characterization of haplotype(s) (ie, chromosome 4a and 4b haplotypes) gh1 (growth hormone 1) (eg, growth hormone deficiency), full gene sequence gp1bb (glycoprotein ib [platelet], beta polypeptide) (eg, bernard-soulier syndrome type b), full gene sequence (for common deletion variants of alpha globin 1 and alpha globin 2 genes, use 81257) hnf1b (hnf1 homeobox b) (eg, maturity-onset diabetes of the young [mody]), duplication/deletion analysis hras (v-ha-ras harvey rat sarcoma viral oncogene homolog) (eg, costello syndrome), full gene sequence hsd3b2 (hydroxy- delta-5-steroid dehydrogenase, 3 beta- and steroid delta-isomerase 2) (eg, 3-beta-hydroxysteroid dehydrogenase type ii deficiency), full gene sequence hsd11b2 (hydroxysteroid [11-beta] dehydrogenase 2) (eg, mineralocorticoid excess syndrome), full gene sequence hspb1 (heat shock 27kda protein 1) (eg, charcot-marie-tooth disease),							

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	full gene sequence ins (insulin) (eg, diabetes mellitus), full gene sequence kcnj1 (potassium inwardly-rectifying channel, subfamily j, member 1) (eg, bartter syndrome), full gene sequence kcnj10 (potassium inwardly-rectifying channel, subfamily j, member 10) (eg, sesame syndrome, east syndrome, sensorineural hearing loss), full gene sequence lita1 (lipopolysaccharide-induced tnf factor) (eg, charcot-marie-tooth), full gene sequence mefv (mediterranean fever) (eg, familial mediterranean fever), full gene sequence men1 (multiple endocrine neoplasia i) (eg, multiple endocrine neoplasia type 1, wermer syndrome), duplication/deletion analysis mmachc (methylmalonic aciduria [cobalamin deficiency] cblc type, with homocystinuria) (eg, methylmalonic acidemia and homocystinuria), full gene sequence mpv17 (mpv17 mitochondrial inner membrane protein) (eg, mitochondrial dna depletion syndrome), duplication/deletion analysis ndp (norrie disease [pseudoglioma]) (eg, norrie disease), full gene sequence ndufa1 (nadh dehydrogenase [ubiquinone] 1 alpha subcomplex, 1, 7.5kda) (eg, leigh syndrome, mitochondrial complex i deficiency), full gene sequence ndufaf2 (nadh dehydrogenase [ubiquinone] 1 alpha subcomplex, assembly factor 2) (eg, leigh syndrome, mitochondrial complex i deficiency), full gene sequence ndufs4 (nadh dehydrogenase [ubiquinone] fe-s protein 4, 18kda [nadh-coenzyme q reductase]) (eg, leigh syndrome, mitochondrial complex i deficiency), full gene sequence nipa1 (non-imprinted in prader-willi/angelman syndrome 1) (eg, spastic paraplegia), full gene sequence nlgn4x (neuroligin 4, x-linked) (eg, autism spectrum disorders), duplication/deletion analysis npc2 (niemann-pick disease, type c2 [epididymal secretory protein e1]) (eg, niemann-pick disease type c2), full gene sequence nr0b1 (nuclear receptor subfamily 0, group b, member 1) (eg, congenital adrenal hypoplasia), full gene sequence pdx1 (pancreatic and duodenal homeobox 1) (eg, maturity-onset diabetes of the							

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	<p>young [mody]), full gene sequence phox2b (paired-like homeobox 2b) (eg, congenital central hypoventilation syndrome), full gene sequence plp1 (proteolipid protein 1) (eg, pelizaeus-merzbacher disease, spastic paraplegia), duplication/deletion analysis pqbp1 (polyglutamine binding protein 1) (eg, renpenning syndrome), duplication/deletion analysis prnp (prion protein) (eg, genetic prion disease), full gene sequence prop1 (prop paired-like homeobox 1) (eg, combined pituitary hormone deficiency), full gene sequence prph2 (peripherin 2 [retinal degeneration, slow]) (eg, retinitis pigmentosa), full gene sequence prss1 (protease, serine, 1 [trypsin 1]) (eg, hereditary pancreatitis), full gene sequence raf1 (v-raf-1 murine leukemia viral oncogene homolog 1) (eg, leopard syndrome), targeted sequence analysis (eg, exons 7, 12, 14, 17) ret (ret proto-oncogene) (eg, multiple endocrine neoplasia, type 2b and familial medullary thyroid carcinoma), common variants (eg, m918t, 2647_2648delinstt, a883f) rho (rhodopsin) (eg, retinitis pigmentosa), full gene sequence rp1 (retinitis pigmentosa 1) (eg, retinitis pigmentosa), full gene sequence scn1b (sodium channel, voltage-gated, type i, beta) (eg, brugada syndrome), full gene sequence sco2 (sco cytochrome oxidase deficient homolog 2 [sco1]) (eg, mitochondrial respiratory chain complex iv deficiency), full gene sequence sdhc (succinate dehydrogenase complex, subunit c, integral membrane protein, 15kda) (eg, hereditary paraganglioma-pheochromocytoma syndrome), duplication/deletion analysis sdhd (succinate dehydrogenase complex, subunit d, integral membrane protein) (eg, hereditary paraganglioma), full gene sequence sgcg (sarcoglycan, gamma [35kda dystrophin-associated glycoprotein]) (eg, limb-girdle muscular dystrophy), duplication/deletion analysis sh2d1a (sh2 domain containing 1a) (eg, x-linked lymphoproliferative syndrome), full gene sequence slc16a2 (solute carrier family 16, member 2</p>							

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	<p>[thyroid hormone transporter]) (eg, specific thyroid hormone cell transporter deficiency, allan-herndon-dudley syndrome), duplication/deletion analysis slc25a20 (solute carrier family 25 [carnitine/acylcarnitine translocase], member 20) (eg, carnitine-acylcarnitine translocase deficiency), duplication/deletion analysis slc25a4 (solute carrier family 25 [mitochondrial carrier; adenine nucleotide translocator], member 4) (eg, progressive external ophthalmoplegia), full gene sequence sod1 (superoxide dismutase 1, soluble) (eg, amyotrophic lateral sclerosis), full gene sequence spink1 (serine peptidase inhibitor, kazal type 1) (eg, hereditary pancreatitis), full gene sequence stk11 (serine/threonine kinase 11) (eg, peutz-jeghers syndrome), duplication/deletion analysis taco1 (translational activator of mitochondrial encoded cytochrome c oxidase i) (eg, mitochondrial respiratory chain complex iv deficiency), full gene sequence thap1 (thap domain containing, apoptosis associated protein 1) (eg, torsion dystonia), full gene sequence tor1a (torsin family 1, member a [torsin a]) (eg, torsion dystonia), full gene sequence ttpa (tocopherol [alpha] transfer protein) (eg, ataxia), full gene sequence ttr (transthyretin) (eg, familial transthyretin amyloidosis), full gene sequence twist1 (twist homolog 1 [drosophila]) (eg, saethre-chotzen syndrome), full gene sequence tyr (tyrosinase [oculocutaneous albinism ia]) (eg, oculocutaneous albinism ia), full gene sequence ugt1a1 (udp glucuronosyltransferase 1 family, polypeptide a1) (eg, hereditary unconjugated hyperbilirubinemia [crigler-najjar syndrome]) full gene sequence ush1g (usher syndrome 1g [autosomal recessive]) (eg, usher syndrome, type 1), full gene sequence vhl (von hippel-lindau tumor suppressor) (eg, von hippel-lindau familial cancer syndrome), full gene sequence vwf (von willebrand factor) (eg, von willebrand disease type 1c), targeted sequence analysis (eg, exons 26, 27, 37) zeb2 (zinc finger e-box binding homeobox 2) (eg, mowat-wilson syndrome), duplication/deletion</p>							

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	analysis znf41 (zinc finger protein 41) (eg, x-linked mental retardation 89), full gene sequence							

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81405	Molecular pathology procedure, level 6 (eg, analysis of 6-10 exons by dna sequence analysis, mutation scanning or duplication/deletion variants of 11-25 exons, regionally targeted cytogenomic array analysis) abcd1 (atp-binding cassette, sub-family d [ald], member 1) (eg, adrenoleukodystrophy), full gene sequence acads (acyl-coa dehydrogenase, c-2 to c-3 short chain) (eg, short chain acyl-coa dehydrogenase deficiency), full gene sequence acta2 (actin, alpha 2, smooth muscle, aorta) (eg, thoracic aortic aneurysms and aortic dissections), full gene sequence actc1 (actin, alpha, cardiac muscle 1) (eg, familial hypertrophic cardiomyopathy), full gene sequence ankrd1 (ankyrin repeat domain 1) (eg, dilated cardiomyopathy), full gene sequence aptx (aprataxin) (eg, ataxia with oculomotor apraxia 1), full gene sequence arsa (arylsulfatase a) (eg, arylsulfatase a deficiency), full gene sequence bckdha (branched chain keto acid dehydrogenase e1, alpha polypeptide) (eg, maple syrup urine disease, type 1a), full gene sequence bcs1l (bcs1-like [s. cerevisiae]) (eg, leigh syndrome, mitochondrial complex iii deficiency, gracile syndrome), full gene sequence bmp2 (bone morphogenetic protein receptor, type ii [serine/threonine kinase]) (eg, heritable pulmonary arterial hypertension), duplication/deletion analysis casq2 (calsequestrin 2 [cardiac muscle]) (eg, catecholaminergic polymorphic ventricular tachycardia), full gene sequence casr (calcium-sensing receptor) (eg, hypocalcemia), full gene sequence cdkl5 (cyclin-dependent kinase-like 5) (eg, early infantile epileptic encephalopathy), duplication/deletion analysis chna4 (cholinergic receptor, nicotinic, alpha 4) (eg, nocturnal frontal lobe epilepsy), full gene sequence chmb2 (cholinergic receptor, nicotinic, beta 2 [neuronal]) (eg, nocturnal frontal lobe epilepsy), full gene sequence cox10 (cox10 homolog, cytochrome c oxidase assembly protein) (eg, mitochondrial respiratory chain complex iv deficiency), full gene sequence cox15 (cox15 homolog, cytochrome c	Apr 2011	Molecular Pathology - Tier 2 16	CPT 2012			Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	<input checked="" type="checkbox"/>

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	oxidase assembly protein) (eg, mitochondrial respiratory chain complex iv deficiency), full gene sequence cpox (coproporphyrinogen oxidase) (eg, hereditary coproporphyria), full gene sequence ctrc (chymotrypsin c) (eg, hereditary pancreatitis), full gene sequence cyp11b1 (cytochrome p450, family 11, subfamily b, polypeptide 1) (eg, congenital adrenal hyperplasia), full gene sequence cyp17a1 (cytochrome p450, family 17, subfamily a, polypeptide 1) (eg, congenital adrenal hyperplasia), full gene sequence cyp21a2 (cytochrome p450, family 21, subfamily a, polypeptide2) (eg, steroid 21-hydroxylase isoform, congenital adrenal hyperplasia), full gene sequence cytogenomic constitutional targeted microarray analysis of chromosome 22q13 by interrogation of genomic regions for copy number and single nucleotide polymorphism (snp) variants for chromosomal abnormalities (when performing cytogenomic [genome-wide] analysis for constitutional chromosomal abnormalities, see 81228, 81229, 81349) (do not report analyte-specific molecular pathology procedures separately when the specific analytes are included as part of the microarray analysis of chromosome 22q13) (do not report 88271 when performing cytogenomic microarray analysis) dbt (dihydrolipoamide branched chain transacylase e2) (eg, maple syrup urine disease, type 2), duplication/deletion analysis dcx (doublecortin) (eg, x-linked lissencephaly), full gene sequence des (desmin) (eg, myofibrillar myopathy), full gene sequence dfnb59 (deafness, autosomal recessive 59) (eg, autosomal recessive nonsyndromic hearing impairment), full gene sequence dguok (deoxyguanosine kinase) (eg, hepatocerebral mitochondrial dna depletion syndrome), full gene sequence dhcr7 (7-dehydrocholesterol reductase) (eg, smith-lemli-opitz syndrome), full gene sequence eif2b2 (eukaryotic translation initiation factor 2b, subunit 2 beta, 39kda) (eg, leukoencephalopathy with vanishing white matter), full gene sequence emd (emerin) (eg, emery-							

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	dreifuss muscular dystrophy), full gene sequence eng (endoglin) (eg, hereditary hemorrhagic telangiectasia, type 1), duplication/deletion analysis eya1 (eyes absent homolog 1 [drosophila]) (eg, branchio-oto-renal [bor] spectrum disorders), duplication/deletion analysis fgfr1 (fibroblast growth factor receptor 1) (eg, kallmann syndrome 2), full gene sequence fh (fumarate hydratase) (eg, fumarate hydratase deficiency, hereditary leiomyomatosis with renal cell cancer), full gene sequence fktm (fukutin) (eg, limb-girdle muscular dystrophy [lgmd] type 2m or 2l), full gene sequence ftsj1 (ftsj ma methyltransferase homolog 1 [e. coli]) (eg, x-linked mental retardation 9), duplication/deletion analysis gabrg2 (gamma-aminobutyric acid [gaba] a receptor, gamma 2) (eg, generalized epilepsy with febrile seizures), full gene sequence gch1 (gtp cyclohydrolase 1) (eg, autosomal dominant dopa- responsive dystonia), full gene sequence gdap1 (ganglioside-induced differentiation-associated protein 1) (eg, charcot-marie-tooth disease), full gene sequence gfap (glial fibrillary acidic protein) (eg, alexander disease), full gene sequence ghr (growth hormone receptor) (eg, laron syndrome), full gene sequence ghrr (growth hormone releasing hormone receptor) (eg, growth hormone deficiency), full gene sequence gla (galactosidase, alpha) (eg, fabry disease), full gene sequence hnf1a (hnf1 homeobox a) (eg, maturity-onset diabetes of the young [mody]), full gene sequence hnf1b (hnf1 homeobox b) (eg, maturity-onset diabetes of the young [mody]), full gene sequence htra1 (htra serine peptidase 1) (eg, macular degeneration), full gene sequence ids (iduronate 2- sulfatase) (eg, mucopolysaccharidosis, type ii), full gene sequence il2rg (interleukin 2 receptor, gamma) (eg, x-linked severe combined immunodeficiency), full gene sequence ispd (isoprenoid synthase domain containing) (eg, muscle-eye-brain disease, walker-warburg syndrome), full gene sequence kras (kirsten rat sarcoma viral oncogene homolog) (eg, noonan							



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	syndrome), full gene sequence lamp2 (lysosomal-associated membrane protein 2) (eg, danon disease), full gene sequence ldlr (low density lipoprotein receptor) (eg, familial hypercholesterolemia), duplication/deletion analysis men1 (multiple endocrine neoplasia i) (eg, multiple endocrine neoplasia type 1, wermer syndrome), full gene sequence mmaa (methylmalonic aciduria [cobalamine deficiency] type a) (eg, mmaa-related methylmalonic acidemia), full gene sequence mmab (methylmalonic aciduria [cobalamine deficiency] type b) (eg, mmaa-related methylmalonic acidemia), full gene sequence mpi (mannose phosphate isomerase) (eg, congenital disorder of glycosylation 1b), full gene sequence mpv17 (mpv17 mitochondrial inner membrane protein) (eg, mitochondrial dna depletion syndrome), full gene sequence mpz (myelin protein zero) (eg, charcot-marie-tooth), full gene sequence mtm1 (myotubularin 1) (eg, x-linked centronuclear myopathy), duplication/deletion analysis myl2 (myosin, light chain 2, regulatory, cardiac, slow) (eg, familial hypertrophic cardiomyopathy), full gene sequence myl3 (myosin, light chain 3, alkali, ventricular, skeletal, slow) (eg, familial hypertrophic cardiomyopathy), full gene sequence myot (myotilin) (eg, limb-girdle muscular dystrophy), full gene sequence ndufs7 (nadh dehydrogenase [ubiquinone] fe-s protein 7, 20kda [nadh-coenzyme q reductase]) (eg, leigh syndrome, mitochondrial complex i deficiency), full gene sequence ndufs8 (nadh dehydrogenase [ubiquinone] fe-s protein 8, 23kda [nadh-coenzyme q reductase]) (eg, leigh syndrome, mitochondrial complex i deficiency), full gene sequence ndufv1 (nadh dehydrogenase [ubiquinone] flavoprotein 1, 51kda) (eg, leigh syndrome, mitochondrial complex i deficiency), full gene sequence nefl (neurofilament, light polypeptide) (eg, charcot-marie-tooth), full gene sequence nf2 (neurofibromin 2 [merlin]) (eg, neurofibromatosis, type 2), duplication/deletion analysis nlgn3							

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	(neuroligin 3) (eg, autism spectrum disorders), full gene sequence nlgn4x (neuroligin 4, x-linked) (eg, autism spectrum disorders), full gene sequence nphp1 (nephronophthisis 1 [juvenile]) (eg, joubert syndrome), deletion analysis, and duplication analysis, if performed nphs2 (nephrosis 2, idiopathic, steroid-resistant [podocin]) (eg, steroid-resistant nephrotic syndrome), full gene sequence nsd1 (nuclear receptor binding set domain protein 1) (eg, sotos syndrome), duplication/deletion analysis otc (ornithine carbamoyltransferase) (eg, ornithine transcarbamylase deficiency), full gene sequence pafah1b1 (platelet-activating factor acetylhydrolase 1b, regulatory subunit 1 [45kda]) (eg, lissencephaly, miller-dieker syndrome), duplication/deletion analysis park2 (parkinson protein 2, e3 ubiquitin protein ligase [parkin]) (eg, parkinson disease), duplication/deletion analysis pcca (propionyl coa carboxylase, alpha polypeptide) (eg, propionic acidemia, type 1), duplication/deletion analysis pcdh19 (protocadherin 19) (eg, epileptic encephalopathy), full gene sequence pdha1 (pyruvate dehydrogenase [lipoamide] alpha 1) (eg, lactic acidosis), duplication/deletion analysis pdhb (pyruvate dehydrogenase [lipoamide] beta) (eg, lactic acidosis), full gene sequence pink1 (pten induced putative kinase 1) (eg, parkinson disease), full gene sequence pklr (pyruvate kinase, liver and rbc) (eg, pyruvate kinase deficiency), full gene sequence plp1 (proteolipid protein 1) (eg, pelizaeus-merzbacher disease, spastic paraplegia), full gene sequence pou1f1 (pou class 1 homeobox 1) (eg, combined pituitary hormone deficiency), full gene sequence prx (periaxin) (eg, charcot-marie-tooth disease), full gene sequence pqbp1 (polyglutamine binding protein 1) (eg, renpenning syndrome), full gene sequence psen1 (presenilin 1) (eg, alzheimer disease), full gene sequence rab7a (rab7a, member ras oncogene family) (eg, charcot-marie-tooth disease), full gene sequence rai1 (retinoic acid induced 1) (eg, smith-magenis syndrome), full							

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	gene sequence reep1 (receptor accessory protein 1) (eg, spastic paraplegia), full gene sequence ret (ret proto-oncogene) (eg, multiple endocrine neoplasia, type 2a and familial medullary thyroid carcinoma), targeted sequence analysis (eg, exons 10, 11, 13-16) rps19 (ribosomal protein s19) (eg, diamond-blackfan anemia), full gene sequence rrm2b (ribonucleotide reductase m2 b [tp53 inducible]) (eg, mitochondrial dna depletion), full gene sequence sco1 (sco cytochrome oxidase deficient homolog 1) (eg, mitochondrial respiratory chain complex iv deficiency), full gene sequence sdhb (succinate dehydrogenase complex, subunit b, iron sulfur) (eg, hereditary paraganglioma), full gene sequence sdhc (succinate dehydrogenase complex, subunit c, integral membrane protein, 15kda) (eg, hereditary paraganglioma-pheochromocytoma syndrome), full gene sequence sgca (sarcoglycan, alpha [50kda dystrophin-associated glycoprotein]) (eg, limb-girdle muscular dystrophy), full gene sequence sgcb (sarcoglycan, beta [43kda dystrophin-associated glycoprotein]) (eg, limb-girdle muscular dystrophy), full gene sequence sgcd (sarcoglycan, delta [35kda dystrophin-associated glycoprotein]) (eg, limb-girdle muscular dystrophy), full gene sequence sgce (sarcoglycan, epsilon) (eg, myoclonic dystonia), duplication/deletion analysis sgcg (sarcoglycan, gamma [35kda dystrophin-associated glycoprotein]) (eg, limb-girdle muscular dystrophy), full gene sequence shoc2 (soc-2 suppressor of clear homolog) (eg, noonan-like syndrome with loose anagen hair), full gene sequence shox (short stature homeobox) (eg, langer mesomelic dysplasia), full gene sequence sil1 (sil1 homolog, endoplasmic reticulum chaperone [s. cerevisiae]) (eg, ataxia), full gene sequence slc2a1 (solute carrier family 2 [facilitated glucose transporter], member 1) (eg, glucose transporter type 1 [glut 1] deficiency syndrome), full gene sequence slc16a2 (solute carrier family 16, member 2 [thyroid hormone transporter]) (eg, specific thyroid hormone cell transporter							

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	deficiency, allan-herndon-dudley syndrome), full gene sequence slc22a5 (solute carrier family 22 [organic cation/carnitine transporter], member 5) (eg, systemic primary carnitine deficiency), full gene sequence slc25a20 (solute carrier family 25 [carnitine/acylcarnitine translocase], member 20) (eg, carnitine-acylcarnitine translocase deficiency), full gene sequence smad4 (smad family member 4) (eg, hemorrhagic telangiectasia syndrome, juvenile polyposis), duplication/deletion analysis spast (spastin) (eg, spastic paraplegia), duplication/deletion analysis spg7 (spastic paraplegia 7 [pure and complicated autosomal recessive]) (eg, spastic paraplegia), duplication/deletion analysis sprd1 (sprouty-related, evh1 domain containing 1) (eg, legius syndrome), full gene sequence stat3 (signal transducer and activator of transcription 3 [acute-phase response factor]) (eg, autosomal dominant hyper-ige syndrome), targeted sequence analysis (eg, exons 12, 13, 14, 16, 17, 20, 21) stk11 (serine/threonine kinase 11) (eg, peutz-jeghers syndrome), full gene sequence surf1 (surfeit 1) (eg, mitochondrial respiratory chain complex iv deficiency), full gene sequence tardbp (tar dna binding protein) (eg, amyotrophic lateral sclerosis), full gene sequence tbx5 (t-box 5) (eg, holt-oram syndrome), full gene sequence tcf4 (transcription factor 4) (eg, pitt-hopkins syndrome), duplication/deletion analysis tgfr1 (transforming growth factor, beta receptor 1) (eg, marfan syndrome), full gene sequence tgfr2 (transforming growth factor, beta receptor 2) (eg, marfan syndrome), full gene sequence thrb (thyroid hormone receptor, beta) (eg, thyroid hormone resistance, thyroid hormone beta receptor deficiency), full gene sequence or targeted sequence analysis of >5 exons tk2 (thymidine kinase 2, mitochondrial) (eg, mitochondrial dna depletion syndrome), full gene sequence tnnc1 (troponin c type 1 [slow]) (eg, hypertrophic cardiomyopathy or dilated cardiomyopathy), full gene sequence tnni3							

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	(troponin i, type 3 [cardiac]) (eg, familial hypertrophic cardiomyopathy), full gene sequence tpm1 (tropomyosin 1 [alpha]) (eg, familial hypertrophic cardiomyopathy), full gene sequence tsc1 (tuberous sclerosis 1) (eg, tuberous sclerosis), duplication/deletion analysis tymp (thymidine phosphorylase) (eg, mitochondrial dna depletion syndrome), full gene sequence vwf (von willebrand factor) (eg, von willebrand disease type 2n), targeted sequence analysis (eg, exons 18-20, 23-25) wt1 (wilms tumor 1) (eg, denys-drash syndrome, familial wilms tumor), full gene sequence zeb2 (zinc finger e-box binding homeobox 2) (eg, mowat-wilson syndrome), full gene sequence							

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81406	Molecular pathology procedure, level 7 (eg, analysis of 11-25 exons by dna sequence analysis, mutation scanning or duplication/deletion variants of 26-50 exons) acadvl (acyl-coa dehydrogenase, very long chain) (eg, very long chain acyl-coenzyme a dehydrogenase deficiency), full gene sequence actn4 (actinin, alpha 4) (eg, focal segmental glomerulosclerosis), full gene sequence afg3l2 (afg3 atpase family gene 3-like 2 [s. cerevisiae]) (eg, spinocerebellar ataxia), full gene sequence aire (autoimmune regulator) (eg, autoimmune polyendocrinopathy syndrome type 1), full gene sequence aldh7a1 (aldehyde dehydrogenase 7 family, member a1) (eg, pyridoxine-dependent epilepsy), full gene sequence ano5 (anoctamin 5) (eg, limb-girdle muscular dystrophy), full gene sequence anos1 (anosmin-1) (eg, kallmann syndrome 1), full gene sequence app (amyloid beta [a4] precursor protein) (eg, alzheimer disease), full gene sequence ass1 (argininosuccinate synthase 1) (eg, citrullinemia type i), full gene sequence at11 (atlastin gtpase 1) (eg, spastic paraplegia), full gene sequence atp1a2 (atpase, na+/k+ transporting, alpha 2 polypeptide) (eg, familial hemiplegic migraine), full gene sequence atp7b (atpase, cu++ transporting, beta polypeptide) (eg, wilson disease), full gene sequence bbs1 (bardet-biedl syndrome 1) (eg, bardet-biedl syndrome), full gene sequence bbs2 (bardet-biedl syndrome 2) (eg, bardet-biedl syndrome), full gene sequence bckdhd (branched-chain keto acid dehydrogenase e1, beta polypeptide) (eg, maple syrup urine disease, type 1b), full gene sequence best1 (bestrophin 1) (eg, vitelliform macular dystrophy), full gene sequence bmp2 (bone morphogenetic protein receptor, type ii [serine/threonine kinase]) (eg, heritable pulmonary arterial hypertension), full gene sequence braf (b-raf proto-oncogene, serine/threonine kinase) (eg, noonan syndrome), full gene sequence bscl2 (berardinelli-seip congenital lipodystrophy 2 [seipin]) (eg, berardinelli-seip congenital lipodystrophy), full	Apr 2011	Molecular Pathology - Tier 2 16	CPT 2012			Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	<input checked="" type="checkbox"/>

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	gene sequence btk (bruton agammaglobulinemia tyrosine kinase) (eg, x-linked agammaglobulinemia), full gene sequence cacnb2 (calcium channel, voltage-dependent, beta 2 subunit) (eg, brugada syndrome), full gene sequence capn3 (calpain 3) (eg, limb-girdle muscular dystrophy [lgmd] type 2a, calpainopathy), full gene sequence cbs (cystathionine-beta-synthase) (eg, homocystinuria, cystathionine beta-synthase deficiency), full gene sequence cdh1 (cadherin 1, type 1, e-cadherin [epithelial]) (eg, hereditary diffuse gastric cancer), full gene sequence cdkl5 (cyclin-dependent kinase-like 5) (eg, early infantile epileptic encephalopathy), full gene sequence clcn1 (chloride channel 1, skeletal muscle) (eg, myotonia congenita), full gene sequence clcnkb (chloride channel, voltage-sensitive kb) (eg, bartter syndrome 3 and 4b), full gene sequence cntnap2 (contactin-associated protein-like 2) (eg, pitt-hopkins-like syndrome 1), full gene sequence col6a2 (collagen, type vi, alpha 2) (eg, collagen type vi-related disorders), duplication/deletion analysis cpt1a (carnitine palmitoyltransferase 1a [liver]) (eg, carnitine palmitoyltransferase 1a [cpt1a] deficiency), full gene sequence crb1 (crumbs homolog 1 [drosophila]) (eg, leber congenital amaurosis), full gene sequence crebbp (creb binding protein) (eg, rubinstein-taybi syndrome), duplication/deletion analysis dbt (dihydrolipoamide branched chain transacylase e2) (eg, maple syrup urine disease, type 2), full gene sequence dlat (dihydrolipoamide s-acetyltransferase) (eg, pyruvate dehydrogenase e2 deficiency), full gene sequence dld (dihydrolipoamide dehydrogenase) (eg, maple syrup urine disease, type iii), full gene sequence dsc2 (desmocollin) (eg, arrhythmogenic right ventricular dysplasia/cardiomyopathy 11), full gene sequence dsg2 (desmoglein 2) (eg, arrhythmogenic right ventricular dysplasia/cardiomyopathy 10), full gene sequence dsp (desmoplakin) (eg, arrhythmogenic right							

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	ventricular dysplasia/cardiomyopathy 8), full gene sequence ehfc1 (ef-hand domain [c-terminal] containing 1) (eg, juvenile myoclonic epilepsy), full gene sequence eif2b3 (eukaryotic translation initiation factor 2b, subunit 3 gamma, 58kda) (eg, leukoencephalopathy with vanishing white matter), full gene sequence eif2b4 (eukaryotic translation initiation factor 2b, subunit 4 delta, 67kda) (eg, leukoencephalopathy with vanishing white matter), full gene sequence eif2b5 (eukaryotic translation initiation factor 2b, subunit 5 epsilon, 82kda) (eg, childhood ataxia with central nervous system hypomyelination/vanishing white matter), full gene sequence eng (endoglin) (eg, hereditary hemorrhagic telangiectasia, type 1), full gene sequence eya1 (eyes absent homolog 1 [drosophila]) (eg, branchio-oto-renal [bor] spectrum disorders), full gene sequence f8 (coagulation factor viii) (eg, hemophilia a), duplication/deletion analysis fah (fumarylacetoacetate hydrolase [fumarylacetoacetase]) (eg, tyrosinemia, type 1), full gene sequence fastkd2 (fast kinase domains 2) (eg, mitochondrial respiratory chain complex iv deficiency), full gene sequence fig4 (fig4 homolog, sac1 lipid phosphatase domain containing [s. cerevisiae]) (eg, charcot-marie-tooth disease), full gene sequence ftsj1 (ftsj rna methyltransferase homolog 1 [e. coli]) (eg, x-linked mental retardation 9), full gene sequence fus (fused in sarcoma) (eg, amyotrophic lateral sclerosis), full gene sequence gaa (glucosidase, alpha; acid) (eg, glycogen storage disease type ii [pompe disease]), full gene sequence galc (galactosylceramidase) (eg, krabbe disease), full gene sequence galt (galactose-1-phosphate uridylyltransferase) (eg, galactosemia), full gene sequence gars (glycyl-trna synthetase) (eg, charcot-marie-tooth disease), full gene sequence gcdh (glutaryl-coa dehydrogenase) (eg, glutaricacidemia type 1), full gene sequence gck (glucokinase [hexokinase 4]) (eg, maturity-onset diabetes of the young [mody]), full gene sequence glud1 (glutamate dehydrogenase 1) (eg, familial							



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	hyperinsulinism), full gene sequence gne (glucosamine [udp-n-acetyl]-2-epimerase/n-acetylmannosamine kinase) (eg, inclusion body myopathy 2 [ibm2], nonaka myopathy), full gene sequence grn (granulin) (eg, frontotemporal dementia), full gene sequence hadha (hydroxyacyl-coa dehydrogenase/3-ketoacyl-coa thiolase/enoyl-coa hydratase [trifunctional protein] alpha subunit) (eg, long chain acyl-coenzyme a dehydrogenase deficiency), full gene sequence hadhb (hydroxyacyl-coa dehydrogenase/3-ketoacyl-coa thiolase/enoyl-coa hydratase [trifunctional protein], beta subunit) (eg, trifunctional protein deficiency), full gene sequence hexa (hexosaminidase a, alpha polypeptide) (eg, tay-sachs disease), full gene sequence hlcs (hlcs holocarboxylase synthetase) (eg, holocarboxylase synthetase deficiency), full gene sequence hmbs (hydroxymethylbilane synthase) (eg, acute intermittent porphyria), full gene sequence hnf4a (hepatocyte nuclear factor 4, alpha) (eg, maturity-onset diabetes of the young [mody]), full gene sequence idua (iduronidase, alpha-l-) (eg, mucopolysaccharidosis type i), full gene sequence inf2 (inverted formin, fh2 and wh2 domain containing) (eg, focal segmental glomerulosclerosis), full gene sequence ivd (isovaleryl-coa dehydrogenase) (eg, isovaleric acidemia), full gene sequence jag1 (jagged 1) (eg, alagille syndrome), duplication/deletion analysis jup (junction plakoglobin) (eg, arrhythmogenic right ventricular dysplasia/cardiomyopathy 11), full gene sequence kcnh2 (potassium voltage-gated channel, subfamily h [eag-related], member 2) (eg, short qt syndrome, long qt syndrome), full gene sequence kcnq1 (potassium voltage-gated channel, kqt-like subfamily, member 1) (eg, short qt syndrome, long qt syndrome), full gene sequence kcnq2 (potassium voltage-gated channel, kqt-like subfamily, member 2) (eg, epileptic encephalopathy), full gene sequence ldb3 (lim domain binding 3) (eg, familial dilated cardiomyopathy, myofibrillar myopathy), full gene							

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	sequence ldlr (low density lipoprotein receptor) (eg, familial hypercholesterolemia), full gene sequence lepr (leptin receptor) (eg, obesity with hypogonadism), full gene sequence lhcr (luteinizing hormone/choriogonadotropin receptor) (eg, precocious male puberty), full gene sequence lmna (lamin a/c) (eg, emery-dreifuss muscular dystrophy [edmd1, 2 and 3] limb-girdle muscular dystrophy [lgmd] type 1b, dilated cardiomyopathy [cmd1a], familial partial lipodystrophy [fpd2]), full gene sequence lrp5 (low density lipoprotein receptor-related protein 5) (eg, osteopetrosis), full gene sequence map2k1 (mitogen-activated protein kinase 1) (eg, cardiofaciocutaneous syndrome), full gene sequence map2k2 (mitogen-activated protein kinase 2) (eg, cardiofaciocutaneous syndrome), full gene sequence mapt (microtubule-associated protein tau) (eg, frontotemporal dementia), full gene sequence mccc1 (methylcrotonoyl-coa carboxylase 1 [alpha]) (eg, 3-methylcrotonyl-coa carboxylase deficiency), full gene sequence mccc2 (methylcrotonoyl-coa carboxylase 2 [beta]) (eg, 3-methylcrotonyl carboxylase deficiency), full gene sequence mfn2 (mitofusin 2) (eg, charcot-marie-tooth disease), full gene sequence mtm1 (myotubularin 1) (eg, x-linked centronuclear myopathy), full gene sequence mut (methylmalonyl coa mutase) (eg, methylmalonic acidemia), full gene sequence muty (muty homolog [e. coli]) (eg, myh-associated polyposis), full gene sequence ndufs1 (nadh dehydrogenase [ubiquinone] fe-s protein 1, 75kda [nadh-coenzyme q reductase]) (eg, leigh syndrome, mitochondrial complex i deficiency), full gene sequence nf2 (neurofibromin 2 [merlin]) (eg, neurofibromatosis, type 2), full gene sequence notch3 (notch 3) (eg, cerebral autosomal dominant arteriopathy with subcortical infarcts and leukoencephalopathy [cadasil]), targeted sequence analysis (eg, exons 1-23) npc1 (niemann-pick disease, type c1) (eg, niemann-pick disease), full gene sequence nphp1 (nephronophthisis 1 [juvenile]) (eg, joubert							

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	syndrome), full gene sequence nsd1 (nuclear receptor binding set domain protein 1) (eg, sotos syndrome), full gene sequence opa1 (optic atrophy 1) (eg, optic atrophy), duplication/deletion analysis optn (optineurin) (eg, amyotrophic lateral sclerosis), full gene sequence pafah1b1 (platelet-activating factor acetylhydrolase 1b, regulatory subunit 1 [45kda]) (eg, lissencephaly, miller-dieker syndrome), full gene sequence pah (phenylalanine hydroxylase) (eg, phenylketonuria), full gene sequence park2 (parkinson protein 2, e3 ubiquitin protein ligase [parkin]) (eg, parkinson disease), full gene sequence pax2 (paired box 2) (eg, renal coloboma syndrome), full gene sequence pc (pyruvate carboxylase) (eg, pyruvate carboxylase deficiency), full gene sequence pcca (propionyl coa carboxylase, alpha polypeptide) (eg, propionic acidemia, type 1), full gene sequence pccb (propionyl coa carboxylase, beta polypeptide) (eg, propionic acidemia), full gene sequence pcdh15 (protocadherin-related 15) (eg, usher syndrome type 1f), duplication/deletion analysis pcsk9 (proprotein convertase subtilisin/kexin type 9) (eg, familial hypercholesterolemia), full gene sequence pdha1 (pyruvate dehydrogenase [lipoamide] alpha 1) (eg, lactic acidosis), full gene sequence pdhx (pyruvate dehydrogenase complex, component x) (eg, lactic acidosis), full gene sequence phex (phosphate-regulating endopeptidase homolog, x-linked) (eg, hypophosphatemic rickets), full gene sequence pkd2 (polycystic kidney disease 2 [autosomal dominant]) (eg, polycystic kidney disease), full gene sequence pkp2 (plakophilin 2) (eg, arrhythmogenic right ventricular dysplasia/cardiomyopathy 9), full gene sequence pnkd (paroxysmal nonkinesigenic dyskinesia) (eg, paroxysmal nonkinesigenic dyskinesia), full gene sequence polg (polymerase [dna directed], gamma) (eg, alpers-huttenlocher syndrome, autosomal dominant progressive external ophthalmoplegia), full gene sequence pomgnt1 (protein o-linked mannose beta1,2-n acetylglucosaminyltransferase) (eg, muscle-eye-							

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	brain disease, walker-warburg syndrome), full gene sequence pomt1 (protein-o-mannosyltransferase 1) (eg, limb-girdle muscular dystrophy [lgmd] type 2k, walker-warburg syndrome), full gene sequence pomt2 (protein-o-mannosyltransferase 2) (eg, limb-girdle muscular dystrophy [lgmd] type 2n, walker-warburg syndrome), full gene sequence ppox (protoporphyrinogen oxidase) (eg, variegate porphyria), full gene sequence prkag2 (protein kinase, amp-activated, gamma 2 non-catalytic subunit) (eg, familial hypertrophic cardiomyopathy with wolff-parkinson-white syndrome, lethal congenital glycogen storage disease of heart), full gene sequence prkcg (protein kinase c, gamma) (eg, spinocerebellar ataxia), full gene sequence psen2 (presenilin 2 [alzheimer disease 4]) (eg, alzheimer disease), full gene sequence ptpn11 (protein tyrosine phosphatase, non-receptor type 11) (eg, noonan syndrome, leopard syndrome), full gene sequence pygm (phosphorylase, glycogen, muscle) (eg, glycogen storage disease type v, mcardle disease), full gene sequence raf1 (v-raf-1 murine leukemia viral oncogene homolog 1) (eg, leopard syndrome), full gene sequence ret (ret proto-oncogene) (eg, hirschsprung disease), full gene sequence rpe65 (retinal pigment epithelium-specific protein 65kda) (eg, retinitis pigmentosa, leber congenital amaurosis), full gene sequence ryr1 (ryanodine receptor 1, skeletal) (eg, malignant hyperthermia), targeted sequence analysis of exons with functionally-confirmed mutations scn4a (sodium channel, voltage-gated, type iv, alpha subunit) (eg, hyperkalemic periodic paralysis), full gene sequence scn1a (sodium channel, nonvoltage-gated 1 alpha) (eg, pseudohypoaldosteronism), full gene sequence scn1b (sodium channel, nonvoltage-gated 1, beta) (eg, liddle syndrome, pseudohypoaldosteronism), full gene sequence scn1g (sodium channel, nonvoltage-gated 1, gamma) (eg, liddle syndrome, pseudohypoaldosteronism), full gene sequence							

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	sdha (succinate dehydrogenase complex, subunit a, flavoprotein [fp]) (eg, leigh syndrome, mitochondrial complex ii deficiency), full gene sequence setx (senataxin) (eg, ataxia), full gene sequence sgce (sarcoglycan, epsilon) (eg, myoclonic dystonia), full gene sequence sh3tc2 (sh3 domain and tetratricopeptide repeats 2) (eg, charcot-marie-tooth disease), full gene sequence slc9a6 (solute carrier family 9 [sodium/hydrogen exchanger], member 6) (eg, christianson syndrome), full gene sequence slc26a4 (solute carrier family 26, member 4) (eg, pendred syndrome), full gene sequence slc37a4 (solute carrier family 37 [glucose-6-phosphate transporter], member 4) (eg, glycogen storage disease type ib), full gene sequence smad4 (smad family member 4) (eg, hemorrhagic telangiectasia syndrome, juvenile polyposis), full gene sequence sos1 (son of sevenless homolog 1) (eg, noonan syndrome, gingival fibromatosis), full gene sequence spast (spastin) (eg, spastic paraplegia), full gene sequence spg7 (spastic paraplegia 7 [pure and complicated autosomal recessive]) (eg, spastic paraplegia), full gene sequence stxbp1 (syntaxin-binding protein 1) (eg, epileptic encephalopathy), full gene sequence taz (tafazzin) (eg, methylglutaconic aciduria type 2, barth syndrome), full gene sequence tcf4 (transcription factor 4) (eg, pitt-hopkins syndrome), full gene sequence th (tyrosine hydroxylase) (eg, segawa syndrome), full gene sequence tmem43 (transmembrane protein 43) (eg, arrhythmogenic right ventricular cardiomyopathy), full gene sequence tnnt2 (troponin t, type 2 [cardiac]) (eg, familial hypertrophic cardiomyopathy), full gene sequence trpc6 (transient receptor potential cation channel, subfamily c, member 6) (eg, focal segmental glomerulosclerosis), full gene sequence tsc1 (tuberous sclerosis 1) (eg, tuberous sclerosis), full gene sequence tsc2 (tuberous sclerosis 2) (eg, tuberous sclerosis), duplication/deletion analysis ube3a (ubiquitin protein ligase e3a) (eg, angelman syndrome), full							

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	gene sequence umod (uromodulin) (eg, glomerulocystic kidney disease with hyperuricemia and isosthenuria), full gene sequence vwf (von willebrand factor) (von willebrand disease type 2a), extended targeted sequence analysis (eg, exons 11-16, 24-26, 51, 52) was (wiskott-aldrich syndrome [eczema-thrombocytopenia]) (eg, wiskott-aldrich syndrome), full gene sequence							

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81407	Molecular pathology procedure, level 8 (eg, analysis of 26-50 exons by dna sequence analysis, mutation scanning or duplication/deletion variants of >50 exons, sequence analysis of multiple genes on one platform) abcc8 (atp-binding cassette, sub-family c [cftr/mrp], member 8) (eg, familial hyperinsulinism), full gene sequence agl (amylo-alpha-1, 6-glucosidase, 4-alpha-glucanotransferase) (eg, glycogen storage disease type iii), full gene sequence ahi1 (abelson helper integration site 1) (eg, joubert syndrome), full gene sequence apob (apolipoprotein b) (eg, familial hypercholesterolemia type b) full gene sequence aspm (asp [abnormal spindle] homolog, microcephaly associated [drosophila]) (eg, primary microcephaly), full gene sequence chd7 (chromodomain helicase dna binding protein 7) (eg, charge syndrome), full gene sequence col4a4 (collagen, type iv, alpha 4) (eg, alport syndrome), full gene sequence col4a5 (collagen, type iv, alpha 5) (eg, alport syndrome), duplication/deletion analysis col6a1 (collagen, type vi, alpha 1) (eg, collagen type vi-related disorders), full gene sequence col6a2 (collagen, type vi, alpha 2) (eg, collagen type vi-related disorders), full gene sequence col6a3 (collagen, type vi, alpha 3) (eg, collagen type vi-related disorders), full gene sequence crebbp (creb binding protein) (eg, rubinstein-taybi syndrome), full gene sequence f8 (coagulation factor viii) (eg, hemophilia a), full gene sequence jag1 (jagged 1) (eg, alagille syndrome), full gene sequence kdm5c (lysine [k]-specific demethylase 5c) (eg, x-linked mental retardation), full gene sequence kiaa0196 (kiaa0196) (eg, spastic paraplegia), full gene sequence l1cam (l1 cell adhesion molecule) (eg, masa syndrome, x-linked hydrocephaly), full gene sequence lamb2 (laminin, beta 2 [laminin s]) (eg, pierson syndrome), full gene sequence mybpc3 (myosin binding protein c, cardiac) (eg, familial hypertrophic cardiomyopathy), full gene sequence myh6 (myosin, heavy chain 6, cardiac muscle, alpha) (eg, familial dilated cardiomyopathy), full	Apr 2011	Molecular Pathology - Tier 2 16		CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	<input checked="" type="checkbox"/>

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	gene sequence myh7 (myosin, heavy chain 7, cardiac muscle, beta) (eg, familial hypertrophic cardiomyopathy, liang distal myopathy), full gene sequence myo7a (myosin viia) (eg, usher syndrome, type 1), full gene sequence notch1 (notch 1) (eg, aortic valve disease), full gene sequence nphs1 (nephrosis 1, congenital, finnish type [nephrin]) (eg, congenital finnish nephrosis), full gene sequence opa1 (optic atrophy 1) (eg, optic atrophy), full gene sequence pcdh15 (protocadherin-related 15) (eg, usher syndrome, type 1), full gene sequence pkd1 (polycystic kidney disease 1 [autosomal dominant]) (eg, polycystic kidney disease), full gene sequence plce1 (phospholipase c, epsilon 1) (eg, nephrotic syndrome type 3), full gene sequence scn1a (sodium channel, voltage-gated, type 1, alpha subunit) (eg, generalized epilepsy with febrile seizures), full gene sequence scn5a (sodium channel, voltage-gated, type v, alpha subunit) (eg, familial dilated cardiomyopathy), full gene sequence slc12a1 (solute carrier family 12 [sodium/potassium/chloride transporters], member 1) (eg, bartter syndrome), full gene sequence slc12a3 (solute carrier family 12 [sodium/chloride transporters], member 3) (eg, gitelman syndrome), full gene sequence spg11 (spastic paraplegia 11 [autosomal recessive]) (eg, spastic paraplegia), full gene sequence sptbn2 (spectrin, beta, non-erythrocytic 2) (eg, spinocerebellar ataxia), full gene sequence tmem67 (transmembrane protein 67) (eg, joubert syndrome), full gene sequence tsc2 (tuberous sclerosis 2) (eg, tuberous sclerosis), full gene sequence ush1c (usher syndrome 1c [autosomal recessive, severe]) (eg, usher syndrome, type 1), full gene sequence vps13b (vacuolar protein sorting 13 homolog b [yeast]) (eg, cohen syndrome), duplication/deletion analysis wdr62 (wd repeat domain 62) (eg, primary autosomal recessive microcephaly), full gene sequence							



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81408	Molecular pathology procedure, level 9 (eg, analysis of >50 exons in a single gene by dna sequence analysis) abca4 (atp-binding cassette, sub-family a [abc1], member 4) (eg, stargardt disease, age-related macular degeneration), full gene sequence atm (ataxia telangiectasia mutated) (eg, ataxia telangiectasia), full gene sequence cdh23 (cadherin-related 23) (eg, usher syndrome, type 1), full gene sequence cep290 (centrosomal protein 290kda) (eg, joubert syndrome), full gene sequence col1a1 (collagen, type i, alpha 1) (eg, osteogenesis imperfecta, type i), full gene sequence col1a2 (collagen, type i, alpha 2) (eg, osteogenesis imperfecta, type i), full gene sequence col4a1 (collagen, type iv, alpha 1) (eg, brain small-vessel disease with hemorrhage), full gene sequence col4a3 (collagen, type iv, alpha 3 [goodpasture antigen]) (eg, alport syndrome), full gene sequence col4a5 (collagen, type iv, alpha 5) (eg, alport syndrome), full gene sequence dmd (dystrophin) (eg, duchenne/becker muscular dystrophy), full gene sequence dysf (dysferlin, limb girdle muscular dystrophy 2b [autosomal recessive]) (eg, limb-girdle muscular dystrophy), full gene sequence fbn1 (fibrillin 1) (eg, marfan syndrome), full gene sequence itpr1 (inositol 1,4,5-trisphosphate receptor, type 1) (eg, spinocerebellar ataxia), full gene sequence lama2 (laminin, alpha 2) (eg, congenital muscular dystrophy), full gene sequence lrrk2 (leucine-rich repeat kinase 2) (eg, parkinson disease), full gene sequence myh11 (myosin, heavy chain 11, smooth muscle) (eg, thoracic aortic aneurysms and aortic dissections), full gene sequence neb (nebulin) (eg, nemaline myopathy 2), full gene sequence nf1 (neurofibromin 1) (eg, neurofibromatosis, type 1), full gene sequence pkhd1 (polycystic kidney and hepatic disease 1) (eg, autosomal recessive polycystic kidney disease), full gene sequence ryr1 (ryanodine receptor 1, skeletal) (eg, malignant hyperthermia), full gene sequence ryr2 (ryanodine receptor 2 [cardiac]) (eg, catecholaminergic polymorphic ventricular tachycardia,	Apr 2011	Molecular Pathology - Tier 2 16	CPT 2012			Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	<input checked="" type="checkbox"/>

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	arrhythmogenic right ventricular dysplasia), full gene sequence or targeted sequence analysis of > 50 exons ush2a (usher syndrome 2a [autosomal recessive, mild]) (eg, usher syndrome, type 2), full gene sequence vps13b (vacuolar protein sorting 13 homolog b [yeast]) (eg, cohen syndrome), full gene sequence vwf (von willebrand factor) (eg, von willebrand disease types 1 and 3), full gene sequence							
86152	Cell enumeration using immunologic selection and identification in fluid specimen (eg, circulating tumor cells in blood);	Apr 2012	Cell Enumeration Circulating Tumor Cells	25	CPT 2013	October 2016	Remove from list, part of CLFS.	☑
86153	Cell enumeration using immunologic selection and identification in fluid specimen (eg, circulating tumor cells in blood); physician interpretation and report, when required	Apr 2012	Cell Enumeration Circulating Tumor Cells	25	CPT 2013	October 2016	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
88363	Examination and selection of retrieved archival (ie, previously diagnosed) tissue(s) for molecular analysis (eg, kras mutational analysis)	Feb 2010	Archival Retrieval for Mutational Analysis	17	CPT 2011	September 2014	Remove from list, no demonstrated technology diffusions that impacts work or practice expense.	☑
88375	Optical endomicroscopic image(s), interpretation and report, real-time or referred, each endoscopic session	Jan 2013	Optical Endomicroscopy	15	CPT 2014	October 2017	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
88380	Microdissection (ie, sample preparation of microscopically identified target); laser capture	Feb 2007	Manual Microdissection	12	CPT 2008	September 2011	Survey for January 2014 (added 88380 as part of the family).	☑
88381	Microdissection (ie, sample preparation of microscopically identified target); manual	Feb 2007	Manual Microdissection	12	CPT 2008	September 2013	Survey for January 2014 (added 88380 as part of the family).	☑
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	☑

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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	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
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.	<input checked="" type="checkbox"/>
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.	<input checked="" type="checkbox"/>
90769	Code Deleted CPT 2009	Apr 2007	Immune Globulin Subcutaneous Infusion	H	CPT 2008	September 2011	Code Deleted CPT 2009	<input checked="" type="checkbox"/>
90770	Code Deleted CPT 2009	Apr 2007	Immune Globulin Subcutaneous Infusion	H	CPT 2008	September 2011	Code Deleted CPT 2009	<input checked="" type="checkbox"/>
90771	Code Deleted CPT 2009	Apr 2007	Immune Globulin Subcutaneous Infusion	H	CPT 2008	September 2011	Code Deleted CPT 2009	<input checked="" type="checkbox"/>

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90867	Therapeutic repetitive transcranial magnetic stimulation (tms) treatment; initial, including cortical mapping, motor threshold determination, delivery and management	Feb 2011	Transcranial Magnetic Stimulation	15	CPT 2012	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.	<input type="checkbox"/>
90868	Therapeutic repetitive transcranial magnetic stimulation (tms) treatment; subsequent delivery and management, per session	Feb 2011	Transcranial Magnetic Stimulation	15	CPT 2012	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.	<input type="checkbox"/>

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90869	Therapeutic repetitive transcranial magnetic stimulation (tms) treatment; subsequent motor threshold re-determination with delivery and management	Feb 2011	Transcranial Magnetic Stimulation	15	CPT 2012	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.	<input type="checkbox"/>
91112	Gastrointestinal transit and pressure measurement, stomach through colon, wireless capsule, with interpretation and report	Apr 2012	Wireless Motility Capsule	27	CPT 2013	October 2016	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
91113	Gastrointestinal tract imaging, intraluminal (eg, capsule endoscopy), colon, with interpretation and report	Jan 2021	Colon Capsule Endoscopy	21	CPT 2022	April 2026		<input type="checkbox"/>
91117	Colon motility (manometric) study, minimum 6 hours continuous recording (including provocation tests, eg, meal, intracolonic balloon distension, pharmacologic agents, if performed), with interpretation and report	Apr 2010	Colon Motility	21	CPT 2011	September 2014	Remove from list, no demonstrated technology diffusions that impacts work or practice expense.	<input checked="" type="checkbox"/>
91200	Liver elastography, mechanically induced shear wave (eg, vibration), without imaging, with interpretation and report	April 2015	Liver Elastography	19	CPT 2016		Surveyed for January 2020. Decreased.	<input checked="" type="checkbox"/>
92065	Orthoptic training; performed by a physician or other qualified health care professional	Apr 2021	Orthoptic Training	10	CPT 2023	April 2027		<input type="checkbox"/>

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92066	Orthoptic training; under supervision of a physician or other qualified health care professional	Apr 2021	Orthoptic Training	10	CPT 2023	April 2027		<input type="checkbox"/>
92132	Scanning computerized ophthalmic diagnostic imaging, anterior segment, with interpretation and report, unilateral or bilateral	Apr 2010	Anterior Segment Imaging	22	CPT 2011		Survey for October 2015. The RUC noted that it is the specialty societies decision whether 92133 and 92134 need to be surveyed with this service.	<input checked="" type="checkbox"/>
92133	Scanning computerized ophthalmic diagnostic imaging, posterior segment, with interpretation and report, unilateral or bilateral; optic nerve	Apr 2010	Computerized Scanning Ophthalmology Diagnostic Imaging	23	CPT 2011	September 2014	Remove from list, no demonstrated technology diffusions that impacts work or practice expense.	<input checked="" type="checkbox"/>
92134	Scanning computerized ophthalmic diagnostic imaging, posterior segment, with interpretation and report, unilateral or bilateral; retina	Apr 2010	Computerized Scanning Ophthalmology Diagnostic Imaging	23	CPT 2011	September 2014	Remove from list, no demonstrated technology diffusions that impacts work or practice expense.	<input checked="" type="checkbox"/>
92145	Corneal hysteresis determination, by air impulse stimulation, unilateral or bilateral, with interpretation and report	Apr 2014	Corneal Hysteresis Determination	23	CPT 2015	October 2018	Survey for January 2019.	<input checked="" type="checkbox"/>
92227	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		<input type="checkbox"/>
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		<input type="checkbox"/>
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.	<input checked="" type="checkbox"/>

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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		<input type="checkbox"/>
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.	<input type="checkbox"/>
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		<input type="checkbox"/>
92518	Vestibular evoked myogenic potential (vemp) testing, with interpretation and report; ocular (ovemp)	Apr 2019	Vestibular Evoked Myogenic Potential (VEMP) Testing	07	CPT 2021	April 2025		<input type="checkbox"/>
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		<input type="checkbox"/>
93050	Arterial pressure waveform analysis for assessment of central arterial pressures, includes obtaining waveform(s), digitization and application of nonlinear mathematical transformations to determine central arterial pressures and augmentation index, with interpretation and report, upper extremity artery, non-invasive	Apr 2015	Arterial Pressure Waveform Analysis	20	CPT 2016	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.	<input checked="" type="checkbox"/>

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93241	External electrocardiographic recording for more than 48 hours up to 7 days by continuous rhythm recording and storage; includes recording, scanning analysis with report, review and interpretation	Jan 2020	External Extended ECG Monitoring	18	CPT 2021	April 2025		<input type="checkbox"/>
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		<input type="checkbox"/>
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		<input type="checkbox"/>
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		<input type="checkbox"/>
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		<input type="checkbox"/>
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		<input type="checkbox"/>
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		<input type="checkbox"/>
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		<input type="checkbox"/>



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93260	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; implantable subcutaneous lead defibrillator system	Apr 2014	Subcutaneous Implantable Defibrillator Procedures	09	CPT 2015	April 2022	Review in 2 years (2022). In April 2022, recommended to remove from list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
93261	Interrogation device evaluation (in person) with analysis, review and report by a physician or other qualified health care professional, includes connection, recording and disconnection per patient encounter; implantable subcutaneous lead defibrillator system	Apr 2014	Subcutaneous Implantable Defibrillator Procedures	09	CPT 2015	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.	<input checked="" type="checkbox"/>
93264	Remote monitoring of a wireless pulmonary artery pressure sensor for up to 30 days, including at least weekly downloads of pulmonary artery pressure recordings, interpretation(s), trend analysis, and report(s) by a physician or other qualified health care professional	Jan 2018	Pulmonary Wireless Pressure Sensor Services	08	CPT 2019	April 2023		<input type="checkbox"/>
93279	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; single lead pacemaker system or leadless pacemaker system in one cardiac chamber	Apr 2008	Cardiac Device Monitoring	23	CPT 2009	September 2012	Ad Hoc Workgroup developed to determine how to address the work neutrality failure and establish guidelines for further RAW review of retrospective work neutrality.	<input checked="" type="checkbox"/>

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93280	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; dual lead pacemaker system	Apr 2008	Cardiac Device Monitoring	23	CPT 2009	September 2012	Ad Hoc Workgroup developed to determine how to address the work neutrality failure and establish guidelines for further RAW review of retrospective work neutrality.	<input checked="" type="checkbox"/>
93281	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; multiple lead pacemaker system	Apr 2008	Cardiac Device Monitoring	23	CPT 2009	September 2012	Ad Hoc Workgroup developed to determine how to address the work neutrality failure and establish guidelines for further RAW review of retrospective work neutrality.	<input checked="" type="checkbox"/>
93282	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; single lead transvenous implantable defibrillator system	Apr 2008	Cardiac Device Monitoring	23	CPT 2009	September 2012	Ad Hoc Workgroup developed to determine how to address the work neutrality failure and establish guidelines for further RAW review of retrospective work neutrality.	<input checked="" type="checkbox"/>
93283	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; dual lead transvenous implantable defibrillator system	Apr 2008	Cardiac Device Monitoring	23	CPT 2009	September 2012	Ad Hoc Workgroup developed to determine how to address the work neutrality failure and establish guidelines for further RAW review of retrospective work neutrality.	<input checked="" type="checkbox"/>

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93284	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; multiple lead transvenous implantable defibrillator system	Apr 2008	Cardiac Device Monitoring	23	CPT 2009	September 2012	Ad Hoc Workgroup developed to determine how to address the work neutrality failure and establish guidelines for further RAW review of retrospective work neutrality.	<input checked="" type="checkbox"/>
93285	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; subcutaneous cardiac rhythm monitor system	Apr 2008	Cardiac Device Monitoring	23	CPT 2009	September 2012	Ad Hoc Workgroup developed to determine how to address the work neutrality failure and establish guidelines for further RAW review of retrospective work neutrality.	<input checked="" type="checkbox"/>
93286	Peri-procedural device evaluation (in person) and programming of device system parameters before or after a surgery, procedure, or test with analysis, review and report by a physician or other qualified health care professional; single, dual, or multiple lead pacemaker system, or leadless pacemaker system	Apr 2008	Cardiac Device Monitoring	23	CPT 2009	September 2012	Ad Hoc Workgroup developed to determine how to address the work neutrality failure and establish guidelines for further RAW review of retrospective work neutrality.	<input checked="" type="checkbox"/>
93287	Peri-procedural device evaluation (in person) and programming of device system parameters before or after a surgery, procedure, or test with analysis, review and report by a physician or other qualified health care professional; single, dual, or multiple lead implantable defibrillator system	Apr 2008	Cardiac Device Monitoring	23	CPT 2009	September 2012	Ad Hoc Workgroup developed to determine how to address the work neutrality failure and establish guidelines for further RAW review of retrospective work neutrality.	<input checked="" type="checkbox"/>

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93288	Interrogation device evaluation (in person) with analysis, review and report by a physician or other qualified health care professional, includes connection, recording and disconnection per patient encounter; single, dual, or multiple lead pacemaker system, or leadless pacemaker system	Apr 2008	Cardiac Device Monitoring	23	CPT 2009	September 2012	Ad Hoc Workgroup developed to determine how to address the work neutrality failure and establish guidelines for further RAW review of retrospective work neutrality.	<input checked="" type="checkbox"/>
93289	Interrogation device evaluation (in person) with analysis, review and report by a physician or other qualified health care professional, includes connection, recording and disconnection per patient encounter; single, dual, or multiple lead transvenous implantable defibrillator system, including analysis of heart rhythm derived data elements	Apr 2008	Cardiac Device Monitoring	23	CPT 2009	September 2012	Ad Hoc Workgroup developed to determine how to address the work neutrality failure and establish guidelines for further RAW review of retrospective work neutrality.	<input checked="" type="checkbox"/>
93290	Interrogation device evaluation (in person) with analysis, review and report by a physician or other qualified health care professional, includes connection, recording and disconnection per patient encounter; implantable cardiovascular physiologic monitor system, including analysis of 1 or more recorded physiologic cardiovascular data elements from all internal and external sensors	Apr 2008	Cardiac Device Monitoring	23	CPT 2009	September 2012	Ad Hoc Workgroup developed to determine how to address the work neutrality failure and establish guidelines for further RAW review of retrospective work neutrality.	<input checked="" type="checkbox"/>
93291	Interrogation device evaluation (in person) with analysis, review and report by a physician or other qualified health care professional, includes connection, recording and disconnection per patient encounter; subcutaneous cardiac rhythm monitor system, including heart rhythm derived data analysis	Apr 2008	Cardiac Device Monitoring	23	CPT 2009	September 2012	Ad Hoc Workgroup developed to determine how to address the work neutrality failure and establish guidelines for further RAW review of retrospective work neutrality.	<input checked="" type="checkbox"/>

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93292	Interrogation device evaluation (in person) with analysis, review and report by a physician or other qualified health care professional, includes connection, recording and disconnection per patient encounter; wearable defibrillator system	Apr 2008	Cardiac Device Monitoring	23	CPT 2009	September 2012	Ad Hoc Workgroup developed to determine how to address the work neutrality failure and establish guidelines for further RAW review of retrospective work neutrality.	<input checked="" type="checkbox"/>
93293	Transtelephonic rhythm strip pacemaker evaluation(s) single, dual, or multiple lead pacemaker system, includes recording with and without magnet application with analysis, review and report(s) by a physician or other qualified health care professional, up to 90 days	Apr 2008	Cardiac Device Monitoring	23	CPT 2009	September 2012	Ad Hoc Workgroup developed to determine how to address the work neutrality failure and establish guidelines for further RAW review of retrospective work neutrality.	<input checked="" type="checkbox"/>
93294	Interrogation device evaluation(s) (remote), up to 90 days; single, dual, or multiple lead pacemaker system, or leadless pacemaker system with interim analysis, review(s) and report(s) by a physician or other qualified health care professional	Apr 2008	Cardiac Device Monitoring	23	CPT 2009	September 2012	Ad Hoc Workgroup developed to determine how to address the work neutrality failure and establish guidelines for further RAW review of retrospective work neutrality.	<input checked="" type="checkbox"/>
93295	Interrogation device evaluation(s) (remote), up to 90 days; single, dual, or multiple lead implantable defibrillator system with interim analysis, review(s) and report(s) by a physician or other qualified health care professional	Apr 2008	Cardiac Device Monitoring	23	CPT 2009	September 2012	Ad Hoc Workgroup developed to determine how to address the work neutrality failure and establish guidelines for further RAW review of retrospective work neutrality.	<input checked="" type="checkbox"/>

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93296	Interrogation device evaluation(s) (remote), up to 90 days; single, dual, or multiple lead pacemaker system, leadless pacemaker system, or implantable defibrillator system, remote data acquisition(s), receipt of transmissions and technician review, technical support and distribution of results	Apr 2008	Cardiac Device Monitoring	23	CPT 2009	September 2012	Ad Hoc Workgroup developed to determine how to address the work neutrality failure and establish guidelines for further RAW review of retrospective work neutrality.	<input checked="" type="checkbox"/>
93297	Interrogation device evaluation(s), (remote) up to 30 days; implantable cardiovascular physiologic monitor system, including analysis of 1 or more recorded physiologic cardiovascular data elements from all internal and external sensors, analysis, review(s) and report(s) by a physician or other qualified health care professional	Apr 2008	Cardiac Device Monitoring	23	CPT 2009	September 2012	Ad Hoc Workgroup developed to determine how to address the work neutrality failure and establish guidelines for further RAW review of retrospective work neutrality.	<input checked="" type="checkbox"/>
93298	Interrogation device evaluation(s), (remote) up to 30 days; subcutaneous cardiac rhythm monitor system, including analysis of recorded heart rhythm data, analysis, review(s) and report(s) by a physician or other qualified health care professional	Apr 2008	Cardiac Device Monitoring	23	CPT 2009	September 2012	Ad Hoc Workgroup developed to determine how to address the work neutrality failure and establish guidelines for further RAW review of retrospective work neutrality.	<input checked="" type="checkbox"/>
93299	Code Deleted CPT 2020	Apr 2008	Cardiac Device Monitoring	23	CPT 2009	September 2012	Ad Hoc Workgroup developed to determine how to address the work neutrality failure and establish guidelines for further RAW review of retrospective work neutrality.	<input checked="" type="checkbox"/>

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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		<input type="checkbox"/>
93462	Left heart catheterization by transseptal puncture through intact septum or by transapical puncture (list separately in addition to code for primary procedure)	Apr 2010	Diagnostic Cardiac Catheterization	26	CPT 2011	September 2014	Remove from list, no demonstrated technology diffusions that impacts work or practice expense.	<input checked="" type="checkbox"/>
93463	Pharmacologic agent administration (eg, inhaled nitric oxide, intravenous infusion of nitroprusside, dobutamine, milrinone, or other agent) including assessing hemodynamic measurements before, during, after and repeat pharmacologic agent administration, when performed (list separately in addition to code for primary procedure)	Apr 2010	Diagnostic Cardiac Catheterization	26	CPT 2011	September 2014	Remove from list, no demonstrated technology diffusions that impacts work or practice expense.	<input checked="" type="checkbox"/>
93464	Physiologic exercise study (eg, bicycle or arm ergometry) including assessing hemodynamic measurements before and after (list separately in addition to code for primary procedure)	Apr 2010	Diagnostic Cardiac Catheterization	26	CPT 2011	September 2014	Remove from list, no demonstrated technology diffusions that impacts work or practice expense.	<input checked="" type="checkbox"/>
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		<input type="checkbox"/>
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		<input type="checkbox"/>

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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		<input type="checkbox"/>
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		<input type="checkbox"/>
93583	Percutaneous transcatheter septal reduction therapy (eg, alcohol septal ablation) including temporary pacemaker insertion when performed	Jan 2013	Percutaneous Alcohol Ablation of Septum	17	CPT 2014	October 2017	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
93590	Percutaneous transcatheter closure of paravalvular leak; initial occlusion device, mitral valve	Jan 2016	Closure of Paravalvular Leak	22	CPT 2017	October 2020	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
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.	<input checked="" type="checkbox"/>
93592	Percutaneous transcatheter closure of paravalvular leak; each additional occlusion device (list separately in addition to code for primary procedure)	Jan 2016	Closure of Paravalvular Leak	22	CPT 2017	October 2020	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>



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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		<input type="checkbox"/>
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		<input type="checkbox"/>
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		<input type="checkbox"/>
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		<input type="checkbox"/>
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		<input type="checkbox"/>
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		<input type="checkbox"/>
93644	Electrophysiologic evaluation of subcutaneous implantable defibrillator (includes defibrillation threshold evaluation, induction of arrhythmia, evaluation of sensing for arrhythmia termination, and programming or reprogramming of sensing or therapeutic parameters)	Apr 2014	Subcutaneous Implantable Defibrillator Procedures	09	CPT 2015	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.	<input checked="" type="checkbox"/>

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93982	Code Deleted	Apr 2007	Wireless Pressure Sensor Implantation	25	CPT 2008	September 2011	Remove, code does not need to be re-evaluated	<input checked="" type="checkbox"/>
94011	Measurement of spirometric forced expiratory flows in an infant or child through 2 years of age	Apr 2009	Infant Pulmonary Function Testing	23	CPT 2010	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
94012	Measurement of spirometric forced expiratory flows, before and after bronchodilator, in an infant or child through 2 years of age	Apr 2009	Infant Pulmonary Function Testing	23	CPT 2010	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
94013	Measurement of lung volumes (ie, functional residual capacity [frc], forced vital capacity [fvc], and expiratory reserve volume [erv]) in an infant or child through 2 years of age	Apr 2009	Infant Pulmonary Function Testing	23	CPT 2010	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
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		<input type="checkbox"/>
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		<input type="checkbox"/>
95700	Electroencephalogram (eeg) continuous recording, with video when performed, setup, patient education, and takedown when performed, administered in person by eeg technologist, minimum of 8 channels	Oct 2018	Long-Term EEG Monitoring	13	CPT 2020	April 2024		<input type="checkbox"/>
95705	Electroencephalogram (eeg), without video, review of data, technical description by eeg technologist, 2-12 hours; unmonitored	Oct 2018	Long-Term EEG Monitoring	13	CPT 2020	April 2024		<input type="checkbox"/>

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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		<input type="checkbox"/>
95707	Electroencephalogram (eeg), without video, review of data, technical description by eeg technologist, 2-12 hours; with continuous, real-time monitoring and maintenance	Oct 2018	Long-Term EEG Monitoring	13	CPT 2020	April 2024		<input type="checkbox"/>
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		<input type="checkbox"/>
95709	Electroencephalogram (eeg), without video, review of data, technical description by eeg technologist, each increment of 12-26 hours; with intermittent monitoring and maintenance	Oct 2018	Long-Term EEG Monitoring	13	CPT 2020	April 2024		<input type="checkbox"/>
95710	Electroencephalogram (eeg), without video, review of data, technical description by eeg technologist, each increment of 12-26 hours; with continuous, real-time monitoring and maintenance	Oct 2018	Long-Term EEG Monitoring	13	CPT 2020	April 2024		<input type="checkbox"/>
95711	Electroencephalogram with video (veeg), review of data, technical description by eeg technologist, 2-12 hours; unmonitored	Oct 2018	Long-Term EEG Monitoring	13	CPT 2020	April 2024		<input type="checkbox"/>
95712	Electroencephalogram with video (veeg), review of data, technical description by eeg technologist, 2-12 hours; with intermittent monitoring and maintenance	Oct 2018	Long-Term EEG Monitoring	13	CPT 2020	April 2024		<input type="checkbox"/>
95713	Electroencephalogram with video (veeg), review of data, technical description by eeg technologist, 2-12 hours; with continuous, real-time monitoring and maintenance	Oct 2018	Long-Term EEG Monitoring	13	CPT 2020	April 2024		<input type="checkbox"/>
95714	Electroencephalogram with video (veeg), review of data, technical description by eeg technologist, each increment of 12-26 hours; unmonitored	Oct 2018	Long-Term EEG Monitoring	13	CPT 2020	April 2024		<input type="checkbox"/>

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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		<input type="checkbox"/>
95716	Electroencephalogram with video (veeg), review of data, technical description by eeg technologist, each increment of 12-26 hours; with continuous, real-time monitoring and maintenance	Oct 2018	Long-Term EEG Monitoring	13	CPT 2020	April 2024		<input type="checkbox"/>
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		<input type="checkbox"/>
95718	Electroencephalogram (eeg), continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, interpretation and report, 2-12 hours of eeg recording; with video (veeg)	Oct 2018	Long-Term EEG Monitoring	13	CPT 2020	April 2024		<input type="checkbox"/>
95719	Electroencephalogram (eeg), continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, each increment of greater than 12 hours, up to 26 hours of eeg recording, interpretation and report after each 24-hour period; without video	Oct 2018	Long-Term EEG Monitoring	13	CPT 2020	April 2024		<input type="checkbox"/>
95720	Electroencephalogram (eeg), continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, each increment of greater than 12 hours, up to 26 hours of eeg recording, interpretation and report after each 24-hour period; with video (veeg)	Oct 2018	Long-Term EEG Monitoring	13	CPT 2020	April 2024		<input type="checkbox"/>

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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		<input type="checkbox"/>
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		<input type="checkbox"/>
95723	Electroencephalogram (eeg), continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, interpretation, and summary report, complete study; greater than 60 hours, up to 84 hours of eeg recording, without video	Oct 2018	Long-Term EEG Monitoring	13	CPT 2020	April 2024		<input type="checkbox"/>
95724	Electroencephalogram (eeg), continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, interpretation, and summary report, complete study; greater than 60 hours, up to 84 hours of eeg recording, with video (veeg)	Oct 2018	Long-Term EEG Monitoring	13	CPT 2020	April 2024		<input type="checkbox"/>
95725	Electroencephalogram (eeg), continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, interpretation, and summary report, complete study; greater than 84 hours of eeg recording, without video	Oct 2018	Long-Term EEG Monitoring	13	CPT 2020	April 2024		<input type="checkbox"/>

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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		<input type="checkbox"/>
95800	Sleep study, unattended, simultaneous recording; heart rate, oxygen saturation, respiratory analysis (eg, by airflow or peripheral arterial tone), and sleep time	Apr 2010	Sleep Testing	28	CPT 2011	October 2016	Survey for physician work and review direct practice expense inputs for April 2017. These services have continued to grow and the inclusion of the PACS workstation equipment was questioned.	<input checked="" type="checkbox"/>
95801	Sleep study, unattended, simultaneous recording; minimum of heart rate, oxygen saturation, and respiratory analysis (eg, by airflow or peripheral arterial tone)	Apr 2010	Sleep Testing	28	CPT 2011	October 2016	Survey for physician work and review direct practice expense inputs for April 2017. These services have continued to grow and the inclusion of the PACS workstation equipment was questioned.	<input checked="" type="checkbox"/>
95803	Actigraphy testing, recording, analysis, interpretation, and report (minimum of 72 hours to 14 consecutive days of recording)	Apr 2008	Actigraphy Sleep Assessment	25	CPT 2009	September 2012	Remove, code does not need to be re-evaluated	<input checked="" type="checkbox"/>

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95806	Sleep study, unattended, simultaneous recording of, heart rate, oxygen saturation, respiratory airflow, and respiratory effort (eg, thoracoabdominal movement)	Apr 2010	Sleep Testing	28	CPT 2011	October 2016	Survey for physician work and review direct practice expense inputs for April 2017. These services have continued to grow and the inclusion of the PACS workstation equipment was questioned.	<input checked="" type="checkbox"/>
95836	Electrocorticogram from an implanted brain neurostimulator pulse generator/transmitter, including recording, with interpretation and written report, up to 30 days	Jan 2018	Electrocorticography	18	CPT 2019	April 2023		<input type="checkbox"/>
95905	Motor and/or sensory nerve conduction, using preconfigured electrode array(s), amplitude and latency/velocity study, each limb, includes f-wave study when performed, with interpretation and report	Feb 2009	Nerve Conduction Tests	18	CPT 2010	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
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		<input type="checkbox"/>
95940	Continuous intraoperative neurophysiology monitoring in the operating room, one on one monitoring requiring personal attendance, each 15 minutes (list separately in addition to code for primary procedure)	Jan 2012	Intraoperative Neurophysiology Monitoring	12	CPT 2013	October 2016	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
95941	Continuous intraoperative neurophysiology monitoring, from outside the operating room (remote or nearby) or for monitoring of more than one case while in the operating room, per hour (list separately in addition to code for primary procedure)	Jan 2012	Intraoperative Neurophysiology Monitoring	12	CPT 2013	October 2016	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>

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95980	Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude and duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient measurements) gastric neurostimulator pulse generator/transmitter; intraoperative, with programming	Apr 2007	Electronic Analysis of Implanted Neurostimulator Pulse Generator System	I	CPT 2008	September 2011	Remove, code does not need to be re-evaluated	<input checked="" type="checkbox"/>
95981	Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude and duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient measurements) gastric neurostimulator pulse generator/transmitter; subsequent, without reprogramming	Apr 2007	Electronic Analysis of Implanted Neurostimulator Pulse Generator System	I	CPT 2008	September 2011	Remove, code does not need to be re-evaluated	<input checked="" type="checkbox"/>
95982	Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude and duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient measurements) gastric neurostimulator pulse generator/transmitter; subsequent, with reprogramming	Apr 2007	Electronic Analysis of Implanted Neurostimulator Pulse Generator System	I	CPT 2008	September 2011	Remove, code does not need to be re-evaluated	<input checked="" type="checkbox"/>
96020	Neurofunctional testing selection and administration during noninvasive imaging functional brain mapping, with test administered entirely by a physician or other qualified health care professional (ie, psychologist), with review of test results and report	Feb 2006	Functional MRI	15	CPT 2007	September 2010	Remove, code does not need to be re-evaluated	<input checked="" type="checkbox"/>
96904	Whole body integumentary photography, for monitoring of high risk patients with dysplastic nevus syndrome or a history of dysplastic nevi, or patients with a personal or familial history of melanoma	Feb 2006	Whole Body Integumentary Photography	19	CPT 2007	September 2010	Remove, code does not need to be re-evaluated	<input checked="" type="checkbox"/>
96931	Reflectance confocal microscopy (rcm) for cellular and sub-cellular imaging of skin; image acquisition and interpretation and report, first lesion	Oct 2015	Reflectance Confocal Microscopy	06	CPT 2017	April 2024	Review in 3 years (April 2024).	<input type="checkbox"/>



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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).	<input type="checkbox"/>
96933	Reflectance confocal microscopy (rcm) for cellular and sub-cellular imaging of skin; interpretation and report only, first lesion	Oct 2015	Reflectance Confocal Microscopy	06	CPT 2017	April 2024	Review in 3 years (April 2024).	<input type="checkbox"/>
96934	Reflectance confocal microscopy (rcm) for cellular and sub-cellular imaging of skin; image acquisition and interpretation and report, each additional lesion (list separately in addition to code for primary procedure)	Oct 2015	Reflectance Confocal Microscopy	06	CPT 2017	April 2024	Review in 3 years (April 2024).	<input type="checkbox"/>
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).	<input type="checkbox"/>
96936	Reflectance confocal microscopy (rcm) for cellular and sub-cellular imaging of skin; interpretation and report only, each additional lesion (list separately in addition to code for primary procedure)	Oct 2015	Reflectance Confocal Microscopy	06	CPT 2017	April 2024	Review in 3 years (April 2024).	<input type="checkbox"/>
97605	Negative pressure wound therapy (eg, vacuum assisted drainage collection), utilizing durable medical equipment (dme), including topical application(s), wound assessment, and instruction(s) for ongoing care, per session; total wound(s) surface area less than or equal to 50 square centimeters	Jan 2014	Negative Wound Pressure Therapy	17	CPT 2015	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.	<input checked="" type="checkbox"/>

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97606	Negative pressure wound therapy (eg, vacuum assisted drainage collection), utilizing durable medical equipment (dme), including topical application(s), wound assessment, and instruction(s) for ongoing care, per session; total wound(s) surface area greater than 50 square centimeters	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.	<input checked="" type="checkbox"/>
97607	Negative pressure wound therapy, (eg, vacuum assisted drainage collection), utilizing disposable, non-durable medical equipment including provision of exudate management collection system, topical application(s), wound assessment, and instructions for ongoing care, per session; total wound(s) surface area less than or equal to 50 square centimeters	Jan 2014	Negative Wound Pressure Therapy	17	CPT 2015	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.	<input checked="" type="checkbox"/>
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.	<input checked="" type="checkbox"/>
97610	Low frequency, non-contact, non-thermal ultrasound, including topical application(s), when performed, wound assessment, and instruction(s) for ongoing care, per day	Oct 2013	HCPAC - Ultrasonic Wound Assessment	17	CPT 2015	October 2018	Survey for January 2019.	<input checked="" type="checkbox"/>

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98966	Telephone assessment and management service provided by a qualified nonphysician health care professional to an established patient, parent, or guardian not originating from a related assessment and management service provided within the previous 7 days nor leading to an assessment and management service or procedure within the next 24 hours or soonest available appointment; 5-10 minutes of medical discussion	Apr 2007	Non Face-to-Face Qualified U Healthcare Professional Services	U	CPT 2008	September 2011	Remove, not covered by Medicare	<input checked="" type="checkbox"/>
98967	Telephone assessment and management service provided by a qualified nonphysician health care professional to an established patient, parent, or guardian not originating from a related assessment and management service provided within the previous 7 days nor leading to an assessment and management service or procedure within the next 24 hours or soonest available appointment; 11-20 minutes of medical discussion	Apr 2007	Non Face-to-Face Qualified U Healthcare Professional Services	U	CPT 2008	September 2011	Remove, not covered by Medicare	<input checked="" type="checkbox"/>
98968	Telephone assessment and management service provided by a qualified nonphysician health care professional to an established patient, parent, or guardian not originating from a related assessment and management service provided within the previous 7 days nor leading to an assessment and management service or procedure within the next 24 hours or soonest available appointment; 21-30 minutes of medical discussion	Apr 2007	Non Face-to-Face Qualified U Healthcare Professional Services	U	CPT 2008	September 2011	Remove, not covered by Medicare	<input checked="" type="checkbox"/>
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		<input type="checkbox"/>
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		<input type="checkbox"/>

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98972	Qualified nonphysician health care professional online digital assessment and management, for an established patient, for up to 7 days, cumulative time during the 7 days; 21 or more minutes	Jan 2019	Online Digital Evaluation Service (e-Visit)	41	CPT 2020	April 2024		<input type="checkbox"/>
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	<input type="checkbox"/>
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	<input type="checkbox"/>
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	<input type="checkbox"/>
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		<input type="checkbox"/>
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	<input type="checkbox"/>
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	<input type="checkbox"/>

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99202	Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and straightforward medical decision making. when using time for code selection, 15-29 minutes of total time is spent on the date of the encounter.	Apr 2019	Office Visits	09	CPT 2021	April 2025		<input type="checkbox"/>
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		<input type="checkbox"/>
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		<input type="checkbox"/>
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		<input type="checkbox"/>
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		<input type="checkbox"/>
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		<input type="checkbox"/>

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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		<input type="checkbox"/>
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		<input type="checkbox"/>
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		<input type="checkbox"/>
99363	Code Deleted	Apr 2006	Anticoagulant Management I Services	I	CPT 2007	September 2010	Remove, code does not need to be re-evaluated	<input checked="" type="checkbox"/>
99364	Code Deleted	Apr 2006	Anticoagulant Management I Services	I	CPT 2007	September 2010	Remove, code does not need to be re-evaluated	<input checked="" type="checkbox"/>
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		<input type="checkbox"/>
99421	Online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 5-10 minutes	Jan 2019	Online Digital Evaluation Service (e-Visit)	21	CPT 2020	April 2024		<input type="checkbox"/>

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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		<input type="checkbox"/>
99423	Online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 21 or more minutes	Jan 2019	Online Digital Evaluation Service (e-Visit)	21	CPT 2020	April 2024		<input type="checkbox"/>
99424	Principal care management services, for a single high-risk disease, with the following required elements: one complex chronic condition expected to last at least 3 months, and that places the patient at significant risk of hospitalization, acute exacerbation/decompensation, functional decline, or death, the condition requires development, monitoring, or revision of disease-specific care plan, the condition requires frequent adjustments in the medication regimen and/or the management of the condition is unusually complex due to comorbidities, ongoing communication and care coordination between relevant practitioners furnishing care; first 30 minutes provided personally by a physician or other qualified health care professional, per calendar month.	Jan 2021	Principal Care Management (PCM) & Chronic Care Management (CCM)	25	CPT 2022	April 2026		<input type="checkbox"/>

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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		<input type="checkbox"/>
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		<input type="checkbox"/>



<i><b>CPT Code</b></i>	<i><b>Long Descriptor</b></i>	<i><b>RUC Meeting</b></i>	<i><b>Issue</b></i>	<i><b>Tab</b></i>	<i><b>CPT Year</b></i>	<i><b>Date to Re- Review</b></i>	<i><b>RUC Rec</b></i>	<i><b>Complete</b></i>
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		<input type="checkbox"/>
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		<input type="checkbox"/>

<i><b>CPT Code</b></i>	<i><b>Long Descriptor</b></i>	<i><b>RUC Meeting</b></i>	<i><b>Issue</b></i>	<i><b>Tab</b></i>	<i><b>CPT Year</b></i>	<i><b>Date to Re- Review</b></i>	<i><b>RUC Rec</b></i>	<i><b>Complete</b></i>
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.	<input type="checkbox"/>
99441	Telephone evaluation and management service by a physician or other qualified health care professional who may report evaluation and management services provided to an established patient, parent, or guardian not originating from a related e/m service provided within the previous 7 days nor leading to an e/m service or procedure within the next 24 hours or soonest available appointment; 5-10 minutes of medical discussion	Feb 2007	Non Face-to-Face Services	16	CPT 2008	September 2011	Remove, not covered by Medicare	<input checked="" type="checkbox"/>
99442	Telephone evaluation and management service by a physician or other qualified health care professional who may report evaluation and management services provided to an established patient, parent, or guardian not originating from a related e/m service provided within the previous 7 days nor leading to an e/m service or procedure within the next 24 hours or soonest available appointment; 11-20 minutes of medical discussion	Feb 2007	Non Face-to-Face Services	16	CPT 2008	September 2011	Remove, not covered by Medicare	<input checked="" type="checkbox"/>
99443	Telephone evaluation and management service by a physician or other qualified health care professional who may report evaluation and management services provided to an established patient, parent, or guardian not originating from a related e/m service provided within the previous 7 days nor leading to an e/m service or procedure within the next 24 hours or soonest available appointment; 21-30 minutes of medical discussion	Feb 2007	Non Face-to-Face Services	16	CPT 2008	September 2011	Remove, not covered by Medicare	<input checked="" type="checkbox"/>

<i><b>CPT Code</b></i>	<i><b>Long Descriptor</b></i>	<i><b>RUC Meeting</b></i>	<i><b>Issue</b></i>	<i><b>Tab</b></i>	<i><b>CPT Year</b></i>	<i><b>Date to Re- Review</b></i>	<i><b>RUC Rec</b></i>	<i><b>Complete</b></i>
99446	Interprofessional telephone/internet/electronic health record assessment and management service provided by a consultative physician 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	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>

<i><b>CPT Code</b></i>	<i><b>Long Descriptor</b></i>	<i><b>RUC Meeting</b></i>	<i><b>Issue</b></i>	<i><b>Tab</b></i>	<i><b>CPT Year</b></i>	<i><b>Date to Re- Review</b></i>	<i><b>RUC Rec</b></i>	<i><b>Complete</b></i>
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		<input type="checkbox"/>
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		<input type="checkbox"/>
99453	Remote monitoring of physiologic parameter(s) (eg, weight, blood pressure, pulse oximetry, respiratory flow rate), initial; set-up and patient education on use of equipment	Jan 2018	Chronic Care Remote Physiologic Monitoring	20	CPT 2019	April 2024		<input type="checkbox"/>
99454	Remote monitoring of physiologic parameter(s) (eg, weight, blood pressure, pulse oximetry, respiratory flow rate), initial; device(s) supply with daily recording(s) or programmed alert(s) transmission, each 30 days	Jan 2018	Chronic Care Remote Physiologic Monitoring	20	CPT 2019	April 2024		<input type="checkbox"/>
99457	Remote physiologic monitoring treatment management services, clinical staff/physician/other qualified health care professional time in a calendar month requiring interactive communication with the patient/caregiver during the month; first 20 minutes	Jan 2018	Chronic Care Remote Physiologic Monitoring	20	CPT 2019	April 2024		<input type="checkbox"/>
99458	Remote physiologic monitoring treatment management services, clinical staff/physician/other qualified health care professional time in a calendar month requiring interactive communication with the patient/caregiver during the month; each additional 20 minutes (list separately in addition to code for primary procedure)	Jan 2019	Chronic Care Remote Physiologic Monitoring	20	CPT 2020	April 2024		<input type="checkbox"/>

<i><b>CPT Code</b></i>	<i><b>Long Descriptor</b></i>	<i><b>RUC Meeting</b></i>	<i><b>Issue</b></i>	<i><b>Tab</b></i>	<i><b>CPT Year</b></i>	<i><b>Date to Re- Review</b></i>	<i><b>RUC Rec</b></i>	<i><b>Complete</b></i>
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		<input type="checkbox"/>
99484	Care management services for behavioral health conditions, at least 20 minutes of clinical staff time, directed by a physician or other qualified health care professional, per calendar month, with the following required elements: initial assessment or follow-up monitoring, including the use of applicable validated rating scales, behavioral health care planning in relation to behavioral/psychiatric health problems, including revision for patients who are not progressing or whose status changes, facilitating and coordinating treatment such as psychotherapy, pharmacotherapy, counseling and/or psychiatric consultation, and continuity of care with a designated member of the care team.	Jan 2017	Psychiatric Collaborative Care Management Services	20	CPT 2018	September 2022	Surveyed for September 2022 and recommended an increase.	<input checked="" type="checkbox"/>
99487	Complex chronic care management services with the following required elements: multiple (two or more) chronic conditions expected to last at least 12 months, or until the death of the patient, chronic conditions 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.	<input type="checkbox"/>
99488	Code Deleted	Oct 2012	Complex Chronic Care Coordination Services	09	CPT 2013	October 2017	Code Deleted	<input checked="" type="checkbox"/>

<i><b>CPT Code</b></i>	<i><b>Long Descriptor</b></i>	<i><b>RUC Meeting</b></i>	<i><b>Issue</b></i>	<i><b>Tab</b></i>	<i><b>CPT Year</b></i>	<i><b>Date to Re- Review</b></i>	<i><b>RUC Rec</b></i>	<i><b>Complete</b></i>
99489	Complex chronic care management services with the following required elements: multiple (two or more) chronic conditions expected to last at least 12 months, or until the death of the patient, chronic conditions that place the patient at significant risk of death, acute exacerbation/decompensation, or functional decline, comprehensive care plan established, implemented, revised, or monitored, moderate or high complexity medical decision making; each additional 30 minutes of clinical staff time directed by a physician or other qualified health care professional, per calendar month (list separately in addition to code for primary procedure)	Jan 2021	Principal Care Management (PCM) & Chronic Care Management (CCM)	25	CPT 2013	April 2026	Was surveyed for January 2021 with the principal care management codes. The RUC noted that the CCM codes should also be re-reviewed at that time, primarily because the clinical staff time survey responses were not obtained for the 2021 review.	<input type="checkbox"/>
99490	Chronic care management services with the following required elements: multiple (two or more) chronic conditions expected to last at least 12 months, or until the death of the patient, chronic conditions that place the patient at significant risk of death, acute exacerbation/decompensation, or functional decline, comprehensive care plan established, implemented, revised, or monitored; first 20 minutes of clinical staff time directed by a physician or other qualified health care professional, per calendar month.	Jan 2021	Principal Care Management (PCM) & Chronic Care Management (CCM)	25	CPT 2015	April 2026	Was surveyed for January 2021 with the principal care management codes. The RUC noted that the CCM codes should also be re-reviewed at that time, primarily because the clinical staff time survey responses were not obtained for the 2021 review.	<input type="checkbox"/>
99491	Chronic care management services with the following required elements: multiple (two or more) chronic conditions expected to last at least 12 months, or until the death of the patient, chronic conditions that place the patient at significant risk of death, acute exacerbation/decompensation, or functional decline, comprehensive care plan established, implemented, revised, or monitored; first 30 minutes provided personally by a physician or other qualified health care professional, per calendar month.	Jan 2021	Principal Care Management (PCM) & Chronic Care Management (CCM)	25	CPT 2022	April 2026	Was surveyed for January 2021 with the principal care management codes. The RUC noted that the CCM codes should also be re-reviewed at that time, primarily because the clinical staff time survey responses were not obtained for the 2021 review.	<input type="checkbox"/>

<i><b>CPT Code</b></i>	<i><b>Long Descriptor</b></i>	<i><b>RUC Meeting</b></i>	<i><b>Issue</b></i>	<i><b>Tab</b></i>	<i><b>CPT Year</b></i>	<i><b>Date to Re- Review</b></i>	<i><b>RUC Rec</b></i>	<i><b>Complete</b></i>
99492	Initial psychiatric collaborative care management, first 70 minutes in the first calendar month of behavioral health care manager activities, in consultation with a psychiatric consultant, and directed by the treating physician or other qualified health care professional, with the following required elements: outreach to and engagement in treatment of a patient directed by the treating physician or other qualified health care professional, initial assessment of the patient, including administration of validated rating scales, with the development of an individualized treatment plan, review by the psychiatric consultant with modifications of the plan if recommended, entering patient in a registry and tracking patient follow-up and progress using the registry, with appropriate documentation, and participation in weekly caseload consultation with the psychiatric consultant, and provision of brief interventions using evidence-based techniques such as behavioral activation, motivational interviewing, and other focused treatment strategies.	Jan 2017	Psychiatric Collaborative Care Management Services	20	CPT 2018	April 2023	In January 2020, the RUC identified Psychiatric Collaborative Care Management Services via the work neutrality process. These codes show a 468% increase in work RVUs for 2018. In reviewing the utilization data for these services, it appears one independent clinic is performing most of these services in the pediatric population. The Workgroup recommended that CMS investigate the reporting of services by this specific independent clinic. The specialty society indicated, and the Workgroup agreed, that a new CPT Assistant article on the appropriate usage of these codes be developed in 2020. However, due to the incorrect reporting of these services by one specific provider, the referral for a CPT Assistant article was removed. This family is on the new technology/new services screen and is scheduled for review at the April 2023	<input type="checkbox"/>

<i>CPT Code</i>	<i>Long Descriptor</i>	<i>RUC Meeting</i>	<i>Issue</i>	<i>Tab</i>	<i>CPT Year</i>	<i>Date to Re- Review</i>	<i>RUC Rec</i>	<i>Complete</i>
							Relativity Assessment Workgroup meeting.	



<i><b>CPT Code</b></i>	<i><b>Long Descriptor</b></i>	<i><b>RUC Meeting</b></i>	<i><b>Issue</b></i>	<i><b>Tab</b></i>	<i><b>CPT Year</b></i>	<i><b>Date to Re- Review</b></i>	<i><b>RUC Rec</b></i>	<i><b>Complete</b></i>
99493	Subsequent psychiatric collaborative care management, first 60 minutes in a subsequent month of behavioral health care manager activities, in consultation with a psychiatric consultant, and directed by the treating physician or other qualified health care professional, with the following required elements: tracking patient follow-up and progress using the registry, with appropriate documentation, participation in weekly caseload consultation with the psychiatric consultant, ongoing collaboration with and coordination of the patient's mental health care with the treating physician or other qualified health care professional and any other treating mental health providers, additional review of progress and recommendations for changes in treatment, as indicated, including medications, based on recommendations provided by the psychiatric consultant, provision of brief interventions using evidence-based techniques such as behavioral activation, motivational interviewing, and other focused treatment strategies, monitoring of patient outcomes using validated rating scales, and relapse prevention planning with patients as they achieve remission of symptoms and/or other treatment goals and are prepared for discharge from active treatment.	Jan 2017	Psychiatric Collaborative Care Management Services	20	CPT 2018	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	<input type="checkbox"/>

<i>CPT Code</i>	<i>Long Descriptor</i>	<i>RUC Meeting</i>	<i>Issue</i>	<i>Tab</i>	<i>CPT Year</i>	<i>Date to Re- Review</i>	<i>RUC Rec</i>	<i>Complete</i>
							scheduled for review at the April 2023 Relativity Assessment Workgroup meeting.	

<i><b>CPT Code</b></i>	<i><b>Long Descriptor</b></i>	<i><b>RUC Meeting</b></i>	<i><b>Issue</b></i>	<i><b>Tab</b></i>	<i><b>CPT Year</b></i>	<i><b>Date to Re- Review</b></i>	<i><b>RUC Rec</b></i>	<i><b>Complete</b></i>
99494	Initial or subsequent psychiatric collaborative care management, each additional 30 minutes in a calendar month of behavioral health care manager activities, in consultation with a psychiatric consultant, and directed by the treating physician or other qualified health care professional (list separately in addition to code for primary procedure)	Jan 2017	Psychiatric Collaborative Care Management Services	20	CPT 2018	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	<input type="checkbox"/>

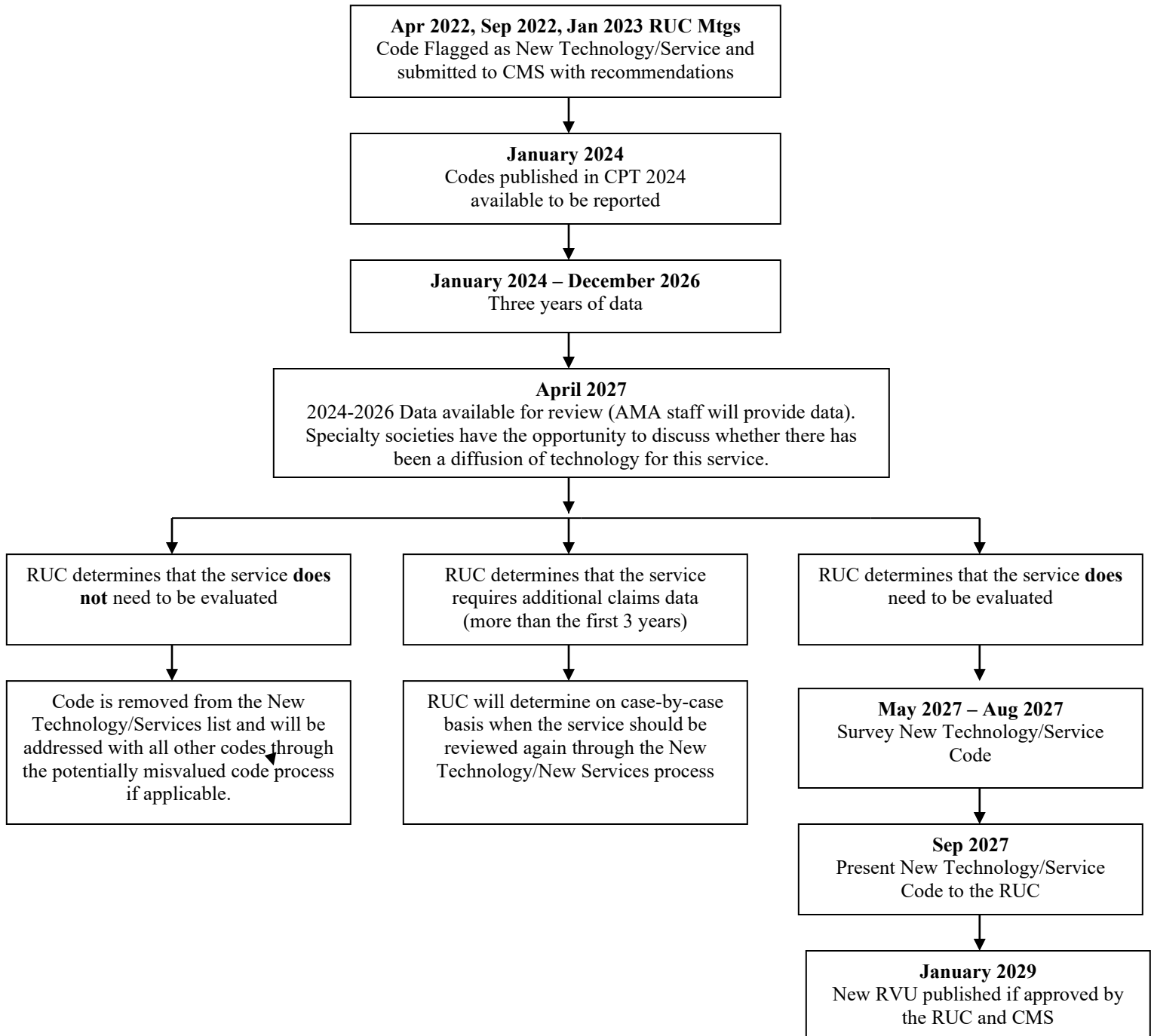
<i>CPT Code</i>	<i>Long Descriptor</i>	<i>RUC Meeting</i>	<i>Issue</i>	<i>Tab</i>	<i>CPT Year</i>	<i>Date to Re- Review</i>	<i>RUC Rec</i>	<i>Complete</i>
							scheduled for review at the April 2023 Relativity Assessment Workgroup meeting.	
99495	Transitional care management services with the following required elements: communication (direct contact, telephone, electronic) with the patient and/or caregiver within 2 business days of discharge at least moderate level of medical decision making during the service period face-to-face visit, within 14 calendar days of discharge	Oct 2012	Transitional Care Management Services	08	CPT 2013	October 2017	Survey for October 2018	<input checked="" type="checkbox"/>
99496	Transitional care management services with the following required elements: communication (direct contact, telephone, electronic) with the patient and/or caregiver within 2 business days of discharge 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	<input checked="" type="checkbox"/>
99497	Advance care planning including the explanation and discussion of advance directives such as standard forms (with completion of such forms, when performed), by the physician or other qualified health care professional; first 30 minutes, face-to-face with the patient, family member(s), and/or surrogate	Jan 2014	Advance Care Planning	19	CPT 2015	April 2022	Review in 2 years (October 2019). In Oct 2019, indicated to review in another 2 years (January 2022).	<input checked="" type="checkbox"/>
99498	Advance care planning including the explanation and discussion of advance directives such as standard forms (with completion of such forms, when performed), by the physician or other qualified health care professional; each additional 30 minutes (list separately in addition to code for primary procedure)	Jan 2014	Advance Care Planning	19	CPT 2015	April 2022	Review in 2 years (October 2019). In Oct 2019, indicated to review in another 2 years (January 2022).	<input checked="" type="checkbox"/>
9X015		Sep 2022	Caregiver Training Services	14	CPT 2024	April 2028		<input type="checkbox"/>
9X016		Sep 2022	Caregiver Training Services	14	CPT 2024	April 2028		<input type="checkbox"/>
9X017		Sep 2022	Caregiver Training Services	14	CPT 2024	April 2028		<input type="checkbox"/>

<i><b>CPT Code</b></i>	<i><b>Long Descriptor</b></i>	<i><b>RUC Meeting</b></i>	<i><b>Issue</b></i>	<i><b>Tab</b></i>	<i><b>CPT Year</b></i>	<i><b>Date to Re- Review</b></i>	<i><b>RUC Rec</b></i>	<i><b>Complete</b></i>
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.	<input type="checkbox"/>
G0445	High intensity behavioral counseling to prevent sexually transmitted infection; face-to-face, individual, includes: education, skills training and guidance on how to change sexual behavior; performed semi-annually, 30 minutes		Fecal Bacteriotherapy		CPT 2013	October 2018		<input checked="" type="checkbox"/>

## New Technology/Services Timeline

1. Code is identified as a new technology/service at the RUC meeting in which it is initially reviewed.
2. Code is flagged in the next version of the RUC database with date to be reviewed
3. Code will be reviewed in 5 years (depending on what meeting in the CPT/RUC cycle it is initially reviewed) after at least three years of data are available.

### Example



Society	Acronym
Academy of Nutrition and Dietetics	ANDi
AMDA-The Society for Post-Acute and Long-Term Care Medicine	AMDA
American Academy of Allergy, Asthma & Immunology	AAAAI
American Academy of 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	ACR <sub>h</sub>
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	AOTA
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	APTA
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	Total CY2024 Physician Time - before applying post-op visit increase	Total CY2024 Physician Time with RUC Recommended Office Visit, Hospital Visit and Discharge Visit Times	Change in Total Physician Time	CY2024 Work RVU before applying post-op visit increase	Surgical Global Work RVU After Incorporating RUC Recommendation for Bundled Office, Hospital and Discharge Visits	Change in Work RVU	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: [Katlyn.Palmer@ama-assn.org](mailto:Katlyn.Palmer@ama-assn.org)) at the AMA for clarification regarding these recommendations.

Sincerely,



Peter Hollmann, MD  
HCPAC Chair



Richard Rausch, DPT, MBA  
HCPAC Co-Chair

cc: HCPAC Participants  
Larry Chan  
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## CPT 2024 HCPAC Recommendations

CPT Code	Global Period	Coding Change	CPT Date	CPT Tab	Issue	Tracking Number	RUC Date	RUC Tab	S.S.	Original Specialty Rec	HCPAC Rec	Same RVU as last year?	MFS?	Comments	New Tech/Service
92622	XXX	N	Feb 2022	22	Auditory Osseointegrated Device Services	C1	Apr 2022	15	AAA, ASHA	1.25	1.25		<input checked="" type="checkbox"/>	HCPAC	<input type="checkbox"/>
92623	ZZZ	N	Feb 2022	22	Auditory Osseointegrated Device Services	C2	Apr 2022	15	AAA, ASHA	0.33	0.33		<input checked="" type="checkbox"/>	HCPAC	<input type="checkbox"/>
97550	XXX	N	May 2022	35	Caregiver Training Services	G1	Sep 2022	14	AOTA, APTA, ASHA	1.00	1.00		<input checked="" type="checkbox"/>	HCPAC	<input checked="" type="checkbox"/>
97551	ZZZ	N	May 2022	35	Caregiver Training Services	G2	Sep 2022	14	AOTA, APTA, ASHA	0.54	0.54		<input checked="" type="checkbox"/>	HCPAC	<input checked="" type="checkbox"/>
97552	XXX	N	May 2022	35	Caregiver Training Services	G3	Sep 2022	14	AOTA, APTA, ASHA	0.23	0.23		<input checked="" type="checkbox"/>	HCPAC	<input checked="" type="checkbox"/>

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.

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 intra-service 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 intra-service 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 Code	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
<b>Medicine</b> <b>Physical Medicine and Rehabilitation</b> <b>Therapeutic Procedures</b> <b><u>Caregiver Training Without the Patient Present</u></b> <u>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.</u> <u>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.</u> <u>These services do not represent therapeutic interventions requiring direct one-to-one patient contact.</u>				
●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



✚●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**

<b>RUC Meeting Date (mm/yyyy)</b>	09/2022				
<b>Presenter(s):</b>	Katie Jordan OTD, OTR/L, FAOTA; Randy Boldt, PT, MPT; Dee Adams Nikjeh, PhD, CCC-SLP				
<b>Specialty Society(ies):</b>	American Occupational Therapy Association, American Physical Therapy Association, American Speech-Language-Hearing Association				
<b>CPT Code:</b>	97551				
<b>Sample Size:</b>	9000	<b>Resp N:</b>	95		
<b>Description of Sample:</b>	Random samples of a subset of the membership of each society				
	<b>Low</b>	<b>25<sup>th</sup> pctl</b>	<b>Median*</b>	<b>75<sup>th</sup> pctl</b>	<b>High</b>
<b>Service Performance Rate</b>	0.00	0.00	10.00	68.00	4000.00
<b>Survey RVW:</b>	0.01	0.51	1.00	1.50	60.00
<b>Pre-Service Evaluation Time:</b>			15.00		
<b>Pre-Service Positioning Time:</b>			0.00		
<b>Pre-Service Scrub, Dress, Wait Time:</b>			0.00		
<b>Intra-Service Time:</b>	0.00	20.00	30.00	49.00	240.00
<b>Immediate Post Service-Time:</b>	<u>12.00</u>				
<b>Post Operative Visits</b>	<b>Total Min**</b>	<b>CPT Code and Number of Visits</b>			
<b>Critical Care time/visit(s):</b>	<u>0.00</u>	99291x 0.00 99292x 0.00			
<b>Other Hospital time/visit(s):</b>	<u>0.00</u>	99231x 0.00 99232x 0.00 99233x 0.00			
<b>Discharge Day Mgmt:</b>	<u>0.00</u>	99238x 0.00 99239x 0.00 99217x 0.00			
<b>Office time/visit(s):</b>	<u>0.00</u>	99211x 0.00 12x 0.00 13x 0.00 14x 0.00 15x 0.00			
<b>Prolonged Services:</b>	<u>0.00</u>	99354x 0.00 55x 0.00 56x 0.00 57x 0.00			
<b>Sub Obs Care:</b>	<u>0.00</u>	99224x 0.00 99225x 0.00 99226x 0.00			

\*\*Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

**Specialty Society Recommended Data**

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

<b>CPT Code:</b>	97551	<b>Recommended Physician Work RVU: 1.00</b>		
	<b>Specialty Recommended Pre-Service Time</b>	<b>Specialty Recommended Pre Time Package</b>	<b>Adjustments/Recommended Pre-Service Time</b>	
<b>Pre-Service Evaluation Time:</b>	5.00	0.00	5.00	
<b>Pre-Service Positioning Time:</b>	0.00	0.00	0.00	
<b>Pre-Service Scrub, Dress, Wait Time:</b>	0.00	0.00	0.00	
<b>Intra-Service Time:</b>	30.00			
Please, pick the <u>post-service</u> time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)				
XXX Global Code				
	<b>Specialty Recommended Post-Service Time</b>	<b>Specialty Recommended Post Time Package</b>	<b>Adjustments/Recommended Post-Service Time</b>	
<b>Immediate Post Service-Time:</b>	5.00	0.00	5.00	

<b>Post-Operative Visits</b>	<b>Total Min**</b>	<b>CPT Code and Number of Visits</b>			
<b>Critical Care time/visit(s):</b>	<b>0.00</b>	99291x 0.00	99292x 0.00		
<b>Other Hospital time/visit(s):</b>	<b>0.00</b>	99231x 0.00	99232x 0.00	99233x 0.00	
<b>Discharge Day Mgmt:</b>	<b>0.00</b>	99238x 0.0	99239x 0.0	99217x 0.00	
<b>Office time/visit(s):</b>	<b>0.00</b>	99211x 0.00	12x 0.00	13x 0.00	14x 0.00 15x 0.00
<b>Prolonged Services:</b>	<b>0.00</b>	99354x 0.00	55x 0.00	56x 0.00	57x 0.00
<b>Sub Obs Care:</b>	<b>0.00</b>	99224x 0.00	99225x 0.00	99226x 0.00	

**Modifier -51 Exempt Status**

Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

**New Technology/Service:**

Is this new/revised procedure considered to be a new technology or service? Yes

**TOP KEY REFERENCE SERVICE:**

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
97535	XXX	0.45	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-on-one contact, each 15 minutes

**SECOND HIGHEST KEY REFERENCE SERVICE:**

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
96170	XXX	1.50	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.

<u>MPC CPT Code 1</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
99202	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.

<u>MPC CPT Code 2</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
92604	XXX	1.25	RUC Time	21,994

CPT Descriptor 2 Diagnostic analysis of cochlear implant, age 7 years or older; subsequent reprogramming

<u>Other Reference CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
92584	XXX	1.00	RUC Time

CPT Descriptor Electrocochleography

**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: 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)

	CPT Code: <u>97551</u>	Top Key Reference CPT Code: <u>97535</u>	2nd Key Reference 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
<b>Median Total Time</b>	<b>40.00</b>	<b>21.50</b>	<b>45.00</b>
<b>Other time if appropriate</b>			

### INTENSITY/COMPLEXITY MEASURES

*(of those that selected Key Reference codes)*

*Survey respondents are rating the survey code relative to the key reference code.*

Survey Code Compared to Top Key Reference Code	<u>Much Less</u>	<u>Somewhat Less</u>	<u>Identical</u>	<u>Somewhat More</u>	<u>Much More</u>
<b>Overall intensity/complexity</b>	0%	11%	31%	33%	24%

### Mental Effort and Judgment

- The number of possible diagnosis and/or the number of management options that must be considered
- The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed
- Urgency of medical decision making

<u>Less</u>	<u>Identical</u>	<u>More</u>
7%	31%	66%

### Technical Skill/Physical Effort

	<u>Less</u>	<u>Identical</u>	<u>More</u>
Technical skill required	4%	44%	51%
Physical effort required	22%	42%	36%

**Psychological Stress****Less****Identical****More**

- The risk of significant complications, morbidity and/or mortality
- Outcome depends on the skill and judgment of physician
- Estimated risk of malpractice suit with poor outcome

13%

36%

51%

**Survey Code Compared to  
2nd Key Reference Code****Much  
Less****Somewhat  
Less****Identical****Somewhat  
More****Much  
More****Overall intensity/complexity**

0%

0%

17%

61%

22%

**Mental Effort and Judgment****Less****Identical****More**

- The number of possible diagnosis and/or the number of management options that must be considered
- The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed
- Urgency of medical decision making

0%

56%

44%

**Technical Skill/Physical Effort****Less****Identical****More**

Technical skill required

0%

33%

67%

Physical effort required

28%

39%

33%

**Psychological Stress****Less****Identical****More**

- The risk of significant complications, morbidity and/or mortality
- Outcome depends on the skill and judgment of physician
- Estimated risk of malpractice suit with poor outcome

0%

22%

78%

**Additional Rationale and Comments**

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWP/UT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

*The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.*

**Background**

At 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	1.00	0.026	0.025	40	5	30	5	Survey code
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	

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	0.45	0.020	0.021	21.5	2.5	15	4	<b>1<sup>st</sup> KRS</b>
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.	0.93	0.046	0.046	20	2	15	3	<b>HCPAC MPC</b>
92651	Auditory evoked potentials; for hearing status determination, broadband stimuli, with interpretation and report	1.00	0.018	0.020	50	10	30	10	Additional comparison code
97550	Caregiver training in strategies and techniques to facilitate the patient's functional performance in the home or community (without the patient present), face-to-face; initial 30 minutes	1.00	0.026	0.025	40	5	30	5	Survey code
92584	Electrocochleography	1.00	0.022	0.022	45	10	30	5	Additional comparison code
92604	Diagnostic analysis of cochlear implant, age 7 years or older; subsequent reprogramming	1.25	0.018	0.019	65	5	50	10	<b>HCPAC MPC</b>
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	<b>2<sup>nd</sup> KRS</b>

## SERVICES REPORTED WITH MULTIPLE CPT CODES

- Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: Yes

Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

- ☒ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
- ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
- ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
- ☐ Multiple codes are used to maintain consistency with similar codes.
- ☐ Historical precedents.
- ☐ Other reason (please explain)

- Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario. 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-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

BETOS Sub-classification:

BETOS Sub-classification Level II:

Other

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**Professional Liability Insurance Information (PLI)**

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

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. 97535

**AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS  
SUMMARY OF RECOMMENDATION**

CPT Code: 97551      Tracking Number   G2

Original Specialty Recommended RVU: **0.54**Global Period: ZZZ      Current Work RVU: **N/A**Presented Recommended RVU: **0.54**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**

<b>RUC Meeting Date (mm/yyyy)</b>	09/2022				
<b>Presenter(s):</b>	Katie Jordan OTD, OTR/L, FAOTA; Randy Boldt, PT, MPT; Dee Adams Nikjeh, PhD, CCC-SLP				
<b>Specialty Society(ies):</b>	American Occupational Therapy Association, American Physical Therapy Association, American Speech-Language-Hearing Association				
<b>CPT Code:</b>	97551				
<b>Sample Size:</b>	9000	<b>Resp N:</b>	87		
<b>Description of Sample:</b>	Random samples of a subset of the membership of each society				
	<b>Low</b>	<b>25<sup>th</sup> pctl</b>	<b>Median*</b>	<b>75<sup>th</sup> pctl</b>	<b>High</b>
<b>Service Performance Rate</b>	0.00	0.00	5.00	36.00	4000.00
<b>Survey RVW:</b>	0.01	0.54	1.00	1.50	30.00
<b>Pre-Service Evaluation Time:</b>			0.00		
<b>Pre-Service Positioning Time:</b>			0.00		
<b>Pre-Service Scrub, Dress, Wait Time:</b>			0.00		
<b>Intra-Service Time:</b>	0.00	15.00	17.00	28.00	240.00
<b>Immediate Post Service-Time:</b>	<u>0.00</u>				
<b>Post Operative Visits</b>	<b>Total Min**</b>	<b>CPT Code and Number of Visits</b>			
<b>Critical Care time/visit(s):</b>	<u>0.00</u>	99291x 0.00 99292x 0.00			
<b>Other Hospital time/visit(s):</b>	<u>0.00</u>	99231x 0.00 99232x 0.00 99233x 0.00			
<b>Discharge Day Mgmt:</b>	<u>0.00</u>	99238x 0.00 99239x 0.00 99217x 0.00			
<b>Office time/visit(s):</b>	<u>0.00</u>	99211x 0.00 12x 0.00 13x 0.00 14x 0.00 15x 0.00			
<b>Prolonged Services:</b>	<u>0.00</u>	99354x 0.00 55x 0.00 56x 0.00 57x 0.00			
<b>Sub Obs Care:</b>	<u>0.00</u>	99224x 0.00 99225x 0.00 99226x 0.00			

\*\*Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

**Specialty Society Recommended Data**

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

ZZZ Global Code

<b>CPT Code:</b>	97551	<b>Recommended Physician Work RVU: 0.54</b>		
	<b>Specialty Recommended Pre-Service Time</b>	<b>Specialty Recommended Pre Time Package</b>	<b>Adjustments/Recommended Pre-Service Time</b>	
<b>Pre-Service Evaluation Time:</b>	0.00	0.00	0.00	
<b>Pre-Service Positioning Time:</b>	0.00	0.00	0.00	
<b>Pre-Service Scrub, Dress, Wait Time:</b>	0.00	0.00	0.00	
<b>Intra-Service Time:</b>	17.00			
Please, pick the <u>post-service</u> time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)				
ZZZ Global Code				
	<b>Specialty Recommended Post-Service Time</b>	<b>Specialty Recommended Post Time Package</b>	<b>Adjustments/Recommended Post-Service Time</b>	
<b>Immediate Post Service-Time:</b>	0.00	0.00	0.00	

<b>Post-Operative Visits</b>	<b>Total Min**</b>	<b>CPT Code and Number of Visits</b>			
<b>Critical Care time/visit(s):</b>	<b><u>0.00</u></b>	99291x <b>0.00</b>	99292x <b>0.00</b>		
<b>Other Hospital time/visit(s):</b>	<b><u>0.00</u></b>	99231x <b>0.00</b>	99232x <b>0.00</b>	99233x <b>0.00</b>	
<b>Discharge Day Mgmt:</b>	<b><u>0.00</u></b>	99238x <b>0.0</b>	99239x <b>0.0</b>	99217x <b>0.00</b>	
<b>Office time/visit(s):</b>	<b><u>0.00</u></b>	99211x <b>0.00</b>	12x <b>0.00</b>	13x <b>0.00</b>	14x <b>0.00</b> 15x <b>0.00</b>
<b>Prolonged Services:</b>	<b><u>0.00</u></b>	99354x <b>0.00</b>	55x <b>0.00</b>	56x <b>0.00</b>	57x <b>0.00</b>
<b>Sub Obs Care:</b>	<b><u>0.00</u></b>	99224x <b>0.00</b>	99225x <b>0.00</b>	99226x <b>0.00</b>	

**Modifier -51 Exempt Status**

Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

**New Technology/Service:**

Is this new/revised procedure considered to be a new technology or service? Yes

**TOP KEY REFERENCE SERVICE:**

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
96171	ZZZ	0.54	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:**

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
97130	ZZZ	0.48	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.

<u>MPC CPT Code 1</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
11045	ZZZ	0.50	RUC Time	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)

<u>MPC CPT Code 2</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
96168	ZZZ	0.55	RUC Time	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)

<u>Other Reference CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
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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: 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)

	CPT Code: <u>97551</u>	Top Key Reference CPT Code: <u>96171</u>	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
<b>Median Total Time</b>	<b>17.00</b>	<b>15.00</b>	<b>15.00</b>
<b>Other time if appropriate</b>			

### INTENSITY/COMPLEXITY MEASURES

*(of those that selected Key Reference codes)*

*Survey respondents are rating the survey code relative to the key reference code.*

Survey Code Compared to Top Key Reference Code	<u>Much Less</u>	<u>Somewhat Less</u>	<u>Identical</u>	<u>Somewhat More</u>	<u>Much More</u>
<b>Overall intensity/complexity</b>	3%	8%	35%	35%	20%

### Mental Effort and Judgment

- The number of possible diagnosis and/or the number of management options that must be considered
- The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed
- Urgency of medical decision making

<u>Less</u>	<u>Identical</u>	<u>More</u>
5%	48%	48%

### Technical Skill/Physical Effort

	<u>Less</u>	<u>Identical</u>	<u>More</u>
Technical skill required	5%	45%	50%
Physical effort required	25%	48%	28%

**Psychological Stress****Less****Identical****More**

- The risk of significant complications, morbidity and/or mortality
- Outcome depends on the skill and judgment of physician
- Estimated risk of malpractice suit with poor outcome

8%

35%

58%

**Survey Code Compared to  
2nd Key Reference Code****Much  
Less****Somewhat  
Less****Identical****Somewhat  
More****Much  
More****Overall intensity/complexity**

0%

16%

39%

32%

13%

**Mental Effort and Judgment****Less****Identical****More**

- The number of possible diagnosis and/or the number of management options that must be considered
- The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed
- Urgency of medical decision making

13%

48%

39%

**Technical Skill/Physical Effort****Less****Identical****More**

Technical skill required

3%

58%

39%

Physical effort required

23%

71%

6%

**Psychological Stress****Less****Identical****More**

- The risk of significant complications, morbidity and/or mortality
- Outcome depends on the skill and judgment of physician
- Estimated risk of malpractice suit with poor outcome

19%

35%

45%

**Additional Rationale and Comments**

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWP/UT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

*The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.*

**Background**

At 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



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 code
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	1 <sup>st</sup> 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

- 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. 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

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**Berenson-Eggers Type of Service (BETOS) Assignment**

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:

Procedures

BETOS Sub-classification:

Minor procedure

BETOS Sub-classification Level II:

Other

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**Professional Liability Insurance Information (PLI)**

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

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. 97535

**AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS  
SUMMARY OF RECOMMENDATION**

CPT Code: 97552      Tracking Number   G3

Original Specialty Recommended RVU: **0.23**Global Period: XXX      Current Work RVU: **N/A**Presented Recommended RVU: **0.23**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**

<b>RUC Meeting Date (mm/yyyy)</b>	09/2022				
<b>Presenter(s):</b>	Katie Jordan OTD, OTR/L, FAOTA; Randy Boldt, PT, MPT; Dee Adams Nikjeh, PhD, CCC-SLP				
<b>Specialty Society(ies):</b>	American Occupational Therapy Association, American Physical Therapy Association, American Speech-Language-Hearing Association				
<b>CPT Code:</b>	97552				
<b>Sample Size:</b>	9000	<b>Resp N:</b>	50		
<b>Description of Sample:</b>	Random samples of a subset of the membership of each society				
	<b>Low</b>	<b>25<sup>th</sup> pctl</b>	<b>Median*</b>	<b>75<sup>th</sup> pctl</b>	<b>High</b>
<b>Service Performance Rate</b>	0.00	0.00	0.00	6.00	1200.00
<b>Survey RVW:</b>	0.01	0.45	1.15	1.75	39.00
<b>Pre-Service Evaluation Time:</b>			19.00		
<b>Pre-Service Positioning Time:</b>			0.00		
<b>Pre-Service Scrub, Dress, Wait Time:</b>			0.00		
<b>Intra-Service Time:</b>	1.00	26.00	43.00	60.00	150.00
<b>Immediate Post Service-Time:</b>	<b>15.00</b>				
<b>Post Operative Visits</b>	<b>Total Min**</b>	<b>CPT Code and Number of Visits</b>			
<b>Critical Care time/visit(s):</b>	<b>0.00</b>	99291x 0.00 99292x 0.00			
<b>Other Hospital time/visit(s):</b>	<b>0.00</b>	99231x 0.00 99232x 0.00 99233x 0.00			
<b>Discharge Day Mgmt:</b>	<b>0.00</b>	99238x 0.00 99239x 0.00 99217x 0.00			
<b>Office time/visit(s):</b>	<b>0.00</b>	99211x 0.00 12x 0.00 13x 0.00 14x 0.00 15x 0.00			
<b>Prolonged Services:</b>	<b>0.00</b>	99354x 0.00 55x 0.00 56x 0.00 57x 0.00			
<b>Sub Obs Care:</b>	<b>0.00</b>	99224x 0.00 99225x 0.00 99226x 0.00			

\*\*Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

**Specialty Society Recommended Data**

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

<b>CPT Code:</b>	97552	<b>Recommended Physician Work RVU: 0.23</b>		
	<b>Specialty Recommended Pre-Service Time</b>	<b>Specialty Recommended Pre Time Package</b>	<b>Adjustments/Recommended Pre-Service Time</b>	
<b>Pre-Service Evaluation Time:</b>	3.00	0.00	3.00	
<b>Pre-Service Positioning Time:</b>	0.00	0.00	0.00	
<b>Pre-Service Scrub, Dress, Wait Time:</b>	0.00	0.00	0.00	
<b>Intra-Service Time:</b>	9.00			
Please, pick the <u>post-service</u> time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)				
	<b>Specialty Recommended Post-Service Time</b>	<b>Specialty Recommended Post Time Package</b>	<b>Adjustments/Recommended Post-Service Time</b>	
<b>Immediate Post Service-Time:</b>	2.00	0.00	2.00	

<b>Post-Operative Visits</b>	<b>Total Min**</b>	<b>CPT Code and Number of Visits</b>			
<b>Critical Care time/visit(s):</b>	<b><u>0.00</u></b>	99291x <b>0.00</b>	99292x <b>0.00</b>		
<b>Other Hospital time/visit(s):</b>	<b><u>0.00</u></b>	99231x <b>0.00</b>	99232x <b>0.00</b>	99233x <b>0.00</b>	
<b>Discharge Day Mgmt:</b>	<b><u>0.00</u></b>	99238x <b>0.0</b>	99239x <b>0.0</b>	99217x <b>0.00</b>	
<b>Office time/visit(s):</b>	<b><u>0.00</u></b>	99211x <b>0.00</b>	12x <b>0.00</b>	13x <b>0.00</b>	14x <b>0.00</b> 15x <b>0.00</b>
<b>Prolonged Services:</b>	<b><u>0.00</u></b>	99354x <b>0.00</b>	55x <b>0.00</b>	56x <b>0.00</b>	57x <b>0.00</b>
<b>Sub Obs Care:</b>	<b><u>0.00</u></b>	99224x <b>0.00</b>	99225x <b>0.00</b>	99226x <b>0.00</b>	

**Modifier -51 Exempt Status**

Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

**New Technology/Service:**

Is this new/revised procedure considered to be a new technology or service? Yes

**TOP KEY REFERENCE SERVICE:**

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
97535	XXX	0.45	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-on-one contact, each 15 minutes

**SECOND HIGHEST KEY REFERENCE SERVICE:**

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
97150	XXX	0.25	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.

<u>MPC CPT Code 1</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
99211	XXX	0.18	RUC Time	3,292,315

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

<u>MPC CPT Code 2</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
97032	XXX	0.25	RUC Time	687,061

CPT Descriptor 2 Application of a modality to 1 or more areas; electrical stimulation (manual), each 15 minutes

<u>Other Reference CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
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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)

	CPT Code: <u>97552</u>	Top Key Reference CPT Code: <u>97535</u>	2nd Key Reference CPT Code: <u>97150</u>
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
<b>Median Total Time</b>	<b>14.00</b>	<b>21.50</b>	<b>10.00</b>
Other time if appropriate			

### INTENSITY/COMPLEXITY MEASURES

*(of those that selected Key Reference codes)*

Survey respondents are rating the survey code relative to the key reference code.

Survey Code Compared to Top Key Reference Code	<u>Much Less</u>	<u>Somewhat Less</u>	<u>Identical</u>	<u>Somewhat More</u>	<u>Much More</u>
Overall intensity/complexity	7%	20%	33%	40%	0%

### Mental Effort and Judgment

- The number of possible diagnosis and/or the number of management options that must be considered
- The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed
- Urgency of medical decision making

<u>Less</u>	<u>Identical</u>	<u>More</u>
7%	27%	67%

### Technical Skill/Physical Effort

	<u>Less</u>	<u>Identical</u>	<u>More</u>
Technical skill required	13%	33%	54%
Physical effort required	33%	33%	33%

**Psychological Stress****Less****Identical****More**

- The risk of significant complications, morbidity and/or mortality
- Outcome depends on the skill and judgment of physician
- Estimated risk of malpractice suit with poor outcome

13%

33%

53%

**Survey Code Compared to  
2nd Key Reference Code****Much  
Less****Somewhat  
Less****Identical****Somewhat  
More****Much  
More****Overall intensity/complexity**

0%

0%

22%

44%

33%

**Mental Effort and Judgment****Less****Identical****More**

- The number of possible diagnosis and/or the number of management options that must be considered
- The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed
- Urgency of medical decision making

11%

22%

67%

**Technical Skill/Physical Effort****Less****Identical****More**

Technical skill required

0%

33%

67%

Physical effort required

25%

50%

25%

**Psychological Stress****Less****Identical****More**

- The risk of significant complications, morbidity and/or mortality
- Outcome depends on the skill and judgment of physician
- Estimated risk of malpractice suit with poor outcome

11%

22%

67%

**Additional Rationale and Comments**

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWP/UT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

*The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.*

**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 code

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 code
97032	Application of a modality to 1 or more areas; electrical stimulation (manual), each 15 minutes	0.25	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 typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

- ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.  
☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.  
☐ Multiple codes allow flexibility to describe exactly what components the procedure included.  
☐ Multiple codes are used to maintain consistency with similar codes.  
☐ Historical precedents.  
☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

## FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 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-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 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 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 Occupational Therapy                      Frequency 55650                      Percentage 70.00 %

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 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 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 will change, please select another crosswalk based on a similar specialty mix. 97535

SS Rec Summary

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	AR	AS	AT	AU	AV	AW	AX	AY	AZ	BA
3	ISSUE: Caregiver Training Services																																
4	TAB: 14																																
5	97550																																
6																																	
7	Source	CPT	Global	DESC	RUC Review Year	Resp	IWPUT	Work Per Unit Time	MIN	25th	MED	75th	MAX	Total Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST	MIN	25th	MED	75th	MAX	MIN	25th	MED	75th	MAX
8	1st REF	97535	XXX	Self-care/home management training (eg, activities of daily	2019	45	0.020	0.021			0.45			21.5	2.5				15			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						N/A	N/A						0																			
11	SVY	97550	XXX	Caregiver training in strategies and techniques to facilitate the		95	0.013	0.018	0.01	0.51	1.00	1.50	60.00	57	15			0	20	30	49	240	12					0	0	10	68	4000	
12	OT	97550				62	0.013	0.018	0.01	0.50	1.00	1.50	45.00	57	15			0	20	30	47	75	12					0	0	4	45	4000	
13	PT	97550				9	0.004	0.012	0.50	0.55	0.66	1.40	45.00	54	12			19	25	30	40	60	12					0	0	9	15	1200	
14	SLP	97550				24	0.025	0.024	0.33	1.00	1.50	1.51	60.00	63	16			0	23	33	60	240	14					0	9	25	105	720	
15	REC	97550	XXX	Caregiver training in strategies and techniques to facilitate the			0.026	0.025	1.00					40	5				30			5											
16																																	
17	97551																																
18																																	
19	Source	CPT	Global	DESC	RUC Review Year	Resp	IWPUT	Work Per Unit Time	MIN	25th	MED	75th	MAX	Total Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST	MIN	25th	MED	75th	MAX	MIN	25th	MED	75th	MAX
20	1st REF	96171	ZZZ	Health behavior intervention, family (without the patient	2019	40	0.036	0.036			0.54			15	0				15			0											
21	2nd REF	97130	ZZZ	Therapeutic interventions that 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	ZZZ	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	240	0	1	2	3	3	11	0	0	5	36	4000
24	OT	97551				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	0.050	0.50	0.60	0.75	1.50	20.00	15	0			3	15	15	18	90	0	2	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	240	0	1	2	3	3	11	0	6	16	90	380
27	REC	97551	ZZZ	Caregiver training in strategies and techniques to facilitate the			0.032	0.032	0.54					17	0				17			0											
28																																	
29	97552																																
30																																	
31	Source	CPT	Global	DESC	RUC Review Year	Resp	IWPUT	Work Per Unit Time	MIN	25th	MED	75th	MAX	Total Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST	MIN	25th	MED	75th	MAX	MIN	25th	MED	75th	MAX
32	1st REF	97535	XXX	Self-care/home management training (eg, activities of daily	2019	15	0.020	0.021			0.45			21.5	2.5				15			4											
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						-	-						0																			
35	SVY	97552	XXX	Group caregiver training in strategies and techniques to		50	0.009	0.015	0.01	0.45	1.15	1.75	39.00	77	19			1	26	43	60	150	15	4	4	5	6	12	0	0	0	6	1200
36	OT					35	0.000	0.009	0.01	0.45	0.65	1.75	39.00	69	14			1	25	40	60	90	15	4	4	5	6	12	0	0	0	3	100
37	PT					3	0.093	0.055	0.55	1.78	3.00	3.00	3.00	55	22			19	22	25	43	60	8	4	4	5	5	5	0	0	0	600	1200
38	SLP					12	0.008	0.016	0.50	0.94	1.48	2.17	8.00	94	30			10	30	45	60	150	19	4	4	4	6	11	0	0	5	11	440
39	REC	97552	XXX	Group caregiver training in strategies and techniques to			0.014	0.017	0.23					14	3				9			2			5								
40		97552		No experience within 5 years		21	-0.011	0.000	0.01	0.45	1.00	1.63	20.00	60	10			1	19	40	60	80	10	4	4	5	5	12	0	0	0	0	0
41		97552		Experience within 5 years		29	-0.014	0.003	0.29	0.50	1.45	2.00	39.00	87	22			1	29	45	60	150	20	4	4	5	6	11	2	4	5	230	700

**NONFACILITY DIRECT PE INPUTS****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)****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.**

<b>CPT Code</b>	<b>Long Descriptor</b>	<b>Global Period</b>
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)):**

<b>CPT Code</b>	<b>Vignette</b>
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.



**NONFACILITY DIRECT PE INPUTS**

**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)**

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](mailto: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)

**NONFACILITY DIRECT PE INPUTS****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)**

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.



**NONFACILITY DIRECT PE INPUTS**

**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)**

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 <http://www.bls.gov>.

N/A

**MEDICAL SUPPLIES & EQUIPMENT/INVOICES**

15. ☒ Please check the box to confirm that you have provided invoices for all new supplies and/or equipment? **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****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 [RUC Collaboration 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 Latitude D600), ED038?

a. If yes, please explain how the computer is used for this service(s).

b. Is the computer used exclusively as an integral component of the service or is it also used for other purposes not specific to the code?

c. Does the computer include code specific software that is typically used to provide the service(s)?

N/A

23. List all the equipment included in your recommendation and the equipment formula chosen (please see 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****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
<b>CLINICAL STAFF TIME</b>				
<i>Pre-Service of the Service Period</i>				
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	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.
<i>Intra-Service of the Service Period (none requested)</i>				
<i>Post-Service of the Service Period</i>				
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.
<b>MEDICAL SUPPLIES</b>				
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.

**NONFACILITY DIRECT PE INPUTS**

**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)**

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>EQUIPMENT</b>				
99	EF027	Table, instrument, mobile	30	Used for supplies needed during demonstration and training related to activities of daily living. 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.
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
<b>CLINICAL STAFF TIME</b>				
<i>None requested for 97551. Clinical staff time included in the base code, 97550.</i>				
<b>MEDICAL SUPPLIES</b>				
<i>None requested for 97551. Supplies included in the base code, 97550.</i>				
<b>EQUIPMENT</b>				
99	EF027	Table, instrument, mobile	17	Used for supplies needed during demonstration and training related to activities of daily living. 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.
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.

**NONFACILITY DIRECT PE INPUTS**

**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)**

**97552**

ROW	CODE	97552	REC	Rationale
<b>CLINICAL STAFF TIME</b>				
<i>Pre-Service of the Service Period</i>				
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.
<i>Intra-Service of the Service Period</i>				
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. <b>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.</b>
<i>Post-Service of the Service Period</i>				
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.
<b>MEDICAL SUPPLIES</b>				
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.

**NONFACILITY DIRECT PE INPUTS**

**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)**

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.
<b>EQUIPMENT</b>				
99	EF027	Table, instrument, mobile	9	Used for supplies needed during demonstration and training related to activities of daily living. 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. <b>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.</b>  <b>This instrument table may be used at a separate training station during the group session.</b>
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. <b>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.</b>  <b>This hi-lo table may be used at a separate training station during the group session.</b>
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. <b>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.</b>  <b>This environmental module may be used at a separate training station during the group session.</b>

**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 [rebecca.gierhahn@ama-assn.org](mailto:rebecca.gierhahn@ama-assn.org) 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**

**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 intra-service 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.



[illegible]





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 pre-service 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.

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 intra-service 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.**

CPT five-digit codes, two-digit modifiers, and descriptions only are copyright by the American Medical Association.

**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, 1-99213 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

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 (suture)* to SA052 *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
<b>Digestive System</b>				
<b>Stomach</b>				
<b>Laparoscopy</b>				
43647		<i>Laparoscopy, surgical; implantation or replacement of gastric neurostimulator electrodes, antrum</i>		
43648		<i>revision or removal of gastric neurostimulator electrodes, antrum</i>		
		<i>(For open approach, see 43881, 43882)</i>		
		<i>(For insertion of gastric neurostimulator pulse generator, use 64590)</i>		
		<i>(For revision or removal of gastric neurostimulator pulse generator, use 64595)</i>		
		<i>(For electronic analysis and programming of gastric neurostimulator pulse generator, see 95980, 95981, 95982)</i>		
		<i>(For laparoscopic implantation, revision, or removal of gastric neurostimulator electrodes, lesser curvature [morbid obesity], use 43659)</i>		
		<del><i>(For laparoscopic implantation, revision, replacement, or removal of vagus nerve blocking neurostimulator electrode array and/or pulse generator at the esophagogastric junction, see 0312T-0317T)</i></del>		
<b>Other Procedures</b>				
43882		<i>Revision or removal of gastric neurostimulator electrodes, antrum, open</i>		
		<i>(For laparoscopic approach, see 43647, 43648)</i>		
		<i>(For insertion of gastric neurostimulator pulse generator, use 64590)</i>		
		<i>(For revision or removal of gastric neurostimulator pulse generator, use 64595)</i>		
		<i>(For electronic analysis and programming of gastric neurostimulator pulse generator, see 95980, 95981, 95982)</i>		
		<i>(For open implantation, revision, or removal of gastric neurostimulator electrodes, lesser curvature [morbid obesity], use 43999)</i>		
		<del><i>(For laparoscopic implantation, revision, replacement, removal or reprogramming of vagus nerve blocking neurostimulator electrode array and/or pulse generator at the esophagogastric junction, see 0312T-0317T)</i></del>		

*(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 pulse generator or receiver 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 controller, extension, and collection of contacts. A neurostimulator system includes an implanted neurostimulator, external controller, 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	<p>Insertion or replacement of spinal neurostimulator pulse generator or receiver, <del>direct or inductive coupling, requiring pocket creation and connection between electrode array and pulse generator or receiver</del></p> <p><u>(Do not report 63685 in conjunction with 63688 for the same neurostimulator pulse generator or receiver)</u></p> <p><u>(For insertion or replacement of spinal percutaneous electrode array, with integrated neurostimulator, use 0784T)</u></p>	010	<p>5.19 (No Change)</p> <p>(2022 Work RVU = 5.19)</p>
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▲63688	B2	<p>Revision or removal of implanted spinal neurostimulator pulse generator or receiver, <u>with detachable connection to electrode array</u></p> <p>(For electronic analysis with programming, when performed, of implanted spinal cord neurostimulator <del>pulse generator/transmitter</del>, see 95970, 95971, 95972)</p> <p><u>(For revision or removal of spinal percutaneous electrode array and integrated neurostimulator, use 0785T)</u></p> <p><u>(For revision or removal of sacral percutaneous electrode array and integrated neurostimulator, use 0787T)</u></p>	010	4.35
<p><b>Extracranial Nerves, Peripheral Nerves, and Autonomic Nervous System</b></p> <p><b>Neurostimulators (Peripheral Nerve)</b></p> <p>For electronic analysis with programming, when performed, of peripheral nerve neurostimulator pulse generator <u>or</u> <del>transmitters</del>, 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.</p> <p><u>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).</u></p> <p><i>Codes 64553, 64555, and 64561 may be used to report both temporary and permanent placement of percutaneous electrode arrays.</i></p> <p><u>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.</u></p> <p><i>(For transcutaneous nerve stimulation (TENS), use 97014 for electrical stimulation requiring supervision only or use 97032 for electrical stimulation requiring constant attendance)</i></p> <p><del>(For percutaneous implantation or replacement of integrated neurostimulation system, posterior tibial nerve, use 0587T)</del></p>				
●64596	B3	<p>Insertion or replacement of percutaneous electrode array, peripheral nerve, with integrated neurostimulator including imaging guidance, when performed; initial electrode array</p>	010	Contractor Priced



<b>+●64597</b>	B4	<p>each additional electrode array (List separately in addition to primary procedure)</p> <p>(Use 64597 in conjunction with 64596)</p> <p>(Do not report 64596 in conjunction with 64590, 64595, 64555, 64561)</p> <p>(For percutaneous implantation of electrode array only, peripheral nerve, use 64555)</p> <p>(For implantation of trial or permanent electrode arrays or pulse generators for peripheral subcutaneous field stimulation, use 64999)</p> <p>(For percutaneous implantation or replacement of integrated neurostimulation system for bladder dysfunction, posterior tibial nerve, use 0587T)</p>	ZZZ	Contractor Priced
<b>●64598</b>	B5	<p>Revision or removal of neurostimulator electrode array, peripheral nerve, with integrated neurostimulator</p> <p>(For revision or removal of electrode array only, use 64585)</p>	010	Contractor Priced
<b>Category III Codes</b>				
<b>●0784T</b>	Insertion or replacement of percutaneous electrode array, spinal, with integrated neurostimulator, including imaging guidance, when performed			
<b>●0785T</b>	Revision or removal of neurostimulator electrode array, spinal, with integrated neurostimulator			
<b>●0788T</b>	<p>Electronic analysis with simple 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, 1-3 parameters</p> <p>(Do not report 0788T 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, 0589T, 0590T, 0786T, 0784T, 0785T, 0787T, 0789T)</p>			
<b>●0789T</b>	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, 0589T, 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 above-mentioned 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 the service. 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**

<b>CPT Code</b>	<b>Total Responses</b>	<b>Responses with Experience</b>	<b>Responses w/out Experience</b>
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: <b>5.19</b>
		Presented Recommended RVU: <b>5.19</b>
Global Period: 010	Current Work RVU: <b>5.19</b>	RUC Recommended RVU: <b>5.19</b>

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 is 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 ten-day 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 Date (mm/yyyy)</b>	09/2022				
<b>Presenter(s):</b>	John Ratliff, MD; Clemens Schirmer, MD; Richard Rosenquist, MD; Damean Freas, MD; David Reece, MD; Graham Wagner, MD; Kano Meyer, MD; Gregory Polston, MD				
<b>Specialty Society(ies):</b>	AANS,AAPM,AAPM&R,ASA,ASIPP,CNS,NANS, NASS, SIS				
<b>CPT Code:</b>	63685				
<b>Sample Size:</b>	10096	<b>Resp N:</b>	102		
<b>Description of Sample:</b>	Random				
	<b>Low</b>	<b>25<sup>th</sup> pctl</b>	<b>Median*</b>	<b>75<sup>th</sup> pctl</b>	<b>High</b>
<b>Service Performance Rate</b>	0.00	2.00	8.00	20.00	125.00
<b>Survey RVW:</b>	3.63	5.26	5.78	7.08	21.00
<b>Pre-Service Evaluation Time:</b>			45.00		
<b>Pre-Service Positioning Time:</b>			12.00		
<b>Pre-Service Scrub, Dress, Wait Time:</b>			13.00		
<b>Intra-Service Time:</b>	16.00	31.00	50.00	60.00	180.00
<b>Immediate Post Service-Time:</b>	<u>20.00</u>				
<b>Post Operative Visits</b>	<b>Total Min**</b>	<b>CPT Code and Number of Visits</b>			
<b>Critical Care time/visit(s):</b>	<u>0.00</u>	99291x 0.00 99292x 0.00			
<b>Other Hospital time/visit(s):</b>	<u>0.00</u>	99231x 0.00 99232x 0.00 99233x 0.00			
<b>Discharge Day Mgmt:</b>	<u>38.00</u>	99238x 1.00 99239x 0.00 99217x 0.00			
<b>Office time/visit(s):</b>	<u>23.00</u>	99211x 0.00 12x 0.00 13x 1.00 14x 0.00 15x 0.00			
<b>Prolonged Services:</b>	<u>0.00</u>	99354x 0.00 55x 0.00 56x 0.00 57x 0.00			
<b>Sub Obs Care:</b>	<u>0.00</u>	99224x 0.00 99225x 0.00 99226x 0.00			

\*\*Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

**Specialty Society Recommended Data**

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

3-FAC Straightforward Patient/Difficult Procedure

<b>CPT Code:</b>	63685	<b>Recommended Physician Work RVU: 5.19</b>		
	<b>Specialty Recommended Pre-Service Time</b>	<b>Specialty Recommended Pre Time Package</b>	<b>Adjustments/Recommended Pre-Service Time</b>	
<b>Pre-Service Evaluation Time:</b>	33.00	33.00	0.00	
<b>Pre-Service Positioning Time:</b>	12.00	3.00	9.00	
<b>Pre-Service Scrub, Dress, Wait Time:</b>	13.00	15.00	-2.00	
<b>Intra-Service Time:</b>	50.00			
<b>Please, pick the <u>post-service</u> time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)</b>				
9A General Anes or Complex Reg Blk/Strghtforw Proc				
	<b>Specialty Recommended Post-Service Time</b>	<b>Specialty Recommended Post Time Package</b>	<b>Adjustments/Recommended Post-Service Time</b>	
<b>Immediate Post Service-Time:</b>	20.00	30.00	-10.00	

<b>Post-Operative Visits</b>	<b>Total Min**</b>	<b>CPT Code and Number of Visits</b>
<b>Critical Care time/visit(s):</b>	<b><u>0.00</u></b>	99291x <b>0.00</b> 99292x <b>0.00</b>
<b>Other Hospital time/visit(s):</b>	<b><u>0.00</u></b>	99231x <b>0.00</b> 99232x <b>0.00</b> 99233x <b>0.00</b>
<b>Discharge Day Mgmt:</b>	<b><u>19.00</u></b>	99238x <b>0.5</b> 99239x <b>0.0</b> 99217x <b>0.00</b>
<b>Office time/visit(s):</b>	<b><u>23.00</u></b>	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>
<b>Prolonged Services:</b>	<b><u>0.00</u></b>	99354x <b>0.00</b> 55x <b>0.00</b> 56x <b>0.00</b> 57x <b>0.00</b>
<b>Sub Obs Care:</b>	<b><u>0.00</u></b>	99224x <b>0.00</b> 99225x <b>0.00</b> 99226x <b>0.00</b>

**Modifier -51 Exempt Status**

Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

**New Technology/Service:**

Is this new/revised procedure considered to be a new technology or service? No

**TOP KEY REFERENCE SERVICE:**

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
62362	010	5.60	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:**

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
62360	010	4.33	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.

<u>MPC CPT Code 1</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
13121	010	4.00	RUC Time	175,826

CPT Descriptor 1 Repair, complex, scalp, arms, and/or legs; 2.6 cm to 7.5 cm

<u>MPC CPT Code 2</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
64561	010	5.44	RUC Time	14,187

CPT Descriptor 2 Percutaneous implantation of neurostimulator electrode array; sacral nerve (transforaminal placement) including image guidance, if performed

<u>Other Reference CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
49320	010	5.14	RUC Time

CPT Descriptor Laparoscopy, abdomen, peritoneum, and omentum, diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure)**RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:**



Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

**Number of respondents who choose Top Key Reference Code: 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)

	CPT Code: <u>63685</u>	Top Key Reference CPT Code: <u>62362</u>	2nd Key Reference CPT Code: <u>62360</u>
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
<b>Median Total Time</b>	<b>170.00</b>	<b>170.00</b>	<b>170.00</b>
Other time if appropriate			

### INTENSITY/COMPLEXITY MEASURES

*(of those that selected Key Reference codes)*

*Survey respondents are rating the survey code relative to the key reference code.*

Survey Code Compared to Top Key Reference Code	<u>Much Less</u>	<u>Somewhat Less</u>	<u>Identical</u>	<u>Somewhat More</u>	<u>Much More</u>
<b>Overall intensity/complexity</b>	2%	9%	67%	17%	4%

### Mental Effort and Judgment

- The number of possible diagnosis and/or the number of management options that must be considered
- The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed
- Urgency of medical decision making

<u>Less</u>	<u>Identical</u>	<u>More</u>
13%	65%	22%

### Technical Skill/Physical Effort

	<u>Less</u>	<u>Identical</u>	<u>More</u>
Technical skill required	9%	76%	16%
Physical effort required	15%	74%	11%

**Psychological Stress****Less****Identical****More**

- The risk of significant complications, morbidity and/or mortality
- Outcome depends on the skill and judgment of physician
- Estimated risk of malpractice suit with poor outcome

11%

76%

13%

**Survey Code Compared to  
2nd Key Reference Code****Much  
Less****Somewhat  
Less****Identical****Somewhat  
More****Much  
More****Overall intensity/complexity**

0%

19%

71%

10%

0%

**Mental Effort and Judgment****Less****Identical****More**

- The number of possible diagnosis and/or the number of management options that must be considered
- The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed
- Urgency of medical decision making

10%

81%

10%

**Technical Skill/Physical Effort****Less****Identical****More**

Technical skill required

19%

81%

0%

Physical effort required

19%

81%

0%

**Psychological Stress****Less****Identical****More**

- The risk of significant complications, morbidity and/or mortality
- Outcome depends on the skill and judgment of physician
- Estimated risk of malpractice suit with poor outcome

24%

67%

10%

**Additional Rationale and Comments**

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWP/UT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

*The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.*

**Background**

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 codes 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.

Positioning time: 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 Survey	CPT Code	Descriptor	Global	Work RVU	Total Time	Intra Time	IWPUT
2012	13121	Repair, complex, scalp, arms, and/or legs; 2.6 cm to 7.5 cm	010	4.00	85	60	0.068
2022	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	5.19	170	50	0.034
2010	62362	Implantation or replacement of device for intrathecal or epidural drug infusion; programmable pump, including preparation of	010	5.60	170	60	0.042

		pump, with or without programming									
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### 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 Survey	CPT Code	Global	IWPUT	Work RVU	Total Time	Pre-Eval	Pre-Pos	Pre-SDW	Intra Time	Immed Post	Post Office 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.

CPT Code	Global	IWPUT	Work RVU	Total Time	Pre-Eval	Pre-Pos	Pre-SDW	Intra Time	Immed Post	Post Office 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

- 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. 63650 Percutaneous implantation of neurostimulator electrode array, epidural (010 global/7.15 work RVU/48 minutes pre-service/60 minutes intra-service/20 minutes immediate post-service time)

## FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 63685

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)  
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Neurosurgery                      How often? Commonly

Specialty Interventional Pain Management                      How often? Commonly

Specialty Pain Management                      How often? Commonly

Estimate the number of times this service might be provided nationally in a one-year period? 0

If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. national data not available

Specialty	Frequency 0	Percentage	%
Specialty	Frequency 0	Percentage	%
Specialty	Frequency 0	Percentage	%

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 24,783 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. RUC database Medicare utilization for 2020 - note that there are not enough spaces below to include information for all surveying societies. Please see the RUC database for specialty distribution.

Specialty Neurosurgery	Frequency 7211	Percentage 29.09 %
Specialty Interventional Pain Management	Frequency 3593	Percentage 14.49 %
Specialty Pain Management	Frequency 4535	Percentage 18.29 %

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

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### **Professional Liability Insurance Information (PLI)**

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 63685

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: 63688	Tracking Number B2	Original Specialty Recommended RVU: <b>5.14</b>
		Presented Recommended RVU: <b>4.80</b>
Global Period: 010	Current Work RVU: <b>5.30</b>	RUC Recommended RVU: <b>4.35</b>

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 Date (mm/yyyy)</b>	09/2022				
<b>Presenter(s):</b>	John Ratliff, MD; Clemens Schirmer, MD; Richard Rosenquist, MD; Damean Freas, MD; David Reece, MD; Graham Wagner, MD; Kano Meyer, MD; Gregory Polston, MD				
<b>Specialty Society(ies):</b>	AANS,AAPM,AAPM&R,ASA,ASIPP,CNS,NANS, NASS, SIS				
<b>CPT Code:</b>	63688				
<b>Sample Size:</b>	10096	<b>Resp N:</b>	99		
<b>Description of Sample:</b>	Random				
	<b>Low</b>	<b>25<sup>th</sup> pctl</b>	<b>Median*</b>	<b>75<sup>th</sup> pctl</b>	<b>High</b>
<b>Service Performance Rate</b>	0.00	2.00	5.00	8.00	75.00
<b>Survey RVW:</b>	3.25	4.35	5.50	6.69	25.00
<b>Pre-Service Evaluation Time:</b>			45.00		
<b>Pre-Service Positioning Time:</b>			10.00		
<b>Pre-Service Scrub, Dress, Wait Time:</b>			12.00		
<b>Intra-Service Time:</b>	16.00	30.00	45.00	60.00	180.00
<b>Immediate Post Service-Time:</b>	<u>20.00</u>				
<b>Post Operative Visits</b>	<b>Total Min**</b>	<b>CPT Code and Number of Visits</b>			
<b>Critical Care time/visit(s):</b>	<u>0.00</u>	99291x 0.00 99292x 0.00			
<b>Other Hospital time/visit(s):</b>	<u>0.00</u>	99231x 0.00 99232x 0.00 99233x 0.00			
<b>Discharge Day Mgmt:</b>	<u>38.00</u>	99238x 1.00 99239x 0.00 99217x 0.00			
<b>Office time/visit(s):</b>	<u>23.00</u>	99211x 0.00 12x 0.00 13x 1.00 14x 0.00 15x 0.00			
<b>Prolonged Services:</b>	<u>0.00</u>	99354x 0.00 55x 0.00 56x 0.00 57x 0.00			
<b>Sub Obs Care:</b>	<u>0.00</u>	99224x 0.00 99225x 0.00 99226x 0.00			

\*\*Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

**Specialty Society Recommended Data**

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

3-FAC Straightforward Patient/Difficult Procedure

<b>CPT Code:</b>	63688	<b>Recommended Physician Work RVU: 4.35</b>		
	<b>Specialty Recommended Pre-Service Time</b>	<b>Specialty Recommended Pre Time Package</b>	<b>Adjustments/Recommended Pre-Service Time</b>	
<b>Pre-Service Evaluation Time:</b>	33.00	33.00	0.00	
<b>Pre-Service Positioning Time:</b>	10.00	3.00	7.00	
<b>Pre-Service Scrub, Dress, Wait Time:</b>	12.00	15.00	-3.00	
<b>Intra-Service Time:</b>	45.00			
<b>Please, pick the <u>post-service</u> time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)</b>				
9A General Anes or Complex Reg Blk/Strghtforw Proc				
	<b>Specialty Recommended Post-Service Time</b>	<b>Specialty Recommended Post Time Package</b>	<b>Adjustments/Recommended Post-Service Time</b>	
<b>Immediate Post Service-Time:</b>	20.00	30.00	-10.00	



<b>Post-Operative Visits</b>	<b>Total Min**</b>	<b>CPT Code and Number of Visits</b>			
<b>Critical Care time/visit(s):</b>	<b><u>0.00</u></b>	99291x <b>0.00</b>	99292x <b>0.00</b>		
<b>Other Hospital time/visit(s):</b>	<b><u>0.00</u></b>	99231x <b>0.00</b>	99232x <b>0.00</b>	99233x <b>0.00</b>	
<b>Discharge Day Mgmt:</b>	<b><u>19.00</u></b>	99238x <b>0.5</b>	99239x <b>0.0</b>	99217x <b>0.00</b>	
<b>Office time/visit(s):</b>	<b><u>23.00</u></b>	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>
<b>Prolonged Services:</b>	<b><u>0.00</u></b>	99354x <b>0.00</b>	55x <b>0.00</b>	56x <b>0.00</b>	57x <b>0.00</b>
<b>Sub Obs Care:</b>	<b><u>0.00</u></b>	99224x <b>0.00</b>	99225x <b>0.00</b>	99226x <b>0.00</b>	

**Modifier -51 Exempt Status**

Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

**New Technology/Service:**

Is this new/revised procedure considered to be a new technology or service? No

**TOP KEY REFERENCE SERVICE:**

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
62365	010	3.93	RUC Time

CPT Descriptor

Removal of subcutaneous reservoir or pump, previously implanted for intrathecal or epidural infusion

**SECOND HIGHEST KEY REFERENCE SERVICE:**

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
62362	010	5.60	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.

<u>MPC CPT Code 1</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
13121	010	4.00	RUC Time	175,826

CPT Descriptor 1 Repair, complex, scalp, arms, and/or legs; 2.6 cm to 7.5 cm

<u>MPC CPT Code 2</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
64561	010	5.44	RUC Time	14,187

CPT Descriptor 2 Percutaneous implantation of neurostimulator electrode array; sacral nerve (transforaminal placement) including image guidance, if performed

<u>Other Reference CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
49320	010	5.14	RUC Time

CPT Descriptor Laparoscopy, abdomen, peritoneum, and omentum, diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure)**RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:**

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

**Number of respondents who choose Top Key Reference Code: 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)**

	<b>CPT Code: 63688</b>	<b>Top Key Reference CPT Code: 62365</b>	<b>2nd Key Reference CPT Code: 62362</b>
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
<b>Median Total Time</b>	<b>162.00</b>	<b>155.00</b>	<b>170.00</b>
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>Survey Code Compared to Top Key Reference Code</b>	<b><u>Much Less</u></b>	<b><u>Somewhat Less</u></b>	<b><u>Identical</u></b>	<b><u>Somewhat More</u></b>	<b><u>Much More</u></b>
<b>Overall intensity/complexity</b>	3%	15%	74%	8%	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

<b><u>Less</u></b>	<b><u>Identical</u></b>	<b><u>More</u></b>
16%	72%	13%

**Technical Skill/Physical Effort**

	<b><u>Less</u></b>	<b><u>Identical</u></b>	<b><u>More</u></b>
Technical skill required	15%	76%	8%
Physical effort required	21%	76%	3%

**Psychological Stress****Less****Identical****More**

- The risk of significant complications, morbidity and/or mortality
- Outcome depends on the skill and judgment of physician
- Estimated risk of malpractice suit with poor outcome

18%

79%

3%

**Survey Code Compared to  
2nd Key Reference Code****Much  
Less****Somewhat  
Less****Identical****Somewhat  
More****Much  
More****Overall intensity/complexity**

0%

6%

76%

6%

12%

**Mental Effort and Judgment****Less****Identical****More**

- The number of possible diagnosis and/or the number of management options that must be considered
- The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed
- Urgency of medical decision making

6%

71%

23%

**Technical Skill/Physical Effort****Less****Identical****More**

Technical skill required

6%

76%

18%

Physical effort required

0%

82%

18%

**Psychological Stress****Less****Identical****More**

- The risk of significant complications, morbidity and/or mortality
- Outcome depends on the skill and judgment of physician
- Estimated risk of malpractice suit with poor outcome

12%

65%

24%

**Additional Rationale and Comments**

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWP/UT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

*The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.*

**Background**

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 Survey	Global	Work RVU	Intra Time	Total Time	IWPUT
13121	2010	010	4.00	60	85	0.068
63688	2022	010	5.14	45	162	0.032
62362	2010	010	5.60	60	170	0.042

## Key Reference Codes

CPT Code	Global	Work RVU	Pre-Eval	Pre-Pos	Pre-SDW	Intra Time	Immed Post	Post Office Visit	Total Time	IWPUT
----------	--------	----------	----------	---------	---------	------------	------------	-------------------	------------	-------

62365	010	3.93	33	10	5	45	20	1-213	155	0.019
63688	010	5.14	33	10	12	45	20	1-213	162	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 Code	Global	Work RVU	Pre-Eval	Pre-Pos	Pre-SDW	Intra Time	Immed Post	Post Office Visit	Total Time	IWPUT
49320	010	5.14	40			45	30	1-213	157	0.044
63688	010	5.14	33	10	12	45	20	1-213	162	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 intra-service 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 25<sup>th</sup>% survey work RVU. The 25<sup>th</sup>% work RVU value would result in an anomalously low work RVU and IWPUT for 63688 as discussed above.

## SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

- ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
- ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
- ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
- ☐ Multiple codes are used to maintain consistency with similar codes.
- ☐ Historical precedents.
- ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

## FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 63688

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)  
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Neurosurgery                      How often? Sometimes

Specialty Interventional Pain Management                      How often? Sometimes

Specialty Pain Management                      How often? Sometimes

Estimate the number of times this service might be provided nationally in a one-year period? n/a

If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. national data not available

Specialty	Frequency	Percentage	%
Specialty	Frequency	Percentage	%
Specialty	Frequency	Percentage	%

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 6,983  
 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. RUC database 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

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### **Berenson-Eggers Type of Service (BETOS) Assignment**

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:  
 Procedures

BETOS Sub-classification:  
 Minor procedure

BETOS Sub-classification Level II:  
 Other

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### **Professional Liability Insurance Information (PLI)**

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 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**

Source	CPT	Global	DESC	RUC Review Year	Resp	IWP/UT	WPUT	RVW					Total Time	PRE-TIME			INTRA-TIME					IMMD POST	FAC		Office						SURVEY EXPERIENCE				
								MIN	25th	MED	75th	MAX		EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX		38	39	15	14	13	12	11	MIN	25th	MED	75th	MAX	
1st REF	62362	010	Implantation or replacement	Feb-08	46	0.042	0.033			5.60		170	33	10	5			60		20	0.5			1	0	0	2	5	150						
2nd REF	62360	010	Implantation or replacement	Feb-08	21	0.021	0.025			4.33		170	33	10	5			60		20	0.5			1	0	0	2	5	150						
SVY Data Feb 2008	63685	010	Insertion or replacement of		36	0.031	0.028			6.00		212	45	15	11			60		20	1.0			1											
CURRENT	63685	010	Insertion or replacement of	Feb 2008		0.035	0.031			5.19		170	33	10	5			60		20	0.5			1											
SVY	63685	010	Insertion or replacement of		102	0.034	0.029	3.63	5.26	5.78	7.08	21.00	200	45	12	13	16	31	50	60	180	20	1.0		1	0	2	8	20	125					
REC	63685		Maintain current value			0.040	0.031			5.19		170	33	12	13			50		20	0.5			1											

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		35	0.023	0.026		5.25		201	40	15	10		55		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 4.35	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					

[illegible][illegible][illegible]



## FACILITY DIRECT PE INPUTS

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](mailto: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

## FACILITY DIRECT PE INPUTS

**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 90-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).

## FACILITY DIRECT PE INPUTS

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:

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 <http://www.bls.gov>.

N/A

## MEDICAL SUPPLIES & EQUIPMENT/INVOICES

11. ☐ Please check the box to confirm that you have provided invoices for all new supplies and/or equipment?
12. ☐ Please check the box to confirm that you have provided an estimate price on the PE spreadsheet for all new supplies and/or equipment?
13. If you wish to include a supply that is not on the 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?

Yes.

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 [RUC Collaboration Website](#) for information on the contents of kits, packs and trays.

DESCRIPTION	Code	Unit	Item Qty
<b>pack, minimum multi-specialty visit</b>	<b>SA048</b>	<b>pack</b>	
paper, exam table		foot	7
gloves, non-sterile		pair	2
gown, patient		item	1
pillow case		item	1
cover, thermometer probe		item	1
<b>pack, post-op incision care (staple)</b>	<b>SA052</b>	<b>pack</b>	
kit, staple removal		kit	1
povidone soln (Betadine)		ml	10

## FACILITY DIRECT PE INPUTS

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 Latitude D600), ED038?

- If yes, please explain how the computer is used for this service(s).
- Is the computer used exclusively as an integral component of the service or is it also used for other purposes not specific to the code?
- Does the computer include code specific software that is typically used to provide the service(s)?

N/A

19. List all the equipment included in your recommendation and the equipment formula chosen (*please see document titled Calculating equipment time*). If you have selected “other formula” for any of the equipment please explain here:

EF031	table, power	Office Visits
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## 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)

## **FACILITY DIRECT PE INPUTS**

**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 [rebecca.gierhahn@ama-assn.org](mailto:rebecca.gierhahn@ama-assn.org) 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).

**NONFACILITY DIRECT PE INPUTS****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**

<b>CPT Code</b>	<b>Long Descriptor</b>	<b>Global Period</b>
▲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)*):

<b>CPT Code</b>	<b>Vignette</b>
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](mailto: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)

--

## NONFACILITY DIRECT PE INPUTS

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*:



## NONFACILITY DIRECT PE INPUTS

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)

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.

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*):

14. If you wish to identify a new staff type, please include a very specific staff description, salary estimate and its source. Staff types or an identified and appropriate proxy must be listed by the Bureau of Labor Statistics (BLS). You can find the BLS database at <http://www.bls.gov>.

## 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:

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?

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 [RUC Collaboration 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 (*please see fifth worksheet in PE spreadsheet*) 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*):



**NONFACILITY DIRECT PE INPUTS**

**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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22. Have you recommended equipment minutes for a computer or equivalent laptop/integrated computer, equipment item computer, desktop, w-monitor, ED021 or notebook (Dell Latitude D600), ED038?
- a. If yes, please explain how the computer is used for this service(s).
  - b. Is the computer used exclusively as an integral component of the service or is it also used for other purposes not specific to the code?
  - c. Does the computer include code specific software that is typically used to provide the service(s)?

--

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:

--

**NONFACILITY DIRECT PE INPUTS**

**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:

--

**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 [rebecca.gierhahn@ama-assn.org](mailto:rebecca.gierhahn@ama-assn.org) 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).

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[illegible]



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 includes 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 structures of the heart before and after the cardiac repair.

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 25<sup>th</sup> 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 25<sup>th</sup> 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 pre-time 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
<b>Diagnostic Ultrasound Other Procedures</b> 76981 <i>Ultrasound, elastography; parenchyma (eg, organ)</i> 76982 <i>first target lesion</i> +76983 <i>each additional target lesion (List separately in addition to code for primary procedure)</i> <i>(Use 76983 in conjunction with 76982)</i> <i>(Report 76981 only once per session for evaluation of the same parenchymal organ)</i> <i>(To report shear wave liver elastography without imaging, use 91200)</i> <i>(For evaluation of a parenchymal organ and lesion[s] in the same parenchymal organ at the same session, report only 76981)</i> <i>(Do not report 76981, 76982, 76983 in conjunction with 0689T)</i> <i>(Do not report 76983 more than two times per organ)</i>				
●76984	F1	Ultrasound, intraoperative thoracic aorta (eg, epiaortic), diagnostic (For diagnostic intraoperative epicardial cardiac [eg, echocardiography] ultrasound, see 76987, 76988, 76989)	XXX	0.60
●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)	XXX	1.55
(f)76998	F5	Ultrasonic guidance, intraoperative (Do not report 76998 in conjunction with 36475, 36479, 37760, 37761, 46948, 47370, 47371, 47380, 47381, 47382, <u>76984</u> , <u>76987</u> , <u>76988</u> , <u>76989</u> , 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: <b>0.60</b>
		Presented Recommended RVU: <b>0.60</b>
Global Period: XXX	Current Work RVU: <b>1.20</b>	RUC Recommended RVU: <b>0.60</b>

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 determining 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**

<b>RUC Meeting Date (mm/yyyy)</b>	09/2022				
<b>Presenter(s):</b>	Joesph Turek, MD; James M. Levett, MD; Prashanath Vallabhjosiya, MD; Richard Wright, MD; Ed Tuohy, MD; Thad Waites, MD				
<b>Specialty Society(ies):</b>	Society of Thoracic Surgeons; American Association for Thoracic Surgery; American College of Cardiology				
<b>CPT Code:</b>	76984				
<b>Sample Size:</b>	2029	<b>Resp N:</b>	44		
<b>Description of Sample:</b>	STS/AATS - 1307 subspecialty members that identify as cardiac 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.				
	<b>Low</b>	<b>25<sup>th</sup> pctl</b>	<b>Median*</b>	<b>75<sup>th</sup> pctl</b>	<b>High</b>
<b>Service Performance Rate</b>	0.00	3.00	10.00	50.00	500.00
<b>Survey RVW:</b>	0.40	0.60	1.00	1.65	4.00
<b>Pre-Service Evaluation Time:</b>			5.00		
<b>Pre-Service Positioning Time:</b>			0.00		
<b>Pre-Service Scrub, Dress, Wait Time:</b>			0.00		
<b>Intra-Service Time:</b>	2.00	5.00	10.00	14.25	180.00
<b>Immediate Post Service-Time:</b>	<u>3.00</u>				
<b>Post Operative Visits</b>	<b>Total Min**</b>	<b>CPT Code and Number of Visits</b>			
<b>Critical Care time/visit(s):</b>	<u>0.00</u>	99291x 0.00 99292x 0.00			
<b>Other Hospital time/visit(s):</b>	<u>0.00</u>	99231x 0.00 99232x 0.00 99233x 0.00			
<b>Discharge Day Mgmt:</b>	<u>0.00</u>	99238x 0.00 99239x 0.00 99217x 0.00			
<b>Office time/visit(s):</b>	<u>0.00</u>	99211x 0.00 12x 0.00 13x 0.00 14x 0.00 15x 0.00			
<b>Prolonged Services:</b>	<u>0.00</u>	99354x 0.00 55x 0.00 56x 0.00 57x 0.00			
<b>Sub Obs Care:</b>	<u>0.00</u>	99224x 0.00 99225x 0.00 99226x 0.00			

\*\*Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

**Specialty Society Recommended Data**

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

<b>CPT Code:</b>	76984	<b>Recommended Physician Work RVU: 0.60</b>		
	<b>Specialty Recommended Pre-Service Time</b>	<b>Specialty Recommended Pre Time Package</b>	<b>Adjustments/Recommended Pre-Service Time</b>	
<b>Pre-Service Evaluation Time:</b>	5.00	0.00	5.00	
<b>Pre-Service Positioning Time:</b>	0.00	0.00	0.00	
<b>Pre-Service Scrub, Dress, Wait Time:</b>	0.00	0.00	0.00	
<b>Intra-Service Time:</b>	10.00			
<b>Please, pick the <u>post-service</u> time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)</b> XXX Global Code				
	<b>Specialty Recommended Post-Service Time</b>	<b>Specialty Recommended Post Time Package</b>	<b>Adjustments/Recommended Post-Service Time</b>	

Immediate Post Service-Time:	3.00	0.00	3.00
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Post-Operative Visits	Total Min**	CPT Code and Number of Visits			
Critical Care time/visit(s):	0.00	99291x 0.00	99292x 0.00		
Other Hospital time/visit(s):	0.00	99231x 0.00	99232x 0.00	99233x 0.00	
Discharge Day Mgmt:	0.00	99238x 0.0	99239x 0.0	99217x 0.00	
Office time/visit(s):	0.00	99211x 0.00	12x 0.00	13x 0.00	14x 0.00 15x 0.00
Prolonged Services:	0.00	99354x 0.00	55x 0.00	56x 0.00	57x 0.00
Sub Obs Care:	0.00	99224x 0.00	99225x 0.00	99226x 0.00	

**Modifier -51 Exempt Status**

Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

**New Technology/Service:**

Is this new/revised procedure considered to be a new technology or service? Yes

**TOP KEY REFERENCE SERVICE:**

Key CPT Code	Global	Work RVU	Time Source
93308	XXX	0.53	RUC Time

CPT Descriptor 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.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent
				Medicare Utilization
74220	XXX	0.60	RUC Time	2,294
<u>CPT Descriptor 1</u> Radiologic examination, esophagus, including scout chest radiograph(s) and delayed image(s), when performed; single-contrast (eg, barium) study				

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent
				Medicare Utilization
76830	XXX	0.69	RUC Time	155,313

CPT Descriptor 2 Ultrasound, transvaginal

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

**RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:**

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

**Number of respondents who choose Top Key Reference Code: 14      % 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: 76984</b>	<b>Top Key Reference CPT Code: 93308</b>	<b>2nd Key Reference CPT Code: 93307</b>
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
<b>Median Total Time</b>	<b>18.00</b>	<b>20.00</b>	<b>25.00</b>
<b>Other time if appropriate</b>			

**INTENSITY/COMPLEXITY MEASURES**

*(of those that selected Key Reference codes)*

*Survey respondents are rating the survey code relative to the key reference code.*

<b>Survey Code Compared to Top Key Reference Code</b>	<b><u>Much Less</u></b>	<b><u>Somewhat Less</u></b>	<b><u>Identical</u></b>	<b><u>Somewhat More</u></b>	<b><u>Much More</u></b>
<b>Overall intensity/complexity</b>	0%	14%	50%	7%	29%

**Mental Effort and Judgment**

- The number of possible diagnosis and/or the number of management options that must be considered
- The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed
- Urgency of medical decision making

<b><u>Less</u></b>	<b><u>Identical</u></b>	<b><u>More</u></b>
36%	36%	29%

**Technical Skill/Physical Effort**

	<b><u>Less</u></b>	<b><u>Identical</u></b>	<b><u>More</u></b>
Technical skill required	29%	43%	29%



Physical effort required	21%	43%	36%
--------------------------	-----	-----	-----

**Psychological Stress****Less****Identical****More**

- The risk of significant complications, morbidity and/or mortality
- Outcome depends on the skill and judgment of physician
- Estimated risk of malpractice suit with poor outcome

7%	43%	50%
----	-----	-----

**Survey Code Compared to  
2nd Key Reference Code****Much  
Less****Somewhat  
Less****Identical****Somewhat  
More****Much  
More**

Overall intensity/complexity	13%	13%	25%	38%	13%
------------------------------	-----	-----	-----	-----	-----

**Mental Effort and Judgment****Less****Identical****More**

- The number of possible diagnosis and/or the number of management options that must be considered
- The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed
- Urgency of medical decision making

13%	63%	25%
-----	-----	-----

**Technical Skill/Physical Effort****Less****Identical****More**

Technical skill required	38%	50%	13%
--------------------------	-----	-----	-----

Physical effort required	25%	63%	13%
--------------------------	-----	-----	-----

**Psychological Stress****Less****Identical****More**

- The risk of significant complications, morbidity and/or mortality
- Outcome depends on the skill and judgment of physician
- Estimated risk of malpractice suit with poor outcome

0%	38%	63%
----	-----	-----

**Additional Rationale and Comments**

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWP/UT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

*The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.*

**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	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 pre- and 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. self-identified 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 1<sup>st</sup> 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 than 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 intra-service 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 1<sup>st</sup> 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

Source	CPT	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
<b>MPC – REF code</b>	<b>74220</b>	<b>XXX</b>	<b>0.047</b>	<b>0.038</b>	<b>0.60</b>	<b>16</b>	<b>3</b>			<b>10</b>	<b>3</b>	<b>RUC</b>	<b>2019-01</b>
	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
<b>SVY - REC</b>	<b>76984</b>	<b>XXX</b>	<b>0.042</b>	<b>0.033</b>	<b>0.60</b>	<b>18</b>	<b>5</b>			<b>10</b>	<b>3</b>		
	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
<b>KRS</b>	<b>93308</b>	<b>XXX</b>	<b>0.031</b>	<b>0.027</b>	<b>0.53</b>	<b>20</b>	<b>5</b>			<b>10</b>	<b>5</b>	<b>RUC</b>	<b>2016-04</b>
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
<b>MPC - REF</b>	<b>76830</b>	<b>XXX</b>	<b>0.040</b>	<b>0.030</b>	<b>0.69</b>	<b>23</b>	<b>5</b>			<b>10</b>	<b>8</b>	<b>RUC-CMS Rev</b>	<b>2012-04</b>
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
<b>KRS</b>	<b>93307</b>	<b>XXX</b>	<b>0.046</b>	<b>0.037</b>	<b>0.92</b>	<b>25</b>	<b>5</b>			<b>15</b>	<b>5</b>	<b>RUC</b>	<b>2016-04</b>

## SERVICES REPORTED WITH MULTIPLE CPT CODES

- Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: Yes

Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

- ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
- ☒ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
- ☒ Multiple codes allow flexibility to describe exactly what components the procedure included.
- ☐ Multiple codes are used to maintain consistency with similar codes.
- ☐ Historical precedents.
- ☐ Other reason (please explain)

- Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

**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 in your specialty 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 %
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Specialty cardiology	Frequency 109	Percentage 1.00 %
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Specialty	Frequency 0	Percentage 0.00 %
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Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 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 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 cardiac surgery	Frequency 6060	Percentage 99.00 %
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Specialty cardiology	Frequency 61	Percentage 0.99 %
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Specialty	Frequency 0	Percentage 0.00 %
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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: 76987	Tracking Number F2	Original Specialty Recommended RVU: <b>1.90</b>
		Presented Recommended RVU: <b>1.90</b>
Global Period: XXX	Current Work RVU: <b>1.20</b>	RUC Recommended RVU: <b>1.90</b>

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:**

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 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 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**

<b>RUC Meeting Date (mm/yyyy)</b>	09/2022				
<b>Presenter(s):</b>	Joesph Turek, MD; James M. Levett, MD; Prashanath Vallabhjosiya, MD; Richard Wright, MD; Ed Tuohy, MD; Thad Waites, MD				
<b>Specialty Society(ies):</b>	Society of Thoracic Surgeons; American Association for Thoracic Surgery; American College of Cardiology				
<b>CPT Code:</b>	76987				
<b>Sample Size:</b>	2029	<b>Resp N:</b>	31		
<b>Description of Sample:</b>	STS/AATS - 1307 subspecialty members that identify as cardiac 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				
	<b>Low</b>	<b>25<sup>th</sup> pctl</b>	<b>Median*</b>	<b>75<sup>th</sup> pctl</b>	<b>High</b>
<b>Service Performance Rate</b>	0.00	0.00	1.00	5.00	100.00
<b>Survey RVW:</b>	0.50	1.90	2.69	2.80	15.00
<b>Pre-Service Evaluation Time:</b>			10.00		
<b>Pre-Service Positioning Time:</b>			0.00		
<b>Pre-Service Scrub, Dress, Wait Time:</b>			0.00		
<b>Intra-Service Time:</b>	8.00	15.00	20.00	30.00	180.00
<b>Immediate Post Service-Time:</b>	10.00				
<b>Post Operative Visits</b>	<b>Total Min**</b>	<b>CPT Code and Number of Visits</b>			
<b>Critical Care time/visit(s):</b>	0.00	99291x 0.00 99292x 0.00			
<b>Other Hospital time/visit(s):</b>	0.00	99231x 0.00 99232x 0.00 99233x 0.00			
<b>Discharge Day Mgmt:</b>	0.00	99238x 0.00 99239x 0.00 99217x 0.00			
<b>Office time/visit(s):</b>	0.00	99211x 0.00 12x 0.00 13x 0.00 14x 0.00 15x 0.00			
<b>Prolonged Services:</b>	0.00	99354x 0.00 55x 0.00 56x 0.00 57x 0.00			
<b>Sub Obs Care:</b>	0.00	99224x 0.00 99225x 0.00 99226x 0.00			

\*\*Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

**Specialty Society Recommended Data**

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

<b>CPT Code:</b>	76987	<b>Recommended Physician Work RVU: 1.90</b>		
	<b>Specialty Recommended Pre-Service Time</b>	<b>Specialty Recommended Pre Time Package</b>	<b>Adjustments/Recommended Pre-Service Time</b>	
<b>Pre-Service Evaluation Time:</b>	10.00	0.00	10.00	
<b>Pre-Service Positioning Time:</b>	0.00	0.00	0.00	
<b>Pre-Service Scrub, Dress, Wait Time:</b>	0.00	0.00	0.00	
<b>Intra-Service Time:</b>	20.00			
Please, pick the <u>post-service</u> time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)				
XXX Global Code				
	<b>Specialty Recommended Post-Service Time</b>	<b>Specialty Recommended Post Time Package</b>	<b>Adjustments/Recommended Post-Service Time</b>	

Immediate Post Service-Time:	10.00	0.00	10.00
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Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	0.00	99291x 0.00 99292x 0.00
Other Hospital time/visit(s):	0.00	99231x 0.00 99232x 0.00 99233x 0.00
Discharge Day Mgmt:	0.00	99238x 0.0 99239x 0.0 99217x 0.00
Office time/visit(s):	0.00	99211x 0.00 12x 0.00 13x 0.00 14x 0.00 15x 0.00
Prolonged Services:	0.00	99354x 0.00 55x 0.00 56x 0.00 57x 0.00
Sub Obs Care:	0.00	99224x 0.00 99225x 0.00 99226x 0.00

**Modifier -51 Exempt Status**

Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

**New Technology/Service:**

Is this new/revised procedure considered to be a new technology or service? Yes

**TOP KEY REFERENCE SERVICE:**

Key CPT Code	Global	Work RVU	Time Source
93315	XXX	2.69	RUC Time

CPT Descriptor 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

CPT Descriptor 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	Work RVU	Time Source	Most Recent Medicare Utilization
74176	XXX	1.74	RUC Time	1,784,210

CPT Descriptor 1 Computed tomography, abdomen and pelvis; without contrast material

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
36456	XXX	2.00	RUC Time	

CPT Descriptor 2 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: 5      % of respondents: 16.1 %**

**TIME ESTIMATES (Median)**

	<b>CPT Code: <u>76987</u></b>	<b>Top Key Reference CPT Code: <u>93315</u></b>	<b>2nd Key Reference CPT Code: <u>93312</u></b>
Median Pre-Service Time	10.00	10.00	10.00
Median Intra-Service Time	20.00	40.00	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
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
<b>Median Total Time</b>	<b>40.00</b>	<b>65.00</b>	<b>55.00</b>
<b>Other time if appropriate</b>			

**INTENSITY/COMPLEXITY MEASURES**

*(of those that selected Key Reference codes)*

*Survey respondents are rating the survey code relative to the key reference code.*

<b>Survey Code Compared to Top Key Reference Code</b>	<b><u>Much Less</u></b>	<b><u>Somewhat Less</u></b>	<b><u>Identical</u></b>	<b><u>Somewhat More</u></b>	<b><u>Much More</u></b>
<b>Overall intensity/complexity</b>	0%	0%	27%	40%	33%

**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><u>Less</u></b>	<b><u>Identical</u></b>	<b><u>More</u></b>
0%	53%	47%

**Technical Skill/Physical Effort**

	<b><u>Less</u></b>	<b><u>Identical</u></b>	<b><u>More</u></b>
Technical skill required	0%	40%	60%

Physical effort required	0%	60%	40%
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**Psychological Stress****Less****Identical****More**

- The risk of significant complications, morbidity and/or mortality
- Outcome depends on the skill and judgment of physician
- Estimated risk of malpractice suit with poor outcome

0%	33%	67%
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**Survey Code Compared to  
2nd Key Reference Code****Much  
Less****Somewhat  
Less****Identical****Somewhat  
More****Much  
More**

Overall intensity/complexity	0%	0%	80%	20%	0%
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**Mental Effort and Judgment****Less****Identical****More**

- The number of possible diagnosis and/or the number of management options that must be considered
- The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed
- Urgency of medical decision making

0%	80%	20%
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**Technical Skill/Physical Effort****Less****Identical****More**

Technical skill required	40%	40%	20%
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Physical effort required	40%	40%	20%
--------------------------	-----	-----	-----

**Psychological Stress****Less****Identical****More**

- The risk of significant complications, morbidity and/or mortality
- Outcome depends on the skill and judgment of physician
- Estimated risk of malpractice suit with poor outcome

20%	40%	40%
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**Additional Rationale and Comments**

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWP/UT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

*The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.*

**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	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 pre- and 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	CPT	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
<b>SVY - REC</b>	<b>76987</b>	<b>XXX</b>	<b>0.073</b>	<b>0.048</b>	<b>1.90</b>	<b>40</b>	<b>10</b>			<b>20</b>	<b>10</b>		<b>2014-04</b>
<b>Ref code</b>	<b>78431</b>	<b>XXX</b>	<b>0.071</b>	<b>0.049</b>	<b>1.90</b>	<b>39</b>	<b>8</b>			<b>21</b>	<b>10</b>	<b>RUC</b>	<b>2019-01</b>
<b>MPC - REF</b>	<b>74176</b>	<b>XXX</b>	<b>0.069</b>	<b>0.054</b>	<b>1.74</b>	<b>32</b>	<b>5</b>			<b>22</b>	<b>5</b>	<b>RUC</b>	<b>2014-04</b>
	95717	XXX	0.057	0.043	2.00	46	8			28	10	RUC	2018-10
<b>MPC - REF</b>	<b>36456</b>	<b>XXX</b>	<b>0.044</b>	<b>0.033</b>	<b>2.00</b>	<b>60</b>	<b>15</b>			<b>30</b>	<b>15</b>	<b>RUC</b>	<b>2016-01</b>
<b>KRS</b>	<b>93312</b>	<b>XXX</b>	<b>0.058</b>	<b>0.042</b>	<b>2.30</b>	<b>55</b>	<b>10</b>			<b>30</b>	<b>15</b>	<b>RUC</b>	<b>2014-04</b>
<b>KRS</b>	<b>93315</b>	<b>XXX</b>	<b>0.053</b>	<b>0.041</b>	<b>2.69</b>	<b>65</b>	<b>10</b>			<b>40</b>	<b>15</b>	<b>RUC</b>	<b>2014-04</b>

## SERVICES REPORTED WITH MULTIPLE CPT CODES

- Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: Yes

Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

- ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
- ☒ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
- ☒ Multiple codes allow flexibility to describe exactly what components the procedure included.
- ☐ Multiple codes are used to maintain consistency with similar codes.
- ☐ Historical precedents.
- ☐ Other reason (please explain)

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 in your specialty 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

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

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### **Berenson-Eggers Type of Service (BETOS) Assignment**

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:

Imaging

BETOS Sub-classification:

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: 76988	Tracking Number F3	Original Specialty Recommended RVU: <b>1.20</b>
		Presented Recommended RVU: <b>1.20</b>
Global Period: XXX	Current Work RVU: <b>1.20</b>	RUC Recommended RVU: <b>1.20</b>

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**

<b>RUC Meeting Date (mm/yyyy)</b>	09/2022				
<b>Presenter(s):</b>	Joesph Turek, MD; James M. Levett, MD; Prashanath Vallabhjosiya, MD; Richard Wright, MD; Ed Tuohy, MD; Thad Waites, MD				
<b>Specialty Society(ies):</b>	Society of Thoracic Surgeons; American Assosiation for Thoracic Surgery; Amercian College of Cardiology				
<b>CPT Code:</b>	76988				
<b>Sample Size:</b>	2029	<b>Resp N:</b>	33		
<b>Description of Sample:</b>	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				
	<b>Low</b>	<b>25<sup>th</sup> pctl</b>	<b>Median*</b>	<b>75<sup>th</sup> pctl</b>	<b>High</b>
<b>Service Performance Rate</b>	0.00	0.00	<b>2.00</b>	6.00	100.00
<b>Survey RVW:</b>	0.50	1.20	<b>2.05</b>	2.53	5.00
<b>Pre-Service Evaluation Time:</b>			<b>10.00</b>		
<b>Pre-Service Positioning Time:</b>			<b>0.00</b>		
<b>Pre-Service Scrub, Dress, Wait Time:</b>			<b>0.00</b>		
<b>Intra-Service Time:</b>	0.00	12.00	<b>20.00</b>	25.00	180.00
<b>Immediate Post Service-Time:</b>	<b>5.00</b>				
<b>Post Operative Visits</b>	<b>Total Min**</b>	<b>CPT Code and Number of Visits</b>			
<b>Critical Care time/visit(s):</b>	<b>0.00</b>	99291x 0.00	99292x 0.00		
<b>Other Hospital time/visit(s):</b>	<b>0.00</b>	99231x 0.00	99232x 0.00	99233x 0.00	
<b>Discharge Day Mgmt:</b>	<b>0.00</b>	99238x 0.00	99239x 0.00	99217x 0.00	
<b>Office time/visit(s):</b>	<b>0.00</b>	99211x 0.00	12x 0.00	13x 0.00	14x 0.00 15x 0.00
<b>Prolonged Services:</b>	<b>0.00</b>	99354x 0.00	55x 0.00	56x 0.00	57x 0.00
<b>Sub Obs Care:</b>	<b>0.00</b>	99224x 0.00	99225x 0.00	99226x 0.00	

\*\*Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

**Specialty Society Recommended Data**

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

<b>CPT Code:</b>	76988	<b>Recommended Physician Work RVU: 1.20</b>		
	<b>Specialty Recommended Pre-Service Time</b>	<b>Specialty Recommended Pre Time Package</b>	<b>Adjustments/Recommended Pre-Service Time</b>	
<b>Pre-Service Evaluation Time:</b>	<b>10.00</b>	<b>0.00</b>	<b>10.00</b>	
<b>Pre-Service Positioning Time:</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	
<b>Pre-Service Scrub, Dress, Wait Time:</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	
<b>Intra-Service Time:</b>	<b>20.00</b>			
<b>Please, pick the <u>post-service</u> time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)</b>				
XXX Global Code				
	<b>Specialty Recommended Post-Service Time</b>	<b>Specialty Recommended Post Time Package</b>	<b>Adjustments/Recommended Post-Service Time</b>	

Immediate Post Service-Time:	5.00	0.00	5.00
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Post-Operative Visits	Total Min**	CPT Code and Number of Visits			
Critical Care time/visit(s):	0.00	99291x 0.00	99292x 0.00		
Other Hospital time/visit(s):	0.00	99231x 0.00	99232x 0.00	99233x 0.00	
Discharge Day Mgmt:	0.00	99238x 0.0	99239x 0.0	99217x 0.00	
Office time/visit(s):	0.00	99211x 0.00	12x 0.00	13x 0.00	14x 0.00 15x 0.00
Prolonged Services:	0.00	99354x 0.00	55x 0.00	56x 0.00	57x 0.00
Sub Obs Care:	0.00	99224x 0.00	99225x 0.00	99226x 0.00	

**Modifier -51 Exempt Status**

Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

**New Technology/Service:**

Is this new/revised procedure considered to be a new technology or service? Yes

**TOP KEY REFERENCE SERVICE:**

Key CPT Code	Global	Work RVU	Time Source
93315	XXX	2.69	RUC Time

CPT Descriptor 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

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.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
95819	XXX	1.08	RUC Time	103,940

CPT Descriptor 1 Electroencephalogram (EEG); including recording awake and asleep

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
70490	XXX	1.28	RUC Time	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

**RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:**

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

**Number of respondents who choose Top Key Reference Code: 10      % of respondents: 30.3 %**

**Number of respondents who choose 2<sup>nd</sup> Key Reference Code: 5      % of respondents: 15.1 %**

### TIME ESTIMATES (Median)

	CPT Code: 76988	Top Key Reference CPT Code: 93315	2nd Key Reference CPT Code: 93307
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
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
<b>Median Total Time</b>	<b>35.00</b>	<b>65.00</b>	<b>25.00</b>
Other time if appropriate			

### INTENSITY/COMPLEXITY MEASURES

*(of those that selected Key Reference codes)*

Survey respondents are rating the survey code relative to the key reference code.

Survey Code Compared to Top Key Reference Code	<u>Much Less</u>	<u>Somewhat Less</u>	<u>Identical</u>	<u>Somewhat More</u>	<u>Much More</u>
<b>Overall intensity/complexity</b>	0%	20%	10%	40%	30%

### Mental Effort and Judgment

- The number of possible diagnosis and/or the number of management options that must be considered
- The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed
- Urgency of medical decision making

<u>Less</u>	<u>Identical</u>	<u>More</u>
20%	40%	40%

### Technical Skill/Physical Effort

	<u>Less</u>	<u>Identical</u>	<u>More</u>
Technical skill required	0%	50%	50%
Physical effort required	0%	50%	50%

**Psychological Stress****Less****Identical****More**

- The risk of significant complications, morbidity and/or mortality
- Outcome depends on the skill and judgment of physician
- Estimated risk of malpractice suit with poor outcome

10%

30%

60%

**Survey Code Compared to  
2nd Key Reference Code****Much  
Less****Somewhat  
Less****Identical****Somewhat  
More****Much  
More****Overall intensity/complexity**

0%

0%

20%

60%

20%

**Mental Effort and Judgment****Less****Identical****More**

- The number of possible diagnosis and/or the number of management options that must be considered
- The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed
- Urgency of medical decision making

0%

60%

40%

**Technical Skill/Physical Effort****Less****Identical****More**

Technical skill required

0%

20%

80%

Physical effort required

0%

60%

40%

**Psychological Stress****Less****Identical****More**

- The risk of significant complications, morbidity and/or mortality
- Outcome depends on the skill and judgment of physician
- Estimated risk of malpractice suit with poor outcome

0%

20%

80%

**Additional Rationale and Comments**

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWP/UT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

*The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.*

**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 epi-aortic 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	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 pre- and 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 RVUs, 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 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. 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 2<sup>nd</sup> 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	CPT	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**

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 in your specialty 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

Specialty    How often?

Estimate the number of times this service might be provided nationally in a one-year period? 229

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 227                      Percentage 99.12 %

Specialty cardiology                                      Frequency 2                      Percentage 0.87 %

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? 129

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 7698.

Specialty cardiothoracic surgery	Frequency 128	Percentage 99.22 %
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Specialty cardiology	Frequency 1	Percentage 0.77 %
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Specialty	Frequency 0	Percentage 0.00 %
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Do many physicians perform this service across the United States? Yes

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### **Berenson-Eggers Type of Service (BETOS) Assignment**

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:

Imaging

BETOS Sub-classification:

Echography/ultrasonography

BETOS Sub-classification Level II:

Heart

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### **Professional Liability Insurance Information (PLI)**

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 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: <b>1.55</b>
		Presented Recommended RVU: <b>1.55</b>
Global Period: XXX	Current Work RVU: <b>1.20</b>	RUC Recommended RVU: <b>1.55</b>

CPT Descriptor: Intraoperative epicardial cardiac (eg, echocardiography) ultrasound for congenital heart disease, diagnostic; interpretation and report 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. The images from an intraoperative epicardial ultrasound are interpreted and a report generated.

Percentage of Survey Respondents who found Vignette to be Typical: 81%

**Site of Service (Complete for 010 and 090 Globals Only)**

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

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 intraoperative 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**

<b>RUC Meeting Date (mm/yyyy)</b>	09/2022				
<b>Presenter(s):</b>	Joesph Turek, MD; James M. Levett, MD; Prashanath Vallabhjossyula, MD; Richard Wright, MD; Ed Tuohy, MD; Thad Waites, MD				
<b>Specialty Society(ies):</b>	Society of Thoracic Surgeons; American Association for Thoracic Surgery; American College of Cardiology				
<b>CPT Code:</b>	76989				
<b>Sample Size:</b>	2029	<b>Resp N:</b>	31		
<b>Description of Sample:</b>	STS/AATS - 1307 subspecialty members that identify as cardiac 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				
	<b>Low</b>	<b>25<sup>th</sup> pctl</b>	<b>Median*</b>	<b>75<sup>th</sup> pctl</b>	<b>High</b>
<b>Service Performance Rate</b>	0.00	0.00	<b>2.00</b>	3.00	100.00
<b>Survey RVW:</b>	0.50	1.55	<b>2.00</b>	2.45	10.00
<b>Pre-Service Evaluation Time:</b>			<b>5.00</b>		
<b>Pre-Service Positioning Time:</b>			<b>0.00</b>		
<b>Pre-Service Scrub, Dress, Wait Time:</b>			<b>0.00</b>		
<b>Intra-Service Time:</b>	0.00	10.00	<b>15.00</b>	20.00	180.00
<b>Immediate Post Service-Time:</b>	<b>10.00</b>				
<b>Post Operative Visits</b>	<b>Total Min**</b>	<b>CPT Code and Number of Visits</b>			
<b>Critical Care time/visit(s):</b>	<b>0.00</b>	99291x 0.00 99292x 0.00			
<b>Other Hospital time/visit(s):</b>	<b>0.00</b>	99231x 0.00 99232x 0.00 99233x 0.00			
<b>Discharge Day Mgmt:</b>	<b>0.00</b>	99238x 0.00 99239x 0.00 99217x 0.00			
<b>Office time/visit(s):</b>	<b>0.00</b>	99211x 0.00 12x 0.00 13x 0.00 14x 0.00 15x 0.00			
<b>Prolonged Services:</b>	<b>0.00</b>	99354x 0.00 55x 0.00 56x 0.00 57x 0.00			
<b>Sub Obs Care:</b>	<b>0.00</b>	99224x 0.00 99225x 0.00 99226x 0.00			

\*\*Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

**Specialty Society Recommended Data**

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

<b>CPT Code:</b>	76989	<b>Recommended Physician Work RVU: 1.55</b>		
	<b>Specialty Recommended Pre-Service Time</b>	<b>Specialty Recommended Pre Time Package</b>	<b>Adjustments/Recommended Pre-Service Time</b>	
<b>Pre-Service Evaluation Time:</b>	<b>5.00</b>	<b>0.00</b>	<b>5.00</b>	
<b>Pre-Service Positioning Time:</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	
<b>Pre-Service Scrub, Dress, Wait Time:</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	
<b>Intra-Service Time:</b>	<b>20.00</b>			
<b>Please, pick the <u>post-service</u> time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)</b>				
XXX Global Code				
	<b>Specialty Recommended Post-Service Time</b>	<b>Specialty Recommended Post Time Package</b>	<b>Adjustments/Recommended Post-Service Time</b>	

Immediate Post Service-Time:	10.00	0.00	10.00
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Post-Operative Visits	Total Min**	CPT Code and Number of Visits			
Critical Care time/visit(s):	0.00	99291x 0.00	99292x 0.00		
Other Hospital time/visit(s):	0.00	99231x 0.00	99232x 0.00	99233x 0.00	
Discharge Day Mgmt:	0.00	99238x 0.0	99239x 0.0	99217x 0.00	
Office time/visit(s):	0.00	99211x 0.00	12x 0.00	13x 0.00	14x 0.00 15x 0.00
Prolonged Services:	0.00	99354x 0.00	55x 0.00	56x 0.00	57x 0.00
Sub Obs Care:	0.00	99224x 0.00	99225x 0.00	99226x 0.00	

**Modifier -51 Exempt Status**

Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

**New Technology/Service:**

Is this new/revised procedure considered to be a new technology or service? Yes

**TOP KEY REFERENCE SERVICE:**

Key CPT Code	Global	Work RVU	Time Source
93312	XXX	2.30	RUC Time

CPT Descriptor 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

CPT Descriptor 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	Work RVU	Time Source	Most Recent
				Medicare Utilization
74170	XXX	1.40	RUC Time	68,353

CPT Descriptor 1 Computed tomography, abdomen; without contrast material, followed by contrast material(s) and further sections

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent
				Medicare Utilization
99203	XXX	1.60	RUC Time	9,444,854

CPT Descriptor 2 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	

CPT Descriptor

**RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:**

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

**Number of respondents who choose Top Key Reference Code: 9      % of respondents: 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: <u>76989</u></b>	<b>Top Key Reference CPT Code: <u>93312</u></b>	<b>2nd Key Reference CPT Code: <u>93315</u></b>
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
<b>Median Total Time</b>	<b>35.00</b>	<b>55.00</b>	<b>65.00</b>
<b>Other time if appropriate</b>			

**INTENSITY/COMPLEXITY MEASURES**

*(of those that selected Key Reference codes)*

*Survey respondents are rating the survey code relative to the key reference code.*

<b>Survey Code Compared to Top Key Reference Code</b>	<b><u>Much Less</u></b>	<b><u>Somewhat Less</u></b>	<b><u>Identical</u></b>	<b><u>Somewhat More</u></b>	<b><u>Much More</u></b>
<b>Overall intensity/complexity</b>	0%	0%	33%	56%	14%

**Mental Effort and Judgment**

	<b><u>Less</u></b>	<b><u>Identical</u></b>	<b><u>More</u></b>
<ul style="list-style-type: none"> <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%	56%	44%



<b><u>Technical Skill/Physical Effort</u></b>	<b><u>Less</u></b>	<b><u>Identical</u></b>	<b><u>More</u></b>
Technical skill required	11%	44%	44%
Physical effort required	11%	67%	22%

<b><u>Psychological Stress</u></b>	<b><u>Less</u></b>	<b><u>Identical</u></b>	<b><u>More</u></b>
<ul style="list-style-type: none"> <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>	0%	33%	67%

<b>Survey Code Compared to 2nd Key Reference Code</b>	<b><u>Much Less</u></b>	<b><u>Somewhat Less</u></b>	<b><u>Identical</u></b>	<b><u>Somewhat More</u></b>	<b><u>Much More</u></b>
Overall intensity/complexity	0%	33%	17%	0%	50%

<b><u>Mental Effort and Judgment</u></b>	<b><u>Less</u></b>	<b><u>Identical</u></b>	<b><u>More</u></b>
<ul style="list-style-type: none"> <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>	17%	50%	33%

<b><u>Technical Skill/Physical Effort</u></b>	<b><u>Less</u></b>	<b><u>Identical</u></b>	<b><u>More</u></b>
Technical skill required	33%	33%	33%
Physical effort required	33%	33%	33%

<b><u>Psychological Stress</u></b>	<b><u>Less</u></b>	<b><u>Identical</u></b>	<b><u>More</u></b>
<ul style="list-style-type: none"> <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>	17%	33%	50%

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### **Additional Rationale and Comments**

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWP/UT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

*The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.*

**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	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 pre- and 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.

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, *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
<b>SVY - REC</b>	<b>76989</b>	<b>XXX</b>	<b>0.081</b>	<b>0.052</b>	<b>1.55</b>	<b>30</b>	<b>5</b>			<b>15</b>	<b>10</b>		
<b>Ref code</b>	<b>78491</b>	<b>XXX</b>	<b>0.082</b>	<b>0.052</b>	<b>1.56</b>	<b>30</b>	<b>8</b>			<b>15</b>	<b>7</b>	<b>RUC</b>	<b>2019-01</b>
	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
<b>MPC - REF</b>	<b>74170</b>	<b>XXX</b>	<b>0.065</b>	<b>0.050</b>	<b>1.40</b>	<b>28</b>	<b>5</b>			<b>18</b>	<b>5</b>	<b>RUC</b>	<b>2014-04</b>
	70551	XXX	0.070	0.053	1.48	28	5			18	5	RUC	2013-01
<b>MPC - REF</b>	<b>99203</b>	<b>XXX</b>	<b>0.055</b>	<b>0.046</b>	<b>1.60</b>	<b>35</b>	<b>5</b>			<b>25</b>	<b>5</b>	<b>RUC-CMS Rev</b>	<b>2019-04</b>
<b>KRS</b>	<b>93312</b>	<b>XXX</b>	<b>0.058</b>	<b>0.042</b>	<b>2.30</b>	<b>55</b>	<b>10</b>			<b>30</b>	<b>15</b>	<b>RUC</b>	<b>2014-04</b>
<b>KRS</b>	<b>93315</b>	<b>XXX</b>	<b>0.053</b>	<b>0.041</b>	<b>2.69</b>	<b>65</b>	<b>10</b>			<b>40</b>	<b>15</b>	<b>RUC</b>	<b>2014-04</b>

## 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 in your specialty 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? 229

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 2                      Percentage 0.87 %

Specialty cardiology                      Frequency 227                      Percentage 99.12 %

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? 129  
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 1	Percentage 0.77 %
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Specialty cardiology	Frequency 128	Percentage 99.22 %
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Specialty	Frequency 0	Percentage 0.00 %
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Do many physicians perform this service across the United States? Yes

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### **Berenson-Eggers Type of Service (BETOS) Assignment**

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:

Imaging

BETOS Sub-classification:

Echography/ultrasonography

BETOS Sub-classification Level II:

Heart

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### **Professional Liability Insurance Information (PLI)**

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 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: <b>1.20</b>
		Presented Recommended RVU: <b>1.20</b>
Global Period: XXX	Current Work RVU: <b>1.20</b>	RUC Recommended RVU: <b>1.20</b>

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 include additional discussion of IOUS findings during surgery.

**SURVEY DATA**

<b>RUC Meeting Date (mm/yyyy)</b>	09/2022				
<b>Presenter(s):</b>	Charles Mabry, MD, FACS; Don Selzer, MD, FACS; Richard Fine, MD, FACS; Walton Taylor, MD, FACS				
<b>Specialty Society(ies):</b>	ACS, ASBrS				
<b>CPT Code:</b>	76998				
<b>Sample Size:</b>	4445	<b>Resp N:</b>	115		
<b>Description of Sample:</b>	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				
	<b>Low</b>	<b>25<sup>th</sup> pctl</b>	<b>Median*</b>	<b>75<sup>th</sup> pctl</b>	<b>High</b>
<b>Service Performance Rate</b>	0.00	20.00	50.00	100.00	450.00
<b>Survey RVW:</b>	0.10	0.75	1.20	1.70	5.12
<b>Pre-Service Evaluation Time:</b>			5.00		
<b>Pre-Service Positioning Time:</b>			0.00		
<b>Pre-Service Scrub, Dress, Wait Time:</b>			0.00		
<b>Intra-Service Time:</b>	5.00	10.00	12.00	15.00	30.00
<b>Immediate Post Service-Time:</b>	5.00				
<b>Post Operative Visits</b>	<b>Total Min**</b>	<b>CPT Code and Number of Visits</b>			
<b>Critical Care time/visit(s):</b>	0.00	99291x 0.00	99292x 0.00		
<b>Other Hospital time/visit(s):</b>	0.00	99231x 0.00	99232x 0.00	99233x 0.00	
<b>Discharge Day Mgmt:</b>	0.00	99238x 0.00	99239x 0.00	99217x 0.00	
<b>Office time/visit(s):</b>	0.00	99211x 0.00	12x 0.00	13x 0.00	14x 0.00 15x 0.00
<b>Prolonged Services:</b>	0.00	99354x 0.00	55x 0.00	56x 0.00	57x 0.00
<b>Sub Obs Care:</b>	0.00	99224x 0.00	99225x 0.00	99226x 0.00	

\*\*Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

**Specialty Society Recommended Data**

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

<b>CPT Code:</b>	76998	<b>Recommended Physician Work RVU: 1.20</b>		
		<b>Specialty Recommended Pre-Service Time</b>	<b>Specialty Recommended Pre Time Package</b>	<b>Adjustments/Recommended Pre-Service Time</b>
<b>Pre-Service Evaluation Time:</b>		5.00	0.00	5.00
<b>Pre-Service Positioning Time:</b>		0.00	0.00	0.00
<b>Pre-Service Scrub, Dress, Wait Time:</b>		0.00	0.00	0.00
<b>Intra-Service Time:</b>		12.00		
Please, pick the <u>post-service</u> time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)				
XXX Global Code				
		<b>Specialty Recommended Post-Service Time</b>	<b>Specialty Recommended Post Time Package</b>	<b>Adjustments/Recommended Post-Service Time</b>
<b>Immediate Post Service-Time:</b>		5.00	0.00	5.00



Post-Operative Visits	Total Min**	CPT Code and Number of Visits			
Critical Care time/visit(s):	<u>0.00</u>	99291x 0.00	99292x 0.00		
Other Hospital time/visit(s):	<u>0.00</u>	99231x 0.00	99232x 0.00	99233x 0.00	
Discharge Day Mgmt:	<u>0.00</u>	99238x 0.0	99239x 0.0	99217x 0.00	
Office time/visit(s):	<u>0.00</u>	99211x 0.00	12x 0.00	13x 0.00	14x 0.00 15x 0.00
Prolonged Services:	<u>0.00</u>	99354x 0.00	55x 0.00	56x 0.00	57x 0.00
Sub Obs Care:	<u>0.00</u>	99224x 0.00	99225x 0.00	99226x 0.00	

**Modifier -51 Exempt Status**

Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

**New Technology/Service:**

Is this new/revised procedure considered to be a new technology or service? No

**TOP KEY REFERENCE SERVICE:**

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
76641	XXX	0.73	RUC Time

CPT Descriptor Ultrasound, breast, unilateral, real time with image documentation, including axilla when performed; complete**SECOND HIGHEST KEY REFERENCE SERVICE:**

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
10005	XXX	1.46	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.

<u>MPC CPT Code 1</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Medicare Utilization</u>
99212	XXX	0.70	RUC Time	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.

<u>MPC CPT Code 2</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Medicare Utilization</u>
70490	XXX	1.28	RUC Time	46,728

CPT Descriptor 2 Computed tomography, soft tissue neck; without contrast material

<u>Other Reference CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
37253	ZZZ	1.40	RUC Time

CPT Descriptor Intravascular ultrasound (noncoronary vessel) during diagnostic evaluation and/or therapeutic intervention, including radiological supervision and interpretation; each additional noncoronary vessel (List separately in addition to code for primary procedure)**RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:**

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

**Number of respondents who choose Top Key Reference Code: 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)

	CPT Code: 76998	Top Key Reference CPT Code: 76641	2nd Key Reference 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
<b>Median Total Time</b>	<b>22.00</b>	<b>22.00</b>	<b>39.00</b>
Other time if appropriate			

### INTENSITY/COMPLEXITY MEASURES

*(of those that selected Key Reference codes)*

Survey respondents are rating the survey code relative to the key reference code.

Survey Code Compared to Top Key Reference Code	<u>Much Less</u>	<u>Somewhat Less</u>	<u>Identical</u>	<u>Somewhat More</u>	<u>Much More</u>
<b>Overall intensity/complexity</b>	2%	8%	29%	41%	20%

### Mental Effort and Judgment

- The number of possible diagnosis and/or the number of management options that must be considered
- The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed
- Urgency of medical decision making

<u>Less</u>	<u>Identical</u>	<u>More</u>
27%	29%	44%

### Technical Skill/Physical Effort

	<u>Less</u>	<u>Identical</u>	<u>More</u>
Technical skill required	12%	53%	36%
Physical effort required	10%	71%	19%

**Psychological Stress****Less****Identical****More**

- The risk of significant complications, morbidity and/or mortality
- Outcome depends on the skill and judgment of physician
- Estimated risk of malpractice suit with poor outcome

5%

14%

81%

**Survey Code Compared to  
2nd Key Reference Code****Much  
Less****Somewhat  
Less****Identical****Somewhat  
More****Much  
More****Overall intensity/complexity**

0%

0%

15%

56%

29%

**Mental Effort and Judgment****Less****Identical****More**

- The number of possible diagnosis and/or the number of management options that must be considered
- The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed
- Urgency of medical decision making

3%

15%

82%

**Technical Skill/Physical Effort****Less****Identical****More**

Technical skill required

0%

47%

53%

Physical effort required

3%

29%

68%

**Psychological Stress****Less****Identical****More**

- The risk of significant complications, morbidity and/or mortality
- Outcome depends on the skill and judgment of physician
- Estimated risk of malpractice suit with poor outcome

0%

9%

91%

**Additional Rationale and Comments**

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWP/UT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

*The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.*

**Background**

In 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 no 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, cervicgia). 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
<b>76998</b>	Ultrasonic guidance, intraoperative	<b>1.20</b>	<b>0.055</b>	<b>22</b>	<b>5</b>	<b>12</b>	<b>5</b>
<b>70544</b>	Magnetic resonance angiography, head; without contrast material(s)	<b>1.20</b>	<b>0.055</b>	<b>22</b>	<b>5</b>	<b>12</b>	<b>5</b>
<b>70547</b>	Magnetic resonance angiography, neck; without contrast material(s)	<b>1.20</b>	<b>0.055</b>	<b>22</b>	<b>5</b>	<b>12</b>	<b>5</b>
<b>72125</b>	Computed tomography, cervical spine; without contrast material	<b>1.00</b>	<b>0.045</b>	<b>22</b>	<b>5</b>	<b>12</b>	<b>5</b>

### 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
<b>76641</b>	Ultrasound, breast, unilateral, real time with image documentation, including axilla when performed; complete	<b>0.73</b>	<b>0.033</b>	<b>22</b>	<b>5</b>	<b>12</b>	<b>5</b>
<b>76998</b>	Ultrasonic guidance, intraoperative	<b>1.20</b>	<b>0.055</b>	<b>22</b>	<b>5</b>	<b>12</b>	<b>5</b>
<b>10005</b>	Fine needle aspiration biopsy, including ultrasound guidance; first lesion	<b>1.46</b>	<b>0.037</b>	<b>39</b>	<b>10</b>	<b>20</b>	<b>9</b>

### 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
<b>99212</b>	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.	<b>0.70</b>	<b>0.044</b>	<b>16</b>	<b>2</b>	<b>11</b>	<b>3</b>
<b>76998</b>	Ultrasonic guidance, intraoperative	<b>1.20</b>	<b>0.055</b>	<b>22</b>	<b>5</b>	<b>12</b>	<b>5</b>
<b>70490</b>	Computed tomography, soft tissue neck; without contrast material	<b>1.28</b>	<b>0.051</b>	<b>25</b>	<b>5</b>	<b>15</b>	<b>5</b>

**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	DESCRIPTOR	RVW	WPUT	TOTAL TIME	PRE	INTRA	POST
<b>76998</b>	Ultrasonic guidance, intraoperative	<b>1.20</b>	<b>0.055</b>	<b>22</b>	<b>5</b>	<b>12</b>	<b>5</b>
<b>99213</b>	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.	<b>1.30</b>	<b>0.043</b>	<b>30</b>	<b>5</b>	<b>20</b>	<b>5</b>
<b>37253</b>	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)	<b>1.44</b>	<b>0.069</b>	<b>21</b>	<b>0</b>	<b>20</b>	<b>1</b>

**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) 76998-26

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)

If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty general surgery

How often? Sometimes

Specialty How often?

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period?

If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. national frequency is not available

Specialty	Frequency	Percentage	%
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Specialty	Frequency	Percentage	%
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Specialty	Frequency	Percentage	%
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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 and percentage for each specialty. Please explain the rationale for this estimate. RUC database 2020 Medicare utilization.

Specialty general surgery	Frequency 7720	Percentage 31.19 %
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Specialty	Frequency	Percentage	%
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Specialty	Frequency 0	Percentage	%
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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 will change, please select another crosswalk based on a similar specialty mix.

SS Rec Summary

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	AR	AS	AT	AU	AV
13	ISSUE: Intraoperative Ultrasound Services																											
14	TAB: 5																											
15																												
16					RUC				RVW					Total	PRE-TIME			INTRA-TIME					IMMD	SURVEY EXPERIENCE				
17	Source	CPT	Global	DESC	Review Year	Resp	IWPUT	Work Per Unit Time	MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST	MIN	25th	MED	75th	MAX
18	1st REF	93308	XXX	Echocardiography, transthoracic, real-time with image	2016	14	0.031	0.027			0.53			20	5					10			5					
19	2nd REF	93307	XXX	Echocardiography, transthoracic, real-time with image	2016	8	0.046	0.037			0.92			25	5					15			5					
20	CURRENT	76998	XXX	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	0.60	1.00	1.65	4.00	18	5			2	5	10	14.25	180	3	0	3	10	50	500
22	REC	76984	XXX	Ultrasound, intraoperative thoracic aorta (eg, epiaortic), diagnostic			0.042	0.033	0.60					18	5					10			3					
23																												
24																												
25					RUC				RVW					Total	PRE-TIME			INTRA-TIME					IMMD	SURVEY EXPERIENCE				
26	Source	CPT	Global	DESC	Review Year	Resp	IWPUT	Work Per Unit Time	MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST	MIN	25th	MED	75th	MAX
27	1st REF	93315	XXX	Transesophageal echocardiography for congenital	2014	15	0.053	0.041			2.69			65	10					40			15					
28	2nd REF	93312	XXX	Echocardiography, transesophageal, real-time with	2014	5	0.058	0.042			2.30			55	10					30			15					
29	CURRENT	76998	XXX	Ultrasonic guidance, intraoperative	CMS/other		N/A	0.041			1.20			29														
30	SVY	76987	XXX	Intraoperative epicardial cardiac (eg, echocardiography) ultrasound		31	0.112	0.067	0.50	1.90	2.69	2.80	15.00	40	10			8	15.0	20	30	180	10	0	0	1	5	100
	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					
31																												
32																												
33																												
34					RUC				RVW					Total	PRE-TIME			INTRA-TIME					IMMD	SURVEY EXPERIENCE				
35	Source	CPT	Global	DESC	Review Year	Resp	IWPUT	Work Per Unit Time	MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST	MIN	25th	MED	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	XXX	Echocardiography, transthoracic, real-time with image	2016	5	0.046	0.037			0.92			25	5					15			5					
38	CURRENT	76998	XXX	Ultrasonic guidance, intraoperative	CMS/other		N/A				1.20			29														
39	SVY	76988	XXX	placement, manipulation of transducer, and image acquisition		33	0.086	0.059	0.50	1.20	2.05	2.53	5.00	35	10			0	12	20	25	180	5	0	0	2	6	100
	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					
40																												
41																												
42																												
43					RUC				RVW					Total	PRE-TIME			INTRA-TIME					IMMD	SURVEY EXPERIENCE				
44	Source	CPT	Global	DESC	Review Year	Resp	IWPUT	Work Per Unit Time	MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST	MIN	25th	MED	75th	MAX
45	1st REF	93312	XXX	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	1.55	2.00	2.45	10.00	30	5			0	10	15	20	180	10	0	0	2	3	100
	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					
49																												
50																												
51																												
52																												
53					RUC				RVW					Total	PRE-TIME			INTRA-TIME					IMMD	SURVEY EXPERIENCE				
54	Source	CPT	Global	DESC	Review Year	Resp	IWPUT	Work Per Unit Time	MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST	MIN	25th	MED	75th	MAX
55	REF1	XXX	76641	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	76998	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	0.75	1.20	1.70	5.12	22	5			5	10	12	15	30	5	0	20	50	100	450
	REC	XXX	76998	Ultrasonic guidance, intraoperative			0.057	0.041	0.91					22	5					12			5					
59																												



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](mailto:jpainter@physiciancoding.com) or Matthew Minnella at [mminnella@acc.org](mailto:mminnella@acc.org) 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

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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
<b>Medicine</b> <b>Physical Medicine and Rehabilitation</b> <b>Modalities</b> <b>Supervised</b> <b>Constant Attendance</b>				
#●97037	H1	Application of a modality to 1 or more areas; low-level laser therapy (ie, non-thermal and non-ablative), for post operative pain reduction (Do not report 97037 in conjunction with 0552T) (For dynamic thermokinetic energies therapy, infrared, use 97026)	XXX	No RUC Recommendation
<b>Category III Codes</b> <i>0552T Low-level laser therapy, dynamic photonic and dynamic thermokinetic energies, provided by a physician or other qualified health care professional</i> <u>(Do not report 0552T in conjunction with 97037)</u> <u>(For low-level laser therapy [ie, non-thermal and non-ablative] for post operative pain, use 97037)</u>				

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 PICC family utilization is approximately 15% of the utilization of 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.

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
+76937	<p>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)</p> <p>(Do not report 76937 in conjunction with 33274, 33275, 36568, 36569, 36572, 36573, 36584, 37191, 37192, 37193, 37760, 37761, 76942)</p> <p>(Do not report 76937 in conjunction with 0505T, 0620T for ultrasound guidance for vascular access)</p> <p>(If extremity venous non-invasive vascular diagnostic study is performed separate from venous access guidance, see 93970, 93971)</p>	ZZZ	<p>0.30 (No Change)</p>

**AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS  
SUMMARY OF RECOMMENDATION**

CPT Code: 76937	Tracking Number	Original Specialty Recommended RVU: <b>0.50</b>
		Presented Recommended RVU: <b>0.30</b>
Global Period: ZZZ	Current Work RVU: <b>0.30</b>	RUC Recommended RVU: <b>0.30</b>

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**

<b>RUC Meeting Date (mm/yyyy)</b>	09/2022				
<b>Presenter(s):</b>	Curtis Anderson, MD, Minhaj Khaja, MD, Matthew Sideman, MD, Wayne Causey, MD, Lauren Nicola, MD, and Andrew Moriarity, MD				
<b>Specialty Society(ies):</b>	SIR, SVS, ACR				
<b>CPT Code:</b>	76937				
<b>Sample Size:</b>	5998	<b>Resp N:</b>	389		
<b>Description of Sample:</b>	2000 randomly selected for SIR 375 randomly selected and 375 random subset sample of membership performing interventional radiology procedures for ACR 3248 all US physicians performing members SVS				
	<b>Low</b>	<b>25<sup>th</sup> pctl</b>	<b>Median*</b>	<b>75<sup>th</sup> pctl</b>	<b>High</b>
<b>Service Performance Rate</b>	0.00	100.00	<b>200.00</b>	360.00	2500.00
<b>Survey RVW:</b>	0.21	0.50	<b>0.65</b>	1.00	6.00
<b>Pre-Service Evaluation Time:</b>			<b>0.00</b>		
<b>Pre-Service Positioning Time:</b>			<b>0.00</b>		
<b>Pre-Service Scrub, Dress, Wait Time:</b>			<b>0.00</b>		
<b>Intra-Service Time:</b>	1.00	6.00	<b>10.00</b>	13.00	60.00
<b>Immediate Post Service-Time:</b>	<b>0.00</b>				
<b>Post Operative Visits</b>	<b>Total Min**</b>	<b>CPT Code and Number of Visits</b>			
<b>Critical Care time/visit(s):</b>	<b>0.00</b>	99291x 0.00 99292x 0.00			
<b>Other Hospital time/visit(s):</b>	<b>0.00</b>	99231x 0.00 99232x 0.00 99233x 0.00			
<b>Discharge Day Mgmt:</b>	<b>0.00</b>	99238x 0.00 99239x 0.00 99217x 0.00			
<b>Office time/visit(s):</b>	<b>0.00</b>	99211x 0.00 12x 0.00 13x 0.00 14x 0.00 15x 0.00			
<b>Prolonged Services:</b>	<b>0.00</b>	99354x 0.00 55x 0.00 56x 0.00 57x 0.00			
<b>Sub Obs Care:</b>	<b>0.00</b>	99224x 0.00 99225x 0.00 99226x 0.00			

\*\*Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

**Specialty Society Recommended Data**

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

ZZZ Global Code

<b>CPT Code:</b>	76937	<b>Recommended Physician Work RVU: 0.30</b>		
	<b>Specialty Recommended Pre-Service Time</b>	<b>Specialty Recommended Pre Time Package</b>	<b>Adjustments/Recommended Pre-Service Time</b>	
<b>Pre-Service Evaluation Time:</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	
<b>Pre-Service Positioning Time:</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	
<b>Pre-Service Scrub, Dress, Wait Time:</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	
<b>Intra-Service Time:</b>	<b>10.00</b>			
Please, pick the <u>post-service</u> time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)				
ZZZ Global Code				
	<b>Specialty Recommended Post-Service Time</b>	<b>Specialty Recommended Post Time Package</b>	<b>Adjustments/Recommended Post-Service Time</b>	
<b>Immediate Post Service-Time:</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	



<b>Post-Operative Visits</b>	<b>Total Min**</b>	<b>CPT Code and Number of Visits</b>				
<b>Critical Care time/visit(s):</b>	_____	99291x	99292x			
<b>Other Hospital time/visit(s):</b>	_____	99231x	99232x	99233x		
<b>Discharge Day Mgmt:</b>	_____	99238x	99239x	99217x		
<b>Office time/visit(s):</b>	_____	99211x	12x	13x	14x	15x
<b>Prolonged Services:</b>	_____	99354x	55x	56x	57x	
<b>Sub Obs Care:</b>	_____	99224x	99225x	99226x		

**Modifier -51 Exempt Status**

Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

**New Technology/Service:**

Is this new/revised procedure considered to be a new technology or service? No

**TOP KEY REFERENCE SERVICE:**

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
10006	ZZZ	1.00	RUC Time

CPT Descriptor Fine needle aspiration biopsy, including ultrasound guidance; each additional lesion (List separately in addition to code for primary procedure)

**SECOND HIGHEST KEY REFERENCE SERVICE:**

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
77001	ZZZ	0.38	RUC Time

CPT Descriptor 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.

<u>MPC CPT Code 1</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
96411	ZZZ	0.20	RUC Time	149,102

CPT Descriptor 1 FChemotherapy administration; intravenous, push technique, each additional substance/drug (List separately in addition to code for primary procedure)

<u>MPC CPT Code 2</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
95885	ZZZ	0.35	RUC Time	113,196

CPT Descriptor 2 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)

<u>Other Reference CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
		0.00	

CPT Descriptor**RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:**

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

**Number of respondents who choose Top Key Reference Code:** 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> <u>76937</u>	<b>Top Key Reference CPT Code:</b> <u>10006</u>	<b>2nd Key Reference CPT Code:</b> <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
<b>Median Total Time</b>	<b>10.00</b>	<b>15.00</b>	<b>17.00</b>
<b>Other time if appropriate</b>			

**INTENSITY/COMPLEXITY MEASURES**

*(of those that selected Key Reference codes)*

*Survey respondents are rating the survey code relative to the key reference code.*

<b>Survey Code Compared to Top Key Reference Code</b>	<b><u>Much Less</u></b>	<b><u>Somewhat Less</u></b>	<b><u>Identical</u></b>	<b><u>Somewhat More</u></b>	<b><u>Much More</u></b>
<b>Overall intensity/complexity</b>	1%	17%	48%	27%	7%

**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><u>Less</u></b>	<b><u>Identical</u></b>	<b><u>More</u></b>
20%	53%	27%

<b><u>Technical Skill/Physical Effort</u></b>	<b><u>Less</u></b>	<b><u>Identical</u></b>	<b><u>More</u></b>
Technical skill required	9%	66%	25%
Physical effort required	14%	72%	14%

<b><u>Psychological Stress</u></b>	<b><u>Less</u></b>	<b><u>Identical</u></b>	<b><u>More</u></b>
<ul style="list-style-type: none"> <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>	16%	38%	46%

<b>Survey Code Compared to 2nd Key Reference Code</b>	<b><u>Much Less</u></b>	<b><u>Somewhat Less</u></b>	<b><u>Identical</u></b>	<b><u>Somewhat More</u></b>	<b><u>Much More</u></b>
Overall intensity/complexity	1%	11%	46%	37%	5%

<b><u>Mental Effort and Judgment</u></b>	<b><u>Less</u></b>	<b><u>Identical</u></b>	<b><u>More</u></b>
<ul style="list-style-type: none"> <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%	56%	31%

<b><u>Technical Skill/Physical Effort</u></b>	<b><u>Less</u></b>	<b><u>Identical</u></b>	<b><u>More</u></b>
Technical skill required	4%	33%	63%
Physical effort required	11%	56%	33%

<b><u>Psychological Stress</u></b>	<b><u>Less</u></b>	<b><u>Identical</u></b>	<b><u>More</u></b>
<ul style="list-style-type: none"> <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>	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 IWP/UT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

*The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.*

## **Background**

In 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 IWPOT 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.

CPT	Descriptor	RVW	IWPUT	Total Time	PRE	INTRA	POST
<b>77001</b>	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
<b>76937</b>	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
<b>10006</b>	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
<b>77001</b>	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
<b>76937</b>	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
<b>15003</b>	Surgical preparation or creation of recipient site by excision of open wounds, burn eschar, or scar (including subcutaneous tissues), or incisional release of scar contracture, 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.  
☐ 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.

CPT Code	Global	RVW	Eval	Posit	SDW	Intra	IM-post	Post-Post	Total 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 percentage 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 and percentage 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 %
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Do many physicians perform this service across the United States? Yes

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### **Berenson-Eggers Type of Service (BETOS) Assignment**

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:

Imaging

BETOS Sub-classification:

Echography/ultrasonography

BETOS Sub-classification Level II:

Other

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### **Professional Liability Insurance Information (PLI)**

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 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

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	AR	AS	AT	AU	AV	
1	ISSUE: Ultrasound Guidance for Vascular Access																												
2	TAB: 7																												
3																													
4									RVW					Total	PRE-TIME			INTRA-TIME					IMMD	SURVEY EXPERIENCE					
5	Source	CPT	Global	DESC	RUC Review Year	Resp	IWPUT	Work Per Unit Time	MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST	MIN	25th	MED	75th	MAX	
6	1st REF	10006	ZZZ	Fine needle aspiration biopsy, including ultrasound guidance;	2020	122	0.067	0.067			1.00			15						15									
7	2nd REF	77001	ZZZ	Fluoroscopic guidance for central venous access device	2018	82	0.022	0.022			0.38			17	2					15									
8	CURRENT	76937	ZZZ	Ultrasound guidance for vascular access requiring	2018		0.021	0.021			0.30			14						10		4							
9	SVY - COMBINED	76937	ZZZ	Ultrasound guidance for vascular access requiring		389	0.065	0.065	0.21	0.50	0.65	1.00	6.00	10				1	6	10	13	60		0	100	200	360	2500	
10	REC	76937	ZZZ	Ultrasound guidance for vascular access requiring			0.030	0.030	0.30					10				10											



# NONFACILITY DIRECT PE INPUTS

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)):

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](mailto: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:

**NONFACILITY DIRECT PE INPUTS****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*

**NONFACILITY DIRECT PE INPUTS****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)**

*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 <http://www.bls.gov>.

N/A

**MEDICAL SUPPLIES & EQUIPMENT/INVOICES**

15. ☐ Please check the box to confirm that you have provided invoices for all new supplies and/or equipment?

16. ☐ Please check the box to confirm that you have provided an estimate price on the PE spreadsheet for all new supplies and/or equipment?

17. If you wish to include a supply that is not on the 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 [RUC Collaboration Website](#) for information on the contents of kits, packs and trays.

**NONFACILITY DIRECT PE INPUTS****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)**

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 Latitude D600), ED038?
- If yes, please explain how the computer is used for this service(s).
  - Is the computer used exclusively as an integral component of the service or is it also used for other purposes not specific to the code?
  - Does the computer include code specific software that is typically used to provide the service(s)?

No

23. List all the equipment included in your recommendation and the equipment formula chosen (*please see 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					1.942807

**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:

**NONFACILITY DIRECT PE INPUTS**

**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 [rebecca.gierhahn@ama-assn.org](mailto:rebecca.gierhahn@ama-assn.org) 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).

	A	B	D	E	F	I	J	K	L
1	RUC Practice	Expense Spreadsheet				CURRENT		RECOMMENDED	
2						76937		76937	
3		<u>RUC Collaboration Website</u>				Ultrasound guidance for vascular access requiring ultrasound evaluation of potential access sites, documentation of		Ultrasound guidance for vascular access requiring ultrasound evaluation of potential access sites, documentation of	
4	Clinical Activity Code	Meeting Date: 9/2022 Revision Date (if applicable): January 2018 Tab: 07 Specialty: SIR, ACR, SVS	Clinical Staff Type Code	Clinical Staff Type	Clinical Staff Type Rate Per Minute				
5		LOCATION				Non Fac	Facility	Non Fac	Facility
6		GLOBAL PERIOD				ZZZ	ZZZ	ZZZ	ZZZ
7		TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME				\$ 26.28	\$ -	\$ 22.45	\$ -
8		TOTAL CLINICAL STAFF TIME	L041A	Angio Technician	0.453	0.0	0.0	15.0	0.0
9			L041B	Radiologic Technologist	0.465	15.0	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
12			L041B	Radiologic Technologist	0.465	15.0	0.0	0.0	0.0
14		TOTAL COST OF CLINICAL STAFF TIME x RATE PER MINUTE				\$ 6.98	\$ -	\$ 6.80	\$ -
15		PRE-SERVICE PERIOD							
16		Start: Following visit when decision for surgery/procedure made							
31		End: When patient enters office/facility for surgery/procedure							
32		SERVICE PERIOD							
33		Start: When patient enters office/facility for surgery/procedure:							
34		Pre-Service (of service period)							
39	CA013	Prepare room, equipment and supplies	L041A	Angio Technician	0.453			2	
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/service---NOT directly related to physician work time	L041A	Angio Technician	0.453			3	
57	CA021	Perform procedure/service---NOT directly related to physician work time	L041B	Radiologic Technolog	0.465	15			
64		Post-Service (of service period)							
67	CA024	Clean room/equipment by clinical staff	L041A	Angio Technician	0.453			3	
74	CA030	Technologist QC's images in PACS, checking for all images, reformats, and dose page	L041A	Angio Technician	0.453			2	
76	CA031	Review examination with interpreting MD/DO	L041A	Angio Technician	0.453			2	
78	CA032	Scan exam documents into PACS. Complete exam in RIS system to populate images into work queue.	L041A	Angio Technician	0.453			1	
90		End: Patient leaves office/facility							
91		POST-SERVICE PERIOD							
92		Start: Patient leaves office/facility							
108		End: with last office visit before end of global period							
109	Supply Code	MEDICAL SUPPLIES	PRICE	UNIT					
110		TOTAL COST OF SUPPLY QUANTITY x PRICE				\$ 17.36	\$ -	\$ 13.71	\$ -
111	SB005	cover-condom, transducer or ultrasound probe	4.46	item		1		1	
112	SB007	drape, sterile barrier 16in x 29in	0.51	item		2		2	
113	SC019	iv tubing (extension)	0.84	foot		3			
114	SC056	syringe 50-60ml	1.13	item		1			
115	SJ032	lubricating jelly (K-Y) (5gm uou)	0.54	item		6		6	
116	SJ062	ultrasound transmission gel	0.03	ml		150		150	
117	SM021	sanitizing cloth-wipe (patient)	0.07	item		5		5	
118	SM022	sanitizing cloth-wipe (surface, instruments, equipment)	0.07	item		2		2	
123	Equipment Code	EQUIPMENT	Purchase Price	Equipment Formula	Cost Per Minute				
124		TOTAL COST OF EQUIPMENT TIME x COST PER MINUTE				\$ 1.94	\$ -	\$ 1.94	\$ -
125	EQ250	ultrasound unit, portable	41612.533	Default	0.161253857	10		10	
126	ED050	Technologist PACS workstation	5557	PACS	0.022017924	15		15	

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 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;



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 intra-service 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 Code	CPT Descriptor	Global Period	Work RVU 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



	<ul style="list-style-type: none"> <li>▪ initial assessment or follow-up monitoring, including the use of applicable validated rating scales,</li> <li>▪ behavioral health care planning in relation to behavioral/psychiatric health problems, including revision for patients who are not progressing or whose status changes,</li> <li>▪ facilitating and coordinating treatment such as psychotherapy, pharmacotherapy, counseling and/or psychiatric consultation, and</li> <li>▪ continuity of care with a designated member of the care team.</li> </ul> <p>(Do not report 99484 in conjunction with 99492, 99493, 99494 in the same calendar month)</p> <p>(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)</p>		
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**AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS  
SUMMARY OF RECOMMENDATION**

CPT Code: 99484	Tracking Number	Original Specialty Recommended RVU: <b>1.00</b>
		Presented Recommended RVU: <b>0.93</b>
Global Period: XXX	Current Work RVU: <b>0.61</b>	RUC Recommended RVU: <b>0.85</b>

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**

<b>RUC Meeting Date (mm/yyyy)</b>	09/2022				
<b>Presenter(s):</b>	Megan Adamson, MD, Brad Fox, MD, Charles (Charlie) Hamori, MD, FACP, Korinne Van Keuren, DNP, MS, RN, CPNP-AC, APRN-BC, RNFA				
<b>Specialty Society(ies):</b>	AAFP, ACP, ANA				
<b>CPT Code:</b>	99484				
<b>Sample Size:</b>	11141	<b>Resp N:</b>	63		
<b>Description of Sample:</b>	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.				
	<b>Low</b>	<b>25<sup>th</sup> pctl</b>	<b>Median*</b>	<b>75<sup>th</sup> pctl</b>	<b>High</b>
<b>Service Performance Rate</b>	0.00	0.00	5.00	50.00	4500.00
<b>Survey RVW:</b>	0.02	0.85	1.30	1.58	20.00
<b>Pre-Service Evaluation Time:</b>			0.00		
<b>Pre-Service Positioning Time:</b>			0.00		
<b>Pre-Service Scrub, Dress, Wait Time:</b>			0.00		
<b>Intra-Service Time:</b>	7.00	20.00	21.00	31.00	180.00
<b>Immediate Post Service-Time:</b>	<u>0.00</u>				
<b>Post Operative Visits</b>	<b>Total Min**</b>	<b>CPT Code and Number of Visits</b>			
<b>Critical Care time/visit(s):</b>	<u>0.00</u>	99291x 0.00 99292x 0.00			
<b>Other Hospital time/visit(s):</b>	<u>0.00</u>	99231x 0.00 99232x 0.00 99233x 0.00			
<b>Discharge Day Mgmt:</b>	<u>0.00</u>	99238x 0.00 99239x 0.00 99217x 0.00			
<b>Office time/visit(s):</b>	<u>0.00</u>	99211x 0.00 12x 0.00 13x 0.00 14x 0.00 15x 0.00			
<b>Prolonged Services:</b>	<u>0.00</u>	99354x 0.00 55x 0.00 56x 0.00 57x 0.00			
<b>Sub Obs Care:</b>	<u>0.00</u>	99224x 0.00 99225x 0.00 99226x 0.00			

\*\*Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

**Specialty Society Recommended Data**

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

<b>CPT Code:</b>	99484	<b>Recommended Physician Work RVU: 0.85</b>		
	<b>Specialty Recommended Pre-Service Time</b>	<b>Specialty Recommended Pre Time Package</b>	<b>Adjustments/Recommended Pre-Service Time</b>	
<b>Pre-Service Evaluation Time:</b>	0.00	0.00	0.00	
<b>Pre-Service Positioning Time:</b>	0.00	0.00	0.00	
<b>Pre-Service Scrub, Dress, Wait Time:</b>	0.00	0.00	0.00	
<b>Intra-Service Time:</b>	21.00			
<b>Please, pick the <u>post-service</u> time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)</b>				
XXX Global Code				
	<b>Specialty Recommended Post-Service Time</b>	<b>Specialty Recommended Post Time Package</b>	<b>Adjustments/Recommended Post-Service Time</b>	
<b>Immediate Post Service-Time:</b>	0.00	0.00	0.00	

<b>Post-Operative Visits</b>	<b>Total Min**</b>	<b>CPT Code and Number of Visits</b>
<b>Critical Care time/visit(s):</b>	<b>0.00</b>	99291x 0.00 99292x 0.00
<b>Other Hospital time/visit(s):</b>	<b>0.00</b>	99231x 0.00 99232x 0.00 99233x 0.00
<b>Discharge Day Mgmt:</b>	<b>0.00</b>	99238x 0.0 99239x 0.0 99217x 0.00
<b>Office time/visit(s):</b>	<b>0.00</b>	99211x 0.00 12x 0.00 13x 0.00 14x 0.00 15x 0.00
<b>Prolonged Services:</b>	<b>0.00</b>	99354x 0.00 55x 0.00 56x 0.00 57x 0.00
<b>Sub Obs Care:</b>	<b>0.00</b>	99224x 0.00 99225x 0.00 99226x 0.00

**Modifier -51 Exempt Status**

Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

**New Technology/Service:**

Is this new/revised procedure considered to be a new technology or service? No

**TOP KEY REFERENCE SERVICE:**

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
99213	XXX	1.30	RUC Time

CPT Descriptor Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and low level of medical decision making. When using time for code selection, 20-29 minutes of total time is spent on the date of the encounter.

**SECOND HIGHEST KEY REFERENCE SERVICE:**

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
99490	XXX	1.00	RUC Time

CPT Descriptor 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.

<u>MPC CPT Code 1</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
99202	XXX	0.93	RUC Time	5,015,775

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.

<u>MPC CPT Code 2</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
12011	000	1.07	RUC Time	78,196

CPT Descriptor 2 Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 2.5 cm or less

<u>Other Reference CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
		0.00	

CPT Descriptor**RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:**

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

**Number of respondents who choose Top Key Reference Code: 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: 99484</b>	<b>Top Key Reference CPT Code: 99213</b>	<b>2nd Key Reference CPT Code: 99490</b>
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
<b>Median Total Time</b>	<b>21.00</b>	<b>30.00</b>	<b>25.00</b>
<b>Other time if appropriate</b>			

**INTENSITY/COMPLEXITY MEASURES**

*(of those that selected Key Reference codes)*

*Survey respondents are rating the survey code relative to the key reference code.*

<b>Survey Code Compared to Top Key Reference Code</b>	<b><u>Much Less</u></b>	<b><u>Somewhat Less</u></b>	<b><u>Identical</u></b>	<b><u>Somewhat More</u></b>	<b><u>Much More</u></b>
<b>Overall intensity/complexity</b>	0%	6%	24%	53%	17%

**Mental Effort and Judgment**

- The number of possible diagnosis and/or the number of management options that must be considered
- The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed
- Urgency of medical decision making

<b><u>Less</u></b>	<b><u>Identical</u></b>	<b><u>More</u></b>
12%	26%	62%

<b><u>Technical Skill/Physical Effort</u></b>	<b><u>Less</u></b>	<b><u>Identical</u></b>	<b><u>More</u></b>
Technical skill required	6%	44%	50%
Physical effort required	35%	47%	18%

<b><u>Psychological Stress</u></b>	<b><u>Less</u></b>	<b><u>Identical</u></b>	<b><u>More</u></b>
<ul style="list-style-type: none"> <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>	3%	26%	71%

<b>Survey Code Compared to 2nd Key Reference Code</b>	<b><u>Much Less</u></b>	<b><u>Somewhat Less</u></b>	<b><u>Identical</u></b>	<b><u>Somewhat More</u></b>	<b><u>Much More</u></b>
Overall intensity/complexity	8%	8%	31%	53%	0%

<b><u>Mental Effort and Judgment</u></b>	<b><u>Less</u></b>	<b><u>Identical</u></b>	<b><u>More</u></b>
<ul style="list-style-type: none"> <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>	15%	38%	47%

<b><u>Technical Skill/Physical Effort</u></b>	<b><u>Less</u></b>	<b><u>Identical</u></b>	<b><u>More</u></b>
Technical skill required	23%	69%	8%
Physical effort required	38%	46%	16%

<b><u>Psychological Stress</u></b>	<b><u>Less</u></b>	<b><u>Identical</u></b>	<b><u>More</u></b>
<ul style="list-style-type: none"> <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>	8%	46%	46%

### Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWP/UT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

*The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.*

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 pre-facilitation 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.)

- ☐ 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) 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 percentage 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 %
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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 and percentage for each specialty. Please explain the rationale for this estimate. 2020 Medicare frequency from RUC database

Specialty Nurse Practitioner	Frequency 39374	Percentage 30.69 %
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Specialty Internal Medicine	Frequency 21419	Percentage 16.70 %
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Specialty Family Medicine	Frequency 17443	Percentage 13.60 %
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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 will change, please select another crosswalk based on a similar specialty mix.

**ISSUE: General Behavioral Health Integration Care Management (99484)****TAB: 8**

Source	CPT	Global	DESC	RUC Review Year	Resp	IWPUT	Work Per Unit Time	RVW					Total Time	PRE-TIME			INTRA-TIME					IMMD POST	SURVEY EXPERIENCE				
								MIN	25th	MED	75th	MAX		EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX		MIN	25th	MED	75th	MAX
1st REF	99213	XXX	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	XXX	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	XXX	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	XXX	Care Mgt for BHC min 20 minutes clinical staff time		63	0.040	0.040			0.85			21						21								

**NONFACILITY DIRECT PE INPUTS****CPT CODE(S): 99484****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**

<b>CPT Code</b>	<b>Long Descriptor</b>	<b>Global Period</b>
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)*):

<b>CPT Code</b>	<b>Vignette</b>
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](mailto: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.

**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,

**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 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.

(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 <http://www.bls.gov>.

(not applicable)

**MEDICAL SUPPLIES & EQUIPMENT/INVOICES**

**AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)  
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)**

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:  
(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 pack, E/M visit) or a pack that is commercially available?  
(not applicable)
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 [RUC Collaboration 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 (*please see fifth worksheet in PE spreadsheet*) please provide a paid invoice. Identify and explain the equipment input and invoice here:  
(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 (*please see fifth worksheet in PE spreadsheet*):  
(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 Latitude D600), ED038?
- If yes, please explain how the computer is used for this service(s).
  - Is the computer used exclusively as an integral component of the service or is it also used for other purposes not specific to the code?
  - Does the computer include code specific software that is typically used to provide the service(s)?
- (not applicable)
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:  
There is no equipment recommended for this code.

NONFACILITY DIRECT PE INPUTS

CPT CODE(S): 99484

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)**

**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:

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 [rebecca.gierhahn@ama-assn.org](mailto:rebecca.gierhahn@ama-assn.org) 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.
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L037D      RN/LPN/MTA
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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.
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	A	B	D	E	F	I	J	K	L
1	RUC Practice	Expense Spreadsheet				CURRENT		RECOMMENDED	
2						99484		99484	
3		<u>RUC Collaboration Website</u>				Care management services for behavioral health conditions, at least		Care management services for behavioral health conditions, at least	
4	Clinical Activity Code	Meeting Date: 09/2022 Revision Date (if applicable): 09/15/2022, 9/24/2022 Tab: 8 Specialty: AAFP, ACP, ANA	Clinical Staff Type Code	Clinical Staff Type	Clinical Staff Type Rate Per Minute				
5		LOCATION				Non Fac	Facility	Non Fac	Facility
6		GLOBAL PERIOD				XXX	XXX	XXX	XXX
7		TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME				\$ 11.83	\$ -	\$ 8.60	\$ -
8		TOTAL CLINICAL STAFF TIME	L037D	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
12		TOTAL COST OF CLINICAL STAFF TIME x RATE PER MINUTE				\$ 11.40	\$ -	\$ 8.26	\$ -
13		PRE-SERVICE PERIOD							
14		Start: Following visit when decision for surgery/procedure made							
15	CA001	Complete pre-service diagnostic and referral forms	L037D	RN/LPN/MTA	0.413				
16	CA002	Coordinate pre-surgery services (including test results)	L037D	RN/LPN/MTA	0.413				
17	CA003	Schedule space and equipment in facility	L037D	RN/LPN/MTA	0.413				
18	CA004	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	CA006	Confirm availability of prior images/studies	L037D	RN/LPN/MTA	0.413				
21	CA007	Review patient clinical extant information and questionnaire	L037D	RN/LPN/MTA	0.413				
22	CA008	Perform regulatory mandated quality assurance activity (pre-service)	L037D	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		End: When patient enters office/facility for surgery/procedure							
30		SERVICE PERIOD							
31		Start: When patient enters office/facility for surgery/procedure:							
32		Pre-Service (of service period)							
33	CA009	Greet patient, provide gowning, ensure appropriate medical records are	L037D	RN/LPN/MTA	0.413				
34	CA010	Obtain vital signs	L037D	RN/LPN/MTA	0.413				
35	CA011	Provide education/obtain consent	L057B	Behavioral Health Care	0.57	20	0	0	0
36	CA012	Review requisition, assess for special needs	L037D	RN/LPN/MTA	0.413				
37	CA013	Prepare room, equipment and supplies	L037D	RN/LPN/MTA	0.413				
38	CA014	Confirm order, protocol exam	L037D	RN/LPN/MTA	0.413				
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			L037D	RN/LPN/MTA	0.413				
45		Other activity: please include short clinical description here and type	L037D	RN/LPN/MTA	0.413				
48		Intra-service (of service period)							
49	CA018	Assist physician or other qualified healthcare professional---directly	L037D	RN/LPN/MTA	0.413				
50	CA019	Assist physician or other qualified healthcare professional---directly	L037D	RN/LPN/MTA	0.413				
51	CA020	Assist physician or other qualified healthcare professional---directly	L037D	RN/LPN/MTA	0.413				
52	CA021	Perform procedure/service---NOT directly related to physician work time	L037D	RN/LPN/MTA	0.413			20	0
55			L037D	RN/LPN/MTA	0.413				
56		Other activity: please include short clinical description here and type	L037D	RN/LPN/MTA	0.413				
59		Post-Service (of service period)							
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	CA025	Clean scope	L037D	RN/LPN/MTA	0.413				
64	CA026	Clean surgical instrument package	L037D	RN/LPN/MTA	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	CA029	Check dressings, catheters, wounds	L037D	RN/LPN/MTA	0.413				
68	CA030	Technologist QC's images in PACS, checking for all images, reformats,	L037D	RN/LPN/MTA	0.413				
69	CA031	Review examination with interpreting MD/DO	L037D	RN/LPN/MTA	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	CA034	Document procedure (nonPACS) (e.g. mandated reporting, registry	L037D	RN/LPN/MTA	0.413				
73	CA035	Review home care instructions, coordinate visits/prescriptions	L037D	RN/LPN/MTA	0.413				
74	CA036	Discharge day management	L037D	RN/LPN/MTA	0.413	n/a		n/a	
75			L037D	RN/LPN/MTA	0.413				
78		Other activity: please include short clinical description here and type	L037D	RN/LPN/MTA	0.413				
81		End: Patient leaves office/facility							
82		POST-SERVICE PERIOD							
83		Start: Patient leaves office/facility							
84	CA037	Conduct patient communications	L037D	RN/LPN/MTA	0.413				
85	CA038	Coordinate post-procedure services	L037D	RN/LPN/MTA	0.413				
86		Office visits: List Number and Level of Office Visits	MINUTES			# visits	# visits	# visits	# visits
87		99211 16 minutes	16						
88		99212 27 minutes	27						
89		99213 36 minutes	36						
90		99214 53 minutes	53						
91		99215 63 minutes	63						
92	CA039	Post-operative visits (total time)	L037D	RN/LPN/MTA	0.413	0.0	0.0	0.0	0.0
93			L037D	RN/LPN/MTA	0.413				
94			L037D	RN/LPN/MTA	0.413				
95			L037D	RN/LPN/MTA	0.413				
96		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							

	A	B	D	E	F	I	J	K	L
1	RUC Practice	Expense Spreadsheet				CURRENT		RECOMMENDED	
2						99484		99484	
3		<u>RUC Collaboration Website</u>				Care management services for behavioral health conditions, at least		Care management services for behavioral health conditions, at least	
4	Clinical Activity Code	Meeting Date: 09/2022 Revision Date (if applicable): 09/15/2022, 9/24/2022 Tab: 8 Specialty: AAFP, ACP, ANA	Clinical Staff Type Code	Clinical Staff Type	Clinical Staff Type Rate Per Minute				
5		LOCATION				Non Fac	Facility	Non Fac	Facility
6		GLOBAL PERIOD				XXX	XXX	XXX	XXX
7		TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME				\$ 11.83	\$ -	\$ 8.60	\$ -
8		TOTAL CLINICAL STAFF TIME	L037D	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	Supply Code	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									
108		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.							
110	Equipment Code	EQUIPMENT	Purchase Price	Equipment Formula	Cost Per Minute				
111		TOTAL COST OF EQUIPMENT TIME x COST PER MINUTE				\$ -	\$ -	\$ -	\$ -
112									
113									
114									
115									
116									
117									
118		Other equipment item: to add a new equipment item please include the name of the item consistent with the paid invoice here, type NEW in column A and please note that you must include a purchase price estimate consistent with the paid invoice in column D.							

## AMA/Specialty Society RVS Update Committee

### 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	<i>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</i>

**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):**

<b>G0399</b>	XXX	0.00 Contractor Priced	<i>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</i>
<b>G0400</b>	XXX	0.00 Contractor Priced	<i>Home sleep test (hst) with type iv portable monitor, unattended; minimum of 3 channels</i>
<b>G0398</b>	XXX	0.00 Contractor Priced	<i>Home sleep study test (hst) with type ii portable monitor, unattended; minimum of 7 channels: eeg, eog, emg, ecg/heart rate, airflow, respiratory effort and oxygen saturation</i>
<b>95800</b>	XXX	Current 0.85 RUC Rec 1.00 CMS 2019 0.85	<i>Sleep study, unattended, simultaneous recording; heart rate, oxygen saturation, respiratory analysis (eg, by airflow or peripheral arterial tone), and sleep time</i>
<b>95801</b>	XXX	Current 0.85 RUC Rec 1.00 CMS 2019 0.85	<i>Sleep study, unattended, simultaneous recording; minimum of heart rate, oxygen saturation, and respiratory analysis (eg, by airflow or peripheral arterial tone)</i>
<b>95806</b>	XXX	Current 0.93 RUC Rec 1.08 CMS 2019 0.93	<i>Sleep study, unattended, simultaneous recording of, heart rate, oxygen saturation, respiratory airflow, and respiratory effort (eg, thoracoabdominal movement)</i>

HCPCS/CPT	2014	2015	2016	2017	2018	2019	2020
<b>G0399</b>	43,138	60,143	70,819	90,032	102,862	112,455	79,363
<b>G0400</b>	919	843	1,193	1,578	1,761	2,734	2,349
<b>G0398</b>	4,050	4,050	3,717	3,904	4,171	4,043	2,113
<b>95800</b>	10,005	12,882	15,785	18,443	20,915	24,715	15,508
<b>95801</b>	455	854	817	821	646	422	78
<b>95806</b>	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 information)

☐ **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**

<b>CPT Code</b>	<b>Current Global</b>	<b>Current work RVU</b>	<b>CPT Descriptor):</b>
95851	XXX	0.16	Range of motion measurements and report (separate procedure); each extremity (excluding hand) or each trunk section (spine)

**Screen:**

CMS/Other Source – Medicare Utilization over 20,000

***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)

☐ Survey

☐ Refer to CPT/CPT Assistant

☒ Maintain

☒ Other 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.

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 *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.

<b>CPT Code</b>	<b>CPT Descriptor</b>	<b>Global Period</b>	<b>Work RVU Recommendation</b>
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: <b>1.00</b>
		Presented Recommended RVU: <b>1.00</b>
Global Period: XXX	Current Work RVU: <b>1.05</b>	RUC Recommended RVU: <b>1.00</b>

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**

<b>RUC Meeting Date (mm/yyyy)</b>	04/2017				
<b>Presenter(s):</b>	Dennis Hwang, MD; Fariha Abbasi-Feinberg, MD; Kevin Kerber, MD; Kevin L. Kovitz, MD; Katina Nicolacakis, MD; and Omar Hussain, MD				
<b>Specialty(s):</b>	American Academy of Sleep Medicine, American Academy of Neurology, American College of Chest Physicians, and American Thoracic Society				
<b>CPT Code:</b>	95800				
<b>Sample Size:</b>	5878	<b>Resp N:</b>	179	<b>Response:</b>	3.0 %
<b>Description of Sample:</b>	The joint societies each selected random samples of their respective memberships.				
	<b>Low</b>	<b>25<sup>th</sup> pctl</b>	<b>Median*</b>	<b>75<sup>th</sup> pctl</b>	<b>High</b>
<b>Service Performance Rate</b>	0.00	5.00	<b>25.00</b>	100.00	1500.00
<b>Survey RVW:</b>	0.00	1.00	<b>1.25</b>	1.63	20.00
<b>Pre-Service Evaluation Time:</b>			<b>6.00</b>		
<b>Pre-Service Positioning Time:</b>			<b>0.00</b>		
<b>Pre-Service Scrub, Dress, Wait Time:</b>			<b>0.00</b>		
<b>Intra-Service Time:</b>	0.00	10.00	<b>15.00</b>	20.00	60.00
<b>Immediate Post Service-Time:</b>	<b>10.00</b>				
<b>Post Operative Visits</b>	<b>Total Min**</b>	<b>CPT Code and Number of Visits</b>			
<b>Critical Care time/visit(s):</b>	<b>0.00</b>	99291x <b>0.00</b> 99292x <b>0.00</b>			
<b>Other Hospital time/visit(s):</b>	<b>0.00</b>	99231x <b>0.00</b> 99232x <b>0.00</b> 99233x <b>0.00</b>			
<b>Discharge Day Mgmt:</b>	<b>0.00</b>	99238x <b>0.00</b> 99239x <b>0.00</b> 99217x <b>0.00</b>			
<b>Office time/visit(s):</b>	<b>0.00</b>	99211x <b>0.00</b> 12x <b>0.00</b> 13x <b>0.00</b> 14x <b>0.00</b> 15x <b>0.00</b>			
<b>Prolonged Services:</b>	<b>0.00</b>	99354x <b>0.00</b> 55x <b>0.00</b> 56x <b>0.00</b> 57x <b>0.00</b>			
<b>Sub Obs Care:</b>	<b>0.00</b>	99224x <b>0.00</b> 99225x <b>0.00</b> 99226x <b>0.00</b>			

\*\*Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

**Specialty Society Recommended Data**

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

<b>CPT Code:</b>	95800	<b>Recommended Physician Work RVU: 1.00</b>		
		<b>Specialty Recommended Pre-Service Time</b>	<b>Specialty Recommended Pre Time Package</b>	<b>Adjustments/Recommended Pre-Service Time</b>
<b>Pre-Service Evaluation Time:</b>		<b>6.00</b>	<b>0.00</b>	<b>6.00</b>
<b>Pre-Service Positioning Time:</b>		<b>0.00</b>	<b>0.00</b>	<b>0.00</b>
<b>Pre-Service Scrub, Dress, Wait Time:</b>		<b>0.00</b>	<b>0.00</b>	<b>0.00</b>
<b>Intra-Service Time:</b>		<b>15.00</b>		
<b>Please, pick the <u>post-service</u> time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)</b>				
XXX Global Code				
		<b>Specialty Recommended Post-Service Time</b>	<b>Specialty Recommended Post Time Package</b>	<b>Adjustments/Recommended Post-Service Time</b>
<b>Immediate Post Service-Time:</b>		<b>10.00</b>	<b>0.00</b>	<b>10.00</b>

<b>Post-Operative Visits</b>	<b>Total Min**</b>	<b>CPT Code and Number of Visits</b>			
<b>Critical Care time/visit(s):</b>	<b><u>0.00</u></b>	99291x <b>0.00</b>	99292x <b>0.00</b>		
<b>Other Hospital time/visit(s):</b>	<b><u>0.00</u></b>	99231x <b>0.00</b>	99232x <b>0.00</b>	99233x <b>0.00</b>	
<b>Discharge Day Mgmt:</b>	<b><u>0.00</u></b>	99238x <b>0.0</b>	99239x <b>0.0</b>	99217x <b>0.00</b>	
<b>Office time/visit(s):</b>	<b><u>0.00</u></b>	99211x <b>0.00</b>	12x <b>0.00</b>	13x <b>0.00</b>	14x <b>0.00</b> 15x <b>0.00</b>
<b>Prolonged Services:</b>	<b><u>0.00</u></b>	99354x <b>0.00</b>	55x <b>0.00</b>	56x <b>0.00</b>	57x <b>0.00</b>
<b>Sub Obs Care:</b>	<b><u>0.00</u></b>	99224x <b>0.00</b>	99225x <b>0.00</b>	99226x <b>0.00</b>	

**Modifier -51 Exempt Status**

Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

**New Technology/Service:**

Is this new/revised procedure considered to be a new technology or service? No

**TOP KEY REFERENCE SERVICE:**

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
95805	XXX	1.20	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:**

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
99213	XXX	0.97	RUC Time

CPT Descriptor Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: An expanded problem focused history; An expanded problem focused examination; Medical decision making of low complexity. Counseling and coordination of care with other 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

**KEY MPC COMPARISON CODES:**

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

<u>MPC CPT Code 1</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
99213	XXX	0.97	RUC Time	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.

<u>MPC CPT Code 2</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
95819	XXX	1.08	RUC Time	242,119

CPT Descriptor 2 Electroencephalogram (EEG); including recording awake and asleep

<u>Other Reference CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
95907	XXX	1.00	RUC Time

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: 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: 95800</b>	<b>Top Key Reference CPT Code: 95805</b>	<b>2nd Key Reference CPT Code: 99213</b>
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
<b>Median Total Time</b>	<b>31.00</b>	<b>50.00</b>	<b>23.00</b>
<b>Other time if appropriate</b>			

**INTENSITY/COMPLEXITY MEASURES**

*(of those that selected Key Reference codes)*

*Survey respondents are rating the survey code relative to the key reference code.*

<b><u>Top Key Reference Code</u></b>	<b><u>Much Less</u></b>	<b><u>Somewhat Less</u></b>	<b><u>Identical</u></b>	<b><u>Somewhat More</u></b>	<b><u>Much More</u></b>
<b>Overall intensity/complexity</b>	3%	9%	47%	29%	12%

**Mental Effort and Judgment**

	<b><u>Less</u></b>	<b><u>Identical</u></b>	<b><u>More</u></b>
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%

Urgency of medical decision making	12%	65%	24%
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<b><u>Technical Skill/Physical Effort</u></b>	<b><u>Less</u></b>	<b><u>Identical</u></b>	<b><u>More</u></b>
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Technical skill required	18%	56%	26%
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Physical effort required	9%	79%	12%
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<b><u>Psychological Stress</u></b>	<b><u>Less</u></b>	<b><u>Identical</u></b>	<b><u>More</u></b>
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The risk of significant complications, morbidity and/or mortality	3%	59%	38%
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Outcome depends on the skill and judgment of physician	6%	76%	18%
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Estimated risk of malpractice suit with poor outcome	6%	59%	35%
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<b><u>2nd Key Reference Code</u></b>	<b><u>Much Less</u></b>	<b><u>Somewhat Less</u></b>	<b><u>Identical</u></b>	<b><u>Somewhat More</u></b>	<b><u>Much More</u></b>
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Overall intensity/complexity	0%	19%	62%	19%	0%
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<b><u>Mental Effort and Judgment</u></b>	<b><u>Less</u></b>	<b><u>Identical</u></b>	<b><u>More</u></b>
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The number of possible diagnosis and/or the number of management options that must be considered	56%	37%	7%
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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%
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<b><u>Technical Skill/Physical Effort</u></b>	<b><u>Less</u></b>	<b><u>Identical</u></b>	<b><u>More</u></b>
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Technical skill required	22%	37%	41%
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Physical effort required	44%	52%	4%
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<b><u>Psychological Stress</u></b>	<b><u>Less</u></b>	<b><u>Identical</u></b>	<b><u>More</u></b>
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The risk of significant complications, morbidity and/or mortality	37%	44%	19%
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Outcome depends on the skill and judgment of physician	11%	56%	33%
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Estimated risk of malpractice suit with poor outcome	44%	45%	11%
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## Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWP/UT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

*The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.*

### Background

In 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:

CPT	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 MPC- & Key 2	E/M OP Visit typical 15 min.	0.97	3	15	5	23
<b>95800</b> <b>SVY code</b>	<b>Sleep Study unattended</b>	<b>1.00</b>	<b>6</b>	<b>15</b>	<b>10</b>	<b>31</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 MPC	EEG awake and asleep	1.08	5	15	6	26

**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.**

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## SERVICES REPORTED WITH MULTIPLE CPT CODES

- Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

- ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
- ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
- ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
- ☐ Multiple codes are used to maintain consistency with similar codes.
- ☐ Historical precedents.
- ☐ Other reason (please explain)



2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

## FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 95800

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)  
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Pulmonary                      How often? Sometimes

Specialty 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 percentage for each specialty. Please explain the rationale for this estimate. 2015 Medicare claims data x 3

Specialty Pulmonary	Frequency 12800	Percentage 32.00 %
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Specialty Internal Medicine	Frequency 6200	Percentage 15.50 %
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Specialty Cardiology	Frequency 4500	Percentage 11.25 %
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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 and percentage for each specialty. Please explain the rationale for this estimate. 2015 Medicare claims

Specialty Pulmonary	Frequency 4122	Percentage 31.99 %
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Specialty Internal Medicine	Frequency 1997	Percentage 15.50 %
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Specialty Cardiology	Frequency 1417	Percentage 10.99 %
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Do many physicians perform this service across the United States? Yes

## Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:  
Tests

BETOS Sub-classification:  
Other tests

BETOS Sub-classification Level II:  
Other

### **Professional Liability Insurance Information (PLI)**

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 95800

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

**AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS  
SUMMARY OF RECOMMENDATION**

CPT Code: 95801	Tracking Number	Original Specialty Recommended RVU: <b>1.00</b>
		Presented Recommended RVU: <b>1.00</b>
Global Period: XXX	Current Work RVU: <b>1.00</b>	RUC Recommended RVU: <b>1.00</b>

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**

<b>RUC Meeting Date (mm/yyyy)</b>	04/2017				
<b>Presenter(s):</b>	Dennis Hwang, MD; Fariha Abbasi-Feinberg, MD; Kevin Kerber, MD; Kevin L. Kovitz, MD; Katina Nicolacakis, MD; and Omar Hussain, MD				
<b>Specialty(s):</b>	American Academy of Sleep Medicine, American Academy of Neurology, American College of Chest Physicians, and American Thoracic Society				
<b>CPT Code:</b>	95801				
<b>Sample Size:</b>	5878	<b>Resp N:</b>	141	<b>Response:</b>	2.3 %
<b>Description of Sample:</b>	The joint societies each selected random samples of their respective memberships.				
	<b>Low</b>	<b>25<sup>th</sup> pctl</b>	<b>Median*</b>	<b>75<sup>th</sup> pctl</b>	<b>High</b>
<b>Service Performance Rate</b>	0.00	0.00	<b>10.00</b>	50.00	1000.00
<b>Survey RVW:</b>	0.00	1.00	<b>1.30</b>	1.60	10.00
<b>Pre-Service Evaluation Time:</b>			<b>6.00</b>		
<b>Pre-Service Positioning Time:</b>			<b>0.00</b>		
<b>Pre-Service Scrub, Dress, Wait Time:</b>			<b>0.00</b>		
<b>Intra-Service Time:</b>	0.00	10.00	<b>15.00</b>	20.00	60.00
<b>Immediate Post Service-Time:</b>	<b>10.00</b>				
<b>Post Operative Visits</b>	<b>Total Min**</b>	<b>CPT Code and Number of Visits</b>			
<b>Critical Care time/visit(s):</b>	<b>0.00</b>	99291x <b>0.00</b> 99292x <b>0.00</b>			
<b>Other Hospital time/visit(s):</b>	<b>0.00</b>	99231x <b>0.00</b> 99232x <b>0.00</b> 99233x <b>0.00</b>			
<b>Discharge Day Mgmt:</b>	<b>0.00</b>	99238x <b>0.00</b> 99239x <b>0.00</b> 99217x <b>0.00</b>			
<b>Office time/visit(s):</b>	<b>0.00</b>	99211x <b>0.00</b> 12x <b>0.00</b> 13x <b>0.00</b> 14x <b>0.00</b> 15x <b>0.00</b>			
<b>Prolonged Services:</b>	<b>0.00</b>	99354x <b>0.00</b> 55x <b>0.00</b> 56x <b>0.00</b> 57x <b>0.00</b>			
<b>Sub Obs Care:</b>	<b>0.00</b>	99224x <b>0.00</b> 99225x <b>0.00</b> 99226x <b>0.00</b>			

\*\*Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

**Specialty Society Recommended Data**

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

<b>CPT Code:</b>	95801	<b>Recommended Physician Work RVU: 1.00</b>		
		<b>Specialty Recommended Pre-Service Time</b>	<b>Specialty Recommended Pre Time Package</b>	<b>Adjustments/Recommended Pre-Service Time</b>
<b>Pre-Service Evaluation Time:</b>		<b>6.00</b>	<b>0.00</b>	<b>6.00</b>
<b>Pre-Service Positioning Time:</b>		<b>0.00</b>	<b>0.00</b>	<b>0.00</b>
<b>Pre-Service Scrub, Dress, Wait Time:</b>		<b>0.00</b>	<b>0.00</b>	<b>0.00</b>
<b>Intra-Service Time:</b>		<b>15.00</b>		
Please, pick the <u>post-service</u> time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)				
XXX Global Code				
		<b>Specialty Recommended Post-Service Time</b>	<b>Specialty Recommended Post Time Package</b>	<b>Adjustments/Recommended Post-Service Time</b>
<b>Immediate Post Service-Time:</b>		<b>10.00</b>	<b>0.00</b>	<b>10.00</b>

<b>Post-Operative Visits</b>	<b>Total Min**</b>	<b>CPT Code and Number of Visits</b>			
<b>Critical Care time/visit(s):</b>	<b><u>0.00</u></b>	99291x <b>0.00</b>	99292x <b>0.00</b>		
<b>Other Hospital time/visit(s):</b>	<b><u>0.00</u></b>	99231x <b>0.00</b>	99232x <b>0.00</b>	99233x <b>0.00</b>	
<b>Discharge Day Mgmt:</b>	<b><u>0.00</u></b>	99238x <b>0.0</b>	99239x <b>0.0</b>	99217x <b>0.00</b>	
<b>Office time/visit(s):</b>	<b><u>0.00</u></b>	99211x <b>0.00</b>	12x <b>0.00</b>	13x <b>0.00</b>	14x <b>0.00</b> 15x <b>0.00</b>
<b>Prolonged Services:</b>	<b><u>0.00</u></b>	99354x <b>0.00</b>	55x <b>0.00</b>	56x <b>0.00</b>	57x <b>0.00</b>
<b>Sub Obs Care:</b>	<b><u>0.00</u></b>	99224x <b>0.00</b>	99225x <b>0.00</b>	99226x <b>0.00</b>	

**Modifier -51 Exempt Status**

Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

**New Technology/Service:**

Is this new/revised procedure considered to be a new technology or service? No

**TOP KEY REFERENCE SERVICE:**

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
95805	XXX	1.20	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:**

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
99213	XXX	0.97	RUC Time

CPT Descriptor Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: An expanded problem focused history; An expanded problem focused examination; Medical decision making of low complexity. Counseling and coordination of care with other 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

**KEY MPC COMPARISON CODES:**

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

<u>MPC CPT Code 1</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
99213	XXX	0.97	RUC Time	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

<u>MPC CPT Code 2</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
95819	XXX	1.08	RUC Time	242,119

CPT Descriptor 2 Electroencephalogram (EEG); including recording awake and asleep

<u>Other Reference CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
95907	XXX	1.00	RUC Time

CPT Descriptor Nerve conduction studies; 1-2 studies**RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:**

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

**Number of respondents who choose Top Key Reference Code: 30      % of respondents: 21.2 %**

**Number of respondents who choose 2<sup>nd</sup> Key Reference Code: 24      % of respondents: 17.0 %**

**TIME ESTIMATES (Median)**

	<b>CPT Code: <u>95801</u></b>	<b>Top Key Reference CPT Code: <u>95805</u></b>	<b>2nd Key Reference CPT Code: <u>99213</u></b>
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
<b>Median Total Time</b>	<b>31.00</b>	<b>50.00</b>	<b>23.00</b>
<b>Other time if appropriate</b>			

**INTENSITY/COMPLEXITY MEASURES**

*(of those that selected Key Reference codes)*

*Survey respondents are rating the survey code relative to the key reference code.*

<b><u>Top Key Reference Code</u></b>	<b><u>Much Less</u></b>	<b><u>Somewhat Less</u></b>	<b><u>Identical</u></b>	<b><u>Somewhat More</u></b>	<b><u>Much More</u></b>
<b>Overall intensity/complexity</b>	0%	10%	50%	27%	13%

**Mental Effort and Judgment**

	<b><u>Less</u></b>	<b><u>Identical</u></b>	<b><u>More</u></b>
The number of possible diagnosis and/or the number of management options that must be considered	20%	47%	33%
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	20%	53%	27%

Urgency of medical decision making	13%	60%	27%
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<b><u>Technical Skill/Physical Effort</u></b>	<b><u>Less</u></b>	<b><u>Identical</u></b>	<b><u>More</u></b>
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Technical skill required	10%	63%	27%
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Physical effort required	7%	70%	23%
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<b><u>Psychological Stress</u></b>	<b><u>Less</u></b>	<b><u>Identical</u></b>	<b><u>More</u></b>
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The risk of significant complications, morbidity and/or mortality	7%	53%	40%
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Outcome depends on the skill and judgment of physician	3%	77%	20%
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Estimated risk of malpractice suit with poor outcome	10%	53%	37%
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<b><u>2nd Key Reference Code</u></b>	<b><u>Much Less</u></b>	<b><u>Somewhat Less</u></b>	<b><u>Identical</u></b>	<b><u>Somewhat More</u></b>	<b><u>Much More</u></b>
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Overall intensity/complexity	0%	21%	67%	13%	0%
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<b><u>Mental Effort and Judgment</u></b>	<b><u>Less</u></b>	<b><u>Identical</u></b>	<b><u>More</u></b>
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The number of possible diagnosis and/or the number of management options that must be considered	41%	42%	17%
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The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	20%	42%	38%
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Urgency of medical decision making	25%	58%	17%
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<b><u>Technical Skill/Physical Effort</u></b>	<b><u>Less</u></b>	<b><u>Identical</u></b>	<b><u>More</u></b>
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Technical skill required	17%	29%	54%
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Physical effort required	20%	63%	17%
--------------------------	-----	-----	-----

<b><u>Psychological Stress</u></b>	<b><u>Less</u></b>	<b><u>Identical</u></b>	<b><u>More</u></b>
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The risk of significant complications, morbidity and/or mortality	29%	42%	29%
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Outcome depends on the skill and judgment of physician	16%	42%	42%
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Estimated risk of malpractice suit with poor outcome	29%	54%	17%
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## Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWP/UT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

*The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.*

### Background

In 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:

CPT	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 MPC- & Key 2	E/M OP Visit typical 15 min.	0.97	3	15	5	23
<b>95801</b> <b>SVY code</b>	<b>Sleep Study unattended w/anal</b>	<b>1.00</b>	<b>7</b>	<b>15</b>	<b>10</b>	<b>32</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 MPC	EEG awake and asleep	1.08	5	15	6	26

**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.**

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## SERVICES REPORTED WITH MULTIPLE CPT CODES

- Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

- ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
- ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
- ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
- ☐ Multiple codes are used to maintain consistency with similar codes.

- ☐ Historical precedents.  
☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

## FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 95801

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)  
 If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Pulmonary                      How often? Sometimes

Specialty 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 percentage 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 and percentage 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

BETOS Sub-classification Level II:

Other

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**Professional Liability Insurance Information (PLI)**

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 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: <b>1.15</b>
		Presented Recommended RVU: <b>1.08</b>
Global Period: XXX	Current Work RVU: <b>1.25</b>	RUC Recommended RVU: <b>1.08</b>

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**

<b>RUC Meeting Date (mm/yyyy)</b>	04/2017				
<b>Presenter(s):</b>	Dennis Hwang, MD; Fariha Abbasi-Feinberg, MD; Kevin Kerber, MD; Kevin L. Kovitz, MD; Katina Nicolacakis, MD; and Omar Hussain, MD				
<b>Specialty(s):</b>	American Academy of Sleep Medicine, American Academy of Neurology, American College of Chest Physicians, and American Thoracic Society				
<b>CPT Code:</b>	95806				
<b>Sample Size:</b>	5878	<b>Resp N:</b>	324	<b>Response:</b>	5.5 %
<b>Description of Sample:</b>	The joint societies each selected random samples of their respective memberships.				
	<b>Low</b>	<b>25<sup>th</sup> pctl</b>	<b>Median*</b>	<b>75<sup>th</sup> pctl</b>	<b>High</b>
<b>Service Performance Rate</b>	0.00	50.00	100.00	250.00	2000.00
<b>Survey RVW:</b>	0.00	1.15	1.41	1.63	37.50
<b>Pre-Service Evaluation Time:</b>			6.00		
<b>Pre-Service Positioning Time:</b>			0.00		
<b>Pre-Service Scrub, Dress, Wait Time:</b>			0.00		
<b>Intra-Service Time:</b>	0.00	12.00	15.00	22.00	75.00
<b>Immediate Post Service-Time:</b>	<b>10.00</b>				
<b>Post Operative Visits</b>	<b>Total Min**</b>	<b>CPT Code and Number of Visits</b>			
<b>Critical Care time/visit(s):</b>	<b>0.00</b>	99291x 0.00 99292x 0.00			
<b>Other Hospital time/visit(s):</b>	<b>0.00</b>	99231x 0.00 99232x 0.00 99233x 0.00			
<b>Discharge Day Mgmt:</b>	<b>0.00</b>	99238x 0.00 99239x 0.00 99217x 0.00			
<b>Office time/visit(s):</b>	<b>0.00</b>	99211x 0.00 12x 0.00 13x 0.00 14x 0.00 15x 0.00			
<b>Prolonged Services:</b>	<b>0.00</b>	99354x 0.00 55x 0.00 56x 0.00 57x 0.00			
<b>Sub Obs Care:</b>	<b>0.00</b>	99224x 0.00 99225x 0.00 99226x 0.00			

\*\*Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

**Specialty Society Recommended Data**

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

<b>CPT Code:</b>	95806	<b>Recommended Physician Work RVU: 1.08</b>		
	<b>Specialty Recommended Pre-Service Time</b>	<b>Specialty Recommended Pre Time Package</b>	<b>Adjustments/Recommended Pre-Service Time</b>	
<b>Pre-Service Evaluation Time:</b>	6.00	0.00	6.00	
<b>Pre-Service Positioning Time:</b>	0.00	0.00	0.00	
<b>Pre-Service Scrub, Dress, Wait Time:</b>	0.00	0.00	0.00	
<b>Intra-Service Time:</b>	15.00			
<b>Please, pick the <u>post-service</u> time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)</b>				
XXX Global Code				
	<b>Specialty Recommended Post-Service Time</b>	<b>Specialty Recommended Post Time Package</b>	<b>Adjustments/Recommended Post-Service Time</b>	
<b>Immediate Post Service-Time:</b>	10.00	0.00	10.00	

<b>Post-Operative Visits</b>	<b>Total Min**</b>	<b>CPT Code and Number of Visits</b>			
<b>Critical Care time/visit(s):</b>	<b><u>0.00</u></b>	99291x <b>0.00</b>	99292x <b>0.00</b>		
<b>Other Hospital time/visit(s):</b>	<b><u>0.00</u></b>	99231x <b>0.00</b>	99232x <b>0.00</b>	99233x <b>0.00</b>	
<b>Discharge Day Mgmt:</b>	<b><u>0.00</u></b>	99238x <b>0.0</b>	99239x <b>0.0</b>	99217x <b>0.00</b>	
<b>Office time/visit(s):</b>	<b><u>0.00</u></b>	99211x <b>0.00</b>	12x <b>0.00</b>	13x <b>0.00</b>	14x <b>0.00</b> 15x <b>0.00</b>
<b>Prolonged Services:</b>	<b><u>0.00</u></b>	99354x <b>0.00</b>	55x <b>0.00</b>	56x <b>0.00</b>	57x <b>0.00</b>
<b>Sub Obs Care:</b>	<b><u>0.00</u></b>	99224x <b>0.00</b>	99225x <b>0.00</b>	99226x <b>0.00</b>	

**Modifier -51 Exempt Status**

Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

**New Technology/Service:**

Is this new/revised procedure considered to be a new technology or service? No

**TOP KEY REFERENCE SERVICE:**

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
95805	XXX	1.20	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:**

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
99214	XXX	1.50	RUC Time

CPT Descriptor Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A 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.

<u>MPC CPT Code 1</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
99213	XXX	0.97	RUC Time	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.

<u>MPC CPT Code 2</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
99203	XXX	1.42	RUC Time	10,925,489

CPT Descriptor 2 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.

<u>Other Reference CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
93283	XXX	1.15	RUC Time

CPT Descriptor 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: <u>95806</u></b>	<b>Top Key Reference CPT Code: <u>95805</u></b>	<b>2nd Key Reference CPT Code: <u>99214</u></b>
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
<b>Median Total Time</b>	<b>31.00</b>	<b>50.00</b>	<b>40.00</b>
<b>Other time if appropriate</b>			

#### **INTENSITY/COMPLEXITY MEASURES**

*(of those that selected Key Reference codes)*

*Survey respondents are rating the survey code relative to the key reference code.*

<b><u>Top Key Reference Code</u></b>	<b><u>Much Less</u></b>	<b><u>Somewhat Less</u></b>	<b><u>Identical</u></b>	<b><u>Somewhat More</u></b>	<b><u>Much More</u></b>
<b>Overall intensity/complexity</b>	0%	14%	44%	35%	7%

<b><u>Mental Effort and Judgment</u></b>	<b><u>Less</u></b>	<b><u>Identical</u></b>	<b><u>More</u></b>
The number of possible diagnosis and/or the number of management options that must be considered	18%	38%	44%
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	26%	49%	25%
Urgency of medical decision making	5%	61%	34%

<b><u>Technical Skill/Physical Effort</u></b>	<b><u>Less</u></b>	<b><u>Identical</u></b>	<b><u>More</u></b>
Technical skill required	22%	60%	18%
Physical effort required	6%	81%	13%

<b><u>Psychological Stress</u></b>	<b><u>Less</u></b>	<b><u>Identical</u></b>	<b><u>More</u></b>
The risk of significant complications, morbidity and/or mortality	6%	53%	41%
Outcome depends on the skill and judgment of physician	15%	64%	21%
Estimated risk of malpractice suit with poor outcome	15%	57%	28%

<b><u>2nd Key Reference Code</u></b>	<b><u>Much Less</u></b>	<b><u>Somewhat Less</u></b>	<b><u>Identical</u></b>	<b><u>Somewhat More</u></b>	<b><u>Much More</u></b>
Overall intensity/complexity	0%	4%	60%	26%	10%

<b><u>Mental Effort and Judgment</u></b>	<b><u>Less</u></b>	<b><u>Identical</u></b>	<b><u>More</u></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%

<b><u>Technical Skill/Physical Effort</u></b>	<b><u>Less</u></b>	<b><u>Identical</u></b>	<b><u>More</u></b>
Technical skill required	1%	27%	72%
Physical effort required	25%	54%	21%



<b><u>Psychological Stress</u></b>	<b><u>Less</u></b>	<b><u>Identical</u></b>	<b><u>More</u></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%

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### **Additional Rationale and Comments**

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWP/UT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

*The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.*

### **Background**

In 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 exception 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:

CPT	Description Short	RVW	Pre	Intra	Post	Total
99213 MPC	E/M OP Visit typical 15 min F2F	0.97	3	15	5	23
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 MPC	EEG awake and asleep	1.08	5	15	6	26
<b>95806</b> <b>SVY code</b>	<b>Sleep std unattended&amp;resp eff</b>	<b>1.15</b>	<b>6</b>	<b>15</b>	<b>10</b>	<b>31</b>
93283	PROGRM EVAL IMPLANT DFB dual Id	1.15	8	15	10	33
93284	PROGRM EVAL IMPLANT DFB mult Id	1.25	8.5	15	10	33.5
95805 MPC	MULTIPLE SLEEP LATENCY TEST	1.20	15	20	15	50
70545	MR ANGIO HEAD W/DYE	1.20	5	15	10	30
99214 Key 2 and MPC	E/M OP Visit typical 25 min F2F	1.50	5	25	10	40

**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 reported on the same date with other CPT codes? If yes, please respond to the following questions: No

Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

- ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
- ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
- ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
- ☐ Multiple codes are used to maintain consistency with similar codes.
- ☐ Historical precedents.
- ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

## FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 95806

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)  
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Pulmonary                      How often? Commonly

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? 106000

If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. 2015 medicare claims x 3

Specialty Pulmonary	Frequency 36000	Percentage 33.99 %
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Specialty Internal Medicine	Frequency 18000	Percentage 16.98 %
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Specialty Neurology	Frequency 10500	Percentage 9.90 %
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Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period?

35,000 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. 2015 Medicare claims

Specialty Pulmonary	Frequency 12000	Percentage 34.28 %
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Specialty Internal Medicine	Frequency 6000	Percentage 17.14 %
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Specialty Neurology	Frequency 3500	Percentage 10.00 %
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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:

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### **Professional Liability Insurance Information (PLI)**

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 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	Source	CPT	DESC	Resp	IWPUT	RVW					Total Time	PRE-TIME	INTRA-TIME					IMMD	SURVEY EXPERIENCE				
Vig Typical						MIN	25th	MED	75th	MAX		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	1500
	Comparator	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	Source	CPT	DESC	Resp	IWPUT	RVW					Total Time	PRE-TIME	INTRA-TIME					IMMD	SURVEY EXPERIENCE				
Vig Typical						MIN	25th	MED	75th	MAX		EVAL	MIN	25th	MED	75th	MAX	POST	MIN	25th	MED	75th	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	1000
	Comparator	95907	Nerve conduction studies; 1-2 studies		0.037			1.00			35	10			15			10					
Societies may take to CPT REC Deletion	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

CPT Long Descriptor: Sleep study, unattended, simultaneous recording; heart rate, oxygen saturation, respiratory analysis (e.g., by airflow or peripheral arterial tone), and sleep time

95801

CPT Long Descriptor: Sleep study, unattended, simultaneous recording; minimum of heart rate, oxygen saturation, and respiratory analysis (eg, by airflow or peripheral arterial tone)

95806

CPT Long Descriptor: 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 apnea 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.
  - **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 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.

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 <http://www.bls.gov>.

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:

	A	B	D	E	F	G	H	I	J	K	L	M	N	O	P	Q
1	RUC Practice	Expense Spreadsheet			CURRENT		RECOMMENDED		CURRENT		RECOMMENDED		CURRENT		RECOMMENDED	
2		<i>*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.</i> <i>*Please do not modify formulas in gray shaded cells</i>			95800		95800		95801		95801		95806		95806	
3		<u>RUC Collaboration Website</u>			Sleep study, unattended, simultaneous recording; heart		Sleep study, unattended, simultaneous recording; heart rate,		Sleep study, unattended, simultaneous recording; minimum		Sleep study, unattended, simultaneous recording; minimum of		Sleep study, unattended, simultaneous recording of, heart		Sleep study, unattended, simultaneous recording of, heart	
4	Clinical Activity Code	Meeting Date: Aptil 2017 Tab: 32 Specialty: AAN, AASM, CHEST, ATS	Clinical Staff Type Code	Clinical Staff Type												
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	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
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)														
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/service---NOT 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	# 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 period---NOT directly related to physician work time	L047B	REEGT	0		17		0		17		0		17	
85		End: with last office visit before end of global period														

	A	B	D	E	F	G	H	I	J	K	L	M	N	O	P	Q
1	RUC Practice	Expense Spreadsheet			CURRENT		RECOMMENDED		CURRENT		RECOMMENDED		CURRENT		RECOMMENDED	
2		<i>*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.</i> <i>*Please do not modify formulas in gray shaded cells</i>			95800		95800		95801		95801		95806		95806	
3		<u>RUC Collaboration Website</u>			Sleep study, unattended, simultaneous recording; heart		Sleep study, unattended, simultaneous recording; heart rate,		Sleep study, unattended, simultaneous recording; minimum		Sleep study, unattended, simultaneous recording; minimum of		Sleep study, unattended, simultaneous recording of, heart		Sleep study, unattended, simultaneous recording of, heart	
4	Clinical Activity Code	Meeting Date: Aptil 2017 Tab: 32 Specialty: AAN, AASM, CHEST, ATS	Clinical Staff Type Code	Clinical Staff Type	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility
5		LOCATION			XXX		XXX		XXX		XXX		XXX			
6		GLOBAL PERIOD														
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	SD263	WatchPAT pneumo-opt slp probes	73.42	item	1		1									
89	SK057	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	SD112	sensor, airflow cannula (adult)	3	item					1		1		1		1	
92	SB022	gloves, non-sterile	0.084	pair									1		0	
93	SB026	gown, patient	0.533	item									1		0	
94	SG078	tape, surgical occlusive 1in (Blenderm)	0.007	inch			8				8		72		8	
95	SJ053	swab-pad, alcohol	0.013	item			5				5		5		5	
96	SM018	glutaraldehyde 3.4% (Cidex, Maxicide, Wavicide)	0.165	oz									1		0	
97	SM021	sanitizing cloth-wipe (patient)	0.037	item			2				2		2		2	
98	SG005	adhesive remover, liquid (Detachol) (0.67ml uou)	2.344	item			1				1				1	
99		<i>Other supply item: please include the name of the item consistent with the paid invoice here and type new in column A</i>														
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																
108		<i>Other equipment item: please include the name of the item consistent with the paid invoice here and type new in column A</i>														